

Citizen Centric Report FY2026



Vision: The Commonwealth Healthcare Corporation provides sustainable, innovative, equitable, and comprehensive culturally responsive services to achieve accessible, high-quality, patient-centered wellness outcomes for all people in the CNMI.

Mission: Provide quality comprehensive health services and promote healthy environments for a resilient community.

Values: CHCC is committed to exceeding standards by providing a culture of compassionate, effective, quality care, honoring the dignity of its stakeholders and community, and promoting equity and transparency as well as continued accountability and growth throughout the corporation.

CHCC STRATEGIC PILLARS AND OBJECTIVES

1. FINANCIAL HEALTH

- CHCC will become a health system with increased access to capital for investment in local health care capacity, leading to improved patient care, consistent cost-savings measures, and increased financial stability.

2. PATIENTS AND COMMUNITY

- CHCC will elevate the patient experience across the care continuum to ensure patient satisfaction and retention, quality of care, and community trust.

3. INTERNAL PROCESSES

- CHCC will act as one system in its approach to the modernization of policies and procedures for the management and delivery of healthcare in alignment with best practices and current standards of care.

4. PEOPLE AND LEARNING

- CHCC will foster and measurably improve its employee work culture where employees thrive in their roles, feel valued, respected, and engaged and thereby strengthen its ability to attract and retain top talent to ensure the provision of high-quality healthcare services.

CHCC LEADERSHIP



Juan N. Babauta
Chairman
Board of Trustees



Esther L. Muña, PhD, MHA, FACHE
Chief Executive Officer

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OUR PROGRESS

- **Non-Communicable Disease Programs**
 - A total of 97 referrals were received for the Diabetes Self-Management Education program, with 10 individuals completing the program. The Nicotine Cessation Program received 59 referrals, of which 11 individuals completed the program. Additionally, 329 breast cancer screenings and 289 cervical cancer screenings were covered, while 36 individuals enrolled in and completed the Wise Women program.
- **Maternal, Infant, Child, and Adolescent Health**
 - The Sexual and Reproductive Health program served 1,316 individuals through Family Planning and recorded 2,212 total clinical visits. The Home Visiting Program served 189 families and conducted 2,575 home visits for families with pregnant women and young children. Under Children with Special Health Needs, 130 participants attended Parent Learning Sessions, 45 transportation vouchers were issued to help children and families access healthcare and related services, and 121 CNMI children received care coordination to access services at Shriners Hospitals for Children. Through the Women, Infants, and Children (WIC) program, an average of 2,600 families were enrolled monthly, with close to \$3 million in food benefits issued to CNMI families with pregnant women, infants, and young children.
- **Communicable Disease Programs**
 - The Tuberculosis and Sexually Transmitted Infections (STI) program identified and investigated 176 STI cases, including chlamydia and gonorrhea, achieving a 95% treatment completion rate among chlamydia cases. A total of 18 tuberculosis cases were referred, investigated, or managed, with 196 contacts identified. Of these contacts, 108 initiated evaluation and seven began latent tuberculosis infection (LTBI) treatment. Through its Immunization Program, 11,613 individuals were vaccinated through clinic services and outreach, with 17,554 vaccine doses administered. Flu vaccination coverage reached 27.1% for the FY2026 flu season. As of September 30, 2026, 61% of children ages 0–4 were up to date on routine immunizations, compared with 95% of school-age children. The program also conducted 87 vaccination outreach clinics in villages and community settings and distributed \$1,763,585 worth of vaccines to CNMI provider clinics, including private clinic partners, to expand access to immunization services.

- **Nursing Strengthened** recruitment and retention efforts to support staffing and continuity of patient care; expanded staff development through clinical training, cross-training, mentoring, and leadership education; advanced unit-based QAPI projects focused on patient safety and care outcomes; actively participated in developing clinical documentation templates for the MEDITECH EHR.

RHC Visits	Primary Care/Appointments	Walk-In / Urgent Care	Nurse Visits	Telehealth	Emergency Room	Total
Patient Visits	1,637	1,955	611	1	662	4,866

