Revision:		
StateAmerican Samoa		
PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION 4.5 Medicaid Recovery Audit Contractor Program		
Section 1902(a)(42)(B)(i) of the Social Security Act	purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.	
	The State is seeking an exception to establishing such program for the following reasons:	
Section 1902(a)(42)(B)(ii)(I) of the Act	Under 1902 (j) Waiver, American Samoa is not required to do enrollment of eligible people in its Medicaid Program. No Medicaid cards are issued. They don't bill or get billed. Medicaid funds come in a form of annual capped block grant. There is only one hospital in the Territory and is government-owned, financed, and operated. Health care is predominantly provided by the government. Procuring a Recovery Audit Contract is not a feasible option for American Samoa.	
	The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.	
	Place a check mark to provide assurance of the following:	
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	The State will make payments to the RAC(s) only from amounts recovered.	
	The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.	
	The following payment methodology shall be used to determine State	
	payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):	
	The State attests that the contingency fee rate paid to the	
	Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.	
	The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only	
TN No10-001	submit for FFP up to the amount equivalent to that published FEB 1 0 2011	
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	rate.
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.
Section 1902 (a)(42)(B)(ii)(III) of the Act	The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902(a)(42)(B)(ii)(IV(bb) of the Act	The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.
Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act	The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
	Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.
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