

I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN
Informational Briefing/ Oversight Hearing / Roundtable Hearing

STANDING COMMITTEE / SENATOR	HEARING	COMMITTEE REPORT	HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
Committee on Health, Tourism, Historic Preservation, Land, and Justice	Informational Briefing	Committee Report on Informational Hearing on the Status Update from Guam Memorial Hospital on the Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification.	2/14/19 2:00 p.m.	4/12/19 4:19 p.m.	



Senator
THERESE M. TERLAJE

I Mina'trentai Singko na Liheslaturan Guåhan

35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

April 11, 2019



The Honorable Régine Biscoe Lee
Chairperson, Committee on Rules
I Mina'trentai Singko na Liheslaturan Guåhan
163 Chalan Santo Papa
Hagåtña, Guam 96910

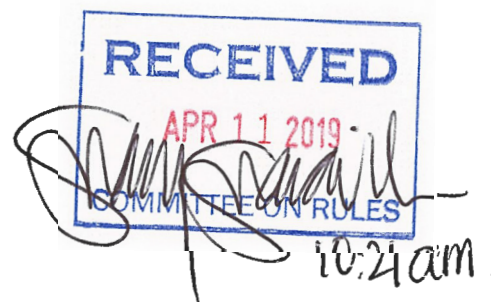
RE: Committee Report on Informational Hearing on the Status Update from Guam Memorial Hospital on the Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification.

Håfa Adai Chairperson Lee:

Transmitted herewith from the Committee on Health, Tourism, Historic Preservation, Land and Justice is the Committee Report on the Informational Hearing regarding the Status Update from Guam Memorial Hospital on the Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification on February 14, 2019.

Sincerely,

Therese M. Terlaje



2019 APR 12 PM 4:19



Senator

THERESE M. TERLAJE

I Mina'trentai Singko na Liheslaturan Guåhan

35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

COMMITTEE REPORT

INFORMATIONAL HEARING

on

**the Status Update from Guam
Memorial Hospital on the Centers
for Medicare and Medicaid Services
(CMS) Plan of Corrections and
pending CMS certification.**

by Senator Therese M. Terlaje

Mailing Address: Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910

Office Address: Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910

Tel: (671) 472-3586 | Fax: (671) 969-3590 | Email: senatorterlajeguam@gmail.com

www.senatorterlajeguam.com



Senator Therese Terlaje <senatorterlajeguam@gmail.com>

FIRST NOTICE of Public Hearing - Thursday, February 14, 2019 at 2:00 PM

1 message

Senator Therese Terlaje <senatorterlajeguam@gmail.com>

Wed, Feb 6, 2019 at 8:59 AM

To: Speaker's Office <speaker@guamlegislature.org>, Senator Telen Cruz Nelson <senatortcnelson@guamlegislature.org>, Office of Senator Shelton Guam Legislature <officeofsenatorshelton@guamlegislature.org>, "Office of Senator Kelly Marsh (Taitano), PhD." <office.senatorkelly@guamlegislature.org>, Senator Regine Biscoe Lee <senatorbiscoelee@guamlegislature.org>, "Senator Joe S. San Agustin" <senatorjoessanagustin@gmail.com>, Senator Therese Terlaje <senatorterlajeguam@gmail.com>, sen.cridgell@teleguam.net, Senator Jose Pedo Terlaje <senatorpedo@senatorjpterlaje.com>, office@senatorperez.org, Wil Castro <wilcastro671@gmail.com>, Senator Louise Borja Muna <senatorlouise@gmail.com>, senatortelot@gmail.com, James Moylan <senatormoylan@guamlegislature.org>, "Mary C. Torres" <senatormary@guamlegislature.org>

Cc: phnotice@guamlegislature.org

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February 5, 2019

MEMORANDUM

To: All Senators, Stakeholders and Media

From: Senator Therese M. Terlaje, Chairperson,
Committee on Health, Tourism, Historic Preservation, Land and Justice

Subject: **FIRST NOTICE of Public Hearing – Wednesday, February 14, 2019 at 2:00 p.m.**

Håfa Adai!

Please be advised that the Committee on Health, Tourism, Historic Preservation, Land and Justice will convene a public hearing on **Thursday, February 14, 2019 beginning at 2:00 p.m.** in / *Liheslaturan Guåhan's* Public Hearing Room (Guam Congress Building, Hagåtña).

On the agenda are the following items:

- **2:00 PM** – Status update from **Guam Memorial Hospital Authority on Centers for Medicare and Medicaid Services (CMS) Plan of Corrections** and pending CMS certification

The hearing will broadcast on local television, GTA Channel 21, Docomo Channel 117/60.4 and stream online via [I Liheslaturan Guåhan's live feed](#). A recording of the hearing will be available online via [Guam Legislature Media](#) on YouTube after the hearing. If written testimonies are to be presented at the Public Hearing, the Committee requests that copies be submitted prior to the public hearing date and should be addressed to Senator Therese M. Terlaje. Testimonies may be submitted via hand delivery to the Office of Senator Therese M. Terlaje at Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam; to the mail room of the Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam; or via email to senatorterlajeguam@gmail.com. In compliance with the Americans with Disabilities Act, individuals requiring special accommodations or services should contact the Office of Senator Therese M. Terlaje at (671) 472-3586 or by sending an email to senatorterlajeguam@gmail.com.

We look forward to your attendance and participation.

Si Yu'os Ma'åse

CC: PH Notice

--

Office of Senator Therese M. Terlaje

Committee on Health, Tourism, Historic Preservation, Land and Justice

I Mina'trentai Singko na Liheslaturan Guåhan

35th Guam Legislature

Office Location: Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910

Mailing address: Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910

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website: www.senatorterlaje.com

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First notice PH 2.14.19_GMH Status Update on CMS Plan of Correction_TMT.pdf

211K



Senator

THERESE M. TERLAJE

I Mina'trentai Singko na Libeslaturan Guåhan


35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

February 5, 2019

MEMORANDUM

To: All Senators, Stakeholders and Media

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Chairperson, Committee on Health, Tourism, Historic Preservation, Land and Justice

Subject: **FIRST NOTICE of Public Hearing** – Wednesday, February 14, 2019 at 2:00 p.m.
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www.senatorterlaje.com

GUAM DAILY POST • THURSDAY, FEBRUARY 7, 2019

Cameroon's lethal linguistic

By Siobhán O'Grady
The Washington Post

DSCHANG, Cameroon — The battle lines of the conflict in this Central African country are drawn by language.

Around 80 percent of the country speaks French; the rest speaks English. For decades, Francophones and Anglophones lived in relative harmony.

But over the past two years, violence spurred by this linguistic split has brought Cameroon to the brink of civil war. Hundreds have died, close



Committee On Health,
Tourism, Historic Preservation,
Land and Justice



SENATOR THERESE M. TERLAJE

Mina trentaí Síngko na Liheslaturan Guåhan
35th Guam Legislature

INFORMATIONAL BRIEFING

Thursday, February 14, 2019 at 2:00 p.m.

Guam Legislature Public Hearing Room, Guam Congress Building, Hagåtña

AGENDA:

- Status update from Guam Memorial Hospital Authority on Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification

If you require any special accommodations or for further information, please contact the Office of Senator Therese M. Terlaje at 472-3586. Testimonies may be submitted to our office at Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910, to the Guam Congress Building, or via email at senatorterlaje@guam.gov. The hearing will broadcast on local television, GTA Channel 21, Docomo Channel 117/60.4 and stream online via Liheslaturan Guåhan's live feed at http://www.guamlegislature.com/live_feed.htm. This ad is paid for with government funds.

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E-Mail: vote@gec.guam.gov



GUAM ELECTION COMMISS

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Tuesday, February 12, 2019 at 5:30 p.m.
Conference Room 200, 414 W. Soledad A

The public is invited. For individuals requi
aids or services please contact the Gua
information, you may call Helen M. Atal
to vote@gec.guam.gov.

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Senator Therese Terlaje <senatorterlajeguam@gmail.com>

SECOND NOTICE of Public Hearing- Wednesday, February 14, 2019 at 2:00 p.m.

