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State/Territory Name: CNMI

State Plan Amendment (SPA) #: MP-23-0001

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

February 1, 2023

Vicenta Rosario Borja
Acting Director
CNMI State Medicaid Agency
Office of the Governor
Caller Box 10007
Saipan, MP 96950

RE: Commonwealth of the Northern Mariana Islands State Plan Amendment Transmittal
Number 23-0001

Dear Ms. Borja:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0001. Effective October 1, 2022, this amendment adds reimbursement methodology to Attachment 4.19-A of the state plan for off-island inpatient hospital services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 23-0001 is approved effective October 1, 2022. The CMS-179 and the amended plan page(s) are attached.

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,



Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 0 1</u>	2. STATE <u>MP</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
OCTOBER 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR PART 447, PAYMENT FOR SERVICES

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
ATTACHMENT 4.19-A, PAGE 6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
NEW PAGES ONLY

9. SUBJECT OF AMENDMENT

TO INLCUDE REIMBURSEMENT METHODOLOGY FOR OFF-ISLAND PROVIDERS

10. 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 SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
RALPH DLG. TORRES

13. TITLE
GOVERNOR

14. DATE SUBMITTED
12/14/2022

15. RETURN TO
CNMI MEDICAID
GOV'T BLDG. #1252
CALLER BOX 10007
SAIPAN, MP 96950

FOR CMS USE ONLY

16. DATE RECEIVED
December 13, 2022

17. DATE APPROVED
February 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**4.19A Payment for Services**Inpatient Hospital Services

Inpatient Hospital Services are available at Commonwealth Health Care Corporation (CHCC) and therefore will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19-A, pages 1-5.

If the services are not available at CHCC, Inpatient Hospital Services provided in Guam, Hawaii or US Mainland (Off-Island Providers) will be reimbursed:

- (1) The lower of billed charges or the Off-Island Provider's home state's or home territory's Medicare reimbursement rates that were in effect on the dates of services.
- (2) In the event that there are no corresponding Medicare reimbursement rates for the services rendered, these services will be reimbursed at the lower of billed charges or the Off-Island Provider's home state's or home territory's Medicaid reimbursement rates that were in effect on the dates of service.
- (3) Under certain circumstances where specialty care is not available in the CNMI and access to those services at Off-Island Providers is limited, Off-Island Providers require an alternative reimbursement methodology. These services will be reimbursed based on negotiation of rates not to exceed 65% of the total billed charges.