

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

SEP 21 2012

Helen Sablan, Administrator
Department of Public Health
P.O. Box 500409
Saipan, MP 96950

RE: Commonwealth of the Northern Mariana Islands State Plan Amendment TN: 12-003

Dear Ms. Sablan:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 12-003. This amendment provides for cost reimbursement, funded by certified public expenditures, for inpatient hospital services, effective January 1, 2012.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 12-003 is approved effective January 1, 2012. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,



Cindy Mann
Director
Center for Medicaid and CHIP Services

Enclosures