

| | | | | |
|----------------|----|-----------|---|--|
| Water Softener | \$ | \$104,560 | R | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |

Other Additions and Total Additions for the Period:

| | |
|---|--------------------|
| Other capital additions for the period not included above | \$1,646,828 |
| Total Additions for the Period (Sum of Expansion, Equipment & Other Additions) | \$1,963,746 |

Home Office Allocation

| |
|---|
| Describe the methodology used to allocate home office costs to the hospital |
| The corporate overhead expenses are allocated on a monthly basis to the facility based on their monthly operating costs as a percentage of the total monthly operating costs. |

Community Benefits Structure

| | |
|--|--|
| Hospital Mission Statement | Our mission at Spring Valley Hospital Medical Center is to provide a culture of excellence where committed employees, physicians, and volunteers deliver safe quality patient care to our community. |
| Hospital Vision | Our vision is to be the healthcare provider and employer of choice for the Las Vegas community. |
| Hospital Values | <p>People - Our employees and volunteers are our most important asset.</p> <p>Service - We provide professional, effective, and efficient service to all of our customers.</p> <p>Quality - We provide care and comfort to people in need by continuously improving our services and patient safety.</p> <p>Growth - We continually expand access to health services by investing in the development of new, improved, and safer ways of delivering care.</p> <p>Finance - We invest financial resources locally to support our mission and vision.</p> |
| Hospital Community Benefit Plan (groups to target, decision makers, goals) | Spring Valley Hospital Medical center is committed to learning about and understanding the immediate community. The hospital will continuously participate in activities and events to develop “grass roots” relationships with schools, community centers, churches and organizations, both in Spring Valley, Southwest Las Vegas and Pahrump. Focuses include political dignitaries and community leaders, with which hospital administrative representatives will meet and communicate regularly. |

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 \$310,204 |
|-----------------------------------|-------------------|
| Community Health Education | \$31,309 |
| Community-Based Clinical Services | \$ |
| Health Care Support Services | \$278,895 |

Health Professions Education

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

Subsidized Health Services

| | Benefit \$24,417,832 |
|--|----------------------|
| Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP | \$23,133,007 |
| Less: Medicaid Disproportionate Share Payments received for the Period | \$10,000 |
| Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) | \$61,524 |
| Net Uncompensated Care | \$23,061,483 |
| Uncompensated SCHIP (Nevada Checkup) Cost | |
| Uncompensated Medicare Cost (see instructions) | \$1,625,814 |
| Uncompensated Clinic or Other Cost | |
| Other Subsidized Health Services | |
| Less: Cost Reported in Another Category | \$269,465 |
| Total Subsidized Health Services | \$24,417,832 |

Research

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

Financial Contributions

| | Benefit \$56,752 |
|----------------|------------------|
| Cash Donations | \$56,752 |

| | |
|---|----|
| Grants | \$ |
| In-Kind Donations | \$ |
| Cost of Fund Raising for Community Programs | \$ |

Community Building Activities

| | |
|--|-------------------|
| | Benefit \$187,272 |
| Physical Improvements and Housing | \$ |
| Economic Development | \$ |
| Community Support | \$58,817 |
| Environmental Improvements | \$121,303 |
| Leadership Development and Leadership Training for Community Members | \$ |
| Coalition Building | \$7,152 |
| 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 \$24,972,060 |
| | |

Other Community Support

| | |
|--|---------------------|
| | Benefit \$1,609,781 |
| Property Tax | \$874,463 |
| Sales and Use Tax | \$192,381 |
| Modified Business Tax | \$542,937 |
| Other Tax (describe) Business License, Birth tax | \$0 |
| Assessment for not meeting minimum care obligation of NRS 439B.340 | \$ |
| Total Other Community Support | \$ |

Total Community Benefits & Other Community Support

| | |
|--|--------------|
| | \$26,581,841 |
|--|--------------|

| | |
|--|--|
| | |
|--|--|

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|--|
| List and briefly explain educational classes offered |
| <p>Childbirth Education Infant CPR Breast-Feeding Classes Senior Advantage Classes (Diabetes, Medicare education, etc.) Summer Health Fair</p> |

| |
|--|
| List and briefly describe other community benefits provided to the community for which the costs cannot be captured |
| <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> |

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) | (see policy) |
| 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 %? | 30%+ |
| Amount of time to make arrangements? (in days or months) | 31 days |
| 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 | (see policy) |
| Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No) | |
| Methods of communication with patient (e.g. phone, letter, etc.) | Phone /Letter |
| Number of days prior to referral to collection agency | (see policy) |
| 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.) | PC in Central Billing Office |