Northern Inyo Healthcare District

Board Meetings

Board Meeting - March 19, 2025

Agenda

Agenda 2

Consent Agenda

Meeting Minutes - February 19, 2025 5
Meeting Minutes - March 10, 2025 10
Credit Card Statement - February 2025 11
340B Hospital Outpatient Clnic Administered Drugs Policy and Procedures 15
Airborne Infection Isolation Rooms (AIIR) 22
Billing Write Off 25
Employee Dissatisfaction 27
HVAC Pressure Relations in Critical Areas 28
Purchasing and Signature Authority 31
Quality Assurance and Performance Improvement (QAPI) Plan 33
Travel Between Hospital Locations 41
Weapons Policy 43

Chief Human Resources / Chief Business Development Officer Report

CBDO - CHRO Report 45

Chief Operating Officer / Chief Nursing Officer Report

Chief Operating Officer / Chief Nursing Officer Report 49

Chief Financial Officer Report

CFO - Report Financial Summary and Operation Insights - Jan 2025 55
NIHD Financial Summary Jan 2025 58
NIHD Financial Statements Jan 2025 61
NIHD KPIs FYE 2025 Jan 65
NIHD Financial Update Jan 2025 67

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

AGENDA

NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS - REGULAR MEETING

March 19, 2025, 5:00 pm
Northern Inyo Healthcare District invites you to join this meeting

Connect via Zoom: *(A link is also available on the NIHD Website)*
https://zoom.us/j/213497015?pwd=TDlIWXRuWjE4T1Y2YVFWbnF2aGk5UT09
Meeting ID: 213 497 015
Password: 608092

Phone Connection:
888 475 4499 US Toll-free
877 853 5257 US Toll-free
Meeting ID: 213 497 015

The Board meets in person at 2957 Birch Street Bishop, CA 93514. Members of the public will be allowed to attend in person or via Zoom. Public comments can be made in person or via Zoom.

Board Member, David McCoy Barrett, will attend from 401 Mercer Street, Seattle, WA 98109, via Zoom.

---

1. Call to Order at 5:00 pm
2. Public Comment: The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes for all public comments unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. Public comments on closed session items
4. Adjournment to closed session to/for:

a. Discuss trade secrets (Health & Safety. Code § 32106 and Civ. Code 3426.1). The discussion will concern a new service line. The estimated date of public disclosure is September 2025.

5. Return to open session and report on any actions taken in closed session

---

6. Consent Agenda – *All matters listed under the consent agenda are considered routine and will be enacted by one motion unless any member of the Board wishes to remove an item for discussion.*
   a. Approval of minutes for the February 19, 2025, Regular Board Meeting
   b. Approval of minutes for the March 10, 2025, Special Board Meeting
   c. CEO Credit Card Statements
   d. Approval of Policies and Procedures
      i. 340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedures
      ii. Airborne Infection Isolation Rooms (AIIR)
      iii. Billing Write Off
      iv. Employee Dissatisfaction
      v. HVAC Pressure Relations in Critical Areas
      vi. Purchasing and Signature Authority
      vii. Quality Assurance and Performance Improvement (QAPI) Plan
      viii. Travel Between Hospital Locations
      ix. Weapons Policy

---

7. New Business:
   a. Chief of Staff Report, Sierra Bourne, MD
      i. Dr. Wiles – *Information Item*
      ii. Medical Executive Committee Meeting Report – *Information Item*
   b. Chief Executive Officer Report *(Board will receive this report)*
      i. CEO Report
         1. BETA Heart Conference – *Information Item*
      ii. Chief Human Resources / Chief Business Development Officer Report
         1. CBDO – CHRO Report – *Information Item*
      iii. Chief Nursing Officer / Chief Operating Officer Report

1. CNO – COO Report – *Information Item*

iv. Chief Financial Officer Report

1. Financial & Statistical Reports (*The Board will consider the approval of these reports)*

---

8. General Information from Board Members (*Board will provide this information)*
9. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Turner called the meeting to order at 5:00 pm.
PRESENT	Jean Turner, Chair Melissa Best-Baker, Vice Chair David Lent, Secretary David McCoy Barrett, Treasurer Laura Smith, Member at Large Stephen DelRossi, Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Adam Hawkins, DO, Chief Medical Officer Alison Murray, Chief Human Resources Officer, Chief Business Development Officer Andrea Mossman, Chief Financial Officer Sierra Bourne, MD, Chief of Staff
TELECONFERENCING	Notice has been posted, and a quorum participated from locations within the jurisdiction.
PUBLIC COMMENT	Chair Turner reported that at this time, audience members may speak on any items not on the agenda that are within the jurisdiction of the Board. There were no comments from the public.
EMERGENCY AGENDA ITEM ADDED	Toy Cleaning Policy Under Code § 54954.2(b)(2), the Board of Directors voted to add the 'Toy Cleaning' policy to the agenda. Motion to add the Toy Cleaning policy on an emergency basis: Lent 2nd: Best-Baker Roll Call Vote Barrett - Pass Smith - Pass Lent - Pass Best-Baker - Pass Turner - Pass Pass 5-0
PUBLIC COMMENT ON CLOSED SESSION ITEMS	There were no comments from the public.
ADJOURNMENT TO CLOSED SESSION	Adjournment to closed session at 5:07 pm
RETURN TO OPEN SESSION	Called back to order at 6:15 pm Chair Turner stated there were no reportable actions from the closed session.

CONSENT AGENDA

Chair Turner called attention to the consent agenda.

