



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



HUMAN RESOURCES

Amendment to Closing Date

EXAMINATION ANNOUNCEMENT NO. 25-120

POSITION:	UTILIZATION REVIEW NURSE	OPENING DATE:	<u>08/22/2025</u>
NO. OF VACANCIES:	1	CLOSING DATE:	<u>09/12/2025</u>
SALARY:	\$22.77 per Hour <i>Estimated annual salary is \$47,361.60 per year.</i>		
WORKSITE LOCATION:	Utilization Review Program Commonwealth Health Center 1178 Hinemlu' St. Garapan Saipan		

DUTIES:

Conduct a comprehensive patient/family assessment and discharge planning evaluation upon admission and at regular intervals as requested to initiate and maintain the patient's discharge plan of care. Review the patient's medical record to determine health status and risk factors, and to evaluate the likelihood of the patient's capacity for self-care or the possibility of the patient being cared for in the same environment from which he/she entered the hospital. Identify patient and family education needs, ensure they are adequately informed to participate in discharge planning, and provide options when post-acute care services are required. Critically evaluate and analyze physical and psychosocial assessment data. Evaluate developmental and mental status and utilize data to modify the discharge plan of care. Differentiate between normal and abnormal physical findings, as well as adaptive and maladaptive behavior. Interpret screening and selective laboratory/diagnostic tests. Collaborate with physicians, nurses, social workers, other disciplines, and patients/families to develop, implement, and evaluate discharge plans for patients in the assigned area. Act as a clinical expert resource to nursing staff in planning and implementing the discharge plan of care. Utilize the financial and insurance resources of the patient to maximize healthcare benefits. Develop a plan for continuing care when discharge outcomes are not met. Arrange post-acute referrals for patients with health problems requiring further evaluation or additional services. Provide post-discharge follow-up by making referrals to the primary care clinic. Conduct concurrent utilization reviews for the defined patient population. Identify and track avoidable days. Coordinates and facilitates patient progression throughout the continuum. Identify and facilitate the resolution of system process problems that impede diagnostic or treatment progress. Resolve delays and obstacles to discharge. Facilitate referrals for home health care, hospice, durable medical equipment, and supplies. Ensure and maintain consensus on the discharge plan among the patient/family, interdisciplinary team, and the patient's payer. Coordinates and integrates utilization management functions and quality reviews. Apply approved utilization acuity criteria to monitor the appropriateness of admissions as part of the initial and concurrent review for continued stays for all patients on the assigned caseload. Refer Utilization Review (UR) issues to the UR Program Manager and/or UR physician advisor(s) in a timely manner and monitor the issue until it is resolved. Participate in UR Committee activities and meetings. Comply with

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documented policies for non-coverage notifications, including Hospital Issued Notice of Noncoverage and Advance Beneficiary Notice of Non-coverage. Collaborates with all members of the healthcare team and external customers. Provide clinical consultation to physicians and CHCC staff on UR and case management issues. Refer appropriate patients to Medical Social Services for psychosocial intervention, guardianship, financial assistance, and complex discharge planning. Attend the quarterly Saipan Care Transition Coalition meetings to address readmissions and other care transition issues with relevant stakeholders. Participates in clinical performance improvement activities (QAPI) to set goals. Use data to drive decisions and plan/implement performance improvement strategies related to clinical care coordination for patients. Collect delay and other resource utilization data for specific performance and/or outcome indicators. Demonstrate a working knowledge of CMS regulatory and survey standards. Demonstrate a working knowledge of InterQual criteria and apply them consistently according to inter-rater reliability techniques. Demonstrate a working knowledge of disease and age-specific impacts.

