

# CHCC Board of Trustees

Minutes of November 30, 2023

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

Juan Babauta, Chairman  
 Phyllis Chong, Vice Chair  
 Polly Masga, Trustee  
 Mariah Barcinas, Trustee  
 Esther Muna, CEO  
 Perlie Santos, CFO  
 Stephen Anson, AAG  
 Trinidad Diaz

**Gallery:**

Tiffany Crisostomo  
 Carmilynn Ogumoro  
 Emmauel Erediano  
 Kim Esmoves  
 Rep. Marissa Flores

**Absent:**

Corinne Santos, Trustee (excused)

Topic	Discussion	Resolution/Action
I. Meeting called to order	Meeting called to order.	Start time is 5pm.
II. Determination of Quorum	Four (4) Trustees present: Juan Babauta, Chairman; Phyllis Chong, Vice-Chair; Polly Masga, Trustee; Mariah Barcinas, Trustee.	Quorum determined with four Trustees present.
III. Approval of Agenda	Motion was made to Approve Agenda. With no objections from the Trustees present, Agenda was approved.	Agenda approved.
IV. Public Comments	Representative Marissa Flores, 23 <sup>rd</sup> House of Representative: Speaking for those who are concerned with the leadership – concerns and issues regarding a list of negative comments from herself and people in the community she represents. She is asking that the Trustees look into the SOPs, and the inventory of equipment and supplies. Complaints of staff travel policies and policies to all grants and local laws. Asking the Trustees as well to ensure a fair process in the renewal of the CEO's contract, to include staff participation in the evaluation process.	
V. FY23 Budget & Financial Status	-Uncompensated Care defined – bills that cannot be converted to cash; includes self-pay, deductibles and actual uninsured care, sliding fee cost (discount), and unpaid Medicaid. Simple definition – patients receive care, leaves and is unable to pay. Bills and statements are sent out – third party payors are prioritized versus the indigent in being billed. Significant portion – 43% of uncompensated care throughout the years is from inpatient care. Discharged patients with nowhere to go are included. Prior to PE uncompensated care was over \$15M. -*Vice Chair Phyllis Chong joins the meeting at 5:13pm. -Despite having PE, \$9M uncompensated care was incurred when Medicaid did not remit payment from June to September 2023. For FY24 requested a \$1.5M appropriation – was appropriated \$1. With the Presumptive Eligibility (PE), uncompensated care cost declined beginning 2020 through 2022, then reached pre pandemic level again in 2023. FY 22 and FY23 \$11.7M in uncompensated care which is observed by CHCC; decreased during PE coverage. Medicaid match is not getting paid by the government. -Medicaid and Medicare cost is about 50%; 30% for third party payors; and 20% for uninsured. Medicaid and Medicare are reimbursed at	

	<p>cost; on the 30% there is a profit but not enough to cover; 2% from upfront payments.</p> <p>-EMTALA: federal law that prohibits a facility that operates an emergency room that participates in Medicaid or Medicare from refusing service to patients based on their ability to pay.</p>	
VI. Board Matters	<p>-Governance Committee will be handled by Trustee Mariah Barcinas with assistance from the CEO, who will recommend appropriate staff to be in this committee. Priority is to follow-up on pending legislations as follows: HB 23-30, 23-23, 23-25, 23-34, and 23-87.</p> <p>-Trustees will plan to revisit the Board Bylaws.</p>	
VII. HNP Policy	<p>Implemented a total of six policies – two still under review. Policy Code 3275 – shows the flow of how referral is processed which the Provider initiates.</p> <p>-A total of six policies-two still under review. Policy Code 3275 shows the flow of how referral is processed which the Provider initiates. There are two process – outpatient, the other is inpatient and ED. The only difference is outpatient process goes to the committee after Provider initiates, and inpatient or ED referrals do not; need to meet eligibility criteria. Services are provided to the uninsured with income will likely not get assistance, but will be assisted with care coordination. Escort policy guideline established – cannot be ill at the time of referral if patient being referred is qualified.</p> <p>-Policies under review and in progress: critical care – inpatient transfers.</p> <p>-Current Regulations under the Medical Referral Regulations continue to apply until it is amended by CHCC (75-50). Policies are for internal use that does not need the approval of the Board; hospital policies are reviewed by the Chairman of the Board.</p> <p>-Air Ambulance Policy – working on finalizing this policy – putting together what criteria that needs to be met.</p>	
VIII. Project Updates	<p>-Ongoing Projects: Patient room upgrade – reviewing submissions and selection; bidding process completed. Renovation start date targeted for January. ER renovation: Phase I, II, and III is ongoing. Solar canopy: Phase II is done; Phase 3 is awaiting award at any time now. Hemodialysis, Oncology parking completed. Ribbon cutting for the Pharmacy is in a few days. Tents at MCATS were disassembled. Acquired needed dishwasher for Dietary that is mandated by CMS. PA system in facility is operable. Water catchment system – done.</p> <p>-Remaining for Rota Health Center: air conditioning for admin side. Backup generator – details on the housing being finalized; funding available through the Governor’s Office.</p> <p>-CHCC Standby Generators: will not be able to generate power to the hospital at full capacity. 1.2 megawatts generator is going through hazard mitigation for evaluation. The Central Government will procure the right load size through FEMA.</p>	
IX. Pending CHCC Legislation Status	Discussed in Board Matters.	
X. CHCC Activity Updates	Christmas Party: Part of the CHCC retention program. Budgeted as part of the expenditures. Employees pay for a portion on top of donations. Donations come from doctors and management staff.	

XI. Executive Session	There was no request for Executive Session.	
XI. Adjournment	Motion to adjourn meeting was made. Was seconded.	Meeting adjourned at 6:58pm.