

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



JUN 23 2011

Stephen Fitton, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-001 - Prohibition on Payments to Institutions or Entities outside the United States

Effective date June 1, 2011

If you have any questions, please contact Leslie Campbell by telephone at (312) 353-1557 or by e-mail at Leslie.Campbell@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature of the sender.

Associate Regional Administrator
Division of Medicaid & children's Health Operations

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 1 1 - 01	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2011	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (section 6505)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 _____ \$ 0 _____ b. FFY 2012 _____ \$ 0 _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.44, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A - New Page

10. SUBJECT OF AMENDMENT:
Medicaid prohibition on payments to institutions or entities located outside of the United States.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: [Redacted]	16. RETURN TO: Medical Services Administration Actuarial Division Capitol Commons Center - 7th Floor 400 South Pine Street Lansing, Michigan 48933 Attn: Loni Hackney
13. TYPE NAME: Stephen Fitton	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: June 6, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/03/11	18. DATE APPROVED: JUN 23 2011
--------------------------------	-----------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUNE 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]
21. TYPE NAME: [Redacted]	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Cooperation with Medicaid Integrity Program Efforts

<u>Citation</u>	4.44	Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United State
1902(a)(80) of the Social Security Act, P.L. 111-148 (section 6505)		The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

TN NO.: 11-01

Approval Date: JUN 23 2011

Effective Date: 06/01/2011

Supersedes
TN No.: N/A new page