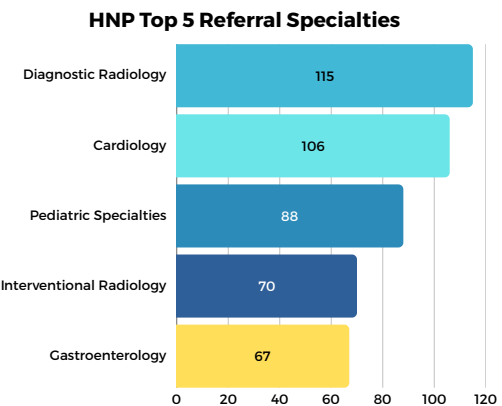
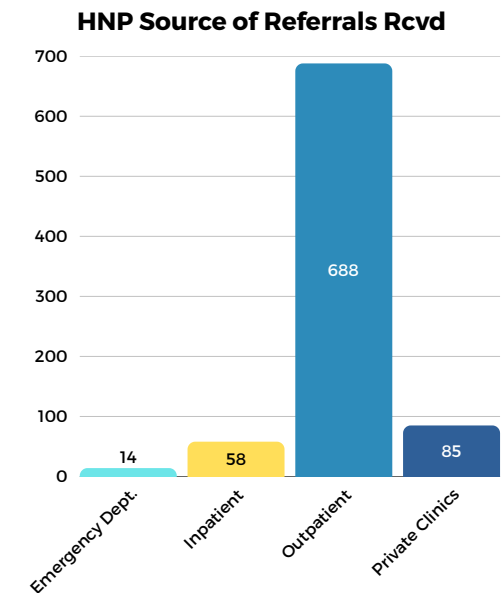
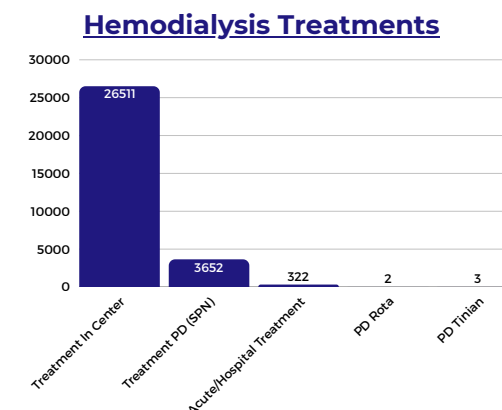
LCVAHC Visits	Primary Care/Appointments	Walk-In / Urgent Care	Nurse Visits	Telehealth	Emergency Room	Total
Patient Visits	1,725	1,491	1,373	0	1,043	5632

- **Environmental Health & Disease Prevention**
 - The Environmental Health and Disease Prevention (EHDP) Program conducted 1,165 inspections of retail food establishments and 201 inspections of non-food health-regulated establishments. A total of 3,454 food handlers received training, and 101 disease investigations were conducted involving foodborne, waterborne, and vectorborne illnesses. The program also generated \$392,740 in revenue through collected EHDP fees.
- **Promotion and Prevention Program**
 - A total of 120 Wellness Promotion and Substance Use Disorder (SUD) Prevention activities were implemented across the CNMI, reaching 3,483 community members. These activities include community outreach and messaging through various platforms, service and information resource distribution and exhibits, presentations, and training.
- **Treatment and Recovery Services**
 - Served a total of 431 individuals seeking behavioral health services and support and completed 2,450 direct service sessions. Additionally, CHCC-CGC served a total of 431 individuals seeking behavioral health services and support and completed 2,450 direct service sessions across Saipan, Tinian, and Rota.
- **Primary Care and Behavioral Health Integration**
 - Pediatric Mental Health Care Access (PMHCA) activities and resources helped strengthen efforts to integrate and support behavioral health resources and care into primary care settings. These PMHCA-supported activities included training opportunities and resources, and a teleconsultation line will soon be available to pediatric primary care providers. Additionally, CGC children's mental health services have also been successfully integrated to improve access and quality of care.
- **Data Management:** The Prescription Drug Monitoring Program (PDMP) secured an award from the U.S. Department of Justice to sustain prescription drug and substance use surveillance and monitoring activities and engage data-informed prevention efforts through fiscal year 2028.

Inter Island Medical Referral (IIMR)

	IIMR	IIMR Emergency
RHC (Rota)	453	99
LCVAHC (Tinian)	497	109

Health Network Program (HNP)

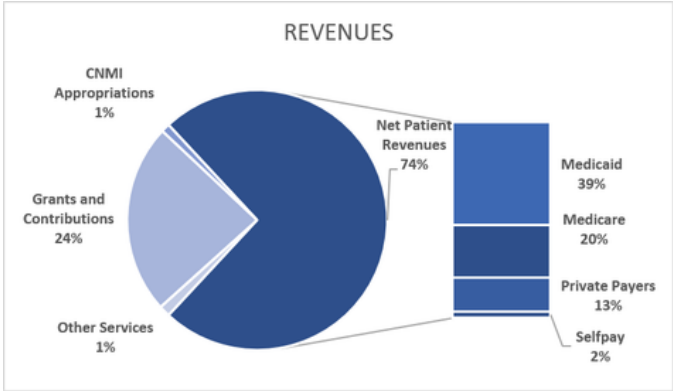


Net patient revenues accounted for 74%, 79%, 75%, 71% and 58% of total gross revenues for the years ended Sept 30, 2026, 2025, 2024, 2023 and 2022, respectively.