1 message

Senator Therese Terlaje <senatorterlajeguam@gmail.com>

Mon, Feb 11, 2019 at 9:09 AM

To: Speaker's Office <speaker@guamlegislature.org>, Senator Telena Cruz Nelson <senatortcnelson@guamlegislature.org>, Office of Senator Shelton Guam Legislature <officeofsenatorshelton@guamlegislature.org>, "Office of Senator Kelly Marsh (Taitano), PhD." <office.senatorkelly@guamlegislature.org>, Senator Regine Biscoe Lee <senatorbiscoelee@guamlegislature.org>, "Senator Joe S. San Agustin" <senatorjoessanagustin@gmail.com>, Senator Therese Terlaje <senatorterlajeguam@gmail.com>, Senator Clynt Ridgell <sen.cridgell@teleguam.net>, Senator Jose Pedro Terlaje <senatorpedo@senatorjpterlaje.com>, Senator Sabina Perez <office@senatorperez.org>, Wil Castro <wilcastro671@gmail.com>, Senator Louise Borja Muna <senatorlouise@gmail.com>, senatortelot@gmail.com, James Moylan <senatormoylan@guamlegislature.org>, "Mary C. Torres" <senatormary@guamlegislature.org>
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Håfa Adai!

Please be advised that the Committee on Health, Tourism, Historic Preservation, Land and Justice will convene a public hearing on **Thursday, February 14, 2019 beginning at 2:00 p.m.** in *I Liheslaturan Guåhan's* Public Hearing Room (Guam Congress Building, Hagåtña).

On the agenda are the following items:

- **2:00 PM** – Status update from **Guam Memorial Hospital Authority on Centers for Medicare and Medicaid Services (CMS) Plan of Corrections** and pending CMS certification

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hand delivery to the Office of Senator Therese M. Terlaje at Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam; to the mail room of the Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam; or via email to senatorterlajeguam@gmail.com. In compliance with the Americans with Disabilities Act, individuals requiring special accommodations or services should contact the Office of Senator Therese M. Terlaje at (671) 472-3586 or by sending an email to senatorterlajeguam@gmail.com.

We look forward to your attendance and participation.

Si Yu'os Ma'åse'!

CC: PH Notice

--

Office of Senator Therese M. Terlaje

Committee on Health, Tourism, Historic Preservation, Land and Justice

I Mina'trentai Singko na Liheslaturan Guåhan

35th Guam Legislature

Office Location: Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910

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Second notice PH 2.14.19_GMH Status Update on CMS Plan of Correction_TMT.pdf

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Senator

THERESE M. TERLAJE

I Mina'trentai Singko na Liheslaturan Guåhan


35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

February 11, 2019

MEMORANDUM

To: All Senators, Stakeholders and Media

From: Senator Therese M. Terlaje 
Chairperson, Committee on Health, Tourism, Historic Preservation, Land and Justice

Subject: **SECOND NOTICE of Public Hearing** – Wednesday, February 14, 2019 at 2:00 p.m.

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We look forward to your attendance and participation.

Si Yu'os Ma'åse'!

CC: PH Notice

LOCAL Psst! He

GUAM DAILY POST • TUESDAY, FEBRUARY 12, 2019

GVBvals set new record



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Guam's touri
ary 2019 have



Committee On Health,
Tourism, Historic Preservation,
Land and Justice



SENATOR THERESE M. TERLAJE
Mina'trental Singko na Liheslaturan Guåhan
35th Guam Legislature

INFORMATIONAL BRIEFING Thursday, February 14, 2019 at 2:00 p.m.

Guam Legislature Public Hearing Room, Guam Congress Building, Hagåtña

AGENDA:

- Status update from Guam Memorial Hospital Authority on Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification

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PO Box 1



Senator

THERESE M. TERLAJE

I Minãtrentã Singkora Liheslaturan Guåhan

38th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

Thursday, February 14, 2019

2:00 PM

AGENDA

- **2:00 PM** – Status update from **Guam Memorial Hospital Authority on Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification**

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We look forward to your attendance and participation.

Si Yu'os Ma'åse

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Office Address: Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910

Tel: (671) 472-3586 | Fax: (671) 969-3590 | Email: senatorterlajeguam@gmail.com

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I Mina'trentai Singko na Liheslaturan Guåhan
Office of Senator Therese M. Terlaje

Committee on Health, Tourism, Historic Preservation, Land and Justice

Date: Thursday, February 14, 2019

Time: 2:00 PM

Status update from Guam Memorial Hospital Authority on Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification

	NAME	ADDRESS	CONTACT NO.	E-MAIL	Type of Testimony		Support	
					WRITTEN	ORAL	Yes	No
1	Lillian Perez-Posadas	991 C MAMIS ST MANGILAO	687-8166	lillianperez-posadas@gmha.org				
2	Berita Manglona			gmha.org berita.Manglona@				
3	Jemabeth Simbillo	Barrigada, Gu	988-9713	Jemabeth.Simbillo@gmha.org				
4	Rhodes Cruz	Yona Guam	647-2310	rhodes.cruz@gmha.org				
5	Sonia Siliang	Dededo, Gu	488-0615					
6	Penla Mamon	Tumon, GU	4867148					
7	Jonighna Vallerio	DEDEDO, GU	988-6424					
8	Zaldy Tugade	Dededo, GU	788-8788	zaldy.tugade@gmha.org				
9	JOHN... (unclear)	Tumon, GU	687-708	john...@gmail.com				
10								



Senator
THERESE M. TERLAJE

I Mina'trentai Singkona Liheslaturan Guåhan
35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

COMMITTEE REPORT DIGEST

I. OVERVIEW

The Committee on Health, Tourism, Historic Preservation, Land and Trust convened a public hearing regarding **Status Update from Guam Memorial Hospital on the Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification on Thursday, February 14, 2019 at 2:13 PM in I Liheslatura's Public Hearing Room to discuss the status update from Guam Memorial Hospital on the Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification.**

Public Notice Requirements

Notices were disseminated via e-mail to all senators and all main media broadcasting outlets on Tuesday, February 6, 2019, and again on Monday, February 11, 2019. The notice was also published in the Guam Daily Post on February 7, 2019 and February 12, 2019.

Senators Present

Senator Therese M. Terlaje, Chairperson

Senator Telo Taitague

Senator William Castro

Senator Amanda L. Shelton, Committee Member

Senator Kelly Marsh (Taitano), Committee Member

II. SUMMARY OF TESTIMONY & DISCUSSION

The informational hearing was Called-to-Order at 2:13PM.

Chairperson Therese M. Terlaje:

Hafa Adai, welcome again to all of you here, especially those from the Guam Memorial Hospital. Thank you for being here today. The Committee on Health, Tourism, Historic Preservation, Land and Justice is now called to order. We only have one item on the agenda, but it is a big one, which is to receive a status update from the Guam Memorial Hospital on the Centers for Medicare and Medicaid Services (CMS) Plan of Corrections and pending CMS certification. I would like to thank my colleagues for attending this afternoon's hearing. Thank you very much. I would like to again to thank all of you who are here. I would also like to thank the Guam Memorial Hospital Acting Administrator Lillian Perez-Posadas, RN, MN and the Chief Financial Officer Benita Manglona. I would also like to thank Peter John Camacho, Dr. Annie Bordallo, Dr. Duenas, Jemmabeth Simbillo, Zaldy Tugade, and William Kando? William Kendo, thank you very much for being here. I am sorry your name is not here on this sign in sheet. Thank you again, I know this is the Administration's team for the CMS

Mailing Address: Guam Congress Building, 163 Chaian Santo Papa, Hagåtña, Guam 96910

Office Address: Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910

Tel: (671) 472-3586 | Fax: (671) 969-3590 | Email: senatorterlajeguam@gmail.com

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35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

certification, so thank you again. Medicare is the Federal Health insurance program for people who are sixty-five (65) or older, certain younger people with disabilities, people with end-stage renal disease or permanent kidney failure requiring dialysis or transplant sometimes called ESRD. In June 2018 based on a Medicare recertification and complaint survey conducted at the Guam Memorial Hospital (GMH) on April 27, 2018 the Centers for Medicare and Medicaid Services or "CMS", we will be using the word CMS throughout the hearing, determined that GMHA remained out of compliance with requirements for participation as a provider of hospital services at the Medicare program in seven (7) areas and CMS intended to disqualify GMHA effective October 3, 2018. GMHA submitted a Plan of Correction in June 2018 and in August 2018 CMS informed GMH that they wouldn't immediately lose Medicare funding because a hospital's corrective plan was credible and that an unannounced visit would be conducted by CMS to confirm the hospital is following its plan. It's our understanding that beginning in January 29, 2019 through mid-February, a four member CMS surveyor team conducted a site survey at GMH and the CMS surveyor visit ended with an exist conference held with the leadership detailing their findings on February 7, 2019. Again, thank you to all of the panel members here.

