

Hospital Vision	
Hospital Values	Treating patients with dignity, compassion, respect & work to provide a safe & professional healthcare setting.
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?	Yes	
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.)		No

Community Health Improvements Services

	Benefit \$555,176
Community Health Education	\$51,000
Community-Based Clinical Services	\$
Health Care Support Services	\$504,176

Health Professions Education

	Benefit \$0
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	
Other Health Professional Education	
Scholarships/Funding for Professional Education	\$

Subsidized Health Services

	Benefit \$21,991,412
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$13,481,272
Less: Medicaid Disproportionate Share Payments received for the Period	213,242
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	255,807
Net Uncompensated Care	\$13,012,223
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	9,327,325
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	348,136
Total Subsidized Health Services	\$21,991,412

Research

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

Financial Contributions

	Benefit \$62,748.63
Cash Donations	\$62,748.63
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

Community Building Activities

	Benefit \$
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$
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 \$22,609,336.63

Other Community Support

	Benefit \$672,528.81
Property Tax	\$399,301
Sales and Use Tax	\$10,767

Modified Business Tax	\$262,460.81
Other Tax (describe)	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$672,528.81

Total Community Benefits & Other Community Support

	\$23,281,865.44

List and briefly explain educational classes offered

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:
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)	1 year
Other comments	Some exceptions
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 %?	50%
Amount of time to make arrangements? (in days or months)	30 days
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	2/1/04
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	Varies
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.)	Phones, letters, collection agencies
Number of days prior to referral to collection agency	30-90 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

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.)	Available on PC in Business Office