



Major Facility Expansion:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Const. In Progress?
MountainView Hospital turned 20 years old in February 2016 and spent \$878k building envelope repairs.	\$	\$878,218	R	
MountainView spent \$353k to expand and improve the central plant so that we can meet the ever increasing energy and service needs of the hospital for years to come.	\$	\$353,317	R	
MountainView spent \$433K renovating the observation unit to insure greater comfort for our patients and their family members and loved ones	\$	\$433,053	R	
MountainView added a new service line, Hyperbaric and Wound Care clinic in December 2015.	\$	\$1,049,579	N	
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
MountainView invested \$953k on a new ApexPro Telemetry system for more effective and accurate monitoring of our patients and to meet our future telemetry needs as we continue to grow.	\$	\$952,690	N	
MountainView invested \$723k on a Philips Allura Xper FD10 cardiovascular X-ray system which offers versatile automatic positioning movements and exceptional image quality for coronary angiography.	\$	\$722,620	N	
MountainView invested \$565k on new Logiq E9 Untrasound units to help you care for patients across radiology, vascular, breast, interventional, MSK, and point-of-care applications. This system will excel at a wide range of exams and provide even better patient care.	\$	\$564,993	N	
MountainView invested \$480k on new surgical camera's and printer kits for patient safety and physician educational purposes.	\$	\$479,961	N	

MountainView spent \$343K upgrading HVAC system in the medical office building	\$	\$343,130	R	
MountainView invested \$241 in the Avance C2 Anesthesia Delivery System in order to take the guess work out of administering anesthesia thus improving patient recovery time after surgery.	\$	\$241,418	N	
MountainView spent \$200K replacing a new Cooling tower at the medical office building	\$	\$200,865	R	

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

Other capital additions for the period not included above	\$3,663,797
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$9,853,641</b>

### Home Office Allocation

Describe the <b>methodology</b> 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

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	Yes

(groups to target, decision makers, goals)
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### 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 \$
Community Health Education	\$ 139,506
Community-Based Clinical Services	\$ 239,362
Health Care Support Services	\$ 780,973

### Health Professions Education

	Benefit \$
Physicians/Medical Students (net of Direct GME payments)	\$1,227,830
Nurses/Nursing Students	\$
Other Health Professional Education	\$ 14,998
Scholarships/Funding for Professional Education	\$263,078

### Subsidized Health Services

	Benefit \$
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$41,639,969
Less: Medicaid Disproportionate Share Payments received for the Period	-116,776
Less: Other Payments Received for these Accounts (County Supplemental Funds, UPL, etc.)	-3,061,956
Net Uncompensated Care	\$38,461,237
Uncompensated SCHIP (Nevada Checkup) Cost	347,029
Uncompensated Medicare Cost (see instructions)	23,404,128
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	-2,163,334
Total Subsidized Health Services	\$60,049,060

### Research

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

### Financial Contributions

	Benefit \$ 117,104
Cash Donations	\$ 77,509
Grants	\$
In-Kind Donations	\$ 39,595
Cost of Fund Raising for Community Programs	\$

### Community Building Activities

	Benefit \$ 505,387
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$ 37,691
Environmental Improvements	\$ 467,696
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 \$
Unmet Free Care Obligation (Assessment for not meeting minimum care obligation of NRS 439B.340)	\$1,218,882
Other Community Benefits Subtotal	\$

### Total Community Benefit

	Benefit \$64,556,180
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### Other Community Support

	Benefit \$
Property Tax	\$1,481,475
Sales and Use Tax	\$2,798,238
Modified Business Tax	\$1,487,500
Commerce Tax	\$241,317

Other Tax (describe) State UI Tax + NV Bond Factor	\$848,895
Total Other Community Support	\$6,857,425

### Total Community Benefits & Other Community Support

	\$71,413,605

List and briefly explain educational classes offered

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.

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.

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.

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.

General public activities are also hosted within MountainView hospital. These activities include local homeowner's association meetings & blood drives.

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

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

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 Fram

Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 10/1/2015
Does the hospital have a policy? (Yes or No)	Yes
Discounts given up to what %?	Inpatients 89% Same Day Surgery 89% Outpatient/ER 86% ER 86%
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

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 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

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.)	The charge master is in electronic format with the revenue integrity department and available upon request.