Our first question, if you could explain Ms. Posadas the impact to GMHA services if eligibility to participate in Medicare is terminated. If CMS went through with their threat of termination, what would be the impact of that on patient services?

Lillian Perez-Posadas, RN, MN:

In terms of the impact of patient care services, it doesn't really have that impact because we continue to provide the quality and safe patient care at the bedside and throughout the clinical. But as far as financial, that's where we will see impact. If they do discontinue or terminate the certification then we will not have the reimbursement at all from Medicare for federal money. So, that is where we will see the significant impact and then it will, of course, trickle down to where it will affect our resources and our inability to get resources.

Chairperson Therese M. Terlaje:

Were they threatening an entire termination and what would that amount look like, for example, in one fiscal year?

Lillian Perez-Posadas, RN, MN:

It would look like about two million dollars in terms of one fiscal year or more than that?

Benita Mangloña:

You're talking about the payer mix of Medicare which is about 20% of the payer mix for GMH but you have to take into consideration the Medicaid because that's where we are being

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reimbursed, by how Medicare pays us with Medicaid. So we are talking about a 50% patient mix that is going to be impacted.

Chairperson Therese M. Terlaje:

What was the percentage?

Benita Mangloña:

Over fifty percent.

Chairperson Therese M. Terlaje:

What would that look like?

Benita Mangloña:

In dollars?

Chairperson Therese M. Terlaje:

Yes.

Benita Mangloña:

You are talking about close to 40 million.

Chairperson Therese M. Terlaje:

Alright. I am just wanting to review this because for all of us, I was a new senator last year, it was new to me and I didn't understand the impact of termination and so, I just want that to be very clear for those who are listening. And I know that that is just a very, very basic understanding of it and that hopefully as we engage with GMH throughout the term we will all be very much better versed at the implication of this. The seven (7) areas of non-compliance that were identified on April 2018 were described as, and these were general areas,

Lillian Perez-Posadas, RN, MN:

Categories.

Chairperson Therese M. Terlaje:

Right, categories. Governing body, Quality Assessment and Performance Improvement (QAPI), Nursing Services, Radiologic Services, Physical Environment, Discharge Planning, and Anesthesia Services. So, if you could, what is compliance status of GMHA in these seven areas and are there still unresolved areas of non-compliance?

Lillian Perez-Posadas, RN, MN:

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No. They accepted our Plan of Corrective plan last year so therefore we did not lose and there was no further threat to lose the certification and the funding. Of all those seven areas, seven categories, the first one was Governing body, what the specific citations where that the Governing Body, there were seven elements also under that Governing Body that addressed QAPI, the Governing Body did not make sure that there was an active Hospital Wide Quality Program, QAPI, that's the Quality Assurance Performance and Improvement and it references also the Anesthesia, it references also the Discharge Planning, it cross referenced those other areas. So, that's the Governing Body. The other element of the Governing Body was the medical bylaws. There were some areas in the medical bylaw that the Governing Body did not insure proper validation of the credentials of the medical staff. There was another element to that, if you just bear with me, I came prepared with notes but I kind of threw off the questions. The other elements of that governing body was Patient Safety, the Anesthesia Services, which I mentioned, the failure to ensure the organized Nursing Services that meets the comprehensive needs of patients, that again cross references over to the Nursing Care Plan and the Discharge Planning and the Safety and Performance Improvement. Under the governing body the fourth element was the effective and organized Radiological Services that professional standards for patient safety and personnel qualifications. That was relative to the incident in the radiology services where one client, there was some situation where it wasn't reported, the incident. So again, it cross-referenced Cost, QAPI, Nursing Services, Radiology, because the incident occurred in radiology, the Life Safety code under the Governing Body, Discharge Planning was the other one I mentioned, and anesthesia department. They were not integrated in the hospital wide QAPI program so there were a lot of cross references under the Governing Body, under that category. The other condition was the executive responsibilities of QAPI. There you see again a cross reference with the Governing Body's QAPI issue. Medical staff credentialing was also specifically mentioned as another Condition of Participation. Do you want me to elaborate on that one or?

Chairperson Therese M. Terlaje:

Not at this time. Actually what I would like you to focus on is, so I know that the list was so very extensive and it cross reference other areas on the seven items like for example, the Radiological Services was one area and then they cross reference that to the Governing Body for not ensuring that the Radiological Services were correct. Okay, but pretty much I want this hearing to focus on, we are under the impression that GMH is complying, that they sent a letter with a plan and that CMS agreed that the plan was of credible, accepted the plan and held off on the termination. So, congratulation on the planning. I guess, we are here because I want to make sure that what is left on your plan to achieve and now that we have a change in administration, are you still on track with your plan? And is there any help you need with your plan? And in particular, when CMS came recently that was the unpredicted visits...

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Lillian Perez-Posadas, RN, MN:

It was a revisit.

Chairperson Therese M. Terlaje:

Yeah that revisit, what are they telling you now and are you able to handle what they are telling you? Are we going to be on track again or are we at risk? That is pretty much the main question. We want to make sure of that before we find out that it's too late and that we are still on track or is there something that you are worried about or are we not going to be able to meet or whether we are okay. I guess I want you to brag about these items that are completed and maybe we don't need to for there. I don't want to underplay the work you have done, but in the interest of time. We do have the report that I will share with the committee the CMS's list of items, your response and that that was accepted. But now, we are back, they reviewed you again and where are we if you can just update us on that.

Lillian Perez-Posadas, RN, MN:

With the revisit, I really cannot disclose too much of it because their advice was that what they found preliminarily is subject for review by their superiors. But they do recognize that we have made great strides in improving patient care. We still have a lot of work to do on the QAPI part, we have made tremendous progress, but we still need to continue the momentum, the movement and part of it is that resources, still needing recourse to really make that QAPI program is robust and everybody be engaged in it and really taking it further not just collecting data for the sake of collecting. But really analyzing what that data is telling us to then therefore improve the patient care that we provide and so that is going to be the next level of our QAPI process that we are moving in that direction. We are bringing in some resources, some human resources, individuals with master's degree in QAPI that can then help us continue and intensify that movement further.

Chairperson Therese M. Terlaje:

Okay, if I can just remind my colleagues, QAPI is Quality Assessment and Performance Improvement.

Lillian Perez-Posadas, RN, MN:

Quality Assurance and Performance Improvement.

Chairperson Therese M. Terlaje:

Quality Assurance and Performance Improvement. Okay, thank you.

Lillian Perez-Posadas, RN, MN:

They go together. Assessment and assurance.

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Chairperson Therese M. Terlaje:

So, it's been collecting data and now there are challenges to analyze and use your analysis to improve patient care.

Lillian Perez-Posadas, RN, MN:

Right. That is really the purpose of QAPI.

Chairperson Therese M. Terlaje:

Alright, and your plan was to bring in human rescues to assist in that.

Lillian Perez-Posadas, RN, MN:

Additional resources. Right, exactly.

Chairperson Therese M. Terlaje:

And so, you are on track with that?

Lillian Perez-Posadas, RN, MN:

We are. Yes, we are.

Chairperson Therese M. Terlaje:

Are there any unresolved areas of non-compliance that you are worried about?

