

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM**

State/Territory: Commonwealth of the Northern Mariana Islands

**Citation** As a condition for receipt of Federal funds under title XIX of the Social Security Act, the  
42 CFR  
430.10

**Office of the Governor**

**submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.**

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TN No. 11-003  
Supersedes  
TN No. N/A

Approval Date MAR 27 2012 Effective Date 10/01/2011

HCFA ID: 7982E

Revision

State/Territory: Commonwealth of the Northern Mariana Islands

**SECTION 1 SINGLE STATE AGENCY ORGANIZATION**

**Citation**  
42 CFR 431.10  
AT-79-29

**1.1 Designation and Authority**

(a) The Office of the Governor

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1. 1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

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Effective Date

10/01/2011

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State/Territory: Commonwealth of the Northern Mariana Islands

Citation  
Sec. 1902(a)  
of the Act

1.1(b) The State agency that administered or Sec. 1902(a) supervised the administration of the of the Act plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State Plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

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May 22, 1980

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Citation  
Intergovernmental  
Cooperation Act  
of 1968

1.1(c) Waivers of the single State agency  
requirement which are currently  
operative have been granted under  
authority of the Intergovernmental  
Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these  
waivers and the approved alternative  
organizational arrangements.
- Not applicable. Waivers are no  
longer in effect.
- Not applicable. No waivers have  
ever been granted.

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TN No. N/A

Approval Date MAR 27 2012 Effective Date 10/01/2011

**Revision:**

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

**Citation**

**42 CFR 431.10  
AT 79-29**

**1.1(d)**

**X**

**The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.**

**—**

**Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 1.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.**

**TN # 11-003**

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REVISION: HCFA-AT-80-38(BPP)  
May 22, 1980

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Citation  
42 CFR 431.10  
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
  
- (f) All other requirements of 42 CFR 431.10 are met.

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May 22, 1980

State/Territory: Commonwealth of the Northern Mariana Islands

Citation  
42 CFR 431.11  
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

X Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

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May 22, 1980

State/Territory: Commonwealth of the Northern Mariana Islands

Citation  
42 CFR  
431.50(b)  
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

X The plan is State administered.

— The plan is administered by the political subdivisions of the State and is mandatory on them.

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May 22, 1980

State/Territory: Commonwealth of the Northern Mariana Islands

Citation  
42 CFR  
431.12(b)  
AT-78-90

1.4 State Medical Care Advisory Committee

There is no an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

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

ATTACHMENT 1.1A

ATTORNEY GENERAL CERTIFICATION:

PLEASE SEE ATTACHED CERTIFICATION SIGNED BY THE ATTORNEY GENERAL.

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TN No. N/A



Commonwealth of the Northern Mariana Islands  
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**CERTIFICATION OF ESTABLISHMENT OF MEDICAID OFFICE**

THIS DOCUMENT SHALL SERVE AS CERTIFICATION that there is established within the Government of the Commonwealth of the Northern Mariana Islands a Medicaid Office administered by the Office of the Governor.<sup>1</sup>

IN WITNESS WHEREOF, I, EDWARD T. BUCKINGHAM, the Attorney General for the Commonwealth of the Northern Mariana Islands, do hereby affix my signature on this 29th day of December, 2011.



EDWARD T. BUCKINGHAM  
Attorney General

<sup>1</sup> Transfer of Medicaid functions from the Commonwealth Healthcare Corporation to Office of the Governor pursuant to Executive Order 2011-06 from the Governor.

**ATTACHMENT 1.2A****Description of Functions of the State Medicaid Agency**

The Medicaid Program is administered by the Single State Agency, namely, the Office of the Governor, Executive Order No. 2011-06. The Medicaid Program, under the Office of the Governor, is responsible for the administration and implementation of CNMI's approved MAN Program and Operational Plan. The Medicaid Program employs methods of administration acceptable to the Secretary of DHHS, described in the approved waiver plan under the Title XIX program that are necessary for the proper and efficient operation of the program.

The Medicaid Agency has full responsibility for all determinations of eligibility for Medicaid under the plan. It does not delegate to other than its own officials, authority to:

- a) exercise administrative discretion in the administration or supervision of the plan; or
- b) issue policies, rules and regulations on program matters.

If other Commonwealth or local agencies or offices perform services for the Medicaid Agency, they do not have the authority to change or disapprove any administrative decision of the Medicaid Agency, or otherwise render their judgement for that of the Medicaid Agency with respect to the application of policies, rules and regulations issued by the Medicaid Agency.

