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|---|---|
| | work to provide a safe & professional healthcare setting. |
| Hospital Community Benefit Plan (groups to target, decision makers, goals) | |

Mission Mapping (these are not required fields)

| | Yes | No |
|---|-----|----|
| Does your mission map to your strategic planning process? | Yes | |
| Do you have a dedicated community benefits coordinator? | Yes | |
| Do you have a charitable foundation? | | No |
| Do you conduct teaching and research? | | No |
| Do you operate a Level I or Level II trauma center? | | No |
| Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.) | | No |

Community Health Improvements Services

| | |
|-----------------------------------|-------------------|
| | Benefit \$497,175 |
| Community Health Education | \$51,796 |
| Community-Based Clinical Services | \$ |
| Health Care Support Services | \$445,379 |

Health Professions Education

| | |
|--|----------------------|
| | Benefit \$109,900.95 |
| Physicians/Medical Students (net of Direct GME payments) | \$ |
| | |
| Nurses/Nursing Students | \$94,020.22 |
| Other Health Professional Education | \$15,880.73 |
| Scholarships/Funding for Professional Education | \$ |

Subsidized Health Services

| | |
|--|----------------------|
| | Benefit \$10,688,602 |
| Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP | \$6,688,757 |
| Less: Medicaid Disproportionate Share Payments received for the Period | \$652,015 |
| Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) | |
| Net Uncompensated Care | \$6,036,742 |
| Uncompensated SCHIP (Nevada Checkup) Cost | |
| Uncompensated Medicare Cost (see instructions) | \$5,097,239 |
| Uncompensated Clinic or Other Cost | |
| Other Subsidized Health Services | |
| Less: Cost Reported in Another Category | \$445,379 |
| Total Subsidized Health Services | \$10,688,602 |

Research

| | |
|-------------------|------------|
| | Benefit \$ |
| Clinical Research | \$ |

| | |
|---------------------------|----|
| Community Health Research | \$ |
| Other | \$ |

Financial Contributions

| | |
|---|--------------|
| | Benefit \$50 |
| Cash Donations | \$50 |
| Grants | \$ |
| In-Kind Donations | \$ |
| Cost of Fund Raising for Community Programs | \$ |

Community Building Activities

| | |
|--|------------|
| | Benefit \$ |
| Physical Improvements and Housing | \$ |
| Economic Development | \$ |
| Community Support | \$ |
| Environmental Improvements | \$ |
| Leadership Development and Leadership Training for Community Members | \$ |
| Coalition Building | \$ |
| Community Health Improvement Advocacy | \$ |
| Workforce Development | \$ |

Community Benefit Operations

| | |
|---|------------|
| | Benefit \$ |
| Dedicated Staff | \$ |
| Community Health Needs/Health Assets Assessment | \$ |
| Other Resources | \$ |

Other Community Benefits

| | |
|--|------------|
| (Briefly explain other community Benefits provided but not captured in sections above) | Benefit \$ |
| | \$ |
| | \$ |
| Other Community Benefits Subtotal | \$ |

Total Community Benefit

| | |
|--|-------------------------|
| | Benefit \$11,295,727.95 |
| | |

Other Community Support

| | |
|-----------------------|----------------------|
| | Benefit \$577,125.85 |
| Property Tax | \$356,459.45 |
| Sales and Use Tax | \$9,199 |
| Modified Business Tax | \$211,467.40 |
| Other Tax (describe) | \$ |

| | |
|--|--------------|
| Assessment for not meeting minimum care obligation of NRS 439B.340 | \$ |
| Total Other Community Support | \$577,125.85 |

Total Community Benefits & Other Community Support

| | |
|--|--------------|
| | \$11,872,853 |
| | |

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| List and briefly explain educational classes offered |
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| List and briefly describe other community benefits provided to the community for which the costs cannot be captured |
| |

Discounted Services & Reduced Charges Policy & Procedures

| | |
|---|------------------------|
| Charity Care Policy: (attach copies of actual policies if first filing or policy changed) | Policy Effective Date: |
| Does the hospital have a policy? (Yes or No) | Yes |
| Policy covers up to what % of Federal Poverty Level? | 200% |
| Discounts given up to what %? | 100% |
| Amount of time to make arrangements (in days or months) | 1 year |
| Other comments | Some exceptions |
| Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed) | Policy Effective Date: |
| Does the hospital have a policy? (Yes or No) | Yes |
| Discounts given up to what %? | 50% |

| | |
|--|---------|
| Amount of time to make arrangements? (in days or months) | 30 days |
| Other comments | |

Collection of Accounts Receivable Policies & Procedures

| | |
|--|--------------------------------------|
| Effective Date of Policy | 2/1/2004 |
| Does hospital have established policy? | Yes |
| Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No) | Yes |
| Number of patient contacts before referral to collection agency | Varies |
| Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No) | Yes |
| Methods of communication with patient (e.g. phone, letter, etc.) | Phones, letters, collection agencies |
| Number of days prior to referral to collection agency | 30-90 days |
| Is the patient notified in writing of referral to collection agency? | Yes |
| Is the patient notified in writing prior to a lawsuit being begun? | Yes |
| Other comments | |

Chargemaster

| | |
|---|------------------------------------|
| Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No) | Yes |
| Is the chargemaster updated at least monthly? (Yes or No) | Yes |
| How is the chargemaster made available? (E.g. format, location, etc.) | Available on PC in Business Office |