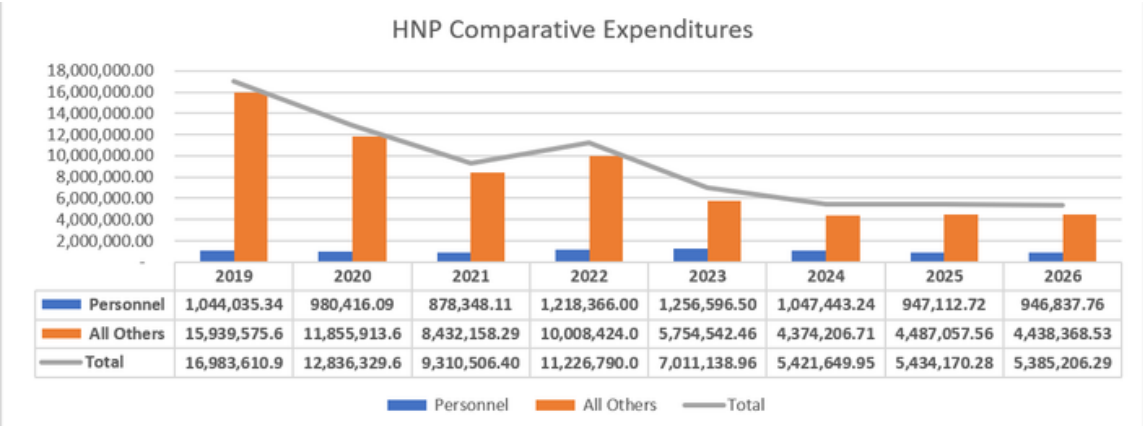
OUR FINANCES

Medicaid continues to be CHCC major payor as a significant number of our population are covered by Medicaid

CNMI Appropriation amounting to \$1,561,857 were for the Health Network Programs. Actual expenditures for this program amounted to \$5,385,206 (Personnel Costs of \$946,838 and Other Operating Costs of \$4,438,368). Since the transfer of Medical Referral Program now know as Health Networks Program to CHCC, \$6,099,807 have been advance from CHCC General Funds to the Program.



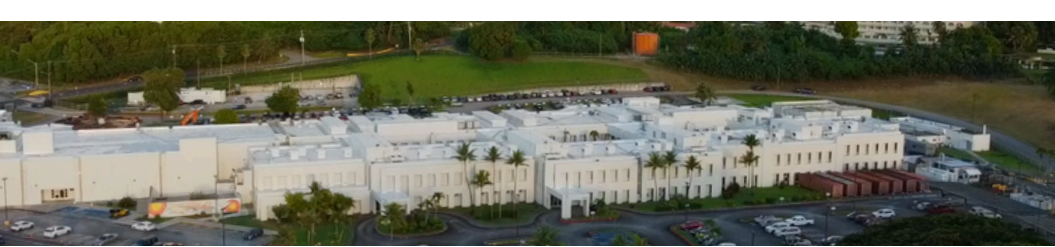
Revenues	2025	2025	2024	2023	2022	
Medicaid	56,364,615	61,448,992	54,129,046	42,504,873	44,866,921	
Private Payers	18,472,593	17,946,803	18,872,817	22,117,160	11,324,659	
Medicare	28,779,075	28,428,592	29,452,281	16,171,976	13,638,431	
Selfpay	3,321,846	4,895,736	3,967,082	1,959,487	1,051,896	
Net Patient Revenues	106,938,128	112,720,123	106,421,226	82,753,496	70,881,907	
Grants and Contributions	34,287,219	24,278,567	30,219,625	116,005,710	35,128,773	
CNMI Appropriations	1,561,857	1,253,865	2,233,968	5,479,678	11,685,655	
Other Services	2,045,876	3,797,865	3,419,057	5,223,963	3,882,267	
Gross Revenues	144,825,080	142,050,421	142,293,876	116,005,710	121,578,602	



CHCC management of the Medical Referral Program, through Health Network Programs was able to reduce cost from \$15.9 Million in 2019 under the Office of the Governor, to \$5 million and under since the inception of HNP through PL 22-23.