Lillian Perez-Posadas, RN, MN:

Again, based on those seven conditions that we were cited for, we continue to make the improvements. The Radiological condition, that is resolved. Some of the structural, like the doors, that is ongoing, and it is contingent on the purchase order that has been submitted so finance is where its key to get those items to help us with the resolution of those findings.

Chairperson Therese M. Terlaje:

Are there any deficiency that you are finding difficulty to correct?

Lillian Perez-Posadas, RN, MN:

Not at this point. We are moving along with the bringing in the resources. What deficiencies in terms of the?

Chairperson Therese M. Terlaje:

CMS list.

Lillian Perez-Posadas, RN, MN:

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The CMS, right. But there is a deficiency that I would like to put on the table that we really rally need help with and that is the electrical panel.

Chairperson Therese M. Terlaje:

And that was not on the list.

Lillian Perez-Posadas, RN, MN:

No, it's not on the citation. But that is something that we are very concerned with regards to patient care outcomes.

William Kando:

If I may, add to what Lillian is saying about the panel. It wasn't on the list but during this most recent survey, they actually asked us to do a chronological order of events on the panel. They wanted to know exactly what is going on. Not only with the recertifications of designs but where are we in the process of replacing it and I even asked one of the surveyors afterwards, why didn't they talk about it during the exit brief and they said, because we are demonstrating that there is progress and that we are going to be replacing it. That actually transpired during the survey.

Chairperson Therese M. Terlaje:

Alright I know that the electrical panel was something that was brought up on the list of priority for GMH to address and they brought it up that they needed to address this and

Lillian Perez-Posadas, RN, MN:

It still is our top priority.

Chairperson Therese M. Terlaje:

Still a priority but I guess, so if you could explain, the legislature in FY19 gave 30 million to GMH and it was a little more than what was given in previous years and I had heard that this electrical panel was taken care of with part of that money but if that's not the case then, if you could clarify? So, that has not been addressed at all? Do you have a credible plan to address it?

Benita Manglona:

What we had done Senator is worked on that the revalidation of the plan and I think that is ongoing right now and once that revalidation happens that is expected in May, we are going to start proceeding with the procurement of the electrical panel. If you recall, we had requested for operation funding and that 30 million was for operational subsidy. We did also request for capital improvement, but we didn't receive any funding for capital improvement. So, based on

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the resources that we have right now, we are trying to address that, but we do need help for CIP.

Lillian Perez-Posadas, RN, MN:

Senator, switching over to your early question with regards to, are we still needing, struggling with some of the corrective actions, I would like to retract what I said because nursing, we are really very short of nurses. We are short of Allied Health Professional Support Staff and that is where our struggle is because it does impact in terms of the QAPI we need to really make it a very robust program and a very engaging program and active. Also, in terms of documentation, the Nursing Care Plans. Discharge Planning is another condition of participation that we need nursing staff. Those are still some of the areas that we are struggling with.

Chairperson Therese M. Terlaje:

Is there a plan to address that that you are satisfied with? Or is it even the planning that your concerned about?

Lillian Perez-Posadas, RN, MN:

It's the recruitment and retention planning are what we really need to put some energy into, to recruit nurses and retain them.

Chairperson Therese M. Terlaje:

I understand Lillian that you will be collaborating. So, as all the previous administrators have done with the University of Guam, GCC, with other stakeholders in the community to help to address this, we would welcome your insight as to how we could all help with that. We have heard different things in the past, but we can leave that for another hearing to discuss that in particular if that's a big issue maybe that is something, we can do a round table we can do with other stakeholders.

Lillian Perez-Posadas, RN, MN:

Correct.

Chairperson Therese M. Terlaje:

But I know that you've done a lot of work already in this area so I don't want to slow you down but maybe in a couple weeks we will come back, and we will address that. We are open to any solution that we can assist you with. I know that it takes a coordinated, education, training, and all of those areas. Salary, I understand, to be competitive and to retain them so we will work with you on that.

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William Kando:

Senator if I may, Lillian mentioned that there are one set of double doors that we need to fix and that is at our cafeteria. The other citation which was from the original survey is, we are putting in a fire rated enclosure. It is not a big area. It is a small area in the exterior corridor just outside of our materials management office.

Chairperson Therese M. Terlaje:

Which office again? Sorry, say it again.

William Kando:

Materials management, our procurement office. So, fairly close to our dietary as well. This is not a difficult project because it involves using concrete board, but it requires four sets of doors, fire rated doors and those are coming from off island. Though we didn't, they let us know that we didn't meet their original deadline which is in the later part of January. That is going to be in our report back to them and how we are going to get that done as quickly as possible. So, we are on schedule to complete that in that later part of April.

Chairperson Therese M. Terlaje:

April? Later part of April?

William Kando:

Later part of part of April this year.

Chairperson Therese M. Terlaje:

Alright. If you could maybe just elaborate a little bit more, with the existing funds, if it was supposed to be for operations that's correct very little was dedicated to capital improvement, but you've been able to address many of CMS concerns or make a plan to address them going forward. I guess I'm worried about 2019. 2020 the budget, of course we are going to have to talk about that, and I am sure we are going to hear from GMH it's priority list of how to prioritize our funds to address the most pressing needs or what you feel are the priorities so we are looking at you for the priorities. But for 2019 I guess, if you could just elaborate on how we are okay going forward in 2019 with the funding and the most pressing CMS concerns to stay on track on that is what my biggest concern is.

Benita Manglona:

So, senator, for 2019 operation, if we were not to address any CIP we will be okay but because we are trying to address CIP projects at the same time we have had to hold back on operational expenses and, this 2019 is also impacted with the shortfall of 2018. Part of that was not getting paid for the DOC clinic. Of that, it is close to about 3 million dollars we will only receive like

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over 600,000 because the appropriation was only for about 600,000 and there is also inpatient billing that have not been paid for DOC and I understand that they are challenged in the appropriation that they received on an annual basis. But despite that we still provide the service to DOC and we still work together with them so with the resources that we get, we are very fugal in our expenditures. We prioritize life safety expenditures. Whenever a department comes in and says that 'we need this because we need it for a patient,' 'we need this for life safety reasons.' Those are the types of expenditures that we prioritize and sometimes it's not budgeted but it's something if an equipment breaks and we have to prioritize buying that, so we try to reprioritize resources based on what is happening at the time.

Chairperson Therese M. Terlaje:

Alright, so if I understand correctly you are juggling operations funds.

Benita Manglona:

That's correct.

Chairperson Therese M. Terlaje:

Even though you did not receive CIP funds, you're using operations funds to take care of some CIP projects that have to be taken care of right away. Some equipment that has to be taken care of right away and alright.

Benita Manglona:

We try to work with what we have.

Chairperson Therese M. Terlaje:

Alright, okay. Well it's always going to be a challenge. I know that and you know that but we are going to our best and so I appreciate that you've been able to prioritize that way. Continue with the operations nothing's been shut as far as we've heard and you seem to be on track with CMS which is excellent despite the challenges and I am sure you're planning for more CIP improvements and I guess we are going to see this at your 2020 submission. But maybe you can just say a few of those on the record, what are the absolute priorities when it comes to CIP at the hospital. Maybe your top there.

Lillian Perez-Posadas, RN, MN:

The electrical panel is one of them.

Chairperson Therese M. Terlaje:

The electrical panel is one of them. Okay, what is the estimate on that at this point?

Lillian Perez-Posadas, RN, MN:

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Six million dollars.

William Kando:

Six million dollars

Chairperson Therese M. Terlaje:

Okay.

William Kando:

Another one would be our fixing our roof. Our rooftop.

Chairperson Therese M. Terlaje:

The roof is not fixed yet?

William Kando:

We've done, Zaldy and his staff have done a great job on doing the short and intermediate term fixes. The band-aid fixes that but the permanent fix is to completely, to do a design to completely replace the deteriorated membrane on the roof that needs to be removed and completely replaced as well as the envelop of the building, the doors, resealing of windows or anywhere where water can come in, especially during typhoon so it's a fairly major project that requires a design phase. So, we got the roof.