1. The following policies were removed from the consent agenda:
    a. Billing and Collections
    b. Billing Write Off
    c. Finance and Audit Committee Charter
    d. Financial Assistance and Charity Care Policy
2. Motion to approve remaining items with corrections: Smith
3. 2nd: Best Baker
    a. Approved with corrections to phone numbers and addresses, grammatical errors:
        i. Mandated Reporting Child Abuse/Neglect: Dependent Adult/Elder Abuse: Injury by Firearm by Assault/Abuse

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

NEW BUSINESS

TOY CLEANING POLICY

Motion to approve the "Toy Cleaning Policy": Lent
2nd: Smith

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

CHIEF OF STAFF REPORT

Medical Staff Reappointments
Motion to approve Medical Staff Reappointments: Best-Baker
2nd: Lent

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass

Best-Baker - Pass
Turner - Pass
Pass 5-0

Request for Additional Privileges
Motion Request for Additional Privileges: Best-Baker
2nd: Smith

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

Medical Staff Initial Appointments
Motion Medical Staff Initial Appointments: Smith
2nd: Best-Baker

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

Medical Staff Initial Appointments – Proxy Credentialing
Motion to approve Medical Staff Initial Appointments – Proxy Credentialing
: Best-Baker
2nd: Lent

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

COMPLIANCE OFFICER REPORT

Chair Turner called attention to the Compliance Officer Report

Motion to approve the 2024 Compliance Officer Report: Best-Baker
2nd: Lent

Roll Call Vote
Barrett - Pass
Smith - Pass

Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

Interpreter Services – We now have HIPAA-compliant Pocket Talk device for language interpreter services.

CHIEF EXECUTIVE OFFICER REPORT

Chair Turner called attention to the CEO Report.

1. Customer Service Training - In February 2025, Partridge and Murray attended a Disney University Institute, where they learned about purpose-driven leadership.
2. Jorie/AI – we continue to work to implement Jorie and its ability to help with efficiency in billing and insurance.
3. Bishop City Council and Townhall Community meeting – NIHD urged community members to attend the monthly Board meetings

CHIEF MEDICAL OFFICER REPORT

Chair Turner called attention to the CMO Report.

1. In January 2025, we met with Beta Heart to discuss fostering a culture of safety. Staff and providers are excited about this initiative, and safety remains our highest priority.
2. Healthy lifestyle talks – we have strong physician participation.
3. Recruitment – We continue to recruit to expand service lines.

CHIEF FINANCIAL OFFICER REPORT

Financial and Statistical Reports

Motion to approve Financial and Statistical Report: Smith
2nd: Best-Baker

Roll Call Vote
Barrett - Pass
Smith - Pass
Lent - Pass
Best-Baker - Pass
Turner - Pass
Pass 5-0

Chair Turner called attention to the CFO Quarterly Report.
Discussion ensued.

GENERAL INFORMATION

Chair Turner called attention to General Information.

Director Barrett discussed his recent encounter at the hospital.

Director Lent commented on the potential of Jorie.

Director Turner asked the Executive Team to consider presenting at the annual ACHD conference.

ADJOURNMENT

Adjournment at 7:31 pm.

_____
Jean Turner
Northern Inyo Healthcare District
Chair

Attest: _____
Laura Smith
Northern Inyo Healthcare District Chair
Secretary

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Turner called the meeting to order at 5:00 pm.
PRESENT	Jean Turner, Chair Melissa Best-Baker, Vice Chair David Lent, Secretary Laura Smith, Member at Large Adam Hawkins, DO, Chief Medical Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Human Resources Officer, Chief Business Development Officer Andrea Mossman, Chief Financial Officer Stephen DelRossi, Chief Executive Officer
ABSENT	David McCoy Barrett, Treasurer
PUBLIC COMMENT	No public comments were made
NEW BUSINESS	Financial Assistance and Charity Care Policy Bad Debt Policy Motion to approve policy with corrections: Best-Baker 2nd: Smith Passed: 4-0
ADJOURNMENT	Adjournment at 5:08 pm.

_____
Jean Turner
Northern Inyo Healthcare District
Chair

Attest: _____
Laura Smith
Northern Inyo Healthcare District Chair
Secretary

March 2025 Statement

Open Date: 02/06/2025 Closing Date: 03/05/2025

Account:

U.S. Bank Business Platinum Card
NORTHERN INYO HOSPITA
STEPHEN DELROSSI

Cardmember Service
BUS 30 USB 1 3

New Balance	**$1,152.96**
Minimum Payment Due	**$12.00**
Payment Due Date	**04/01/2025**

Activity Summary

Previous Balance	+	$5,773.99
Payments	-	$5,773.99CR
Other Credits		$0.00
Purchases	+	$1,152.96
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	**=**	**$1,152.96**
Past Due		**$0.00**
Minimum Payment Due		**$12.00**
Credit Line		$37,500.00
Available Credit		$36,347.04
Days in Billing Period		28

Payment Options:

Please detach and send coupon with check payable to: U.S. Bank

24-Hour Cardmember Service:

. to pay by phone
. to change your address

Account Number	
Payment Due Date	4/01/2025
New Balance	$1,152.96
Minimum Payment Due	$12.00

Amount Enclosed $_____

NORTHERN INYO HOSPITA
STEPHEN DELROSSI
150 PIONEER LN
BISHOP CA 93514-2556

U.S. Bank
P.O. Box 790408
St. Louis, MO 63179-0408

What To Do If You Think You Find A Mistake On Your Statement
If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
▶ *Account information:* Your name and account number.
▶ *Dollar amount:* The dollar amount of the suspected error.
▶ *Description of Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.
You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
▶ We cannot try to collect the amount in question, or report you as delinquent on that amount.
▶ The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
▶ While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
▶ We can apply any unpaid amount against your credit limit.
Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.
To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.
If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335
While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.
Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Balance Subject to Interest Rate: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you.To the extent credit insurance charges, overlimit fees, Annual Fees, and/or Travel Membership Fees may be applied to your Account, such charges and/or fees are not included in the ADB calculation for Purchases until the first day of the billing cycle following the date the credit insurance charges, overlimit fees, Annual Fees and/or Travel Membership Fees (as applicable) are charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.
2. **Payment Information:** We will accept payment via check, money order, the internet (including mobile and online) or phone or previously established automatic payment transaction. You must pay us in U.S. Dollars. If you make a payment from a foreign financial institution, you will be charged and agree to pay any collection fees added in connection with that transaction. The date you mail a payment is different than the date we receive the payment. The payment date is the day we receive your check or money order at U.S. Bank National Association, P.O. Box 790408, St. Louis, MO 63179-0408 or the day we receive your internet or phone payment. All payments by check or money order accompanied by a payment coupon and received at this payment address will be credited to your Account on the day of receipt if received by 5:00 p.m. CT on any banking day. Payments sent without the payment coupon or to an incorrect address will be processed and credited to your Account within 5 banking days of receipt. Payments sent without a payment coupon or to an incorrect address may result in a delayed credit to your Account, additional interest charges, fees, and/or Account suspension. The deadline for on-time internet and phone payments varies, but generally must be made before 5:00 p.m. CT to 8 p.m. CT depending on what day and how the payment is made. Please contact Cardmember Service for internet, phone, and mobile crediting times specific to your Account and your payment option. Banking days are all calendar days except Saturday, Sunday and federal holidays. Payments due on a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. There is no prepayment penalty if you pay your balance at any time prior to your payment due date.
3. **Credit Reporting:** We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

