

CHCC Board of Trustees

Minutes of July 10, 2025

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

Juan Babauta, Chair
 Mariah Manglona, Trustee
 Corinne Santos, Trustee
 Esther Muna, CEO
 Perlie Santos, CFO

Gallery:

Tiffany Crisostomo
 Eleanor Cabrera
 Jesse Tudela
 Warren Villagomez
 Grace Laxina
 Martin Rohringer
 Trinidad Diaz

Absent:

Polly Masga, Trustee (excused)
 Phyllis Chong, Vice Chair (excused)

Topic	Discussion	Resolution/Action
I. Meeting called to order	Meeting called to order.	Start time is 10 am.
II. Determination of Quorum	Three (3) Trustees present: Juan Babauta, Chairman; Trustee; Mariah Manglona, Trustee Corinne Santos, Trustee.	Quorum determined with three (3) 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. Public Comments	No public comments received; No public present.	
V. Credential and Privileges	<p>Credentials documents for each applicant were sent to all the Trustees for review.</p> <p><u>New Applicants</u></p> <ol style="list-style-type: none"> 1. Dr. Melissa Chladek, Pediatrician/Locum – without objections from the Trustees, Applicant is approved. 2. Shayla Daschle, Certified Nurse Midwife - without objections from the Trustees, Applicant is approved. 3. Dr. Lingie Chiu, Pediatrician/Locum – without objections from the Trustees, Applicant is approved. 4. Dr. Paul Muna Aguon, Gastroenterologist – without objections from the Trustees, Applicant is approved. 	<ol style="list-style-type: none"> 1. Privileges approved up to the expiration of Contract – 2/13/2026. 2. Privileges approved up to expiration of License – 9/22/2026. 3. Privileges approved up to the expiration of Contract – 10/1/2025. 4. Privileges approved up expiration of License – 8/31/2026.
VI. Chargemaster Fee Edits	-With new Providers on board, new services are added and now available; fees are related to pain management – lab services, and GI procedures. -After further discussion on how the rates were determined, a motion was made to approved the Chargemaster Fee Edits; was seconded; without objections from the Trustees, Motion is approved.	Presented Chargemaster Fee Edits submitted for Board approval was approved without objection.

VII. HNP

Pursuant to request by the Board – the following was discussed:
Scope – active patients’ process; Medicaid coverage and expenses.
Number of active staff and challenges.
-to qualify patients must meet three criteria; medical necessity, income eligibility, and residency; eligible patients in the program covers – travel related costs: air fare, lodging, subsistence and ground transportation. Most referrals go to Guam, Hawaii and California.
Public Law 22-33 requires to operate within the general fund appropriation; have not been receiving funds need to operate; legislative support is needed to continue this program
-Chairman Babauta: have the general fund appropriation exceed appropriation for HNP? Always. Have submitted request and reports about expenditures requesting for additional funds.
-OPA conducted an audit in FY2018 and FY2020 before CHCC took over the program to evaluate the internal control: six audit findings – five resolved; one finding – internal controls for contracts and agreement; finding to resolved – satisfied with current progress; make minor policy change to include how hotels are selected.
-As of July 7 – nine patients in Guam, six in Hawaii, 23 in San Diego – five at Sharp and 18 at Rady’s; 19 in LA – 16 at KECK and three in Hollywood Pre (sic).
-Referral data in 2024 shows cardiology has the highest referral; San Diego Cardiac Center paused accepting patients due to outstanding balance that is owed by Medicaid.
-Trustee Manglona: who approves referral? Starts: physician evaluates the patient – creates the report; identifies the need for referral; the goes to HNP committee; meets every Wednesday to decide whether or not a patient mees the medical criteria for referral. Committee consists of: Dr. Gregor, Cardiologist; Dr. Cirto, Surgeon; Dr. Deary, OB; Dr. Negron, FCC; and Dr. Robertson, Pediatrician.
-after determination of whether or not it meets the medical criteria: case assigned to case coordinator – contacts the patient, requests for documents to determine eligibility; case coordination manager will review and approve; there is also a secondary reviewer – administrative manager: once approved, case coordinator will contact the facilities for acceptance – facility that works with Medicaid for letter of agreement for the patient; arrangement for air fare is made and everything entered in the system. Documents are sent to the satellite office for transportation and hotel arrangements. Patient briefing is done before patient departs; sign all necessary forms. Coordination is still ongoing with satellite office and patients.
-Should an LOA or prior authorization be needed – facility needs to send it to Medicaid; we assist with follow-up.
-upon completion of treatment, patient gets clearance from the Provider to return.
-Trustee Manglona: how is the hotel accommodation decided: San Diego – patients stay at Extended Stay – a lot of issues and complaint happening; currently looking at Best Western. LA – Hyatt House; right across from KECK – provides transportation for patient to and from.
-After patient is cleared: 72 hours is needed due to flight availability special needs for patients require 48 hours for review with the United Medical Desk; Medicaid holders need prior authorization. With the delay. Logistics like the hotel cost is paid by CHCC to be reimbursed by Medicaid which has been added to the approved State Plan.

