

THE COMMONWEALTH HEALTHCARE CORPORATION



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LOOKING FORWARD

The Commonwealth Healthcare Corporation strives to improve the quality of life for CNMI residents through acute care and preventive services aimed at fostering responsible lifestyles. The CHCC is committed to exceeding standards; honoring the dignity of its stakeholders and community; promoting equality and accountability throughout the corporation; and improving CNMI health and well-being through excellence and innovation in service.

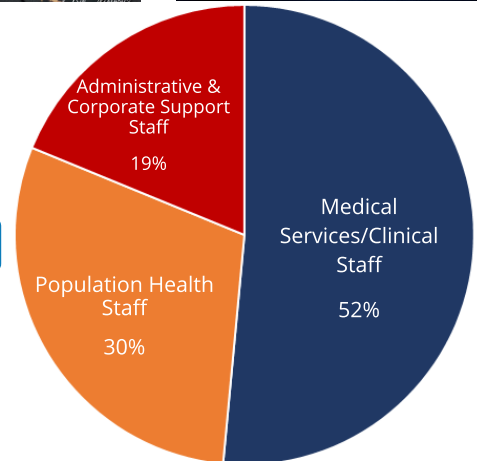
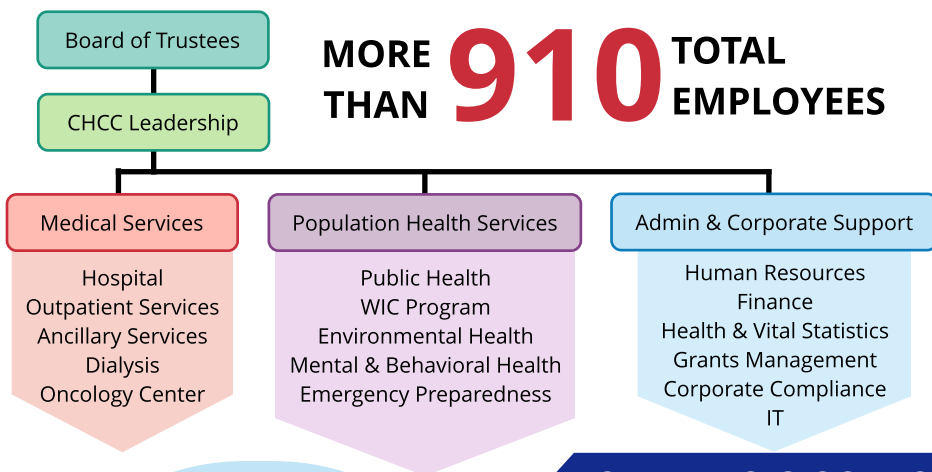


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THE CHCC AT A GLANCE



FIND OUT MORE

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STRATEGIC GOALS

1. Providing quality and affordable care to the community.
2. Maintaining a comprehensive data management system to track health patterns and trends in the CNMI.
3. Increasing financial efficiency to make investments into improvements to facilities, equipment, and services.
4. Maintaining CMS accreditation.
5. Recruiting and retaining staff from both the US and abroad.
6. Improving the corporation through professional development and staff training.


As part of the Commonwealth Healthcare Corporation's (CHCC) ongoing efforts to protect the CNMI involves the surveillance and monitoring of infectious diseases. Regular surveillance allows the CHCC Epidemiology and Laboratory Capacity (ELC) Program along with the Environmental Health and Disease Prevention (EHDP), previously known as the Bureau of Environmental Health (BEH), to rapidly respond to disease outbreaks based on confirmed and suspected cases, in order to mitigate the effects on the population and break the chain of transmission.

POPULATION HEALTH

Public Health programs have participated in over fifty (50) community-based outreach activities and reached about 6,299 individuals. Services have included presentations on various health topics and linkages to health screenings such as clinical breast exams, pap tests, oral cancer screening, HIV/STD testing and counseling, blood pressure screening and blood glucose testing, vaccinations, and safe sex kits. In addition, Question, Persuade, Refer (QPR) Basic Gatekeeper Training and Applied Suicide Intervention Skills Training's (ASIST) were conducted teaching individuals how to recognize people at risk of suicide, to identify the key elements of an effective suicide safety plan and the actions required to implement it, and how to understand other important aspects of suicide prevention that includes life-promotion and self-care.