NORTHERN INYO HOSPITA
STEPHEN DELROSSI

Cardmember Service [redacted]

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Skip the mailbox. Switch to e-statements and securely access your statements online. Get started at usbank.com/login.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
02/25	02/25	0000	INTERNET PAYMENT THANK YOU	$5,773.99CR	
			TOTAL THIS PERIOD	**$5,773.99CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
02/06	02/05	7841	TST* WHISKEY CREEK BISHOP CA	$69.30	Recruiting
02/14	02/12	1043	VONS #1753 BISHOP CA	$113.05	Accounting
02/14	02/12	5448	CREEKSIDE INN 760-8723044 CA FOLIO: 34679	$123.21	Rev Cycle
02/28	02/27	5645	AMAZON MKTPL*ZV8GU1IE2 Amzn.com/bill WA	$66.83	Employee Recog.
02/28	02/28	4031	FACEBK *STFNNLLKU2 650-5434800 CA	$400.00	Marketing
03/03	02/28	5519	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.50	Credential
03/03	02/28	5691	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.50	Credential
03/03	02/28	5774	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.50	Credential
03/03	02/28	5857	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.50	Credential
03/03	02/28	5931	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.50	Credential
03/03	02/28	4021	FACEBK *P8PJ9K4LU2 650-5434800 CA	$7.23	Marketing
03/05	03/04	7351	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.50	Credential
03/05	03/04	1169	TST*MAMMOTH ROCK N BOW Mammoth Lakes CA	$358.34	Recruiting
			TOTAL THIS PERIOD	**$1,152.96**	

2025 Totals Year-to-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$0.00

Company Approval *(This area for use by your company)*

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

NORTHERN INYO HOSPITA
STEPHEN DELROSSI [redacted]

Cardmember Service [redacted]

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	23.24%	
**PURCHASES	$1,152.96	$0.00	YES	$0.00	23.24%	
**ADVANCES	$0.00	$0.00	YES	$0.00	29.99%	

Contact Us

[redacted]

End of Statement

NORTHERN INYO HOSPITA

Time to update your email? Check your usbank.com profile

Dont miss out on exclusive offers and important updates.
Simply provide your current email address and opt into marketing,
then enjoy all the benefits of your U.S. Bank account.

You may change your email marketing preferences at any time in the Privacy section of usbank.com. Note that confidential, personal or financial information will never be sent or requested in an email from U.S. Bank.

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: 340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedure		
Owner: PHARMACY DIRECTOR	Department: Pharmacy	
Scope: Pharmacy, Compliance, Fiscal		
Date Last Modified: 02/10/2025	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 01/19/2016	

PURPOSE:
This policy and procedure is intended to ensure that Northern Inyo Healthcare District (NIHD), which participates in the HRSA 340B Drug Pricing Program, remains compliant with all applicable 340B federal laws and regulations. As such, this policy and procedure should not be interpreted or implemented in a manner that would contradict any such law. Furthermore, the purpose is to define a systematic approach to protect the integrity of and adherence to the rules and regulations of the Health Resources and Services Administration (HRSA) 340B Drug Pricing Program (340B Program).

SCOPE:
This policy and procedure is applicable to Northern Inyo Healthcare District's participation in the 340B drug pricing program, which provides 340B covered outpatient drugs to its outpatients. This document includes guidelines for managing 340B drug purchasing and compliance at NIHD.

DEFINITIONS:
340B Drug Pricing Program: The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. The 340B Drug Pricing Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes, and qualified hospitals. Participation in the Program can result in significant savings on the cost of pharmaceuticals for safety-net providers. The purpose of the 340B Program is to enable these entities to stretch scarce federal resources, reaching more eligible patients, and providing more comprehensive services.
340B Eligible Patient: A patient of a covered entity that meets HRSA's definition of a patient. A 340B Eligible Patient may receive 340B purchased covered outpatient drugs while admitted as an outpatient of a covered entity and/or after receiving treatment and being discharged from the covered entity.
HRSA's definition of a patient requires that (1) the hospital establishes a relationship with the individual, such that the covered entity maintains records of the individual's healthcare; and (2) the individual receives healthcare services from a healthcare professional who is either employed by the covered entity or provides healthcare under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the care provided remains with the hospital.
340B Price: The maximum price for a covered outpatient drug that manufacturers can charge covered entities participating in the 340B drug pricing program.
340B Eligible Provider: A Healthcare Professional who is either employed by the covered entity or provides healthcare under contractual or other arrangement, such as a referral for consultation for instance (e.g., a physician specialty practice).

approval

340B Purchased Drugs: Covered outpatient drugs purchased by a covered entity under the 340B Drug Pricing Program.
340B Eligible Location: An onsite or offsite service area or facility (location) that is an integral part of a 340B hospital covered entity, as evidenced by the fact that it has reimbursable outpatient revenue and expense allocated to the hospital's Medicare Cost report.

- Offsite 340B Eligible Locations shall be registered with OPA as soon as possible once listed on the hospital's MCR. All clinics/services of an offsite 340B Eligible Location must be registered as a child site, regardless of whether they are in the same offsite building.
- Expanded care delivery location at same physical address of CE's registered location (parent hospital) will be considered 340B eligible. Examples may include but are not limited to conversion of non-clinical areas to patient care areas and expansion of emergency departments into parking lots.
- Expanded care delivery location of a hospital child-site location of CE will be considered 340B eligible if the care delivered represents an expansion of the currently registered services, falling on the same Medicare Cost Report Line and Trial Balance department code. Examples may include but are not limited to conversion of non-clinical areas to patient care areas and expansion of emergency departments into parking lots.
- An expanded care delivery location might also include mobile delivery care units which have cost and revenue on a reimbursable line of the cost report.

