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State/Territory Name: CNMI

State Plan Amendment (SPA) #: 12-004B

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

OCT 30 2013

Helen Sablan, Medicaid Director
Commonwealth of the Northern Mariana Islands
P.O. Box 500409
Saipan, MP 96950

Dear Mrs. Sablan:

Enclosed is an approved copy of CNMI State Plan Amendment (SPA) 12-004B. CNMI submitted SPA 12-004B to my office on September 13, 2012 in response to a Request for Additional Information (RAI) letter for MP 12-004. This SPA adds the fee schedule and reimbursement methodology for non-hospital outpatient providers and services to the State Plan.

The effective date of this SPA is January 2, 2013. Enclosed are the following approved SPA pages to be incorporated into your approved State Plan:

- Attachment 4.19-B, pages 7-12
- Supplement to Attachment 3.1-A, pages 1, 2, 5, 6, 10, 11, 13, 14, and 16

If you have any questions, please contact Peter Banks at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: MP 12-004B	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 1/2/13	
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: Title XIX of the Social Security Act, Section 1902(k)(2)/Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 - 0 - b. FFY 2014 - 0 -	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.19B pgs. 7-12 Attachment to Supplement 3.1A - pgs. 1, 2, 5, 6, 10, 11, 13, 14, and 16 <i>to Attachment</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment to Supplement 3.1A - pgs. 1, 2, 5, 6, 10, 11, 13, 14, and 16 <i>to Attachment</i>	
10. SUBJECT OF AMENDMENT: Reimbursement Methodology for Covered 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: Medicaid Agency Caller Box 10007 Saipan, MP 96950	
13. TYPED NAME: Esther S. Fleming			
14. TITLE: Special Assistant for Administration			
15. DATE SUBMITTED: 10/23/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED: OCT 30 2013	
19. EFFECTIVE DATE OF APPROVED MATERIAL			
21. TYPED NAME: <i>Glenn A. Naylor</i>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
22. TITLE: <i>Assistant Regional Administrator</i>			
23. REMARKS: <i>Pen and ink change to Section 4.19B and</i>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 3 – SERVICES: GENERAL PROVISIONS

Amount, Duration, and Scope of Services

The following services, as described on the following pages, will be provided to those determined to be eligible for Medicaid:

a) <u>Services</u>	<u>On-Island</u>	<u>Off-Island*</u>
1. Inpatient Hospital	X	X
2. Outpatient Hospital	X	X
3. Other Laboratory & X-ray	X	X
4. Skilled Nursing Services	X	X
5. Physician Services	X	X
6. Medical Care and Other ¹	X*	X
7. Home Health Services	X*	X
8. Private Duty Nursing		
9. Clinic Services	X	X
10. Dental Services ¹	X	X
11. Physical Therapy ¹	X	X
12. Prescribed Drugs, Dentures, and and Prosthetic Devices ¹	X*	X
13. Diagnostic, Screening, Preventive, and Rehab Services		

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Services	<u>On-Island</u>	<u>Off-Island*</u>
14. 65 or Older in Institution for Mental Disease		
15. Intermediate Care Facility Services		
16. Inpatient Psychiatric Facility Services		
17. Nurse-Midwife Services	X	X
18. Hospice Care ¹	X	X
19. Case Management Services		
20. Extended Services for Pregnant Women ¹	X	X
21. Ambulatory Prenatal Care for Pregnant Women		
22. Respiratory Care Services		
23. Certified Pediatric or Family Nurse Practitioners' Services	X	X
24. Any Other Medical Care and Any Other Type of Remedial Care ¹	X*	X
25. Home and Community Care		
26. Personal Services Care		

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4. 42 CFR 440.40: Skilled Nursing Services

4a. Nursing Facility (NF) Services On and Off-island

Nursing Facility Services are provided to individuals age 21 or older, other than services in an institution for tuberculosis or mental disease. These services are needed on a daily basis and are required to be provided on a regular basis, health-related services to individuals who do not require hospital care, but whose mental or physical condition requires services that (1) Are above the level of room and board and post-hospital extended care services under 42 CFR Section 440.40(a) and 440.155. NF services are provided by a facility or distinct part of a facility that is certified to meet the requirements for participation in Medicare, and are ordered by and provided under the direction of a physician.