MINIMUM QUALIFICATION REQUIREMENTS:

Associates degree in Nursing from a recognized/accredited School of Nursing or foreign equivalent. Must pass the National Council Licensure Examination for Registered Nurses (NCLEXRN) and be licensed as a Registered Nurse by the Northern Mariana Islands Board of Nursing (NMI BON) to practice in the CNMI. Must possess a Basic Life Support (BLS) certification from American Heart Association (AHA). Certification as a Certified Case Manager (CCM) is preferred but not required. Two (2) years of relevant nursing experience (e.g., case management, utilization review, or discharge planning).

CONDITIONAL REQUIREMENTS:

Employment is contingent upon successful clearing of pre-employment health and drug screening in accordance with CHCC policy.

ADDITIONAL JOB INFORMATION:

This position is a temporary, Full-Time employment status at 40 hours per week, eight (8) hours per day from 7:30am to 4:30pm, Monday through Friday. Employment start date will begin on February 01, 2026 through January 31, 2027. This position is paid on a bi-weekly basis (2-week period). Fringe benefits: Paid time off & holidays.

NOTE(S):

- Three-Fourths Guarantee as explained in Form ETA-9142C-General Instructions and in 20 CFR 655, Subpart E: “Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.”
- Transportation and Subsistence as explained in Form ETA-9142C-General Instructions and in 20 CFR 655, Subpart E: “If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker’s transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker’s reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except reported a worker’s voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.”
- Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit, all tools, supplies and equipment required to perform the duties assigned.

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- Overtime Available: No, this position is “**EXEMPT**” and is NOT eligible to receive overtime compensation pursuant to the Fair Labor Standards Act (FLSA) of 1938 Federal Law.
- Deductions from Pay: CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical & Dental Insurance, Life Insurance and 401a Retirement Plan.

INTERESTED PERSONS SHOULD SEND THEIR COMPLETED APPLICATION FORMS TO:

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to the Human Resources Office. The HR Office is open Monday through Friday from 7:30 AM to 4:30 PM and is CLOSED on weekends/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670)236-8202/(670)234-8950 to apply for the job opportunity posted on the CHCCs official website: <https://www.chcc.health/job-opportunities.php>. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.

CW-1 Application for Temporary Employment Certification
Form ETA-9142C
U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Nature of CW-1 Application

1. Type of Application (choose only one) *	<input type="checkbox"/> New employment	<input checked="" type="checkbox"/> Renewal of approved employment
2. CW-1 Permit Renewal: If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. §	1/31/2026	
3. Long-Term Worker: Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be <u>exempt</u> from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FOR EMERGENCY SITUATIONS ONLY If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.		
6. Is a statement justifying the employer's emergency situation attached to this application? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
7. Is a completed Form ETA-9141C, <i>Application for Prevailing Wage Determination</i> (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

B. Employer Information

1. Legal Business Name *		
Commonwealth Healthcare Corporation		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
1178 HINEMLU' ST. GARAPAN		
4. Address 2 (apartment/suite/floor and number) §		
PO BOX 500409		
5. City *	6. State *	7. Postal Code *
SAIPAN	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America		
10. Telephone Number *	11. Extension §	
+16702348950		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-0774364	62211	
14. Type of Employer (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Job Contractor – Joint Employer	
FOR JOB CONTRACTORS ONLY If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items.		
15. A completed Appendix A identifying the employer-client is attached to this application. §		<input type="checkbox"/>
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §		<input type="checkbox"/>

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C. Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Muna	Esther	Lizama
4. Contact's Job Title *		
Chief Executive Officer		
5. Address 1 *		
1178 Hinemlu' St. Garapan		
6. Address 2 (apartment/suite/floor and number) §		
PO Box 500409		
7. City *	8. State *	9. Postal Code *
Saipan	Northern Mariana Is	96950
10. Country *	11. Province §	
United States Of America		
12. Telephone Number *	13. Extension §	14. Business Email Address *
+16702348202		chcchr2011@gmail.com

D. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.		<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input checked="" type="checkbox"/> None
2. Attorney or Agent's Last (family) Name §	3. First (given) Name §	4. Middle Name(s) §
5. Address 1 §		
6. Address 2 (apartment/suite/floor and number) §		
7. City §	8. State §	9. Postal Code §
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address §
15. Law Firm/Business Name §		16. Law Firm/Business FEIN §
FOR ATTORNEY USE ONLY If "Attorney" is marked in question D.1, complete questions 17 – 19 below.		
17. State Bar Number(s) §	18. State of highest state court where attorney is in good standing §	
19. Name of the highest state court where attorney is in good standing §		
FOR AGENT USE ONLY If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.		
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §		<input type="checkbox"/>

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E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 29-1141.00	2. SOC Occupation Title * Registered Nurses
3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	
P-500-25183-148925	

b. Job Offer and Minimum Requirements

1. Job Title * Utilization Review Nurse							
2. Workers Needed *	1	Period of Intended Employment					
		3. Begin Date: * 2/1/2026			4. End Date: * 1/31/2027		
5. Job Duties – Description of the specific services or labor to be performed. * (All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.) Please See Addendum							
6. Anticipated days and hours of work per week (an entry is required for each box below) *							
40	a. Total Hours	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday
7. Hourly work schedule *							
a. 7 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							
b. 4 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							
8. Education: minimum U.S. diploma/degree required. *							
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input checked="" type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)							
9. Training: number of months required. *		0	10. Work Experience: number of months required. *		24		
11. Supervision: does this position supervise the work of other employees? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. If "Yes" to question 11, enter the number of employees worker will supervise. §			
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum							

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c. Place of Employment and Wage Information

1. Worksite Address *		
1178 Hinemlu' St. Garapan		
2. Worksite Address § (apartment/suite/floor and number)		
PO Box 500409		
3. City *	4. State *	5. Postal Code *
Saipan	Northern Mariana Island	96950
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid §
From: \$ 22 . 77 * To: \$.		From: \$. To: \$.
7. Per (Choose only one) *		7a. Additional conditions about the wage rate to be paid. §
<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate		Fringe benefits: paid time off & holidays.
8. Frequency of Pay. * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify):		
9. Will work be performed at worksite locations other than the one identified above? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. §		<input type="checkbox"/>

d. Other Material Terms and Conditions of the Job Offer

1. I have read and agree to provide the following terms and conditions with this job offer as fully explained in Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>▪ Three-Fourths Guarantee: Workers will be offered employment for a total number of work hours equal to at least three-fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.</p> <p>▪ Transportation and Subsistence: If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.</p>		
2. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
3. Overtime Available: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
4. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
5. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
6. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
7. Deductions from Pay: State all deduction(s) from pay and, if known, the amount(s). *		
CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical & dental insurance, life insurance, 401a retirement plan.		

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e. Recruitment Information

1. Explain how prospective U.S. applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. *

Please See Addendum

2. Telephone Number to Apply *

+16702368202

3. Email Address to Apply *

apply@chcc.health

4. Website address (URL) to Apply *

<https://www.chcc.health/job-opportunities.php>

F. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in **Appendix C** and have attached a signed and dated copy of Appendix C with this application. *

☒ Yes ☐ No

2. Please confirm that the employer-client identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix C** and has attached a separate signed and dated copy of Appendix C with this application. *

☐ Yes ☐ No ☐ N/A

G. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.

1. Last (family) Name §

Odom

2. First (given) Name §

Tracie

3. Middle Initial §

A

4. Law Firm/Business FEIN §

66-0774364

5. Law Firm/Business Name §

Commonwealth Healthcare Corporation

6. Law Firm/Business Email Address §

tracie.odom@chcc.health

For the public burden statement, please see the Form ETA-9142C, General Instructions.

