

CHCC Board of Trustees

Minutes of November 14, 2024

Prepared by: Trinidad S. Diaz	Approved by: Board of Trustees
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Present:
 Juan Babauta, Chair
 Mariah Barcinas, Trustee
 Corinne Santos, Trustee
 Phyllis Chong, Trustee
 Esther Muna, CEO
 Perlie Santos, CFO
 Stephen Anson, AAG

Gallery:
 Tiffany Crisostomo
 Dr. Rohringer
 Clare Ngirausui
 Eleanor Cabrera
 Trinidad Diaz

Absent:
 Polly Masga, Trustee (excused)

Topic	Discussion	Resolution/Action
I. Meeting called to order	Meeting called to order.	Start time is 507pm
II. Determination of Quorum	Four (4) Trustees present: Juan Babauta, Chairman; Trustee; Mariah Barcinas, Trustee; and Corinne Santos, Trustee; Phyllis Chong, Trustee	Quorum determined with four (4) Trustees present.
III. Approval of Agenda	A motion to approve the agenda was made. Was seconded. Without objection from the Trustees, the motion was approved.	Agenda approved.
IV. Approval of Minutes: August 8, 2024	A Motion to approve Minutes for October 10, 2024 was made. Was seconded. Without objection from the Trustees, the motion was approved.	Minutes for October 14, 2024 is approved.
V. Public Comments	No public comments received; No public present.	
VI. Credential and Privileges	<p>Credentials documents for each applicant were sent to all the Trustees for review.</p> <p><u>New Applicants</u></p> <p>1. Dr. Kaira Kaplinsky, Family Medicine/Locum (RHC) – recommend monthly check on patient charts by the Department Chair; without objections from the Trustees, Applicant is approved.</p> <p>2. Nick Jensen, Physician Assistant (RHC) - without objections from the Trustees, Applicant is approved.</p> <p><u>Renewal Applicants</u></p> <p>3. Dr. Tuan Nguyen, Radiology- approved for one year with an annual review by Dr. Rohringer; without objections from the Trustees, Applicant is approved.</p> <p>4. Dr. Brian Citro, Surgery – without objections from the Trustees, Applicant is approved.</p>	<p>1.Privileges approved up to the expiration of Contract; expires 2/14/25.</p> <p>2. Privileges approved up to the expiration of Contract; expires 7/31/26.</p> <p>3. Privileges approved for one year – up to 11/14/25.</p> <p>4. Privileges approved up to the expiration of License; expires 3/31/26.</p>

