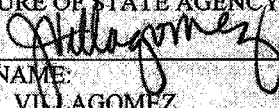



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: CNMI-11-002	2. STATE CNMI
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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: FFY2011 AND FY 2012 \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: IMPLEMENTATION OF SECTION 6505.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
10. SUBJECT OF AMENDMENT: PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION - 4.44 MEDICAID PROHIBITION ON PAYMENTS TO INSTITUTIONS OR ENTITIES LOCATED OUTSIDE OF THE UNITED STATES.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: JOSEPH K.P. VILLAGOMEZ SECRETARY OF PUBLIC HEALTH DEPARTMENT OF PUBLIC HEALTH P.O. BOX 500409, CK SAIPAN, MP 96950	
13. TYPED NAME: JOSEPH K.P. VILLAGOMEZ		14. TITLE: SECRETARY OF HEALTH	
15. DATE SUBMITTED: 8-31-11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 8/2/2011		18. DATE APPROVED: SEP 09 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle, Ph.D., MPA		22. TITLE: Associate Regional Administrator	
23. REMARKS: Original version was submitted on 8/2/2011. A signed version was resubmitted on 8/31/2011.			

Medicaid State Plan Preprint

State/ Territory: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI)

PROPOSED SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X 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. 11-002 Approval Date: SEP 09 2011 Effective Date: July 1, 2011