Chairperson Therese M. Terlaje:

Let's take a pause on the roof for just one more second because that's take a pause on the roof for just one more second because that's the one that's most obvious I think to your patients and their families and you've done you said a band-aid fix or you fixed it up enough Mr. Tugade?

Zaldy Tugade:

Yes ma'am. Good afternoon we did submit in our CMS a the three stages of rectification. One is the immediate, second would be the intermediate and then the final solution. So, we've done the immediate which is to address as we see it fit. Second would be the intermediate where we just finished and try to make sure that that would last at least a year while we're working on the permanent fix so that's where we're at right now we're going to need, like William says here we need an A&E, architect an engineer design group, to come over and assess exactly what we need so they can specify the right material the right engineering system that we need to address all this water that comes in during typhoon.

Chairperson Therese M. Terlaje:

All right and so that was not an item on the CMS list. The roof. Neither the electrical panel or the roof correct.

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Lillian Perez-Posadas, RN, MN:

Correct.

William Kando:

But the electrical panel is CMS,

Chairperson Therese M. Terlaje:

Current, it's a new item.

William Kando:

Yes, well they started actually they started following it with all the wonderful media publicity that we started getting last year.

Chairperson Therese M. Terlaje:

Yes, I remember that. Unfortunate.

William Kando:

And also, as a result of the electrical fire with telemetry unit. We do we actually have to submit an after-action report on the fire to CMS.

Chairperson Therese M. Terlaje:

So, that's another I didn't include that here, but I know that's another issue that CMS is following, and you are addressing.

Lillian Perez-Posadas, RN, MN:

Well, that was one of the complaints, in the revisit, Of the twelve (12) complaints that was one of them. I think that was one of them that was unsubstantiated. There was no deficient practice. But it is an issue and a concern that we continue chasing.

Chairperson Therese M. Terlaje:

I see. Yes, okay. Alright, so when you were on the list of the top three.

William Kando:

Another large project that is critical for us is the Family Birth Center but we're still trying to work with GEDA.

Chairperson Therese M. Terlaje:

GEDA and USDA.

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Lillian Perez-Posadas, RN, MN:

Right.

William Kando:

And to work with the USDA try to get the loan.

Chairperson Therese M. Terlaje:

All right, was any part of that project to include the roof or repairs on them.

William Kando:

Not the roof on the on the A and B wings.

Chairperson Therese M. Terlaje:

Okay.

William Kando:

But it has benefits. That project. Because by enclosing, when we enclose the front courtyard and go up two stories because the second story would be the new NICU, you're going to prevent water from coming into the those main corridors on both the first and second floor that's going to be helpful but it's not the major fix that we're talking about.

Chairperson Therese M. Terlaje:

All right okay that's fair and are you having any progress with GEDA?

William Kando:

Well, we just correspondent this week with GEDA and so we're letting them know that yes, we want them to go out with a sixth RFP or interim financing. But before they do that, we want we want their advice and the USDA's advice because we're going to go back to our A&E firm and have them give us an updated construction cost estimate because that original loan of 9.2 million dollars several years ago, that may not be that may not get us to where we need to go and so we want an updated construction cost estimate and then we would want them to proceed with that interim financing.

Chairperson Therese M. Terlaje:

Alright there's been some talk in the media about additional Section 30 monies that might come in to Guam during FY 19 and if that's the case, I would like to know from GMH if you believe GMH is an area of priority where excess money should be focused. Well, where is the best place for members of the legislature to look at your priority list that is not being covered by FY19 funds. Would that be with the 2020 proposed budget or in another plan or a CIP plan?

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Benita Manglona:

When we had submitted our 2019 budget we had in there, the list of CIP projects so that really hasn't changed much you can go to the FY19 and we can provide that information to you.

Chairperson Therese M. Terlaje:

That would be convenient but okay so that's good to know. The 2019 list is pretty much not changed except for the CMS most pressing items.

Benita Manglona:

There could be some items in there that we have already procured to the volunteers or you know with whatever funds we have because some things break down.

Chairperson Therese M. Terlaje:

Yes, maybe you can send an update.

Benita Manglona:

But we can provide an update.

Chairperson Therese M. Terlaje:

What about, were there any promises made to CMS regarding funding or things that you were going to address that you are worried about obtaining funding for? Or you've pretty much set with what you've promised.

Benita Manglona:

Well we have done what we said we were going to do but in the exit conference that we had with CMS they actually, in in so many words, and every surveyor mentioned allocation of resources. That we have to allocate resources to certain citations and it could be equipment, it could be manpower, but we heard the term used allocation of resources many times so we it was like loud and clear that we have to prioritize and allocate resources to these areas that that are being cited.

Chairperson Therese M. Terlaje:

Okay and then I'm going ask this general question then to open the panel to my colleagues. So, after the recent CMS visit is your belief that GMH is at risk of losing CMS Medicare funding for FY 2019 at this time.

Lillian Perez-Posadas, RN, MN:

No, there was no indication that we were threatened with losing funding, I didn't sense that.

Chairperson Therese M. Terlaje:

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35th Guam Legislature

Committee on Health, Tourism, Historic Preservation, Land and Justice

Congratulations. Thank you for your hard work on all of those citations thank you very much. Senator Shelton. I'd like to welcome Senator Clynt Ridgell also thank you for being here and Senator Taitano for being here. Senator Shelton if you have question.

Senator Amanda L. Shelton:

Well, I don't have a question, but I wanted to say Si Yu'os ma'åse' for the refresher and for the update and I wanted to commend you on the CMS rebasement and the refund so congratulations on that. Thank you very much for your hard work in getting that done after all of these years, thank you.

Chairperson Therese M. Terlaje:

Lillian, I read some of their names but I don't think I did justice to your team here. If you could just introduce them and tell their positions so that everyone watching and listening could understand their role in assisting with your work.

Lillian Perez-Posadas, RN, MN:

Sure, to my right it's Peter John Camacho who is now overseeing the Professional Support Division that covers radiology, respiratory, rehab, dietary, social services, pharmacy and laboratory. Those are his areas that he is covering so he's going be cracking the whip on QAIP, on those department. William Kando, he is our Chief Planner. He is our institutional knowledge with regards to grants and what monies are coming in and what are being expended for what projects. Then Zaldy Tugade, he is our facilities maintenance manager. He's the one I go after when it comes to the boiler room and the fire alarm so, that's Zaldy. To my left Benita Manglona, our CFO. Jemma Simbillo, she is our nursing director. She just joined us, rejoined us, a month ago. She came back to us, to Guam Memorial Hospital. Then we've got Dr. Annie Bordallo. She is now our Chief Medical Officer or Medical Director. To her left is Dr. Duenas is who is still helping us out with the medical director responsibilities. Dr. Joleen? Okay I see. Dr. Joleen Aguon also is now in the position of Assistant Associate Administrator of Clinical Services. She's overseeing the two arms of the clinical side in terms of Nursing Services and Professional Support. I also want to recognize Danielle Manglona. She is the Regulatory Compliance Administrator and I want to applaud her and commend her because her intensity and her diligence and chasing the managers to get these things done for the CMS she was very instrumental in getting our Plan of Corrective action together. So, I want to applaud Danielle Manglona [applause]. We also have Dora Cruz, she was Acting Nursing Director while we were waiting for Jemma's arrival. She's also Acting Deputy and Nursing Director and we've got trusty Sonia Siliang. She is our Public Member of the Board of Trustees. We've got Paula Manzon on she helps us with the informatics. And, Jonighna, Jonighna (Vallero) she is also helping out with the Case Management and Discharge Planning. She was pretty instrumental in launching that as part of our corrective action. And we've got Rose Cruz she is our Administrator for HR. The gentleman on my [rare] right here, we've got Carlos

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Pangelinan. He's our Management Analyst, he helps Benita with on the finance side of the house. He was very also instrumental with the CMS rebasing. The gentleman there, Joe. Joe is Gemma's husband. He's important. And we've got Gordon. Gordon, Mizusawa. He helps us with our environment of care.

