



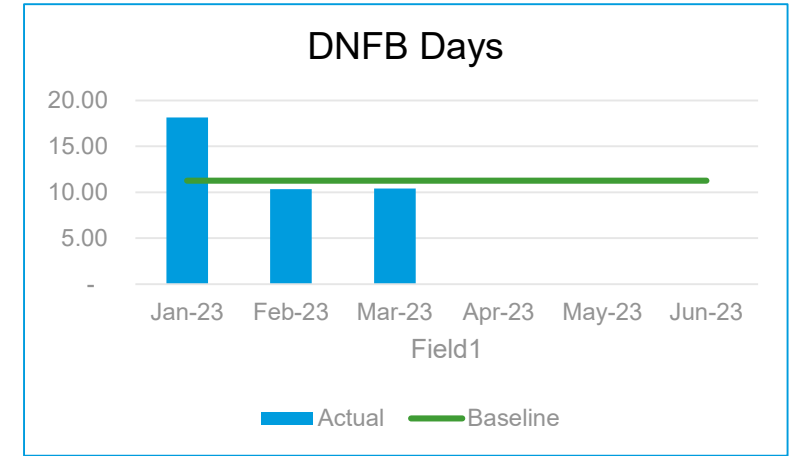
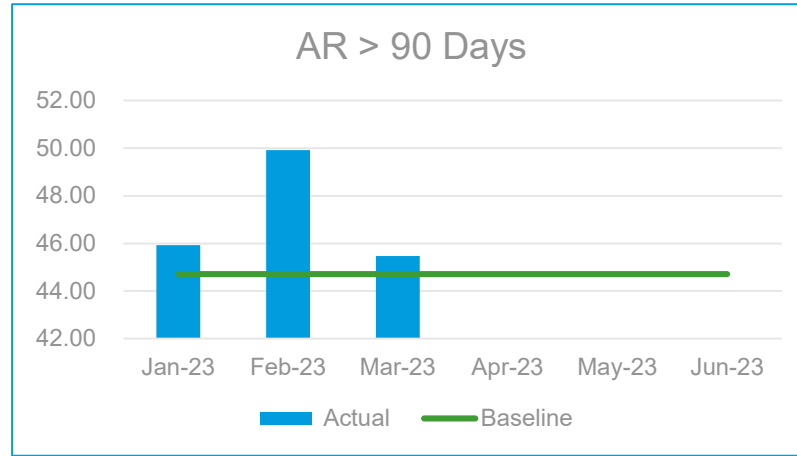
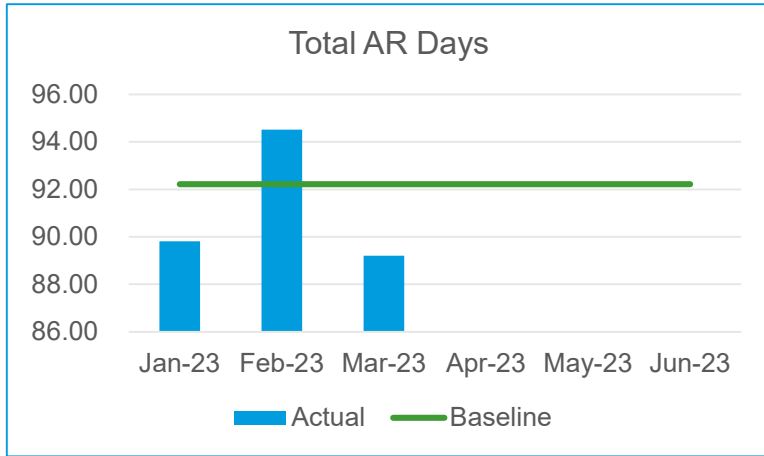
Northern Inyo Healthcare District Revenue Cycle / Margin Improvement

