

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

SECTION 3 – SERVICES: GENERAL PROVISIONS

Amount, Duration, and Scope of Services

The following services, as described on the following pages, will be provided to those determined to be eligible for Medicaid:

a) <u>Services</u>	<u>On-Island</u>	<u>Off-Island*</u>
1. Inpatient Hospital	X	X
2. Outpatient Hospital	X	X
3. Other Laboratory & X-ray	X	X
4. Skilled Nursing Services	X	X
5. Physician Services	X	X
6. Medical Care and Other <sup>1</sup>	X*	X
7. Home Health Services	X*	X
8. Private Duty Nursing		
9. Clinic Services	X	X
10. Dental Services <sup>1</sup>	X	X
11. Physical Therapy <sup>1</sup>	X	X
12. Prescribed Drugs, Dentures, and and Prosthetic Devices <sup>1</sup>	X*	X
13. Diagnostic, Screening, Preventive, and Rehab Services		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Services	<u>On-Island</u>	<u>Off-Island*</u>
14. 65 or Older in Institution for Mental Disease		
15. Intermediate Care Facility Services		
16. Inpatient Psychiatric Facility Services		
17. Nurse-Midwife Services	X	X
18. Hospice Care <sup>1</sup>	X	X
19. Case Management Services		
20. Extended Services for Pregnant Women <sup>1</sup>	X	X
21. Ambulatory Prenatal Care for Pregnant Women		
22. Respiratory Care Services		
23. Certified Pediatric or Family Nurse Practitioners' Services	X	X
24. Any Other Medical Care and Any Other Type of Remedial Care <sup>1</sup>	X*	X
25. Home and Community Care		
26. Personal Services Care		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**4. 42 CFR 440.40: Skilled Nursing Services**

**4a. Nursing Facility (NF) Services On and Off-island**

Nursing Facility Services are provided to individuals age 21 or older, other than services in an institution for tuberculosis or mental disease. These services are needed on a daily basis and are required to be provided on a regular basis, health-related services to individuals who do not require hospital care, but whose mental or physical condition requires services that (1) Are above the level of room and board and post-hospital extended care services under 42 CFR Section 440.40(a) and 440.155. NF services are provided by a facility or distinct part of a facility that is certified to meet the requirements for participation in Medicare, and are ordered by and provided under the direction of a physician.

**4b. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) On and Off-Island.**

EPSDT services are screening and diagnostic services to determine physical or mental defects in recipients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and conditions discovered. These services are provided through the well-baby clinic, school health, and physical examination clinics.

**4c. Family Planning Services On-Island**

Family planning services and supplies are provided to individuals of childbearing age.

Provided with no limitations.

**4d. Tobacco Cessations Counseling for Pregnant Women Provided On-Island**

A. Provider Eligibility Requirements - Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

1. Face-to-face counseling for at least four sessions of at least 30 minutes each.

2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of quit attempts exceeding 2 per year.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**5. 42 CFR 440.50: Physician Services On and Off-island**

Physicians' services are services provided within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy

**6. 42 CFR 440.60: Medical Care or Other Remedial Care On and Off-Island**

Medical and other types of remedial care means any medical or remedial care or services other than physicians' services provided by licensed practitioners within the scope of practice as defined under State law.

**6a. Podiatrists' services.**

Not provided.

**6b. Optometrists' Services On and Off-Island**

Provided.

**6c. Chiropractors' Services**

Not Provided

**6d. Other Practitioners' Services On and Off-Island**

Other practitioners' services means any medical care or services provided by a professional practitioner of the medical arts other than a physician who is currently licensed to practice under State law within the scope of practice as defined by State law.

Medical care or any other type remedial care, other than physician services, will be provided by licensed practitioners within the scope of practice defined under CNMI law.

A participating practitioner, public or private, must meet the following requirements:

- A. CNMI-Licensed Clinical psychologist, nurse practitioner, or physician assistant

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

artificially replace a missing portion of the body; to prevent or correct physical deformity or malfunction; or to support a weak or deformed portion of the body.

“Eyeglasses” means lenses, including frames, and other aids to vision prescribed by a physician skilled in diseases of the eye or an optometrist.

