

Nevada Hospital Reporting

(Pursuant to NRS 449.490, Sections 2 through 4)

Demographic Information

Name of Organization	Renown Regional Medical Center
Location (City & State)	Reno, Nevada
Fiscal Year Ended (mm/dd/yyyy)	6/30/11
Description of Organization (number of facilities, bed size, major services & centers of excellence)	Renown Regional Medical Center is a Nevada nonprofit and federal 501c3 corporation that operates a 808-bed Level II Trauma Center. The Medical Center provides a full range of medical and surgical services to both inpatients and outpatients.
Governance/Organizational Structure (tax exempt status, affiliated entities)	Renown Regional Medical Center is governed by a community-based Board of Directors and is a Nevada nonprofit and federal 501c3 tax exempt corporation.

Capital Improvements

New Service Lines:

New Service Lines: List each new service line offered.
- Neuro interventional suites

Major Facility Expansion:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Const. In Progress?
Pharmacy Expansion	\$645,770	\$986,815	R	X
Pediatric Relocation	\$33,990	\$804,007	R	X

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Electronic Medical Records Software	\$2,267,505	\$1,164,564	N	
Vascular OR Suite	\$	\$3,063,658	N	
26 Critical Care Beds	\$	\$807,543	R	

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$7,894,821
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$14,721,408

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
The actual home office expenses are allocated to subsidiaries based on the relationship of budgeted subsidiary revenue to the combined budgeted revenue for all subsidiaries.

Community Benefits Structure

Hospital Mission Statement	Our purpose statement represents our mission and vision and was developed by a team of employees: "Make a genuine difference for the many lives we touch by
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	optimizing our patients' healthcare experience.”
Hospital Vision	See mission statement.
Hospital Values	Integrity, Caring and Compassion, Personal Growth, Innovation, Community Involvement, Diversity, Teamwork, Health and Well-being
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Renown completes a community needs assessment annually and, from that, develops a community benefit plan that meets the needs of the community. The Renown Health Board of Directors reviews the needs assessment and approves the plan. Renown has a community benefit committee that develops the needs assessment, community benefit plan and tracks the community benefit activities during the year.

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, we have a community benefit committee
Do you have a charitable foundation?	Yes	
Do you conduct teaching and research?	Yes	
Do you operate a Level I or Level II trauma center?	Yes	
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)	Yes: - Pediatric ICU - Level II Trauma Center - Neuro biplane angiography - Neuro interventional suites - JCAHO-accredited Primary Stroke Program - ABRET-accredited epilepsy-monitoring lab - Lung Cancer Screening Program - Children's ER - NACHRI affiliation - D-spect cameras to rule out heart attacks faster - Children's Specialty Care Clinic with full time hematology/oncology - Children's Cystic Fibrosis Clinic - Only triple accredited Cancer program - Only daVinci training site	

Community Health Improvements Services

	Benefit \$4,967,430
Community Health Education	\$52,421
Community-Based Clinical Services	\$3,001,160
Health Care Support Services	\$1,913,849

Health Professions Education

	Benefit \$2,486,835
Physicians/Medical Students (net of Direct GME payments)	\$2,167,285
Nurses/Nursing Students	\$241,758
Other Health Professional Education	\$77,792

Scholarships/Funding for Professional Education	\$0
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Subsidized Health Services

	Benefit \$108,262,037
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$100,817,915
Less: Medicaid Disproportionate Share Payments received for the Period	5,193,217
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	4,939,411
Net Uncompensated Care	\$90,685,287
Uncompensated SCHIP (Nevada Checkup) Cost	-
Uncompensated Medicare Cost (see instructions)	28,149,496
Uncompensated Clinic or Other Cost	48,034
Other Subsidized Health Services	312,933
Less: Cost Reported in Another Category	10,933,713
Total Subsidized Health Services	\$108,262,037

Research

	Benefit \$395,981
Clinical Research	\$395,981
Community Health Research	\$0
Other	\$0

Financial Contributions

	Benefit \$1,087,765
Cash Donations	\$643,243
Grants	\$0
In-Kind Donations	\$63,707
Cost of Fund Raising for Community Programs	\$380,815

Community Building Activities

	Benefit \$17,843
Physical Improvements and Housing	\$0
Economic Development	\$11,942
Community Support	\$506
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$195
Coalition Building	\$
Community Health Improvement Advocacy	\$
Workforce Development	\$5,200

Community Benefit Operations

	Benefit \$59,022
Dedicated Staff	\$59,022
Community Health Needs/Health Assets Assessment	\$
Other Resources	\$

Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$0
	\$
	\$
Other Community Benefits Subtotal	\$

Total Community Benefit

	Benefit \$117,276,913

Other Community Support

	Benefit \$75,621
Property Tax	\$75,621
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	\$75,621

Total Community Benefits & Other Community Support

	\$117,352,534

List and briefly explain educational classes offered
Attachment A

List and briefly describe other community benefits provided to the community for which the costs cannot be captured
Attachment B

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?	1000%
Discounts given up to what %?	100% of balance less co-pay of \$100 (co-pay can be waived in cases of extreme hardship)
Amount of time to make arrangements (in days or months)	90 days from last date of service
Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 8/1/06
Does the hospital have a policy? (Yes or No)	Yes
Discounts given up to what %?	40%
Amount of time to make arrangements? (in days or months)	10% discount given if patient pays

	in full prior to or at time of service/discharge; additional 30% given to all uninsured patients.
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	Policy Effective Date: 8/1/06
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	Minimum of 7 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.)	Telephone and written
Number of days prior to referral to collection agency	120 days unless patient has told us they do not intend to pay the bill or the account statements are returned due to a bad address and the patient's phone is disconnected or not in service or the patient fails to cooperate with obtaining financial assistance.
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.)	Electronically, at 1000 Ryland St., Suite 303, Reno, NV, with the assistance of our chargemaster staff