

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Bed tower addition (Pt monitoring systems, furniture)	\$6.1M	\$1.4M	N	X
3 rd Cath Lab	\$	\$1M	N	X
Misc. equipment (each under \$500k)	\$628k	\$2.1M		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
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	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$131k
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$5.2M

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 upon their monthly operating costs as a percentage of the total monthly operating costs.

Community Benefits Structure

Hospital Mission Statement	The Mission of Summerlin Hospital Medical Center is to achieve long-term growth and success by providing our community with superior quality health care services.
Hospital Vision	Our vision is to be recognized as an organization that patients choose and recommend to families and friends, parents choose for their children, physicians prefer for their patients, purchasers select for their clients, employees are proud to be

	associated with.
Hospital Values	Service Excellence, Quality Care, Employee Development, Ethical and Fair Treatment of All, Teamwork, Compassion, and Innovation in Service Delivery.
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?		No
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.)	Yes General Peds, Peds IMC, PICU, Peds ER, Peds OP sedation and Peds Gastro	

Community Health Improvements Services

	Benefit \$ 215,253.09
Community Health Education	\$9,366.00
Community-Based Clinical Services	\$
Health Care Support Services	\$ 205,887.09

Health Professions Education

	Benefit \$ 104,640.89
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$ 104,640.89
Other Health Professional Education	\$
Scholarships/Funding for Professional Education	\$

Subsidized Health Services

	Benefit \$31,034,015
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$ 19,937,553
Less: Medicaid Disproportionate Share Payments received for the Period	\$ 10,000
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	
Net Uncompensated Care	\$19,927,553
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$11,432,291
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$325,829.13
Total Subsidized Health Services	\$31,034,015

Research

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

Financial Contributions

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

Community Building Activities

	Benefit \$ 5,935.15
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$5,935.15
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 \$ 31,359,844

Other Community Support

	Benefit \$ 5,408,025.10
Property Tax	\$ 1,747,552.07

Sales and Use Tax	\$ 2,219,724.69
Modified Business Tax (Head Tax)	\$ 850,484.34
Other Tax (describe) (unemployment tax)	
Assessment for not meeting minimum care obligation of NRS 439B.340	\$ 590,264.00
Total Other Community Support	\$ 5,408,025.10

Total Community Benefits & Other Community Support

	\$ 36,767,869

List and briefly explain educational classes offered
Babysitting Workshop, Sibling Class, Breastfeeding Basics, Basic Infant Care, and Infant CPR.

List and briefly describe other community benefits provided to the community for which the costs cannot be captured
Mom and Baby/Toddler Groups, Stroller Fit, Mom and Baby Yoga, Prenatal Yoga, Wee Can Sign, Infant Massage, Breastfeeding Support Group, and Car Seat Checks.

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