



### Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
none	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

### Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$ 2,869,367
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$16,128,038</b>

### Home Office Allocation

Describe the <b>methodology</b> used to allocate home office costs to the hospital
<b>Clark County Government Methodology Used: The Clark County Indirect Cost Allocation Plan (The Plan) uses a double-apportionment method to allocate centralized county government service cost to the various county departments. In the first apportionment, the cost from the indirect cost pools is allocated to both direct and indirect cost centers. In the second apportionment, the remaining costs from the indirect cost pools, which would be the cost stepped down from the first apportionment, are allocated to the direct cost pools</b>

### Community Benefits Structure

Hospital Mission Statement	<b>To provide leadership that ensures safe, high quality, accessible, comprehensive healthcare to the community and visitors while ensuring financial viability and social responsiveness.</b>
Hospital Vision	<b>Become the model community healthcare provider and hospital of choice.</b>
Hospital Values	<b>Medical excellence, responsible business practices, social and financial accountability, community partnership, inclusiveness.</b>
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?	<b>Yes</b>	
Do you have a dedicated community benefits coordinator?		<b>No</b>
Do you have a charitable foundation?	<b>Yes</b>	
Do you conduct teaching and research?	<b>Yes</b>	
Do you operate a Level I or Level II trauma center?	<b>Yes – Level I</b>	
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)	<b>Yes - Burn Care Unit Level I Trauma</b>	

### Community Health Improvements Services

	Benefit \$8,422,455
Community Health Education	\$ 23,777
Community-Based Clinical Services	\$ 2,161,808
Health Care Support Services	\$ 6,236,870

### Health Professions Education

	Benefit \$25,722,445
Physicians/Medical Students (net of Direct GME payments)	\$ 25,058,922
Nurses/Nursing Students	\$ 58,000
Other Health Professional Education	\$ 605,523
Scholarships/Funding for Professional Education	

### Subsidized Health Services

	Benefit \$134,539,847
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$ 229,032,902
Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period	\$ (18,506,466)
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	\$ (70,789,070)
Net Uncompensated Care	\$ 139,737,366
Uncompensated SCHIP (Nevada Checkup) Cost	\$ 924,243
Uncompensated Medicare Cost (see instructions)	\$ 18,324,367
Uncompensated Clinic or Other Cost	\$ 8,332,458
Other Subsidized Health Services	\$ 569,097
Less: Cost Reported in Another Category	\$ (33,347,684)
Total Subsidized Health Services	\$ 134,539,847

### Research

	Benefit \$64,007
Clinical Research	\$ 64,007
Community Health Research	\$
Other	\$

### Financial Contributions

	Benefit \$85,111
Cash Donations	\$ 1,092
Grants	\$ 5,700
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$ 78,319

### Community Building Activities

	Benefit \$67,200
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$ 30,000
Community Health Improvement Advocacy	\$
Workforce Development	\$ 37,200

### 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 \$36,984
Disaster Planning	\$ 36,984
	\$
Other Community Benefits Subtotal	\$

### Total Community Benefit

	Benefit \$168,938,049

### Other Community Support

	Benefit \$
Property Tax	\$
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	\$

### Total Community Benefits & Other Community Support

	\$ 168,938,049
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List and briefly explain educational classes offered
<b>Patient Management Seminars for Physicians</b> <b>Continuing Education for Health Care Professionals</b> <b>Nutrition &amp; Exercise Classes</b> <b>Health Education for Senior Citizens</b> <b>Prenatal, Childbirth &amp; Post Partum Care for Mother &amp; Child</b> <b>Infant and Child CPR Community</b> <b>Diabetes Counseling</b> <b>Smoking Cessation</b> <b>Baby Sitting Classes</b>
<b>Note: Classes are offered free of charge.</b>

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: 11-1-2007
Does the hospital have a policy? (Yes or No)	<b>Yes</b>
Policy covers up to what % of Federal Poverty Level?	<b>500%</b>
Discounts given up to what %?	<b>70%</b>
Amount of time to make arrangements (in days or months)	<b>24 Months</b>
Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: New Rates effective 11-1-2007
Does the hospital have a policy? (Yes or No)	<b>Yes (County Resident Rates)</b>
Discounts given up to what %?	<b>Inpatient: Per Diems, Carve Outs, &amp; Case Rates, min of 30%</b> <b>Outpatient: 55% of charges</b>
Amount of time to make arrangements? (in days or months)	<b>24 Months</b>
Other comments	<b>Resident rates are approved by Clark County Commissioners.</b>

## Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	<b>8/01/1999</b>
Does hospital have established policy?	<b>Yes</b>
Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No)	<b>Yes</b>
Number of patient contacts before referral to collection agency	<b>3</b>
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	<b>Yes</b>
Methods of communication with patient (e.g. phone, letter, etc.)	<b>Phone, Letter</b>
Number of days prior to referral to collection agency	<b>90 days</b>
Is the patient notified in writing of referral to collection agency?	<b>Yes</b>
Is the patient notified in writing prior to a lawsuit being begun?	<b>N/A – UMC does not sue patients</b>
Other comments	<b>Collection agencies may pursue legal action.</b>

## Chargemaster

Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No)	<b>Yes</b>
Is the chargemaster updated at least monthly? (Yes or No)	<b>Yes</b>
How is the chargemaster made available? (E.g. format, location, etc.)	<b>Viewable on Laptop in Admitting</b>