



# Commonwealth Medicaid Agency Office of the Governor



*"Everyone Qualifies, Until They Don't"*

## Citizen Centric Report FY 2025

### OUR *Agency*

The Commonwealth of the Northern Mariana Islands (CNMI) Medicaid Program is a joint Federal-State initiative administered by the Commonwealth Medicaid Agency (CMA) and funded through Federal and local revenues. Established in 1979, the program operates under Title XIX of the Social Security Act of 1965, which created Medicaid nationwide. The Federal government provides oversight on funding mechanisms, eligibility criteria, quality standards, and covered medical services. As a U.S. Territory, the CMA operates under a capped federal funding allotment and an enhanced Federal Medical Assistance Percentage (FMAP). In 1989, the CNMI received a waiver allowing eligibility determinations based solely on income and resources, resulting in the creation of the Medical Assistance for the Needy (MAN) Program. In 2020, Public Law 21-28 formally established the Commonwealth Medicaid Agency (CMA) as an independent agency under the Office of the Governor. The law directs CMA to modernize Medicaid operations through the implementation of

Medicaid Enterprise System (MES) modules – including a Medicaid Management Information System (MMIS), a medical claims and clinical data warehouse, and a community health record system that enables patient access to health information. It also mandates the establishment of a Medicaid Fraud Control Unit (MFCU) and the submission of program data to the Transformed Medicaid Statistical Information System (T-MSIS). The CMA continues to work in partnership with the Centers for Medicare & Medicaid Services (CMS) to enhance transparency, accountability, and access to healthcare services for the CNMI's low-income individuals and families.

### HIGHlights

#### Full Federal Waiver Achieved (Administration Division)

CMA successfully applied a 100 % federal waiver for both Medical Assistance and Administrative Payments, up to \$1.76 million, eliminating local match requirements and maximizing cost savings for the CNMI.

#### Claims Backlog Cut in Half

Reduced aged claims from 2.5 years to 11 months; average payment time now 90 days.

#### \$18.3 Million MES Modernization

CMS approved \$18.31 million for modernization of the E&E, MMIS, HIE, and Data Warehouse systems.

#### Stronger Program Integrity

Re-established leadership, expanded staff, and achieved 100% compliance training.

#### Workforce Growth

Expanded from 26 to 40 staff to improve efficiency and reduce backlogs.

#### \$120 Million in Medicaid Payments

Disbursed \$120 million, with 67% (\$81 million) staying in the CNMI to support local healthcare providers.

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### OUR *Mission*

Reaching across the CNMI to deliver comprehensive, quality healthcare for those in need. Our mission is to build systems and services that advance the Triple Aim + 1 for the Medicaid population.

Triple Aim + 1



### OUR *Vision*

Empowering every CNMI resident with access to quality care and support to live healthier, thriving lives.



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### OUR *Activities*

#### Eligibility & Enrollment

MORE THAN

**19,000+**

COVERED BENEFICIARIES

**43%**

Approximate percentage of CNMI residents enrolled in Medicaid

#### Claims Distribution & Economic Impact

**\$120.3m**

CNMI Medicaid disbursed provider payments for services delivered in **FY 2025**.

**67%**

Of this amount, **\$81.2 million** remained in the CNMI, strengthening local healthcare facilities and services.

**33%**

The remaining **\$39.1 million** helped residents access specialized care not offered within the CNMI.

