



SENATOR DENNIS G. RODRIGUEZ, JR.

December 15, 2014

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'Trentai Dos Na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, Guam 96910

VIA: The Honorable Rory J. Respicio
Chairperson, Committee on Rules

RE: Committee Report – Bill No. 434-32 (COR)

Dear Speaker Won Pat:

Transmitted herewith, for your consideration, is the **Bill 434-32 (COR)- An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations. Introduced by Sen. Dennis G. Rodriguez, Jr., and referred to the Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens. Bill No. 434-32 (COR) was publicly heard on December 12, 2014.**

Committee votes are as follows:

6 TO PASS
___ NOT TO PASS
___ ABSTAIN
3 TO REPORT OUT ONLY
___ TO PLACE IN INACTIVE FILE

Senseramente,

Senator Dennis G. Rodriguez, Jr.
Chairman

Attachments

2014 DEC 16 PM 4:14 PM

**COMMITTEE REPORT
ON**

BILL NO. 434-32 (COR)

Sponsored by Senator Dennis G. Rodriguez, Jr.

**Bill 434-32 (COR)- An act to establish the positions of
Community Health Center Chief Executive Officer,
Chief Financial Officer, and Medical Director, within
the Community Health Centers, Department of Public
Health & Social Services, by amending §3803 and
§3804, all of Article 8, Chapter 3, Title 10, Guam Code
Annotated, and to adopt the Health Resources and
Services Administration Program Regulations under a
new Article 4 of Chapter 6, Title 26, Guam
Administrative Rules and Regulations**




SENATOR DENNIS G. RODRIGUEZ, JR.

December 15, 2014

MEMORANDUM

To: ALL MEMBERS
Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens.

From: Senator Dennis G. Rodriguez, Jr. 
Committee Chairperson

Subject: Committee Report on Bill no. 434-32 (COR).

Transmitted herewith, for your consideration, is the **Committee Report on Bill 434-32 (COR)- An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations. Introduced by Sen. Dennis G. Rodriguez, Jr.**

This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 434-32 (COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 434-32 (COR)
- Notices of Public Hearing (1st and 2nd)
- Copy of the Public Hearing Agenda
- Related News Articles (Public hearing publication of public notice)

Please take the appropriate action on the attached voting sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

Si Yu'os Ma'åse'!

Attachments



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE VOTING SHEET

Bill 434-32 (COR)- An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations. Introduced by Sen. Dennis G. Rodriguez, Jr.

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman		✓ 12/15				
V. ANTHONY ADA Vice Chairman		✓ 12/15				
JUDITH T. WON PAT, Ed.D. Speaker (Ex-officio)						
BENJAMIN J. F. CRUZ Vice-Speaker		✓ 12/15				
TINA ROSE MUNA-BARNES Legislative Secretary						
FRANK B. AGUON, Jr. 12/15/14					✓	
RORY J. RESPICIO		✓ 12-15-14				
ALINE A. YAMASHITA, Ph.D.						
THOMAS MORRISON		✓				
MICHAEL LIMTIACO					✓	
BRANT T. MCCREADIE		✓				
CHRISTOPHER M. DUENAS					✓	



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE REPORT DIGEST

Bill No. 434-32 (COR)

- I. OVERVIEW:** The Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens conducted a public hearing on December 12, 2014. The hearing convened at 11:03am in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration **Bill 434-32 (COR)- An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations. Introduced by Sen. Dennis G. Rodriguez, Jr.,**

II. Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on December 4, 2014 (5-day notice), and again on December 10, 2014 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr.	Chairman
Senator V. Anthony Ada	Vice-Chairman
Senator Rory J. Respicio	Committee Member
Senator Frank B. Aguon, Jr.	Committee Member
Senator Thomas C. Ada	Committee Member
Senator Brant McCreadie	Committee Member
Senator Christopher M. Duenas	Committee Member
Senator Aline Yamashita, Ph.D.	Committee Member
Senator Tommy Morrison	Committee Member
Senator Michael Limtiaco	Committee Member
Senator Michael FQ San Nicolas	

The public hearing on agenda item Bill No. 434-32 (COR) was called to order at 11:03am.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Chairman Dennis Rodriguez, author of Bill 434-32(COR) provided a brief synopsis of the bill.

There being no testimony from members of the public, or comments by Senators, Chairman Rodriguez declared the bill as having been heard, and concluded the public hearing on Bill No. 434-32 (COR).



SENATOR DENNIS G. RODRIGUEZ, JR.

Written testimony was submitted by:

- 1) **Hon. Melissa B. Savares, Mayor of Dededo**, and Chairperson, Guam Regional Community Health Center Advisory Council (See written testimony; Attached). **IN SUPPORT;**

Stated that the establishment of the three (3) key management positions will not require additional funding from the General Fund. Existing program income for the GCHC and other federal sources will be adequate.

Submitted documentation relative to the '*Health Center Program Site Visit Report*', citing the violation of compliance status issued by the Health Resources and Services Administration, U.S. Department of Health and Human Services, for the Guam CHC's continuing failure to have the requisite Community Health Center Chief Executive Officer, the Community Health Center Medical Director, and the Community Health Center Chief Financial Officer positions. See Committee Report Attachment #1; and

- 2) **Dr. Suzanne S. Kaneshiro, DDS, Chief Public Health Officer, Division of Public Health**, Department of Public Health and Social Services (See written testimony; Attached); **IN SUPPORT.**

Fiscal Note: Requested.

III. FINDINGS AND RECOMMENDATIONS

This legislation is time sensitive in that the Guam Regional Community Health Centers must come into Federal compliance by December 31, 2014, as mandated by the Health Resources and Services Administration (HRSA) which requires Federally Qualified Health Centers to have three key management staff comprised of the Community Health Center Chief Executive Officer, the Community Health Center Medical Director, and the Community Health Center Chief Financial Officer, pursuant to Section 330(k) (3) (I) of the U.S. Public Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part 74.25 (c) (2), (3).

The Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens, hereby **reports out Bill No. 434-32 (COR)**, with the recommendation to

PASS

MINA' TRENTAI DOS NA LIHESLATURAN GUAHAN
2014 (SECOND) Regular Session

Bill No. 434 -32 (COR)

Introduced by:

D.G. RODRIGUEZ, JR. 

AN ACT TO ESTABLISH THE POSITIONS OF COMMUNITY HEALTH CENTER *CHIEF EXECUTIVE OFFICER*, *CHIEF FINANCIAL OFFICER*, AND *MEDICAL DIRECTOR*, WITHIN THE COMMUNITY HEALTH CENTERS, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, BY AMENDING §3803 AND §3804, ALL OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent: *I Liheslaturan Guåhan* finds that the current position of the Health Services Administrator for the Community Health Centers, Department of Public Health and Social Services is currently a '*collateral duty*' position, and is not clearly established as a distinct, separate position pursuant to law, rule, or regulation. Additionally, Health Resources and Services Administration (HRSA) requires Federally Qualified Health Centers to have three key management staff comprised of the Community Health Center Chief Executive Officer, the Community Health Center Medical Director, and the Community Health Center Chief Financial Officer as required in Section 330(k) (3) (l) of the U.S. Public Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part 74.25 (c) (2), (3).

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1 Health Resources and Services Administration (HRSA) regularly conducts
2 an operational site visit to assess compliance of all Federally Qualified Health
3 Centers with the nineteen (19) health center program requirements. Given the most
4 recent HRSA site visit conducted on July 16-18, 2014, it was determined that
5 Guam Community Health Centers did not comply with the “Key Management
6 Staff” program requirement since the Guam Community Health Centers have no
7 staff filling the specific position title of the Community Health Center Chief
8 Executive Officer, Community Health Center Medical Director, and Community
9 Health Center Chief Financial Officer in accordance with Section 330(k)(3)(I) of
10 the U.S. Public Health Service Act, 42 CFR Part 51c.303(p) and 45 CFR Part
11 74.25(c)(2),(3).

12 Health Resources and Services Administration clearly requires Federally
13 Qualified Health Centers to have a position filled for the Community Health
14 Center Chief Executive Officer so that this position is established as a distinct,
15 separate position pursuant to the U.S. Public Health Service Act, federal rule, and
16 HRSA federal program regulation.

17 *I Liheslaturan Guåhan* finds that the current position of the Health Services
18 Administrator does not meet the HRSA federal program key management staff
19 position and so the Community Health Center must establish the Community
20 Health Center Chief Executive Officer position, which currently does not exist in
21 the Government of Guam staffing position title. Thus, with the establishment of
22 the Community Health Center Chief Executive Officer position title, such title
23 meets the HRSA federal program requirement as a distinct, separate position
24 pursuant to the U.S. Public Health Service law, rule, and federal program
25 regulation.

1 It is, therefore, the *intent* of *I Liheslaturan Guåhan* to amend §3803 of
2 Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the
3 establishment of the position of a Community Health Center Chief Executive
4 Officer who shall be responsible in administering and directing all aspects of the
5 community health centers' operation, financial, personnel, and facilities
6 management of the Northern and Southern Region Community Health Centers-
7 Federally Qualified Health Centers of the Department of Public Health and Social
8 Services in accordance with the 19 federal program requirements of Health
9 Resources and Services Administration. The Community Health Center Chief
10 Executive Officer also integrates administrative management with the clinical
11 aspects of the centers' overall programs; develops the CHCs' strategic plans;
12 establishes and maintains liaison with HRSA Region IX Office of the Department
13 of Health and Human Services, the local health department, and other agencies
14 engaged in the provision of primary health care services; supervise the
15 development and negotiations of contracts; present these contracts to the CHC
16 Board of Directors, BBMR, DOA, Attorney General, and the Governor for
17 approval; executes contracts on behalf of the community health centers; recruits
18 and maintains a qualified medical staff; specifies the responsibilities, authorities,
19 and working relationships among management and ensure that each subsequent
20 management level perform its function for its subordinate staff; develop standards
21 of care policies and procedures, which assure the maintenance of quality of care
22 and a cost efficient operation; leads staff in the performance of assignments;
23 translate mission, goals, strategies, and programs of the centers into specific and
24 meaningful work assignment for the staff; ensure that adequate organization, plans,
25 policies and procedures are employed by each unit to make possible proper
26 execution of responsibilities and attainment of the center's departmental and
27 individual goals; reviews and evaluates the results of health center program

1 objectives; modifies program objectives to obtain program effectiveness and
2 efficiency; manages the capital improvement, maintenance, and housekeeping of
3 the CHCs (facilities and grounds); manages the Information Technology (IT)
4 infrastructure; develops and maintains effective public relations with public and
5 private health care clinics/providers, national and regional associations, and the
6 community.

7 *I Liheslaturan Guåhan* finds that the current position of Chief Financial
8 Officer is also not an established position pursuant to applicable law, rule or
9 regulation. Additionally, Health Resources and Services Administration (HRSA)
10 requires Federally Qualified Health Centers to have a Community Health Center
11 Chief Financial Officer as required in Section 330(k) (3) (I) of the U.S. Public
12 Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part 74.25 (c) (2), (3).

13 *I Liheslaturan Guåhan* finds that the current position of Chief Financial
14 Officer does not meet the HRSA federal program key management staff position
15 and so the Community Health Center must establish the Community Health Center
16 Chief Financial Officer position, which currently does not exist in the Government
17 of Guam staffing position title. Thus, with the establishment of the Community
18 Health Center Chief Financial Officer position title, such title meets the HRSA
19 federal program requirement as a distinct, separate position pursuant to the U.S.
20 Public Health Service law, rule, and federal program regulation.

21 *I Liheslaturan Guåhan* finds that the Chief Financial Officer is needed for
22 the proper financial management of the Community Health Centers, Department of
23 Public Health and Social Services. The Chief Financial Officer (CFO) coordinates
24 business services including financial reporting, fiscal accountability (general
25 accounting and patient accounting), budget preparation and control, statistics

1 reporting and control including the preparation of cost reimbursement reports to
2 government and private third party payers/agencies. The CFO is also responsible
3 in formulating and revising written financial management policies and procedures;
4 reconciling accounts payable and account receivables; supervising billing and
5 collection of account receivables; developing recommendations to reduce
6 operating costs and increasing revenues based on the market trends, and industry
7 operating procedures; and other special management projects as assigned by the
8 Community Health Center Chief Executive Officer. This position participates as a
9 member of the Executive Team in planning, implementing, coordinating, and
10 evaluating operations under the policies and procedures received from the Board of
11 Directors and/or the Community Health Center Chief Executive Officer.

12 It is, therefore, the *intent* of *I Liheslaturan Guåhan* to amend §3804 of
13 Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the
14 establishment of the position of a Chief Financial Officer, Community Health
15 Centers, who shall be responsible in managing the overall finances of the
16 Community Health Centers, Department of Public Health and Social Services.

17 *I Liheslaturan Guåhan* finds that the current position of the Community
18 Health Center Medical Director is also not an established position pursuant to
19 applicable law, rule or regulation. Additionally, Health Resources and Services
20 Administration (HRSA) requires Federally Qualified Health Centers to have a
21 Community Health Center Medical Director as required in Section 330(k) (3) (I) of
22 the U.S. Public Health Services Act, 42 CFR Part 51c 303(p) and 45 CFR Part
23 74.25 (c)(2), (3).

24 *I Liheslaturan Guåhan* finds that the current position of Community Health
25 Center Medical Director does not meet the HRSA federal program key

1 management staff position and so the Community Health Center must establish the
2 Community Health Center Medical Director position, which currently does not
3 exist in the Government of Guam staffing position title. Thus, with the
4 establishment of the Community Health Center Medical Director position title,
5 such title meets the HRSA federal program requirement as a distinct, separate
6 position pursuant to the U.S. Public Health Service law, rule, and federal program
7 regulation.

8 *I Liheslaturan Guåhan* finds that the current position of Medical Director for
9 the Department of Public Health and Social Services is an acting position
10 responsible for the administration and management of all clinical services. Plans,
11 administers, directs, and coordinates all clinical activities of the Community Health
12 Centers. The Community Health Center Medical Director is also responsible in
13 supervising physicians and mid-level providers; evaluating standards of care
14 practices performed by all medical personnel; recruiting medical staff;
15 interviewing candidates and making recommendations for hiring of health
16 professionals; serving as the rater for medical personnel evaluations; participating
17 and advising in the development, implementation, and operation of a quality
18 assurance program and interpretation of medical data in that program; periodically
19 reviewing the practice management functions of the clinic including reception,
20 telephone triage, patient flow, outreach services, referral services, pharmacy, and
21 laboratory services; reviewing patient satisfaction surveys and participating in the
22 resolution of patient complaints; recommending changes in clinical programming
23 based on analysis of clinical medical data, epidemiology, or problems in the
24 community; conducting regular meetings with the medical providers; and
25 providing on site clinical supervision of medical staff.

1 It is, therefore, the *intent* of I Liheslaturan Guåhan to amend §3804 of
2 Article 8, Chapter 3, Title 10, Guam Code Annotated, providing for the
3 establishment of the position of a Medical Director, Community Health Centers,
4 who shall be responsible for managing the overall clinical operation of the
5 Community Health Centers, Department of Public Health and Social Services.

6 It is, further, the intent of *I Liheslaturan Guåhan* to adopt the U.S. Public
7 Health Service Act, and Health Resources and Services Administration (HRSA)
8 program guidelines, requirements and regulations for Federally Qualified
9 Community Health Centers.