Contract Pharmacy: A pharmacy that is not owned by the covered entity with which the covered entity has a written contract to provide services to the covered entity's patients, including the service of dispensing covered entity-owned 340B drugs.
Contract Pharmacy Arrangement: An arrangement in which a 340B covered entity signs a contract with a contract pharmacy to provide pharmacy services.
Covered Entity: A hospital or other facility enrolled in the 340B Drug Pricing Program and eligible to purchase covered outpatient drugs for 340B eligible patients through the program at 340B prices.
Covered Outpatient Drug: A drug defined in Section 1927(k) of the Social Security Act (42 USC § 1396r–8(k) that may be purchased, with certain possible exceptions, by covered entities under the 340B Drug Pricing Program.
Diversion Prohibition: The prohibition against the resale or transfer of covered outpatient drugs purchased under the 340B Pricing Program to anyone other than a 340B eligible patient of a Covered Entity.
Duplicate Discount Prohibition: The prohibition against subjecting a manufacturer to providing both a drug at a discounted price under the 340B Pricing Program and also to providing a rebate for the drug under Title XIX of the Social Security Act (Medicaid).
Healthcare Professional: Physician, Nurse Practitioner, Physician assistant, Registered Nurse, Pharmacist, Respiratory Therapists and other licensed professionals who are trained to provide healthcare to patients.
Group Purchasing Organization (GPO): An organization that represents and organizes a group of hospitals to evaluate and select pharmaceutical products. Using the purchasing power of the entire group, the GPO negotiates contracts that are more favorable than a single organization could achieve.
Health Resources Services Administration (HRSA): An agency of the U.S. Department of Health and Human Services that is the primary Federal agency for improving access to healthcare services for people who are uninsured, isolated or medically vulnerable.
Medicaid Exclusion File: Covered entities are required to designate in the application process whether 340B drugs will be utilized for Medicaid patients. HRSA maintains this information in the Medicaid Exclusion File which is available to state Medicaid programs. The purpose of this file is to exclude 340B drugs from Medicaid rebate requests. This prevents drug manufacturers from providing duplicate discounts – upfront as the 340B drug price and then later as the Medicaid rebate.
Office of Pharmacy Affairs (OPA): The component within HRSA that administers the 340B Drug Pricing Program. The Office of Pharmacy Affairs is located within HRSA's Special Programs Bureau.

approval

Orphan Drug: Those drugs granted a designation by the Food and Drug Administration (FDA) to treat a rare disease or condition, which the law defines as any disease or condition that affects fewer than 200,000 people in the United States or affects more than 200,000 people but drug sales would not cover the costs of developing the drug.

POLICY:

1. Northern Inyo Healthcare District, which is participating in the 340B Drug Pricing Program as a covered entity, will adhere to all applicable 340B federal laws and regulations.
2. Northern Inyo Healthcare District will be responsible for implementing a procedure to ensure compliance with all applicable federal 340B laws and regulations and to ensure that at least the following requirements are met:
   - **2.1.** Annual 340B recertification by Northern Inyo Healthcare District is kept current.
   - **2.2.** Only 340B Eligible Patients receive 340B purchased drugs to avoid diversion.
   - **2.3.** Manufacturers are not subjected to duplicate discounts for 340B drugs purchased by Northern Inyo Healthcare District under the 340B Drug Pricing Program.
   - **2.4.** Any drug purchasing restrictions applicable to Northern Inyo Healthcare District are followed. These purchasing restrictions may vary depending on which 340B pricing program Northern Inyo Healthcare District is enrolled under.
   - **2.5.** Northern Inyo Healthcare District uses any savings generated from 340B in accordance with 340B Program intent.
   - **2.6.** Northern Inyo Healthcare District has systems/mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.
   - **2.7.** Northern Inyo Healthcare District maintains auditable records demonstrating compliance with the 340B Program.
     - **2.7.1.** 340B Program related records and transactions are maintained for a period of three years in a readily retrievable and auditable format.
     - **2.7.2.** These records are reviewed monthly as part of its 340B oversight and compliance program.
     - **2.7.3.** Northern Inyo Healthcare District engages an independent organization to perform audits of its contract pharmacies. Efforts are made to schedule such audits annually, or as close to annually as is reasonably possible.
     - **2.7.4.** The 340B Specialist will be responsible for ensuring compliance with the 340B program. Periodic audits of 340B transactions will be conducted by NIHD.
   - **2.8.** Northern Inyo Healthcare District will implement a 340B Oversight Team, for oversight and audit response. The Oversight Team will meet on a quarterly basis to assess the covered entity's overall compliance, address and resolve any lapses in compliance, and otherwise oversee the covered entity's participation in the 340B program.
     - **2.8.1.** The 340B Oversight Team will include those staff listed in the procedure below.
     - **2.8.2.** The team will also include, either as regularly scheduled participants or ad hoc participants, other employees that are identified as being available to respond to a 340B audit from HRSA/OPA or a drug manufacturer (e.g., compliance staff, legal staff, information technology staff).

PROCEDURE:

1. **340B Eligibility**: Northern Inyo Healthcare District is eligible to participate in the 340B Drug Purchasing Program by meeting the following three criteria for inclusion:
   - **1.1.1.** Private non-profit corporation which maintains contract(s) with state or local government for provision of patient services.
   - **1.1.2.** Sole Community Hospital (SCH), Critical Access Hospital (CAH), and Rural Referral Center (RRC) must meet eligibility requirements under 42 USC 256b(a)(4)(L)(i). SCHs and RRCs must

approval

also have a disproportionate share adjustment percentage equal to or greater than 8% on the most-recently filed Medicare cost report.

1.2. 340B eligible clinic/departments of NIHD have cost and revenue allocated to a reimbursable line of the Medicare cost report, to be eligible for 340B purchasing.

1.3. Orphan Drugs: Certain hospitals, including SCHs, CAHs, and RRCs cannot purchase orphan drugs at a 340B price. However, manufacturers may voluntarily provide discounted pricing for their orphan drugs to SCHs, CAHs, and RRCs.

