

Nevada Hospital Reporting

(Pursuant to NRS 449.490, Sections 2 through 4)

Demographic Information

Name of Organization	St. Rose Dominican – San Martin
Location (City & State)	Las Vegas, NV
Fiscal Year Ended (mm/dd/yyyy)	06/30/2015
Description of Organization (number of facilities, bed size, major services & centers of excellence)	San Martin is a 147-bed facility offering a myriad of both inpatient and outpatient services, including a Joint Replacement Center, Open Heart Surgery Program and a Level II NICU
Governance/Organizational Structure (tax exempt status, affiliated entities)	St. Rose Dominican – San Martin is a tax-exempt organization. It is affiliated with Dignity Health, a network of more than 300 care centers including hospitals, urgent and occupational care, imaging centers, home health and primary care clinics.

Capital Improvements

New Service Lines:

New Service Lines: List each new service line offered.
None

Major Facility Expansion:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Const. In Progress?
None				

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$3,077,639
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$3,077,639

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital						
<p>The home office, Dignity Health, makes three types of charges to St. Rose Dominican: Corporate Office Assessment, IT Assessment, and a variety of other charges for services that are provided centrally. The Corporate Office Assessment covers the cost of the system office which provides a variety of services that are necessary for running the system (e.g. senior management, legal staff, compliance oversight, tax return preparation costs). It also provides various services that are facility-oriented (i.e. where it is economical to provide centralized expertise and oversight such as in treasury services and employee benefits design and administration).</p> <p>The IT Assessment covers the cost of the enterprise data center (in Phoenix, which houses the major computer systems for the company) including the depreciation and interest associated with the assets as well as all maintenance costs for those systems. It also covers the cost of supporting all computer systems applications and help desk located throughout the company.</p> <p>Each year, budgets are prepared for these functions and costs are allocated among Dignity Health facilities based on the relative size of their operating expense bases for the Corporate office and IT Assessments.</p> <p>Various other services are provided for Dignity Health hospitals including human resources, purchasing, accounting, accounts payable, payroll, reimbursement, decision support and managed care contracting. The cost of these services is allocated based upon usage.</p> <p>Additional intercompany expenses are calculated as follows:</p> <table style="margin-left: 40px;"> <tr> <td>Workers' Compensation</td> <td>Actuarial calculations based on claims experience and exposures</td> </tr> <tr> <td>Pension</td> <td>Actuarial calculations allocated based on service cost plus amortizations</td> </tr> <tr> <td>Malpractice</td> <td>Actuarial calculations based on claims experience and exposures</td> </tr> </table> <p>Interest expense is charged to each hospital based on the amount of debt used by the facility times an average interest rate over all the debt outstanding.</p>	Workers' Compensation	Actuarial calculations based on claims experience and exposures	Pension	Actuarial calculations allocated based on service cost plus amortizations	Malpractice	Actuarial calculations based on claims experience and exposures
Workers' Compensation	Actuarial calculations based on claims experience and exposures					
Pension	Actuarial calculations allocated based on service cost plus amortizations					
Malpractice	Actuarial calculations based on claims experience and exposures					

Community Benefits Structure

Hospital Mission Statement	We are committed to furthering the healing ministry of Jesus. We dedicate our resources to: delivering compassionate, high-quality, affordable health services; serving and advocating for our sisters and brothers who are poor and disenfranchised; and partnering with others in the community to improve the quality of life.
Hospital Vision	A vibrant, national healthcare system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.
Hospital Values	Dignity, Collaboration, Justice, Stewardship, Excellence
Hospital Community Benefit Plan (groups to target, decision makers, goals)	To provide community benefit programs designed to meet the health care needs of the residents of southern Nevada. Key programs include: Disease Management, RED Rose, Helping Hands, WIC, and the Breastfeeding program.

