

CHCC Board of Trustees

Minutes of October 17, 2023

Prepared by: Trinidad S. Diaz	Approved by: Board of Trustees
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Present:

Juan Babauta, Chair
 Phyllis Chong, Vice Chair
 Mariah Barcinas (via Zoom)
 Esther Muna, CEO
 Perlie Santos, CFO
 Stephen Anson, AAG
 Evita Kawai, CQPM
 Krisha Sebangiol
 Trinidad Diaz

Gallery:

Tiffany Crisostomo
 John Tagabuel
 Warren Villagomez
 Dr. Marty Rohringer
 Carmilynn Ogumoro
 Bel Busby

Absent:

Polly Masga, Trustee (excused)
 Corinne Santos, Trustee (excused)

Topic	Discussion	Resolution/Action
I. Meeting called to order	Meeting called to order at 8:05am	
II. Quorum	Three (3) Trustees present; Chairman Juan Babauta, Vice Chair Phyllis Chong, and Mariah Trustee Barcinas.	Quorum determined with three (3) Trustees present.
III. Agenda	Without objection from the Trustees present, the agenda is approved with not amendment.	Agenda approved with no amendment.
IV. Adoption of Minutes	Without objections from the Trustees present, the Meeting Minutes of September 29, 2023 is approved.	Meeting Minutes of September 29, 2023 approved.
V. Public Comments	No member of the public present and no written comments received.	
VI. Credentials	<p>Credentials documents for each applicant were sent to all the Trustees for review.</p> <p>New Applicants</p> <ol style="list-style-type: none"> 1. Dr. Trevor Fisher, Emergency Medicine (Locum) -without objection from the Trustees present, applicant is approved. 2. Dr. Kelly Wren, Emergency Medicine (Locum) – without objection from the Trustees present, applicant is approved. 3. Dr. Maged Hussein, Nephrology (Locum) – without objection from the Trustees present, applicant is approved with condition. 4. Dr. Shaan Akhtar, General Surgery (Locum) – without objection from the Trustees, applicant is approved. 	<ol style="list-style-type: none"> 1.Privileges approved for the duration of locum term – expires 12/4/2023 2.Privileges approved for the duration of locum term – expires 1/20/2024 3.Privileges approved with condition that a weekly report of performance is submitted to the MEC for duration of locum term – expires 12/31/2023. 4.Privileges approved for the duration of locum term – expires 4/19/2024