Chairperson Therese M. Terlaje:

Thank you all and welcome back to those who are back to GMH. Thank you for those who have been there for many, many, many years. Congratulations to Dr. Bordallo in the new position and thank you. Alright. And senators? Senator Taitague.

Senator Telo Taitague:

Thank you, madam chair and congratulations, to everyone here. I'm glad to see that you've kept several people on as well and congratulations to your new physician. You have a wealth of knowledge behind you and plus as well as yourself.

Lillian Perez-Posadas, RN, MN:

Yes, we have a dynamic team.

Senator Telo Taitague:

Exactly. A good team and that's what your husband would say, we got a good team. I just have a question with regards to your collectibles. Is there anybody here that does billing? Are there any chances of you looking into upgrading your billing system?

Lillian Perez-Posadas, RN, MN:

In fact, we've met with the OPA the other day and those are some of the things that he has shared with us in the audit was our billing and collection processes. We really need to work on it because some of the policies are kind of old and we need to work on them and we do need to have a really robust collection process and so I talked to Fred over at Attorney General's Office and he's going to help us with the collection services so we can go after these individuals who we can collect some money to pay for the services that we provide.

Senator Telo Taitague:

Well, how about the insurance companies? What insurance companies have not been paying on time and what insurance companies are in good standing? Well, what do we got on there and how much do they owe?

Benita Manglona:

We work closely with the insurance companies and we meet with them regularly. We owe some money to them too because we, for a while, we weren't paying our premiums. So we try

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to balance that and tread kind of lightly, but we are very aggressive in collecting from the insurance.

Senator Telo Taitague:

Is there any, Benita, is there any insurance company that tends to not pay on time quite a bit?

Benita Manglona:

Well, we did have that issue, but they have come around recently and they have been working with us. We're meeting with them on a weekly basis now and they have been, they've started paying.

Senator Telo Taitague:

Paying up. We get the Attorney General on them too as well. They're the ones that the most, I think, on anything. Other than that, I really appreciate all the hard work you've done and I hope I have the same kind of support. I put out a bill when I first became a senator this round and it's to build a new hospital and that's my goal right now. I know all these band aid fixes that you have and when I hear six million dollars and I think of 'wow that can go to a new hospital, we can build a new hospital.' Our people deserve it so I hope I have the support of your group here and thank you again for your hard work, keep it up.

Chairperson Therese M. Terlaje:

Senator Castro.

Senator William M. Castro:

Thank you, madam chair. First of all, congratulations on the appointment. Congratulations to your team as the chairperson aptly noted earlier the latest is culmination of work that has gone on over a period of time. I remember sitting in the cabinet and working with a lot of your professionals behind you so I want to thank you publicly. I also will be asking the chairperson of the committee for another opportunity to sit with your team at GMH to go over some of the recommendations that were in the HMF consolidated report and also you put together another piece the business sustainability plan and in there it's delineated in terms of CIPS and other strategies for cost containment cost containment, cost-cutting and revenue enhancements. So, I think therein lies a lot of the opportunity for forward, additional forward progress. So, with that said I thank you again congratulations I have no specific questions relative to CMS and what we're discussing for today's briefing but I do have a request and I'll follow up with the appropriate chairperson and your team when I could sit with you again to tour the facility and talk about those issues once again thank you.

Chairperson Therese M. Terlaje:

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Thank you. Senator Marsh.

Senator Kelly Marsh (Taitano), PhD.:

Hafa Adai so I want to add my appreciation to the others, it's so vital to the community of course that GMH is working at these Plans of Correction and they are tackling these sort of issues and I want to add my appreciation for the hard work and the effort that it takes to make that happen. We've been hearing about health this week and if I could ask a question that's related to the larger issues that we've been looking at this week. Can you explain please the process of how GMH produces its fee schedule? I'm interested in seeing how that ties in with our Medicaid and Medicare program.

Benita Manglona:

The charge masters. We have done a lot to our charge master in 2015 we had engaged a company crane where to update our fee schedule and cleaned out our charge master. We have increased our fees by 5% each year and that's about what we could increase it to without having to come to the legislature and I'm glad that you had brought this up because I wanted to. We need help in getting our fees updated. Some of it. Especially those fees that have fallen below Medicare rate and that usually happens like in May, I mean, November of each year. We did come to the legislature before back in 2015 and we were able to raise about three hundred (300), we requested to raise about four hundred (400) of those fee items that fell below Medicare rate. But we were only approved for three hundred and there are some that have fallen below Medicare rate and it takes a lot of administrative time to go through that process, to have our public hearing and then come here but if we are given the authority to just raise it every time when it falls below Medicare rate, it will save a lot of time and then we can just change it right now. We have our fee increased every April first. That was one of the citations from the Office of Inspector General report that was released in December 2014. So, that was one of the findings so that was our way of correcting that finding, was to have the annual update each year, how we raise our fees, when whatever new items come in we look at the cost. Then there's a capitation and how much we can we can charge, and it's based on an old fee model. We're also looking at that and proposing to the board on how we can fix that so that we can actually try to break even. We have looked at raising the fee across the board but it's not it's going to be very huge and I don't know if the community would be able to afford that. We're always looking for ways to work with the legislature in assisting us in that manner and that's why we have that operating a shortfall because some of our fees are still not up to where it should be. And, with this rebasing that would really help the hospital because at least from the three (3) "M's" perspective which is Medicare Medicaid and the Medically indigent program, it would raise the reimbursement rate even though it's still not quite up there. Because the rebasing is based on the 2013 rate, our cost has gone up. So, we will continue also

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to work with Medicare in requesting for annual adjustment that's an additional reimbursement for GMH even after the rebasing.

Senator Kelly Marsh (Taitano), PhD.:

Si Yu'os ma'åse' for that answer. It really helps me understand some of your correction plans, some of your future needs and it also sheds some light on the issue that we were looking at earlier this week between with the insurances and the different rates but certainly it's important to be providing support and to be understanding how we can be helping the hospital better make ends meet and have a balance to it. Si Yu'os ma'åse'.

Benita Manglona:

Thank you.

Chairperson Therese M. Terlaje:

Thank You. Senator Ridgell? Senator Shelton.

Senator Amanda L. Shelton:

Mrs. Manglona, can you give us an idea of that what that timeline would be if you were to bring a proposed fee schedule before the legislature? I know you mentioned your own public hearings and do you know what that timeline would look like?

Benita Manglona:

Well, we do have a quarterly public hearing at the hospital. These are for fees that we introduce within that quarter and that's just part of the triple A process. It's like a couple months and then once we have our public hearing, then the next board meeting we presented and get the board approval a resolution of proof and then we forward it to the legislature. That's for new fees for the 5% increase. It is automatic we have board approval already for that that every April 1st. We raise our fees 5%. So, come April 1st, it will go up to five by 5%. There are still areas that are still very low because these are rates since the 80's. When we started raising it by 5% in 2015, just imagine how many years these fees were not raised. We have formed a committee to look at the room rates because there are denials from the insurance companies that they're set claiming that these are routine supplies, or they should only be charged with this much of under pads or things like that. So, we're looking at trying to add that to the room rate so it will also cut down on the denial process and just add it on to the room rate. But with this type a committee we do need all the clinicians involved because they're the ones that that do patient care, so they have more information on what would be the average utilization of those items.

Senator Amanda L. Shelton:

Okay, thank You.

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Lillian Perez-Posadas, RN, MN:

Senators, since I have your attention, the offer to what you can do to help us, there is a group of clients that we serve. They are the self-paid clients. That is where we're going to need your help. To find ways how we can help those individuals who will claim themselves to be self-pay and they don't have any resources to reimburse the hospital. What ways can we look at in terms of a government entity to cover those costs for the self-pay clientele. I'm going I'm asking for your help in that respect as far as help us capture something or get something reimbursed for those groups of clients.