1.4. Northern Inyo Healthcare District complies with the following process to review or add new 340B services areas or facilities (locations) in the 340B Drug Purchasing Program:

1.4.1. Northern Inyo Healthcare District's 340B Authorizing Official evaluates a new service area or facility (location) to determine if the location is 340B eligible. If cost and revenue are allocated to a reimbursable line of the cost report 340B drug may begin to be used at the new hospital outpatient department. Once the Authorizing Official or Primary Contact validates that the location appears as reimbursable on NIHD's most recent Medicare Cost Report, the location will be registered on OPAIS.

1.4.2. Northern Inyo Healthcare District location eligibility is validated annually with collaboration of Legal, Finance, and Pharmacy. This is accomplished at the time the Medicare Cost Report is finalized and filed.

1.4.3. The registration of Northern Inyo Healthcare District and its child site locations on the 340B Office of Pharmacy Affairs Information System (OPAIS) is reviewed annually in conjunction with the facility eligibility review. All data on OPAIS is reviewed for accuracy and compliance with guidelines for registration.

1.4.4. Northern Inyo Healthcare District's Authorizing Official and Primary Contact are responsible for completing the OPAIS online registration during open registration periods only.

2. **Recertification:** Annual 340B recertification by Northern Inyo Healthcare District is kept current.

2.1. Northern Inyo Healthcare District's Authorizing Official completes the annual recertification by following the directions in the recertification email sent from HRSA to the Authorizing Official prior to the stated deadline.

2.2. Northern Inyo Healthcare District submits specific recertification questions to 340b.recertification@hrsa.gov.

3. **Patient/Prescriber Eligibility Compliance:**

3.1. An individual is considered a 340B Eligible Patient of Northern Inyo Healthcare District if:

3.1.1. NIHD has established a relationship with the individual, which includes maintaining records of the individual's healthcare.

3.1.2. The individual receives healthcare services from a healthcare professional that is either employed by NIHD or provides healthcare under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the individual's care remains with NIHD.

3.2. An individual is not considered a 340B Eligible Patient of NIHD if the sole healthcare service rendered is the dispensing or prescribing of a drug for self-administration.

3.3. NIHD establishes such relationships with 340B Eligible Patients and provides healthcare services by healthcare professionals (e.g., while onsite and/or remotely via telemedicine services) such that it remains responsible for their care during patient encounters (e.g., in-person and/or remotely via telemedicine services) at a NIHD 340B eligible location(s).

3.4. A 340B Eligible Patient of NIHD is considered qualified for a 340B drug in the following cases:

3.4.1. The patient is a 340B Eligible Patient treated at a 340B Eligible Location and has a legal drug order written by a prescriber employed by, under contract or referral relationship (e.g., physician specialty practice) with NIHD.

3.4.2. The patient is an outpatient at the date/time the drug is administered. Observation patients are classified as outpatients of NIHD.

approval

3.4.3. When a patient's status changes to inpatient, then drugs are not accumulated to the 340B account and are then accumulated to the GPO account.

3.4.4. Retrospective changes to patient status are not taken into account in either direction (i.e., outpatient to inpatient OR inpatient to outpatient).

4. **Compliance with Duplicate Discount Prohibition**:

4.1. NIHD has mechanisms in place to prevent duplicate discounts by ensuring manufacturers are not subjected to Medicaid rebates for 340B purchased drugs.

4.2. NIHD ensures that its information on OPAIS and the HRSA Medicaid Exclusion File (MEF) is consistent with actual practice. NIHD informs OPA immediately of any changes to its information on OPAIS/MEF.

4.3. Carve-In: NIHD does bill Medicaid payers for 340B purchased drugs.

4.3.1. NIHD has answered "yes" to the question, "At this site, will the covered entity bill Medicaid fee-for-service for drugs purchased at 340B prices" on the HRSA 340B Database.

5. **Inventory and Procurement:**

5.1. Neutral Inventory:

5.1.1. A virtual GPO-based mixed-use drug inventory is maintained by the hospital pharmacy. Inventory is replenished based on 340B or GPO accumulations processed by NIHD's automated split-billing software system. In operation, patient-specific administered drug charges are sent to the software system daily to be processed. The neutral inventory is replenished on an 11-digit NDC basis with drug order purchases made based on available 340B or GPO accumulations.

5.1.2. Once individual accumulations are used, they are decremented from the bank of available accumulations.

5.1.3. In exceptional circumstances when 11-digit NDC replenishment is not possible (e.g., NDC availability, inner vs. outer NDC packaging), 9-digit NDC level replenishment may be used.

5.1.4. Dispensing staff are not required to make any determinations regarding the drug inventory stock to be utilized when dispensing.

5.2. Direct Purchases:

5.2.1. Covered outpatient drugs not available from the pharmacy wholesaler may be purchased from the manufacturer using a direct account.

5.2.2. Separate 340B accounts can be maintained with each manufacturer to purchase 340B drugs.

5.2.3. For mixed use areas, a GPO account and 340B account (when possible) is established with each source.

5.2.4. Direct purchases will be decremented from the accumulator.

5.3. Crediting and Rebilling:

5.3.1. Credits of purchased drugs and subsequent rebills may be processed in the event a 340B account is utilized for a drug purchase that should have been purchased on a non-340B purchasing account.

5.3.2. NIHD may petition the manufacturer, via the distributor, to credit the non-340B purchasing account and rebill the 340B account. The manufacturer may or may not accept NIHD's request.

5.4. Borrow/Lend:

5.4.1. To minimize complexity and compliance risk, NIHD follows a process of borrowing/lending 340B purchased drugs only in emergent situations and not as part of its normal process for inventory replenishment.

5.4.2. NIHD may borrow from or loan medications to nearby facilities in emergent situations. The transaction will be logged and the same product NDC will be returned by the borrower.

5.5. Returns/Waste:

5.5.1. Patient-Specific Waste: Waste associated with a dosage form of a drug provided (e.g., dispensed, administered) to a patient may be documented and allocated for accumulation and/or purchase based on the patient's eligibility status.

