

## **Table of Contents**

**State/Territory Name: CNMI**

**State Plan Amendment (SPA) #: 14-001**

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  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

---

**JUN 19 2014**

Helen Sablan, Administrator  
Medicaid  
P.O. Box 500409  
Saipan, MP 96950

Dear Ms. Sablan:

Enclosed is an approved copy of CNMI State Plan Amendment (SPA) 14-001, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on April 22, 2014. This amendment updates the reimbursement methodology for dental and transportation services in Attachment 4.19-B.

Enclosed are the following approved State Plan pages to be incorporated within your approved State Plan:

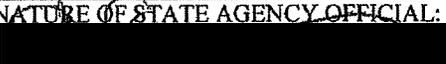
- Attachment 4.19-B, pages 9 and 11

If you have any questions, please have your staff contact Peter Banks at (415) 744-3782 or at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <del>CNMI-14-001</del> MP-14-001	2. STATE CNMI
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 04/01/2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B-1, PAGES 9 OF 12 & 11 OF 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 4.19B (TN NO. 12-004B)	
10. SUBJECT OF AMENDMENT: PAYMENT OF SERVICES			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: ESTHER S. FLEMING SPECIAL ASSISTANT FOR ADMINISTRATION OFFICE OF THE GOVERNOR CALLER BOX 10007 JUAN A. SABLAN BLDG CAPITAL HILL SAIPAN, MP 96950	
13. TYPED NAME: ESTHER S. FLEMING			
14. TITLE: SPECIAL ASSISTANT FOR ADMINISTRATION			
15. DATE SUBMITTED: 4/22/14			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 4/22/14		18. DATE APPROVED: JUN 19 2014	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle		22. TITLE: Associate Regional Administrator	
23. REMARKS: Pen and Ink changes: 1. Box 1: Changed CNMI-14-001 to MP-14-001 2. Box 15: Added the Date Submitted			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

---

**4.19B Payment for Services**

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

Payment for Medical Supplies and Equipment will be the lower of billed charges or current Hawaii Medicare Fee Schedule.

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-Island and Off-Island)

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

10. Dental Services (On and Off-Island)

Payment will be at 100% of Current Hawaii Medicare Fee Schedule published in the Commonwealth Register by the Commonwealth Healthcare Corporation/Dept. of Public Health. The fee schedule is available at the CNMI Medicaid Office.

11. Physical Therapy and Related Services (On and Off-Island)

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

12a. Prescribed Drugs (On and Off-Island)

The total allowable 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 of \$4.67.

In no event shall the EAC exceed the federally established upper limits (FUL) under 42 CFR 447.5.12 and 447.5.14 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

---

**4.19B Payment for Services**

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.

24a. Transportation (Commercial Air Transportation) (Off-Island)

1) Air Transportation (Off-island)

a. Commercial Air Transportation will be at economy class air fare based on the current fare.

b. Air Ambulance Transport (Off-island)

Payment for the Air Ambulance Transport will be the actual rates paid to air ambulance providers for rendering services.

2) Ground Transportation (On and Off-Island)

a. Emergency Ambulance Services (On and Off-Island)

The reimbursement will be the lower of billed charges or 100% of the current Hawaii Medicare Fee Schedule.

b. Non-Emergency Ambulance Services (On and Off-Island)

The reimbursement will be the lower of billed charges or 100% of the current Hawaii Medicare Fee Schedule.

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.