NORTHERN MARIANAS ONCOLOGY CENTER


Opening of the Northern Marianas Oncology Center August 2020 - Providing the CNMI with accessible direct and immediate cancer care and treatment. In 2019, 291 patients were sent outside the CNMI for oncology services (16% of total), and in 2020, just 17 patients were sent for oncology services (2% of total).



- TESTING CAPABILITIES -

BIOFIRE FILMARRAY TORCH


-  Respiratory 2.1
Includes testing for SARS-CoV-2
-  Gastrointestinal
-  Blood Culture Identification 2
-  Pneumonia



GENEXPERT


Severe Acute Respiratory Syndrome Coronavirus2(SARS-CoV-2)*

- Tuberculosis (TB)
- Chlamydia and Gonorrhea(C/G)
- Clostridium difficile (C. Difficile)



ABBOTT ID NOW

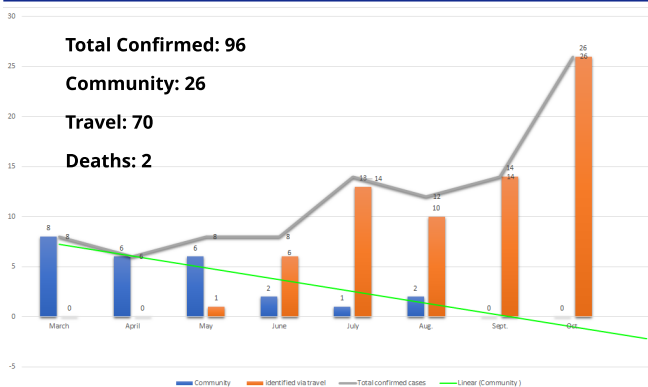
Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)*



APPLIED BIOSYSTEMS - ABI 7500 FAST DX

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)*

COVID-19 RESPONSE EFFORTS



The investments that the CHCC has made towards the COVID-19 Pandemic has resulted in the reduction and control in community transmissions. The last community transmission case was identified in August 2020, and was contained and investigated by the contact tracing team to prevent further spread. In addition, travel screening protocols such as testing on arrival, on the 5th day after arrival, and mandatory quarantine procedures have been proven effective in preventing community transmission within the CNMI community.

Fear of COVID-19 exposure significantly impacted patient decision-making this year, preventing patients from accessing healthcare services, especially during the height of the pandemic in the CNMI from March to June 2020. This significantly impacted revenue while the CHCC made significant investments in contact tracing, community testing, and other community-based COVID-19 control operations. The CHCC also invested in facilities and augmented staffing to mitigate patient and staff exposure to COVID-19.

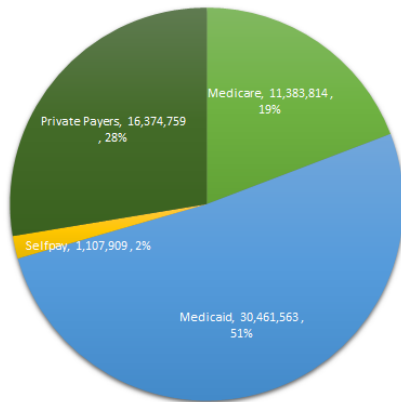
OUR FINANCES

REVENUE BREAKDOWN TOTAL FY2020:

\$89,628,083

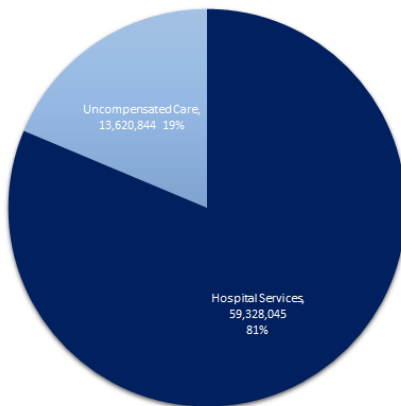
REVENUES	2020	2019
Net Patient Revenues	59,328,045	70,563,394
Other Services	832,045	1,033,934
Grants and Contribution	22,879,600	15,773,306
CNMI Appropriations and transfers	2,976,861	2,257,449
Total	\$86,016,551	\$89,628,083

