

## **Table of Contents**

**State/Territory Name: Commonwealth of the Northern Mariana Islands**

**State Plan Amendment (SPA) #: 23-0003**

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 601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

---

March 8, 2023

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

Dear Ms. Borja:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MP-23-0003. This amendment establishes compliance with the mandatory coverage and reimbursement of routine patient costs furnished in connection with participation in qualifying clinical trials under Section 1905(gg) of the Social Security Act.

Please be informed that this State Plan Amendment was approved on March 8, 2023, with an effective date of January 1, 2023. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or [barbara.prehmus@cms.hhs.gov](mailto:barbara.prehmus@cms.hhs.gov).

Sincerely,



Digitally signed by James G.  
Scott -S  
Date: 2023.03.08 20:08:44  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 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	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>01/01/2023</u>
--	---

5. FEDERAL STATUTE/REGULATION CITATION <u>SECTION 1905(a)(30) OF THE ACT</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>
---	---


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>ATTACHMENT 3.1 A PAGE 18</u> <u>ATTACHMENT 4.19 B PAGE 12</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>NEW</u>
---	---

9. SUBJECT OF AMENDMENT  
Coverage of Routine Patient Costs in Qualifying Clinical Trials

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 	15. RETURN TO MEDICAID AGENCY OFFICE OF THE GOVERNOR CALLER BOX 10007 SAIPAN, MP 96950
12. TYPED NAME <u>DAVID M. APATANG</u>	
13. TITLE <u>ACTING GOVERNOR</u>	
14. DATE SUBMITTED <u>2/16/23</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>2/15/2023</u>	17. DATE APPROVED <u>March 8, 2023</u>
---------------------------------------	---

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>1/01/2023</u>	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.03.08 20:09:26 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

State/Territory: MP**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)**

## 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided:   X  

## I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**  X   Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Under the waiver authority at Section 1902(j) of the Social Security Act, CNMI limits coverage of routine patient costs for items and services available On Island in CNMI. Services provided Off-Island will not be covered under section 1905(gg)(1).

**Qualifying Clinical Trial – Section 1905(gg)(2)**  X   A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).**Coverage Determination – Section 1905(gg)(3)**  X   A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: MP-23-0003  
Supersedes TN: NEW

Approval Date: 03/08/2023  
Effective Date: 01/01/2023

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**4.19B Payment for Services****30. OTHER TYPES OF CARE**

Coverage of Routine Patient Costs Associated with Participation in Qualifying Clinical Trials Pursuant to Section 1905(a)(30) of the Social Security Act

Medicaid reimburses routine patient costs for items and services furnished in connection with participation in a qualifying clinical trial (pursuant to section 1905(a)(30) of the Social Security Act), according to the state plan reimbursement methodology for the item or service provided.