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State/Territory Name: Guam

State Plan Amendment (SPA) #: 22-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 10, 2022

Teresita Gumataotao, Administrator
Guam Medicaid Agency
Department of Public Health & Social Services
Bureau of Health Care Financing Administration
155 Hesler Place
Hagatna, GU 96910

Re: Guam State Plan Amendment (SPA) 22-0002

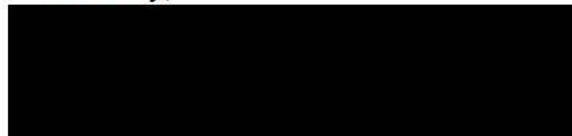
Dear Ms. Gumataotao:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) GU 22-0002. This SPA will update Third Party Liability (TPL) requirements as authorized under the Bipartisan Budget Act (BBA) of 2018 and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019. The provisions clarify language around preventive pediatric services, prenatal services, and child support enforcement.

We conducted our review of your submittal according to the statutory requirements of Title XIX of the Social Security Act, and implementing regulations. This letter is to inform you that Guam SPA 22-0002 was approved on June 10, 2022, with an effective date of April 1, 2022.

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
22-0002

2. STATE
Guam

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION:
Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
April 1, 2022

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Title XIX of the Social Security Act, Section 1902

7. FEDERAL BUDGET IMPACT:
a. FFY 2022 \$ 0.00
b. FFY 2023 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.22-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.22-B

10. SUBJECT OF AMENDMENT:
Requirements for Third Party Liability – Payment of Claims

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:
LOURDES A. LEON GUERRERO

Department of Public Health & Social Services
Bureau of Health Care Financing Administration
155 Hesler Place
Hagatna, GU 96910

14. TITLE:
GOVERNOR OF GUAM

15. DATE SUBMITTED: ~~12/31/2021~~
06/06/2022

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 6, 2022


18. DATE APPROVED:
June 10, 2022

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 1, 2022

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
James G. Scott

22. 
Director, Division of Program Operations

23. REMARKS:

Pen & ink authorization received by email on 6/8/22 to correct submission date in Box 15 to 6/6/22 rather than incorrect 12/31/21.

State/Territory: GUAM**REQUIREMENTS FOR THIRD PARTY LIABILITY – PAYMENT OF CLAIMS**

1. The Medicaid agency required that providers bill third party payers prior to submitting claims for payment to the program.
2. Claims paid by Medicaid agency prior to the third party liability finding are pursued for reimbursement recovery within thirty (30) days upon the finding in a minimum of \$5.00 threshold.
3. The Medicaid agency will use standard coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery and postpartum care services.
4. The Medicaid Agency shall make payments without regard to third party liability for pediatric preventative services unless a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days has been made.
5. The Medicaid Agency has the flexibility to make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries.

TN No.: 22-0002 Approval Date: June 10, 2022 Effective Date: April 1, 2022
Supersedes TN: 87-9 —