

Nevada Hospital Reporting (Pursuant to NRS 449.490, Sections 2 through 4)

Demographic Information

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| Name of Organization | Sunrise MountainView Hospital |
| Location (City & State) | Las Vegas, Nevada |
| Fiscal Year Ended (mm/dd/yyyy) | 12/31/2011 |
| Description of Organization (number of facilities, bed size, major services & centers of excellence) | MountainView is a 254 acute care facility that provides a comprehensive, advanced range of health care service. These include: state-of-the-art surgical and emergency services, cardiovascular service, women's services and an extensive advanced range of outpatient and diagnostic services |
| Governance/Organizational Structure (tax exempt status, affiliated entities) | MountainView Hospital is owned and operated by Sunrise MountainView Hospital, Inc., a Nevada corporation. Sunrise MountainView Hospital, Inc. is an indirect wholly-owned subsidiary of HCA Inc. |

Capital Improvements

New Service Lines:

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| New Service Lines: List each new service line offered. |
| MountainView Hospital has opened a new 18 bed inpatient Rehabilitation Unit right next door to the hospital in our Medical Office Building. The location offers immediate access to care with 24/7 access to physicians, emergency services, imaging services, pharmaceuticals and our highly-trained rehabilitation staff. All 18 rooms are private and offer a majestic view of the Las Vegas valley. |
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Major Facility Expansion:

| Description | Prior Years Costs | Current Year Cost | R=Replac e N=New | Const. In Progress? |
|---|-------------------|-------------------|------------------------|---------------------|
| MountainView Inpatient Rehabilitation Facility (See description under New Service Lines) | \$47,566 | \$4,461,749 | N | Yes |
| MountainView has started construction on a \$60 million expansion project which will double the size of our emergency room and add 44 new patient beds. By expanding our campus and its service offerings, we further our mission of giving the community clinical reasons to choose MountainView for their medical care. | \$ | \$232,760 | N | Yes |
| | \$ | \$ | | |

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Major Equipment:

| Description | Prior Years Costs | Current Year Cost | R=Replace N=New | Expansion |
|--|-------------------|-------------------|--------------------|-----------|
| da Vinci® Robotic Surgery MountainView Hospital’s Robotic Surgery Program combines the skill and expertise of our physicians and staff with the da Vinci® Si HD Surgical System - the first of its kind in Southern Nevada. This advanced surgical approach can be used to treat a number of medical conditions, including prostate, colon, throat and gynecologic cancer. We are also the only hospital in Nevada to offer a robotic approach to surgical weight loss. | \$ | \$1,592,799 | New | |
| The 2k digital imaging chain of the Allura Xper FD20 fixed X-ray system provides crisp, virtually distortion-free visualization of small details and objects to support endovascular surgery, including AAA and carotid stenting procedures. Advanced X-ray dose reduction features reduce radiation exposure for patients and staff. | \$ | \$1,380,137 | New | |
| MountainView invested \$1,166,717 in a project to upgrade the IT infrastructure of the facility which will influence our ability to deliver quality healthcare in a timely fashion. Benefits of the project include reduced system downtimes, improved personnel productivity, improved security, and improved accessibility for physicians. | \$1,307,741 | \$1,166,717 | Replace | |
| The Alaris® PC unit is a computer at the patient's bedside. It is the basis for a modular platform you can build on to customize infusion delivery to meet individual patient needs by adding and subtracting infusion modules like large volume pump, patient controlled analgesic, syringe, patient monitoring and bar-coding. | \$ | \$980,564 | Replace | |

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| The fourth floor of the hospital was completely reconstructed. The walls were taken down to the bare studs and state of the art technology was installed. Each patient room was completely redone from top to bottom and new furniture and fixtures were installed. Access to the latest in Medical Technology in a comfortable setting will aid in patient recovery. | \$ | \$3,085,939 | | |
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Other Additions and Total Additions for the Period:

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| Other capital additions for the period not included above | \$2,665,860 |
| Total Additions for the Period (Sum of Expansion, Equipment & Other Additions) | \$15,566,525 |