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?	Yes	
Do you have a charitable foundation?	Yes	
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		No

services? (If Yes, list services.)		
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Community Health Improvements Services

	Benefit \$82,060
Community Health Education	\$ 82,060
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 \$44,012,003
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$ 26,051,268
Less: Medicaid Disproportionate Share Payments received for the Period	(\$99,556)
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	(\$639,820)
Net Uncompensated Care	\$ 25,311,892
Uncompensated SCHIP (Nevada Checkup) Cost	\$ 18,627
Uncompensated Medicare Cost (see instructions)	\$ 19,441,414
Uncompensated Clinic or Other Cost	\$ 0
Other Subsidized Health Services	\$ 0
Less: Cost Reported in Another Category	(\$759,931)
Total Subsidized Health Services	\$ 44,012,003

Research

	Benefit \$0
Clinical Research	\$ 0
Community Health Research	\$ 0
Other	\$ 0

Financial Contributions

	Benefit \$650,362
Cash Donations	\$ 491,668
Grants	\$ 78,548
In-Kind Donations	\$ 80,146
Cost of Fund Raising for Community Programs	\$ 0

Community Building Activities

	Benefit \$41,700
Physical Improvements and Housing	\$ 0
Economic Development	\$ 0
Community Support	\$ 0
Environmental Improvements	\$ 41,700

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 \$0
Unmet Free Care Obligation	\$ 411,936
	\$ 0
Other Community Benefits Subtotal	\$ 0

Total Community Benefit

	Benefit \$45,198,061

Other Community Support

	Benefit \$0
Property Tax	\$ 0
Sales and Use Tax	\$ 0
Modified Business Tax	\$ 0
Other Tax (describe)	\$ 0
Assessment for not meeting minimum care obligation of NRS 439B.340	\$ 0
Total Other Community Support	\$ 0

Total Community Benefits & Other Community Support

	\$ 45,198,061
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List and briefly explain educational classes offered
<p>Stanford Chronic Disease Self-Management Education: A 6-week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants to improve management of their chronic condition in the following areas: Taking action to manage symptoms such as pain and difficult emotions; improving nutrition, physical activity, health literacy and communication with physicians; managing medications and making appropriate plans that work with their lifestyle.</p> <p>Family to Family: Provide families with classes, resources and activities to answer questions about new baby care, parenting and discipline, child development, nutrition, health and safety. Through support and education, these services are designed to decrease child abuse and neglect, reduce childhood injuries, reduce health care costs, increase immunization rates and other objectives.</p> <p>Health Conditions Education Disease Management: Chronic Illness and nutrition education to provide educational resources</p>

and support to increase participant knowledge, confidence and skills. Emphasize the participant's role in managing illness.

Safety/Injury Prevention: Based on community mortality reports, provide education, skills and services to the community on safety for the prevention of injury and death. Target specific groups and needs – teens, new parents, work sites, adults and seniors.

Health/Wellness & Fitness Programs: Provide free and low cost fitness programs to the community. Incorporate mind, body and spirit into these programs and teach flowing body movements that create focus, balance, core strength, flexibility and emotional wellbeing.

Pregnancy and Childbirth Classes: Promote healthy pregnancy through prenatal education classes and support. Provide programs to enhance baby safety, early bonding and development. Outreach to teens and at-risk mothers by providing scholarship programs. Educate about the labor and birthing process, taking care of baby, shaken baby syndrome and coping mechanisms.

WIC Nutrition Program: A nutrition program for women, infants and children under age 5 providing healthy food, nutritional counseling and education, breastfeeding counseling and breast pumps for low income families. This program provides federally-mandated nutrition services to improve the health of nutritionally and at risk low-income women, pregnant women, infants, and children.

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

Community Building Activities: St. Rose Dominican engages in a variety of activities to further the mission of advocacy, partnership and collaboration. Activities during FY2014 included executive and system leadership involvement in community boards and coalitions, donations/drives for food, clothing, school supplies, and holiday gifts for various community organizations.

• **Rebuilding Together Project.** St. Rose Dominican employees partnered with Rebuilding Together to make critical repairs to two homes in the Las Vegas Valley for low-income, disabled and/or aging residents. This project strives to preserve affordable home ownership and revitalize communities.

• **Serving our Kids Foundation:** During Nurses' week, our employees collected 4,497 food donations including granola bars, Vienna sausage, cups of soup, crackers, cookies, water, fruit cups, fruit juice, pudding snacks and ravioli. Twenty-five staff and their family members bagged the food for distribution.

• **Emergency and Critical Care at San Martín Campus Donate to Louis Weiner Elementary School Nurses** - Thanks to the kindness and generosity of the outstanding employees of the San Martín Campus Emergency and Critical Care Departments, we were able to donate gifts, clothing and a check for \$500 to go toward equipment and supplies for the nursing staff of our adopted school, Louis Weiner Elementary.

