

CHCC Board of Trustees

Minutes of February 20, 2025

Prepared by: Trinidad S. Diaz

Approved by: Board of Trustees

Present:

Juan Babauta, Chair
 Polly Masga, Trustee
 Mariah Barcinas, Trustee (zoom)
 Corinne Santos, Trustee
 Phyllis Chong, Trustee
 Esther Muna, CEO
 Perlie Santos, CFO
 Robert Glass, AAG

Gallery:

Dr. Rohringer
 Eleanor Cabrera
 Trinidad Diaz

Topic	Discussion	Resolution/Action
I. Call to Order	Meeting called to order at 10am.	
II. Determination of Quorum	Members present: Juan Babauta, Chairman; Polly Masga, Trustee; Corinne Santos, Trustee; Phyllis Chong, Vice Chair; Mariah Barcinas, Trustee (Zoom).	Quorum determined with five (5) Trustees present.
III. Approval of Agenda	Trustee Chong recommended that Item VIII – Budget Submission not be discussed to give time to review documents provided. Motion to Approve Agenda with amendment approved without objections.	Agenda with amendment is approved without objection.
IV. Approval of Minutes	Trustee Chong requested that Medicare be changed to Medicaid – last sentence in the CEO’s report; and to include speakers asking the question. Motion was made to approved Minutes of November 14, 2024; was seconded; Motion approved.	Minutes of November 14, 2024 meeting was approved with amendment.
V. Public Comment	Meeting open to the public for comments.	No comments; no public present.
VI. Credentials & Privileges	Credentials documents were sent to all Trustees for review. <u>New Applicants:</u> 1. Dr. Thomas Lamson, Ophthalmology (MEI) Surgeon – without objections from the Trustees, Applicant is approved to use OR for cataract procedures. 2. Dr. Ashiyani Nariani, Ophthalmology (MEI) – for in patient consultation; her services are not being compensated by CHCC. without objections from the Trustees, Applicant is approved for consultation for inpatient. <u>Renewal Applicants:</u> 3. Dr. Michael Chen, Psychiatry – without objections from the Trustees, Applicant is approved.	1. Privileges approved for one month – mid-March to mid-April, 2025. 2. Privileges approved for one month – February to March, 2025. 3. Privileges approved up to the expiration of License; expires 12/31/25.

	4. Matthew Fehrenbacher, Physician Assistant (FCC) – without objections from the Trustees, Applicant is approved.	4. Privileges approved up to expiration of License; expires 1/31/27.
VII. Chargemaster Fee Edits	Updating some of the current charges that are below Medicare reimbursable rate; these rates are in relation to the specialty clinic; costs are compared to areas like Guam and other facilities; Medicaid rate is matching Medicare rate. -Motion was made to approve Chargemaster. Was seconded. Approved.	Without objections, the Chargemaster Fee Edits is approved.
VIII. Budget Submission	Budget Submission is rescheduled to be discussed on March 7, 2025 at 5pm.	
IX. Health Network Program	Status of referrals received – each case worker handles close to a hundred cases; takes time to process; based on documentation and the Medical Committee’s decision on which is priority or emergency that needs to be sent right away; work with the inpatient clinics as well – make sure which is a priority as well; some were disapproved – based on their financial – which must follow the income criteria; -Chairman requested a breakdown of how many referral patients there are in San Diego, Hawaii – in terms of number and what the challenges are; how many are funded through HNP, how many on Medicaid; will work with Tiffany to get the information; 15 to 20 patients in Guam. Most common complaints from patients are the follow up appointments are denied: follow up is not covered by the program; it is for acute care that is needed now; upon return CHCC will provide the continuity of care. -Discussed the residency requirement – how an infant qualified as a Medicaid patient born to tourist parents; that should be brought up to the AG; if no documentation provided it wouldn’t be know if individuals are committing fraud. Seeing better outcomes when sending individual off island; CARES project is revived – making risk assessment on individuals that could have cancer. -Chair requested for the number of medical referral patients in San Diego, and Hawaii and what the challenges are, how it is funded. Most common complaints received is for the follow up appointment which is most often denied: follow up is not covered by the program; continuity of care continues here; off island referral is for acute cases; there are 24 patients in Guam; 40 in Los Angeles and San Diego; four in Hawaii; trying to revive sending patients to Hawaii for the convenience. -Trustee Santos asked why patient are spread out – Hawaii/KECK/LA? Oral cancer patients are sent to KECK – where they do some kind of clinical trial – seeing better outcomes. -Trustee Chong wants to put in front of the Board actionable steps to start process improvements within HNP – suggestion made; cost; take data to Medicaid; Medicaid state plan submitted – amended to cover subsistence, lodging and ground transportation – currently not covered. Services are expanding here – rather than sending patients	

