

TITLE 1: GOVERNMENT
DIVISION 2: EXECUTIVE BRANCH

§ 20209. Payment for Services.

(a) The Commonwealth Healthcare Corporation is the single, primary provider of all Medicaid medical and public health services, both inpatient and outpatient, throughout the Commonwealth. The Commonwealth Medicaid Agency shall establish rates in accordance with the Commonwealth State Medicaid Plan Amendments for all services.

(b) These established rates may not exceed combined payments the provider would receive from the beneficiaries and carriers or intermediaries for comparable services under comparable circumstances under Medicare or public health grants as may be permitted, or based on national average payment proportions by states for Medicaid services as may be compared to Medicare. The payments made by the Commonwealth Medicaid Agency for inpatient services will be paid using Medicare principles of cost reimbursement or as provided for under the Medicaid State Plan Amendments. The rates are applicable to all patients including those with third-party coverage.

(c) When a patient has medical needs which cannot be provided for by the Commonwealth Healthcare Corporation, on-island or off-island providers, with prior authorization by the Commonwealth Medicaid Agency, may be utilized. The Commonwealth Medicaid Agency shall establish procedures wherein the Commonwealth Healthcare Corporation certifies that services cannot be provided by the public corporation.

(d) The Commonwealth Medicaid Agency is authorized to establish all-inclusive per diem rates or contract rates for specific services by on and off-island non-Commonwealth Healthcare Corporation providers.

Source: PL 21-28, § 2 (May 22, 2020).

Commission Comment: The Commission numbered this section pursuant to 1 CMC § 3806(a).