

	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$4,998,090
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$8,826,270

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
The actual home office expenses are allocated to subsidiaries based on the relationship of budgeted subsidiary revenue to the combined budgeted revenue for all subsidiaries.

Community Benefits Structure

Hospital Mission Statement	Our purpose statement represents our mission and vision and was developed by a team of employees: Make a genuine difference for the many lives we touch by optimizing our patients' healthcare experience.
Hospital Vision	See above.
Hospital Values	Integrity, Caring and Compassion, Personal Growth, Innovation, Community Involvement, Diversity, Teamwork, Health and Well-being
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Renown completes a community needs assessment annually and, from that, develops a community benefit plan that meets the needs of the community. The Renown Health Board of Directors reviews the needs assessment and approves the plan. Renown has a community benefit committee that develops the needs assessment, community benefit plan and tracks the community benefit activities during the year.

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?		No, we have a community benefit committee
Do you have a charitable foundation?	Yes	
Do you conduct teaching and research?	Yes	
Do you operate a Level I or Level II trauma center?	Yes	
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)	<ul style="list-style-type: none"> - Yes: - Pediatric ICU - Level II Trauma Center - Neuro biplane angiography - JCAHO-accredited Stroke Program - ABRET-accredited epilepsy-monitoring lab - Women's Heart Program - Lung Cancer Screening Program - Children's ER - Only Nevada hospital with NACHRI affiliation 	

Community Health Improvements Services

	Benefit \$8,206,813
Community Health Education	\$215,311
Community-Based Clinical Services	\$5,425,072
Health Care Support Services	\$2,566,430

Health Professions Education

	Benefit \$1,950,787
Physicians/Medical Students (net of Direct GME payments)	\$1,525,328
Nurses/Nursing Students	\$301,257
Other Health Professional Education	\$124,202
Scholarships/Funding for Professional Education	\$-

Subsidized Health Services

	Benefit \$104,128,818
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$ 98,016,021
Less: Medicaid Disproportionate Share Payments received for the Period	5,759,793
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	4,708,331
Net Uncompensated Care	\$ 87,547,897
Uncompensated SCHIP (Nevada Checkup) Cost	-
Uncompensated Medicare Cost (see instructions)	26,430,410
Uncompensated Clinic or Other Cost	143,782
Other Subsidized Health Services	1,264,581
Less: Cost Reported in Another Category	11,257,852
Total Subsidized Health Services	\$104,128,818

Research

	Benefit \$448,084
Clinical Research	\$448,084
Community Health Research	\$-
Other	\$-

Financial Contributions

	Benefit \$1,117,036
Cash Donations	\$500,000
Grants	\$-
In-Kind Donations	\$53,617
Cost of Fund Raising for Community Programs	\$563,419

Community Building Activities

	Benefit \$163,248
Physical Improvements and Housing	\$120
Economic Development	\$-
Community Support	\$162,350
Environmental Improvements	\$-

Leadership Development and Leadership Training for Community Members	\$-
Coalition Building	\$778
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 \$116,014,786

Other Community Support

	Benefit \$66,581
Property Tax	\$66,581
Sales and Use Tax	\$
Modified Business Tax	\$
Other Tax (describe)	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$66,581

Total Community Benefits & Other Community Support

	\$116,081,367

List and briefly explain educational classes offered
See Attachment A.

List and briefly describe other community benefits provided to the community for which the costs cannot be captured

See Attachment B.

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?	1000%
Discounts given up to what %?	100% of balance less co-pay of \$100 (co-pay can be waived in cases of extreme hardship)
Amount of time to make arrangements (in days or months)	90 days from last date of service
Other comments	
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 %?	40%
Amount of time to make arrangements? (in days or months)	30 days from last date of service
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	Policy Effective Date: 2/1/06; Latest update 8/1/06
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	Minimum of 7 attempts
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.)	Telephone and written
Number of days prior to referral to collection agency	At least 120 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.)	Electronically, at 1000 Ryland St., Suite 303, Reno, NV, with the assistance of our chargemaster staff