

PR



GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES  
(DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)  
123 Chalan Kareta \* Mangilao, Guam 96913-6304

FELIX P. CAMACHO  
Governor

J. PETER ROBERTO, ACSW  
Acting Director

MICHAEL W. CRUZ, M.D.  
Lieutenant Governor

APR 07 2009

Office of the Speaker  
Judith T. Won Pat, Ed. D.

Date 4/14/09  
Time 10:27 A  
Received by [signature]  
36-09-0453

The Honorable Judith T. Won Pat, Ed.D  
Speaker  
I Mina'Trenta Na Liheslaturan Guahan  
155 Hessler Plaza  
Hagatna, Guam 96910

APR 08 2009

Dear Speaker Won Pat:

*Buenas Yan Saluda!* Pursuant to Chapter VII (Administrative Provisions), Section 30 of Public Law 29-113, this is a notification of intent to transfer funds of \$3,000,000 from the Medically Indigent Program (MIP) Miscellaneous Payment account to the Medicaid Miscellaneous Payment account.

Under the provisions of section 5001 of the American Recovery and Reinvestment Act of 2009 (ARRA, Public Law 111-5, enacted on February 17, 2009), a grant award has been approved for supplemental federal funding for the Medicaid Program in the amount of \$4,005,000. Thus, the transfer of \$3,000,000 from the MIP Program will be utilized to cover a portion of the local match for the additional federal funding. A copy of the grant award is attached for your perusal.

The Medicaid Program is 50% locally funded and 50% federally funded.

If you have any questions, you may contact Ms. Ma. Theresa L. Arcangel, Bureau of Health Care Financing Administrator at 735-7282 or fax at 734-6860.

Sincerely,

[Signature]  
J. PETER ROBERTO, ACSW  
Director

2009 APR 15 PM 4:13

Enclosures

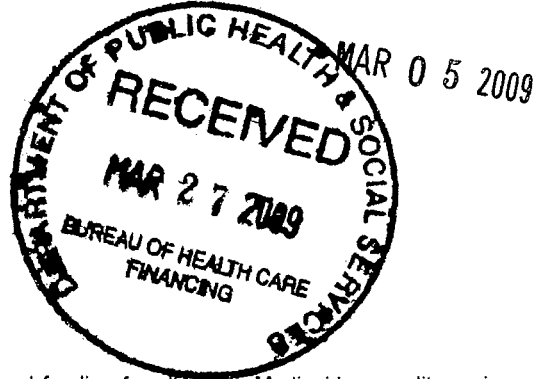


DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Theresa Arcangel  
Director  
Bureau of Health Care Financing  
Dept. of Public Hlth/Soc Svcs.  
P. O. Box 2816  
Hagatna, GU 96932

Center for Medicaid and State Operations  
Financial Management Group  
7500 Security Boulevard  
Baltimore, MD 21244



Dear Madam :  
SUPPLEMENTAL

The grant award listed below has been approved for supplemental federal funding for allowable Medicaid expenditures incurred by your State during the period 10/01/2008 – 09/30/2009 under Appropriation 75X0518 Centers for Medicare & Medicaid Services.

**Medical Assistance Payments**

**\$4,005,000**

This grant award represents funding authorized under the provisions of section 5001 of the American Recovery and Reinvestment Act of 2009 (ARRA, Public Law 111-5, enacted on February 17, 2009), that are for the purpose of providing a temporary increase in the Medicaid Federal medical assistance percentage (FMAP) to fund your State's Medicaid program in federal FY 2009. Computation of the award is shown on the enclosed statement.

States' increased FMAPs have been determined in accordance with the provisions of section 5001 of ARRA. The above grant award amount reflects an estimate of the increased funds for your State for the period of the grant award related to the title XIX expenditures for which the increased FMAP is available.

With the acceptance of this grant award and draw of such funds from the Payment Management System subaccount, you agree that :

