Board of Trustees
Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950

CHCC Board of Trustees
Thursday, April 15, 2021 @5:30 pm
CHCC Conference Room 3

Present: Lauri B. Ogumoro, Chair/Edward Deleon Guerrero, Vice Chair/Polly Masga, Trustee/Fermin Atalig, Trustee – via Zoom/Esther Muna, CEO/Subroto Banerji, COO/Perlita Santos, CFO/Nancy Gottfried, Legal Counsel/Halina Palacios/Dr. Brett/Mary Rozykydal

Absent: Corinne Santos, Trustee – Excused

I. Meeting was called to order at 5:30pm.
II. Four Trustees were present, quorum was determined.
III. A motion was made to approved the Agenda. Motion was seconded. Agenda approved without amendments.
IV. A motion was made to approve the meeting minutes from January 21, 2021, February 05, 2021, March 05, 2021, March 09, 2021, and March 16, 2021. Motion was seconded. Listed meeting minutes approved without amendment.
V. There was no public comment.
VI. Reports:
    A. Management & Operations: CMS Update – certification acceptance date was April 16, 2019. CMS was told by HHS not delay inspection – surveys need to be done. Currently expecting CMS to arrive on island in April or May. Will be looking at conditions of participation which were effective May 2021 from the accepted plans of correction: EHR – mentioned in last survey – access to medical record; working on policies to make sure that there is a consistent system across the board and entering data. Pursuant to previous surveys CMS will look at something that is effective – want to make sure that it is being implemented. Policy is being routed on – making sure that there is communication, as well as evidence that the primary care practitioner is informed of a patient being discharged, or visit.

    Letter from US Congress to HHS re: hospitals; making sure that hospital prices are transparent, which was effective January 20, 2021. CHCC is complaint on this requirement. Presumptive Eligibility – big increase in clinic visit: March 2020 – 1,600 visits; current – 2041 visits; these are services provided without advance payment.

    Sliding Fee Breakdown on ethnicity as requested (see CEO report).

    Health Advisory Committee – met and discussed regarding Specialist for Rota and Tinian Health Center– will be shared with the community through posters that will be share with the different facilities. It will be posted on social media as well. Medical Referral co-pay are waived; there was concern in the community if it will continue – at this time it is still being waived. The $30,000 that was funded by the Rota Delegation for the lab shipment fee will run out in the next couple of months. Shipment fees cannot be included in the lab services fee. Previously when CHCC was part of the government – fees were being paid by the Mayor's office, but has changed. Seeing more referrals from Tinian. There was a request for more Providers. A meeting was to be scheduled to discuss the need of more Providers. There is a

disconnect with Tinian Isla, and the constant referral to THC for the use of the IIMR versus sending them directly to Kagman.

Community Guidance Center – developing a crisis response plan to improve collaboration amongst the clinical staffs seeing a lot of suicide ideation from bullying.

Nursing – training started for procedural sedation competency skills lab with CRNAs. The Dental Clinic had its first surgery in its new operating room, which is usually done in the OR.

Staffing – has always been an issue; said to be from stress and a lot of it being about salary.

Nursing Activities: testing on arrival; operating on Saturdays is being considered – half day; considering hiring travel nurses to catch up with back log. The need to reassess the salary tiers have been a challenge from the PWD - the initial implementation of pay scale was based on degree and training.

Scheduling for Rota and Tinian Specialists visits – Oncology and Nephrology will be added on the schedule as well.

Medical Staffing – looking into opening clinics up to 7 pm. A lot of complaints from the community that they are having a hard time getting an appointment due to high patient census from the Presumptive Eligibility.

Equipment Committee – need to find funding to purchase approved equipment. In the process of obtaining retractors surgical set which is the cheapest, but is needed.
Rota staffing is going really well. Challenges for new hire is finding housing and cars. A lot of the places for rent are increasing their rental price.