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**TN No. 11-003**

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MAR 27 2012

State/Territory: Commonwealth of the Northern Mariana Islands  
ATTACHMENT 1.2-A

Description of Functions of the State Medicaid Agency and Updated Organizational Chart

(Organizational Chart)

SEE ATTACHED CHART

TN No. 11-003

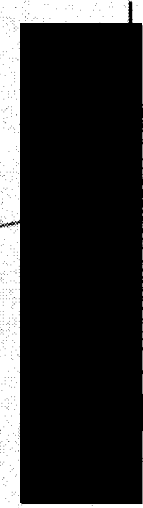
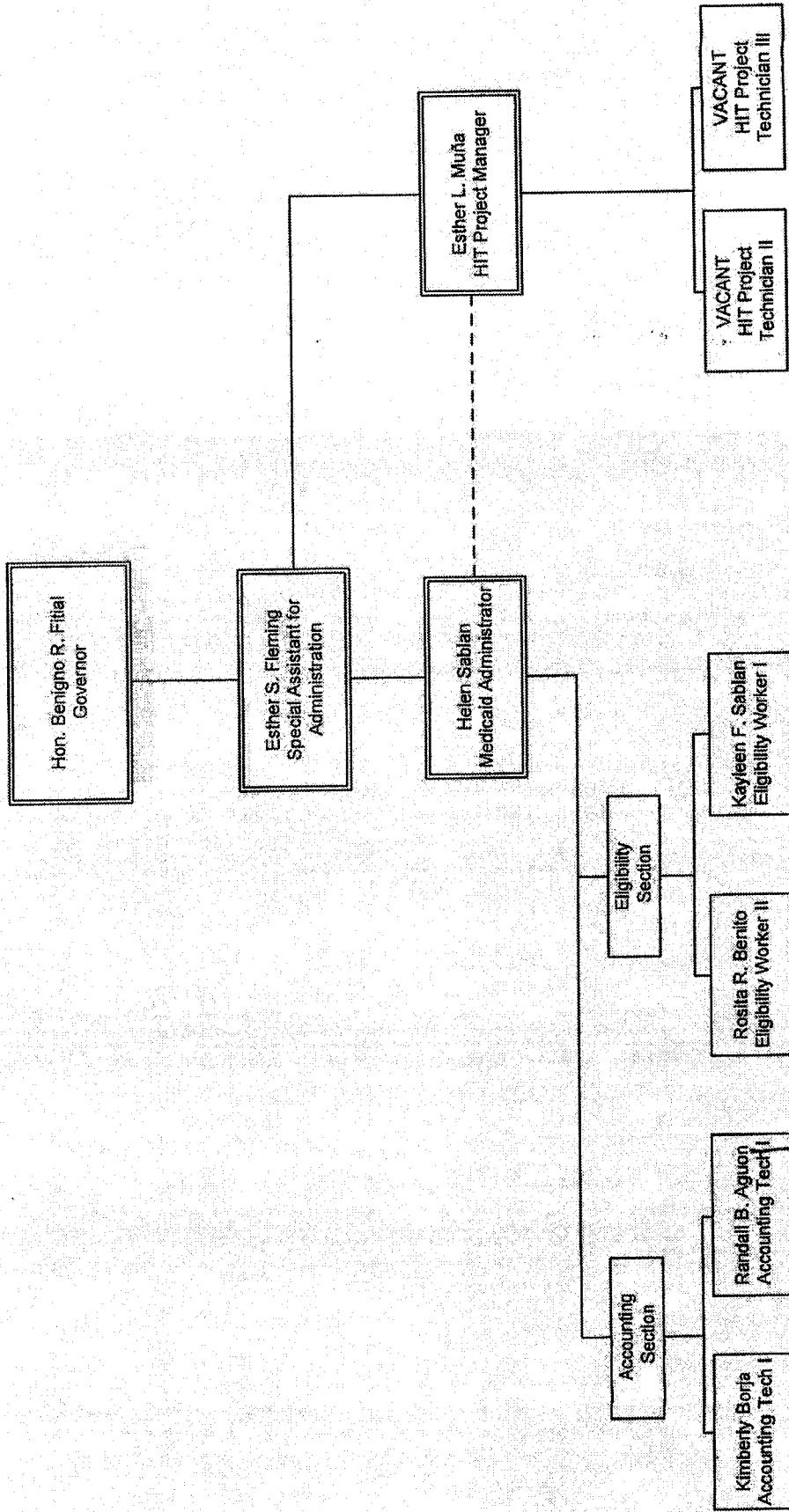
Supersedes  
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MAR 27 2012

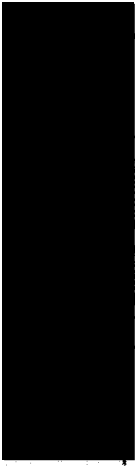
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MEDICAID AGENCY  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