Donations were made on behalf of, and in the name of the ED, ICU, IMC and CPCU staff in lieu of departmental Christmas gifts.

• **Kindness Kloset.** Employees donate new sweat pants, sweatshirts, t-shirts, socks and slippers for patients who are being discharged with no clothing to go home in. These Rose de Lima patients are discharged from one of the units or from the Emergency Department.

• **Smoke-Free Campus Initiative.** All three St. Rose Dominican campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition for these efforts.

• **Healthy Rose Employee Wellness Program.** St. Rose Dominican was recognized as a Gold Level recipient of the American Heart Association's Fit Friendly Worksites Recognition Program for taking steps to create a culture of wellness for our employees.

• **80 Back-to-School Backpacks and 80 Angel Tree Gifts** were donated by employees for low-income children.

• **Summer Bottled Water Collection for the Homeless with Catholic Charities.** Employee donations of 350 cases of water or 8,400 bottles provided enough water to hand out to each homeless person for the whole summer.

• **Prayer Shawls** were distributed to over 500 patients at all three campuses, local hospice and partner convalescent rehab centers. These shawls are knitted with love and prayers to help patients heal.

• **Pet Blessing** – Collected used towels and blankets for local animal shelters.

• **Bus Passes and boxed lunches** are distributed to walk-ins at all three campuses.

• **Community Events.** Many of our employees volunteer their time and money by participating in community events with local charities. Seventy-five employees volunteered at the Opportunity Village HallO'Veen event to raise funds for women and men with disabilities. The hospital coordinates three teams (60 employees) for the Rose Regatta Dragon Boat Festival, Susan G. Komen Race for the Cure, American Heart Association Heart Walk and the American Lung Association Scale the Strat climb.

- **Catholic Charities Donations.** Donation containers for Catholic Charities are located at each campus and employees are encouraged to donate.
- **ECHO** (Employees Can Help Others) allows employees to donate spare change and other funds to help fellow employees who need financial assistance with rent/mortgage, utilities and other payments while they are going through family crisis. These funds are distributed through the ECHO committee which handles all requests.

Discounted Services & Reduced Charges Policy & Procedures

Charity Care Policy: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 05/09/2016
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 %?	30%+
Amount of time to make arrangements (in days or months)	30 days
Other comments	Liability exceeds 30% of pt family income after all other discounts; w no ability to pay
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 05/09/2016
Does the hospital have a policy? (Yes or No)	Yes
Discounts given up to what %?	30% of balance due after Uninsured Discount, but before pt pymts.
Amount of time to make arrangements? (in days or months)	240 days after initial bill
Other comments	An application for discount services can be submitted at any time but DH has the discretion to deny applications submitted has the discretion to deny an application if more than 240 days has passed since the first post-discharge billing notice.

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	January 1, 2016
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	3
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, Letter
Number of days prior to referral to collection agency	120
Is the patient notified in writing of referral to collection agency?	Yes, by agency
Is the patient notified in writing prior to a lawsuit being begun?	Yes
Other comments	None

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 the chargemaster is made available? (E.g. format, location, etc.)	Electronic Copy on secure hospital network and hard copy available on campus

Addendum to Nevada Hospital Report:

(Complete all shaded areas.)

Hospital: San Martin

FYE: 2015

FY15

Line #

1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u><u>-\$22,304,942</u></u>
Operating Margin:			
2	Net Operating Income (from NHQR tab A01, column Q)		<u>-\$22,221,512</u>
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>160,714,136</u>
4	Operating Margin (Line 2 divided by Line 3)		<u><u>-13.83%</u></u>
Calculation of Total Ratio of Cost to Charges:			
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$182,935,648</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$538,867,192	
7	Outpatient (from NHQR, Tab A03, column I)	408,605,147	
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>947,472,339</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u><u>19.3%</u></u>
Average Daily Occupancy:			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>32,705</u>
14	Observation hours	162,001	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>6,750</u>
17	Total Patient Days (Line 13 + Line 16)		<u>39,455</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u><u>108</u></u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$45,198,060</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u><u>28.12%</u></u>
22	Is the hospital owned by a consolidated corporation? Yes or No		Yes
23	Is the net income of the consolidated corporation publicly available? Yes or No		Yes
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><u>\$557,911,000</u></u>
25	Medicare Ratio of Cost to Charges		<u><u>18.2%</u></u>