RSM Slides – NIH Board Meeting

April 19, 2023



2/1/23 to 3/31/23 NIH has collected \$2.6M Above Q4 2022 Average



Baseline A/R Days (92.2) are defined as outstanding A/R as of 12/31/22

Month	Metric
January 2023	89.8 ●
February 2023	94.5 ●
March 2023	89.2 ●

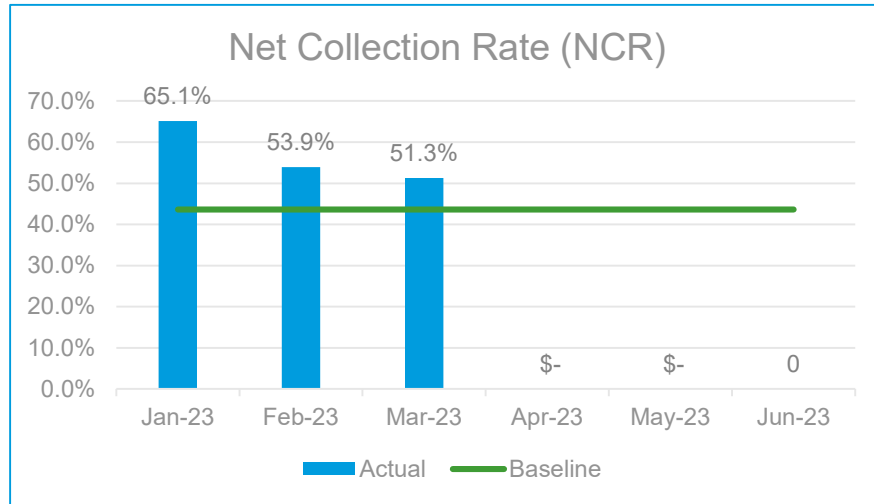
Baseline A/R > 90 Days (44.71) are defined as outstanding A/R as of 12/31/22

Month	Metric
January 2023	45.9 ●
February 2023	49.9 ●
March 2023	45.5 ●

DNFB Days (11.25) are defined as outstanding A/R as of 12/31/22

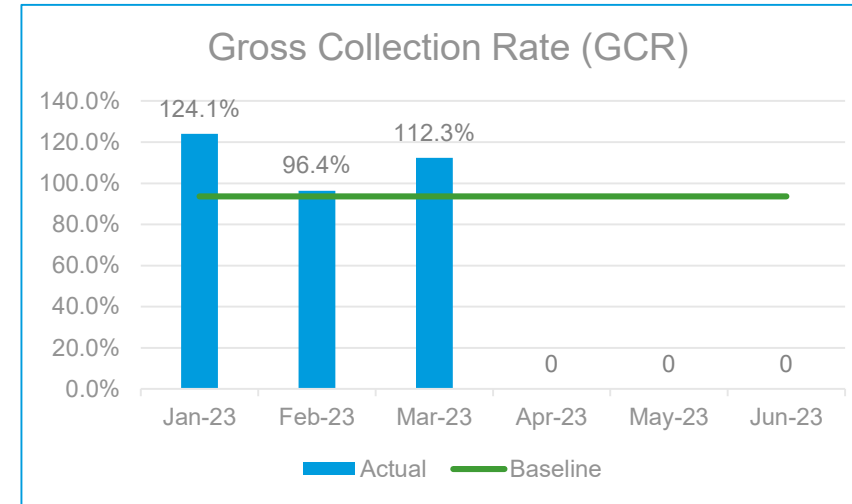
Month	Metric
January 2023	18.1 ●
February 2023	10.4 ●
March 2023	10.4 ●

2/1/23 to 3/31/23 NIH has collected \$2.6M Above Q4 2022 Average



Baseline Net Collection Rate (43.6%) is defined as percent of payments over charges for Q4 2022.

Month	Metric	Status
January 2023	65.1%	●
February 2023	53.9%	●
March 2023	51.3%	●



Baseline Gross Collection Rate (93.6%) is defined as percent of payments & adjustments over charges for Q4 2022.

Month	Metric	Status
January 2023	124.1%	●
February 2023	96.4%	●
March 2023	112.3%	●

RSM | Revenue Cycle / Margin Improvement



Project Management & Change Management →



RSM has identified 14 technical defects within the Cerner build related to: Clinic Client Billing, Pre-Registration, Itemized Billing, Work Item Assignment, Claim Rule Errors and are working toward resolution



Technical and operational training materials delivered for registration, coverage changes, work item resolution, registration error resolution



Several processes require re-engineering to align NIH to Cerner model workflows. RSM is working through re-engineering Pre-Registration, Clinic Client Billing, and Case Management

Target Items for Cash Acceleration - Technical

- Update work item assignment rules and assigned users
- Update work item resolution triggers
- Automate data exchange between NIH and Novus
- Inactivate settings causing creation of duplicate Financial Identification Numbers (FINs) within Cerner
- Activate No Show functionality to prevent encounters from being sent to coding erroneously

Target Items for Cash Acceleration - Operational

- Establishing standards of practice in registration, check-in, check-out, coding, billing, collections, adjustment posting, cash posting in alignment with Cerner Model
- Establishing service level agreements for management of vendor responsibilities and performance
- Establishing unified policies for revenue cycle follow up, appeals and adjustments

Strategic Response Plan

A/R Days


- RSM is assisting NIH with the redesign of the insurance and self pay collection workflows and assembling a library of Cerner revenue cycle training sessions that will improve staff efficiency and accelerate cash.
- RSM is assisting NIH with the redesign of the clinic pre-registration workflows to allow for automated eligibility verification three days prior to scheduled appointments. This will improve the clean claim rate and accelerate cash.
- RSM is facilitating the high balance review meeting each week to assess barriers to collection on high value accounts. Operational and technical contributions to these barriers are being discussed openly and intervention plans are being executed.

