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State/Territory Name: MP

State Plan Amendment (SPA) #: 24-0003

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

October 24, 2024

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

RE: TN 24-0003

Dear Director Borja:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Commonwealth of the Northern Mariana Islands State Plan Amendment (SPA) to Attachment 4.19-B MP 24-0003, which was submitted to CMS on September 4, 2024. This plan amendment increased the reimbursement rates for Durable Medical Equipment (DME).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at (206) 615-2043 or via email at James.Moreth@CMS.HHS.GOV.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</u>	2. STATE <u>MP</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>July 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447, Subpart F</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> <u>1,441,250</u> b. FFY <u>2025</u> \$ <u>0</u> <u>1,441,250</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19B, Page 8 of 12</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19B, Page 8 of 12</u>

9. SUBJECT OF AMENDMENT

Payment of Services: Home Health Services

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

12. TYPED NAME
ARNOLD I. PALACIOS

13. TITLE
GOVERNOR

14. DATE SUBMITTED

7/14/2024

15. RETURN TO

COMMONWEALTH MEDICAID AGENCY,
OFFICE OF THE GOVERNOR
CALLER BOX 10007
SAIPAN, MP 96950

FOR CMS USE ONLY

16. DATE RECEIVED

9/4/24

17. DATE APPROVED

October 24, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/24

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

10/10/24-P&I change to box 6 to add Federal budget impact.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**7. Home Health Services (On and Off-Island)**

Payment for Home Health Services will be lower of the billed charges or as follows:

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

Payments for Nursing Services will be lower of the billed charges or the CMS Federal Register National Per-Visit Rate (Federal Register Website) that was in effect on the dates of services.

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.

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

Payments for Home health Aide Services will be lower of the billed charges or the CMS Federal Register National Per-Visit Rate (Federal Register Website) that was in effect on the dates of services.

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.

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

On-Island payment for Equipment Rental will be lower of billed charges or current Medicare DME Jurisdiction D Fee Schedule that was in effect on the dates of services.

Off-Island payment for Equipment Rental will be the lower of billed charges or current Medicare DME Jurisdiction where the item was acquired and that was in effect on the dates of services.

For both On & Off Island Providers, payment for Medical Supplies and Equipment for purchase will be lower of billed charges or cost for each item plus 75%.

Under certain circumstances where off-Island Providers require an alternative reimbursement methodology. Medical Supplies and Equipment for purchase will be reimbursed based on negotiation of rates not to exceed 65% of Provider's Usual Customary Charges or one of the following:

- o The average suggested retail price or Manufacturer's Suggested Retail Price (MSRP); or
- o The cost for each item plus 50 percent; or
- o The Medicare allowable rate for covered Medicare items or services.