DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services JFK Federal Building, Government Center Room 2275 Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

June 6, 2011

JudyAnn Bigby, M.D., Secretary Executive Office of Health and Human Services One Ashburton Place, Room 1109 Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State Plan Amendment ("SPA") No. 11-003, received in the Boston Regional Office on May 26, 2011. This amendment inserts language in the State plan confirming the prohibition of payments to entities or institutions located outside the United States, as required by section 6505 of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that Massachusetts SPA 11-003 is approved, effective June 1, 2011. Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation in the Massachusetts Medicaid State Plan.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at 617-565-1325 or by email at <u>aaron.wesolowski@cms.hhs.gov</u>.

Sincerely.

/s/

Richard R. McGreal Associate Regional Administrator

Enclosure

cc: Terry Dougherty, Medicaid Director

Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	011-003	MA
	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	AZ/A1/11	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	06/01/11	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	☑ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1902 (a) (80) of the Social Security Act, P.L. 111-148	a. FFY11 \$ 00.00	
(Section 6505)	b. FFY12 \$ 00.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable	
Section 4, page 79x(5)	N/A	
10. SUBJECT OF AMENDMENT: Medicaid Prohib	ition on Payments	
Medicaid Prohib	ition on Payments	
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One):		CIFIED:
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	ition on Payments OTHER, AS SPE Not required up	
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One):	② OTHER, AS SPE Not required up	ıder
Medicald Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	② OTHER, AS SPE Not required up	ıder
Medicald Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Ø OTHER, AS SPE Not required ur 42 CFR 430.120	ıder
Medicald Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPE Not required un 42 CFR 430.12(16. RETURN TO: Michael P. Coleman	ıder
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNISTIRE OF STATE AGENTY OFFICE ALL.	✓ OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator	ıder
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Ø OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid	ider b)(2)(ii)
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SUCNIGATION OF STATE AGENTY OFFICIAL. 13. TYPED NAME: Judy Ann Bigby, M	I OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and	der b)(2)(ii) Human Services
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENT ACCEPTANT 13. TYPED NAME: Judyam Bigby, M 14. TITLE:	I OTHER, AS SPE Not required un 42 CFR 430.120 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11th Floor	der (b)(2)(ii) Human Services
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURALOF STATE AGEN 13. TYPED NAME: JudyArm Bigby, M 14. TITLE: Secretary 15. DATE SUBMITTED: 05/26/11	☐ OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11th Flor Boston, MA 02108	der b)(2)(ii) Human Services
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENT OF STATE A	OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11 th Flor Boston, MA 02108 FFICE USE ONLY	der b)(2)(ii) Human Services
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURAL OF STATE AGENT OF STATE AGENT 13. TYPED NAME: JudyArm Bigby, M 14. TITLE: Secretary 15. DATE SUBMITTED: 05/26/11 FOR REGIONAL OI	☐ OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11th Flor Boston, MA 02108	der (b)(2)(ii) Human Services or
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURALOF STATE AGENT OF SUBMITTAL 13. TYPED NAME: Judyann Bigby, M 14. TITLE: Secretary 15. DATE SUBMITTED: 05/26/11 FOR REGIONAL OI 17. DATE RECEIVED: May 26, 2011	OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11th Flor Boston, MA 02108 FFICE USE ONLY 18. DATE APPROVED: June 6, 26	Human Services
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGEN 13. TYPED NAME: JudyAnn Bigby, M 14. TITLE: Secretary 15. DATE SUBMITTED: 05/26/11 FOR REGIONAL OI	OTHER, AS SPE Not required un 42 CFR 430.120 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11th Flor Boston, MA 02108 FFICE USE ONLY 18. DATE APPROVED: June 6, 20 IE COPY ATTACHED 20. SIGNATURE OF REGIONAL C	Human Services or OFFICIAL:
Medicaid Prohib 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNIATURALOF STATE AGENOVACESCIAL. 13. TYPED NAME: Judyam Bigby, M 14. TITLE: Secretary 15. DATE SUBMITTED: 05/26/11 FOR REGIONAL OI 17. DATE RECEIVED: May 26, 2011 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	OTHER, AS SPE Not required un 42 CFR 430.126 16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and One Ashburton Place, 11th Flor Boston, MA 02108 FFICE USE ONLY 18. DATE APPROVED: June 6, 26	Human Services or DIFINAL: inistrator, Division of

State Plan Under Title XIX of the Social Security Act State: Massachusetts Section 4 General Program Administration

Citation	4.44	Medicaid Prohibition on Payments to Institutions or Entities Located Outside the United States
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: 011-003 Supersedes: N/A

Approval Date: 06/06/11

Effective Date: 06/01/11