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State/Territory Name: CNMI

State Plan Amendment (SPA) #: MP-26-0003

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 30, 2026

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

Re: CNMI Disaster Relief State Plan Amendment (SPA) 26-0003

Dear Director Cruz:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed disaster relief Medicaid State Plan Amendment (SPA) submitted on June 12, 2026, under transmittal number (TN) 26-0003. This amendment was submitted to respond to the Super Typhoon Sinlaku public health emergency (PHE) and proposes to implement a prospective/interim payment methodology to ensure provider stability, continuity of medically necessary services, and continued access to care for Medicaid beneficiaries. Specifically, under the methodology, the Medicaid agency will issue advance prospective payment to enrolled Medicaid providers, excluding Commonwealth Healthcare Corporation (CHCC), experiencing disruptions in operation and billing or cash flow as a direct result of the disaster for all services covered in Disaster Relief amendment TN# MP-26-0001.

On April 11, 2026, the President of the United States issued a proclamation that the Super Typhoon Sinlaku constitutes an emergency by the authorities vested in the President by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (the Act). On April 17, 2026, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services (HHS) declared a PHE, invoking the authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act. During a PHE, CMS may approve the use of section 1135 authority to help ensure that sufficient healthcare items and services are available to meet the needs of individuals enrolled in CMS programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of April 17, 2026, with a retroactive effective date of April 11, 2026. The emergency period will terminate, and section 1135 waivers will no longer be available, upon termination of the PHE, including any extensions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Commonwealth of the Northern Mariana Islands (CNMI) Medicaid SPA Transmittal Number MP-26-0003 is approved effective April 1, 2026.

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

Sincerely,

Courtney Miller
Director, Medicaid and CHIP Operations Group

Enclosures

Cc: Vicenta Rosario, vicenta.rosario@cnmimedicaid.org
Roman Tudela, roman.tudela@cnmimedicaid.org

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 3

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

April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

TITLE XIX OF THE SOCIAL SECURITY ACT

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0
b. FFY 2027 \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

7.4, PAGES 1-13

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

N/A

9. SUBJECT OF AMENDMENT

MEDICAID DISASTER RELIEF FOR SUPER TYPHOON SINLAKU PRESEDENTIAL DISASTER DECLARATION & PUBLIC HEALTH EMERGENCY

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
GEORGE J. CRUZ

13. TITLE
MEDICAID DIRECTOR

14. DATE SUBMITTED
06/11/26

15. RETURN TO

GEORGE J. CRUZ
MEDICAID DIRECTOR
OFFICE OF THE GOVERNOR
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CALLER BOX 10007
SAIPAN, MP 96950

FOR CMS USE ONLY

16. DATE RECEIVED

June 12, 2026

17. DATE APPROVED

June 30, 2029

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Courtney Miller

21. TITLE OF APPROVING OFFICIAL

Director, Medicaid and CHIP Operations Group

22. REMARKS

Section 7 – General Provisions

7.4 Disaster Relief During a Public Health Emergency or Disaster Period

General Information

1. This Disaster Relief state plan amendment (SPA) is in response to: On April 11, 2026 the President of the United States issued an emergency declaration due to the disaster caused by Super Typhoon Sinlaku, constitutes a Natural Disaster by the authorities vested in him by the Constitution and the laws of the United States. On April 17, 2026, pursuant to Section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services (HHS) invoked his authority through the Public Health Emergency (PHE) to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of Super Typhoon Sinlaku, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of Super Typhoon Sinlaku, may be reimbursed for such items and services and exempt from sanctions for noncompliance, absent any determination of fraud or abuse. This authority to effect as of April 17, 2026, with a retroactive date of April 1, 2026. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions. These flexibilities are intended to facilitate continuity of care, reduce administrative burden for beneficiaries, providers, and CMA, and improve CMA's response and recovery outcomes.

2. This SPA is adding to a previously approved Disaster Relief SPA in effect.

MP-26-0001, MP-26-0002

3. This SPA is superseding a previously approved Disaster Relief SPA.

4. The State Medicaid agency (the agency) implements the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the following period:

Shall be effective April 1, 2026 through the last day of the Public Health Emergency (or any renewals thereof).

NOTE: If a section 1135 waiver is requested with this SPA submission, the SPA period must comply with the limitations applicable to section 1135 waivers.