	<p>5. Dr. Mohamed Salhi, General Practice/KCHC – without objection from the Trustees present, applicant is approved for EHR access.</p> <p>Renewal Applicants</p> <p>6. Dr. Benjamin Goldman, Internal Medicine – without objection from the Trustees present, applicant is approved.</p> <p>7. Dr. Amanda Holloway, Pediatrics – without objection from the Trustees present, applicant is approved.</p>	<p>5. Privileges to access CHCC EHR for KCHC patients who were seen or admitted to CHCC for follow up care is approved or the duration of locum term – expires 1/31/2024</p> <p>6. Privileges approved for the duration of license – expires 1/31/2024</p> <p>7. Privileges approved for the duration of employment contract – expires 4/30/2024</p>
<p>VII. Reports</p> <p>A. CFO Report – Perlie Santos</p>	<p>- Currently in the process of closing out fiscal year – some information may be incomplete. As of September 30, 2023: Accrual – receivable, \$9M from the central government unpaid Medicaid FMAP. Modified Accrual – cash basis, what was collected versus what was spent. With the potential of collecting the \$9M, fiscal year would have closed with a net income of \$1.3M. Modified accrual net deficit of \$7.6M – this is the approximate amounts of accounts payable. Vendors have agreed to defer payments to November – no penalties are being assessed by the vendors. Total amounts owed vendors, excluding CUC is \$8M. Medicaid should be current with fiscal year 2024 FMAP.</p> <p>- Comparative Revenue for all funds including federal funds – chart shows how revenue have grown from 2018 to 2023. Significant increase in 2019 – 100%FMAP due to typhoon. 2020 to 2022 Pandemic (PE). Increase in grants from \$14M to \$34M. Biggest grant is Enhancing Laboratory Capacity (ELC) – the grant helped in the lab expansion and lab certification, including Rota and Tinian. In 2023 a decrease in upfront payments due to majority of the public were covered by the Presumptive Eligibility (PE). In 2022 some decrease in insurance payment because of PE as well.</p> <p>- Expenditures – salaries have the highest amount, followed by supplies, employee benefits (mandatory benefits), utilities, professional services (increased in 2022 for traveling nurses, RT and other contracts to address COVID).</p> <p>- Operational results per island: In 2020 and 2022 Saipan is negative. Majority of the years Saipan will cover the deficit for Rota and Tinian. Chairman Babauta asked for a reconciliation to see the actual cost incurred by Rota and Tinian. The only expense recorded here in Saipan is the expense for the Providers. Will provide a report for Tinian and Rota to include Provider expenditure.</p> <p>- Collections & Receivable – Report is for FY22, still closing FY23 report. For those insured 79% was collected – balance 29% to be collected. Collected more than the balance of Receivable. Biggest portion on uncollected is for non-beneficiary patients – only 36% of what is billed is collected 64% remains outstanding.</p> <p>- Payor Mix – Medicaid is the biggest payor and in collections. Next is Medicare; 3rd party payors. Working with Medicare on bad debt recovery – have to show proof of efforts in collecting before it can be included in the cost report.</p> <p>- CUC Billing – the balance before the settlement of amount owed \$53.6M; according to CUC records \$32M in principle and \$21M in penalties. CHCC requesting for a write-off on the penalty. CHCC records reflect \$48M based</p>	

	<p>on adjustments of public laws that were appropriated for CHCC - \$22M in penalty. Currently paying on the Payment Agreement with CUC - \$525K a month.</p> <ul style="list-style-type: none"> - Local Taxes issues – Chapter 2 and Chapter 7: Currently in negotiation with Secretary of Finance to off-set owed amounts. Public Laws appropriations - cumulative unremitted amount on taxes is \$25M to CNMI, and cumulative unremitted local share of Medicaid is \$91M to CHCC. - The only long-term debt was with MPLT – fully paid on October 1, 2023. Currently owing are accounts payables and related parties payables. Trustee Barcinas requesting for a plan on how the debt fits into the overall financial strategy, knowing that CHCC has no long-term debt. - Revenue Cycle Management: Up front collection for the month of August by the cashiers - \$560K; number of processed sliding fee applications – 130; number of visits to the clinics – 12,787; and number of discharges - 348. - Discussion: discussion of how payments up front are collected and refunded. Patient portals are available for viewing. A thorough assessment of all outstanding claims reviewed before an overpayment is refunded – refunds are processed in a timely manner. - Current practice is upon discharge, you are referred to see a financial counselor. Cashiers are strategically placed near the exit to make it easy for patients to talk to a financial counselor and to collect payments. Billing – priority in collecting from Aetna and Medicare which generates a million dollars of claims, versus self-pay which does not collect much especially when Medicaid is not paying – so billings for self-pay does take long (2 to 3 years) especially with the cash flow issue. - Billing dashboard for August – total billing for the month of August is \$3.7M – about half of this amount is cash collected, including Medicaid. Uncompensated care consists of uninsured, under insured, and sliding fees. Trustees requesting for the number of people reporting no insurance; number of people eligible for Medicaid that don't apply. 	
<p>B. CEO Report – Esther Muna</p>	<ul style="list-style-type: none"> - Financial Activities: received grant funding for Lab and parking lot. Also looking at peritoneal dialysis and capability expansion for Rota and Tinian still ongoing. Working with Direct Relief to access medications for the uninsured – includes insulin and many others. Signed on with Signify Health ACO for better care coordination with no cost to CHCC. Still working on SOPs. CMS survey completed with no new findings. Public Health Service working on PHAB accreditation. Data – DDM training for staff ongoing; working on EHR and HCAP data for hospital. Small number completing the survey for post discharged patients. Dialysis surveys are being completed. Looking to reevaluate physician salaries; RT staffing increased with new recruitment model; NMC cohort and partnership is ongoing; surgical tech training will start. - Financial Health: CNMI Medicaid will not pay for four months in FY2023. Issue was brought up to Region 9 – why no payment to CHCC; claims get paid but not for the CPE. FFS claims were prioritized over CPE knowing there would be a shortfall – previous years were rolled over. 1902 J waiver allows for payment for practically anything. Requested for review of regulations saying that it is not applicable to CPE. FY23 exceeded the cap, but can roll over. FY2024 funding can only be used for physician fees, private clinics, private dialysis but not for CPE. A letter from the Governor to address this issue should be sent to the Secretary of Health. -Other Financial Activities: Working on Patient assistance; MOU with Department of Finance; Donor Assistance – foundation bill currently in the 	