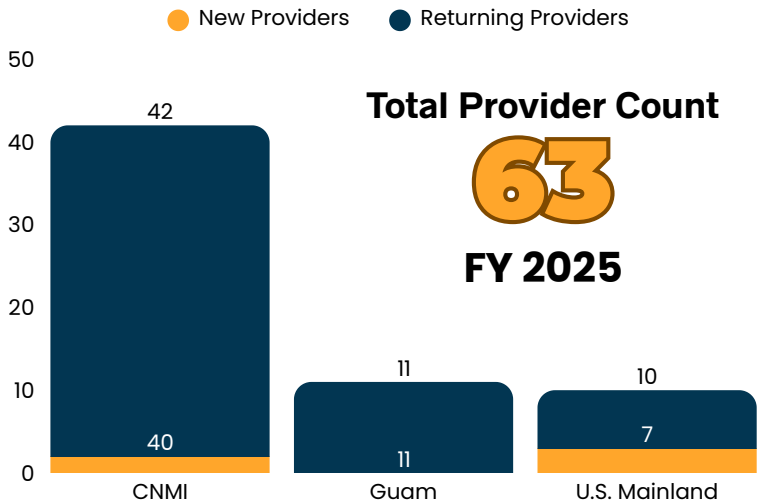
This distribution reflects an intentional reinvestment of healthcare dollars that strengthens the local economy, sustains medical jobs, and supports long-term system resilience. The concentration of spending on-island demonstrates continued progress toward building local capacity, while targeted off-island expenditures ensure beneficiaries have access to comprehensive and specialized care when needed.

#### Medicaid Enterprise Systems (MES)

- CMS approved the MES Advance Planning Document (APD) on October 9, 2025, authorizing **\$18.31 million across FFYs 2025–2027**.
- Implemented emergency stabilization measures to restore E&E functionality and ensure continued eligibility processing for Medicaid beneficiaries.
- Developed the E&E Request for Proposal (RFP), with release scheduled for December 2025 and contract award projected for May 2026.
- Expanded MES Division staffing from 23 to 29 positions, including new IT and program integrity roles.
- Established monthly MES Steering Committee chaired by the CMA Director to ensure governance, compliance, and inter-agency coordination.
- Advanced MMIS Core, DSS/DW, and HIE planning under previously approved PAPDs.