4b. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) On and Off-Island.

EPSDT services are screening and diagnostic services to determine physical or mental defects in recipients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and conditions discovered. These services are provided through the well-baby clinic, school health, and physical examination clinics.

4c. Family Planning Services On-Island

Family planning services and supplies are provided to individuals of childbearing age.

Provided with no limitations.

4d. Tobacco Cessations Counseling for Pregnant Women Provided On-Island

A. Provider Eligibility Requirements - Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

1. Face-to-face counseling for at least four sessions of at least 30 minutes each.

2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of quit attempts exceeding 2 per year.

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5. 42 CFR 440.50: Physician Services On and Off-island

Physicians' services are services provided within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy

6. 42 CFR 440.60: Medical Care or Other Remedial Care On and Off-Island

Medical and other types of remedial care means any medical or remedial care or services other than physicians' services provided by licensed practitioners within the scope of practice as defined under State law.

6a. Podiatrists' services.

Not provided.

6b. Optometrists' Services On and Off-Island

Provided.

6c. Chiropractors' Services

Not Provided

6d. Other Practitioners' Services On and Off-Island

Other practitioners' services means any medical care or services provided by a professional practitioner of the medical arts other than a physician who is currently licensed to practice under State law within the scope of practice as defined by State law.

Medical care or any other type remedial care, other than physician services, will be provided by licensed practitioners within the scope of practice defined under CNMI law.

A participating practitioner, public or private, must meet the following requirements:

- A. CNMI-Licensed Clinical psychologist, nurse practitioner, or physician assistant

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artificially replace a missing portion of the body; to prevent or correct physical deformity or malfunction; or to support a weak or deformed portion of the body.

“Eyeglasses” means lenses, including frames, and other aids to vision prescribed by a physician skilled in diseases of the eye or an optometrist.

12a. Prescribed Drugs On and Off-Island

- Must be prescribed by a licensed physician or practitioner as defined by federal and CNMI law.
- Coverage for brand-name medications is excluded when they are not listed in the CNMI Medicaid Drug Formulary or when an FDA approved A-rated generic equivalent is available. Prior approval is necessary if the drug is exempted.
- Limited to 30-day supply unless larger quantity is required for off-island travel. Any quantity larger than 30-day supply must have prior authorization by the Medicaid Agency.
- Experimental drugs or listed as “less than effective” drugs are not covered.
- Excluded Drugs, even when prescribed by a physician or other authorized provider are not covered:
 - Tetrahydrocannabinol, Marinol or any form of cannabinoids, medical marijuana or marijuana alternative
 - For Weight loss
 - For Erectile dysfunction
 - For Promotion of fertility
 - For Gender reassignment
 - For Cosmetic Purposes
 - That do not have a National Drug Code (NDC)

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- A limitation of six (6) filled prescriptions per month. The only exception is if the doctor has submitted to the Medicaid Agency a “Medical Plan of Care” and prior approval is granted.

12b. Dentures

Not Provided.

12c. Prosthetic Devices On-Island

- Must be prescribed by a licensed physician or other licensed practitioner in accordance with the 42 CFR 440.120(c).
- Repair and maintenance of prosthetic device or other medical equipment requires prior authorization by the Medicaid agency.
- Prosthetics, In accordance with 42 CFR 440.120(c), are used to artificially replace a missing portion of the body; prevent or correct physical deformity or malfunction; or support a weak or deformed portion of the body.

Hearing Aids:

- Must be prescribed by a certified audiologist or by a licensed physician in accordance with 42 CFR 440.110.
- Must have prior authorization by the Medicaid agency.

12d. Eyeglasses On-Island

- Must be prescribed by a licensed ophthalmologist or optometrist.
- Lenses may be for single vision or standard
- Tinted or coated lenses are not covered unless for individuals with aphakia.
- Only plastic frames are covered unless metal frames are less expensive.
- Contact lenses are not covered.
- Only one pair of eyeglasses will be covered every two years. There is a \$100.00 LIMITATION ON COST OF frames.

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15. 42 CFR 440.50: Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Not provided.

16. 42 CFR.160: Inpatient psychiatric facility services for individuals under 22 years of age.

Not provided.

17. 42 CFR 440.165: Nurse-midwife services On and Off-Island

Provided.