**12a. Prescribed Drugs On and Off-Island**

- Must be prescribed by a licensed physician or practitioner as defined by federal and CNMI law.
- Coverage for brand-name medications is excluded when they are not listed in the CNMI Medicaid Drug Formulary or when an FDA approved A-rated generic equivalent is available. Prior approval is necessary if the drug is exempted.
- Limited to 30-day supply unless larger quantity is required for off-island travel. Any quantity larger than 30-day supply must have prior authorization by the Medicaid Agency.
- Experimental drugs or listed as “less than effective” drugs are not covered.
- Excluded Drugs, even when prescribed by a physician or other authorized provider are not covered:
  - Tetrahydrocannabinol, Marinol or any form of cannabinoids, medical marijuana or marijuana alternative
  - For Weight loss
  - For Erectile dysfunction
  - For Promotion of fertility
  - For Gender reassignment
  - For Cosmetic Purposes
  - That do not have a National Drug Code (NDC)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

- A limitation of six (6) filled prescriptions per month. The only exception is if the doctor has submitted to the Medicaid Agency a “Medical Plan of Care” and prior approval is granted.

**12b. Dentures**

Not Provided.

**12c. Prosthetic Devices On-Island**

- Must be prescribed by a licensed physician or other licensed practitioner in accordance with the 42 CFR 440.120(c).
- Repair and maintenance of prosthetic device or other medical equipment requires prior authorization by the Medicaid agency.
- Prosthetics, In accordance with 42 CFR 440.120(c), are used to artificially replace a missing portion of the body; prevent or correct physical deformity or malfunction; or support a weak or deformed portion of the body.

Hearing Aids:

- Must be prescribed by a certified audiologist or by a licensed physician in accordance with 42 CFR 440.110.
- Must have prior authorization by the Medicaid agency.

**12d. Eyeglasses On-Island**

- Must be prescribed by a licensed ophthalmologist or optometrist.
- Lenses may be for single vision or standard
- Tinted or coated lenses are not covered unless for individuals with aphakia.
- Only plastic frames are covered unless metal frames are less expensive.
- Contact lenses are not covered.
- Only one pair of eyeglasses will be covered every two years. There is a \$100.00 LIMITATION ON COST OF frames.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**15. 42 CFR 440.50: Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.**

Not provided.

**16. 42 CFR.160: Inpatient psychiatric facility services for individuals under 22 years of age.**

Not provided.

**17. 42 CFR 440.165: Nurse-midwife services On and Off-Island**

Provided.

**18. Hospice care (in accordance with section 1905(o) of the Act On and Off-Island**

Provided with limitations.

Lifetime maximum of one hundred eighty (180) days and certified as terminally ill.

**19. 42 CFR 440.169: Case management services and Tuberculosis related services.**

Not Provided

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**20. Extended services for pregnant women On and Off-Island**

**20a. Pregnancy-Related and Postpartum Services**

Pregnant women, who were eligible for, applied for, and received medical assistance under the CNMI Medicaid General Waiver and Operational Plan will be provided all pregnancy-related and postpartum services until the end of the 60-day period beginning on the last date of their pregnancy.

**20b. Services that may complicate Pregnancy**

Pregnant women services, including prenatal, delivery, and postpartum services, and any other medical conditions that may complicate the pregnancy, are provided.

**21. Ambulatory Prenatal Care**

Not provided.

**22. Respiratory Care Services**

Not Provided.

**23. 42 CFR 440.166: Certified pediatric or family nurse practitioners' services On and Off-Island**

Provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**24d. Nursing Facility Services For Patients Under 21 Years On and Off-Island**

Provided with limitations.

Nursing facility services for patients under 21 years old means services that provided to recipients under 21 years old on an inpatient basis by a Nursing Facility Services.

**24e. Emergency Hospital Services On and Off-Island**

A. Emergency hospital services means:

1. Services necessary to prevent the death or serious impairment of the health of a recipient; and
2. Services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life of health of the recipient even if the hospital does not currently meet:
  - a. The conditions for participation under Medicare; or
  - b. The definition of inpatient or outpatient hospital services under the CNMI Medicaid General Waiver and Operational Plan.

B. Benefit Limitations

Emergency services, as described above, are provided to eligible recipients and illegal aliens if they meet all other eligibility criteria.