10 **Section 2.** Section 3803 of Article 8, Chapter 3, Title 10, Guam Code
11 Annotated, is hereby *amended*, to read:

12 **“§ 3803.Program.**There is hereby established within the Department of
13 Public Health and Social Services (‘Department’) Bureau of Primary Care Services
14 (‘Bureau’) a Community Health Center Program (‘Program’) to be administered on
15 a collateral duty basis by the Health Services Administrator of the Bureau, and
16 who shall serve as the Community Health Center Chief Executive Officer of the
17 Program. The Program shall cover two (2) three (3) regions of Guam (Northern;
18 ~~Central~~, and Southern). With the collateral duty, the Community Health Center
19 Chief Executive Officer’s additional role shall include adherence to the following
20 nineteen (19) federal program requirements as stipulated in “Exhibit A”: 1)
21 development and implementation of a needs assessment, 2) implementing required
22 and additional primary health care services; 3) adhering to staffing requirements;
23 4) conducting accessible hours of operation and location; 5) After Hours
24 Coverage; 6) Hospital Admitting Privileges and Continuum of Care; 7) Sliding
25 Fee Discount; 8) Quality Improvement/Quality Assurance Plan; 9) Key

1 Management staff; 10) Contractual/Affiliation Agreements; 11) Collaborative
2 Relationships; 12) Financial Management and Control Policies; 13) Billing and
3 Collection; 14) Budget; 15) Program Data Reporting Systems; 16) Scope of
4 Project; 17) Board Authority; 18) Board Composition; and 19) Conflict of
5 Interest.”

6 **Section 3.** Section 3804 of Article 8, Chapter 3, Title 10, Guam Code
7 Annotated, is hereby amended, to read:

8 **“§ 3804.Personnel.** There shall be assigned sufficient number of
9 administrative personnel, as may be determined by the Community Health Center
10 Chief Executive Officer, to provide staff assistance on a full-time basis to Guam
11 Community Health Center and ensure that the general duties assigned to the Guam
12 Community Health Centers are adequately administered. It is further, provided:

13 (a) There is hereby established within the Program, the administrative
14 position of ‘Community Health Center Chief Executive Officer’, who shall be
15 responsible for managing the overall operations, finances, personnel, and facilities
16 of the community health centers in accordance with the mission, vision, values,
17 Council approved policies, Strategic Plan, and other operational policies, and as
18 further delineated in the position description adopted as Exhibit “B” pursuant to
19 this Act, and which may be amended pursuant to Subsection (d) of this Section.

20 (1) Salary. The salary of the Community Health Center Chief
21 Executive Officer shall be based upon the national standard of Community
22 Health Center Chief Executive Officers of Federally Qualified Health
23 Centers in the U.S.

1 (b) There is hereby established within the Program, the senior
2 administrative financial position of 'Chief Financial Officer'. The responsibility of
3 the position shall include, but is not limited to, assisting the Chief Executive
4 Officer and the Advisory Council on Community Health Centers in the
5 development, implementation and coordination of the Program's financial policy,
6 fund management, internal audits, billings and collection, and, the performance of
7 all other associated administrative functions and tasks as are necessary in directly
8 providing and ensuring sound fiscal stability and support for the Program, and as
9 further delineated in the position description adopted as Exhibit "C" pursuant to
10 this Act, and which may be amended pursuant to Subsection (d) of this Section.

11 (1) Salary. The salary of the Chief Financial Officer shall be based
12 upon the national standard for the position, as found within the Community
13 Health Center instrumentality of a U.S. State.

14 (c) There is hereby established within the Program, the administrative and
15 clinical position of 'Medical Director'. The responsibility of the position shall
16 include, but is not limited to, assisting the Community Health Center Chief
17 Executive Officer and the Advisory Council on Community Health Centers in the
18 development, implementation and coordination of the Program's medical services
19 policy and the performance of associated administrative tasks, and, directly
20 providing clinical medical support for all medical services provided by the
21 Program, and as further delineated in the position description adopted as Exhibit
22 "D" pursuant to this Act, and which may be amended pursuant to Subsection (d) of
23 this Section.

24 The Medical Director shall preferably be a board certified or board eligible
25 physician specialist in a medical field deemed to be an appropriate, requisite field

1 of practice, or multiple field specialties, as is necessary to best meet the mandates
2 and needs of the Program, and as further delineated in the position description
3 adopted as Exhibit “D” pursuant to this Act, and which may be amended pursuant
4 to Subsection (d) of this Section.

5 Preferable consideration for selection as the Medical Director shall be given
6 to a board certified or board eligible physician specialist with experience as a
7 primary care family practice physician.

8 (1) Salary. The salary of the Medical Director shall be based upon
9 the national standard for Community Health Center Medical Directors in the
10 U.S.

11 (d) Amendment of Position Description. The Advisory Council on
12 Community Health Centers shall, in keeping with the provisions of Article 3- Rule
13 Making Procedures, of Chapter 9, Title 5, Guam Code Annotated, review and
14 amend, as may be necessary, the position descriptions adopted pursuant to §§ (a),
15 (b), and (c) of this Section.”

16 **Section 4. Adoption of Exhibit for Key Health Center Program**
17 **Requirements.** Notwithstanding any other provision of law, rule, regulation and
18 Executive Order, the program description and requirements of the Community
19 Health Centers, and attached hereto as Exhibit “A”, is hereby adopted by *I*
20 *Mina Trentai Dos Na Liheslaturan Guåhan*, and shall be codified under a NEW
21 Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations.

22 **Section 5. Adoption of Exhibits for Position Description.**
23 Notwithstanding any other provision of law, rule, regulation and Executive Order,
24 the position description for the positions of Community Health Center Chief

1 Executive Officer, Chief Financial Officer, and Medical Director and attached
2 hereto, respectively, as Exhibit “B”, Exhibit “C”, and Exhibit “D”, are hereby
3 adopted by I *Mina’ Trentai Dos Na Liheslaturan Guâhan*, and shall be published in
4 the listing of position descriptions of the government of Guam.

5 The position descriptions adopted pursuant to this Act are established as the
6 *initial* position description’s, and *shall* be subject to further amendment, as is
7 deemed appropriate by the Advisory Council on Community Health Centers.

8 Amendment of Position Description. The Advisory Council on Community
9 Health Centers *shall*, pursuant to Article 3- rule making procedures, of Chapter 9,
10 Title 5, Guam Code Annotated, review and amend, as may be necessary, the
11 position descriptions adopted pursuant to this Act.

12 **Section 6. Severability.** *If* any provision of this law or its application to any
13 person or circumstance is found to be invalid or contrary to law, such invalidity
14 *shall not* affect other provisions or applications of this law which can be given
15 effect without the invalid provisions or application, and to this end the provisions
16 of this law are severable.

17 **Section 7. Effective Date.** This Act shall become immediately effective
18 upon enactment.

EXHIBIT “A”

TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS

Chapter 6. Hospital and Medical Facilities

Article 4

U.S. PUBLIC HEALTH SERVICE ACT, AND HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PROGRAM GUIDELINES, REQUIREMENTS AND REGULATIONS FOR FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS.

Summary of Key Health Center Program Requirements

NOTE: Portions of program requirements notated by an asterisk “*” indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. A summary of the key health center program requirements is provided below. For additional information on these requirements, please review:

1 Health Center Program Statute: Section 330 of the Public Health Service
2 Act (42 U.S.C. §254b);

3 Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for
4 Community; and

5 Migrant Health Centers Grants Regulations (45 CFR Part 74).

6 **1. Needs Assessment:** Health center demonstrates and documents the
7 needs of its target population, updating its service area, when appropriate. (Section
8 330(k)(2) and Section 330(k)(3)(J) of the PHS Act).

9 **2. Required and Additional Services:** Health center provides all required
10 primary, preventive, enabling health services and additional health services as
11 appropriate and necessary, either directly or through established written
12 arrangements and referrals. (Section 330(a) of the PHS Act).

13 **Note:** Health centers requesting funding to serve homeless individuals and
14 their families must provide substance abuse services among their required
15 services (Section 330(h)(2) of the PHS Act).

16 **3. Staffing Requirement:** Health center maintains a core staff as necessary
17 to carry out all required primary, preventive, enabling health services and
18 additional health services as appropriate and necessary, either directly or through
19 established arrangements and referrals. Staff must be appropriately licensed,

20 credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and
21 (k)(3)(I) of the PHS Act)

1 **4. Accessible Hours of Operation/Locations:** Health center provides
2 services at times and locations that assure accessibility and meet the needs of the
3 population to be served. (Section 330(k)(3)(A) of the PHS Act).

4 **5. After Hours Coverage:** Health center provides professional coverage for
5 medical emergencies during hours when the center is closed. (Section 330(k)(3)(A)
6 of the PHS Act and 42 CFR Part 51c.102(h)(4)).

7 **6. Hospital Admitting Privileges and Continuum of Care:** Health center
8 physicians have admitting privileges at one or more referral hospitals, or other such
9 arrangement to ensure continuity of care. In cases where hospital arrangements
10 (including admitting privileges and membership) are not possible, health center
11 must firmly establish arrangements for hospitalization, discharge planning, and
12 patient tracking. (Section 330(k)(3)(L) of the PHS Act).

13 **7. Sliding Fee Discounts:** Health center has a system in place to determine
14 eligibility for patient discounts adjusted on the basis of the patient's ability to pay.

15 • This system must provide a full discount to individuals and families with
16 annual incomes at or below 100% of the Federal poverty guidelines (only
17 nominal fees may be charged) and for those with incomes between 100%
18 and 200% of poverty, fees must be charged in accordance with a sliding
19 discount policy based on family size and income.*

20 • No discounts may be provided to patients with incomes over 200 % of
21 the Federal poverty guidelines.*

22 • No patient will be denied health care services due to an individual's
23 inability to pay for such services by the health center, assuring that any fees
24 or payments required by the center for such services will be reduced or

1 waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and
2 42 CFR Part 51c.303(u)).

3 **8. Quality Improvement/Assurance Plan:** Health center has an ongoing
4 Quality Improvement/Quality Assurance (QI/QA) program that includes clinical
5 services and management, and that maintains the confidentiality of patient records.
6 The QI/QA program must include:

7 **Summary of Key Health Center Program Requirements.**

8 **NOTE:** Portions of program requirements notated by an asterisk “*”
9 indicate regulatory requirements that are recommended *but not required* for
10 grantees that receive funds solely for Health Care for the Homeless (section
11 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

12 • a clinical director whose focus of responsibility is to support the quality
13 improvement/assurance program and the provision of high quality patient
14 care;*

15 • periodic assessment of the appropriateness of the utilization of services
16 and the quality of services provided or proposed to be provided to
17 individuals served by the health center; and such
18 assessments shall: *

19 ○ be conducted by physicians or by other licensed health
20 professionals under the supervision of physicians;*

21 ○ be based on the systematic collection and evaluation of patient
22 records;* and

23 ○ identify and document the necessity for change in the provision of
24 services by the health center and result in the institution of such
25 change, where indicated.*

1 (Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3)
2 and 42 CFR Part 51c.303(c)(1-2))

3 **9. Key Management Staff:** Health center maintains a fully staffed health
4 center management team as appropriate for the size and needs of the center. Prior
5 approval by HRSA of a change in the Project Director/Executive Director/CEO
6 position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p)
7 and 45 CFR Part 74.25(c)(2),(3)).

8 **10. Contractual/Affiliation Agreements:** Health center exercises
9 appropriate oversight and authority over all contracted services, including assuring
10 that any sub-recipient(s) meets Health Center program requirements. (Section
11 330(k)(3)(I)(ii), 42 CFR Part 51c.303(n), (t)), Section 1861(aa)(4) and Section
12 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a) (2)).

13 **11. Collaborative Relationships:** Health center makes effort to establish
14 and maintain collaborative relationships with other health care providers, including
15 other health centers, in the service area of the center. The health center secures
16 letter(s) of support from existing health centers (section 330 grantees and FQHC
17 Look-Alikes) in the service area or provides an explanation for why such letter(s)
18 of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR
19 Part 51c.303(n)).

20 **12. Financial Management and Control Policies:** Health center maintains
21 accounting and internal control systems appropriate to the size and complexity of
22 the organization reflecting Generally Accepted Accounting Principles (GAAP) and
23 separates functions appropriate to organizational size to safeguard assets and
24 maintain financial stability. Health center assures an annual independent financial
25 audit is performed in accordance with Federal audit requirements, including

1 submission of a corrective action plan addressing all findings, questioned costs,
2 reportable conditions, and material weaknesses cited in the Audit Report. (Section
3 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and
4 74.26).

5 **13. Billing and Collections:** Health center has systems in place to
6 maximize collections and reimbursement for its costs in providing health services,
7 including written billing, credit and collection policies and procedures. (Section
8 330(k)(3)(F) and (G) of the PHS Act).

9 **14. Budget:** Health center has developed a budget that reflects the costs of
10 operations, expenses, and revenues (including the Federal grant) necessary to
11 accomplish the service delivery plan, including the number of patients to be
12 served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25).

13 **15. Program Data Reporting Systems:** Health center has systems which
14 accurately collect and organize data for program reporting and which support
15 management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act).

16 **16. Scope of Project:** Health center maintains its funded scope of project
17 (sites, services, service area, target population and providers), including any
18 increases based on recent grant awards. (45 CFR Part 74.25).

19 **17. Board Authority:** Health center governing board maintains appropriate
20 authority to oversee the operations of the center, including:

21 **Summary of Key Health Center Program Requirements**

22 **Note:** Portions of program requirements notated by an asterisk “*” indicate
23 regulatory requirements that are recommended *but not required* for grantees

1 that receive funds solely for Health Care for the Homeless (section 330(h))
2 and/or the Public Housing Primary Care (section 330(i)) Programs.

- 3 • holding monthly meetings;
- 4 • approval of the health center grant application and budget;
- 5 • selection/dismissal and performance evaluation of the health center CEO;
- 6 • selection of services to be provided and the health center hours of
7 operations;
- 8 • measuring and evaluating the organization's progress in meeting its
9 annual and long-term programmatic and financial goals and developing
10 plans for the long-range viability of the organization by engaging in strategic
11 planning, ongoing review of the organization's mission and bylaws,
12 evaluating patient satisfaction, and monitoring organizational assets and
13 performance;* and
- 14 • establishment of general policies for the health center. (Section
15 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304).

16 **Note:** In the case of public centers (also referred to as public entities) with
17 co-applicant governing boards, the public center is permitted to retain
18 authority for establishing general policies (fiscal and personnel policies) for
19 the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR
20 51c.304(d)(iii) and (iv)).

21 **Note:** Upon a showing of good cause the Secretary may waive, for the
22 length of the project period, the monthly meeting requirement in the case of

1 a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).
2 (Section 330(k)(3)(H) of the PHS Act).

3 **18. Board Composition:** The health center governing board is composed of
4 individuals, a majority of whom are being served by the center and, this majority
5 as a group, represent the individuals being served by the center in terms of
6 demographic factors such as race, ethnicity, and sex. Specifically:

7 • Governing board has at least 9 but no more than 25 members, as
8 appropriate for the complexity of the organization.*

9 • The remaining non-consumer members of the board shall be
10 representative of the community in which the center's service area is located
11 and shall be selected for their expertise in community affairs, local
12 government, finance and banking, legal affairs, trade unions, and other
13 commercial and industrial concerns, or social service agencies within the
14 community. *

15 • The non-consumer board members may not derive more than 10% of
16 their annual income from the health care industry. *

17 **Note:** Upon a showing of good cause the Secretary may waive, for the
18 length of the project period, the patient majority requirement in the case of a
19 health center that receives a grant pursuant to subsection (g), (h), (i), or (p).
20 (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304).