Legislature; HNP – Hope Lodge in Hawaii available for cancer patients in treatment free of service.

Financial Opportunities: MPLT Loan – MPLT will review their assets in November. A request needs to be made should a request for a loan be pursued – need to follow up with MPLT; asking for a \$5M line of credit. The previous loan was for \$3M with an interest rate of 5%.

- Discussion: Community facilities - loan from Bank of Guam and USDA is available – recommendation was to apply for a loan with Bank of Guam, get a denial letter, then apply through USDA at an interest rate of probably 2%, with a longer repayment term. Opportunity to apply for Centers of Medicare and Medicaid Innovation (CMMI). Need to discuss with Medicaid to make payments for housing and ground transportation for referrals to be covered. Still exploring options – will provide more details along the way.
- Support needed for policy changes – to amend water and sewer rates; bill is currently with the committee (Senate). Senate Bill is to change from government to commercial rate dating back to 2011, as well as requesting for the penalties to be waived.
- Expanding the Hospital: With the land across the street, discussed more spaces for clinics; separate inpatient and outpatient. Plan is to move the ER to where the current clinic is located.
- Onboarding ACO: consist of Quality, IT, Coders and Billers, and the Clinics. Go live date is January 1 with the assistance of Signify Health. Available to Medicare patients for now; will notify Medicare patients to get their preventative health screening and other services. This will greatly assist with the patient outcomes.
- Compliance update; CMS survey completed. Public Health Accreditation Board – discussion ongoing to use the infrastructure grant.
- Provider Manpower: In 2021 there were 52 APC; 2022 less 3 – the trend is they want the salary versus the lifestyle in the CNMI. Added FTEs since 2017: Orthopedic Surgeon, ENT, vacant position for a Nephrologist. Recruit more doctors as allowed by CNMI law – foreign doctors -i.e. having a specialty provider (Cardiology), he can supervise licensed foreign doctors while here. Physician recruitment is getting harder.
- HCAPs in spring of 2023 decreased in the rating for kidney doctors. Majority of dialysis patients complete HCAPs survey. Overall satisfaction with staff and doctors – at least 50%.
- Vital Statistics: main cause of death is circulatory system; cancer – using this information for outreach. The cancer screening assessment has identified patients with early-stage cancer, which has saved a lot of lives.
- Tinian and Rota Health Centers: Patient census- a lot of appointments for Providers and Nurse visits. RHC provides a lot of preventative care and maintenance. Routine visits by the Orthopedic Surgeon, Oncology, Pediatrics, and PT. Dental service travel there every month (pre scheduled visits) Scheduling is done throughout the year.
- Infrastructure Projects: Solar: Phase II and Phase III, this project has been award, project ongoing; Hazard Mitigation: Phase I awarded -project ongoing – 1.2 megawatt to be installed in the south side hill, will be able to power the facility – MRI and other medical equipment. Patient Room Upgrade: project awarded – waiting for the check from grantor. Emergency Room Renovation: ongoing, should be completed soon. Hemo Parking: on going; PA System Upgrade: ongoing. MRI Project: RFP sent out; Multi Level Parking: funded, currently waiting for the prequalification of contractor and A and E. Operating Room: plans to expand but have not yet identified funding source. Working on identifying funding for the MSO relocation and expansion, and Cardiology expansion.

