

Nevada Hospital Reporting

(Pursuant to NRS 449.490, Sections 2 through 4)

Demographic Information

Name of Organization	SPRING VALLEY HOSPITAL
Location (City & State)	LAS VEGAS, NV
Fiscal Year Ended (mm/dd/yyyy)	12/31/2010
Description of Organization (number of facilities, bed size, major services & centers of excellence)	209 BED ACUTE CARE HOSPITAL, ALSO INCLUDING 22 REHAB BEDS (TOTAL BEDS = 231)
Governance/Organizational Structure (tax exempt status, affiliated entities)	

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?
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
OR Cameras (14)	\$	\$496,399	R	N
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$2,390,609
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$2,887,008

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
The corporate overhead expenses are allocated on a monthly basis to the facility based on their monthly operating costs as a percentage of the total monthly operating costs.

Community Benefits Structure

Hospital Mission Statement	Our mission at Spring Valley Hospital Medical Center is to provide a culture of excellence where committed employees, physicians, and volunteers deliver safe quality patient care to our community.
Hospital Vision	Our vision is to be the healthcare provider and employer of choice for the Las Vegas community.
Hospital Values	<p>People - Our employees and volunteers are our most important asset.</p> <p>Service - We provide professional, effective, and efficient service to all of our customers.</p> <p>Quality - We provide care and comfort to people in need by continuously improving our services and patient safety.</p> <p>Growth - We continually expand access to health services by investing in the development of new, improved, and safer ways of delivering care.</p> <p>Finance - We invest financial resources locally to support our mission and vision.</p>
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Spring Valley Hospital Medical center is committed to learning about and understanding the immediate community. The hospital will continuously participate in activities and events to develop "grass roots" relationships with schools, community centers, churches and organizations, both in Spring Valley, Southwest Las Vegas and Pahrump. Focuses include political dignitaries and community leaders, with which hospital administrative representatives will meet and communicate regularly.

Mission Mapping (these are not required fields)

	Yes	No
Does your mission map to your strategic planning process?	X	
Do you have a dedicated community benefits	X	

coordinator?		
Do you have a charitable foundation?		X
Do you conduct teaching and research?	X	
Do you operate a Level I or Level II trauma center?		X
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)		X

Community Health Improvements Services

	Benefit \$295,946
Community Health Education	\$61,046
Community-Based Clinical Services	\$
Health Care Support Services	\$234,900

Health Professions Education

	Benefit \$
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$
Other Health Professional Education	\$
Scholarships/Funding for Professional Education	\$

Subsidized Health Services

	Benefit \$21,794,108
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$14,591,940
Less: Medicaid Disproportionate Share Payments received for the Period	10,000
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	88,599
Net Uncompensated Care	\$14,493,341
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$7,530,064
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$ 229,297
Total Subsidized Health Services	\$21,794,108

Research

	Benefit \$
Clinical Research	\$
Community Health Research	\$
Other	\$

Financial Contributions

	Benefit \$52,197
Cash Donations	\$52,197
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

Community Building Activities

	Benefit \$126,607
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$42,000
Environmental Improvements	\$78,271
Leadership Development and Leadership	\$

Training for Community Members	
Coalition Building	\$6,336
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 \$22,268,858

Other Community Support

	Benefit \$1,721,519
Property Tax	\$1,076,220
Sales and Use Tax	\$148,705
Modified Business Tax	\$496,594
Other Tax (describe) Business License, Birth Tax	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$1,721,519

Total Community Benefits & Other Community Support

	\$23,990,377

List and briefly explain educational classes offered
<p>Childbirth Education Infant CPR Breast-Feeding Classes Senior Advantage Classes (Diabetes, Medicare education, etc.) Summer Health Fair</p>

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

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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)	(see policy)
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 %?	30%+
Amount of time to make arrangements? (in days or months)	31 days
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	
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	(see policy)
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.)	Phone /Letter
Number of days prior to referral to collection agency	(see policy)
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.)	PC in Central Billing Office