	<p>5. Dr. Stephen Vargo, Surgery - without objections from the Trustees, Applicant is approved.</p> <p>6. Renea Raho, Nurse Practitioner - without objections from the Trustees, Applicant is approved.</p> <p>7. Ry Hayler, Physician Assistant - without objections from the Trustees, Applicant is approved.</p>	<p>5. Privileges approved up to expiration of License; expires 5/31/26.</p> <p>6. Privileges approved up to expiration of License; expires 5/31/25.</p> <p>7. Privileges approved up to expiration of License; expires 11/30/25.</p>
<p>VII. CFO Report</p>	<p>-CUC Update – the Bill was passed in the senate and is now awaiting the Governor’s signature. Record reconciliation between CHCC and CUC records: CHCC records show \$27M – CUC shows \$37M. Discrepancies pertain to certain public laws that have not been applied to the balance.</p> <p>-HNP – will send request for additional funding. Since FY22 have advanced \$3.9M to the program using CHCC general fund. \$800K was appropriated with supplemental from Saipan local law totaling \$2.2M – despite the supplemental appropriations, still not enough for the operations. Amounts being used from the general fund for HNP are being tracked. The three top expense categories are: Professional fees \$7M; airfare \$4.9M; accommodations \$3.3M. Brought down Professional fees to \$10K – insurance pays for this category; airfare \$2.1M – booking flights directly from the United business account; accommodations \$1.9M – cancelled all blocked rooms.</p> <p>-Provided an update financial statement on the October 10 meeting. Revenue as presented in the Citizen Centric Report: Patient revenue accounts for 75% of funds; 27% appropriation goes to HNP; Hospital grants 25%; 2% from other services. Revenue funding CHCC – 38% Medicaid; 21% Medicare; private payors and self-pay. Revenue – Business Service types: biggest contributor – inpatient; hemodialysis; and outpatient services – 16%; ambulatory surgery – 13%.</p> <p>-Accounts Receivable is about 14% to 16% of net bills; collection is about 85%; only a fraction of bills become receivable – every effort is made to collect.</p> <p>-Within Grade Increase for the administrative support staff and for those who does not have retention increase (non-contract) – last increase was on October 1, 2022. The backlog on FY23 from Medicaid has already been entered. Currently doing analysis of the financial impact of the within grade increase for individuals who has not had a pay raise since 2022. Financial impact in 2022 was \$1.03M -\$86K additional cost each month – projecting this increase will be 5% more - \$1M to \$2M - \$90K to \$100K a month. These are administrative costs that could be included in the cost report.</p> <p>-Question: did the previous Board approve salary adjustment for some key staff? Was adjustment approved and was it implemented? Should there be a stop on salary increases that is when the Board comes in. There is a policy on within grade increase that is followed. The only reason why the increases was not acted on was because there was no money – no order or instruction from the Board was received. Individuals who have not received an increase in the last two years, and based on satisfactory performance, with no adverse action – is the criteria to meet for the 5% increase. Merit base increased is not being used – within grade increase is.</p> <p>-Trustee Santos requested to include costs by service next time.</p> <p>-Question: Revenue – is it still behind in collection payment, billing and insurance? Behind about eight months in billing - \$1.09M</p>	

	<p>collected last year is actual cash collected. Medicare and Aetna – almost current. The current EHR system was not built to generate billing, so it requires manual interventions causing delayed billings. Contract for new EHR with Meditech was approved; the public health infrastructure grant, federal funding was found for an EHR that is intended to bill.</p> <p>-Audit Report – CFO to do a narrative memo to the Board on the Audit Report.</p>	
VIII. CEO Report	<p>-Medicaid: worried about what is going to happen with the new Congress and President; looking into possible cuts and reforms for Medicaid. Reaching out to Kim Hinds -make sure that Medicaid parity for the territories is there. Concerned about the public health policies– funding for vaccination and family planning.</p> <p>-Employee satisfaction survey held July 1 to August 3 – will share the results of the survey; 473 responses – less than half of the employees.</p> <p>-HNP – will send letter to governor requesting for funding for the \$3.9M that was advances.</p> <p>-EHR – patient satisfaction – patients can access their records, make an appointment without having to call; working on brining more staff to address complaints of phones not being answered, and other issues. The new EHR will solve a lot of the problems including: revenue, revenue improvement, integrated billing, compliance with Medicare. Patient experience: schedule own appointments and request prescription refills; good security.</p> <p>-Tyler Munis: project has been implemented; go live is in December; \$92K was funded with federal funds – CHCC will be responsible for \$88K annual fee.</p> <p>-Nurses/Staffing: still hiring from the college; from 12 to 6 – difficult to get into nursing program. Touch Back – actively processing as fast as possible; HB1 petition – physicians: emergency medicine and orthopedic surgeon being processed. Just approved credentialing for two individuals for Rota; FCC will lose two doctors in January, Dr. Grauman and Dr. Kohnen (both Internal Medicine) – need to continue to recruit for FCC.</p> <p>-CUC – no further progress.</p> <p>-Budget call for FY26 – have advised the corporate officers to be ready – want to be able to make sure the Board approves the budget before being submitted to the Governor. Chair requested on behalf of the Trustees that the budget be prepared in advance giving them the opportunity to review and approved before being submitted.</p> <p>-Trustee Chong: how do we prepare in advance regarding the uncertainty of Medicare? Planning needs to start now.</p>	
IX. Strategic Plan Update	-No new update at this time.	
X. Personnel Rules Amendment on Sick Leave Use	<p>-Sick Leave Bank – a lot of the staff are experiencing cancer or cardiac problems; would like for the Board to consider mirroring the regulation for the CNMI government who recently made changes to the Sick Leave Bank regulation – increased allowed hours from the sick leave bank. CHCC allows 320 hours – CNMI government now allows 1040 hours. CHCC regulation would require annual leave hours to be donated to the sick leave bank; annual leave hours will remain as is; calculation is to be of the same value – example: if a</p>	By majority vote of the Trustees present, the Personnel Rules Amendment on Sick Leave Use is approved.