Corporate Quality & Performance Management: TMF initiative that looks at reducing all cost and patient readmissions. They are a CMS contractor to evaluate, and make sure that we have a safe and reliable healthcare.
Report on Grievances – a lot of the Grievances has to do with communication.
RHC Improvement Projects: a lot going on; some are funded by COVID through DOI and through the Governor's Office; some of the projects are funded by FEMA.
Other Projects: on some of these projects we will get back 25% - some will be paid out.
Hospital Generator for Rota and Tinian – Rota will be replaced, pending award; Tinian will get one - pending award. After Typhoon Mangukhut the generators were replaced as well as the structure.

Approved equipment – hematology analyzers – will minimize referral to private companies. Radiology – Mammogram application was submitted, hope to hear back within 5 days of the approval for the Mammography machine so that techs could be certified. Respiratory – mechanical ventilators will be coming in. Physical Therapy – part time staff providing outreach visits to Tinian and Rota starting in May. Opening more outpatient clinics which is generating revenue.

OD2A – Prescription Drug Monitoring Program System (PDMP) is on line and in use. This is for monitoring how opiods are prescribed. Working with Nebraska and Guam on Interstate Data Sharing Agreement.

Dental – received $5,000 from the Rota Delegation for the dental upgrade. Applied for a DI TAP grant - $160,153 for the Dentrix software and equipment. Hopeful for an award.
Social Services – issues with trying to find families of patients being discharged, as well as trying to find someone to care for them. Working hard at assisting patients get their medical equipment and medications

EDHP – breakdown on investigation. Currently is not designed to just work with COVID, but with TB and food borne illness. Doing an excellent job. They also check on situations where they have antibiotics, Motrin or Tylenol that are not FDA approved.
N6 renovation in Navy – completed on March 25.

WIC Program – a lot of monies going out to the community. New income eligibility guidelines. It is currently awaiting approval from USDA FNS. Participation in Tinian and Rota has gone down a bit.

COVID-19 Update – reached 35,000 vaccines today. In contact with HHS and FEMA regarding new plan. Will provide quality staff from the Dmat. Looking at the Multi Purpose Center as a vaccination area. Fully vaccinated adult population 35% - 36%. J and J vaccine has been put on hold – making sure that its safe. With the current supply of vaccine, we can vaccinate as much of our population to the end of June. Will be vaccinating 16 and 17 year old in Tinian. There has been no adverse reaction from the vaccine. Not a lot of people are registering for CBT.

Medicaid Update – PE extended to December 2021.

Community Project Funding earmarked for: HIT – to improve patient care experience; Warehouse – safeguard medical assets for patients; Laboratory Renovation – to expand and modernize within the hospital; Intensive Care Unit expansion; architectural for expanding; EHR implementation.

Strategic Planning – will be held on Saturday, April 24. CAHPS survey will be utilized – those that went out for dialysis in patients will be used to see the patient's perspective.

ESRD – dialysis CHAPS survey is in a better state then the national average score – still having issues. Working on corrective actions. Dialysis expansion was included in the community project – home dialysis.

B. Financial Statement: Data ending March 31, 2021: Operations – Operations ending March 31, 2021: Budgeted at $96M – Actual for six months is $39M – Obligation $23-K; total Actual and Obligation is 39M. Revenue is $63M – Budget deficit of $33M.
Revenue YTD as of March 31, 2021: YTD is $34M – Annualized is $68M; Personnel Cost: YTD $24M – Annualized $48M; Operations Cost: YTD $14.5M –Annualized $$29M; Equipment/Improvements Cost: YTD $1M – purchased at the beginning of the Fiscal Year. Total Expenditure: YTD $$39.8M; YTD deficit $5.4M – Annualized projected deficit $9.6M.

Results of Operations per Island: Revenue – Saipan $33.8M; Rota $106K; Tinian $466K for a total of $34M. Tinian collected from funds from Medicare for prior year. Deficit – Saipan $4.1M; Rota $719K; Tinian $203K; IIMR $336K. Pharmaceutical Supplies $3.36M in 6 month incremental expenses due to the Oncology services; higher census – PE.

This Fiscal Year COVID Activities is $996.5K. Summary of COVID Expenditures - prior year $5.8M; FY21 $925K; total $6.8M – activities requiring local to upfront payment. Reimbursement status: 50% HRSA Grant to pay COVID payroll; first 75% from FEMA received. Pending request: approval for 100% funding - $1.9M for pending COVAC activities. Pending reimbursement to date is $1.02M. FEMA reimbursement process is slow.

