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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: 12-005 | 2. STATE American Samoa |
| | | 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, 2012 | |
| 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 Part 435.10 and Section 1902(j) of the Social Security Act. | | 7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 b. FFY 2012 \$ 0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 2, Pg. 7-9g | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pg. 7-9 (Section 2 of the superseded plan) | |
| 10. SUBJECT OF AMENDMENT: SPA to include in the State Plan the changes to the methodology to determine the presumed eligible population and the presumed eligible claiming percentage to reimburse Medicaid providers. | | | |
| 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 wish to review the State Plan Amendment. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | | 16. RETURN TO: Niuatoa Andy Puleasi Medicaid State Agency Office of the Governor P.O. Box 998383 American Samoa Government Pago Pago, American Samoa 96799 | |
| 13. TYPED NAME: Niuatoa Andy Puleasi | | FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: SEP 12 2012 PLAN APPROVED - ONE COPY ATTACHED | |
| 14. TITLE: Medicaid Director | | | |
| 15. DATE SUBMITTED: June 15, 2012 | | | |
| 17. DATE RECEIVED: June 15, 2012 | | 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012 | |
| 21. TYPED NAME: Gloria Nagle, Ph.D., MPA | | 20. SIGNATURE OF REGIONAL OFFICIAL: | |
| 23. REMARKS: | | 22. TITLE: Associate Regional Administrator | |