5.5.2. Inventory Waste: Drug inventory which is wasted/disposed may be documented and allocated for re-accumulation and/or purchased based on applicable pricing and purchase history.

approval

6. **340B Oversight**:
   6.1. The oversight of the 340B Drug Pricing Program is the responsibility of the 340B Oversight Team, which is comprised of the following individuals:
      6.1.1. Pharmacy Director
      6.1.2. Authorizing Official
      6.1.3. Additional staff: Compliance Officer, Executive Team, and 340B Analyst
   6.2. The 340B Oversight Group has the following responsibilities:
      6.2.1. Setting the general direction and policy for 340B drug purchasing and compliance.
      6.2.2. Establishing a 340B program audit plan for NIHD.
         6.2.2.1. Ensure that internal and external self-audits are conducted on a regular basis in accordance with the 340B program audit plan.
      6.2.3. Meets on a quarterly to review reports, trends and audit results.
      6.2.4. Maintaining information on current best practices by sending key NIHD personnel to related conferences and/or training programs (e.g., webinars, teleconferences).
      6.2.5. Providing compliance and oversight direction.
      6.2.6. Providing appropriate resources.
      6.2.7. Determining needed modifications or expansion.
      6.2.8. Communication to hospital leadership of potential changes/trends to the 340B program that will impact the institution.
      6.2.9. Assessing discrepancy response, including determining whether or not a material breach has occurred.
   6.3. Discrepancies:
      6.3.1. NIHD acknowledges that it may be liable to an individual manufacturer of a covered outpatient drug that is the subject of a discrepancy, and depending upon the circumstances, may be subject to repayment.
         6.3.1.1. **Material Breach:** Discrepancies that are considered material are self-reported to HRSA as a material breach. A material breach is defined as a discrepancy that results in an impact of more than 5% of the total pharmacy spend in a fiscal year and does not self-correct within six (6) months.
7. **Competency**:
   7.1. Pharmacy staff with 340B procurement responsibilities are provided comprehensive training on the 340B Program and the compliance requirements of this program. This training is completed by pharmacy procurement staff initially upon hire and competency is also verified annually.

approval

REFERENCES:

1. Apexus: https://www.apexus.com/home/
2. Section 340B of the Public Health Service Act ("PHSA"), Section 602 of the Veterans Health Care Act of 1992
3. Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, Office of Pharmacy Affairs (OPA): http://www.hrsa.gov/opa/index.html
4. HRSA's Final Notice Regarding Manufacturer Audit Guideline and Dispute Resolution Process, 61 Fed. Reg. (Dec. 12, 1996), page 65407: *https://www.hrsa.gov/sites/default/files/opa/programrequirements/federalregisternotices/disputeresolutionprocess121296.pdf*

CROSS REFERENCED POLICIES AND PROCEDURES:

1. 340B Contract Pharmacy Policy and Procedure

RECORD RETENTION AND DESTRUCTION:

340B records must be maintained for a minimum of three (3) years.

Supersedes: v.4 340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedure

approval

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Airborne Infection Isolation Rooms (AIIR)		
Owner: Manager Employee Health & Infection Control	Department: Infection Prevention	
Scope: Hospital Inpatient		
Date Last Modified: 07-04-2022	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/15/2017	

PURPOSE:

To provide a negative pressure required for airborne precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei.

POLICY:

1. Airborne Isolation Infection Rooms (AIIR's) are available:
   a. Acute-Subacute unit room 5, (this room has an ante chamber, new construction)
   b. Intensive care unit room 1, (this room has an ante chamber, new construction)
2. All patients with known or suspected serious illnesses transmitted by airborne droplet nuclei will be placed in (AIIR) Rooms if available. If AIIR not available, follow procedure below.
3. Staff to use the below references to determine if infection is airborne, or notify Infection Prevention.
   a. CDC Appendix A located on Nursing and Physician desktop for duration of needed precautions.
   b. Lippincott Procedures Airborne Precautions
4. Each AIIR will have a room pressure controller. This controller is designed to maintain a constant pressure differential. The controller has audible and visual alarms. The negative pressure is always on. The door to the room must closed as much as possible.
5. Sputum Inductions will be performed in the Airborne Infection Isolation Room (AIIR) located in ICU room 1 or Acute-Subacute room 5; attempt to use ICU room1 first.

Procedure If NIHD Has Insufficient Isolation Rooms:
If the patient needs an airborne isolation room and there is not one available, place patient in room with door closed and the patient should be a transfer to another facility in a timely manner.

1. Transfers to other facilities: Transfer should occur within **5** hours of identification, unless the initial encounter with patient occurs between 3:30pm and 7:00 am, in which case the patient must be transferred by 11:00 am. If the provider contacts the local health officer and determines that no facility is available to provide Airborne Infection Isolation (AII), then the patient may remain at NIHD, the provider must continue to contact the local health officer and other facilities every 24 hours to attempt the transfer, and at least every 24 hours thereafter, one of the following:
   a. There is no room or area available within that jurisdiction.
   b. Reasonable efforts have been made to contact establishments outside of that jurisdiction.
   c. Applicable measures recommended by the local health officer and the Physician or other licensed health care professional

approval

d. Patients exhibiting flu like symptoms during flu season or suspected or confirmed COVID-19 do not require referral and transfer.

Exception to above:

1. The patient need not be transferred if the treating physician determines that the transfer would be detrimental to the patient's condition. In that case, the HCW will use all necessary respiratory protection when entering the patient's room. The patient's condition has to be reviewed at least every 24 hours. Once transfer is safe, then it should still occur in the timeframe above.
2. Where it is not feasible to provide Airborne Infection isolation rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel (ex: Flu, COVID-19) or unknown ATPs, the employer shall provide other effective control measures to reduce the risk of transmission to HCWs, which shall include the use of respiratory protection in accordance with subsection (g) and Section 5144, Respiratory Protection of these orders.

DEFINTION:

- **Airborne Infection Isolation Room (AIIR)** - Formerly, negative pressure isolation room
  - An AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.
  - AIIRs should provide negative pressure in the room (so that air flows under the door gap into the room); and an air flow rate of 6-12 ACH (6 ACH for existing structures, 12 ACH for new construction or renovation); and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation.
- **Wall panel**: A panel located outside the ante chamber room that includes an audible and visual alarm to warn staff when pressurization is lost or drifts past the preset pressure value.

