

Committee on Natural Resources
1324 Longworth House Office Building
May 23, 2019
10:00 a.m.

Oversight Hearing on
The Insular Areas Medicaid Cliff

Questions from Rep. Radewagen for Ms. Sandra King-Young - Medicaid Director,
American Samoa Government.

1. Given service utilization and the historical issues with generating local matching funds, what is the minimum FMAP that American Samoa's Medicaid system needs if the annual allotment is raised to \$30 million?
2. The Senate version of the disaster relief bill in addition to temporarily increasing American Samoa's FMAP to 100% from January 1 – September 30 for FY19, requires American Samoa to submit a plan on how the territory will collect and report reliable data to the Transformed Medicaid Statistical Information System (T-MSIS). American Samoa is currently exempt from many data reporting requirements. If passed, what is the projected cost of implementing such a system?
3. American Samoa's Medicaid program covers 14 of the 17 mandatory benefits and some optional benefits. What is the projected cost and timeframe it would take for American Samoa to become 100% compliant?
4. In the 2016 GAO report on Medicaid in the Territories, American Samoan Health Officials stated they planned to use some of the new ACA funds to expand services. Please explain in detail what these new services are and what suspending them may mean for American Samoans.
5. GAO reported they "found little assurance that territory Medicaid funds are protected from fraud, waste, and abuse" - A discussion area that will be discussed as the Congress debates a greater Territorial Medicaid solution. Could you please tell us about the current efforts and its successes?

6. The Federally Qualified Health Centers (FQHCs) do not operate on the certified public expenditure method. Relative to LBJ Hospital, how much spending do FQHCs account for annually?
7. States currently do not have capped federal Medicaid contributions and they have a FMAP based on the average per capita income for each State relative to the national average. You mentioned in your testimony that given a lifting of the cap and a better FMAP, American Samoa would be able to attract more providers, but there are States that still struggle to attract providers despite not having these same statutory burdens. How exactly would removing the federal cap and raising the FMAP, allow American Samoa to attract providers? Would you raise reimbursement rates?
8. Would raising the FMAP and the federal cap allow American Samoa to attract private insurers?
9. Has there been any efforts to investigate or adopt a Kaiser Health Care model – the creation of an internal nonprofit insurance plan managed by the facility that delivers care – for LBJ hospital?
10. What behavioral health services and or programs designed to address top public health priorities such as obesity and hypertension, if any, are currently covered under American Samoa's Medicaid program?