Expenditures	General Fund	Federal and other Grants	Total 2026	General Fund	Federal and other Grants	Total 2025	Total 2024	Total 2023	Total 2022
Personnel	65,028,662	10,428,216	<u>74,755,393</u>	66,938,100	7,817,293	<u>74,755,393</u>	71,805,130	70,864,969	74,439,986
Operations	56,362,254	22,800,477	<u>58,250,779</u>	43,319,203	14,931,576	<u>58,250,779</u>	76,713,541	53,048,494	66,537,051
Total Expenditure	121,380,917	33,229,693	<u>133,006,172</u>	110,257,303	22,748,869	<u>133,006,172</u>	148,518,671	123,913,463	140,977,037

General fund expenditures in FY 2026 includes HNP expenditures of \$5,385,206 and Disaster related expenditure of \$3,737,809 for Typhoon Sinlaku and \$564,458 for Typhoon Bavi.



OUTLOOK & CHALLENGES

Emerging Leadership Visions for 2027

Building on the 2025 visions and lessons of 2026, CHCC will sharpen three established priorities and add two new ones that respond directly to the workforce and financing risks ahead.

1. Climate-Resilient Healthcare System Carried forward from 2025

Vision: Become the first climate-resilient healthcare system in Micronesia, with uninterrupted services during and after disasters.

2027 Focus: Advance the three Tier 1 FEMA HMGP generator and underground power projects (\$23.2M; design complete, environmental review underway); complete renewable energy conversion projects, including Solar PV recovery and phases; harden facilities system-wide; apply external resources guidance and CASPER training of trainers content to future AOC activations and post-typhoon surge teams.

2. Regional Healthcare Hub Carried forward from 2025

Vision: Position CHCC as Micronesia's premier destination for patient care and professional, medical education development.

2027 Focus: Advance the Retain–Build–Attract strategy: expand diagnostics to reduce off-island referrals by 20–30%, including the MRI/Hyperbaric facility; advance the \$115M Outpatient Clinic Center to unlock ICU, ward, and radiology expansion; pursue a Critical Access Hospital pathway for Rota.

3. Data-Driven Population Health Carried forward from 2025

Vision: Reduce chronic disease burden by expanding beyond current program metrics to predictive analytics and modeling.

2027 Focus: Launch MEDITECH Expanse in February 2027 with priority data reports built first; complete the Data Systems and Reports Inventories; establish AI governance before Expanse AI features go live, with TTAP support through March 2027; strengthen and integrate digital community health dashboards and early warning systems.

4. Workforce Sustainability Beyond 2029 NEW for 2027

Vision: A stable, skilled, and supported workforce ahead of the December 2029 sunset of the CW-1 program and H-1B cap exemption.

2027 Focus: Apply findings from the comparative review of the Employee Engagement, DPHS Workforce Assessment, and PH WINS reports; complete performance evaluation rate reviews; advance the nursing clinical education partnership with Northern Marianas College and Pacific healthcare training consortiums; continue CW-1/H-1B 2029 sunset advocacy.

5. Sustainable Financing & Federal Parity NEW for 2027

Vision: Achieve long-term financial health through equitable federal funding while maintaining community access.

2027 Focus: Advocate for consistent Medicaid local match remittance, expanded CPE coverage, and territorial parity in DSH, Critical Access Hospital, and Rural Health Transformation Program eligibility; pursue HNP supplemental appropriation and the foreign-hospital Medicaid State Plan Amendment; begin FY2029–FY2033 strategic planning.

CONSIDERATIONS

Political:

Federal Medicaid rules built for states, including the §1108(g) cap, a fixed 83% FMAP, hospital designation exclusions, and territorial ineligibility for transformative health grants, limit CHCC's federal funding opportunities. The December 2029 expiration of the CW-1 program and H-1B cap exemption, along with ongoing proposals of extraordinary visa fees, further narrow specialist recruitment efforts.

Economic:

The proposed FY2027 general revenue ceiling is the lowest in more than two and a half decades; the proposed HNP appropriation alone leaves CHCC millions short. Uncompensated care and unremitted Medicaid local match also continue to strain CHCC's operating budget.

Socio-Cultural:

Before the 2026 typhoons, only 13% of adults with diabetes and 21% with hypertension had their disease under good control, and non-communicable diseases account for about 70% of 2026 deaths recorded to date. Resident births have fallen 45% since 2010, threatening population stability, obstetric services availability, and the future workforce.

Environmental:

Super Typhoons Sinlaku and Bavi struck within twelve weeks of each other, the second in the first week of typhoon season, keeping CHCC under incident command for 70 days. Ongoing threats from tropical storms and typhoons put repeated strain on CHCC's 40-year-old facilities and on an operating margin with little capacity to absorb disruptions.