- 1) Your State is eligible for the increased FMAP because the State is applying Medicaid eligibility standards, methodologies and procedures that are no more restrictive than those in effect under the State plan (or any waiver or demonstration project) on July 1, 2008. If the State is currently ineligible because it does not meet this condition, the State may be retroactively eligible if it reinstates the former standards, methodologies and procedures prior to July 1, 2009. (Section 5001(f)(1) of ARRA)
- 2) Your State is eligible for the increased FMAP because no amounts attributable (directly or indirectly) to such increased FMAP are deposited or credited to any reserve or rainy day fund of the State. (Section 5001(f)(3) of ARRA)
- 3) Your State is eligible for the increased FMAP because it does not require political subdivisions within the State to contribute for quarters beginning October 1, 2008 and ending December 2010, a greater percentage of the non-Federal share of such expenditures (including for expenditures under section 1923 of the Social Security Act) than the respective percentage that would have been required under the State Medicaid plan on September 30, 2008. (Section 5001(g)(2) of ARRA)
- 4) The expenditures for which the State draws funds are of a type that would be eligible expenditures. Expenditures for disproportionate share hospital (DSH) payments are ineligible. Also ineligible are expenditures that are claimed based on the enhanced FMAP (described in section 2105(b) of the Act), or expenditures that are not paid based on the FMAP, such as expenditures for family planning services, administrative expenditures. Expenditures for services provided through an Indian Health Service facility are ineligible because such expenditures receive 100 percent FMAP, which is the ceiling level. And expenditures for medical assistance provided to individuals made eligible because of increased income eligibility standards that are higher than those in effect on July 1, 2008 are also ineligible for the increased FMAP. (Section 5001(e) of ARRA).
- 5) The expenditures for which the State draws funds are not payments for health care practitioner claims, or certain nursing home and hospital claims, that were received by the State during periods in which the State is not in compliance with prompt payment standards. (Section 5001(f)(2) of ARRA)

With the acceptance of this award, you agree to be responsible for limiting the drawing of Federal funds so as to minimize Federal cash on hand in accordance with policies established in Treasury Circular 1075 (Revised) and procedures established by the Department of Health and Human Services. You also agree to submit timely reports as required. Withdrawals of Federal funds are not to exceed the individual programmatic grant awards shown above. You also are required to provide for effective control over the accountability for all Federal funds as stated in Office of Management and Budget Circular No. 1075 (Revised). Failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked. Part 92, Title 45, Code of Federal Regulations implements these circulars for this Department.

MAR 05 2009

Any questions you may have in connection with this grant award should be referred to the appropriate Centers for Medicare & Medicaid Services Regional Office financial contact for your State.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center (PSC). Inquiries regarding payment should be directed to:

Director, Division of Payment Management  
Post Office Box 6021  
Rockville, Maryland 20852-0605

Telephone Number 1-877-614-5533

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management.

Sincerely yours,

  
Director,  
Division of Financial Operations *son*

Enclosures 4  
CMS -L151(7-90)

STATE:	GUAM			
FISCAL YEAR	2009			
QUARTER	1ST <input type="checkbox"/>	2ND <input checked="" type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input type="checkbox"/>

COMPUTATION OF AMOUNTS FOR MEDICAL ASSISTANCE  
GRANTS UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL  
ASSISTANCE  
PAYMENTS

1. ADJUSTMENTS FOR  
QUARTER ENDED

\$ 0

MAR 05 2009

A. ACTUAL FEDERAL SHARE OF  
EXPENDITURES.....

0

B. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES PREVIOUSLY FUNDED....

C. DIFFERENCE.....

0

D. NET ADJUSTMENTS APPLICABLE TO  
PRIOR PERIODS.....

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

0

2. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES FOR QUARTER  
BEGINNING 10/01/08 - 09/30/09

A. 4,005,000

3. NET AMOUNT TO BE CERTIFIED.....

\$ 4,005,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$B. 4,005,000

DATE APPROVED MAR 05 2009 COMPUTATION CHECKED BY

INTERNAL TRANSMITTAL NO. 39

Alexandra J. Garnett  
VAD



ATTACHMENT: 1

CALCULATION OF SUPPLEMENTAL AWARD  
Increased Funding Under Title XIX Section 5001 ARRA

STATE: GUAM

QUARTER/FISCAL YEAR: SECOND/2009

MAR 05 2009

MEDICAL ASSISTANCE  
PAYMENTS

Secretary's Estimate of Funding  
Need for the Quarter \$ 16,152,000

Less:

SPR Penalty,  
Attachment XXXXXXXXXXXXXXXXXXXXXXX

MEQC Penalty,  
Attachment \_\_\_\_\_

Third Party Liability/Assignment  
of Rights-Billing Offset  
Attachment XXXXXXXXXXXXXXXXXXXXXXX

Part A (Buy-In) Premiums  
Attachment \_\_\_\_\_

Part B (Buy-In) Premiums  
Attachment \_\_\_\_\_

Part A Interest  
Attachment \_\_\_\_\_

Part B Interest  
Attachment \_\_\_\_\_

FUNDING ADJUSTMENT

Adjusted funding for the quarter \$ 16,152,000

Estimate previously funded for  
the quarter (12,147,000)

Net Amount of Funding \$ 4,005,000