Nevada Hospital Reporting
(Pursuant to NRS 449.490, Sections 2 through 4)

Demographic Information

Name of Organization	**North Vista Hospital**
Location (City & State)	**North Las Vegas, NV**
Fiscal Year Ended (mm/dd/yyyy)	09/30/2010
Description of Organization (number of facilities, bed size, major services & centers of excellence)	**177 Bed acute care facility with center of excellence in Weight Loss**
Governance/Organizational Structure (tax exempt status, affiliated entities)	**For Profit**

Capital Improvements

New Service Lines:

New Service Lines: List each new service line offered.

Major Facility Expansion:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Const. In Progress?
Geropsych Expansion	$	$1,950,053	R	Yes
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	$475,452
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	$2,425,505

Home Office Allocation

Describe the **methodology** used to allocate home office costs to the hospital
Management Fees computed by corporate office at 2.25% of Net Revenues

Community Benefits Structure

Hospital Mission Statement	Quality, cost – effective healthcare responsive to the special needs of the community
Hospital Vision	
Hospital Values	Treating patients with dignity, compassion, respect &

	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

List and briefly explain educational classes offered

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