21 **19. Conflict of Interest Policy:** Health center bylaws or written corporate
22 board approved policy include provisions that prohibit conflict of interest by board
23 members, employees, consultants and those who furnish goods or services to the
24 health center.

1 • No board member shall be an employee of the health center or an
2 immediate family member of an employee. The Chief Executive may serve
3 only as a non-voting ex-officio member of the board.*
4 (45 CFR Part 74.42 and 42 CFR Part 51c.304(b)).

5 **NOTE:** Portions of program requirements notated by an asterisk “*”
6 indicate regulatory requirements that are recommended *but not required* for
7 grantees that receive funds solely for Health Care for the Homeless (section
8 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

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EXHIBIT “B”

2

Position Description

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“COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER”

4

Community Health Centers

5

Department of Public Health and Social Services

Exhibit “B”

JOB DESCRIPTION

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Job Title: **Community Health Center Chief Executive Officer**
Department: Community Health Centers, DPHSS
Reports To: Advisory Council on Community Health Centers
Effective Date: {Month__ 201_}
Revised Date: N/A
Approved By: {Advisory Council / P.L.__-__}
Approved Date: {Month __, 201_}

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SUMMARY

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The Community Health Center Chief Executive Officer (CEO) is responsible for managing the overall operations, finances, personnel, and facilities of the community health centers in accordance with the mission, vision, values, Council approved policies, Strategic Plan, and other operational policies.

14

The CEO shall:

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- Support the Council in carrying out its responsibilities and provide information and recommendations to the Council as appropriate.
- Is expected to promote an organizational culture of excellence, carrying out these responsibilities with high levels of integrity, fairness, respect,

1 kindness, and competence serving as an exemplary leader who is able to garner
2 high levels of support from others within the community health center, the
3 community, the Territory, and beyond.

4 ESSENTIAL DUTIES AND RESPONSIBILITIES

5 1. Operations Management:

6 • Oversees the day-to-day community health center operations to ensure
7 that all service and program activities are carried out effectively and efficiently in
8 accordance with the mission, vision, values, Council approved policies, Strategic
9 Plan, and other operational policies.

10 • Ensures that community health center operations are in compliance
11 with all applicable laws, regulations, standards, and adherence to 19 health center
12 federal program requirements.

13 • Promotes an organizational culture of excellence.

14 • Develops an organizational strategic plan, which includes
15 administrative, governance, health, and financial plan for the Community Health
16 Centers and presents the organizational strategic plan for approval to the CHC
17 Council and HRSA Department of Health and Human Services for approval.

18 • Participates in the periodic management review of the CHCs' quality
19 assurance program with the Chief Medical Officer and implements key health
20 transformational initiatives, (e.g. Patient-Centered Health Care Home model of
21 care and service, electronic health record system, and the re-engineering of the
22 CHC clinic flow, etc.).

1 • Ensures an effective system of ongoing quality assurance,
2 performance improvement, and risk management to enhance quality of care, boost
3 patient and employee satisfaction, augment patient safety including the
4 minimization of prescription errors, adverse drug reactions, medical malpractice
5 liabilities, and losses that may adversely impact the CHCs' operations and
6 financial viability.

7 • Effectively leads the management staff to ensure they are carrying out
8 their responsibilities appropriately in the clinical, programmatic, and service arenas
9 to meet performance standards and goals.

10 • Ensures that patient, staff, and other interactions are carried out in a
11 professional and courteous manner protecting patient privacy and confidentiality at
12 all times.

13 • Identifies and addresses unforeseen operating problems and issues
14 effectively and efficiently.

15 • Negotiates contracts and agreements pertaining to goods and services
16 and ensures that they are carried out in compliance with federal and local
17 procurement laws.

18 2. Financial Management:

19 • Ensures that all financial operations and procedures are conducted
20 according to accepted Generally Accepted Accounting Principles (GAAP) with
21 sound internal controls, and applicable federal and local laws, rules, and
22 regulations.

- 1 • Ensures implementation of the financial policies approved by the
2 Council.
- 3 • Facilitates the financial strategic planning with the CHC Council to
4 develop goals, objectives, and strategies to improve the financial performance of
5 the CHCs.
- 6 • Manages the overall financial operations of the health center within or
7 exceeding the accepted range and norms of performance for health centers of
8 comparable size and scope.
- 9 • With the CFO, presents a timely, complete, and feasible annual
10 budget to the Council of Directors for final review and approval which includes
11 logical assumptions upon which the budget justification is based.
- 12 • Ensures accurate and timely monthly financial reports to the Council
13 with explanations of all significant variances of actual performance to budget.
- 14 • Implements appropriate corrective measures to bring actual financial
15 performance in line with or exceeding budget projections.
- 16 • Recommends appropriate and effective long-term financial strategies
17 for Council approval to ensure the continued financial viability of the health center
18 including an effective program of grant applications and fund development
19 activities.
- 20 • Ensures that an annual fiscal audit is conducted and makes appropriate
21 changes and improvements based on the auditors' recommendations.
- 22 • Ensures an effective set of insurance plans and policies for reasonable
23 protection of the health center's assets.

1 3. Personnel Management:

2 • Develops, maintains and communicates appropriate and effective
3 personnel policies approved by the Council ensuring:

4 ○ An effective organizational chart with clearly defined roles and
5 relationships and tight position control,

6 ○ An effective system of personnel records and files,

7 ○ An effective system of recruiting, hiring and orienting of
8 competent staff and providers including contracted providers for
9 coverage purposes,

10 ○ Comparable wages and benefits,

11 ○ An effective process for annual performance appraisal and
12 performance improvement for all staff members.

13 • Ensures an ongoing, effective system of written and verbal staff
14 communications including regular Executive Team, Leadership Team, and All
15 Staff meetings.

16 • Coaches the Executive and Leadership Team members to handle staff
17 problems, conflicts, complaints, and grievances effectively and in a timely manner.
18 Gets involved in these situations directly as needed.

19 • Maintains positive and professional working relationships among
20 employees resulting in good staff morale.

21 4. Facilities Management:

1 • Effectively oversees the facility and maintenance of the CHCs so that
2 it conforms with the building and fire codes and OSHA safety regulations.

3 Assures that the facilities and equipment of the health center are operated and
4 maintained in an appropriate safe and secure manner in order to protect their long-
5 term condition and value.

6 Effectively represents the health center in all lease negotiations, and operates
7 the health center in accordance with the terms and conditions of the agreement.

8 • Recommends for Council approval and effectively implements a
9 capital plan to maintain and improve the facilities in accordance with Council
10 approved budgets and directives.

11 5. Fund Development

12 • Explores various ways to diversify revenue streams.

13 • Identifies and applies for Capital funds to support the expansion and
14 renovation of the CHCs by applying for federal grants (e.g. Capital Improvement
15 Grant, Community Development Block Grant, U.S. Department of the Interior,
16 Health Care and Other Facilities Grant, Expanded Medical Capacity Grant, etc.).

17 • Writes and submits grant proposals which support the mission, vision,
18 values, and goals of WHC.

19 6. Community Relations, Professional Relationships and Marketing:

20 • Interacts positively and professionally within the health center with
21 patients, staff, and the providers.

1 • Is active and visible within the community, participating in various
2 groups and attending key community events.

3 • Participates in professional meetings and functions relevant to the
4 health center and effectively represents the health center as its Ambassador.

5 • Maintains effective professional relationships externally with
6 community leaders, health and social service providers, and leaders of
7 governmental entities, non-profit organizations, private businesses, the media, etc.

8 • Advocates for specific health policy issues at the National, Regional,
9 and State levels through participation in the National Association of Community
10 Health Center, Pacific Island Health Officers Association, Pacific Island Primary
11 Care Association, Non-Communicable Disease Consortium to ensure access to
12 health care, especially for the target populations (low income, uninsured or under-
13 insured, Native Hawaiians, etc.).

14 • Develops and implements an effective marketing plan with effective
15 public relations strategies and activities that promote the health center.

16 7. Strategic Planning:

17 • Periodically assesses the health needs of the community through the
18 conduction of needs assessments and plans to identify and address high priority
19 unmet needs in accordance with the health center's mission, vision and values with
20 particular focus on the health needs of target populations.

21 • With the Council and staff Leadership Team, assesses both the risks
22 and rewards of each and every new program and/or services opportunity, then
23 using the SWOT (strengths, weaknesses, opportunities, threats) analysis and the

1 force field analysis (assessing contributing and restraining forces), develops an
2 appropriate strategic plan for the health centers considering key trends and
3 developments in the overall health care industry, the needs of the community, and
4 issues and factors within the health center itself.

5 • Presents to the Council for approval, a set of measurable goals,
6 objectives, and strategies for the health centers.

7 8. Council of Directors:

8 • Staffs the monthly Council meetings and Annual Meeting ensuring
9 accurate and complete minutes and documentation of all Council decisions.

10 • Ensures appropriate staff support of all Council Committees with
11 accurate and complete minutes and documentation of all recommendations for
12 Council action.

13 • Provides monthly written reports to the Council that are informative,
14 appropriate, accurate, and timely addressing key issues that impact health center
15 operations.

16 • Effectively works with, and at times, educate the Council and its
17 Committees on issues and trends in health care making appropriate
18 recommendations to help them discuss strategic issues, make effective decisions,
19 and identify key actions to be taken.

20 • Assists the Council in all areas of Council development and
21 performance improvement including recruitment and selection of new Council
22 Directors, Council orientation, and Council and Committee meeting management.

1 • Informs the Council President of specific key operational issues if
2 there could be implications for the Community Health Centers.

3 **GENERAL LEADERSHIP FACTORS**

4 The CHC CEO is expected to continuously strive to attain exemplary levels
5 of leadership qualities and performance including:

6 • Leadership – effectively leads – by appropriately directing, coaching,
7 supporting, and delegating – the activities of the health center’s Executive and
8 Leadership Teams and All Staff; gains the respect and confidence of staff; inspires
9 them; develops the leadership effectiveness in them so that leadership is effectively
10 shared among the staff; sets the tone and is the role model to help realize an
11 organizational culture that is positive and healing in nature.

12 • Job Knowledge – possesses the clinical, technical, management,
13 business, and strategic knowledge required to do an outstanding job; is well-
14 informed of the latest developments in the health care industry.

15 • Organizing and Planning – establishes priorities and goals for self,
16 others, and the health center, appropriately delegating responsibilities to others;
17 demonstrates effective time management.

18 • Initiative – identifies issues and opportunities needing to be addressed
19 in a timely basis and demonstrates the ability, will, and confidence to deal with
20 them effectively.

21 • Judgment – makes sound decisions after obtaining and evaluating
22 pertinent information and weighing all viable alternatives.

1 • Reliability – is consistent in performance, advice, and behavior; is
2 dependable and timely with effective follow through with responsibilities.

3 • Interpersonal Relationships – demonstrates the ability to collaborate
4 respectfully with others within the health center and externally with the community
5 and beyond.

6 • Communications – demonstrates effective verbal and written
7 communication skills.

8 • Cultural Competence – has the ability to understand, communicate
9 with, and interact effectively with people of different cultures considering their
10 thought patterns, roles and relationships, expected behaviors, beliefs, values,
11 norms, attitudes, practices, and traditions.

12 QUALIFICATIONS

13 • Minimum of a Master’s degree in healthcare, social services, business
14 or related field of study with a demonstrated record of continuing education and
15 training.

16 • Minimum of five years of progressive managerial and supervisory
17 experience in health care administration , preferably in Federally Qualified Health
18 Centers and/or the health care and/or social services and/or non-profit sector.

19 • Demonstrated experiences in program development, business and
20 financial management, human resources, grant writing and/or fund development,
21 community and public relations, and public speaking.

22 • Good knowledge-base of health care delivery and financing, trends
23 and issues in the business environment and health industry with particular focus on

1 community health and preventive and primary care including medical, dental and
2 behavioral health services.

3 LANGUAGE SKILLS

4 Ability to read, analyze and interpret common scientific and technical
5 journals, financial reports, and legal documents. Ability to respond to common
6 inquiries or complaints from customers, governmental/ regulatory agencies, or
7 members of the business community. Ability to write federal HRSA grant
8 proposals. Ability to give effective presentations to staff, public groups, the
9 Council of Directors, etc. Ability to communicate and work effectively with
10 people of diverse social, economic, and ethnic backgrounds.

11 MATHEMATICAL SKILLS

12 Ability to work with mathematical concepts such as probability and
13 statistical inference.

14 REASONING ABILITY

15 Ability to define problems, to collect data, to establish facts, and draw valid
16 conclusions. Ability to interpret an extensive variety of technical instructions in
17 mathematical or diagram form and deal with several abstract and concrete
18 variables.

19 PHYSICAL DEMANDS

20 The physical demands described here are representative of those that must
21 be met by an employee to successfully perform the essential functions of this job.
22 Reasonable accommodations may be made to enable individuals with disabilities
23 to perform the essential functions.

1 While performing the duties of this job, the employee is regularly required to
2 sit; use hands to finger, handle, or feel; and talk or hear. The employee is required
3 to stand; walk; reach with hands and arms; and stoop, kneel, crouch, or crawl. The
4 employee must occasionally lift and/or move up to 30 pounds. Specific vision
5 abilities required by this job include close vision, distance vision, color vision,
6 peripheral vision, depth perception, and ability to adjust focus.

7 WORK ENVIRONMENT

8 The work environment characteristics described here are representative of
9 those an employee encounters while performing the essential functions of this job.
10 Reasonable accommodations may be made to enable individuals with disabilities
11 to perform the essential functions.

12 While performing the duties of this job, the employee is occasionally
13 exposed to risk of electrical shock, and clinical exposure to disease and
14 contamination. The noise level in the work environment is moderate.

1 **EXHIBIT “C”**

2

3 Position Description

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5 **“CHIEF FINANCIAL OFFICER”**

6 Community Health Centers

7 Department of Public Health and Social Services

Exhibit “C”

Job Description

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- 2 Job Title: **CHIEF FINANCIAL OFFICER**
- 3 Department: Community Health Centers
- 4 Reports To: Community Health Center Chief Executive Officer
- 5 Effective Date: {*Month / Day / Year*}
- 6 Revised Date: {*as applicable*}
- 7 Approved By: {*Advisory Council / P.L. ___-___ (as applicable)*}
- 8 Approval Date: {*as applicable*}

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SUMMARY:

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The Chief Financial Officer (CFO) coordinates business services including financial reporting, fiscal accountability (general accounting and patient accounting), budget preparation and control, statistics reporting and control, , Information Technology (IT) infrastructure, human resources, and other special management projects as assigned by the Community Health Center Chief Executive Officer (ED). This position participates as a member of the Executive Team in planning, implementing, coordinating, and evaluating operations under the policies and procedures received from the Board of Directors and/or the ED.

