

Table of Contents

State/Territory Name: Northern Mariana Islands

State Plan Amendment (SPA) #: 20-0005

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 18, 2020

Helen C. Sablan
Director
CNMI State Medicaid Agency
Office of the Governor
Caller Box 10007
Saipan, MP 96950

RE: TN 20-0003

Dear Ms. Sablan:

We have reviewed the proposed CNMI State Plan Amendment (SPA) to Attachment 4.19-B 20-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 14, 2020. This plan amendment updates the dental fee schedule language.

Based upon the information provided by CNMI, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved HCFA-179 (CMS-179) and a copy of the new state plan pages.

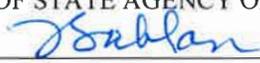
If you have any additional questions or need further assistance, please contact Mark Wong at 415-744-3561 or mark.wong@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare and Medicaid Services		1. TRANSMITTAL NUMBER: MP-20-0003	2. STATE CNMI
		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 10/01/2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart F		7. FEDERAL BUDGET IMPACT: FFY 2021 - \$0 FFY 2022 - \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B, PAGE 9 OF 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 4.19B-1, Page 9 of 12	
10. SUBJECT OF AMENDMENT: PAYMENT OF SERVICES			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: Helen C. Sablan Medicaid Director Office of the Governor Commonwealth of the Northern Mariana Islands Caller Box 10007 Saipan, MP 96950	
13. TYPED NAME: Helen C. Sablan			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 9/14/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 14, 2020		18. DATE APPROVED: 9/18/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

4.19B Payment of Services

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

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

10. Dental Services (On and Off-island)

Payment for Dental Services will be the lower of the billed charges or 100% of Current Hawaii Medicaid Fee Schedule.

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

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

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

The total allowance 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 fee 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.