



**Major Equipment:**

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
	\$	\$		
None >\$500,000	\$	\$		
	\$	\$		
	\$	\$		
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	\$	\$		
	\$	\$		
	\$	\$		

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

Other capital additions for the period not included above	\$6,366,784
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$6,366,784</b>

**Home Office Allocation**

Describe the <b>methodology</b> used to allocate home office costs to the hospital
Management fees computed by corporate office at 6.0% of Net Patient Revenues

**Community Benefits Structure**

Hospital Mission Statement	Quality, cost-effective healthcare responsive to the special needs of the community
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?		NO
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 \$0
Community Health Education	\$0
Community-Based Clinical Services	\$0
Health Care Support Services	\$0

### Health Professions Education

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

### Subsidized Health Services

	Benefit \$10,340,209
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$13,804,041
Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period	\$936,485
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	2,527,347
Net Uncompensated Care	\$10,340,209
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	
Total Subsidized Health Services	\$10,340,209

### Research

	Benefit \$0
Clinical Research	\$0

Community Health Research	\$0
Other	\$0

### Financial Contributions

	Benefit \$0
Cash Donations	\$0
Grants	\$0
In-Kind Donations	\$0
Cost of Fund Raising for Community Programs	\$0

### Community Building Activities

	Benefit \$0
Physical Improvements and Housing	\$0
Economic Development	\$0
Community Support	\$0
Environmental Improvements	\$0
Leadership Development and Leadership Training for Community Members	\$0
Coalition Building	\$0
Community Health Improvement Advocacy	\$0
Workforce Development	\$0

### Community Benefit Operations

	Benefit \$0
Dedicated Staff	\$0
Community Health Needs/Health Assets Assessment	\$0
Other Resources	\$0

### Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$232,645
Unmet Free Care Obligation (Assessment for not meeting minimum care obligation of NRS 439B.340)	\$232,645
Other Community Benefits Subtotal	\$232,645

### Total Community Benefit

	Benefit \$10,572,854
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### Other Community Support

	Benefit \$880,089
Property Tax	\$279,428
Sales and Use Tax	\$18,464

Modified Business Tax	\$327,819
Commerce Tax	\$189,153
Other Tax (describe) North Las Vegas Business Tax	\$65,225
Total Other Community Support	\$880,089

### Total Community Benefits & Other Community Support

	\$11,452,943

List and briefly explain educational classes offered
N/A

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

### 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)	12 months
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	1/22/15
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.)	Phone, 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.)	Business Office

### Calculation of Amount to Remove from Subsidized Health Section as "Included in Other Categories"

This worksheet provides a consistent method for preventing duplicate costs in the various community benefit sections of the report, which were also already embedded in the subsidized health section. If your hospital has already developed a method you are comfortable with, there is no need to revise that method. If you do not have a method, the attached worksheet allows you to calculate this amount as simply as possible.

Line No. Complete shaded areas.

<b>"Benefit Total" from Each Category: (not including "Other Community Support")</b>		
1	Community Health Improvement Services	\$0
2	Health Professions Education	0
3	Research	0
4	Financial Contributions	0
5	Community Building Activities	0
6	Community Benefit Operations	0
7	Other Community Benefits	232,645
8	<b>Total Community Benefits (not including Subsidized Health) (Sum of lines 1-7)</b>	<b>\$232,645</b>
<b>Less: Costs Removed to Determine RCC which are Directly Assigned: (1) (From Uncompensated Cost Report, Part I)</b>		
9	GME	\$0
10	Eligibility Vendors	267,936
11	Amount paid to another provider to accept patients into proper level of care (e.g. LTC)	0
12	Other Directly Assigned Cost	329,484
13		
14		
15	<b>Total Costs to be Removed (Sum of lines 9-14)</b>	<b>\$597,420</b>
16	<b>Total Community Benefits included in RCC (line 8 minus line 15)</b>	<b>(\$364,775)</b>
<b>Allocation of this amount for subsidized patients included in community benefits (based on charges): (2)</b>		
17	Billed charges from Uncompensated Cost Report, Part II, Line 7, Column 1	\$152,770,282
18	Medicare billed charges	214,204,299
19	Total subsidized health patients billed charges (line 17 + line 18)	\$366,974,581
20	Total facility billed charges (from Uncompensated Cost Report, Part I, line 16)	555,822,756
21	<b>Percent of subsidized health patient billed charges to total billed charges</b>	<b>66.02%</b>
22	<b>Community benefits for subsidized patients included in RCC (line 16 X line 21)</b>	<b>(\$240,838)</b>
23	<b>Total directly assigned and included in RCC (line 15 + line 22) Transfer to Subsidized Health Section, line for Cost Reported in Another Category</b>	<b>\$356,582</b>

(1) Do not include ER Physician on-call cost because this cost remains in Subsidized Health Section

(2) If your hospital is not subsidizing care for Medicare, Medicaid or any other block of business, do not include those charges

**Addendum to Nevada Hospital Report:**

(Complete all shaded areas.)

**Hospital: North Vista Hospital****FYE: 12/31/2015**

Line #

1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$13,308,894</u>
<b>Operating Margin:</b>			
2	Net Operating Income (from NHQR tab A01, column Q)		<u>\$13,484,367</u>
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>107,981,336</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>12.49%</u>
<b>Calculation of Total Ratio of Cost to Charges:</b>			
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$94,496,969</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 387,750,195	
7	Outpatient (from NHQR, Tab A03, column I)	161,644,635	
8	Long Term Care (from NHQR, Tab A04, column I)	0	
9	Clinic (from NHQR, Tab A05, column I)	0	
10	Sub Acute (from NHQR, Tab A06, column I)	0	
11	Total Billed Charges (Sum of lines 6 through 10)		<u>549,394,830</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>0.1720</u>
<b>Average Daily Occupancy:</b>			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>46,654</u>
14	Observation hours	5,270	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>220</u>
17	Total Patient Days (Line 13 + Line 16)		<u>46,874</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>128</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>11,452,943</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u>10.61%</u>
22	Is the hospital owned by a consolidated corporation? Yes or No		<u>YES</u>
23	Is the net income of the consolidated corporation publicly available? Yes or No		<u>NO</u>
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.		<u>NA</u>
25	<b>Medicare Ratio of Cost to Charges</b>		<u>0.1939</u>



## Home Office Services

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

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