

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-001

2. STATE
American Sa

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
January 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDM

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Title XIX Social Security Act, Section 1902(a)(42)(B)(i)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$9.2M \$0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 36 & 37

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECT
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT: To add a new Section providing an exception to establishing a Medicaid Recovery Audit Contractor Program.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendm

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME
Niuatoa Andy Puleasi

14. TITLE:
Medicaid Program Director

15. DATE SUBMITTED: December 8, 2010

16. RETURN TO:

Niuatoa Andy Puleasi
Medicaid Program Director
LRJ Tropical Medical Center
American Samoa 96799