	<p>-Trustee Santos: what is the timeline from approval to completion – depends on the specialty needed and the patient’s insurance.</p> <p>-Hyatt House needs security deposit – not everything is covered by CHCC; cash, debit and credit cards are accepted; no big issue at this time; recently updated the HNP guide; do briefings before departure as well as briefings at the satellite office to remind the patients of what is needed.</p> <p>-Medicaid: covers air fare – submit claims for reimbursement; approved in March the State Plan to include lodging, subsistence and transportation effective last year October1 – awaiting Medicaid for the process in submitting claims for specific items.</p> <p>-Agency staffing: four in Guam; four in Hawaii; two in CONUS; seven in central office.</p> <p>-Funding challenges: need the government to cover expenses; no pharmacy contract in Guam and Hawaii with Medicaid and dialysis facilities; unpaid debts to off island Providers; continue to expand specialty care on island to reduce referrals.</p> <p>Chairman Babauta: are Rota and Tinian patients listed on the graph? No, listed patients are where they are located not where they are coming from. Rota and Tinian fall under the inter-island medical referral. It is paid by CHCC. Patients being transferred here have appointments made by the coordinators; most of the patients are for ER. Air transportations are reimbursed.</p> <p>-Trustee Santos: who is the contact person for Tinian and Rota – both islands have staff for referral – once it needs to be the CNMI – the central office coordinator becomes the contact.</p>	
VIII. Procurement Presentation	<p>Overview of the Procurement Regulation: regulation was promulgated September 2015 pursuant to Public Law 16-51 Section 2804G – codified under 3 CMC § 2842G – for CHCC to adopt its own procurement regulations. This division falls under the CFO. Functions: general purchasing, medical supplies, contract administration and warehouse management. Inventory control and management for MSO – primarily for hospital.</p> <p>-Objective: ensure uninterrupted supply of goods and services for the corporation; be compliant with specific regulations for both local and federal.</p> <p>Procurement standards: competitive sealed bidding: RFP is used – 14 days minimum announcement period/30 days maximum – used for small purchases. See section 210 of the Regulation. Invitation for Bids Section 205B is based on small or lowest bid.</p> <p>-Procurement valued at under \$5K needs one quote; non-medical procurement under \$5K to \$25K requires at least three quotations; medical procurement valued at \$5K to \$50K requires at least three quotations as well; non-medical procurement value in excess of \$10K require competitive sealed bidding.</p> <p>-Emergency cases – there are pre-qualified vendors; mostly local vendors.</p>	
X. CFO Report	<p>-Financial statements will be emailed on July 30; future statements will be sent the 30th of the month following the end of the quarter.</p> <p>-Revenue Update: see CFO report – back logged; all insurance 9/3/25; Medicaid outpatient 8/14/24; Medicaid inpatient 8/14/24; Medicare – current 6/17/25; Aetna inpatient – current 6/17/25; on island inpatient – current 6/18/25. Professional services – started billing in 2019 for 2017.</p>	