PROCEDURE:

- Ensure negative pressure setting light is green and there are no alarms in Acute-Subacute room 5 and ICU room 1.
- Don appropriate PPE for type of precautions while in the antechamber prior to entering the room with the patient. All staff must wear properly fitted N95 mask or Purified Air Powered Respirator (PAPR) before entering room
- Patient must have a surgical mask on when they are admitted to the room, or if they leave the room for a procedure
- Keep door closed between room and antechamber as well as between ante chamber and the hallway.
- Post airborne precautions signs on the anti-chamber door as well as the door to the room itself.
- All Donning and Doffing of PPE should be done in the antechamber.
- When the patient is discharged the room should be cleaned per type of organism.
- If the Airborne Isolation Rooms loses pressurization and does not correct itself by closing the doors, the Maintenance Department must be contacted immediately.

approval

Monitoring AIIRs

- The AIIR is monitored and documented Bi-monthly by the Maintenance Department for the Acute-Subacute room 5 and ICU room 1
- Nursing staff will complete daily verification when a patient in Airborne Isolation is placed in Acute-Subacute room 5 and ICU 1. This is confirmed by ensuring that the green light located on the wall panel is on.

Documentation:

- The date and time the patient was placed in airborne precautions, including confirmation of negative pressure functionality.
- Each shift that the patient remains in airborne precautions with negative pressure operational.
- That correct isolation signage is in place.
- The date and time when the patient is removed from precautions.

REFERENCES:

1. Lippincott Procedures: Airborne Precautions. (Reviewed August 2024). https://procedures.lww.com/lnp/view.do?pId=3261141&hits=airborne&a=false&ad=false&q=airborne
2. Centers for Disease Control and Prevention. (2024) Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings 2007. Retrieved from http://www.cdc.gov/hicpac/2007IP/2007ip_appendA.html
3. Centers for Disease Control and Prevention. (2024) Transmission based precautions. Retrieved from https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html
4. Centers for Disease Control and Precautions (2023). III Precautions to Prevent Transmission of Infectious Agents. Retrieved from https://www.cdc.gov/infection-control/hcp/isolation-precautions/precautions.html
5. Centers for Disease Control and Prevention. (2024) Appendix B. Air. Retrieved from https://www.cdc.gov/infection-control/hcp/environmental-control/appendix-b-air.html
6. Centers for Disease Control and Prevention. (2024). Appendix A Type and Duration of Infections Recommended for Selected Infections and Conditions. Retrieved from https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html

CROSS REFERENCES:

1. Airborne Precautions in Lippincott Procedure
2. Aerosolized Transmissible Disease Plan
3. Tuberculosis Exposure Control Plan

RECORD RETENTION AND DISTRUCTION:

Medical records are retained and destroyed per the NIHD Medical Records Department policy and procedure.

Supersedes: v.3 Airborne Infection Isolation Rooms (AIIR)

approval

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Billing Write Off		
Owner: Chief Financial Officer	Department: Fiscal Services	
Scope: Revenue Cycle		
Date Last Modified: 01/05/2023	Last Review Date: 01/27/2025	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE: To ensure compliant coding and billing practices. Maintain and assure the integrity of the hospital's Accounts Receivable activity. Set forth and define protocol and authority for billing adjustments and or write-off activity.

POLICY: Defined Write-Offs are not permitted by any staff other than those provided the authority by this policy. No Write-Off activity is permitted outside the defined Write-Offs listed in this policy unless directed and approved by the Chief Financial Officer or the Chief Executive Officer.

PROCEDURE:

- Non-Billable Item

Items charged to a patient account listed as "non-billable" per Hospital payor contract will be system flagged for Biller to write-off the patient account as claim final bills. Payor Non-Covered items are not submitted to the payor or patient.

- Non-Covered Services - Payor Contract

Non-covered services performed outside payor contract are not billed to patient if District did not inform patient of non-covered service prior to service. Charges are written off by billing staff using the Non-Covered Write-Off code.

- Denials - Payor Contract

Unresolvable account denials for unforeseen non-covered service will be written off by the business office to the code Insurance Contractual. Items above $1,000.00 will be submitted to the business office manager for review and approval. Items above $2,500.00 will be submitted to the Chief Financial Officer for review and approval. Sufficient documentation is required to review and approve the write off.

- Billing Process Related Denials

Unresolvable denials related to "Billing Process" activities for covered services are written off by the business office using the Administrative Write-Off code. Items above $1,000.00 will be submitted to the business office manager for review and approval. Items above $2,500.00 will be submitted to the Chief Financial Officer for review and approval. Sufficient documentation is required to review and approve the write off.

- Administrative Adjustment Write-Off (Discretionary)

When it is determined that reimbursable services should be written off based on factors of unfavorable business outcomes, or other discretionary purposes, balances are adjusted using the administrative

adjustment code. Such discretion may be out of concern for patient relation purposes; billing or clerical error/oversight affecting reimbursement not related to activities covered in other policies.

- Small Balance Write-Off

Small balance write-offs are patient account balances that do not merit the time and cost of sending a bill to the patient. The threshold for small balance write-offs is $9.99 or less.

Monitor all write off activity for unusual activity, trends, accuracy, and adherence to policy.

REFERENCES: N/A

RECORD RETENTION AND DESTRUCTION:
Maintain records for fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Charge Reduction or Removal at Department Level

Supersedes: Not Set

NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK

Title: Employee Dissatisfaction		
Owner: Human Resources Manager	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 02/10/2025	Last Review Date: 08/19/2021	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

If you have a complaint about your job, you should discuss it with your supervisor or department head. If an agreeable solution is not reached, you may take your complaint to a member of the Executive Leadership team. It is the responsibility of the immediate supervisor to offer suggestions, make recommendations, and provide the necessary guidance regarding employees' performance or conduct on the job.