	<p>off island; staff are being trained and investing on our own; some surgeries are being done here; cardiology clinic open; and MRI.</p> <p>-Trustee Santos – is there a Nurse assigned to the committee to educate the patients: Medical doctors engage in talk with providers off island every week before a patient comes back to make sure that the services needed is available here.</p> <p>-Chairman Babauta: the referrals to Hawaii – is it going to be the focus of sending patients there to reduce the number being sent to the US? Yes, Regulation says all referrals should be sent to Hawaii except for children.</p>	
<p>X. CFO Report</p>	<p>-Received \$8.6M from the CNMI (end of fourth quarter) for the FMAP that was paid out to vendors; current with McKesson – pharmaceutical vendor; JC Marketing and MedPharm are the two biggest vendors – both for medical supplies.</p> <p>-CUC: mentioned removing charges; their proposal was high; met with CUC – wants the higher amount and a payment plan; mentioned to them about the Medicaid situation – offered to pay \$50K a month on the arrears only up to December; will meet again to discuss the next plan should there be no funding from Medicaid, there is no way to meet this requirement. There is also the issue of the government not paying the match. Since the local match is not appropriated and transferred, requesting the Board to agree to put it on the budget request so that if the legislature appropriates the funds, it will be paid directly to CUC – Chairman Babauta agrees.</p> <p>Public Law 18-71 reduced the balance; acknowledge some payments were applied to the penalty; reconciled the penalty – agreed to apply to principle.</p> <p>Reversal of payments to penalty to the principal will reduce the balance - \$30M balance after removal of penalty. Currently paying between \$200K to \$250K at commercial rate.</p> <p>-Pending item: OPAP match – to be discussed with the Secretary of Finance.</p> <p>-Financial Statement: 2024 cash increased by \$8.2M – from Helmsley and Oncology donor – not from operations; money still in the bank need to fulfill conditions set.</p> <p>-AR services billed versus collections: Saipan FY24 \$7.2M; Tinian \$1.9M loss; Rota \$2.5M loss. Excess revenue \$2.7M used to subsidize HNP – trying to collect.</p> <p>-Backlog of one year on revenue billing- after adjustments around \$5M each to be collected month from insured and adjusted rate. Billing and coding have around 20 staff. Working on improving the collection side for secondary bill.</p> <p>Pending \$3M to \$4M on Medicaid reimbursement for reconciliation - 2016 to current.</p> <p>-Trustee Chong requesting to separate the number of encounters between outpatient clinic versus CPE for inpatient – what is the loss. HNP- first year carried over the same expenses; current total staff – 2-; personnel cost – had to align salaries with CHCC case workers – disparity was corrected. Budget increased from \$800K to \$1.2M – will be reimbursed for air fare at 100% by Medicaid.</p>	

	<p>-Medicaid State Plan is going to be effective October.</p> <p>-Chairman Babauta asked if there have been any changes in the amount of revenue generated for Tinian and Rota – currently the report only shows as upfront payments from insurance; will have Revenue office if there is a way to do claims separately for Tinian and Rota.</p> <p>-Trustee Chong wants to know what is the timeline to present audit results – working with the auditors for a timeline. CFO requesting for separate meeting with finance team to discuss corrective action plan.</p>	
<p>XI. CEO Report</p>	<p>-Federal Grants – currently no grants are suspended; draw down was rejected on one of the grants – reason unknown at this time; will access portal once it opens at 11pm to find out.</p> <p>-Dr. Eileen Natuzzi will be visiting in March; will request to have three US territories – CNMI, American Samoa and Guam to be present; for strengthening of workforce to ensure we are ready for any geopolitical threat.</p> <p>-CUC: requesting the Board to approve the agreement to pay \$50K a month for the arrears up to December; \$250K monthly payment continues every 15th of the month. Motion was made to approve this request, was seconded. Without objection, Motion is approved.</p> <p>-Inviting the Trustees to attend the Piper Summit to be held at Kensington.</p> <p>-Should fee for service be done; bill more than \$4.5M; not to be done immediately – depending on the life of Medicaid. Once cap is removed, should be able to pay all that is billed. Medicaid is capped at less than \$70M - \$30M goes to off island providers. The 83% FMAP is codified by the Federal. Medicaid cliff can go back to \$6M. Funding cap of \$6M is covered under the continuing resolution which expires in December. The removal of the cap can only be removed by Congress. Requesting the Board to continue to support should it be necessary to go to the Governor or the Legislature that CHCC continue to get paid. Currently the State Plan pays by the Certified Public Expenditure for inpatients and dialysis – outpatient is billed; more data will be provided.</p> <p>-Nelson Xu to begin H1B process to hire a physician for Rota; trial bases to see if he can be licensed under the new law; it has been challenging to staff Rota. For Oncology same process; will use donation money; will use general fund the physician for Rota; Cost for the H1B – less than \$10K including professional fee for the lawyer.</p> <p>-Trustee Chong inquired about Dr. Brett’s status with Medicaid – has been cleared and is able to bill retroactively.</p> <p>-Nurse Practitioner: some of the nurses employed attend school online to get NP degree; usually they are proctored by physicians outside of CHCC; some being proctored by CHCC physicians. Concern: not enough clinical experience; requesting to work as NP: want to make it a requirement for them to have at least one year of clinical experience.</p> <p>-EHR Update: Meditech Expanse implementation is ongoing; EHR governance team to attend required training in Foxborough, MA;</p>	<p>Without objection, request is approved.</p>