**24f. Personal care services in Recipient's Home**

Not provided.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**4.19B Payment for Services**

Inpatient and Outpatient Services are available at Commonwealth Health Center (CHC) and therefore will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19-B, pages 1-6. If the services are not available at CHC, payment of these services will be the lower of the billed charges or current Hawaii Medicare Fee Schedule. In the event that there are no corresponding Medicare reimbursement rates for the services rendered, these services will be reimbursed at 50 percent of the provider's billed charges.

## 3. Other Laboratory Services and X-ray Services (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19-B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

## 4a. Nursing Facility (SNF) Services (On and Off-Island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

## 4b. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

## 4c. Family Planning Services (On-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**4.19B Payment for Services**

4d. Tobacco Cessation Counseling for Pregnant Women Provided (On-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

5. Physician Services (On and Off-island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

6b. Optometrist Services (On and Off-island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

6d. Other Practitioners' Services (On and Off-island)

Payment will be at 85% of Current Hawaii Medicare Fee Schedule.

7. Home Health Services (On and Off-island)

Payments for Home Health Services will be lower of the billed charges or current Hawaii Medicare Fee schedule.

7a. Nursing Services (On and Off-Island)

Payments for Nursing Services will be lower of the billed charges or current Hawaii Medicare Fee schedule.

7b. Home Health Aide Services (On and Off-Island)

Payments for Home Health Aide Services will be lower of the billed charges or current Hawaii Medicare Fee schedule.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**4.19B Payment for Services**

7c. Medical Supplies and Equipment (On and Off-Island)

Payment for Medical Supplies and Equipment will be the lower of billed charges or current Hawaii Medicare Fee Schedule.

7d. Physical Therapy (On and Off-Island)

Payment for Physical Therapy will be the lower of billed charges or current Hawaii Medicare Fee Schedule.

9. Clinic Services (On and Off-island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

10. Dental Services (On and Off-island)

Payment will be at 60% of Current Hawaii Medicare Fee Schedule published in the Commonwealth Register in the Office of the Attorney General by the Commonwealth Healthcare Corporation/Dept. of Public Health. The fee schedule is available at the CNMI Medicaid Office.

11. Physical Therapy and Related Services (On and Off-island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

12a. Prescribed Drugs (On and Off-Island)

The total allowable cost to the Medicaid Program shall be the lesser of:

- a. Estimated Acquisition Cost (EAC) - (AWP minus 10.5%) plus a dispensing fee of \$4.67
- b. Maximum Allowable Cost (MAC-based on the Illinois SMAC) plus a dispensing of \$4.67

In no event shall the EAC exceed the federally established upper limits (FUL) under 42 CFR 447.5.12 and 447.514 plus a dispensing fee of \$4.67. CNMI Medicaid Program will not reimburse any more than the lowest amount charged to any commercial third party payer or to any other individual.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**4.19B Payment for Services**

12c. Prosthetic Devices (On-Island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

12d. Eyeglasses (On-Island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule. There is a \$100.00 LIMITATION ON COST OF FRAMES.

17. Nurse-Midwife Services (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

18. Hospice care (On and Off-Island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

20a. Pregnancy-Related and Postpartum Services (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

20b. Services That May Complicate Pregnancy (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**4.19B Payment for Services**

23. Certified Pediatric or Family Nurse Practitioners' Services (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.

24a. Transportation (Commercial Air Transportation) (Off-Island)

1) Air Transportation (Off-Island)

a. Commercial Air Transportation (Off-Island)

Payment for the Commercial Air Transportation will be at economy class air fare based on the current fare.

b. Air Ambulance Transport (Off-Island)

Payment for the Air Ambulance Transport will be the actual rates paid to air ambulance providers for rendering services.

2) Ground Transportation (On and Off-Island)

a. Emergency Ambulance Services: (On and Off-Island)

Payment will be at 65% of the Current Hawaii Medicare Fee Schedule.

b. Non-emergency Ambulance Services (On and Off-Island)

Payment will be at 65% of the Current Hawaii Medicare Fee Schedule.

24d. Nursing Facility Services for Patients under 21 years (On and Off-Island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**4.19B Payment for Services**

24e. Emergency Hospital Services (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19B, pages 1-6 if the service is available at Commonwealth Health Center (CHC). If the service is not available at CHC, payment will be the lower of billed charges or the Current Hawaii Medicare Fee Schedule.