



**Major Equipment:**

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Geropsych Unit	\$	\$1,150,648		
EP Lab Implementation	\$	\$555,551		
Rehab Unit	\$	\$2,731,819		
	\$	\$		
	\$	\$		
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	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

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

Other capital additions for the period not included above	\$4,710,702
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$9,148,720</b>

**Home Office Allocation**

Describe the <b>methodology</b> 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 total monthly operating costs for the entire corporation.

**Community Benefits Structure**

Hospital Mission Statement	Desert Springs Hospital Medical Center’s mission is to provide the highest quality healthcare services to our customers while stewarding our human, financial and material resources
Hospital Vision	Desert Springs Hospital will be.... The hospital of choice in our service area

	A great workplace for our staff Known for the excellent service we provide A healing environment with emphasis on family-center care. An institution with a multicultural focus A safe environment for our patients, staff and guests
Hospital Values	Patient-focused, family-centered, evidence-based/high-quality outcomes and processes of care, culturally competent care, dedicated to employee development.
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?	X	
Do you have a dedicated community benefits coordinator?		X
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 \$278,225
Community Health Education	\$
Community-Based Clinical Services – Psych care	\$47,131
Community-Based Clinical Services	\$ 18,119
Health Care Support Services - NCO	\$ 184,174
Health Care Support Services – transportation	\$8,493
Interpreter Services	\$20,308

### Health Professions Education

	Benefit \$7,562
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$301
Other Health Professional Education	\$7,261
Scholarships/Funding for Professional Education	\$

### Subsidized Health Services

	Benefit \$34,895,054
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$21,702,296
Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period	
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	
Net Uncompensated Care	\$
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$13,376,932
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$184,174

Total Subsidized Health Services	\$34,895,054
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### Research

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

### Financial Contributions

	Benefit \$27,250
Cash Donations – including Westcare	\$27,250
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

### Community Building Activities

	Benefit \$6,363
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$6,363
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 \$35,214,454

### Other Community Support

	Benefit \$2,022,167
Property Tax	\$575,261

Sales and Use Tax	\$941,988
Modified Business Tax	\$504,918
Other Tax (describe)	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$2,022,167

### Total Community Benefits & Other Community Support

	\$37,236,621

<p>List and briefly explain educational classes offered</p> <p>Throughout the year, Desert Springs Hospital offers hospital-based educational seminars through our senior advantage program on a variety of health topics – cardiology, stroke/neuro, internal health, etc. The classes are free to the community.</p> <p>Bariatric surgery seminars – an educational forum to learn more about the surgery, risks, preparation, etc.</p> <p>Diabetes education – a wide range of classes are available (for a fee).</p> <p>A senior health fair was held in May 2011; a major diabetes-themed health fair was held in October 2011.</p>
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<p>List and briefly describe other community benefits provided to the community for which the costs cannot be captured</p> <p>Valley Health System community relations coordinators work with area businesses, agencies and non-profit organizations to participate in health fairs and offer free guest speakers at workplaces.</p>
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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)	Must receive denial from Medicaid and Clark County to be considered

	for charity.
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 %?	Discounts start at 30% as mandated by NRS for inpatient admissions.
Amount of time to make arrangements? (in days or months)	Within 30 days of discharge
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	Numerous
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.)	
Number of days prior to referral to collection agency	
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)	Chargemaster review is available in the Centralized Business Office for the Valley Health Systems. This is the office which maintains the chargemaster for all The Valley Health System hospitals.
Is the chargemaster updated at least monthly? (Yes or No)	Yes
How is the chargemaster made available? (E.g. format, location, etc.)	It is available for review on a PC in the Centralized Business Office.