5. The agency modifies the following sections during the period of the public health emergency or disaster:
 - A – Eligibility
 - B - Enrollment

- C - Cost Sharing and Premiums
- D - Benefits
- E – Payment
- F - Post Eligibility Treatment of Income
- G - Other Policies and Procedures Differing from Approved Medicaid State Plan/Additional Information

Section A – Eligibility

1. ____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act.

Include name of the optional eligibility group and applicable income and resource standard.

2. ____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. ____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. ____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. ____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. [Reserved]

5. [Reserved]

6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

- a. ____ The agency uses a simplified paper application.
- b. ____ The agency uses a simplified online application.
- c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
- a. ____ All beneficiaries
- b. ____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:

3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the state wideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state’s approved state plan:

Please describe.

Drug Benefit:

6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. ___ Newly added benefits described in Section D are paid using the following methodology:

a. ___ Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

b. ___ Other:

2. ___ The agency increases payment rates for the following services:

Please list all that apply.

a. ___ Payment increases are targeted based on the following criteria:

Please describe criteria.

b. Payments are increased through:

i. ___ A supplemental payment or add-on within applicable upper payment limits:

Please describe.

ii. ___ An increase to rates as described below.

Rates are increased:

___ Uniformly by the following percentage: _____

___ Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

_____ Up to the Medicare payments for equivalent services.

_____ By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. _____ Are not otherwise paid under the Medicaid state plan;
 - b. _____ Differ from payments for the same services when provided face to face;
 - c. _____ Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. _____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. _____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. _____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. X Other payment changes:

Payment Methodology Description

In response to the Public Health Emergency (PHE) and disaster declaration associated with Super Typhoon Sinlaku, effective April 1, 2026, the Commonwealth Medicaid Agency (CMA) will implement a temporary prospective/interim payment methodology to ensure provider stability and continued access to care for Medicaid beneficiaries.

Under this methodology, the CMA will issue advance prospective payments to enrolled Medicaid providers, excluding CHCC, experiencing disruptions in operations, billing, or cash flow as a direct result of the disaster to include all services that are covered in DR SPA 26-0001.

These payments are intended to:

- Maintain provider capacity and access to services
- Stabilize healthcare delivery systems during the emergency
- Ensure continuity of medically necessary services

Eligibility for Interim Payments

Providers will receive interim payments if they:

- Are enrolled and in good standing with the CMA
- Have billed Medicaid for covered services within a reasonable prior period (as determined by the CMA)
- Demonstrate disruption due to the disaster or PHE (e.g., service interruption, displacement, billing delays)
- Are not under active program integrity investigation or subject to payment suspension

Amount of Payment

- Interim payments will be based on historical utilization, prior adjudicated payments, or other reasonable estimates as determined by CMA
- Interim payments will represent up to three (3) months of estimated Medicaid payments for covered services during the PHE, as determined by CMA
- Final payment for services is based on adjudicated claims in accordance with the approved payment methodology described in Attachment 4.19B of the State Plan
- All payments are subject to the reimbursement methodologies and fee schedule limits established in Attachment 4.19B of the State Plan
- Payment amounts are determined by CMA and are subject to reconciliation

Reconciliation and Recoupment

All interim payments are subject to reconciliation and recoupment in accordance with State and Federal guidelines and statutes and are not considered final payments.

- Providers must continue to submit claims for services rendered in accordance with applicable Medicaid requirements.
- CMA will reconcile interim payments to allowable Medicaid payments based on adjudicated claims in accordance with the State Plan.
- Upon reconciliation, providers must return any overpayments to the CMA, which will return any overpayments to CMS.
- In accordance with 42 CFR Part 433 Subpart F, the CMA will return the applicable federal share of any identified overpayments.
- The CMA may establish repayment timeframes and terms to minimize provider burden while ensuring timely recovery of overpayments in accordance with State and Federal guidelines.

Conditions and Safeguards

- Payments are contingent upon medical necessity and covered services under the State Plan
- The CMA will implement program integrity safeguards, including monitoring, reconciliation, and audit authority
- Interim payments will not exceed allowable Medicaid payments for services furnished

- Providers must maintain documentation sufficient to support services billed

Section F – Post-Eligibility Treatment of Income

1. ___ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ___ The individual’s total income
 - b. ___ 300 percent of the SSI federal benefit rate
 - c. ___ Other reasonable amount: _____

2. ___ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information