Benita Manglona:

If I may to add to her comment. We do have a number of social cases at the hospital and for the benefit of the new members, these are patients that are at the hospital that don't need to be in the hospital. Some of them are occupying acute care bed that could be going to a person that is waiting for a bed in the ER. These are also patients that are at the Skilled Nursing Unit (SNU) that do not meet the criteria of continuing to stay at that SNU but we cannot discharge them because they don't have any place to go or they don't have any family members to take them. When we can't discharge anyone if there's no one to discharge this person to. That is really an ongoing problem of GMH and that contributes to the operating shortfall because, one patient could accumulate over half a million dollars in fees in a year at the hospital.

Chairperson Therese M. Terlaje:

How many of those patients would you say you have?

Lillian Perez-Posadas, RN, MN:

On the third floor we have about five occupying acute care beds up at SNU. We have about two or three.

Chairperson Therese M. Terlaje:

All right thank you again. Any other questions? If not again thank you all very much for your answers and for your planning and for your hard work to achieve success with the CMS and with the rebasing and I'm wishing you all the best going forward this year and we are here to help you so we will be in close contact. Si Yu'os ma'åse' this hearing has ended.

The public hearing was adjourned at 3:25 PM.

III. FINDINGS & RECOMMENDATIONS

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- In June 2018, based on a Medicare recertification and complaint survey conducted at the Guam Memorial Hospital Authority (GMHA) on April 27, 2018, the Centers for Medicare and Medicaid Services (CMS) determined that GMHA remained out of compliance with requirements for participation as a provider of hospital services in the Medicare Program in 7 areas and intended to disqualify GMHA effective October 3, 2018.
- GMH CMS Seven categories of non-compliance are as follows: Governing body, Quality Assessment and Performance Improvement (QAPI), Nursing Services, Radiologic Services, Physical Environment, Discharge Planning, and Anesthesia Services.
- GMHA submitted a Plan of Correction in June 2018 and in August 2018 CMS informed the GMHA that the hospital's corrective plan was credible and that revisit survey would be conducted by CMS to confirm the hospital is following its plan. CMS recognized that GMHA had made great strides in improving patient care.
- Per Administrator Posadas, GMHA still has much work to do with implementing, maintaining an effective, ongoing, hospital wide Quality Assessment and Performance Improvement program; with providing adequate resources to areas of citation; utilizing data analysis to continuously improve patient care; addressing nurse shortages and Allied Health Professional Support Staff organization and accountability; RN Supervision of nursing care; Nursing Care Plans, reassessment of Discharge Planning; Anesthesia services policies and procedures; Life Safety from Fire (Hazardous Areas Enclosures).
- According to Lillian Perez-Posadas, RN, MN, if GMHA is terminated as a provider of hospital services in the Medicare program, patient care services will not be immediately impacted. GMHA will continue to provide quality and safe patient care services. However, the loss of federal money from Medicare reimbursements as a result of CMS termination will significantly impact the hospital financially and its ability to obtain resources.
- According to GMHA Chief Financial Officer, Benita Mangloña, Medicare is about 20% of the payer mix for GMHA, but Medicaid needs to also be taken into consideration because that is where GMHA is being reimbursed by how Medicare pays GMHA with Medicaid. Therefore, approximately 50% of patient mix will be impacted, a funding loss of approximately \$40 million for one fiscal year.
- CMS conducted a revisit survey of GMHA that commenced on Thursday, February 7, 2019 with an exit survey. According to GMHA Administrator Lillian Perez-Posadas, RN, MN,

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CMS preliminary findings could not be discussed as they are subject to review of CMS team superiors. GMHA awaits an official Statement of Findings following the CMS site revisit.

https://www.postguam.com/news/local/delegate-asks-cms-to-give-gmh-more-time/article_cd21f4b2-56b4-11e9-8d93-737d7d3da743.html

Delegate asks CMS to give GMH more time

DAILY POST STAFF

APR 5, 2019 UPDATED APR 5, 2019



GMH: The entrance to Guam Memorial Hospital is shown Monday in Tamuning. GMH faces the risk of losing payments from the Medicare program. Post file photo

Del. Michael San Nicolas on Thursday, Guam time, wrote to the administrator of the U.S. Centers for Medicare and Medicaid Services asking for CMS to give Guam Memorial Hospital time to maintain compliance with the Medicare program.

If GMH gets cut off from the program, it stands to lose millions of dollars a year and could force more patients to seek care elsewhere. The hospital faced a March 29 deadline to address two issues that were not in compliance with Medicare standards, including anesthesia services.

On March 29, GMH sent a plan of correction that explains how the hospital will meet all of the federal standards required to be a participant in the Medicare and Medicaid programs, and also what it has done, GMH officials previously stated.

In a recent letter, however, CMS made clear it needs to see proof of corrective action, and that the submission of a plan would not suffice.

'Focus of the request'

"The focus of the request was on the fact that GMH is under new agency leadership, with a new administration, Legislature, and congressman – all committed to supporting the agency," San Nicolas wrote to Seema Verma, administrator of CMS in Washington, D.C.

"The intent of this letter is to reassure CMS that Guam is firmly committed to compliance. We are not looking for any favors or exceptions, we simply ask for a reasonable amount of time to meet expectations with new leadership," San Nicolas stated.

"I am confident that this responsible approach and reasonable request will help CMS understand that there is a united commitment to meeting expectations now and in the future."

GAYNOR DALENO

https://www.postguam.com/news/local/gmh-meets-cms-deadline/article_26099bcc-545b-11e9-86b8-27182f167ead.html

GMH meets CMS deadline

OYAOL NGIRAIRIKL | THE GUAM DAILY POST
APR 2, 2019 UPDATED APR 2, 2019



PAPERWORK: Guam Memorial Hospital nurse Mary Jay Taimanao works on patient paperwork at the Labor and Delivery Ward on March 28. Hospital administrators and staff submitted a corrective action plan to the Centers for Medicare and Medicaid before the March 29 deadline. Dontana Keraskes/The Guam Daily Post

Guam Memorial Hospital submitted its response to the Centers for Medicare and Medicaid Services standards by the March 29 deadline, Chief Executive Officer Lillian Perez-Posadas confirmed.

"We hope we get a response by tomorrow acknowledging receipt of our (plan of correction)," she said Monday, adding that if they don't get a response by then they will likely call this morning.

The plan of correction explains not just how the hospital will meet all of the federal standards required to be a participant in the Medicare and Medicaid programs, but it also will show what they have done and what they are doing, GMH officials have said.

The response is central to ensuring GMH maintains its participation in the federal programs. GMH bills about \$43.9 million for services to Medicare patients, but receives only about half of that amount.

In a March 19 letter addressed to Perez-Posadas, CMS officials stated: "At a minimum, such submittal must include documentation detailing the actions taken that resulted in the alleged correction of each deficiency; the title of position of the person responsible for the correction; and a description of the monitoring process established to prevent recurrence of the deficiency. Please note that mere plans of future correction or evidence of progress toward correction will not be sufficient."

Dr. Joleen Aguon, associate administrator of clinical services, said the two remaining concerns noted by CMS are issues they have been working on for about a year – they just weren't able to complete the plan of action and begin implementation by the time the CMS survey team had visited in February.

SUBHED:

Two issues

Of the seven issues that a survey team reviewed during a February visit, two items were not sufficiently addressed:

- quality assessment and performance improvement; and
- anesthesia services

CMS noted that unless the hospital was "able to verify compliance, termination will be scheduled to take effect at a later date."

"If we receive such a submittal by the close of business on March 29, 2019 and if we find that the submission constitutes a credible allegation of compliance, we will notify you of this finding and authorize a resurvey," the letter states.

GMH hopes to salvage Medicare eligibility

Steve Limtiaco, Pacific Daily News USA TODAY Network Published 5:13 p.m. ChT April 1, 2019

An unfulfilled federal mandate to track, analyze and reduce medical errors could cost Guam Memorial Hospital its Medicare eligibility and tens of millions of dollars a year in Medicare patient revenue.

More than 16 years after it received the mandate from the Centers for Medicare & Medicaid Services, Guam Memorial Hospital has not fully implemented its "quality assessment and performance improvement" program.