18

SUPERVISES:

1 General Accounting staff: Accountant
2 Staff: Cashier, Billing, and Administrative Assistants
3 IT staff: IT Specialist

4 ESSENTIAL DUTIES AND RESPONSIBILITIES:

- 5 1. Develop, maintain, and update accounting system appropriate for the
6 Centers' and federal funding agency's reporting needs.
- 7 2. Ensure Generally Accepted Accounting Principles (GAAP) are used
8 when applicable.
- 9 3. Exercise oversight of the general and patient accounting systems with
10 sound internal controls relative to, but not limited to:
- 11 a. Accounts payable and payroll.
- 12 b. Cash receipts, cash disbursements, and cash flow analysis.
- 13 c. Collection of and accounts receivable.
- 14 d. Budgeting, and procurement.
- 15 e. Compliance with federal and state laws and regulations.
- 16 4. Prepare federal and local budgets, Medicare, and Uniform Data
17 System Report.
- 18 5. Monitor contracts with vendors, State and Federal agencies.
- 19 6. Review medical, laboratory, pharmacy, and third party billing
20 contracts (including Medicaid/MIP) and renew contracts annually.
- 21 7. Prepare required federal reports including, but not limited to: the
22 Medicare Cost, Uniform Data System, and Federal Financial reports.
- 23 8. Prepare financial statements, and federal reports.
- 24 9. Develop, review, update, and implement financial policies.

1 10. Prepare schedules and provide analysis, documentation and assistance
2 during the annual financial audit.

3 11. Work closely with consultants to ensure availability of accurate
4 financial information.

5 12. Work with the Community Health Center Chief Executive Officer to
6 conduct strategic financial planning to maximize revenues and control spending.
7 plan for center financing, with maximization of revenues and keeping spending
8 under control.

9 13. In consultation with the Community Health Center Chief Executive
10 Officer and others, recruit, hire, train, evaluate, and remove subordinate staff as
11 appropriate. Oversee biweekly payroll submission and Human Resources pay
12 changes. Manage time recording system.

13 14. Participate in Supervisor's monthly meetings with section supervisors
14 (medical records, pharmacy, laboratory, nursing, providers, administration,
15 business, management information system, risk management, quality assurance,
16 and the clinical applications coordination supervisors) to establish, delineate, and
17 review program policies and procedures as well as coordinate functions and
18 operations between sections for attaining organizational goals and objectives.

19 15. Utilize the Resource Patient Management Electronic Health Record
20 System Third Party Billing and Accounts Receivable modules to process billing
21 claims and collect revenues owed to the CHCs.

22 16. Work with the Board of Directors Executive and Finance
23 Subcommittees to develop strategies to sustain the CHCs' financial viability.

24 17. Other duties as assigned.

25 **QUALIFICATIONS:**

26 • Graduation from an accredited University with a bachelor's degree in
27 Business Administration, accounting, or finance and a certification as a public
28 accountant.

1 • Must have at least 5 years of professional financial management
2 experience, with at least 3 years of supervisory management experience.
3 Experience in health care and non-profit organization.

4 • Must have experience with knowledge of computer applications to
5 accounting and other information systems. Experience with medical patient
6 accounting (billing, collections) is preferred.

7 • Must have the ability to communicate well verbally and in writing,
8 demonstrated leadership, negotiation, and conflict resolution skills.

9 • Must be able to work cooperatively with multi ethnic, multi-cultural
10 staff and patient populations.

11 PHYSICAL DEMANDS:

12 The physical demands described here are representative of those that must
13 be met by an employee to successfully perform the essential functions of this job.
14 Reasonable accommodations may be made to enable individuals with disabilities
15 to perform the essential functions.

16 While performing the duties of this job, the employee is regularly required to
17 sit; use hands to finger, handle, or feel; and talk and hear. The employee is required
18 to stand; walk; reach with hands and arms; and to stoop, kneel or crouch. The
19 employee must occasionally lift/carry up to 30 pounds and push/pull up to 50
20 pounds via wheeled devices. Specific vision abilities required by this job include
21 close and distance vision.

22 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT 23 (HIPAA):

24 In accordance with HIPAA regulations, all patient information will have
25 restricted access and be handled in a confidential manner at all times. Access to
26 Patient Information shall be limited to only those persons needing such information

1 in order to perform the specific duties of their job (such as direct patient care,
2 patient billing or quality assurance review.)

3 Whenever possible and reasonable, physical documents will be covered
4 and/or kept from sight of all persons not directly involved in a patient's activities
5 (such as described above). When accessing Patient Information via computer, take
6 appropriate steps to ensure that your screen is not easily visible to other patients
7 and non-involved employees. Whenever you are not in your work area, take steps
8 to ensure that no patient information is left unattended.

9 WORK ENVIRONMENT

10 The work environment characteristics described here are representative of
11 those an employee encounters while performing the essential functions of this job.
12 Reasonable accommodations may be made to enable individuals with disabilities
13 to perform the essential functions.

14 The noise level in the work environment is usually moderate.

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EXHIBIT “D”

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Position Description

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“MEDICAL DIRECTOR”

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Community Health Centers

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Department of Public Health and Social Services

Job Description

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Job Title: **MEDICAL DIRECTOR**

Department: Community Health Centers

Reports To: Community Health Center Chief Executive Officer

Effective Date: {*Month / Day / Year*}

Revised Date: {as applicable}

Approved By: {*Advisory Council / P.L. ___-___* (as applicable)}

Approval Date: {*as applicable*}

SUMMARY

Responsible for the Administration and Management of all clinical services. Plans, administers, directs, and coordinates all clinical activities of the Community Health Center in accordance with existing laws, policies, rules, and regulations.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Renders professional medical determination concerning the care and treatment of patients.
2. Develops the Community Health Centers' medical protocols in the area of the 16 HRSA required clinical performance measures and maintains standards of care and treatment and ensures compliance with them.

1 3. Develops, implements, and updates the CHCs' clinical and operating
2 policies and procedures.

3 4. Supervises clinical activities and remedial action, and maintains and
4 educates staff regarding problem-oriented medical records and quality assurance
5 systems.

6 5. Directly formulates clinical standards in accordance with U.S.
7 standards of care practices with approval from the CHC Council, Community
8 Health Center Chief Executive Officer, and DPHSS Director.

9 6. Conducts regular Provider meetings, which includes in-service
10 education.

11 7. Reviews needs assessment questionnaires as well as employee and
12 patient satisfaction surveys including all survey results and coordinates clinical
13 services to meet community health care needs.

14 8. Responsible for monthly reports to Chief Executive Officer, or other
15 reports as required.

16 9. Gives input into preparation of budgets in relation to the staffing of
17 health and allied health professionals.

18 10. Participates in community activities as needed.

19 11. Reviews Memorandum of Agreements with federal programs (i.e.,
20 Maternal and Child Health, STD/HIV, Ryan White/ADAP, Women, Infants, and
21 Children, Breast and Cervical Cancer, Child Abuse Prevention, Communicable
22 Diseases, Medicaid, Diabetes, Head Start, etc), DPHSS Dental Program, Guam
23 Memorial Hospital, Guam Behavioral Health and Wellness Center, University of

1 Guam (UOG) School of Nursing for the provision of primary health care, acute
2 outpatient care, preventive services, specialty care, in-patient care services, and
3 behavioral health services.

4 12. With the Community Health Center Chief Executive Officer, recruits
5 and interviews potential physicians, mid-level providers (nurse practitioners,
6 certified nurse midwives, physician assistants), clinical psychologists, and other
7 clinical and paraprofessional staff.

8 13. Coordinates and implements with the quality assurance committee
9 chart audits and peer reviews and develops corrective actions to address any
10 clinical deficiencies and/or discrepancies.

11 14. Provide leadership and management for all health center clinicians
12 whether employees, contractors, or volunteers.

13 15. Works as an integral part of the Executive and Leadership teams.

14 16. Establishes, strengthens and negotiates relationships between the
15 health center and other clinicians, provider organizations and payers in its
16 marketplace.

17 17. Represents the best interests of the Health Center, its patients and the
18 community it serves.

19 18. Participates in at least one WHC sponsored/affiliated community
20 event per year.

21 19. Attends the monthly Board of Directors meetings and Board
22 Committee meetings as needed.

1 20. All other duties as assigned by the CHC Chief Executive Officer,
2 Chief Public Health Officer, and/or DPHSS Director.

3 SUPERVISORY RESPONSIBILITIES

4 Directly supervises the development, implementation of Clinical Services
5 including “Extended Outreach Clinics” (i.e., portable health care clinics in isolated
6 geographic locations) as well as the operations of the Quality Assurance program

7 QUALIFICATIONS

8 To perform this job successfully, an individual must be able to
9 perform each essential duty satisfactorily.

10 The requirements listed below are representative of the knowledge,
11 skill, and/or ability required.

12 Reasonable accommodations may be made to enable individuals with
13 disabilities to functions.

14 EDUCATION and/or EXPERIENCE

15 1. Graduate from an accredited school of medicine with degree of
16 Doctor of Medicine.

17 2. Three years experience as a practicing physician.

18 3. Board certification in primary care.

19 4. Experience in community health centers is highly desirable.

20 LANGUAGE SKILLS

1 ☐ Ability to read, analyze and interpret common scientific and technical
2 journals, financial reports, and legal documents.

3 ☐ Ability to respond to common inquiries or complaints from customers,
4 governmental/regulatory agencies, or members of the business community.

5 ☐ Ability to write proposals and/or articles for publication that conforms
6 to prescribed style and format.

7 ☐ Ability to give effective presentations to staff, public groups, the
8 Board of Directors, etc.

9 ☐ Ability to communicate and work effectively with people of diverse
10 social, economic, and ethnic backgrounds.

11 MATHEMATICAL SKILLS

12 Ability to work with mathematical concepts such as probability and
13 statistical inference.

14 REASONING ABILITY

15 ☐ Ability to define problems, to collect data, to establish facts, and draw
16 valid conclusions.

17 ☐ Ability to interpret an extensive variety of technical instructions in
18 mathematical or diagram form and deal with several abstract and concrete
19 variables.

20 CERTIFICATES, LICENSES, REGISTRATIONS

21 ☐ Guam State Medical License

1 Guam State Driver's License

2 Board Certification in Primary Care

3 **PHYSICAL DEMANDS**

4 The physical demands described here are representative of those that must
5 be met by an employee to successfully perform the essential functions of this job.
6 Reasonable accommodations may be made to enable individuals with disabilities
7 to perform the essential functions. While performing the duties of this job, the
8 employee is regularly required to sit; use hands to finger, handle, or feel; and talk
9 or hear. The employee is required to stand; walk; reach with hands and arms; and
10 stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move
11 up to 30 pounds. Specific vision abilities required by this job include close vision,
12 distance vision, color vision, peripheral vision, depth perception, and ability to
13 adjust focus.

14 **WORK ENVIRONMENT**

15 The work environment characteristics described here are representative of
16 those an employee encounters while performing the essential functions of this job.
17 Reasonable accommodations may be made to enable individuals with disabilities
18 to perform the essential functions.

19 The noise level in the work environment is usually moderate.



SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman
 COMMITTEE ON HEALTH & HUMAN SERVICES, HEALTH INSURANCE REFORM,
 ECONOMIC DEVELOPMENT AND SENIOR CITIZENS
 Mina'trentai Dos Na Liheslaturan Guåhan • 32nd Guam Legislature

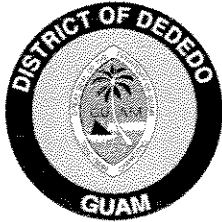
PUBLIC HEARING DATE / Friday, December 12, 2014

11am

Bill No. 434-32 (COR) - D.G. Rodriguez, Jr.

An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations.

PRINT NAME	SIGNATURE	AGENCY	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
	<i>None follows</i>							



Office of the Mayor
MUNICIPALITY OF DEEDEDO

Melissa B. Savares
Mayor

Andrew Peter A. Benavente
Vice Mayor

December 12, 2014

Senator Dennis G. Rodriguez, Jr.
32nd Guam Legislature
Chairperson, Committee on Health & Human Services, Human
Insurance Reform, Economic Development & Senior Citizen

Dear Sen. Rodriguez,

Buenas yan Hafa Adai! I currently serve as the Chairperson of the Guam Community Health Centers, Inc. Board of Directors. The Guam Community Health Centers, northern and southern clinics provides access to primary health care and preventive services for our residents who do not have the means to pay for medical coverage. The GCHC provide immunization and health screening in areas of our island community, such as Gill Baza, Gill Breeze, Astumbo, Pagachao and Low Cost Housing areas.

The Board of Directors consists of members from throughout the island, ranging from many backgrounds. During the board's monthly meetings, members review operation reports, execution of strategic plans, staffing contracts and most especially the services provided to all users.

This past July, a site visit was conducted by Health Resources and Services Administration (HRSA) representatives, who reviewed operations of the GCHC. Attached is the Heath Center Program Site Visit Report for your review. On page 13 of the report, Key Management Staff positions have not been met as per HRSA requirements.

During the September 18, 2014 meeting, members moved to request that the staffing pattern for the Guam Community Health Centers - Department of Public Health & Social Services reflect the change of positions from GCHC Administrator to Executive Director; Medical Director to GCHC Medical Director; and create a Chief Financial Officer position for the Guam Community Health Centers.

These changes will not require additional government funding from the general fund. During the review of current funding sources, the existing program income for the GCHC and other federal funding sources will be adequate for the funding for these changes. I am humbly requesting for your approval of these changes for the GCHC positions. I am, along with all GCHC board members, support Bill No. 434-32.

Saina Ma'ase!

MELISSA B. SAVARES
Mayor of Deededo & Chairperson, Guam Community Health Centers

Attachments



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

JAMES W. GILLAN
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
DEPUTY DIRECTOR

WRITTEN TESTIMONY FOR BILL NO. 434-32(COR)

Good Morning Senator Dennis Rodriguez and members of the legislature. My name is Dr. Suzanne Kaneshiro and I am the Chief Public Health Officer of the Department of Public Health and Social Services. As you know, the mission of the Guam Community Health Centers is to increase access to primary health care and preventive services and to reduce health disparities among the medically underserved population.

The Northern and Southern Region Community Health Centers are Federally Qualified Health Centers (FQHCs). As Federally Qualified Health Centers, the CHCs are mandated to be in compliance with 19 program requirements. The Health Resources and Services Administration (HRSA) conduct Operational Site Visits throughout the U.S. to assess the health centers' compliance with federal program expectations. Recently the Guam Community Health Centers had a Health Resources and Administration (HRSA) Site Visit on July 16-18, 2014. During the site visit, HRSA Consultants identified that the Guam CHCs lack the following three key management staff: the CHC Chief Executive Officer, CHC Medical Director, and CHC Chief Financial Officer. According to the HRSA consultants: "GCHCs do not have its own Chief Financial Officer or Financial Director, rather, it relies on the General Accounting Office of the government of Guam's Department of Administration. It is apparent, following a meeting with the General Accounting Office, that the level of health center specific financial expertise is not readily available to support the financial management of the health center program or FQHC requirements."


