



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUL 15 2011

William J. Streur, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 11-004

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-004. This SPA amends the Title XIX Medicaid State plan to comply with the CMS State Medicaid Director Letter #10-026, which provides guidance on implementing Section 6505 of the Affordable Care Act of 2010, Prohibition on Payments to Institutions or Entities Located Outside of the United States.

This SPA is approved effective June 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or erin.cassady@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Kimberli Poppe-Smart, Deputy Commissioner
Jon Sherwood, Senior Medicaid Policy Analyst for Health Care Services
Alice Rarig, State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-004

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND 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

7. FEDERAL BUDGET IMPACT:
a. FFY 11 \$0
b. FFY 12 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 79y

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):NA

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: Governor does not
wish to comment.

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Kimberli Poppe-Smart

14. TITLE:
Deputy Commissioner, Dept. of Health and Social Services

15. DATE SUBMITTED:
June 29, 2011

16. RETURN TO:

Alaska Department of Health and Social Services
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2011

18. DATE APPROVED: July 15, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Carol J.C. Peverly

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

Citation

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

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

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.

JUL 15 2011

TN No. 11-004

Supersedes

TN No. _____

Approval Date: _____

Effective Date: _____