More: [Guam Memorial Hospital fails CMS survey again, is at risk of losing federal funds \(/story/news/local/2019/03/26/medicare-medicaid-survey-guam-memorial-hospital-fails-risk-losing-federal-funds/3274563002/\)](/story/news/local/2019/03/26/medicare-medicaid-survey-guam-memorial-hospital-fails-risk-losing-federal-funds/3274563002/)

More: [Parents of Asher Lubofsky file claim with Guam Memorial Hospital over death of son \(/story/news/local/2019/03/02/son-death-parents-file-claim-guam-memorial-hospital/3025427002/\)](/story/news/local/2019/03/02/son-death-parents-file-claim-guam-memorial-hospital/3025427002/)

The quality assessment processes are in place, but GMH has not been completing all of the analysis and paperwork required, beyond gathering the initial data, hospital Administrator Lillian Perez-Posadas said Monday. She said the hospital couldn't afford to spare nurses and other health care professionals to analyze and prepare the necessary reports.

"We do bedside care first. That's the priority," she said. "We are compliant to a certain point."

GMH failed follow-up survey

The hospital last Friday sent a corrective action plan to the Centers for Medicare & Medicaid services after CMS threatened to strip the hospital's Medicare eligibility, effective March 30. According to CMS, the hospital failed a follow-up on-site survey conducted earlier this year after failing a similar inspection in 2018.

CMS demanded "credible documentation" by March 29 that GMH had corrected two deficiencies, in quality assessment and anesthesia services. The concerns about anesthesia services also are related to the issue of quality assessment and improvement, Perez-Posadas said.

It is unclear if the hospital's response will satisfy the concerns raised by CMS and spare its federal funding.

"We will just have to wait for them," Perez-Posadas said, adding she plans to follow up with CMS officials if the hospital does not get a response by Tuesday.

Perez-Posadas said the hospital has filled some vacancies necessary to comply with quality assessment and performance improvement, including an associate administrator of clinical services, which had been vacant for years.

"We've got more resources focused specifically for (quality assessment and performance improvement) activities," she said.

Reduce number of medical errors

GMH each year bills nearly \$44 million for services it provides to Medicare patients, and is paid about half that amount. Medicare is a federal program that provides health care for those 65 years and older, or for younger patients with a disability.

Preventable medical errors in the nation's hospitals kill thousands of people each year, so CMS in January 2003 instructed hospitals to implement quality improvement programs to identify and reduce the number of errors.

As an example of GMH's failure to track and correct medical errors, CMS inspectors in 2018 reported a GMH patient was mistakenly given an intravenous iodine-based contrast during a medical procedure.

"This failure to track, analyze and prevent adverse patient events had the potential to affect all patients receiving care at this facility," CMS stated.

In order to meet CMS quality improvement guidelines, GMH must: have a system to identify medical errors; develop and implement solutions for those errors; and later evaluate whether those solutions have worked.

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GMH will not seek reaccreditation until Medicare and Medicaid problems are resolved

Steve Limtiaco, Pacific Daily News USA TODAY Network Published 5:13 p.m. ChT Feb. 14, 2019

Guam Memorial Hospital, which lost its Joint Commission accreditation last summer, will not seek reaccreditation until after it has addressed shortfalls related to its status as a Medicare and Medicaid provider, said acting hospital Administrator Lillian Perez-Posadas.

Resolving the concerns by the Centers for Medicare and Medicaid Services also will resolve some of the issues that cost the hospital its Joint Commission accreditation, she said.

More: [GMH administrator on Medicare inspection: 'We need to do more'](/story/news/2019/02/07/medicare-inspection-gmh-administrator-we-need-do-more/2795787002/) (/story/news/2019/02/07/medicare-inspection-gmh-administrator-we-need-do-more/2795787002/)

More: [GMH employees, governor, discuss ways to improve health care](/story/news/2019/02/11/gmh-employees-governor-discuss-ways-improve-health-care/2835234002/) (/story/news/2019/02/11/gmh-employees-governor-discuss-ways-improve-health-care/2835234002/)

"It goes in tandem with some of the standards the Joint Commission cited us on," such as quality assurance and performance improvement," Perez-Posadas said after she and other hospital officials briefed lawmakers on the hospital's efforts to address the Medicare and Medicaid concerns.

Perez-Posadas said the hospital's first opportunity to reapply to the Joint Commission was six months after it lost its accreditation, which happened July 16.



The legislative health committee held an oversight hearing Thursday afternoon to discuss the hospital's continued eligibility as a Medicare and Medicaid provider.

CMS inspects the hospital

CMS last June threatened to cut off GMH as a Medicare and Medicaid provider because of noncompliance with federal standards. CMS did not strip the hospital of its eligibility, however, after GMH last summer submitted what federal officials described as a credible corrective action plan. Much of the hospital's plan addresses the physician accreditation process as well as the process for staff to report mistakes that affect patients.

CMS officials reinspected the hospital in late January and early February, but the results of that inspection are not yet public.

"I really can't disclose too much of it," Perez-Posadas told senators, stating the preliminary findings of the site visit still are subject to review and approval by CMS.

She said investigators, during a confidential exit interview with hospital officials, recognized the hospital has made "great strides" but still needs to work on quality assurance and performance improvement.

Perez-Posadas said there is no indication GMH is at risk of losing its Medicare and Medicaid funding. "I didn't sense that," she said.

GMH loses accreditation

Hospital Chief Financial Officer Benita Manglona told senators Medicare and Medicaid patients represent more than half of the hospital's patients each year, or about \$40 million in billings.

GMH lost its Joint Commission accreditation after it failed to meet dozens of standards, many of which are related to management practices.

According to the Joint Commission, the hospital was not following standard medical procedures to prevent infections, suicide and support overall patient safety. It also cited ineffective management of programs and services. The hospital did not demonstrate it maintains complete and accurate medical records or that staff is competent to perform its responsibilities.

The hospital achieved Joint Commission accreditation in 2010 after 26 years of trying and was reaccredited in 2016 before losing it last year.

Increase to its reimbursement rate

Committee chairwoman Sen. Therese Terlaje, before the hearing, presented the hospital a congratulatory resolution, recognizing that CMS in January agreed to pay the hospital more for its Medicare patients.

GMH had long lobbied for an increase to its Medicare reimbursement rate, which had not changed since the 1990s because the hospital lacked records to support the change.

The reimbursement rate was "rebased" to 2013, and Manglona said the hospital will request more adjustments moving forward.

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https://www.postguam.com/news/local/cms-team-visits-gmh/article_181b4e40-23b2-11e9-9d14-773832692933.html

CMS team visits GMH

DAILY POST STAFF

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GMH: Guam Memorial Hospital is pictured in this file photo.

A team from the U.S. Centers for Medicare and Medicaid Services has arrived to check on Guam Memorial Hospital.

The hospital received a letter from CMS in June 2018 stating it could terminate the hospital's provider status because of noncompliance. Losing CMS certification would put the millions in Medicare reimbursements GMH depends on at risk. Each year, GMH bills

about \$43.9 million for services to Medicare patients, and receives about half that amount.

CMS subsequently approved GMH's plan to address areas of noncompliance but hospital officials said work needs to be done to ensure the plan is executed.

Lillian Perez-Posadas, former GMH board trustee and now GMH's chief executive officer, said Tuesday the hospital always focuses on patient care and safety and does its best to stay on top of CMS standards, which is something the visiting team will see.

“We prepare ourselves to be ready but ... they're very sharp and keen on what they're looking for and making sure that we are in compliance,” she said.

The CMS team arrived Monday and is expected to present its exit report on Thursday.

When asked if she thinks GMH will maintain certification, Perez-Posadas responded: “I'm confident that we are going to maintain certification because the quality of care and safety of the patients ... we work to keep that a priority.”

Sen. Therese Terlaje, chairwoman of the Committee on Health, Tourism, Historic Preservation, Land and Justice, had scheduled an update for Feb. 7 on GMH's plan to address issues raised by CMS. However, with the CMS team's arrival, the senator has removed GMH from the agenda and instead requested that GMH provide a written update on the CMS plan of corrections and the status of CMS certification.

The hospital lost its Joint Commission accreditation in 2018.