Additionally, the HRSA Consultant wrote in the Site Visit Report: "the Guam CHC Board of Directors has been working with a Senator in drafting legislation to reclassify the health center's Executive Director and Medical Director positions to commensurate with their true responsibilities and raise their salary scale to enable retention and recruitment. The proposed legislation also includes adding the position of Chief Financial Officer to the center, and that the level of health center specific financial expertise is not readily available to support the financial management of the health center program or FQHC requirements." Furthermore, the HRSA Consultants identified in the Site Visit Report that it is essential that the Chief Financial Officer, Executive Director (also known as Chief Executive Officer), and Medical Director positions be included in the legislation to accurately describe the extent of the respective responsibilities and be more appropriately classified for salary classification."

UFISINAN TODU GUAM
Received by the
Office of Senator
Dennis G. Rodriguez, Jr.

December 15, 2014
#6 NO

to accurately describe the extent of the respective responsibilities and be more appropriately classified for salary classification.”

In view of the above, I fully am supportive of the creation of the Chief Financial Officer, CHC Chief Executive Officer, and the CHC Medical Director as these position titles are non-existent in the current Government of Guam Staffing pattern. Thus, it is essential for these positions to be established and the appropriate salary be given for these positions so that it is comparable to the U.S. rate of professionals working in the community health centers throughout the U.S. mainland.



Dr. Suzanne Kaneshiro
Chief Public Health Officer

Subject: HRSA program Compliance
From: jilinda@teleguam.net (jilinda@teleguam.net)
To: rfteeahan@yahoo.com; senator@toduguam.com;
Cc: melissa.savares@gmail.com;
Date: Monday, November 24, 2014 5:53 PM

Dear Ron,

Attached is the email concerning the site visit citation. I have to be in compliance by the end of December so is there a way we can move full speed ahead to finalize the bill? Please let me know.

Thank you

Linda DeNorcey

There are policies and procedures which assure confidentiality of medical information, and patients' written consent is required for the release of medical information to outside individuals/organizations.

The health center and its employees are insured by the government of Guam for professional liability. The center has not requested deeming under the Federal Tort Claims Act (FTCA).

Section 3. Management and Finance - Program Requirement #9

Program Requirement #9 - Key Management Staff

Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p), and 45 CFR Part 74.25(c)(2)-(3))

Compliance Status: Not Met.

Documents reviewed onsite or in advance:

Health center organizational chart

Key management staff position descriptions and biographical sketches

Key management vacancy announcements (if applicable)

Health center's official scope of project for services and sites (Form 5A and Form 5B)

UDS Summary Report

Compliance Review Findings: GCHC's key management staff have all been with the organization for a number of years. The key management positions consist of the Executive Director, Medical Director, Chief Pharmacist, Medical Records Supervisor, Laboratory Microbiologist, Nursing Community Health Nurse Supervisor, MIS, and Risk Management Coordinator.

GCHC does not have its own Chief Financial Officer or Financial Director; rather, it relies on the General Accounting Office of the government of Guam's Department of Administration. It is apparent, following a meeting with the General Accounting Office, that the level of health center specific financial expertise is not readily available to support the financial management of the health center program or FQHC requirements.

The Executive Director has announced her retirement in three years, after being with GCHC for nearly twenty-years; she reported that there is a plan to prepare and train current staff members for advancement.

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GCHC has been working with a Senator in drafting legislation to reclassify the health center's Executive Director and Medical Director positions commensurate with their true responsibilities, and raise their salary scale to enable retention and recruitment. The proposed legislation also includes adding the position of Chief Financial Officer to the center.

If Not Met - Steps/Actions Recommended for Compliance: The GCHC must work within the Department of Public Health and the government of Guam's legislative process to create and approve a new position to support the health center's financial management. It is understood the government of Guam's administrative and legislative process will be difficult.

While working within the Guam legislative process, it is essential that the Executive Director and Medical Director positions be included in the legislation to accurately describe the extent of the respective responsibilities and be more appropriately classified for salary classification.

In PR #17, technical assistance is being recommended to support governance and management of the health center.

Section 3. Management and Finance - Program Requirement #10

Program Requirement #10 - Contractual/Affiliation Agreements

Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program requirements. (Section 330(k)(3)(I)(ii) of the PHS Act, 42 CFR Part 51c.303(n) and (t), Section 1861(aa)(4) and 1905(I)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a)(2))

Compliance Status: Met.

Documents reviewed onsite or in advance:

Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the health center project

Contract with another organization for core primary care providers

Contract with another organization for staffing the health center including any contracted key management staff (e.g., CEO, CMO, CFO)

Procurement and/or other policies and procedures that support oversight of contracts or affiliations

Compliance Review Findings: The contracts requested for review from GCHC's files indicate that the center meets all requirements. The contracts, agreements, and Memoranda of Understanding do not limit the health center's authority or compromise its ability to meet this Program Requirement.

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Attachment #1

Committee Report Bill No. 434-32 (COR)

An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations.

Health Center Program Site Visit Report

TA Request Details

TA Request Number: TA000322

Grantee Information: **Guam Department Of Public Health**
520 W. Santa Monica Avenue
Dededo, Guam 96929-5286 US

Contact: **Linda DeNorcey, Executive Director**
jlinda@teleguam.net
671-635-4422

Type of Visit: **Operational Site Visit**

Dates of Visit: **07/16/2014 - 07/18/2014**

Consultants

Charles Hostetter (Clinical)
wambleewakan@aol.com
415-567-5662

Johnathan Goh (Financial)
jgoh@gobewell.net
858-880-9226

Scot Graff (Team Leader - Governance)
sgraff88@msn.com
605-334-8404

Site Visit Participants

Name	Title	Interviewed	Entrance	Exit
Linda DeNorcey	GCHC Executive Director	Yes	Yes	Yes
Debra Zamora	SRHC Financial Manager	Yes	Yes	Yes

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Darlene Taitano	NRHC Financial Manager	Yes	Yes	Yes
Barbara Besebes, RN	Community Health Nurse Supervisor	Yes	Yes	Yes
Mayor Melissa Sowares	GCHC Board Chair	No	Yes	Yes
Sonya Naputi-Sanchez	Board Secretary	Yes	Yes	Yes
Mayor Carol Tayama	Board Vice Chair	Yes	Yes	No
Mintina Shimizu	Board member	Yes	Yes	Yes
William Weare, MD	Interim Medical Director	Yes	Yes	Yes
Cecilia Fejeran	Clinical Applications Coordinator	Yes	Yes	Yes
Maryann Dizon, RN	QA/QI Officer	Yes	Yes	Yes
Ashley Pierce, RN	Strategic Planning Committee	Yes	Yes	Yes
Kathleen Cajigal, RN	Strategic Planning Committee		Yes	Yes
Naomi Agtarap, RN	SRHC Clinic Manager	Yes	Yes	Yes
Evelyn Nededog	NRHC Laboratory	No	Yes	Yes
Michelle Deloso, RPh	Chief Pharmacist	No	Yes	No
Abraham Mora	Risk Management Officer	Yes	Yes	Yes
Cid Mostales	MIS, Special Projects Coordinator	No	Yes	Yes
Millian Ortecho	GCHC Supervisor Medical Records	Yes	Yes	Yes
Sheila Venus	Clinical Application Coordinator	Yes	Yes	Yes
Rey Edrosa	GCHC Board Member	Yes	Yes	Yes
Vicente "Ben" Meno	GCHC Board member	Yes	Yes	Yes
Michael Cabral	General Accounting Supervisor	Yes	Yes	No

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Stanley Yantag	GCHC Board member	No	Yes	No
Shining Sos	Perinatal Care Coordinator	Yes	No	No
Mercy Vela, RN	NRHC Clinic Manager	Yes	No	Yes
Brian Que, MD	Pediatrician	Yes	No	No
Antonio Garcia, MD	Pediatrician	Yes	No	No
Leopoldo Arcilla, MD	Internist	Yes	No	No
Lora Castro	Administrative Assistant	Yes	No	No
Raynaldo Edrosa	Management Analyst	Yes	Yes	Yes
Rose Babauta	Cashier II - SRHC	Yes	No	No
Juliana Dulei	Cashier II - NRHC	Yes	No	No

Program Requirement Compliance Review Summary

Program Requirement Compliance Review	Compliance Status
1. Needs Assessment	Met
2. Required and Additional Services	Met
3. Staffing Requirement	Met
4. Accessible Hours of Operation/Locations	Met
5. After Hours Coverage	Not Met
6. Hospital Admitting Privileges and Continuum of Care	Met
7. Sliding Fee Discounts	Not Met
8. Quality Improvement/Assurance Plan	Met
9. Key Management Staff	Not Met
10. Contractual/Affiliation Agreements	Met
11. Collaborative Relationships	Met
12. Financial Management and Control Policies	Met
13. Billing and Collections	Not Met
14. Budget	Met
15. Program Data Reporting Systems	Met
16. Scope of Project	Not Met
17. Board Authority	Not Met

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18. Board Composition	Met
19. Conflict of Interest Policy	Met

Section 1. Need - Program Requirement #1

Program Requirement #1 - Needs Assessment

Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and (k)(3)(J) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Most recent needs assessment(s)

Service area map

UDS patient origin data

Health center's list of sites with service area zip codes (Form 5B)

Compliance Review Findings: Guam Community Health Center (GCHC) has a current Needs Assessment that provides an overview of health-related data for all of its service areas across the island of Guam. GCHC operates two health center sites, the Northern Regional Health Center (NRHC), and the Southern Regional Health Center (SRHC).

A review of the UDS and zip codes listed on Form 5B revealed that patients' origins were consistent with the health center's targeted service areas.

In 2014, GCHC completed an in-depth needs assessment through a detailed patients' survey; the health center determined barriers to care, and analyzed the demographic, socioeconomic, and health status of the population of the region.

Section 2. Services - Program Requirement #2

Program Requirement #2 - Required and Additional Services

Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) and (h)(2) of the PHS Act)

Compliance Status: Met.

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Documents reviewed onsite or in advance:

Health center's official scope of project for services (Form 5A)

Clinical practice protocols and/or other policies and procedures that support the delivery of health center services

Contracts, MOAs, MOUs, etc. for services provided via formal written agreements and/or formal written referral arrangements, including general tracking and referral policies and procedures

Compliance Review Findings: Guam Community Health Center (GCHC) provides the full range of required primary health care services for its client population, either directly or through formal arrangements with other service providers. This includes health education, health maintenance, screening, comprehensive primary medical care, behavioral health, and preventive dental/emergency dental services. Using a family practice model of care, services are offered for all age groups.

As a Bureau of the Department of Public Health, and as a major Medicaid provider and Medically Indigent Program (MIP) provider, GCHC has firmly established referral relationships with an array of specialty providers, substance abuse treatment/behavioral health providers, and with Guam Memorial Hospital (GMH) to refer patients for services not available at GCHC's two health centers. In addition, there is an off-island referral program.

Prenatal and postpartum services are provided by the center's medical and nurse midwifery staff. Under agreements with Sagua-Mañagu Birthing Center and GMH, patients are transferred to the facility of the patients' choice for late prenatal care and delivery. A perinatal care coordinator, and the nursing staff do an excellent job of tracking the patients and assuring post-partum care and well childcare at GCHC after delivery. Comprehensive written and board approved perinatal protocols are followed.

Laboratory services are provided either onsite at one of the two CLIA approved moderate complexity laboratories, or under a contract with Diagnostic Laboratory Services (DLS), a private reference laboratory.

There is an in-house pharmacy with facilities at both the Southern Regional Health Center (SRHC) and the Northern Regional Health Center (NRHC). An inventory of 340B drugs is maintained for the center's patients.

Imaging services, including mammograms and ultrasound services, are provided by referral to Guam Memorial Hospital or by referral to Guam Radiology Consultants, a private imaging group on the island.

Current written medical protocols are in place for the medical management of the most frequently treated acute and chronic medical conditions.

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WIC services are provided at both health centers, and there are teams of Medicaid and MIP eligibility workers available at both sites.

A variety of outreach activities are conducted, including health fairs and public health education events.

Interpreter services are available by health center staff who are multilingual and multicultural, representing the various language and cultural groups comprising the GCHC's patient population. Printed materials are available in the languages spoken by the patient population groups.

Section 2. Services - Program Requirement #3

Program Requirement #3 - Staffing

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Staffing Profile

Provider contracts, agreements, and any subrecipient arrangements related to staffing (as applicable)

Credentialing and privileging policies and procedures

Documentation of provider licensure or certification for all licensed or certified health center practitioners

Privileging lists

Other:

Personnel folders/credentialing files for Licensed Independent Practitioners (LIPs)

Compliance Review Findings: GCHC has a clinical staff of 1.4 FTE Family Practitioners, 3.5 FTE primary care Internists, 1.97 FTE pediatricians, 2 nurse practitioners, 1 Certified Nurse Midwife, and 0.2 FTE clinical psychologist. There are 15 nurses, 2 laboratory technicians, and 1 FTE perinatal coordinator. Pharmacy staff consists of 1 FTE pharmacist and pharmacy technicians at both NRHC and SRHC.

This staffing is adequate to provide the services that are within the grantee's scope of project, and to serve the current patient numbers.

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GCHC has a written, board approved, credentialing and privileging policy and procedures. The procedure relies on the Guam Memorial Hospital's (GMH) HR staff to conduct the credentialing, following procedures which are compliant with the requirements of the Joint Commission on Accreditation of Health Care Organizations. GMH's credentialing procedures are compliant with the requirements of PIN 2002-22. Clinical privileging is conducted in-house by the Medical Director of the GCHC. Complete duplicate credentialing and privileging files are maintained by the health center. Recredentialing and reprivileging of LIPs are conducted on a biannual basis. Performance appraisals are conducted annually for all employees, including the provider staff.

Section 2. Services - Program Requirement #4

Program Requirement #4 - Accessible Hours of Operation / Locations

Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Hours of operation for health center sites

Most recent Form 5B: Service Sites (*Note that the form lists only the TOTAL number of hours per week each site is open, not the specific schedule*)

Form 5C: Other Activities/Locations

Service area map with site locations noted

Compliance Review Findings: GCHC operates two health center sites, the Northern Regional Health Center, located in Dededo, just 15 minutes east of Agana, and the Southern Regional Health Center, located in Inarajan, a 35-40 minute drive south of Agana. Both facilities are well maintained and well equipped, and have ample square footage and number of examining rooms to accommodate the clinical activities. The locations are central to the major service population groups. There is convenient and ample parking at each of the facilities.

Although Guam's public transportation system is not optimal, each of the sites is located on bus lines.

The hours of operation are as follows:

Northern Regional Community Health Center:

Monday - Thursday: 7:30 AM - 6 PM

Friday: 7:30 AM - 12 Noon

Saturday: 7:30 AM - 1:30 PM

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Southern Regional Community Health Center:

Monday - Thursday: 8 AM - 5 PM

Friday: 8 AM - 12 Noon

These locations and hours of operation are appropriate and appropriate to the needs of the service population.

Section 2. Services - Program Requirement #5

Program Requirement #5 - After Hours Coverage

Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR Part 51c.102(h)(4))

Compliance Status: Not Met.

Documents reviewed onsite or in advance:

Health center's after hours coverage policies and procedures

Most recent Form 5A: Services Provided, see Emergency Medical Services

Other:

Written communications related to issues and problems with the phone system

Compliance Review Findings: At present, the government of Guam is transitioning to a new telecommunications provider, and the transition has had numerous serious difficulties, including an inability to leave an automatic voice message for patients who call the center after hours. Major government-wide efforts are underway to resolve the problems (which are not limited to the GCHC), and hopefully the telephone system problems will be resolved soon.

