

Table of Contents

State/Territory Name: CNMI

State Plan Amendment (SPA) #: 24-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 27, 2025

George Cruz
Director
Commonwealth Medicaid Agency
Office of the Governor
Caller Box 10007
Saipan, MP 96950

Re: CNMI State Plan Amendment (SPA) MP-24-0004

Dear Director Cruz:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0004. This amendment adds additional off-island transportation coverage and assurances for Non-Emergency Medical Transportation program, within Attachment 3.1-A and Attachment 3.1-D of the State Plan. In addition, the amendment adds the corresponding reimbursement methodologies.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.170. This letter is to inform you that the Commonwealth of the Northern Mariana Islands' Medicaid SPA, MP-24-0004, was approved on March 27, 2025, with an effective date of October 1, 2024.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Vicenta Borja, Commonwealth Medicaid Agency @ vicenta.borja@cnmimedicaid.org

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 4

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

10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY FFY25 \$ 5,345,966b. FFY FFY26 \$ 5,500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A, page 15 (P&I)
~~Attachment 3.1-A, Page 15, Attachment 3.1-D, Page 1-2, (NEW)(P&I)~~
Attachment 4.19-B, Page 11

Attachment 4.19-B, pages 8 & 9 P&I

Supplement to Attachment 3.1-A, page 16 (P&I)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

OR ATTACHMENT (If Applicable) (P&I)

~~Attachment 3.1-A, Page 15~~

Attachment 3.1-D, NEW, Pages 1-2 (P&I)

Attachment 4.19-B, Page 11

Attachment 4.19-B, pages 8 & 9 P&I

Supplement to Attachment 3.1-A, page 16 (P&I)

9. SUBJECT OF AMENDMENT

To amend existing On-Island Non-Emergency Transportation coverage and add other off-island transportation coverage

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. PALACIOS13. TITLE
GOVERNOR

14. DATE SUBMITTED

12/30/2024

15. RETURN TO

COMMONWEALTH MEDICAID AGENCY
OFFICE OF THE GOVERNOR
CALLER BOX 10007
SAIPAN, MP 96950**FOR CMS USE ONLY**

16. DATE RECEIVED

December 29, 2024

17. DATE APPROVED

March 27, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

3/11/25 P&I authorized to add additional reimbursement pages previously omitted from state plan

3/12/25 P&I authorized to Box 7 to pages 1&2 3.1-D as (NEW) and remove BOX 8 as these are two new pages

3/24/25 P&I request to update CMS 179 to Box 7 & Box 8 to update reference to Supplement to Attachment 3.1-A, page 15

3/25/25 P&I authorized to update Box 7&8 to add Supplement to Attachment 3.1-A, page 16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**24. 42 CFR 440.170: Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.****24a. Transportation On and Off-island**

Under the 1902(j) waiver authority the CMA will cover Transportation services with limitations, and with prior approval.

Non-Emergency Medical Transportation Services:

The CMA will provide beneficiaries with limited, medically necessary, non-emergency medical transportation modes, which includes ambulance, wheelchair van or bus, transportation network company and commercial carrier transportation services as described in Attachment 3.1-D.

Whereas the use of any other method of transportation would be hazardous to the patient's health, whether any other methods of transportation are available. Benefits are limited to patients who are bedbound and/or unable to get out of bed without assistance, unable to walk, unable to sit in a chair or wheelchair and or that transportation by any other means would pose a hazard to the patient's health. Documentation of patient's condition must be documented on the Physician Certification Statement Form at the time of transport. The beneficiary must use the least expensive, medically appropriate mode available that will result in the beneficiary arriving at their appointment in a timely manner.

Emergency Medical Transportation Services:

a. Ground ambulance service is provided in emergencies or when a beneficiary, as determined by medical necessity criteria, is unable to travel by other non-emergency medical transportation mode.

b. Out of state travel is covered consistent with 42 CFR 431.52

Commercial Air Transportation:

a. Commercial Air Transportation services is provided when specialty care is not available in the CNMI. Under certain circumstance when specialty services are not available in the CNMI, an off-island referral recommendation must be submitted by the HNP. Once prior-authorization by the CMA is approved the Medicaid beneficiary, an approved attendant, and, as needed, a medical attendant will be covered.

Air Ambulance Transportation:

a. Air ambulance service is provided in emergencies or when a beneficiary, as determined by medical necessity criteria, is unable to travel by other emergency or non-emergency medical transportation mode.

b. Out of state travel is covered consistent with 42 CFR 431.52

Ground Transportation:

Off-island ground transportation may be provided to transport patients to and from airports or lodging establishment; lodging to medical treatment, including non-emergency services, for medical appointments via bus, taxi, automobile, ground ambulance, and/or common carriers.