	<p>-FEMA reimbursement: able to reverse homeland security research and development determination that Nuwest nurses and RT were excessive – reimbursed \$1.6M - \$972K paid to Nuwest, \$633K went to general fund for items previously paid to Nuwest.</p> <p>-Got notice on March 25 that certain grants were terminated on March 24 - \$3M no cost extension. ELF grant – supposed to expire last year – project affected: Laboratory Expansion due to all COVID funding being terminated; lost two staff; most affected employees are the Community Health Workers (CHOWs); were added to the 2025 budget funding - \$920K.</p> <p>-HNP: since FY22 advances from CHCC has accumulated \$3.8M; received an appropriation \$820K – remainder will be for 4th quarter FY25.</p>	
<p>XI. CEO Report</p>	<p>Significant Matters: working on facility infrastructure planning: submitted a request for funding support from the Governor – to develop a Facility Master Plan; was informed that request was submitted to Steve Cung, Dept. of Defense Pacific Readiness who is in support; will be on island on July 16 to meet with leadership; submitted an application for the 2025 Defense Community Infrastructure Program – for construction of outpatient care clinic that in the future can accommodate clinical needs of military members and family.</p> <p>-Medicaid: anticipating an increased loss; lose individual coverage; eligibility changes – limits on coverage for certain noncitizens – limited ability to fund state share/ overall decrease in federal funding; administrative burden; increased costs. Provision does not apply to all US territories – such as work requirement for adults; certain eligibility changes. Being monitored by ASTHO for anticipated impact.</p> <p>-Public Private Partnership: discussed opportunities with Taiwan regarding PL 23-33 Foreign License; to bring Providers to practice in the CNMI; offer services to Guam and Freely Associated States. Will meet next with Philippines Secretary of Health. In discussion with Sharp Hospital to offer a PPP agreement – shadow whats happening in US hospital and bring back that training; discussion is ongoing; training staff to be CMS compliant.</p> <p>-FSM: discussion ongoing with Oncology department; pathway for their patients to receive life saving treatments in the US; FSM has fund to provide; will not be a burden to CNMI Medicaid.</p> <p>-Building Local Capacity: challenges hiring personnel for Lab – develop a training program to upskill current staff CHCC, RHC and THC; CMS CLIA regulations help broaden the potential workforce to maintain continuity of laboratory services; lets the state decide if license is required for medical laboratory scientist if changes to the CNMI licensing law should expand to individuals with bachelor’s degree, military trained technician and high school graduates could be trained to become lab scientist; addresses staff shortage.</p> <p>HNP and Medicaid: still waiting for CMA to hep with reimbursement for HNP expenses for Medicaid patients; Providers from California have growing concerns over nonpayment; still awaiting on the State Plan Amendments to include foreign hospital coverage.</p>	
<p>XII. Board Committee Report</p>	<p>1. Quality & Patient Safety Committee: Tabled until the next meeting.</p> <p>2. Governance Committee: Charter is currently with the legal counsel for final review; non provider staff grievance policy is finalized – Policy 1141; Staff Education Committee policy is being finalized by HR, then will go through approval process. Legislations passed by the 23rd</p>	

	<p>Legislature: Drug Overdoes Policy, CHCC Foundation, utility rate, foreign physician bills. Public Law 24-02 passed – bettle nut warning label. Will continue to monitor and support other ongoing legislative efforts: PDMP, health tax credit and CHCC drafted Medicaid reform bill: aims to improve efficiency. Reviewed the Board bylaws which was last update in 2018. HR working on policies for social media and new break time policy. Thank you to leadership on parking improvements.</p> <p>3. Finance & Audit Committee: Tabled until the next meeting.</p>	
XV. Executive Session	With no objections from the Trustees present, the meeting moved into Executive Session to discuss employees matters.	Meeting moved into executive session at 11:32 am to 1145am.
XVI. Adjournment	Motion to adjourn. Seconded. Without objections, meeting adjourned.	Meeting adjourned at 1146am.