

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State/Territory: American Samoa

SECTION 6 FINANCIAL ADMINISTRATION

Citation 6.1 Fiscal Policies and Accountability
42 CFR 433.32
AT-79-29

The Medicaid agency and, where applicable, governmental agencies and providers maintain an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accordance with applicable Federal requirements.

State funds are used to pay all of the non-Federal share of total expenditures under this plan, except when the Territory claims the waiver of \$200,000 of local matching funds under 48 USC 1469(a)(d) for Medicaid and/or CHIP, in accordance with CMS policy.

A. Administration and Financial Reporting

American Samoa Medicaid agency submits the following reports to the Centers of Medicare and Medicaid Services (CMS) Region IX Office in San Francisco, and the CMS Central Office in Baltimore at the intervals specified in the referenced sections of this plan:

- a. Annual Determination of presumed eligible (see section 2 B)
- b. Completed forms CMS 37. Medicaid Program Budget Report in its entirety for each quarterly submission (See section B). The period to be reported in all estimates is the Federal Fiscal Year October 1 through September 30.
- c. Forms CMS 64, 64.9 Base, 64.9C1 and 64.90FWA, 64.21U and 64.10 Base quarterly expenditure reports.

B. Submission of Quarterly Budget Estimates

Budget estimates from American Samoa Medicaid Agency shall be reported prior to the beginning of each quarter on Form CMS 37, Medicaid Program Budget Report for Medical Assistance Payments and Administration costs. This report provides American Samoa's funding requirements for the upcoming Federal Fiscal Year and quarter.

Submit quarterly Forms CMS-37 to both CMS Regional Office and CMS Central Office no later than May 15, August 15, November 15, and February

TN No: 12-002
Supersedes
TN No: 87-004

Approval Date JUN 21 2012 Effective Date: January 1, 2012

15 in accordance with the submission schedule in Section 2602 of the State Medical Manual.

C. Cost Reporting

Refer to Attachments 4.19-A and 4.19-B.

D. CMS 64, Quarterly Statement of Expenditures for the Medical Assistance Program Reporting

Medicaid State Agency will submit the completed CMS 64 and its attachments within 30 days after the end of each quarter, e.g., April 30, July 30, October 30 and January 30.

1. Forms CMS 64.9 Base and 64.21U Statements of Medical assistance Expenditures by type of service for the Medical Assistance Program

Medicaid Agency will use the Forms CMS 64.9 Base, 64.21U, 64.9P, 64.21UP, 64.9Waiver EAP, and 64.9P Waiver EAP to report current and prior periods, respectively, allowable medical assistance payment expenditures under the appropriate individual category of service line.

2. Report Submittal Procedure

Medicaid agency will submit the completed Form CMS 64, Summary Sheet, for the Medical Assistance Expenditures and/or the State and local administrative expenditures for the Medical Assistance Program to both CMS Regional Office in San Francisco and the Central Office in Baltimore through a paperless system known as MBES/CBES. Medicaid Agency will submit supporting documentation to the CMS Regional Office in San Francisco.

E. Methodology for Determining Medicaid/CHIP/EAP Costs

1. Methods and Standards

To meet the requirements of 42 CFR Part 447, subpart C, and section 1902(e)(7) with respect to payment for inpatient hospital services, the Attachment 4.19-A under SPA-12-003 describes the methods and standards in detail used to determine rates for payment for inpatient hospital services.

In addition to the inpatient hospital services, the Medicaid Agency will

TN No: 12-002
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meet the requirements of 42 CFR Part 447, Subpart D, with respect to payment for all other types of services provided under the plan. The Attachment 4.19-B under SPA 12-004 describes the methods and standards used for the payment of Medicaid hospital outpatient services.

To meet the requirements of 42 CFR 423.907 and 1935(e) with respect to eligibility and payment for the Enhanced Allotment Program, the MMA EAP Plan portion of the American Samoa Plan describes the methods and standards used for the payment of covered Part D drugs for low-income Part D eligible individuals.

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