The written policies and procedures for after hours coverage which have been in place until recently included a recorded message, in English, informing patients that for medical emergencies they should go to the emergency department of Guam Memorial Hospital (GMH). If it is not a medical emergency, the patient is informed of the clinic hours and telephone numbers and instructed to call for an appointment. There was not a system for connecting patients to a provider for medical advice. GCHC does not have any provisions for responding to the needs of non-English speaking patients.

If Not Met - Steps/Actions Recommended for Compliance: GCHC must work with the government of Guam to resolve the telephone problems as soon as possible.

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Once the technology issues are resolved, GCHC must develop a system whereby patients contacting the center after hours and on weekends can be directed to emergency care, and can speak with a provider for medical advice, if needed. As one example, this may be accomplished by having after hours calls forwarded to a contracted answering service who can follow a standard script (in languages spoken by the center's clients), identifying the patient as being a patient of GCHC, and connecting them with an on-call provider who can provide medical advice to the patient. Providers would be asked to serve on call on a rotational basis. The system for handling after hours calls should include a provision for entering pertinent information related to the call in the respective patient's medical record. Preferably, the on call provider would have remote access to the patients' electronic record.

Section 2. Services - Program Requirement #6

Program Requirement #6 - Hospital Admitting Privileges and Continuum of Care

Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Hospital admitting privileges agreements/documentation

Most recent Form 5C: Other Activities/Locations (if applicable, hospitals where health center providers have admitting privileges should be noted on the form)

Other:

Policies and procedures for referral of patients for hospitalization.

Compliance Review Findings: GCHC's providers do not admit and provide inpatient care for hospitalized patients. Instead, patients requiring hospitalization are referred to Guam Memorial Hospital (GMH).

Guam Memorial Hospital is the only civilian hospital on Guam, and serves as the safety net provider. As such, GMH serves privately-insured patients, MIP and Medicaid covered patients, and uninsured patients.

As a government agency, the GCHC has an established relationship to refer its patients requiring hospitalization to GMH. When a GCHC provider has a patient who requires hospitalization, they

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contact either the hospitalist staff or the emergency department staff apprising them that a patient is to be transferred, and providing appropriate clinical information. A referral form, along with pertinent laboratory findings, accompanies the patient.

The center's nursing staff track the hospitalized patient and arrange for resumption of care at the health center upon discharge.

There are written policies and procedures covering referrals for hospitalization, tracking of hospitalized patients, and post-discharge follow-up.

The government of Guam also has an off-island referral system which may be called upon for patients requiring medical services not available on Guam. Patient cases referred for off-island care are brought before an off-island referral committee, and if approved by the committee, are referred either to facilities in the Philippines, Hawaii, or mainland USA.

Section 2. Services - Program Requirement #7

Program Requirement #7 - Sliding Fee Discounts

Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. (Section 330(k)(3)(G) of the PHS Act and 42 CFR Part 51c.303(f) and (u))

Compliance Status: Not Met.

Documents reviewed onsite or in advance:

Schedule of fees/charges for all services in scope
Sliding fee discount schedule/schedule of discounts (often referred to as the 'sliding fee scale')
Implementing policies and procedures for the sliding fee discount program
Sliding fee signage and/or notification methods
Sliding fee application form(s)/eligibility criteria

Compliance Review Findings: On March 10, 2014, GCHC's Board approved the center's sliding fee policy. However, the policy is not in compliance with the 2014 Federal Poverty Guidelines for the following reason:

- In the Sliding Fee Policy 0004 Titled "*Sliding Fee Discount*" *Application and Documents Required for Eligibility Determination*" - page 4 paragraph 2 – the policy states that "*...Eligibility is also determined by residency status. A recipient must be a U.S. Citizen and a resident of Guam, or an alien legally admitted for permanent resident to the U.S., Guam, or other U.S. Territories. Residents of Guam are defined as individuals intending to remain permanently or indefinitely in Guam.*"

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- Per Program Requirement #7, the criteria for patient eligibility for a Sliding Fee Discount is based on family size and family income only.

GCHC's patients are informed through public signage and at the reception desk during the patient registration process that GCHC has a Sliding Fee Discount program that will provide patient health care services regardless of the patient's ability to pay.

GCHC has written board approved policies and procedures that support the implementation of the Sliding Fee Schedule, and the sliding fee schedule is appropriately applied to all patients. GCHC has in place the following written policy and procedure documents:

- Schedule of fees
- Sliding fee discount schedule
- Written sliding fee policies
- Sliding fee application forms package

Further, the sliding fee discount schedule applies to fees charged for all services in scope (Medical, Behavioral, and the Pharmacy 340B program). The sliding fee discount schedule is consistent with locally prevailing rates or charges, and is designed to cover the reasonable costs of operations.

The sliding fee discount schedule offers:

1. A full discount from charges for eligible individuals and families with incomes at or below 100% of the 2014 Federal Poverty Guidelines (FPG);
2. A partial discount for individuals and families with incomes above 100% and at below 200% of the FPG;
3. No discount for individuals and families above 200% of the FPG.

If Not Met - Steps/Actions Recommended for Compliance: GCHC must delete the following language from the existing sliding fee policy:

- "...Eligibility is also determined by residency status. A recipient must be a U.S. Citizen and a resident of Guam, or an alien legally admitted for permanent resident to the U.S., Guam, or other U.S. Territories. Residents of Guam are defined as individuals intending to remain permanently or indefinitely in Guam." (or any similar reference)
- The board must then review and approve these deletions/changes to the Sliding Fee Policy.

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Section 2. Services - Program Requirement #8

Program Requirement #8 - Quality Improvement / Assurance Plan

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. (Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2)-(3), and 42 CFR Part 51c.303(c)(1)-(2))

Compliance Status: Met.

Documents reviewed onsite or in advance:

Quality improvement/quality assurance (QI/QA) plan and related and/or supporting policies and procedures (e.g., incident reporting system, risk management policies, patient safety policies)
Clinical Director's job description
HIPAA-compliant patient confidentiality and medical records policies and procedures
Clinical care policies and procedures
Clinical information tracking policies and procedures

Other:

Reports of performance trends, and analysis of factors contributing to and/or restricting progress on the performance measures

Compliance Review Findings: GCHC has a comprehensive written, board approved, QI/Risk Management Plan. The plan establishes a multi-departmental staff QI/Risk Management Committee which meets monthly, and keeps minutes of its meetings. Reports of QI/Risk Management activities are made by the CEO to the Board of Directors at each of the Board meetings.

The QI/Risk Management program is overseen by the Medical Director, with day-to-day management of the program carried out by the Nurse Quality Improvement Manager.

Data sources which inform the QI/Risk Management process include patient satisfaction surveys, reports of progress on the clinical and financial performance measures, incident reports, patient complaints or patient grievances, UDS data on utilization and provider productivity, information gathered from peer reviews, and employee satisfaction/employee suggestions.

There is evidence that quality related issues are identified by the committee process, and strategies are implemented to improve the quality of services and manage risk to patients, employees, and the health department.

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There are policies and procedures which assure confidentiality of medical information, and patients' written consent is required for the release of medical information to outside individuals/organizations.

The health center and its employees are insured by the government of Guam for professional liability. The center has not requested deeming under the Federal Tort Claims Act (FTCA).

Section 3. Management and Finance - Program Requirement #9

Program Requirement #9 - Key Management Staff

Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p), and 45 CFR Part 74.25(c)(2)-(3))

Compliance Status: Not Met.

Documents reviewed onsite or in advance:

Health center organizational chart

Key management staff position descriptions and biographical sketches

Key management vacancy announcements (if applicable)

Health center's official scope of project for services and sites (Form 5A and Form 5B)

UDS Summary Report

Compliance Review Findings: GCHC's key management staff have all been with the organization for a number of years. The key management positions consist of the Executive Director, Medical Director, Chief Pharmacist, Medical Records Supervisor, Laboratory Microbiologist, Nursing Community Health Nurse Supervisor, MIS, and Risk Management Coordinator.

GCHC does not have its own Chief Financial Officer or Financial Director; rather, it relies on the General Accounting Office of the government of Guam's Department of Administration. It is apparent, following a meeting with the General Accounting Office, that the level of health center specific financial expertise is not readily available to support the financial management of the health center program or FQHC requirements.

The Executive Director has announced her retirement in three years, after being with GCHC for nearly twenty-years; she reported that there is a plan to prepare and train current staff members for advancement.

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GCHC has been working with a Senator in drafting legislation to reclassify the health center's Executive Director and Medical Director positions commensurate with their true responsibilities, and raise their salary scale to enable retention and recruitment. The proposed legislation also includes adding the position of Chief Financial Officer to the center.

If Not Met - Steps/Actions Recommended for Compliance: The GCHC must work within the Department of Public Health and the government of Guam's legislative process to create and approve a new position to support the health center's financial management. It is understood the government of Guam's administrative and legislative process will be difficult.

While working within the Guam legislative process, it is essential that the Executive Director and Medical Director positions be included in the legislation to accurately describe the extent of the respective responsibilities and be more appropriately classified for salary classification.

In PR #17, technical assistance is being recommended to support governance and management of the health center.

Section 3. Management and Finance - Program Requirement #10

Program Requirement #10 - Contractual/Affiliation Agreements

Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program requirements. (Section 330(k)(3)(I)(ii) of the PHS Act, 42 CFR Part 51c.303(n) and (t), Section 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a)(2))

Compliance Status: Met.

Documents reviewed onsite or in advance:

- Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the health center project
- Contract with another organization for core primary care providers
- Contract with another organization for staffing the health center including any contracted key management staff (e.g., CEO, CMO, CFO)
- Procurement and/or other policies and procedures that support oversight of contracts or affiliations

Compliance Review Findings: The contracts requested for review from GCHC's files indicate that the center meets all requirements. The contracts, agreements, and Memoranda of Understanding do not limit the health center's authority or compromise its ability to meet this Program Requirement.

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A review of the GCHC and the government of Guam's procurement policies reveals a process for acquiring and putting contracts and purchases out for bid. Review of the policies and minutes reveals that the Board is involved in the contract, agreements, and MOU process.

Further, the government of Guam's requisition process provides additional assurance to protect the integrity of the health center.

Section 3. Management and Finance - Program Requirement #11

Program Requirement #11 - Collaborative Relationships

Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letter(s) of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR Part 51c.303(n))

Compliance Status: Met.

Documents reviewed onsite or in advance:

Letters of Support
Memoranda of Agreement/Understanding
Other relevant documentation of collaborative relationships

Compliance Review Findings: A review of GCHC's last Service Area Competition (SAC) grant application in 2010 and other documents provides evidence of numerous examples of strong collaborative relationships and letters of support. Due to GCHC being an integral part of the government of Guam through the Department of Public Health, there are many examples of collaborations; this includes co-located WIC, Head Start, and the Department of Public Health services. The center has a strong relationship with the Guam Memorial Hospital.

Section 3. Management and Finance - Program Requirement #12

Program Requirement #12 - Financial Management and Control Policies

Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in

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the Audit Report. (Section 330(k)(3)(D) and (q) of the PHS Act and 45 CFR Parts 74.14, 74.21, and 74.26)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Most recent independent financial audit and management letter, including audit corrective action plans based on prior year audit findings, if applicable

Most recent A-133 Compliance Supplement (grantees only)

Financial management/accounting and internal control policies and procedures

Chart of accounts

Balance sheet

Income statement

Most recent Health Center Program required financial performance measures/UDS Report

Most recent Income Analysis (Form 3)

Other:

Board Meeting minutes 2014

Compliance Review Findings: GCHC is in a co-applicant relationship with the government of Guam. Within the Department of Health it is recognized as a governmental unit. As such, GCHC's annual audit is performed in conjunction with the financial audit for the government of Guam and GCHC's financial information, accounting systems audit, and review of its internal controls are incorporated into the government of Guam's audit.

GCHC had its annual independent financial audit performed in accordance with federal audit requirements. The auditors – Deloitte and Touche LLP – expressed an unqualified opinion for FY 2013 - 12 months ending September 30, 2013. The audit included the following reports: 1) Auditor's Report, 2) A-133 Compliance Supplement, and 3) Reports to the Board/Management 4) Letters issued by the auditors. The Board approved the FY 2013 audit report as presented at its regularly scheduled Board meeting.

The auditors did not report any findings, conditions, or material weakness in their audit of GCHC's financial statements, and A-133 Compliance Supplement for FY2013 - 12 months ending September 30, 2013.

GCHC's accounting and internal control systems are maintained through the government of Guam's Office of Public Accountability (OPA). The OPA maintains GCHC's accounting and internal control systems appropriate to the size and complexity of the organization which reflects Generally Accepted Accounting Principles (GAAP) and has separate functions appropriate to the organization's size to safeguard assets and maintain financial stability. Further, GCHC's accounting system has a chart of accounts that reflects the general ledger accounts. The present accounting system is able to separately identify federal and non-federal transactions.

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Section 3. Management and Finance - Program Requirement #13

Program Requirement #13 - Billing and Collections

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:

Policies and procedures for credit, collection, and billing

Encounter form(s)

Most recent Income Analysis (Form 3)

Managed care or any other third party payor contracts

Most recent Health Center Program required financial performance measures/UDS Report

Compliance Review Findings: As of June 30, 2014, GCHC has not generated any billings for services provided as of January 1, 2014. The primary cause for the delay in billing for services is the inability of the present Resource and Patient Management System (RPMS) electronic medical record and electronic practice management system to generate bills. Though the RPMS system was implemented in 2012, GCHC has had implementation issues including provider training on the new system, provider acceptance of the new EMR system, timely charting and coding of patient visits, and continuing implementation of various application components to the main RPMS EMR, e.g. lab results for on-line reporting, etc. This non-billing of services provided is not compliant with the Program Requirements "...to maximize collections and reimbursement for its costs in providing health services..."

Currently when bills are generated, though there is an expectation that claims should be generated within one week, it is normal that claims are generated as late as two (2) to four (4) weeks after the date of service due to issues described in the preceding paragraph.

Typically, GCHC bills all payers including Medicare, Medicaid, and private commercial insurance carriers on a 1500 billing form. The health center bills both Medicare and Medicaid on an UB-04 billing form as appropriate. The center has its Medicaid provider number and FQHC rate as well as its Medicare rate with its Medicare fiscal intermediary. Medicaid contracts are signed.

Registration forms are used that reflect patients enrolling with GCHC's Sliding Fee Discount program and which address electronic billing requirements. GCHC has written, board-approved Billing, Credit, and Collections policies and procedures that are applicable to all patient categories.

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GCHC makes a reasonable effort to secure payment from patients for services provided based on established Sliding Fee Discount schedules while ensuring that no eligible patient is denied access to health care services due to an inability to pay. However, often, third party payers delay reimbursement to GCHC for services provided even though the submitted claims are clean, have no billing issues, and include the appropriate supporting documentation. For example, GCHC recently received in May 2014 about \$500,000 in Medicaid reimbursement from the government of Guam. The reimbursement was for submitted claims with dates of service from January 1, 2013 to March 31, 2013.

In addition, GCHC ensures that efforts are made to systematically collect the maximum reimbursement from third party payers for services provided to their members. Recently, GCHC's Board and management have been evaluating the use of collection agencies to resolve the outstanding accounts receivable.