	<p>members: three medical staff, two nursing staff, ancillary and clinical leads; most of the expenses is being paid by grants.</p> <p>-Munis Update: there were glitches in the system during Go-live; errors were being addressed in real time; overall implementation was a success.</p> <p>-Strategic Plan was sent to the Trustees.</p> <p>-Tinian Dialysis: currently gathering data for presentation to the Tinian Delegation. They have asked to have a dialysis center; CHCC was not a part of designing the building – a lot of issues there; will be subsidized by the Delegation – must meet compliance; wraparound services that are required by Medicare. Have funding from the purchase of military materials going to Tinian. Currently there are 16 dialysis patients from Tinian below the ages of 50-60 years; one PD patient – focus is to keep these patients on Tinian.</p> <p>-Chairman Babauta: concern is how will they maintain this program should it be under funded; funding shortage of the developer tax; tax goes to the general fund; what happens if there is no construction activity; general revenue does not go to a particular municipality; these are concerns that must be weighed.</p>	
<p>XII. CEO Evaluation</p>	<p>The Chairman referred this to Trustee Polly Masga to have her put together the process and to schedule a separate meeting for the Evaluation of the Chief Executive Officer. Trustee Masga will inform the Board once everyone has completed filling out the evaluation form.</p>	
<p>XIII. Board Committee Reports</p>	<p>Governance Committee: Will follow up with Stephen Anson regarding the Charter if it has been evaluated or review; Grievance Policy revisions – pending draft revisions from HR – will follow up as well. As for the Grievance case – still in process. Next Committee meeting is set for March 13.</p> <p>-Trustee Barcinas’ report on her trip to Guam – December 17 to 19: met with Harmon Hotel, Property Manager Rose – willing to accommodate specific needs; it is in a good location; nearby restaurants, convenience store and bank; amenities nearby; rooms offer family suites for long term patients; kitchen; have staff working 24/7; offering office space as well; lower cost. Compared to Wyndham, it has additional conveniences to offer. Recommend to discuss options and establish a partnership as they are willing to collaborate. Willing to match or go lower than what is currently being charged, as well as offering an office space for use. Trustee Chong asked if the board was tasked to look at cheaper alternative on housing. Current housing situation is not addressing patient needs – have often received complaints; looking for affordable options and to see what is available.</p> <p>Quality & Patient Safety Committee: Committee is asking for the patient grievance – for patients to submit grievances should they not be pleased with results. Review has been done, but has not been approved by the Board. How does the grievance get to the committee? The Charter is to provide oversight of the grievance process; reviews</p>	<p>Without objection, the Charter is approved.</p>

	<p>the procedures and the trends of the complaints; to serve as an appeal option. An Appeal is considered by the committee. CQPM process the complaints and provide response; includes the composition of the committee; focuses only of patient rights. The Charter is required and will be in compliance with CMS. Motion was made to approve the Patient Grievance Charter. Was seconded. Without objection the Charter is approved.</p> <p>Finance & Audit Committee: hesitation with none c-suite people in the meeting and reviewing the budget. Plan for next steps – biggest issue Audit; will get a timeline. Financial statements – requested documents submitted. Other focus: productivity, coding billing timeliness; CHCC debt came up – recommended the debt be sold; contain personnel cost. New HR system is able to generate position control reports; local positions are entered; populating federal positions which has more vacancies.</p>	
XIV.Executive Session	Motion was made to move into Executive Session, with no objections from the Trustees, the meeting moved into Executive Session to update on employees matters.	Meeting moved into Executive Session at 1:40pm to 150pm.
XIV. Adjournment	Motion to adjourn was made; was seconded; meeting adjourn.	Without objections from the Trustees present, meeting adjourned at 1:53pm.