~~If you have a problem that you feel you cannot discuss with your supervisor or department head, you may contact the Administrator.~~ Despite our sincere desire to provide all employees with pleasant and satisfying employment, it is possible that disagreements and misunderstandings will arise. Remember, we cannot help you solve problems that we don't know exist. If you have a problem, we want to know it. We want it resolved as much as you do, so let us know.

~~Remember, we cannot help you solve problems that we don't know exist. If you have a problem, we want to know it. We want it resolved as much as you do, so let us know.~~

RECORD RETENTION AND DESTRUCTION:

Human Resources records are kept for the duration of employment, plus 10 years

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Employee Complaints and the Grievance Process
2. ~~Conferences with Supervisors~~
3. ~~3.~~2. InQuiseek – #400 General Employment Policies
4. ~~4.~~3. InQuiseek - #520 Grievance Policy

Supersedes: v.2 Employee Dissatisfaction, v.2 Conferences with Supervisors
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

approval

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: HVAC Pressure Relations in Critical Areas		
Owner: Maintenance Manager	Department: Maintenance	
Scope: Hospital Wide		
Date Last Modified: 02/10/2025	Last Review Date: No Review	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:
In critical care areas designed to control airborne contaminants, the ventilation system provides appropriate pressure relationships, air exchange rates, filtration efficiencies, temperature, and humidity. This policy ensures compliance with applicable California regulations and The Joint Commission standards.

POLICY
It is the policy of the Northern Inyo Healthcare District (NIHD) that all ventilation systems shall be installed and maintained in a manner that will ensure that the appropriate pressure relationships, air exchange rates, and filter efficiencies are in place for ventilation systems serving areas specifically designed to control contaminants (e.g., biological agents, gases, fumes) in compliance with applicable California and federal regulations, including The Joint Commission standards.

PROCEDURE

1. General Compliance and Guidelines
1.1. The Maintenance Department Director will ensure all specially designed ventilation areas requiring pressure relationships, air exchange rates, filter efficiencies, temperature, and humidity comply with:
- California Building Standards Code (Title 24, CCR, Part 4).
- Guidelines for Design and Construction of Health Care Facilities (FGI Guidelines).
- The Joint Commission Standards (EC.02.05.01 EP15).
- CDC Guidelines for Environmental Infection Control in Health-Care Facilities.

1.2. Critical areas and their criteria for design and updates will align with the latest California and federal standards.

2. Monitoring and Testing
2.1. The following areas require regular monitoring and testing:
- **Operating Rooms (ORs):** Positive pressure with air exchange rates of 20 ACH minimum.
- **Isolation Rooms:** Negative pressure with a minimum differential of -0.01-inch water column.
- **Special Procedure Rooms:** Positive pressure with appropriate air exchanges and filtration.
- **Sterile Processing Departments (SPD):** Positive pressure in clean areas and negative pressure in decontamination areas.
- **Pharmacy Cleanrooms:** Positive or negative pressure based on compounding requirements under USP 797/800.

2.2. Pressure, temperature, and humidity are monitored through the Building Automation System (BAS).

3. Scheduled Maintenance and Testing Frequency
3.1. Regular maintenance includes:

approval

- Semi-annual particulate and air exchange rate testing for ORs and procedure suites.
- Semi-annual testing and filter replacement for isolation and reverse isolation rooms.
- Daily testing of isolation rooms while in use.
- Semi-annual testing of Biological Safety Cabinets (BSCs) and Chemical Fume Hoods (CFHs).
- Quarterly verification of pressure relationships in critical areas.

3.2. Construction sites are maintained with negative air machines and tested daily to prevent dust transmission.
3.3. All testing is documented and retained in the Maintenance Department. Active construction documentation is maintained by the Project Manager until project completion and then turned over to Facilities Management.

4. Temperature and Humidity Management
4.1. Operating room temperatures shall range from 64° to 73°F with a relative humidity of 30% to 60% (or CMS waiver-approved range of 20% to 60%). Any changes to these ranges must be approved by the Infection Preventionist Manager, Maintenance Manager, and Surgery staff.
4.2. Out-of-range conditions trigger alerts monitored by Maintenance. If sustained beyond 4 hours, corrective actions are implemented, including:

- System adjustments and inspection of Air Handling Units (AHUs).
- Notification of the Infection Preventionist Manager, Facilities Director, and Surgery DON if unresolved within 28 hours.
-

5. Documentation and Reporting
5.1. Documentation of pressure testing, temperature, and humidity monitoring is maintained in the Maintenance Department for a minimum of three years.
5.2. Any deficiencies and corrective actions are reported to the Safety Committee.

6. Verification and Commissioning
6.1. Qualified service providers verify volume flow rates, pressure relationships, and air exchange rates during commissioning of new projects and major renovations.
6.2. Periodic testing throughout the hospital investigates complaints related to indoor air quality and adjusts HVAC systems as needed.

7. Temporary Mitigation Measures
7.1. When systems cannot meet code requirements, the Maintenance Department collaborates with the Infection Preventionist Manager to implement temporary measures, such as portable HEPA filtration units, until permanent solutions are in place.
7.2. Recommendations for upgrades or replacements are submitted to the CEO and Board as needed.

8. Special Considerations for Critical Areas
8.1. Areas included in this program are:

- Operating rooms (all classes).
- Procedure rooms (e.g., bronchoscopy, endoscopy).
- Isolation rooms (airborne infection isolation and reverse isolation).
- Protective environments (e.g., bone marrow transplant units).
- Pharmacies and sterile processing rooms.
- Laboratories and sterile spaces with specific pressure requirements.

approval

REFERENCES:

1. California Building Standards Code (Title 24, CCR, Part 4).
2. The Joint Commission CAMCAH Manual (EC.02.05.01 EP15).
3. FGI Guidelines for Design and Construction of Health Care Facilities.
4. CDC Guidelines for Environmental Infection Control in Health-Care Facilities.
5. USP 797 and USP 800 Standards.
6. CMS Memorandum (S&C: 13-25-LSC & ASC, April 19, 2013).

RECORD RETENTION AND DESTRUCTION: N/A

CROSS-REFERENCED POLICIES AND PROCEDURES:

Supersedes: v.1 Installing & Maintaining Appropriate Pressure Relations in Critical Areas EC.02.05.01 EP 15

approval