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**State/Territory Name: CNMI**

**State Plan Amendment (SPA) #: MP-23-0002**

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



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**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 23-0002

Dear Ms. Borja:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0002. Effective October 1, 2022, this amendment adds reimbursement methodology to Attachment 4.19-D of the state plan for off-island nursing facility services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) 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 23-0002 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](mailto: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

2 3 — 0 0 0 2

2. STATE

MP

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  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

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-D, PAGE 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW PAGE 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**4.19D Payment for Services**Nursing Facility (NF) Services

Off-Island Nursing Facility Services will be reimbursed:

- (1) The lower of billed charges or the Off-Island Nursing Facility'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 Nursing Facility'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 total billed charges.