Home Office Allocation

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| Describe the methodology used to allocate home office costs to the hospital |
| <p>As a means to reduce costs, it is common for healthcare companies, including HCA, to utilize the services of a central oversight company, also referred to as a management company. Instead of having to employ several different individuals for each function (at each hospital), an affiliate contracts with one management company to provide the facility its essential services at a cost-effective rate. Using a management company’s services streamlines an entity’s operations and creates efficiencies that, without the management company, perhaps would not be achieved. In return for providing these integral services to the hospitals, corporate office receives an arms-length fee, charged monthly. The fee is calculated as a percentage of net revenues, which is similar to other management companies in the healthcare industry. The fee charged to HCA’s wholly owned hospitals is calculated at 6.5% of net revenues.</p> <p>Services provided under this management agreement include: consulting services in areas such as long-range planning, budget control systems, financial reporting systems and practices, contractual agreements, accounts receivable management, government reimbursement (including cost report preparation and filing), capital planning, internal audit, managed care contracting, legal services, and human resources services (including employee benefit design and management). Corporate office prepares and files federal, state and local tax returns and reports as well as tax audit and appeals management. HCA performs advisory services relating to design, construction and inspection of new physical facilities, and renovations, repairs and maintenance of existing physical facilities. Corporate office will provide direction in areas such as health services marketing, community and public relations, government affairs, quality assurance, patient safety initiatives and market research. HCA has placed a particular emphasis on patient safety and quality and has made a significant investment in these initiatives, which provides no additional reimbursement, but provides a safer environment for the patient. The preceding is certainly not a comprehensive list of all services but rather a quick snapshot of the extent and wide range of corporate office’s business.</p> |

Community Benefits Structure

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| Hospital Mission Statement | MountainView Hospital is committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the community we serve. |
| Hospital Vision | Caring, Compassion, and Commitment |
| Hospital Values | In pursuit of our mission, we believe the following value statements are essential and timeless. We recognize and affirm the unique and intrinsic worth of each individual. We treat all those we serve with compassion and kindness. We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives. We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity. |
| Hospital Community Benefit Plan (groups to target, decision makers, goals) | Yes |

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

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|-----------------------------------|-------------------|
| | Benefit \$557,877 |
| Community Health Education | \$87,619 |
| Community-Based Clinical Services | \$79,293 |
| Health Care Support Services | \$390,965 |

Health Professions Education

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|--|-------------------|
| | Benefit \$217,087 |
| Physicians/Medical Students (net of Direct GME payments) | \$78,198 |
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| Nurses/Nursing Students | \$72,794 |
| Other Health Professional Education | \$61,095 |
| Scholarships/Funding for Professional Education | \$5,000 |

Subsidized Health Services

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| | Benefit \$45,377,167 |
| Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP | \$25,529,493 |
| Less: Medicaid Disproportionate Share Payments received for the Period | 10,000 |
| Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) | 7,915 |
| Net Uncompensated Care | \$25,511,578 |
| Uncompensated SCHIP (Nevada Checkup) Cost | 58,854 |
| Uncompensated Medicare Cost (see instructions) | 20,197,581 |

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| Uncompensated Clinic or Other Cost | |
| Other Subsidized Health Services | |
| Less: Cost Reported in Another Category | -390,846 |
| Total Subsidized Health Services | \$45,377,167 |

Research

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

Financial Contributions

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| | Benefit \$82,981 |
| Cash Donations | \$39,329 |
| Grants | \$ |
| In-Kind Donations | \$43,652 |
| Cost of Fund Raising for Community Programs | \$ |

Community Building Activities

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|--|------------------|
| | Benefit \$67,468 |
| Physical Improvements and Housing | \$ |
| Economic Development | \$ |
| Community Support | \$40,534 |
| Environmental Improvements | \$ |
| Leadership Development and Leadership Training for Community Members | \$ |
| Coalition Building | \$2,765 |
| Community Health Improvement Advocacy | \$24,169 |
| Workforce Development | \$ |

Community Benefit Operations

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|---|------------|
| | Benefit \$ |
| Dedicated Staff | \$ |
| Community Health Needs/Health Assets Assessment | \$ |
| Other Resources | \$ |

Other Community Benefits

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| (Briefly explain other community Benefits provided but not captured in sections above) | Benefit \$ |
| | \$ |
| | \$ |
| Other Community Benefits Subtotal | \$ |

