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State/Territory Name: WI

State Plan Amendment (SPA) #: 11-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



CENTERS for MEDICARE & MEDICAID SERVICES

JUL 28 2011

Brett Davis, Administrator and Medicaid Director
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

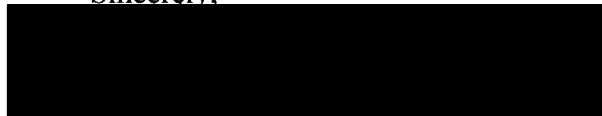
Dear Mr. Davis:

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

Transmittal #11-03	-Prohibition of Payments to Institutions or Entities Located Outside of the United States. -- Effective June 1, 2011
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If you have any additional questions, please have a member of your staff contact Charles Friedrich at (312) 353-1583 or Charles.Friedrich@cms.hhs.gov.

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-003	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 06/01/2011
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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; Section 6505 of the Patient Protection and Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011.....\$0 b. FFY 2012\$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 79z-1.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New

10. SUBJECT OF AMENDMENT:

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
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Brett Davis State Medicaid Director Division of Health Care Access and Accountability 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
13. TYPED NAME: Brett Davis	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: 06-29-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06-29-11	18. DATE APPROVED: JUL 28 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS:

State: Wisconsin

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.