Honorable Benigno R. Filial  
Governor, Commonwealth of the Northern Mariana Islands



Esther S. Fleming  
SAA, Commonwealth of the Northern Mariana Islands

State/Territory: Commonwealth of the Northern Mariana Islands

**ATTACHMENT 1.2-B**

**Description of Functions of the Medical Assistance Unit and Organizational Chart**

The key functions are:

- Administers Medicaid Program and determines what services are offered.
- Establishes Organization of the Medicaid Agency and Medical Assistance Unit Medicaid Office.
- Assures availability of patient services mandated by the State Plan through arrangement with service providers.
- Performs utilization review and assesses quality of care and identifies program abusers.
- Makes policy decisions and provides program oversight.
- Medicaid agency maintains an agreement with each on-island and off-island provider furnishing services under the plan, in which the provider agrees to:
  - (a) To keep any record necessary to disclose the extent of service of the provider.
  - (b) On request, furnish to the Medicaid Agency of the Secretary, any information regarding payments claimed by the provider for furnishing services under this plan.
  - © Maintain the confidentiality of patient information for other than medical or program administrative purposes.
  - (d) Not discriminate against any individual seeking services under this plan, on the basis of race, sex, religion, color, national origin or handicap.
- Medicaid Agency assures that it has procedures for identifying providers of service by Social Security number and that it reports information required by Section 6041 of the Internal Revenue Code (26 U.S.C. 6041) regarding the filing of annual information returns showing amounts paid to providers.
- Medicaid Agency assures that it employs methods of administration, acceptable to the Secretary of U.S. DHHS, and described in this plan, that are necessary for the proper and efficient operation of the program.
- Medicaid Agency assures that appropriate and accurate collection of patient payments and expenditures of program funds is achieved through a program of budgetary/expenditures and audit controls in place in the agency and its affiliates. In addition, independent financial audits will be conducted on a periodic basis.

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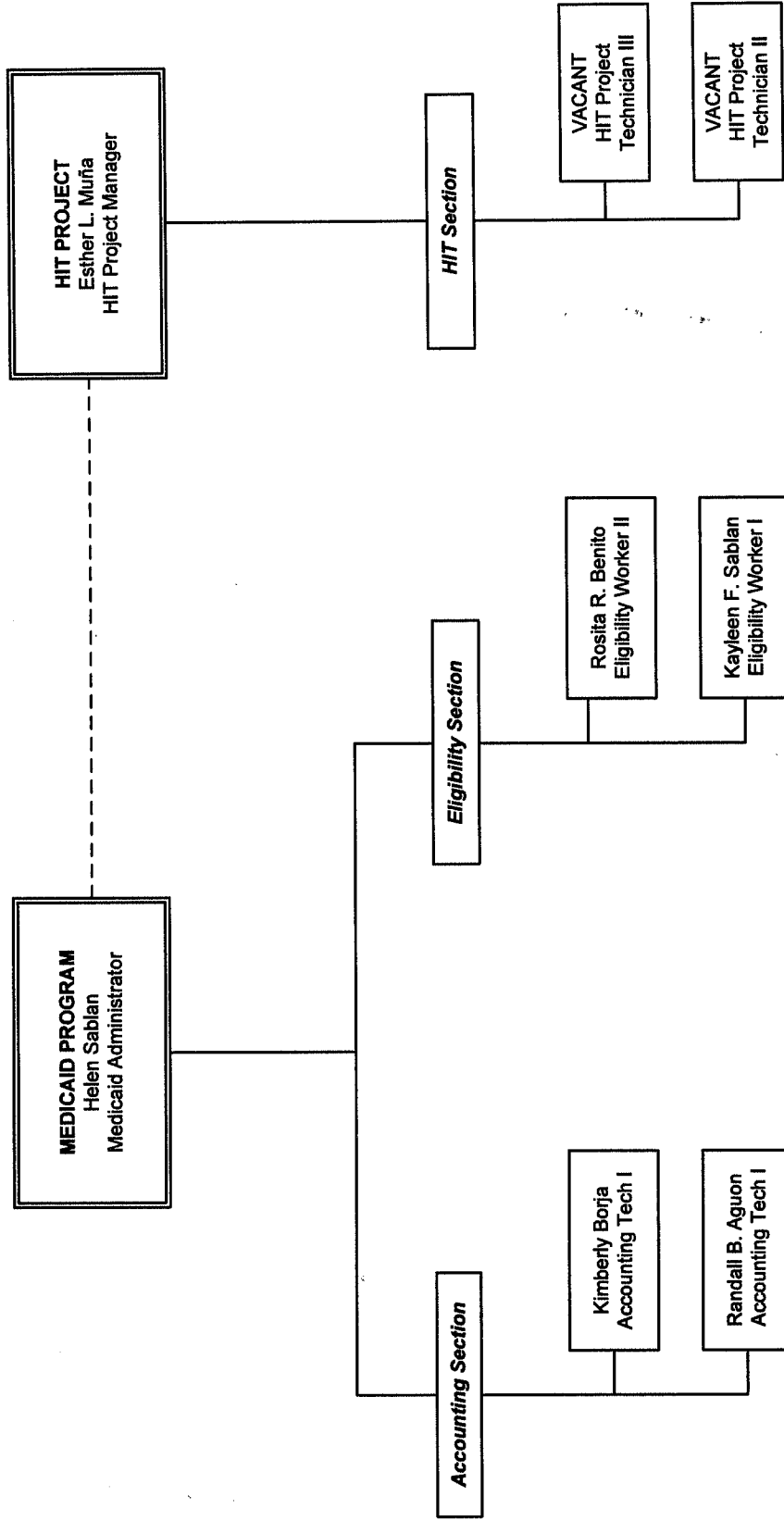
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MEDICAID AGENCY  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Description of Functions of the Medical Assistance Unit & Organizational Chart