If Not Met - Steps/Actions Recommended for Compliance: GCHC must ensure that all claims are submitted and billed to third party payers in a timely manner. A revised Billing Policy should be developed that:

- Sets an expectation that a bill is generated for every patient encounter/visit.
- Establishes a billing cycle process that has the goal of generating claims within three business days of the date of service.
- Makes changes to the existing billing cycle procedures to accomplish the goals and the new billing cycle process.
- Is reviewed and approved by the Board for implementation.

Section 3. Management and Finance - Program Requirement #14

Program Requirement #14 - Budget

Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D) and (k)(3)(I)(i) of the PHS Act and 45 CFR Part 74.25)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Annual budget

If applicable, operating plan

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Most recent Income Analysis (Form 3)
Most recent Staffing Profile

Compliance Review Findings: GCHC maintains an annual total budget/operational budget that reflects the expenses and revenues (including the federal grant, state grants, and contributions) necessary to accomplish the service delivery plan for its Fiscal Year 2014/2015 - 12 months ending September 30, 2015.

The budget includes reasonable projections for all revenue sources to support the scope of the project. Additionally, GCHC's accounting system maintains a separate federal budget breakdown that identifies the revenues and expenses applicable to the federal and non-federal components of the health center's operating budget.

The Board of Directors reviewed and accepted the FY 2014/2015 total operating budget for the 12 months ending September 30, 2015 at its regularly scheduled meetings.

At monthly Board and Finance committee meetings, interim financial statements presented for review include reports detailing variances of actual versus budgeted amounts.

Section 3. Management and Finance - Program Requirement #15

Program Requirement #15 - Program Data Reporting Systems

Health center has systems which accurately collect and organize data for program reporting and which support management decision-making. (Section 330(k)(3)(I)(ii) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Most recent UDS report and UDS Health Center Trend Report

Most recent Clinical and Financial Performance Measures Forms

Clinical and financial information systems (e.g., EHR, practice management systems, billing systems)

Compliance Review Findings: GCHC is in the process of completing its implementation of the RPMS family of Medical Electronic Health Record (EHR) software and Electronic Practice Management (EPM) application by the first quarter of calendar year 2015. Recently, GCHC recruited an skilled Information Technology coordinator who has experience in implementing RPMS systems.

GCHC is experiencing operational issues related to the implementation and adoption of the clinical medical records application configuration. While these issues do not materially affect

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the collection, aggregation and completeness of the data collected, they do affect the providers' ability to complete charting of clinical protocol workflows in a timely manner.

Current IT policies on hardware and software application systems are being revised to ensure the safety, security, and redundancy of the existing IT system.

This information technology system collects and organizes the data required for UDS, FFR, Clinical and Financial Performance Measures and other Health Center Program reporting requirements.

Information from GCHC's data reporting and needs assessments are used to inform and support management's decision-making.

Section 3. Management and Finance - Program Requirement #16

Program Requirement #16 - Scope of Project

Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR Part 74.25)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Health Center UDS Trend Report

Health center's official scope of project for sites and services (Forms 5A, 5B, and 5C)

Most Recent Form 2 Staffing Profile

Notice of Award and information for any recent New Access Point or other supplemental grant awards

Compliance Review Findings: GCHC continually assesses its scope of project and discusses how to improve services to at-risk populations in their service area.

As of the date of this site visit, GCHC's current scope of project in terms of services and number of sites, is in compliance as compared with its approved scope as listed on its current Form 5A and Form 5B.

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Section 4. Governance - Program Requirement #17

Program Requirement #17 - Board Authority

Health center governing board maintains appropriate authority to oversee the operations of the center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:

Organizational/corporate bylaws
Minutes of recent board meetings
Health center policies and procedures
Board annual meeting schedule
If Applicable: Co-Applicant Agreement for public centers
List of board committees

Compliance Review Findings: As a publicly-held community health center, there is an updated Co-Applicant Agreement, signed in June, 2014. The health center is organizationally located within the government of Guam's Department of Public Health's Bureau of Primary Health Care.

A review and audit of GCHC's Board of Directors (BOD) minutes and the annual meeting schedule reveals that the BOD meets monthly.

Review of the board meeting minutes that the Board receives took place. The board meeting minutes do not adequately document that the Board of Directors formally approves the health center grant application, the annual operating budget, the hours of operations, or the services provided. The Board receives and approves all of the general policies.

The BOD conducts the performance evaluation of the Executive Director. The results are presented to the entire BOD for review and approval and are documented in the Board minutes. The Executive Director announced her plans to retire in three years. While there are discussions on filling this position, it is not clear that the Board has fully engaged in a succession planning effort for the position.

The BOD conducts a Strategic Plan that is updated, and the health center's progress in meeting programmatic and financial goals against its long-term goals was reviewed. The Board receives regular quality updates including evaluation of Patient Satisfaction Survey results.

The bylaws address all necessary areas consistent with the Health Center Program and applicable grants management requirements. The bylaws address the Mission, responsibilities of the Board,

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Board composition, terms of Board members, and recording of meetings. The Bylaws identify the standing committees, though some of the committees' descriptions could benefit from more detail.

If Not Met - Steps/Actions Recommended for Compliance: The BOD must formally approve within its record of meetings actions taken by having motions that are approved by a vote of the majority of the members.

Governance and management training is recommended for this grantee. This would include general health center governance training, the Board's need for Executive Director succession planning due to her pending retirement, and, as referenced in PR #9, the development of internal financial management capacity for the BOD to have strong financial and clinical performance measures to monitor progress.

Section 4. Governance - Program Requirement #18

Program Requirement #18 - Board Composition

The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p), and 45 CFR Part 74.25(c)(2)-(3))

Compliance Status: Met.

Documents reviewed onsite or in advance:

Composition of board of directors/most recent Form 6A: Board Composition
Organizational/corporate bylaws
Board member application and disclosure forms
UDS Summary Report

Other:

Co-applicant agreement and Bylaws

Compliance Review Findings: GCHC's current Board membership consists of thirteen members who are appropriate in age, gender, and race/ethnicity, in accordance with a review of the 2013 UDS. The consumer membership is over 51% of consumer members, consisting of seven out of thirteen of the Board members. The non-consumer membership is comprised of members who have expertise in the areas of civic leadership (three mayors of local villages), accounting/ finance, business and island culture. Total membership consists of individuals who have skill sets that are appropriate for the size and complexity of the organization. No more than one half (50%) of the non-consumer Board members derive more

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than 10% of their annual income from the health care industry. There is evidence through the Board minutes that the patient population has input into developing the programs/services of GCHC.

Section 4. Governance - Program Requirement #19

Program Requirement #19 - Conflict of Interest Policy

Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center. (45 CFR Part 74.42 and 42 CFR Part 51c.304(b))

Compliance Status: Met.

Documents reviewed onsite or in advance:

Corporate Bylaws

Most recent update of Conflict of Interest policy and related procedures

Procurement policies and procedures

Other:

Co-applicant agreement

Compliance Review Findings: Within its bylaws in Article III, Section 4.d., GCHC has a clearly described provision for conflict of interest.

GCHC has thorough Board and management policies addressing Conflict of Interest (COI) that prohibit COI and establish a Code of Conduct for the Board, staff, and agents of the organization. GCHC, through its public entity relationship with the government of Guam, has a detailed Procurement Policy for all products and non-employee services.

The Board signs an annual attestation of COI. All staff annually sign the COI, confidentiality, and HIPAA attestation forms.

The COI policies address a process to determine if there has been a conflict of interest violation, and if so, what disciplinary and corrective action should be taken.

The Executive Director is not a voting member of the Board.

This report has been prepared for the exclusive use of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) to assist in providing guidance and oversight of the HRSA/BPHC grantee. Information provided in this report is restricted to HRSA/BPHC use and cannot be distributed, copied, shared, and/or transmitted without written permission from HRSA/BPHC and the Review Team.

Section 5. Clinical and Financial Performance

Clinical Measure #1 - Percentage of pregnant women beginning prenatal care in the first trimester

Documents reviewed onsite or in advance:

UDS Trend, Comparison, and Summary Reports

Quality improvement/quality assurance plan

Clinical and Financial Performance Measure Forms from most recent SAC/Designation application

Other:

The center's performance analyses for the clinical performance measures

Clinical Performance Analysis:

Reasons for selecting the measure:

- Delayed entry into prenatal care is a serious problem in Guam, especially among the underserved and uninsured patients.
- Delayed entry into prenatal care affects a large population (i.e., women of reproductive age 15-44 years of age).
- Guam has a high rate of teenage pregnancy and most teens fail to seek early prenatal care due to a variety of reasons (e.g., lack of insurance, fear, afraid of parents knowing that they are pregnant, etc.)
- Guam ranks 4th with its high rate of Chlamydia (in comparison to U.S. states). Women with STD infection during pregnancy are at high risk for pregnancy complications which can lead to poor pregnancy outcomes.
- High rate of infant mortality on Guam in comparison to the States so there is a need to reduce infant mortality through early prenatal care.
- Most women delay seeking early prenatal care due to a lack of health insurance, financial resources, transportation, and/or cultural barriers.
- There is a need to take care of pregnant women especially those at high-risk (i.e., those with chronic diseases, women who smoke or use recreational drugs, etc.).
- Need to find a solution to bring more women to see a provider during the first trimester of pregnancy.
- Women do not know the benefits and importance of early prenatal care.
- This Health Center has continued to have relatively low performance on this measure.

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Performance measure status and trend: The center’s performance on this measure was as follows for the period 2007 - 2013:

Year	Numerator	Denominator	Total
			%
2007	579	2155	26.9
2008	249	1000	24.9
2009	358	1291	27.7
2010	325	1396	23.3
2011	371	1400	26.5
2012	316	1145	27.6
2013	290	1119	25.9

The center’s performance on this measure has remained at a relatively low level during this seven-year period.

Key factors (internal and external) contributing to and/or restricting the health center’s performance on the measure:

Contributing Factors:

- Recruited 1 full-time Family Nurse Practitioner in 2012 and 1 full-time CNM in 2013.
- Hired 1 FTE Perinatal Care Coordinator to conduct case management services for pregnant women.
- Recruited a Chuukese translator to improve communication between the health center providers and Chuukese prenatal patients.
- Recruited 4 RNs and 1 Licensed Practical Nurse in 2013.
- Recruited 3 Medicaid Eligibility Workers to assess financial barriers to prenatal care services.
- The Maternal and Child Health (MCH) Social Worker on site assists pregnant uninsured women in applying for the MCH program, which pays for some prenatal laboratory procedures.
- Increasing number of pregnant women eligible for Sliding Fee Discount Program.
- Increased the availability and accessibility of pregnancy testing so more walk-in patients were tested and those with a positive pregnancy test were referred to the health center’s Perinatal Care Coordinator.
- Re-engineered Women’s Health Services by establishing a Perinatal Care Unit, which is a designated area strictly for pregnant women.
- Women in their 2nd and 3rd trimester of pregnancy are referred to Marianas Physician Group for continuity of prenatal care. This opens up the availability of prenatal appointment slots for more women in their first trimester of pregnancy.

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- Conduct pregnancy testing during the “Extended Outreach” clinics and individuals with a positive pregnancy test are referred to the health center sites or to private providers for early prenatal care. During the Extended Outreach clinics, women also receive education about the importance of early and adequate prenatal care.

Restricting Factors:

- Women do not see the benefits and importance of seeking prenatal care in the first trimester of pregnancy.
- Seeking prenatal care in the first trimester of pregnancy is not a priority for most women from the Federated States of Micronesia, who represent a significant number of the Health Center’s prenatal patients.
- Pregnant women’s applications for Medicaid or Medicaid Integrity Program (MIP) are not processed expeditiously (the average processing time takes 3 to 6 months). When they do not get a pregnancy test, they have no verification of pregnancy so their application is not expedited.
- Transportation issues: lack of transportation, high cost of gas, and unreliable Guam mass transit.
- Limited appointment slots with only four health center providers (2 CNMs, 1 FNP, and 1 part-time OB/GYN).

Health center’s progress and/or proposed action to improve performance on the measure:

In addition to the actions already taken to improve performance on this measure, the health center intends to redouble its efforts to provide outreach and education to the communities it serves in an effort to recruit more women into prenatal care in early pregnancy. The perinatal care program has been significantly strengthened by the addition of a Chuukese perinatal care coordinator and the establishment of a separate prenatal care clinic area.

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Financial Measure #1 - Total cost per patient

Documents reviewed onsite or in advance:

UDS Trend, Comparison, and Summary Reports

Quality improvement/quality assurance plan

Most recent audit

Clinical and Financial Performance Measure Forms from most recent SAC/Designation application

Other:

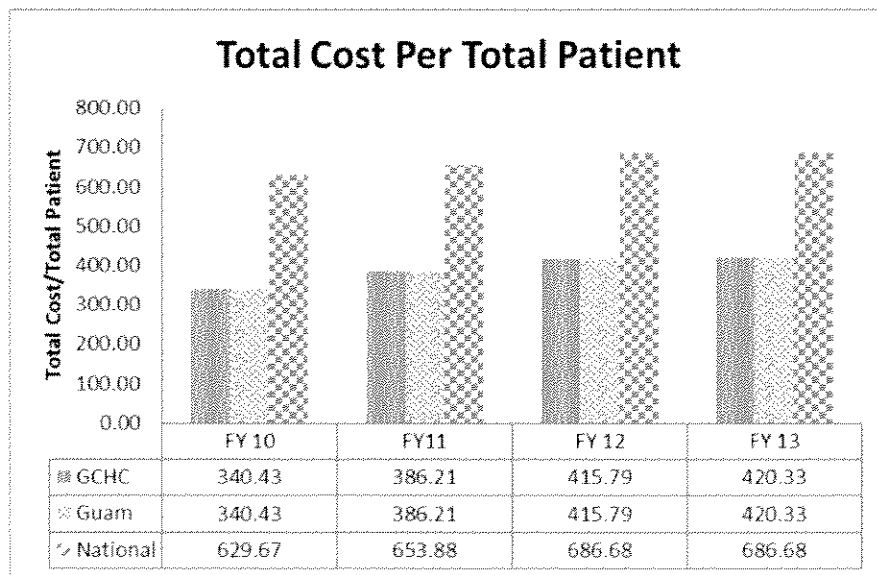
Program Narrative update 2014

Financial Performance Analysis:

Reasons for selecting the measure: GCHC is the only Federally Qualified Health Center in Guam. As other primary care providers limit their Medicaid patient population, GCHC is the only safety net primary care provider other than access through Guam Memorial Hospital's emergency department. Therefore, it is critical that GCHC maintains its financial viability to continue serving the community residents who need access to primary health care services.

By setting a financial goal of limiting annual cost increases to less than 8%, GCHC is able to ensure the funding of its operations to maintain a break-even financial outcome annually.

Performance measure status and trend: GCHC's Total Cost per Patient trending is illustrated in the following graph:



Note: As GCHC is the only FQHC in Guam, the averages for Guam reflect GCHC's performance.

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The cost figures are related to all expenditures budgeted in Fund 105. Fund 105 includes all expenditures budgeted to the GCHC related to the federal grant received from the Section 330 grant. Fund 105 may not include the overhead costs incurred at GCHC but paid through other fund accounts and funded by GCHC program income.

GCHC's Total Cost per Patient has been trending higher, reflecting the inflationary cost of labor and supply costs. However, the cost increases year over year have been less than 8%, which is the goal in limiting cost increases.

Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:

Key Factors contributing to and/or restricting GCHC's performance on the measure include:

Contributing Factor:

- GCHC's participation in the 340B Pharmaceutical program enables the health center to access the 340B Drug Discount Pricing Program, resulting in positive financial results. The savings or surplus of about \$298,000 in 2012 was reprogrammed into personnel cost, enabling GCHC to recruit additional providers and support staff.

Restricting Factors:

- Due to Guam's remote location from mainland USA, recruiting professional and support clinical staff is difficult. As a result, recruiting costs are at a premium when competing with other proprietary and hospital recruiting initiatives. The higher personnel costs translate to increased Total Cost per Patient figures.
- Problems with the implementation of the RPMS IT EMR application have caused delays in patient processing times and limits the number of patient visits.

Health center's progress and/or proposed action to improve performance on the measure:

GCHC has implemented or will be implementing the following activities to improve its performance on the Total Cost per Patient measure:

- GCHC has implemented Saturday hours for patient activity. This has facilitated patient access to GCHC primary care services.
- As GCHC facilities house other Guam government public program services such as Women, Infant, Child (WIC), STD/HIV, ADAP, Supplemental Nutrition Assistance Program, Medicaid enrollment, Chronic Disease, etc., residents are encouraged to make use of the "one-stop" nature of accessing services.

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- GCHC's management is assessing other activities such as outreach and enrollment to increase patient activity at its facilities.
- GCHC's IT department is focusing its activities to complete the roll out and implementation of RPMS IT applications by the 1st quarter of 2015.

Section 6. Capital and Other Grant Progress Review

Capital Grant Program(s) Reviewed: N/A - Grantee does not have any active capital grant funding.

Section 7. Innovative/Best Practices

The Guam Community Health Center's Board of Directors has significant community and political influence as a result of several village mayors being seated on the Board. This additional community influence has significant positive impact on behalf of this publicly-held community health center within the Guam government.

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**Bureau of Budget & Management Research
Fiscal Note of Bill No. 434-32 (COR)**

AN ACT TO ESTABLISH THE POSITIONS OF COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND MEDICAL DIRECTOR, WITHIN THE COMMUNITY HEALTH CENTERS, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, BY AMENDING §3803 AND §3804, ALL OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS.

Department/Agency Appropriation Information	
Dept./Agency Affected: Public Health and Social Services	Dept./Agency Head: James W. Gillan, Director
Department's General Fund (GF) appropriation(s) to date:	58,721,540
Department's Other Fund (Specify) appropriation(s) to date: Healthy Futures Fund, Environmental Health Fund and Sanitary Inspection Revolving Fund	6,076,633
Total Department/Agency Appropriation(s) to date:	\$64,798,173

Fund Source Information of Proposed Appropriation			
	General Fund:	(Specify Special Fund):	Total:
FY 2014 Unreserved Fund Balance		\$0	\$0
FY 2015 Adopted Revenues	\$0	\$0	\$0
FY 2015 Appro. (P.L. 32-181 thru 32-207)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill						
	One Full Fiscal Year	For Remainder of FY 2015 (if applicable)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund	1/	\$0	\$0	\$0	\$0	\$0
(Specify Special Fund)	1/	\$0	\$0	\$0	\$0	\$0
Total	1/	\$0	\$0	\$0	\$0	\$0

1. Does the bill contain "revenue generating" provisions? / / Yes /x/ No
If Yes, see attachment
2. Is amount appropriated adequate to fund the intent of the appropriation? /x/ N/A / / Yes / / No
If no, what is the additional amount required? \$ _____ / / N/A
3. Does the Bill establish a new program/agency? / / Yes /x/ No
If yes, will the program duplicate existing programs/agencies? /x/ N/A / / Yes / / No
Is there a federal mandate to establish the program/agency? / / Yes / / No
4. Will the enactment of this Bill require new physical facilities? / / Yes /x/ No
5. Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason: /x/ Yes / / No
/ / Requested agency comments not received by due date / / Other:

Analyst: <u>Orilda J. Guerrero</u>	Date: <u>12/16/14</u>	Director: <u>Anthony C. Blaz</u>	Date: <u>DEC 16 2014</u>
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Footnotes:
1/ See attached comments.

Comments on Bill No. 434-32(COR)

The proposed legislation is an act to amend Sections 3803 and 3804 of Article 8, Chapter 3 of Title 10 of the Guam Code Annotated relative to establishing the positions of a Chief Executive Officer, Chief Financial Officer and a Medical Director distinctly for the Community Health Centers (Northern and Southern), under the Department of Public Health and Social Services. In addition, to adopt the Health Resources and Services Administration Program Regulations under the new Article 4 of Chapter 6 of Title 26, Guam Code Annotated. Per the Bill, *I Liheslaturan Guåhan* finds that the Health Resources and Services Administration (HRSA) conducted an operational on-site visit to the Guam Community Health Centers (CHCs) on July 16-18, 2014 and determined that the Guam CHCs did not have key management staff filling specific positions, such as the Chief Executive Officer, Chief Financial Officer and the Medical Director.

The Chief Executive Officer shall be responsible in administering and directing all aspects of the community health centers' operation, financial, personnel and facilities management of the Northern and Southern Region Community Health Centers. The Chief Financial Officer (CFO) will be responsible in managing the overall finances of the Centers to include financial reporting, fiscal accountability (general accounting and patient accounting), budget preparation, statistics reporting, preparation of cost reimbursement reports to government and private third party payers/agencies, formulating and revising policies and procedures, supervise billing and collection of account receivables, and reconciling accounts payable. The Medical Director position shall be given to a Board Certified or Board Eligible Physician Specialist who shall be responsible for the administration and management of all medical and clinical services for the Centers.

The proposed legislation will have a potential fiscal impact relative to the newly established salary levels for each of the created positions. Under the Competitive Wage Act (CWA), there is currently an established CFO position specifically for the Guam Memorial Hospital Authority (GMHA) with a salary ranging from \$70,873 (Step 1) to \$124,913 (Step 18), although the duties and responsibilities of the CFO, GMHA will vary to that of the CFO, Guam CHCs. With respect to the Medical Director, the Physician Specialist positions, under the CWA range from \$86,820 (Step 1) to \$153,020 (Step 18) for a Board Certified and from \$81,522 to \$143,682 for a Board Eligible. Per information from the Department, funding for the positions will be allocated from non-appropriated funds, fifty percent (50%) from the Community Health Center (CHC) Program Income Funds and fifty percent (50%) from the Pacific Basin CHC Grant. In addition, the actual National Standard of the salaries for the positions are unknown; however, noted below in the table are the U.S. salaries for similar positions:

Position	Low	Average (Median)	High
Chief Executive Officer	\$71,265	\$152,294	\$405,279
Chief Financial Officer	\$64,889	\$117,840	\$242,664
Medical Director	\$99,145	\$192,110	\$311,664



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd Guam Legislature
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Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

Senator
Thomas C. Ada
VICE CHAIRPERSON
ASSISTANT MAJORITY LEADER

Speaker
Judith T.P. Won Pat, Ed.D.
Member

Senator
Dennis G. Rodriguez, Jr.
Member

Vice-Speaker
Benjamin J.F. Cruz
Member

Legislative Secretary
Tina Rose Muña Barnes
Member

Senator
Frank Blas Aguon, Jr.
Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

December 12, 2014

VIA E-MAIL

anthony.blaz@bbmr.guam.gov

Anthony C. Blaz
Director
Bureau of Budget & Management Research
P.O. Box 2950
Hagåtña, Guam 96910

RE: Request for Fiscal Notes– Bill Nos. 432-32(COR) through 435-32(COR)

Hafa Adai Mr. Blaz:

Transmitted herewith is a listing of *I Mina'trentai Dos na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

Si Yu'os ma'åse' for your attention to this matter.

Very Truly Yours,

Senator Rory J. Respicio
Chairperson of the Committee on Rules

Attachment (1)

Cc: Clerk of the Legislature

Bill Nos.	Sponsors	Title
432-32 (COR)	B. J.F. Cruz, Michael F.Q. San Nicolas	AN ACT TO AMEND § 26120 OF CHAPTER 26 OF TITLE 11 OF THE GUAM CODE ANNOTATED; RELATIVE TO THE INSPECTION OF TAX RETURNS AND OTHER INFORMATION REQUIRED TO BE FILED OR FURNISHED BY THE TAXPAYER.
433-32 (COR)	T.R. MUÑA BARNES	"AN ACT TO RATIFY THE SETTLEMENT AGREEMENT AMONG THE GOVERNMENT OF GUAM, GUAM ECONOMIC DEVELOPMENT AUTHORITY, AND GUAM RESOURCE RECOVERY PARTNERS, L.P. AND APPROVE THE WASTE TO ENERGY PROJECT".
434-32 (COR)	Dennis G. Rodriguez, Jr.	AN ACT TO ESTABLISH THE POSITIONS OF COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND MEDICAL DIRECTOR, WITHIN THE COMMUNITY HEALTH CENTERS, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, BY AMENDING §3803 AND §3804, ALL OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS.
435-32 (COR)	Michael F.Q. San Nicolas	AN ACT TO STOP SALARY INCREASES FOR ELECTED OFFICIALS AND CABINET MEMBERS, BY REPEALING PUBLIC LAW 32-208.



COMMITTEE ON RULES

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
Senator
Aline Yamashita
Member

December 4, 2014

MEMORANDUM

To: **Rennae Meno**
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: **Senator Thomas C. Ada** 
Acting Chairperson of the Committee on Rules

Subject: Referral of Bill No. 434-32(COR)

As the Chairperson of the Committee on Rules, I am forwarding my referral of **Bill No. 434-32(COR)**.

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Dos na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

Si Yu'os Ma'åse!

Attachment

I Mina'Trentai Dos Na Liheslaturan Received

Bill Log Sheet

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
434-32 (COR)	Dennis G. Rodriguez, Jr.	AN ACT TO ESTABLISH THE POSITIONS OF COMMUNITY HEALTH CENTER CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND MEDICAL DIRECTOR, WITHIN THE COMMUNITY HEALTH CENTERS, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, BY AMENDING §3803 AND §3804, ALL OF ARTICLE 8, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADOPT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION PROGRAM REGULATIONS UNDER A NEW ARTICLE 4 OF CHAPTER 6, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATIONS.	12/4/14 10:14 a.m.	12/04/14	Committee on Health & Human Services, Health Insurance Reform, Economic Development, and Senior Citizens	12/12/14 11 a.m.		



Joe Mesngon <joe@todugam.com>

FIRST NOTICE of Public Hearing on Bill 433-32 (COR) & Bill 434-32 (COR)

1 message

Nicole Ramos <nramos.senatorrodriguez@gmail.com>
To: phnotice@guamlegislature.org

Thu, Dec 4, 2014 at 10:47 AM

December 4, 2014**MEMORANDUM****To: All Senators, Stakeholders and Media****From: Senator Dennis G. Rodriguez, Jr.****Subject: FIRST NOTICE of Public Hearing on Bill 433-32 (COR) & Bill 434-32 (COR)**

Hafa Adai!

The Committee on Health and Human Services, Health Insurance Reform, Economic Development, and Senior Citizens will be conducting a hearing on **Friday, December 12, 2014 at 11:00 A.M.** in the Legislature's Public Hearing Room.

The Committee will hear and accept testimony on:

1) **Bill 433-32 (COR)** Introduced by Sen. Tina Muna Bames

An act to ratify the settlement agreement among the Government of Guam, Guam Economic Development Authority, and Guam Resource Recovery Partners, L.P. and approve the waste to energy project.

1) **Bill 434-32 (COR)** Introduced by Sen. Dennis G. Rodriguez Jr.

An act to establish the positions of community health center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the community health centers, Department of Public Health & Social Services, by amending Section 3803 and Section 3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the health resources and services administration program regulations under a new Article 4 of Chapter 6, Title 26, Guam administrative rules and regulations.

Written testimonies may be addressed to Sen. Dennis G. Rodriguez, Jr. and submitted via email to senatorrodriguez@gmail.com, or deliver to 176 Serenu Ave. Suite 107, Tamuning or 155 Hesler Place, Hagatna, Guam.

Individuals requiring special accommodations are asked to contact the office of Sen. Rodriguez no later than 48 hours prior to the hearing by calling 649-8638/0511.

Si Yu'os Ma'ase'!

-

Nicole Ramos*Office of Senator Dennis G. Rodriguez, Jr.*

32nd Guam Legislature

176 Serenu Avenue Suite 107

Tamuning, Guam 96913

Tel: 671.649.0511



Joe Mesngon <joe@todugam.com>

SECOND NOTICE of Public Hearing on Bill 433-32 (COR) & Bill 434-32 (COR)

1 message

Nicole Ramos <nicoleramos@todugam.com>
To: phnotice@guamlegislature.org

Wed, Dec 10, 2014 at 8:34 AM

December 10, 2014**MEMORANDUM****To: All Senators, Stakeholders and Media****From: Senator Dennis G. Rodriguez, Jr.****Subject: SECOND NOTICE of Public Hearing on Bill 433-32 (COR) & Bill 434-32 (COR)**

Hafa Adai!

The Committee on Health and Human Services, Health Insurance Reform, Economic Development, and Senior Citizens will be conducting a hearing on **Friday, December 12, 2014 at 11:00 A.M.** in the Legislature's Public Hearing Room.

The Committee will hear and accept testimony on:

1) **Bill 433-32 (COR)** Introduced by Sen. Tina Muna Barnes

An act to ratify the settlement agreement among the Government of Guam, Guam Economic Development Authority, and Guam Resource Recovery Partners, L.P. and approve the waste to energy project.

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An act to establish the positions of community health center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the community health centers, Department of Public Health & Social Services, by amending Section 3803 and Section 3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the health resources and services administration program regulations under a new Article 4 of Chapter 6, Title 26, Guam administrative rules and regulations.

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Individuals requiring special accommodations are asked to contact the office of Sen. Rodriguez no later than 48 hours prior to the hearing by calling 649-8638/0511.

Si Yu'os Ma'ase'!

--

Nicole Ramos*Office of Senator Dennis G. Rodriguez, Jr.*
32nd Guam Legislature
176 Serenu Avenue Suite 107
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As of December 4, 2014**

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SENATOR DENNIS G. RODRIGUEZ, JR.

PUBLIC HEARING AGENDA

Friday, December 12, 2014 11am Public Hearing Room, *I Liheslatura*

I. Call to order

II. Items for public consideration:

- **Bill No. 434-32 (COR)** – Introduced by Sen. Dennis G. Rodriguez, Jr.
An act to establish the positions of Community Health Center Chief Executive Officer, Chief Financial Officer, and Medical Director, within the Community Health Centers, Department of Public Health & Social Services, by amending §3803 and §3804, all of Article 8, Chapter 3, Title 10, Guam Code Annotated, and to adopt the Health Resources and Services Administration Program Regulations under a new Article 4 of Chapter 6, Title 26, Guam Administrative Rules and Regulations.
- **Bill No. 433-32 (COR)** – Introduced by Sen. Tina Rose Muña Barnes
An act to ratify the settlement agreement among the government of Guam, Guam Economic Development Authority, and Guam Resource Recovery Partners, L.P. and approve the Waste to Energy Project.

III. Adjournment

Thank you for your participation in today's hearing.