

Revision: MAY 1993 HCFA-PM-93-5 (MB)

State: American Samoa

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance (b) Deductible/Coinsurance

1902(a)(30), 1902(n), 1905(a) and 1916 of the Act (1) Medicare Part A and B Supplement 1 to ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902 (i) Qualified Medicare

(a)(10)(E)(i) and 1905(p)(3) of the Act Beneficiaries (QMBs)

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10), 1902(a)(30), and 1905(a) of the Act (ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in section 3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625 ___√___ For the entire range of services available under Medicare Part B.

___ Only for the amount, duration, and scope of services otherwise available under this plan.

1902(a)(10), 1902(a)(30), 1905(a), and 1905(p) of the Act (iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

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Supplement 1 to ATTACHMENT 4.19-B

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: American SamoaMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CAREPayment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 of this attachment (see 3. above).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: American Samoa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Other Medicaid Recipients	Part A	<u>NR</u>	Deductibles	<u>NR</u>	coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	coinsurance
Dual Eligible (QMB Plus)	Part A	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Payment of Medicare Part A and Part B Deductible/Coinsurance

Presumptive Eligibility is a special method American Samoa utilizes that does not involve individual eligibility determination based on personal income and citizenship status. Rather, aggregate population data regarding income levels and citizenship is utilized to perform calculations to determine the number of presumed eligible Medicaid beneficiaries, and the percentage of allowable costs incurred at LBJ Tropical Medical Center (LBJ) that are eligible for Federal Financial Participation.

It is assumed that the income distribution of Medicare beneficiaries mirrors that of the general population. Therefore, it is assumed that the percentage of Medicare beneficiaries who are dually eligible for Medicaid is the same as the percentage of American Samoans who fall at or below 200% FPL (as determined in Item 1(B)(2)(a) of Section 2). As a result, it is presumed that this same determined percentage of all Medicare Part-A and Part-B deductible/coinsurance are allowable costs for Medicaid reimbursement. American Samoa Medicaid Office will apply the same percentage determined in Item 1(B)(2)(a) of the Annual Determination of presumed eligibility as the claiming percentage for all Medicare Part-A and Part-B deductibles/coinsurance in order to determine the allowable reimbursement. For detailed information on determining both the number of presumed eligible Medicaid beneficiaries and those beneficiaries who are presumed to be dually eligible for Medicaid and Medicare, please refer the eligibility of the State Plan under Section 2.

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