Finance Activities: Revenue Director working with all the departments involved in the Carevue transition project. Roll out date – no later than August 1, 2021. Also responsible for registering uninsured vaccinated and COVID positive patients in the HRSA uninsured portal – hopeful of getting reimbursement.

Grants Management Office – plans to change to "Grants Management and Fiscal Integrity Division", which will cover federal funds, as well as local spending so that there is a uniform standard for how money is being spent.

Procurement and Supply – logistic arm for COVID activities. Supply issues – a new and better system integrated with the Carevue system is being developed to capture movements so that proper billing is made. Outdate Procurement Regulations will be reviewed and revised for those that are out dated.

Action Items – continue to address Excise Tax with the Division of Customs, as well as CUC issues.

Will continue to follow up on pending appropriations - $12M unremitted appropriations – for 2018 - 2020. Federal Funds $714K entered into the system - DOI funding from the CARES Act.

CUC Balance $36.6M - $12.3M penalty – our records show $19M after adjustments were deducted. Accruing $350K in penalty every month.

AG Opinion regarding the government classification rate – CHCC cannot be self-sufficient and subsidize CUC operations at the same time. The intention of this classification was to subsidize CUC operations, which was done prior to CHCC being incorporated. CHCC was incorporated to be self-sufficient but is still burdened with the government rate– to date the government rate still applies to CHCC. Should this be changed there will be a reduction of $14.3M on the outstanding balance.

C. COVID-19 Update: In addition to what was presented above – 161 cases; 1 more on today's arrival for a total of 162 cases.

D. Medicaid Issues: In addition to what was presented above – currently in discussion is the increase in cost for Oncology and the Presumptive Eligibility. Payment from Medicaid is based on the 2018 Cost Report. The 2020 Cost Report is due this month. Once submitted, a request will be made for adjustments to get the real value of the expenses versus what they pay out. The Bill with Congress Sablan has a lot of support – to our understanding they will take care of the CAHP and the FMAP so we could get 80% percent instead of 55% for all the territories.

E. CUC Update: 2 main issues - 1) arrears, and 2) future cost. 2 other issues – 1) Procedural – no publication on the government classification for water and wastewater; 2) Arbitrary and Capricious category classification – whether rate is fair and reasonable. AG's opinion said that a hearing in 2010 was conducted by CPUC – no one attended. At that time CHCC was not yet established. No one appeared from DPH, therefore it became final. There was no actual Notice from CUC. It was claimed that CUC had actual Notice – classification is fine. CHCC's goal to get the commercial rate.

A request to extend Settlement Agreement will be made. Currently the Administration pays $150K with an extra $19K, CHCC pays $50K for a total of $219 a month – according to the Administration this amount is based on the current usage which is close to $300K. Should the commercial rate be used arrears could be down to $5M. The goal is to get the commercial rate, then deal with the arrearages.

The $2M being paid to CUC by the Administration is coming from the $12M Appropriation that is owed to CHCC.

The Legislation should include a more accurate or in depth explanation on the background of what is needed – not just including Utilities at the end.

F. CMS & ECRI Dashboard Update: issue - preventive maintenance – was not been done due to PBSI being short staffed, preventative maintenance was not being scheduled each month (contracted service). Instruction was given to review the contract and send them a letter; Notice to be sent stating that the requirements are not being met and should shape up or ship out.

G. QAPI Report: First Quarter Status Update covering hospital, public health quality, utilization review, infection control, HIPAA and corporate compliance. Improvement Initiative with TMF and Mountain Pacific. Infection Control – planned in-service with Nursing Unit. Public Health Quality – awarded $50K to implement workplace wellness in CHCC, THC, and RHC. Grievance for March went down. Have a total of 3 for the first quarter. February saw a grievance from FCC about "waiting time". The other 2 are from the ER – one is regarding communication issues – felt PA was taking his concern seriously. The other – patient thought that other patient was being seen before – was there first. Process of entertaining a grievance – interview all personnel involved. Health Care Event Reporting: no report for January. February – 2 unsafe conditions – medication errors. March – 8 unsafe conditions – medication errors and needle stick pricks. Mortality and Morbidity: March: Mortality = 19; Morbidity = 1.