18. Hospice care (in accordance with section 1905(o) of the Act On and Off-Island

Provided with limitations.

Lifetime maximum of one hundred eighty (180) days and certified as terminally ill.

19. 42 CFR 440.169: Case management services and Tuberculosis related services.

Not Provided

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20. Extended services for pregnant women On and Off-Island

20a. Pregnancy-Related and Postpartum Services

Pregnant women, who were eligible for, applied for, and received medical assistance under the CNMI Medicaid General Waiver and Operational Plan will be provided all pregnancy-related and postpartum services until the end of the 60-day period beginning on the last date of their pregnancy.

20b. Services that may complicate Pregnancy

Pregnant women services, including prenatal, delivery, and postpartum services, and any other medical conditions that may complicate the pregnancy, are provided.

21. Ambulatory Prenatal Care

Not provided.

22. Respiratory Care Services

Not Provided.

23. 42 CFR 440.166: Certified pediatric or family nurse practitioners' services On and Off-Island

Provided.

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24d. Nursing Facility Services For Patients Under 21 Years On and Off-Island

Provided with limitations.

Nursing facility services for patients under 21 years old means services that provided to recipients under 21 years old on an inpatient basis by a Nursing Facility Services.

24e. Emergency Hospital Services On and Off-Island

A. Emergency hospital services means:

1. Services necessary to prevent the death or serious impairment of the health of a recipient; and
2. Services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life of health of the recipient even if the hospital does not currently meet:
 - a. The conditions for participation under Medicare; or
 - b. The definition of inpatient or outpatient hospital services under the CNMI Medicaid General Waiver and Operational Plan.

B. Benefit Limitations

Emergency services, as described above, are provided to eligible recipients and illegal aliens if they meet all other eligibility criteria.

24f. Personal care services in Recipient's Home

Not provided.

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4.19B Payment for Services

Inpatient and Outpatient Services are available at Commonwealth Health Center (CHC) and therefore will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19-B, pages 1-6. If the services are not available at CHC, payment of these services will be the lower of the billed charges or current Hawaii Medicare Fee Schedule. In the event that there are no corresponding Medicare reimbursement rates for the services rendered, these services will be reimbursed at 50 percent of the provider's billed charges.

3. Other Laboratory Services and X-ray Services (On and Off-Island)

Payment will be reimbursed according to the methodology in the Certified Public Expenditures (CPE) protocol found in Attachment 4.19-B, 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.

4a. Nursing Facility (SNF) Services (On and Off-Island)

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

4b. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) (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.

4c. Family Planning Services (On-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.

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4.19B Payment for Services

4d. Tobacco Cessation Counseling for Pregnant Women Provided (On-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.

5. Physician Services (On and Off-island)

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

6b. Optometrist Services (On and Off-island)

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

6d. Other Practitioners' Services (On and Off-island)

Payment will be at 85% of Current Hawaii Medicare Fee Schedule.

7. Home Health Services (On and Off-island)

Payments for Home Health Services will be lower of the billed charges or current Hawaii Medicare Fee schedule.

7a. Nursing Services (On and Off-Island)

Payments for Nursing Services will be lower of the billed charges or current Hawaii Medicare Fee schedule.

7b. Home Health Aide Services (On and Off-Island)

Payments for Home Health Aide Services will be lower of the billed charges or current Hawaii Medicare Fee schedule.

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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 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 60% of Current Hawaii Medicare Fee Schedule published in the Commonwealth Register in the Office of the Attorney General 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 447.514 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.

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4.19B Payment for Services

12c. Prosthetic Devices (On-Island)

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

12d. Eyeglasses (On-Island)

Payment will be the lower of the billed charges or the Current Hawaii Medicare Fee Schedule. There is a \$100.00 LIMITATION ON COST OF FRAMES.

17. Nurse-Midwife 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.

18. Hospice care (On and Off-Island)

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

20a. Pregnancy-Related and Postpartum 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.

20b. Services That May Complicate Pregnancy (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.

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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 (Off-Island)

Payment for the 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)

Payment will be at 65% of the Current Hawaii Medicare Fee Schedule.

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

Payment will be at 65% 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 the billed charges or the Current Hawaii Medicare Fee Schedule.

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4.19B Payment for Services

24e. Emergency Hospital 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.