BREAKDOWN NET PATIENT REVENUES



LOST REVENUE POTENTIAL TOTAL FY2020 POTENTIAL REVENUE:

\$72,948,889



EXPENSES BREAKDOWN TOTAL TOTAL FY2020

\$77,185,776

Local	2020	2019
Personnel	43,728,054	37,626,473
Operations	33,457,722	29,792,559
Total	77,185,776	67,419,033

Federal and other Grants	2020	2019
Personnel	5,197,015	5,059,153
Operations	7,825,367	9,341,427
Total	13,022,382	14,400,581

Our net patient revenues were directly impacted by the COVID-10 Pandemic, showing a decrease of \$11 million or 16%. This shortfall in revenue is augmented by the \$4.3 million COVID-19 Allocation for Rural Providers, \$869 thousand CARES Act Provider Relief Fund

TOTAL FY2020 REVENUE

\$86,016,551

Medicaid (51%) and Medicare (19%) are the top two payors of the CHCC. With a significant uninsured population in the CNMI, uncompensated care amounted to \$13.6 million in FY 2020. With Medicaid Presumptive eligibility, CHCC is hopeful that uncompensated care will reduce significantly in FY 2021.

TOTAL FY2020 EXPENSES

\$77,185,776

The increase in expenditures is due to expenses incurred for activities related to Covid 19 Activities. Of the 33.5 million operating expenses, 3.8 million were incurred for these activities. These may be subject to FEMA Public Assistance Reimbursements.

TOTAL FY2020 GRANT FUNDING

\$22,879,600

Major sources of grant funding for the CHCC come from the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC).

In addition, a charitable contribution of \$1 million was donated towards the construction and development of the new Northern Marianas Oncology Center at the CHCC. The oncology center opened for full operations in August, 2020.

LOOKING FORWARD



TELEDENTISTRY FOR ROTA AND TINIAN HEALTH CENTERS

For the more than 5,600 residents of Tinian and Rota, accessing dental care typically requires a plane ride. While the Dental Program of the Commonwealth Healthcare Corporation (CHCC) and other private dental providers make trips to Rota and Tinian to provide services, full time preventive and restorative dental care is not available, which too often results in pain and oral disease requiring even more intensive dental treatment. Oral health is integral to overall health, but preventable oral diseases cause pain and disability for many Tinian and Rota residents.

Of respondents to the 2016 CNMI Non-communicable Disease and Risk Factor Survey, only 30% of Tinian adults reported accessing dental care in the last 12 months, and nearly 13% of adults on Tinian reported missing 6 or more permanent teeth. Statistics from a sealant program which provides exams and sealants for all second and sixth grade students enrolled in the public school system on Rota during the 2018-2019 school year show that 96.15% of second grade students have at least one decayed tooth and 75% of sixth grade students have at least one decayed tooth. Regular access to on-island dental services would improve health outcomes and quality of life for children and adults alike.

To address the need for full-time dental care, the CHCC has plans to expand dental services to the islands at the local health centers using teledentistry. Under the CHCC's teledentistry model, resident dental professionals would work under the remote supervision of dentists on Saipan to provide clinical examinations, radiographs, sealants, silver diamine fluoride, fluoride varnish, prophylaxis, fillings, extractions and oral cancer screenings on a full-time basis. Although plans are in place, the CHCC has not been able to secure the funds needed for the initial equipment and software investments. Last August, the CHCC reached out to the local Tinian and Rota delegations for funding assistance of the roughly \$230,000 initial investment needed to establish the long-awaited services on both islands. The FY 2021 budget appropriates just \$86,659 to the CHCC, which is the largest safety net health care provider in the CNMI.

ECONOMIC OUTLOOK

Into the foreseeable future, the CHCC anticipates continued response to the health and economic impacts of COVID-19 in the CNMI. In addition to continuing to provide staff support to the CNMI's COVID-19 taskforce for incoming traveler screening, quarantine facilities, and managing the Alternate Care Site (ACS), the CHCC will also be leading COVID-19 vaccine distribution throughout 2021. Fortunately, expanded access to Medicaid coverage and unemployment assistance has helped the CHCC's patients continue to afford the care they need, but Congressional expansion of Medicaid funds expires at the end of 2021 fiscal year. Further investment in the Medicaid program, both federally and locally is essential to support the CNMI's health care system through the global pandemic.