

CMS 64.9 BASE

State: Amer. Samoa

Agency: CMS

Medical Assistance Expenditures by Type of Service  
For the Medical Assistance Program  
Expenditures in this Quarter

Quarter/Year: Qtr 4th 2021

Quarter Ended: 9/30/2021

Medical Assistance Payments	Total Computable	Federal Share						Total Federal Share
		FMAP 83%	I.H.S Facility Services 100%	Family Planning Services 90%	Optional Breast or Cervical Cancer*	Other % (*)	Federal Share	
		COVID FMAP 89.2% **				NON COVID FMAP (#)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)		
1A) Inpatient Hospital - Reg. Payments								
1B) Inpatient Hospital - DSH								
1C) Inpatient Hospital - Sup. Payments								
1D) Inpatient Hospital - GME Payments								
2A) Mental Health Facility Services - Reg. Payments								
2B) Mental Health Facility - DSH								
2C) Certified Community Behavior Health Clinic Payments								
3A) Nursing Facility Services - Reg. Payments								
3B) Nursing Facility Services - Sup. Payments								
4A) Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers								
4B) Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers								
4C) Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments								
5A) Physician & Surgical Services - Reg. Payments								
5B) Physician & Surgical Services - Sup. Payments								
5C) Physician & Surgical Services - Evaluation and Management								
5D) Physician & Surgical Services - Vaccine codes								
6A) Outpatient Hospital Services - Reg. Payments								
6B) Outpatient Hospital Services - Sup. Payments								
7) Prescribed Drugs								

7A1) Drug Rebate Offset - National								
7A2) Drug Rebate Offset - State Sidebar Agreement								
7A3) MCO - National Agreement								
7A4) MCO - State Sidebar Agreement								
7A5) Increased ACA OFFSET - Fee for Service - 100%								
7A6) Increased ACA OFFSET - MCO - 100%								
8) Dental Services								
9A) Other Practitioners Services - Reg. Payments								
9B) Other Practitioners Services - Sup. Payments								
10) Clinic Services								
11) Laboratory/Radiological								
12) Home Health Services								
13) Sterilizations								
14) Abortions No. 0								
15) EPSDT Screening								
16) Rural Health								
17A) Medicare - Part A								
17B) Medicare - Part B								
17C1) 120% - 134% Of Poverty								
17D) Coinsurance								
18A) Medicaid - MCO								
18A1) Medicaid MCO - Evaluation and Management								
18A2) Medicaid MCO - Vaccine codes								
18A3) Medicaid MCO - Community First Choice								
18A4) Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18A5) Medicaid MCO - Certified Community Behavior Health Clinic Payments								

18A6) Medicaid MCO - Services Subject to Electronic Visit Verification Requirements								
18B1) Prepaid Ambulatory Health Plan								
18B1a) MCO PAHP - Evaluation and Management								
18B1b) MCO PAHP - Vaccine codes								
18B1c) MCO PAHP - Community First Choice								
18B1d) MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B1e) Medicaid PAHP - Certified Community Behavior Health Clinic Payments								
18B1f) MCO PAHP - Services Subject to Electronic Visit Verification Requirements								
18B2) Prepaid Inpatient Health Plan								
18B2a) MCO PIHP - Evaluation and Management								
18B2b) MCO PIHP - Vaccine codes								
18B2c) MCO PIHP - Community First Choice								
18B2d) MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
18B2e) Medicaid PIHP - Certified Community Behavior Health Clinic Payments								
18B2f) MCO PIHP - Services Subject to Electronic Visit Verification Requirements								
18C) Medicaid - Group Health								
18D) Medicaid - Coinsurance								
18E) Medicaid - Other								
19A) Home & Community-Based Services - Regular Payment (1915(c) Waiver)								
19B) Home & Community-Based Services - St. Plan 1915(i) Only Pay.								
19C) Home & Community-Based Services - St. Plan 1915(j) Only Pay.								
19D) Home & Community Based Services State Plan 1915(k) Community First Choice								
22) All-Inclusive Care Elderly								
23A) Personal Care Services - Reg. Payments								
23B) Personal Care Services - SDS 1915(j)								

24A) Targeted Case Management Services - Com. Case-Man.								
24B) Case Management - State Wide								
25) Primary Care Case Management								
26) Hospice Benefits								
27) Emergency Services for Undocumented Aliens								
28) Federally-Qualified Health Center								
29) Non-Emergency Medical Transportation								
30) Physical Therapy								
31) Occupational Therapy								
32) Services for Speech, Hearing & Language								
33) Prosthetic Devices, Dentures, Eyeglasses								
34) Diagnostic Screening & Preventive Services								
34A) Preventive Services Grade A OR B, ACIP Vaccines and their Admin								
35) Nurse Mid-Wife								
36) Emergency Hospital Services								
37) Critical Access Hospitals								
38) Nurse Practitioner Services								
39) School Based Services								
40) Rehabilitative Services (non-school-based)								
41) Private Duty Nursing								
42) Freestanding Birth Center								
43) Health Home for Enrollees w Chronic Conditions								
44) Tobacco Cessation for Preg Women								
45) Health Home for Enrollees w Substance-Use-Disorder								
46) OUD Medicaid Assisted Treatment " Drugs								
46A1) OUD MAT DRUG REBATE/National Agreement								

46A2) OUD MAT DRUG REBATE/State Sidebar								
46A3) OUD MAT DRUG REBATE MCO /National Agreement								
46A4) OUD MAT DRUG REBATE MCO /State Sidebar								
46A5) OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%								
46A6) OUD MAT DRUG REBATE/Increased ACA Offset MCO @€" 100%								
46B) OUD Medicaid Assisted Treatment Services								
<b>47) ARP Section 9811 COVID Vaccine/Vaccine Administration</b>								
49) Other Care Services								
50) Total								

\* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 85% and/or the IHS Services rate of 100%

\*\* Lines are calculated at the COVID FMAP rate of 89.2%

\* = Other , # = NON COVID FMAP