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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 16-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 13, 2017

Sandra King Young
ASTCA Executive Building
Suite 304
PO Box 998383
Pago Pago, AS 96799

Dear Ms. King Young:

Enclosed is an approved copy of the American Samoa State Plan Amendment (SPA) 16-001, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on November 17, 2016. This amendment adds FQHC services and a reimbursement methodology to the state plan.

This SPA is approved effective October 1, 2016. Attached are copies of the following pages to be incorporated into your state plan:

- Attachment 3.1-A: Pg. 3
- Attachment 4.19-B: Pg. 15

If you have any questions, please contact Peter Banks at (415) 744-3782 or Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-001	2. STATE American Samoa
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447		7. FEDERAL BUDGET IMPACT: FY2017 \$574,950 FY2018 \$718,688	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B - Page 15 - new Attachment 3.1-A - Page 3 of 15		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 3 of 15	
10. SUBJECT OF AMENDMENT: The purpose of this State Plan Amendment is to establish a new payment methodology for the Federal Qualified Health Center in American Samoa.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Sandra King Young [REDACTED]		Sandra King Young, Director American Samoa Medicaid Agency P.O. Box 998383 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799	
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: December 5, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 5, 2016		18. DATE APPROVED: February 13, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Henrietta Sam Louie		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

1. Pen and ink request to the CMS 179 updating Box 7 to say: "FY 17 \$574,950 FY18 \$245,077"

AMERICAN SAMOA MEDICAID STATE AGENCY

- i) Laboratory and diagnostic test
- j) Diagnostic radiology
- k) Medical and surgical supplies
- l) Drugs which are prescribed by physicians and cannot be purchased without a prescription.
- m) Dialysis treatment and related services
- n) Hospital-based physician services
- o) Physical, occupational and inhalation therapy
- p) Computed Tomography including head scan and body scan (Patient/client who needs a head or body scan at LBJ Tropical Medical Center must carry a referral from attending physician.
- q) Diabetes, and related services and supplies.
- r) Care for tuberculosis or lytico (amyotrophic lateral sclerosis) and bodig (Parkinson disease) and related services.
- s) Routine or annual physical examination.
- t) Behavior Health Services - Behavior health services include screening, brief intervention, treatment and prevention related to mental health and substance abuse. Behavior health conditions are treated in a range of settings including primary care at community health clinic, social service program, hospital primary care clinic and men health clinic where individuals are treated for depression, anxiety and other issues.

These services are provided with no limitations.

2. Not Covered Services

Non-emergency use of Emergency Room.

2.c. Federally Qualified Health Center (FQHC) Services

Federally Qualified Health Center (FQHC) Services as defined in section 1905(a)(2)(C) of the Social Security Act (the Act). FQHC services include services provided by physicians (MD//MBBS), dentists, advanced practice registered nurses, nurse practitioners, clinical nurse specialists, certified nurse midwives, physician assistants, clinical psychologists, licensed clinical social workers, dental hygienists, visiting nurses, and other ambulatory services included in the state plan.

3. Other Laboratory and X-ray Services

The LBJ hospital laboratory provides technical laboratory services on island. Tafuna federally qualified health center operates a mini lab that serves only patients seen at that facility. Tafuna FQHC refers tests that cannot be handled at its mini lab to LBJ Hospital lab. Off-island professional and technical laboratory and radiological services are ordered and provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by Territorial/State law. Such services will be provided in an office or similar facility other than in a hospital outpatient department or clinic. They are provided by a laboratory that meets the requirements for participation in Medicare.

Reimbursement For Federally Qualified Health Centers (FQHC)

The Medicaid agency will make payments for outpatient services to the covered providers within this section using an encounter rate equal to \$50.00.

Encounter Defined

An encounter is a face-to-face contact for the provision of medical, mental health or dental services between a patient and the FQHC to diagnose and treat physical, mental, and dental health issues.

Multiple medical encounters within the FQHC, which take place on the same day at a single location, constitute a single visit.

A mental health encounter is defined as a face-to-face visit with a certified or licensed mental health care professional at the FQHC for the provision of mental health services. Multiple mental health encounters with more than one mental health care practitioner in the FQHC or with the same mental health care practitioner, which take place on the same day at a single location, constitute a single visit. Mental health care services that are integrated in the delivery of medical care shall be deemed a medical counter and constitute a single visit.

A dental encounter is defined as a face-to-face visit with a dentist where preventive, curative or emergency dental services are rendered. Multiple dental encounters with more than one dental practitioner in the FQHC or with the same dental practitioner, which take place on the same day at a single location, constitute a single visit.

Billable Units

An FQHC can bill for one medical encounter, one dental encounter, and one mental health encounter per patient per day or for \$50 for one service, \$100 for two services and \$150 for three services.