



### Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
ER Upgrade Carescape Monitors	\$	\$531,032	N	
Other Major Movable Equipment >\$250k	\$	\$7,410,320		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

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

Other capital additions for the period not included above	\$1,018,624
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$9,453,759</b>

### Home Office Allocation

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

### Community Benefits Structure

Hospital Mission Statement	The Mission of Summerlin Hospital Medical Center is to achieve long-term growth and success by providing our community with superior quality health care services.
Hospital Vision	Our vision is to be recognized as an organization that patients choose and recommend to families and friends, parents choose for their children, physicians prefer for their patients, purchasers select for their clients, employees are proud to be associated with.
Hospital Values	Service Excellence, Quality Care, Employee Development, Ethical and Fair Treatment of All, Teamwork, Compassion, and Innovation in Service Delivery.
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.)	Yes General Peds, Peds, IMC, PICU, Peds ER, Peds OP Sedation, & Peds Gastro	

### Community Health Improvements Services

	Benefit \$784,309
Community Health Education	\$ 16,090
Community-Based Clinical Services	\$ 1,271
Health Care Support Services Cab Vouchers/Transportation	\$ 3,846
Interpreter Services	\$ 23,950
Eligibility Fees (NCO/IHMS/Adriema)	\$ 739,152

### Health Professions Education

	Benefit \$169,682
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$105,080
Other Health Professional Education	\$64,602
Scholarships/Funding for Professional Education	\$

### Subsidized Health Services

	Benefit \$51,222,600
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$33,450,936
Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period	\$(75,309)
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	\$(1,830,151)
Net Uncompensated Care	\$31,545,476
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$20,567,313
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$(890,189)
Total Subsidized Health Services	\$51,222,600

### Research

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

### Financial Contributions

	Benefit \$28,170
Cash Donations (Westcare & Misc. Cash Donations)	\$28,170
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

### Community Building Activities

	Benefit \$
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$
Environmental Improvements	\$
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)	\$1,435,318
Other Community Benefits Subtotal	\$1,435,318

### Total Community Benefit

	Benefit \$53,640,079
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### Other Community Support

	Benefit \$6,707,3 <sup>3</sup> <del>99</del>
Property Tax	\$1,750,043
Sales and Use Tax	\$2,586,060
Modified Business Tax	\$1,355,935
Commerce Tax	\$291,990
Other Tax (describe)	
NV Bond/SUI	\$723,311 <sup>5</sup>
Total Other Community Support	\$6,707,3 <del>99</del>

### Total Community Benefits & Other Community Support

	\$60,347,47 <sup>8</sup>
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List and briefly explain educational classes offered
Babysitting Workshop, Sibling Class, Breastfeeding Basics, Basic Infant Care, and Infant CPR.

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

### Discounted Services & Reduced Charges Policy & Procedures

<b>Charity Care Policy: (attach copies of actual policies if first filing or policy changed)</b>	<b>Policy Effective Date:</b>
Does the hospital have a policy? (Yes or No)	Yes
Policy covers up to what % of Federal Poverty Level?	400%
Discounts given up to what %?	100%
Amount of time to make arrangements (in days or months)	w/in 21 days of application recpt
Other comments	
<b>Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)</b>	<b>Policy Effective Date:</b>
Does the hospital have a policy? (Yes or No)	Yes
Discounts given up to what %?	60%-
Amount of time to make arrangements? (in days or months)	No set limit
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	3 minimum
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	120 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.)	PC in Central Billing Office

**Addendum to Nevada Hospital Report:**

(Complete all shaded areas.)

**Hospital: SUMMERLIN****FYE: 12/31/2015**

Line #			
1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$10,713,412</u>
	<b>Operating Margin:</b>		
2	Net Operating Income (from NHQR tab A01, column Q)		<u>\$21,614,396</u>
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>347,161,860</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>6.23%</u>
	<b>Calculation of Total Ratio of Cost to Charges:</b>		
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$325,547,464</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 1,827,865,326	
7	Outpatient (from NHQR, Tab A03, column I)	783,850,969	
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>2,611,716,295</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>0.1246</u>
	<b>Average Daily Occupancy:</b>		
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>101,416</u>
14	Observation hours	235,769	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>9,824</u>
17	Total Patient Days (Line 13 + Line 16)		<u>111,240</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>305</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$53,640,079</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u>0.154510288</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>\$692,047,000</u>
25	<b>Medicare Ratio of Cost to Charges</b>		<u>10.89%</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	X
Risk management	X
Human Resources	X
Medicare & Medicaid Reimbursement Services	X
Accounting & management reporting, accounts payable	X
Decision support	X
Taxation	X
Internal Audit	X
Finance	X
Patient Billing & Collection-Centralized business office	X
Design & Construction	X
Equipment/Supplies Purchasing	X
Marketing & Public Relations	X
Physician Recruitment	X
Issuance of equity or long-term debt, shareholder relations	X
Payroll & related taxes	X
Employee benefits & pensions	X
Property/Facilities Management	X
Continuing Education	
Other (Specify)	