**Addendum to Nevada Hospital Report:**  
(Complete all shaded areas.)

Hospital: MountainView Hospital

FYE: 2015

2015

Line # 1 Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)

\$14,700,741

**Operating Margin:**

2 Net Operating Income (from NHQR, tab A01, column Q)  
3 Total Operating Revenue (from NHQR, Tab A01, column M)  
4 Operating Margin (Line 2 divided by Line 3)

\$14,700,741  
359,317,726  
4.09%

**Calculation of Total Ratio of Cost to Charges:**

5 Total Operating Cost (from NHQR, Tab A01, column O)  
6 Inpatient Billed Charges (from NHQR, Tab A02, column I)  
7 Outpatient (from NHQR, Tab A03, column I)  
8 Long Term Care (from NHQR, Tab A04, column I)  
9 Clinic (from NHQR, Tab A05, column I)  
10 Sub-Acute (from NHQR, Tab A06, column I)  
11 Total Billed Charges (Sum of lines 6 through 10)  
12 Total Ratio of Cost to Charges (Line 5 divided by Line 11)

\$ 1,952,512,830  
842,891,893

2,795,404,723  
0.1233

**Average Daily Occupancy:**

13 Patient Days (from NHQR Utilization Report, Tab A02, column I)  
14 Observation hours  
15 Hours in the day  
16 Equivalent observation patient days (Line 14 divided by Line 15)  
17 Total Patient Days (Line 13 + Line 16)  
18 Days in the Reporting Period  
19 Average Daily Occupancy (Line 17 divided by Line 18)

6,889  
112,716  
365  
309

20 Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)  
21 Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)

\$64,556,180  
0.179663221

22 Is the hospital owned by a consolidated corporation? Yes or No  
23 Is the net income of the consolidated corporation publicly available? Yes or No  
24 If you answered "Yes" to both of the questions on lines 20 and 21, report the net income of the consolidated corporation on this line and attach the annual report.

Yes  
Yes  
\$2,129,000,000

**Medicare Ratio of Cost to Charges**

11.12%

**HCA HOLDINGS, INC.**  
**CONSOLIDATED INCOME STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2015, 2014 AND 2013**  
(Dollars in millions, except per share amounts)

	2015	2014	2013
Revenues before the provision for doubtful accounts	\$ 43,591	\$ 40,087	\$ 38,040
Provision for doubtful accounts	3,913	3,169	3,858
Revenues	39,678	36,918	34,182
Salaries and benefits	18,115	16,641	15,646
Supplies	6,638	6,262	5,970
Other operating expenses	7,103	6,755	6,237
Electronic health record incentive income	(47)	(123)	(216)
Equity in earnings of affiliates	(46)	(43)	(29)
Depreciation and amortization	1,904	1,820	1,753
Interest expense	1,665	1,743	1,848
Losses (gains) on sales of facilities	5	(29)	10
Losses on retirement of debt	135	335	17
Legal claim costs	249	78	—
Income before income taxes	35,721	33,437	31,236
Provision for income taxes	3,957	3,481	2,946
Net income	1,261	1,108	950
Net income attributable to noncontrolling interests	2,696	2,373	1,996
Net income attributable to HCA Holdings, Inc.	567	498	440
Per share data:			
Basic earnings per share	\$ 2.129	\$ 1.875	\$ 1.556
Diluted earnings per share	\$ 5.14	\$ 4.30	\$ 3.50
	\$ 4.99	\$ 4.16	\$ 3.37

## Home Office Services

If you are provided services from the home office, please mark the type of services provided below:

	2015 "X" those which apply	2014 "X" those which apply
Information Technology	X	X
Hospital Management	X	X
Cash Management	X	X
Insurance Administration (including professional & general liability, workers comp & property)	X	X
Risk management	X	X
Risk management	X	X
Human Resources	X	X
Medicare & Medicaid Reimbursement Services	X	X
Accounting & management reporting, accounts payable	X	X
Decision support	X	X
Taxation	X	X
Internal Audit	X	X
Finance	X	X
Patient Billing & Collection-Centralized business office	X	X
Design & Construction	X	X
Equipment/Supplies Purchasing	X	X
Marketing & Public Relations	X	X
Physician Recruitment	X	X
Issuance of equity or long-term debt, shareholder relations	X	X
Payroll & related taxes	X	X
Employee benefits & pensions	X	X
Property/Facilities Management	X	X
Continuing Education	X	X
Other (Specify)	X	X