

Nevada Hospital Reporting (Pursuant to NRS 449.490, Sections 2 through 4)

Demographic Information

Name of Organization	University Medical Center of Southern Nevada
Location (City & State)	Las Vegas, Nevada
Fiscal Year Ended (mm/dd/yyyy)	06/30/2015
Description of Organization (number of facilities, bed size, major services & centers of excellence)	541 Bed Acute Care Hospital, Children's Hospital, Level 1 Trauma Center, Burn Care Unit, and 17 clinical care centers located throughout Clark County
Governance/Organizational Structure (tax exempt status, affiliated entities)	County Owned, Non-Profit, Tax Exempt

Capital Improvements

New Service Lines:

New Service Lines: List each new service line offered.

Major Facility Expansion:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Const. In Progress?
IT EQUIPMENT FOR HOSPITAL INFRASTRUCTURE UPGRADE	\$	\$ 1,958,049	R	
DELTA POINT BUILD-OUT	\$	\$ 1,700,588	N	
INDUCED DRAFT CLOSED LOOP COOLING TOWERS	\$	\$ 174,942	R	
OTHER CAPITAL ITEMS & EQUIPMENT – FACULTY EXPANSION	\$ 873,245	\$0	N	

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
DA VINCI XI SINGLE CONSOLE SYSTEM	\$	\$ 1,754,000	N	
ALLURA XPER FD10 TURNKEY PROJECT	\$	\$ 844,181	R	
DRX-REVOLUTION MOBILE X-RAY SYSTEM (2)	\$	\$ 299,960	R	
NURSE CALL SYSTEM, NAVICARE	\$	\$ 272,968	R	
VENTRI INTEGRATED W/ XELERIS 3.1 & LEHR	\$	\$262,307	R	
FDR D-EVO WIRELESS, TWO-PANEL SYSTEM & DETECTOR	\$	\$229,531	R	
SUPERDIMENSION NAVIGATION SYSTEM (V7)	\$	\$ 199,472	N	
PROTEUS XR/A 65KW RADIOGRAPHIC SYSTEM (2)	\$	\$ 198,869	R	
VENTILATOR, AVEA ATIOA300MO (11)	\$	\$ 189,920	R	
VENTILATOR, V60 BIPAP (10)	\$	\$ 127,552	R	
FCR XG5000 PLUS HIGH MULTI-CASSETTE RDR	\$	\$ 93,798	R	
CHECK POINT 12400 FIREWALL APPLIANCE (2)	\$	\$ 89,748	R	
FIRE ALARM STROBE SYNCH, 7 STORY TOWER	\$	\$ 89,215	R	
ORTHOSCAN FD PULSE	\$	\$ 80,851	N	

FCR CARBON XL (2)	\$	\$ 74,412	R	
DSK SHLF, 24X3, OTB, 7.2K, DS	\$	\$ 68,213	R	
ROBOCOURIER AUTONOMOUS MOBILE ROBOT	\$	\$ 63,792	R	
QUANTUM Q-RAD: DS-3V SYSTEM PACKAGE	\$	\$ 55,203	R	
HARDWARE FOR OBIX PERINATAL DATA SYSTEM	\$	\$ 42,121	R	
INFANT TRANSPORT VENTILATR CROSSVENT 2i+ (3)	\$	\$ 34,839	R	
M7 ULTRASOUND SYSTEM	\$	\$ 32,990	R	
INJECTOR, MARK 7 ARTERION, TABLE MOUNT & PEDESTAL	\$	\$ 31,631	R	
HEMACHRON SIGNATURE ELITE COAG ANALYZER (5)	\$	\$30,000	R	
INJECTOR, SPECTRIS SOLARIS EP MR	\$	\$ 28,187	R	
INFOCUS 55" MONDOPAD+SONDBAR+STAND (4)	\$	\$ 26,676	N	
VC-700 VAC PUMP 460V, 3 PHASE, 60HZ	\$	\$ 23,281	R	
EVOKED POTENTIAL AND EMG/NCV SYSTEM	\$	\$ 23,082	R	
STELLANT DUAL INJECTOR W/PEDESTAL (2)	\$	\$ 17,180	R	
SAFE PLACE SYSTEM	\$	\$ 17,077	R	
GLIDESCOPE TITANIUM VIDEO MONITOR (2)	\$	\$ 16,170	N	
TACO PUMP, 10 HP MOTOR WITH 5" STRAINER	\$	\$ 15,684	R	
MAILING SYSTEM, CONNECT+ 2000 SERIES	\$	\$ 14,227	N	
BLADDER SCANNER, BIOCON 700 W/PRINTER	\$	\$ 12,270	N	
UNIMAC UW 65LB K2M WASHER EXTRACTOR	\$	\$ 12,075	R	
RIGHTFAX 10.5 ENTERPRISE SUITE	\$	\$ 11,190	N	
iB256 i SERIES BLOOD BANK REFRIGERATOR	\$	\$10,776	R	
DUAL RADIO 11AC 3X3:3 MIMO INT ANT 2 EN	\$	\$ 9,202	R	
BENSON CCA-200MINI PLUS AUDIOLOGY SYSTEM	\$	\$ 8,830	R	
TSCD II STERILE TUBING WELDER	\$	\$ 7,706	R	
BLANKET WARMER, BLICKMAN 7924TS	\$	\$ 6,460	R	
BRENNEN 4.5" SKIN GRAFT MESHER 2:1	\$	\$ 6,335	N	
HARMONY VLED DUAL LIGHT PKG, NON-CAMERA	\$	\$ 4,057	R	
IT HARDWARE AND SOFTWARE	\$ 1,766,905	\$ 232,012		
OTHER CAPITAL ITEMS AND EQUIPMENT	\$ 6,693,811	\$ 2,302,000		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$ 11,803,628