DNFB Days

- RSM continues to facilitate the DNFB Task Force which is a multi-disciplinary team of NIH employees, UASI, OS Health and NOVUS. Defects in process and technical build impacting unbilled charges are being vetted by RSM and recommendations are being provided to resolve root cause. These activities will continue to expedite billing and accelerate cash.

A/R > 90 Days

- An “at-risk” analysis has been applied to the full inventory of accounts to identify collectible, at-risk and collectible revenue. 9.7M of uncollectible has been identified which includes self pay bad debt (5.5M) and uncollectible insurance (4.2M). Targeted areas of At-Risk revenue are being communicated with NIH revenue cycle staff and revenue cycle vendors to reduce further losses.



This document contains general information, may be based on authorities that are subject to change, and is not a substitute for professional advice or services. This document does not constitute audit, tax, consulting, business, financial, investment, legal or other professional advice, and you should consult a qualified professional advisor before taking any action based on the information herein. RSM US LLP, its affiliates and related entities are not responsible for any loss resulting from or relating to reliance on this document by any person. Internal Revenue Service rules require us to inform you that this communication may be deemed a solicitation to provide tax services. This communication is being sent to individuals who have subscribed to receive it or who we believe would have an interest in the topics discussed.

RSM US LLP is a limited liability partnership and the U.S. member firm of RSM International, a global network of independent audit, tax and consulting firms. The member firms of RSM International collaborate to provide services to global clients, but are separate and distinct legal entities that cannot obligate each other. Each member firm is responsible only for its own acts and omissions, and not those of any other party. Visit RSMus.com/aboutus for more information regarding RSM US LLP and RSM International.

RSM, the RSM logo and *the power of being understood* are registered trademarks of RSM International Association.

© 2022 RSM US LLP. All Rights Reserved.





NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

FACILITY PROJECTS UPDATE

4/19/2023

Prepared by:



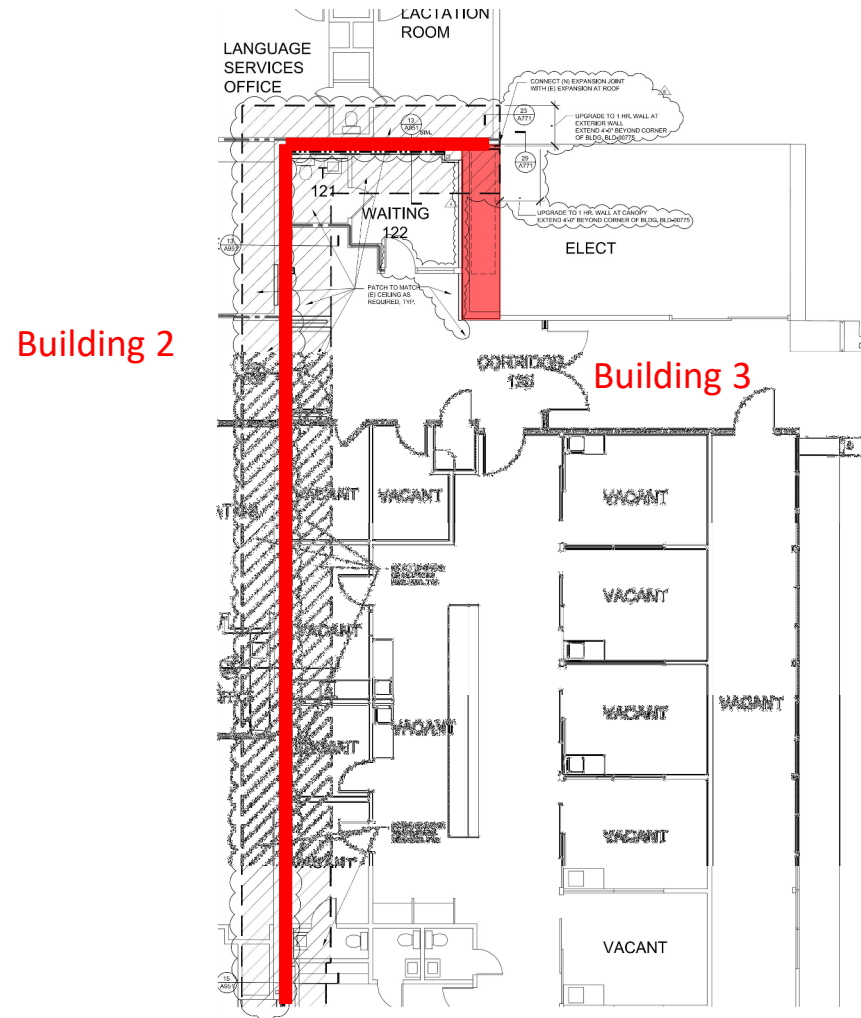
COLOMBO
CONSTRUCTION COMPANY, INC.



NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

DECOMMISSIONING PROJECT

- Area Separation (2hr)
- Building 2 (1950's)
- Building 3 (1980's)
- Protect People and Assets
- 150 L.F.
- Is now Completed and Certified





NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Omniceil XT Automated Dispensing Cabinets

1. Omnicell System: Designed to help hospitals streamline Medication Dispensing
2. Installed 6 Omnicell Units
3. Project is Complete



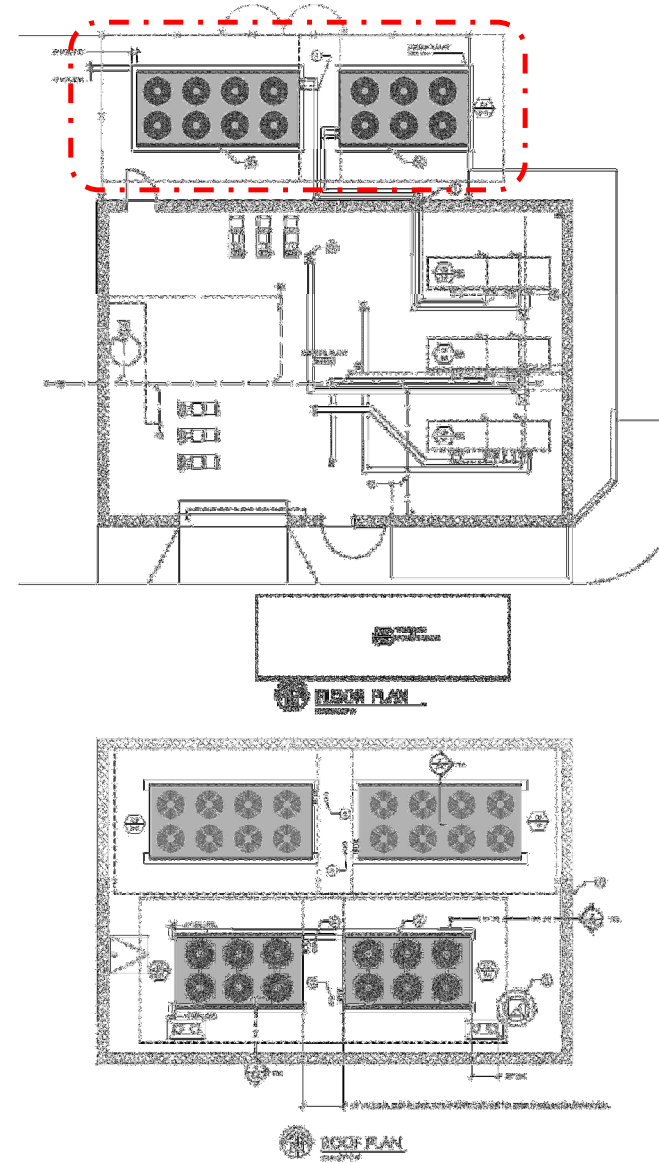


Condenser Replacement Project

1. Existing Condenser System was not large enough
 2. Required Maintenance Staff to Continuously Monitor
 3. Required Temp Chiller as a Backup
-
1. Replace Existing Rooftop Condensers
 2. New Larger Capacity Condensers Installed (Roof)
 3. Two New Condensers Installed on the Ground
 4. Fenced in Area

Status:

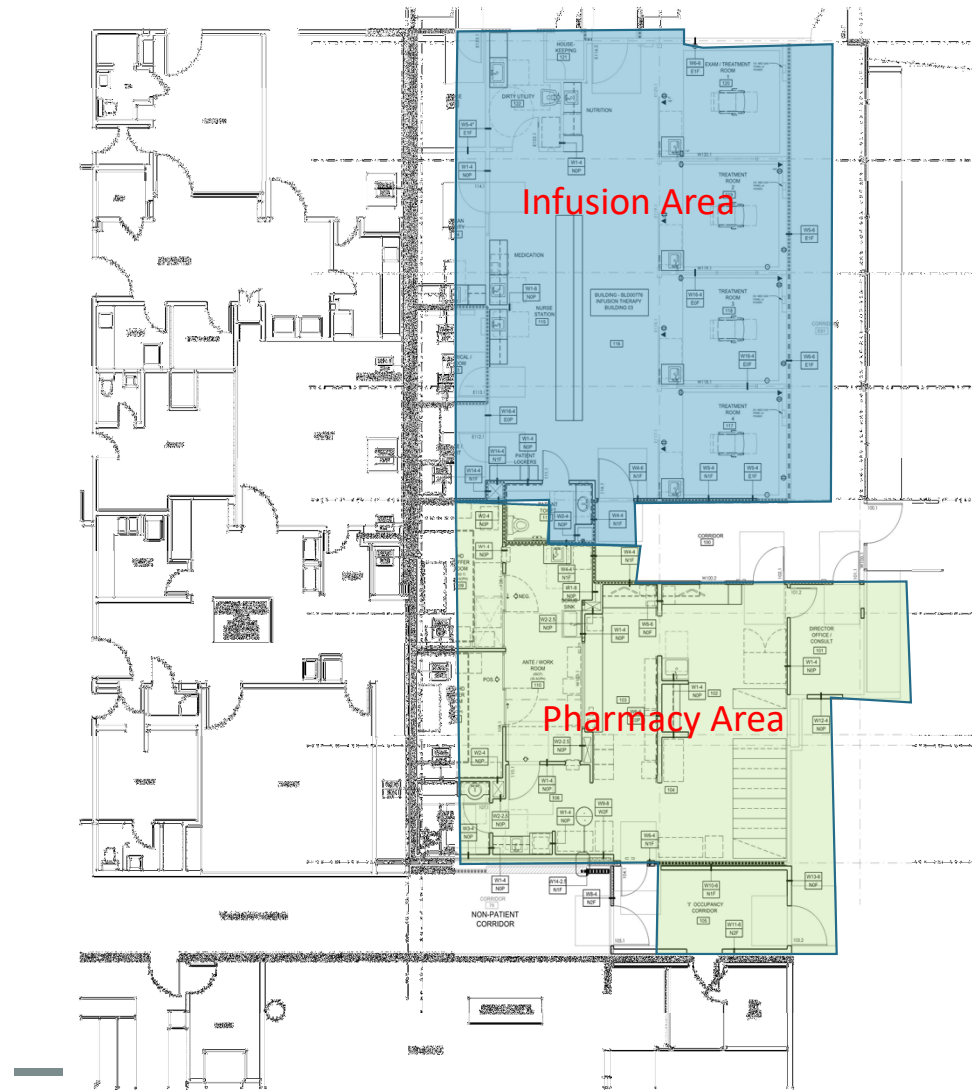
- Phase 1 is complete and operational
- Phase 2 to be completed end of July
- Budget – good





Pharmacy/Infusion Update

1. Project Required by HCAI
 - Board of Pharmacy
 - USP 797 and USP 800
2. Infusion Area 2023 Sq. Ft. (Blue)
3. Pharmacy Area 1,440 sq. ft (Green)
4. All Areas of the building structural system need to be brought up to code
5. Approximately 40% Complete
6. *Many field modifications had to be made during construction, not covered under the original scope*





Pharmacy/Infusion Unforeseen Change Events

- | | |
|---|-----------|
| 1. Roofing replacement above the Pharmacy – | \$160,366 |
| • Not part of original scope – beyond repair and patch | |
| 2. Penthouse Roofing Replacement | \$16,000 |
| • Same as above | |
| 3. Install 2 nd Layer of Drywall at Rated Roof | \$69,191 |
| • Shown on original plans, not installed during original construction | |
| 4. Replace Noncompliant Sheer Wall | \$104,934 |
| • Shown on original plans, installed incorrectly during original construction | |
| 5. Add Fire Smoke Dampers | \$91,375 |
| • Required after HCIA Plan Approval by FLS by FLS Field Engineer | |

Pharmacy/Infusion Unforeseen Change Events

Total Cost of Change Events	\$441,866
Projected Cost to Complete	\$(171,000)
Project Team Recommends	\$300,000