

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Telephone System Upgrade	\$	\$ 665,535	R	
Imaging Equipment	\$	\$ 874,332	N/R	
Orthopedic OR Equipment	\$	\$ 656,102	N	
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$2,562,939
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$4,758,908

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
Management fee is 6% of Annual Net Patient Revenue

Community Benefits Structure

Hospital Mission Statement	To deliver compassionate, quality care to patients and better healthcare to communities.
Hospital Vision	Saint Mary’s is consistently at the forefront of evolving national healthcare reform. Our organization provides an

	innovative and integrated healthcare delivery system. We remain ever cognizant of our patients' needs and desires for high quality affordable healthcare.
Hospital Values	Quality, Compassion, Community, Physician Led
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Saint Mary's collaborates with various local agencies and advocacy groups to support community health needs. The goal of this outreach/plan is to support health education, awareness and disease management from an education perspective.

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 \$477,988
Community Health Education	\$ 72,886
Community-Based Clinical Services	\$
Health Care Support Services	\$ 405,102

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 \$31,261,265
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$29,768,835
Less: Medicaid Disproportionate Share Payments received for the Period	
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	(\$858,345)
Net Uncompensated Care	\$28,910,490
Uncompensated SCHIP (Nevada Checkup) Cost	\$21,594
Uncompensated Medicare Cost (see instructions)	\$2,734,283
Uncompensated Clinic or Other Cost	

Other Subsidized Health Services	
Less: Cost Reported in Another Category	(\$405,102)
Total Subsidized Health Services	\$31,261,265

Research

	Benefit \$180,245
Clinical Research	\$ 180,245
Community Health Research	\$
Other	\$

Financial Contributions

	Benefit \$237,700
Cash Donations	\$ 237,700
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

Community Building Activities

	Benefit \$ 248,768
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$ 23,605
Environmental Improvements	\$ 225,163
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)	\$ 1,014,267
Other Community Benefits Subtotal	\$ 1,014,267

Total Community Benefit

	Benefit \$ 33,420,233

Other Community Support

	Benefit \$4,533,543
Property Tax	\$ 990,802
Sales and Use Tax	\$ 1,975,875
Modified Business Tax	\$ 1,162,162
Commerce Tax	\$ 249,204
Other Tax (describe)	\$155,500
Total Other Community Support	\$

Total Community Benefits & Other Community Support

	\$37,953,776

List and briefly explain educational classes offered

“On with Life” Breast Cancer Support Group
 All-Day Childbirth Class
 Breastfeeding Class
 Cancer Support Group
 Empower Your Journey (oncology support group)
 Family & Friends Infant CPR
 Joint Replacement Pre-Surgery Education Class
 Neonatal Resuscitation Program
 New Mothers Support Group
 Newborn Care Class: Just the Basics
 Prepared Childbirth Class
 STABLE Certification & Recertification classes
 Stroke Support Group
 Tears and Rainbows – Support Group

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

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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)	07/01/2012
Policy covers up to what % of Federal Poverty Level?	350%
Discounts given up to what %?	100%
Amount of time to make arrangements (in days or months)	6 months
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)	07/01/2012
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	07/01/2012
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	6
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, statements
Number of days prior to referral to collection agency	180 day
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.)	Hospital Business Office

Addendum to Nevada Hospital Report:

(Complete all shaded areas.)

Hospital: Saint Mary's Regional Medical Center**FYE: 12/31/2015**

Line #			
1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$34,096,792</u>
Operating Margin:			
2	Net Operating Income (from NHQR tab A01, column Q)		<u>\$40,879,964</u>
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>321,192,086</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>12.73%</u>
Calculation of Total Ratio of Cost to Charges:			
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$280,312,122</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 760,742,141	
7	Outpatient (from NHQR, Tab A03, column I)	554,493,666	
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)		<u>1,315,235,807</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>0.2131</u>
Average Daily Occupancy:			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>54,918</u>
14	Observation hours	39,774	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>1,657</u>
17	Total Patient Days (Line 13 + Line 16)		<u>56,575</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>155</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$33,420,233</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u>0.104050612</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.		
25	Medicare Ratio of Cost to Charges		<u>0.1925</u>

Home Office Services

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

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