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ADDENDUM
Section E.b.5: Job Duties

Conduct a comprehensive patient/family assessment and discharge planning evaluation upon admission and at regular intervals as requested to initiate and maintain the patient's discharge plan of care. Review the patient's medical record to determine health status and risk factors, and to evaluate the likelihood of the patient's capacity for self-care or the possibility of the patient being cared for in the same environment from which he/she entered the hospital. Identify patient and family education needs, ensure they are adequately informed to participate in discharge planning, and provide options when post-acute care services are required. Critically evaluate and analyze physical and psychosocial assessment data. Evaluate developmental and mental status and utilize data to modify the discharge plan of care. Differentiate between normal and abnormal physical findings, as well as adaptive and maladaptive behavior. Interpret screening and selective laboratory/diagnostic tests. Collaborate with physicians, nurses, social workers, other disciplines, and patients/families to develop, implement, and evaluate discharge plans for patients in the assigned area. Act as a clinical expert resource to nursing staff in planning and implementing the discharge plan of care. Utilize the financial and insurance resources of the patient to maximize healthcare benefits. Develop a plan for continuing care when discharge outcomes are not met. Arrange post-acute referrals for patients with health problems requiring further evaluation or additional services. Provide post-discharge follow-up by making referrals to the primary care clinic. Conduct concurrent utilization reviews for the defined patient population. Identify and track avoidable days. Coordinates and facilitates patient progression throughout the continuum. Identify and facilitate the resolution of system process problems that impede diagnostic or treatment progress. Resolve delays and obstacles to discharge. Facilitate referrals for home health care, hospice, durable medical equipment, and supplies. Ensure and maintain consensus on the discharge plan among the patient/family, interdisciplinary team, and the patient's payer. Coordinates and integrates utilization management functions and quality reviews. Apply approved utilization acuity criteria to monitor the appropriateness of admissions as part of the initial and concurrent review for continued stays for all patients on the assigned caseload. Refer Utilization Review (UR) issues to the UR Program Manager and/or UR physician advisor(s) in a timely manner and monitor the issue until it is resolved. Participate in UR Committee activities and meetings. Comply with documented policies for non-coverage notifications, including Hospital Issued Notice of Non-coverage and Advance Beneficiary Notice of Non-coverage. Collaborates with all members of the healthcare team and external customers. Provide clinical consultation to physicians and CHCC staff on UR and case management issues. Refer appropriate patients to Medical Social Services for psychosocial intervention, guardianship, financial assistance, and complex discharge planning. Attend the quarterly Saipan Care Transition Coalition meetings to address readmissions and other care transition issues with relevant stakeholders. Participates in clinical performance improvement activities (QAPI) to set goals. Use data to drive decisions and plan/implement performance improvement strategies related to clinical care coordination for patients. Collect delay and other resource utilization data for specific performance and/or outcome indicators. Demonstrate a working knowledge of CMS regulatory and survey standards. Demonstrate a working knowledge of InterQual criteria and apply them consistently according to inter-rater reliability techniques. Demonstrate a working knowledge of disease and age-specific impacts.

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ADDENDUM
Section E.b.12: Special Requirements

Associates degree in Nursing from a recognized/accredited School of Nursing or foreign equivalent. Must pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and be licensed as a Registered Nurse by the Northern Mariana Islands Board of Nursing (NMI BON) to practice in the CNMI. Must possess a Basic Life Support (BLS) certification from American Heart Association (AHA). Certification as a Certified Case Manager (CCM) is preferred but not required. Two (2) years of relevant nursing experience (e.g., case management, utilization review, or discharge planning).

Conditional Requirement: Employment is contingent upon successful clearing of pre-employment health screening and drug screening in accordance with CHCC policy.

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ADDENDUM

ADDENDUM SECTION E.e.1: Recruitment Information

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to the Human Resources Office. The HR Office is open Monday through Friday from 7:30 AM to 4:30 PM and is CLOSED on weekends/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670)236-8202/(670)234-8950 to apply for the job opportunity posted on the CHCCs official website: <https://www.chcc.health/job-opportunities.php>. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.