	<p>doctor wants to donate one hour, it could be equivalent to eight hours for an employee depending on how much that individual earns.</p> <p>Requesting to be adopted before the end of the year when the roll over to sick leave on annual leave in excess of 360 takes place; keep the bank as dollar value – accrued annual leave is considered a liability component in the financial statement since it has dollar value.</p> <p>Eligibility for sick leave bank: you have to be the person sick to avail to the bank; current policy states it could be used to care for immediate family who is sick; want to align the two – use sick leave bank up to 1040 hours when sick, or to care for immediate family member; sick leave hours are accumulated at four hours per pay period – no cash value. Annual leave accumulates: first three years – 4 hours; after three years – 6 hours; after six years – 8 hours; contract employees – 8 hours. The current sick leave is mirrored after a public law for the use of sick leave. Concern: how will this impact services – managers have to approve – it could be denied.</p> <p>-Requesting approval of sick leave bank; will not touch the definition of sick leave use; propose to add domestic partner rather than common law as defined in the sick leave as spouse. When CMC is amended it should include the sick leave bank, and would also amend the provisions for the definition of use of sick leave.</p> <p>-Motion was made to approve the Sick Leave Use Regulations; was seconded; was approved.</p>	
<p>XI. Ethics Committee Presentation</p>	<p>-Presented by Jennifer Retsinas</p> <p>-Presentation is to give some information about what the healthcare ethics committee is. The Joint Commission for the Accreditation of Healthcare Organization requires a mechanism to discuss ethical issues in patient care. There are three functions of this committee: case consultation; policy development; education. Case consultation: help to ensure communication amongst diverse group; make providers feel less alone; supporting the patients well-being. Three models consultation: full committee – depending on size of committee; individual consultation; subcommittee consultation. Policy Development: the ethical climate of an institution is determined by the policy it adopts. Education: continuous education; education of the hospital and the broader community. Want different people on the committee. Current members are: an oncologist, palliative nurse, Evita, Jennifer, Deoro (sic), Father James, Tina Snodgrass and Stephen Anson. Requesting for a Trustee involvement in this committee.</p> <p>-Trustee Chong was nominated, and she accepted.</p>	
<p>XII. Procurement Presentation on Project Awards</p>	<p>-Opened the Indefinite Delivery Indefinite Quantity – have contractor that wants to participate. IDIQ is a federal procurement mechanism where a contractor will commit to the scope of work, but it is not yet known if there is a project; will commit to the rate and scope of work; pre-qualified and they commit to provide indefinite quantity deliverables; it is a zero-amount contract.</p>	
<p>XIII. Board Committee Report</p>	<ol style="list-style-type: none"> 1. Quality & Patient Safety Committee: motion to move to next meeting; was seconded; without objection motion approved. 2. Governance Committee: motion to move to next meeting; was seconded; without objection motion approved. 3. Finance & Audit Committee; motion to move to next meeting; was seconded; without objection motion approved. 	<ol style="list-style-type: none"> 1. without objection, this item is moved to the next meeting. 2. without objection, this item is moved to the next meeting. 3. without objection, this item is moved to the next meeting.

XIII. Executive Session	With no objections from the Trustees present, the meeting moved into Executive Session to discuss employee matters with the Legal Counsel.	Meeting moved into executive session at 6:40pm to 730pm.
XVI. Adjournment	Motion to adjourn. Seconded. Without objections, meeting adjourned.	Meeting adjourned at 732pm.