	<p>- Discussion: The threat of losing Aetna is a major concern. Central government currently owes \$40M. Aetna is a big funding source for CHCC. Will prepare a letter to the Governor from the Board emphasizing how important it is to keep Aetna, and to give input on when decisions are being made regarding Aetna. A discussion with CMA should take place about the cap on their ability to pay and to cover things that the government cannot pay.</p>	
<p>C. Quality Council Report – Evita Kawai</p>	<p>Corporate Quality & Performance Management (CQPM): Programs under -</p> <ul style="list-style-type: none"> - CQPM – Quality Assessment & Performance Improvements; Patient Safety; Risk Management Regulatory Compliance; Hospital Infection & Control Prevention; and Employee Health Services. Quality Assessment & Performance Improvements – develop, implement and maintain data-driven improvements on activities that are high risk, high volume and problem prone. Have oversight of standard of care, implementation of evidence base practices, health event reporting and prevention of adverse outcomes; CMS reporting and CLIA compliance; environment of care and safety – infection control, hand hygiene, health care associated infection, surveillance and risk assessment. - Quality Patient Safety & Risk Management Program: This program is responsible for implementing quality and risk management. Since 2011 there has been significant improvements in the overall quality of services provided; no new findings or citation. All plans of corrections were accepted and validated by CMS. Monitoring continues for compliance. - Healthcare Events Report: This quarter there was a total of 22 reports received, a decrease from the second quarter of 27. The events listed on the slide covers system wide. Meeting with department leaders is held to determine how improvements could be made. Event types: Grievance – 4%; near miss – 5%; mild harm – 23%; severe harm – none. Emergency Codes: Code Blue reported 20- success 12: places occurred Intensive Care, Surgical Ward and Medical Ward. - Mortality Review: 49 events were reviewed which consisted of length of stay; further harm could have been prevented. Level 5 occurrence – one incident- care was reviewed from start to finish. Process gaps were identified – memorandum regarding immediate intervention to prevent the same occurrence from happening is being worked on. - QAPI 2.0: develop, implement, and maintain an effective hospital wide data driven quality assessment and performance improvement. Focused on indicators to improve health outcomes, prevention and reduction of medical errors. CMS requires training – need certification for BLS, CLS, or Advance Life Support for Nurses. There is plan to reach out AHEC to sponsor instructors for training – in compliance with CMS with this requirement; CHCC has one instructor. Moving towards improving care and getting information out to the public in areas such are cleanliness, environment, medication and communication. - CMS Plans of Corrections: 2022 hospital survey – Lab and RT department got their certificate of compliance. - Conditional Level of Deficiencies – goals met. - Employee Health: provides preventative measures to ensure the health and safety of all employees, including onsite contractors with the goal of maximizing employee productivity. CMS requires that employees comply with vaccination. - Environment of Care & Safety Committee: support and maintain a functional and effective environment for patients, visitors, and staff – CMS compliance met. 	

VIII. Chargemaster Fee Edits	Fees are determined based on Medicare fee schedule. Submitted fees are for new services. Fees are comparable to other hospitals in the region. With no objections from the Trustees present, the Chargemaster Fee Edits for September 2023, were approved as presented.	Chargemaster Fee Edits for September 2023, approved.
IX. Board Committee Assignments	With no objections from the Trustees present, Trustee Phyllis Chong requested to Chair the Finance & Audit Committee; Trustee Mariah Barcinas requested to Chair the Healthcare Advisory Committee; Trustee Polly Masga requested the committee concerning Human Resource and Personnel, is assigned to the Quality & Patient Safety Committee; and Corinne Santos is assigned the Governance Committee.	The Trustees accepted all their assigned Committee.
IX. Executive Session	With no objections from the Trustees present, the meeting moved into Executive Session to discuss personnel and finance with the Legal Counsel.	Meeting moved into executive session at 12:05pm to 12:40pm.
XI. Motion for adjournment	12:48pm	Meeting declared adjourned