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

**ATTACHMENT 1.2-C**

**Description of Functions of each position of Medical Assistance Unit (Medicaid Office)**

**Medicaid Director**

1. Is responsible for the day-to-day administration and management of the Medicaid Program.
2. Implements and administers the Medicaid Program and Children's Health Insurance Program in accordance with the approved state plan.
3. Directs and coordinates all fiscal and budgetary activities of the program.
4. Assures program conformance with federal requirements and regulations.
5. Prepares testimony relative to program activities for Legislative, Administrative, and Local government bodies.
6. Responsible for all overall planning, review, evaluation development, and programming activities of the program.
7. Provides overall supervision of the Medicaid staff.
8. Develops and amends guidelines and procedure manuals to be followed in the administration of the Medicaid Program.
9. Prepares monthly, quarterly and annual reports of the Medicaid Program.
10. Revises and updates Medicaid forms and provider agreements used in the program.
11. Plans and assigns Medicaid Program activities.
12. Appraises the performance of employees.
13. Attends inter-agency meetings that involve the Medicaid Program.
14. Performs other functions as required by State Agency Administration.

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**ATTACHMENT 1.2-C**

**Description of Functions of each position of Medical Assistance Unit (Medicaid Office)**

**Eligibility Worker II**

1. Is responsible for intake and determination of initial and continuing eligibility of all applicants for medical assistance.
2. Interviews applicants to elicit and verify stated information and supporting documents.
3. Explains to an eligible individual or an inquirer the conditions of eligibility.
4. Review applications and supporting documents for determination of eligibility.
5. Determines eligibility in accordance to established guidelines.
6. Computes income and resources to determine applicants' financial eligibility.
7. Maintains and safeguards casefiles from unauthorized access and use.
8. Prepares and submits monthly report or special reports of eligibility intake activities.
9. Conducts quarterly eligibility intake visits to Tinian and Rota.
10. Implement eligibility procedures and guidelines.
11. Assures that both Federal and Local policy and regulation are follow.

**Eligibility Worker I**

1. Is responsible for intake and determination of initial and continuing eligibility of all applicants for medical assistance.
2. Greets all established and new applicants and their relatives in a courteous and prompt manner.
3. Scheduling applicants' appointments.
4. Prepares and verifies prior authorization forms for the applicants.
5. Interview and intake applicants.
6. Registers all incoming applications into the computer system.
7. Verifies information
8. Assigns case numbers for the applicants.
9. Follows-up on incomplete information.
10. Updates data into the computer system.

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**ATTACHMENT 1.2-C**

**Description of Functions of each position of Medical Assistance Unit (Medicaid Office)**

**Accounting Technician I**

1. Review of services provided to ensure that they are covered services, claims processing including third party liability activities.
2. Process all Medicaid billings and documents for verification of eligibility.
3. Coordinates and ensures that all services are covered under the Approved Medicaid Waiver Plan.
4. Administers the bookkeeping, accounting, and financial reporting of Medicaid expenditures to insure that obligations are posted properly in the Medicaid account.
5. Assist the Medicaid Accountant in making periodic reviews of all transactions and make necessary reconciliation with Department of Finance.
6. Works with Medical Referral Coordinator in screening Medicaid eligible for off-island referral.
7. Reviews all billing and proper documents and maintain quarterly statistical record of all Medicaid eligible being referred off-island.
8. Coordinates timely payments of all Medicaid clients billings with the Department of Finance.

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