Hospital Acquired Infection (HAI) are reported to CMS. Readmission – cannot be billed/patient comes back within 30 days after discharge. National average is 20% for general readmission; no average for Medicare. One of the things CMS ask for is patient file who are on Medicare.

Challenges: Corporate Compliance and Hospital Quality – communication of corrective actions to all staff; time submission of reports. Infection control – continued updating of policies; a lot of the changes come from COVID. Utilization Review – social issues; timely discharge. Public Health Quality – workplace wellness program delayed due to lack of staffing. HIPAA training for the Trustees to be arranged. A link will be sent out so that they could do it on their own time.

H. ESRD Update – see CEO's Management and Operations presentation.

VII. New Business:

A. Growth in Oncology Services: The Oncology Unit is a lot busier today than it was a year ago. At this time there are enough resources and spaces for the near term plans, but limited. The current staffing is in good shape which consist of: one Doctor; one Nurse Practitioner; a part-time Physician Assistant; another Oncology Physician Assistant will arrive in June; two full-time Nurses; two CNAs/Navigators; a Financial Counselor; and a Clinic Manager/RN.

No accurate statistics are available before Dr. Brett's arrival - three patients were being treated per day on average. Since May 2019, a steady increase of patients was being seen. From August to December 2020, 25 new patients were seen every month; established patients were about 300 every month. For the first few months this year, 20 new patients were seen; established patients continue to rise. The volume of established patients will continue to grow at about 20% per year. Currently space is enough to accommodate the patients at the present time, but in 3 or 4 years it would be busier and would require more space.

Some upcoming plans: expand services to do comprehensive screening and cancer prevention programs. We are working with Public Health and the Hospital Administration to get these programs going. The following programs will be launched on July 1st. The new Physician Assistant will be a part of this program. Comprehensive education, screening, and prevention for cancer will be part of the clinic – hopeful that it will decrease the number of patients to see for treatment. Other Programs: Palliative Care – being done informally; Patient Navigation – being done informally as well -keeping track of all patients – could be done better; Survivorship Program – for people who have had cancer – have a lot of long term needs; clinical trials – oral cancer here in the CNMI is bettle nut induced – this is a unique cancer rarely seen in the US. Traditional treatment does not really work when presented in advance stages. Clinical trials to improve treatment for a better outcome – two trials are being planned: 1) Treatment Trial – using immunotherapy, as well as radiation and surgery; 2) Molecular analysis clinical trial – looking at DNA and other changes in the cancer tissue; looking for targets to use for treatment in the future. Have been speaking with some physicians from Stanford who are interested in working with us, and might be able to use some of their clinical trial support. There is a meeting scheduled with the head of Radiology to see what could be worked out with them.

Palliative Care Program – at this time it is provided informally with pain management and symptom management; often near the end of life, house calls are made regularly; home visitation mostly done by the Physician Assistant and Nurse Practitioners. At some point it would be great for the hospital to develop a hospice program.

Oncology services are provided on Tinian and Rota. Chemo is not being done, but outpatient consultation/visits for the exiting patients, as well as for new consultations is working great. Should there be funding available, a Dietician should be employed for cancer patients diet consultations. Should additional funding be made available, as well, an MRI machine will also be great especially for cancer patients.

It is in the plan to start looking for another Oncology doctor in the next six months. It would also be great should enough funding be available to operate a standalone cancer center in the next 4 to 5 years.

VIII. Old Business

A. Draft Legislation – Legal Counsel issue: redrafted section that the Chair had an issue with. Please see page 3, Part B of the draft Legislation. Also, Page 18 – AG and Legal Counsel: AG's Opinion – CHCC should be using the Attorney General. He should be signing off on all CHCC contracts. After discussion, Nancy is to send out other suggestions for this section.

IX. Executive Session: None

X. Announcement: No announcement.

XI. Adjournment: A motion to adjourn was made. Motion was seconded. Meeting adjourned at 8:30 pm.