#### Provider Enrollment

##### Medicaid Providers





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# OUR *Finances*

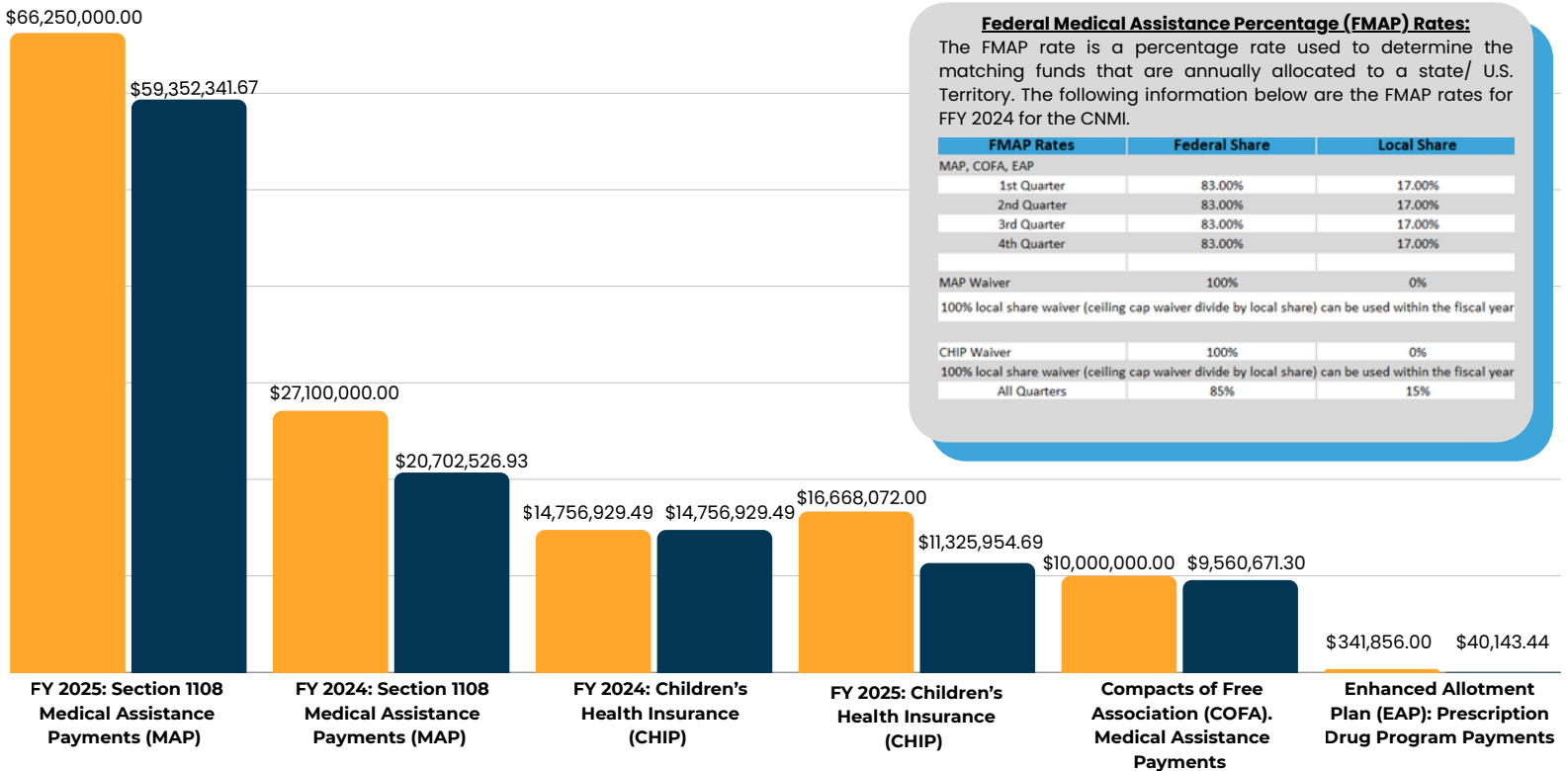
## Administrative Expenses

FFY 2025	APPROVED BUDGET	ACTUAL EXPENDITURES <sup>1</sup>
ADMINISTRATIVE EXPENDITURES	\$1,680,000.00	\$1,352,200.33

<sup>1</sup>Actual Expenditures as of 9/30/2024, subject to final reconciliation.

## Provider Reimbursement

■ APPROVED BUDGET ■ ACTUAL EXPENDITURE



## MEDICAID ENTERPRISE SYSTEMS

## Project Grants

FFY 2025	APPROVED BUDGET <sup>2</sup>	ACTUAL EXPENDITURES
MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)	\$550,281.00	\$211,394.37
ELIGIBILITY & ENROLLMENT (E&E)	\$1,091,863.00	\$87,677.72

<sup>2</sup>The Approved Budget is subject to FMAP rate. The FMAP rate is 90% Federal Share, 10% Local Share for the MES program.



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### OUR *Future Outlook*

- Expanded staff from 26 to 40, increasing operational capacity across administrative and Medicaid Enterprise System (MES) functions.
- Enhanced reimbursement processing by leveraging 100% federal waiver funding to maximize cost efficiency.
- Complete E&E system procurement and begin implementation by mid-2026.
- Develop and implement a unified cybersecurity and data governance framework.
- Advance legislation for third-party data sharing and compliance.
- Build and train a local IT workforce to sustain MES operations and reduce consultant reliance.
- Formalize the Program Integrity Unit and complete key staff hires.
- Provide examiner training on claim forms, coding, and auditing basics.
- Launch the Medicaid Fraud Control Unit (MFCU).
- Re-initiate enhanced oversight through UPIC collaboration.
- Improve claim turnaround times toward the 60-day goal.
- Expand provider compliance training and reporting outreach.

### ENHANCING *Capabilities*

Conference/Trainings

- UPIC Coordination Meetings
- State Healthcare IT Connect Summit – New Orleans, LA (May 2025)
- Medicaid Enterprise Systems Conference (MESCC) – Milwaukee, WI (August 2025)
- System Technical Advisory Group (S-TAG) Meetings – Virtual
- National Association of Medicaid Directors (NAMDD) Meeting – Chicago, IL (June 2025)
- National Association for Medicaid Program Integrity (NAMPI) Conference – St. Louis, MO (August 2025)
- IT Solutions Management for Human Services (ISM) Education Conference & Expo – Reno, NV (September 2025)
- CMS On-Site Visitation – Guam, USA (July 2025)

### • **STAY** *Connected!*

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