Other Services:

The state covers related travel expenses (including meals, lodging, approved attendant and, if needed, a medical attendant) when necessary for accessing covered services.

24b. Services provided in Religious Nonmedical Health Care Institutions.

Not Provided.

24c. Reserved.

Not Provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

24. 42 CFR 440.170: Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

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.

24d. Nursing Facility Services for Patients Under 21 Years 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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**Non-Emergency Medical Transportation (NEMT):**

To assure necessary transportation for beneficiaries and their approved attendant to and from providers of covered services, several types of Non-Emergency Medical Transportation may be used to meet the beneficiary's transportation needs pursuant to 42 CFR 431.53. NEMT will be provided as an optional medical service in accordance with 42 CFR 440.170(a). All NEMT services must be prior authorized.

On-Island Transportation

Under the 1902(j) waiver authority, the CMA will provide limited medically necessary non-emergency medical transportation modes, which includes ambulance, wheelchair van or bus, transportation network company and commercial carrier transportation services.

Off-Island Transportation & Other Services

In accordance with the established program rules and regulations, the CHCC Health Network Program facilitates the referral of patients off-island for medical care for specialty services not available in the CNMI. With the review and confirmation of the Medical Referral Committee through a Medical Treatment Authorization (MTA) the CMA will cover off-island transportation services for the patient, one attendant and, if necessary, a medical attendant with a prior-authorization from the CMA.

Commercial airline services are provided per off-island referral for the patient, approved attendant and if necessary, a medical attendant. Stretcher patients shall be limited to occupy no more than four seats during the beneficiary's flight to and from the medical facilities. All commercial airline services must be prior authorized.

Air ambulance services are provided on a limited and as needed basis with prior-authorization by the CMA.

Off-Island ground transportation may be provided to transport patients to and from airports or lodging establishment; lodging to medical treatment, including non-emergency services, for medical appointments via bus, taxi, automobile, ground ambulance, and/or common carriers.

The CHCC Health Network Program shall assure that the transportation provided for off-island medical services is appropriate and sufficient to reasonably achieve the patient's needs.

The least costly mode of transportation consistent with the patient's condition must be used.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Included under off-island transportation services are the approved costs of necessary food and lodging for the patient and approved attendant.

Program Monitoring and Oversight

Transportation program oversight includes monitoring of complaints made by beneficiaries related to transportation access and quality including, but not limited to, courteous and respectful drivers and scheduling staff, clean vehicles, and timely rides. The state holds accountable the operational organizations that administer day-to-day transportation, such as transportation companies, managed care organizations, and drivers. The Commonwealth assures that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**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 4.19-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.

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)

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**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.

Off-Island payment for Equipment Rental will be the lower of billed charges or current Medicare DME Jurisdiction where the item was acquired.

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.

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 Physical Therapy will be the lower of 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**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.

24. Transportation and Other Services**a. Non-Emergency Ambulance Transportation**

Reimbursement for non-emergency ambulance transportation services will be the lower of billed charges or Medicare Jurisdiction using the Urban Base Rate that were in effect at the time of service.

b. Emergency Ambulance Transportation

Reimbursement for emergency ambulance transportation services will be the lower of billed charges or Medicare Jurisdiction using the Urban Base Rate that were in effect at the time of service.

c. Commercial Air Transportation

Reimbursement for commercial air transportation will be at the lowest class air fare based on the current fare at the time of purchase. Payment for stretcher patient accommodation during a commercial air flight shall not exceed four (4) seats.

d. Air Ambulance Transportation

Reimbursement for air ambulance transportation will be based upon prearranged contracted rates between the air carrier and the CMA not to exceed the rates charged the general public or amounts paid by the Medicare Jurisdiction using the Urban Based Rate that were in effect on the dates of service, whichever is lowest, effective 10/1/2024.

e. Ground Transportation (Off-Island Only)

Reimbursement for ground transportation due to off-island medical referral will be the actual cost paid at the time of transport to and from necessary to achieve the patient's needs.

f. Other Services

Reimbursement for the Medicaid beneficiary and one approved attendant for subsistence allowance necessary for the cost of food (subsistence allowance) due to off-island medical referral will not exceed the prearranged contracted rates between the Health Network Program and the CMA, and not to exceed the rates charged the general public or the amounts paid by the current Hawaii Medicare Fee Schedule in effect at the time of service, whichever is lowest.

Reimbursement for lodging will not exceed the prearranged contracted rates between the Health Network Program and the CMA, and not to exceed the rates charged the general public or the amounts paid by the current Hawaii Medicare fee schedule in effect at the time of service, whichever is lowest.

If a medical attendant is necessary to transport the patient, reimbursement for lodging and food (subsistence allowance) will be limited to one day/night depending on the next available transportation schedule to return to the original destination. Additional Medical attendant costs will be reviewed and determined by the CMA on an as needed basis.

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

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