Total Community Benefit

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| | Benefit \$ 46,302,580 |
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Other Community Support

| | Benefit \$ |
|--|-------------|
| Property Tax | \$1,251,411 |
| Sales and Use Tax | \$2,066,448 |
| Modified Business Tax | \$877,850 |
| Other Tax (describe) | \$ |
| Assessment for not meeting minimum care obligation of NRS 439B.340 | \$ |
| Total Other Community Support | \$4,195,709 |

Total Community Benefits & Other Community Support

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| | \$50,498,289 |
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| <p>List and briefly explain educational classes offered</p> <p>MountainView Hospital offers a wide variety of educational programming to support the Las Vegas community. Classes offered fall under several categories including general health education, support groups, staff development affecting the public, and student educational activities benefiting the public.</p> <p>General health educational programming includes specific disease processes and general wellness topics such as Mommy & Me, Daddy Basics (baby care educational programs), Health Fairs, CPR classes, Heart Health lectures, Heath Screenings- Prostate and Skin Cancer, Cardiac Nutrition lectures, and Bariatric Surgery information sessions.</p> <p>Support Group activities held at MountainView Hospital strive to offer an educational forum for affected individuals, as well as a social support system for those with similar difficulties. Support Groups offered have Narcotics Anonymous support group, Gamblers Anonymous support group, and Bariatric Surgery Support Group.</p> <p>Student and professional growth for public welfare and benefit is supported at MountainView Hospital. Student groups hold many educational meetings and complete clinical affiliations within the hospital. Student groups include RNs, LPNs, & allied health professionals (respiratory therapy, physical therapy, radiology technicians) and Medical Explorers.</p> <p>General public activities are also hosted within MountainView hospital. These activities include local homeowner's association meetings, Eagle Scouts & blood drives.</p> |
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| List and briefly describe other community benefits provided to the community for which the costs cannot be captured |
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MountainView provides community benefits on a daily basis that cannot be quantified or captured for the purposes of this report since it has not been our process to track expenses in this manner. Our systems are not capable of tracking data for these purposes separately, but we know that more complete data would reflect additional benefit that MountainView provides to this community.

Patients are provided with medications and supplies for home use when we are made aware of the fact that patient's needs will not be met due to their inability to pay, which would result in poor quality healing process. These items are not tracked separately.

Teaching materials, supplies, and time for our seminars, health fairs, and community activities (such as sponsoring the Bariatric Walk or participating the Juvenile Diabetes Research Foundation walk) cannot be completely quantified, as our information systems for the reporting period were not designed to accumulate the information at the required level of detail.

Discounted Services & Reduced Charges Policy & Procedures

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| 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) | Unlimited time frame |
| 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 %? | Inpatients 86% Same Day Surgery 86% Outpatient/ER 81% ER 81% |
| Amount of time to make arrangements? (in days or months) | Reviewed on a case by case basis, no designated time frame. |
| Other comments | It is Hospital policy to provide Hospital resources to qualify the patient for assistance, either Medicaid or the County Indigent Programs. If the patient does not qualify, the Hospital would review the patient for eligibility in the Hospitals Charity program. If the patient does not qualify for Medicaid, County or the Charity program, the Hospital will offer the patient the uninsured discount pursuant to NRS 439B. |

Collection of Accounts Receivable Policies & Procedures

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| 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 | Private Pay (FC99) >\$7,5,00 – 3 letters, 5 telephone contact attempts Private Pay (FC99) < \$7,500 – 2 letters, 2 telephone contact |

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| | attempts Private Pay after insurance >\$3,000 – 3 letters, 5 telephone contact attempts Private Pay after insurance <\$3,000 – 3 letters, 2 telephone contact attempts Private Pay (FC99) & Private Pay after insurance < \$1,000 with a low credit score - 2 letters, 0 telephone contact 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.) | Phone and Letter |
| Number of days prior to referral to collection agency | Average 71 days - Maximum 140 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

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| Is hospital charge master available in accordance with NRS 449.490 (4) requirements? (Yes or No) | Yes |
| Is the charge master updated at least monthly? (Yes or No) | Yes |
| How is the charge master made available? (E.g. format, location, etc.) | The charge master is in electronic format with the revenue integrity department and available upon request. |