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
Clark County Government Methodology Used: The Clark County Indirect Cost Allocation Plan (The Plan) uses a double-apportionment method to allocate centralized county government service cost to the various county departments. In the first apportionment, the cost from the indirect cost pools is allocated to both direct and indirect cost centers. In the second apportionment, the remaining costs from the indirect cost pools, which would be the cost stepped down from the first apportionment, are allocated to the direct cost pools

Community Benefits Structure

Hospital Mission Statement	To provide leadership that ensures safe, high quality, accessible, comprehensive healthcare to the community and visitors while ensuring financial viability and social responsiveness.
Hospital Vision	Become the model community healthcare provider and hospital of choice.
Hospital Values	Medical excellence, responsible business practices, social and financial accountability, community partnership, inclusiveness.
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?	Yes	
Do you conduct teaching and research?	Yes	
Do you operate a Level I or Level II trauma center?	Yes – Level I	
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)	Yes - Burn Care Unit Level I Trauma Organ Transplant	

Community Health Improvements Services

	Benefit \$
Community Health Education	10,711,694
Community Health Education	\$ 111,235
Community-Based Clinical Services	\$ 3,776,219
Health Care Support Services	\$ 6,824,240

Health Professions Education

	Benefit \$
Physicians/Med Students (net of DGME)	21,463,442
Physicians/Med Students (net of DGME)	\$ 20,369,464
Nurses/Nursing Students	\$ 330,000
Other Health Professional Education	\$ 763,978
Scholarships/Funding for Professional Ed	\$

Subsidized Health Services

	Benefit \$
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	198,307,296
Less: Medicaid Disproportionate Share Payments received for the Period	68,564,085
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	125,731,052
Net Uncompensated Care	4,012,159
Uncompensated SCHIP (Nevada Checkup) Cost	484,840
Uncompensated Medicare Cost (see instructions)	31,903,483
Uncompensated Clinic or Other Cost	10,245,666
Other Subsidized Health Services	181,220
Less: Cost Reported in Another Category	30,870,120
Add: IGT Paid by Clark County on behalf of UMC	113,954,167
Total Subsidized Health Services	129,911,415

Research

	Benefit \$ 300,645
Clinical Research	\$ 300,645
Community Health Research	\$
Other	\$

Financial Contributions

	Benefit \$ 36,905
Cash Donations	
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$ 36,905

Community Building Activities

	Benefit \$ 453,164
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$ 64,989
Environmental Improvements	\$ 288,175
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$ 100,000
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 \$ 557,715
Unmet Indigent Obligation	\$ 557,715
	\$
Other Community Benefits Subtotal	\$

Total Community Benefit

	Benefit
	163,434,980

Other Community Support

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

Total Community Benefits & Other Community Support

	\$
	163,434,980

List and briefly explain educational classes offered
Patient Management Seminars for Physicians Continuing Education for Health Care Professionals Nutrition & Exercise Classes Health Education for Senior Citizens

List and briefly describe other community benefits provided to the community for which the costs cannot be captured
Diabetes Counseling Prenatal, Childbirth & Post Partum Care for Mother & Child Infant and Child CPR Community Disaster Management Emergency Preparedness Pedestrian Safety Advocacy efforts on behalf of homeless patients

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?	500%
Discounts given up to what %?	70%
Amount of time to make arrangements (in days or months)	24 months
Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: New Rates effective 11-1-2007
Does the hospital have a policy? (Yes or No)	Yes (County Resident Rates)

Discounts given up to what %?	Inpatient: Per Diems, Carve Outs, & Case Rates, min of 30% Outpatient: 55% of charges
Amount of time to make arrangements? (in days or months)	24 Months
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	8/01/1999
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	4
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 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?	N/A – UMC does not sue patients
Other comments	Collection agencies may pursue legal action.

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.)	Viewable on Laptop in Admitting

Addendum to Nevada Hospital Report:
 (Complete all shaded areas.)
Hospital: University Medical Center
FYE: June 30, 2015

Line #		PER NHQR	Corrected
1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)	\$22,216,161	\$49,426,024
Operating Margin:			
2	Net Operating Income (from NHQR tab A01, column Q)	-\$61,532,177	-\$34,322,314
3	Total Operating Revenue (from NHQR, Tab A01, column M)	510,602,187	537,812,050
4	Operating Margin (Line 2 divided by Line 3)	-12.05%	-6.38%
Calculation of Total Ratio of Cost to Charges:			
5	Total Operating Cost (from NHQR, Tab A01, column O)	\$572,266,922	\$572,134,364
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 1,400,451,265	
7	Outpatient (from NHQR, Tab A03, column I)	652,013,920	
8	Long Term Care (from NHQR, Tab A04, column I)	0	
9	Clinic (from NHQR, Tab A05, column I)	99,544,100	
10	Sub Acute (from NHQR, Tab A06, column I)	0	
11	Total Billed Charges (Sum of lines 6 through 10)	2,152,009,285	2,152,009,285
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)	0.2659	0.2659
Average Daily Occupancy:			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)	122,586	122,586
14	Observation hours	221,448	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)	9,227	9,227
17	Total Patient Days (Line 13 + Line 16)	131,813	131,813
18	Days in the Reporting Period	365	365
19	Average Daily Occupancy (Line 17 divided by Line 18)	361	361
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)	\$163,464,980	\$163,464,980
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)	32.01%	30.39%
22	Is the hospital owned by a consolidated corporation? Yes or No	No	
23	Is the net income of the consolidated corporation publicly available? Yes or No	N/A	
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.	N/A	
25	Medicare Ratio of Cost to Charges	2190	

Home Office Services

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

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