

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

Demographic Information

Name of Organization	Carson Tahoe Regional Hospital
Location (City & State)	Carson City, NV
Fiscal Year Ended	12/31/2017
Governance/ Organizational Structure	501c 3

Description of Organization

Number of Facilities	Licensed Beds	Staffed Beds	Major Services & Centers of Excellence
2 Hospitals 2 Surgery Centers 2 Urgent Cares 1 Emergent Care Center 3 Retail Clinics Behavioral Health Complex Free Standing Cancer Center 9 Additional Support Facilities/ Offices	211	211	Inpatient, Outpatient, 24-hr Emergency, Cardiovascular Care, Cancer Services, Long Term Acute Care, OB/GYN, ICU/CVU, Regional Urgent Care & Clinics, Primary and Specialty Care, Regional Lab and Imaging, I/P and O/P Behavioral Health

Capital Improvements

New Service Lines (List each new service line offered)
*Davinci Robotic Surgery System \$2,187,109

Major Facility Expansion:

Description	Prior Year's Cost	Current Year Cost	R=Replace N= New	Construction in Progress
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
Total	\$0.00	\$0.00		

Major Equipment

Description	Prior Year's Cost	Current Year Cost	R=Replace N= New	Expansion
Fluoroscopy Suite Replacement	\$0.00	\$560,000.00	R	
B Braun IV Pumps	\$0.00	\$963,891.75	R	
Sierra Fluoroscopy Replacement	\$0.00	\$503,238.45	R	
Davinci Robot System	\$0.00	\$2,187,109.45	N	
Allscripts Software Upgrade	\$0.00	\$2,037,769.20	R	
Nuclear Medicine Camera	\$0.00	\$503,238.45	R	
Total	\$0.00	\$6,755,247.30		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$5,845,252.56
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$12,600,499.86

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital	
* The home office (CTHS) expenses are allocated to subsidiaries based on an established methodology using factors such as patient revenue, other operating revenue, total revenue, supply expense, FTE's, IT devices and Physician Credentials.	
* Expenses are allocated based on budget estimates and trued-up on a quarterly basis to actual expense. The percent of allocation to each subsidiary is based on their factor vs the total.	

Community Benefits Structure

Hospital Mission Statement	To enhance the health and well-being of the communities we serve.
Hospital Vision	To be the provider of choice within the communities we serve
Hospital Values	Putting patients first and treating everyone with dignity and respect.
Hospital Community Benefit Plan (groups to target, decision makers, goals)	(see below)
Carson Tahoe Healthcare (CTH) is dedicated to the health and wellness of our community and the commitment to provide charitable care whenever necessary.	
CTH completed a Community Health Needs Assessment which was used to develop a strategic plan addressing the vital needs identified within the community.	
This CTH strategic plan is located on the Carson Tahoe Health website at https://carsontahoe.com/community-health-needs-assessment	

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 \$
Community Health Education	\$2,135,873.00
Community-Based Clinical Services	\$685,963.00
Health Care Support Services	\$1,558,480.00
Total	\$4,380,316.00

Health Professions Education

	Benefit \$
Physicians/Medical Students (net of Direct GME payments)	\$0.00
Nurses/Nursing Students	\$688,588.00
Other Health Professional Education	\$609,380.00
Scholarships/Funding for Professional Education	\$11,125.00
Total	\$1,309,093.00

Subsidized Health Services

Benefit \$	
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP - Line 1	\$19,727,831.00
Less: Medicaid Disproportionate Share Payments received for the Period - Line 2	\$777,551.00
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) - Line 3	\$3,078,022.00
Net Uncompensated Care - Line 4	\$15,872,258.00
Uncompensated SCHIP (Nevada Checkup) Cost - Line 5	\$151,426.00
Uncompensated Medicare Cost (see instructions) - Line 6	\$0.00
Uncompensated Clinic or Other Cost - Line 7	\$832,727.00
Other Subsidized Health Services - Line 8	\$0.00
Less: Cost Reported in Another Category - Line 9	\$1,744,321.00
Total Subsidized Health Services	\$15,112,090.00

Research

Benefit \$	
Clinical Research	\$0.00
Community Health Research	\$0.00
Other	\$0.00
Total	\$0.00

Financial Contributions

Benefit \$	
Cash Donations	\$257,635.00
Grants	\$0.00
In-Kind Donations	\$167,200.00
Cost of Fund Raising for Community Programs	\$37,239.00
Total	\$462,074.00

Community Building Activities

Benefit \$	
Physical Improvements and Housing	\$0.00
Economic Development	\$0.00
Community Support	\$27,771.00
Environmental Improvements	\$0.00
Leadership Development and Leadership Training for Community Members	\$0.00
Coalition Building	\$0.00
Community Health Improvement Advocacy	\$0.00
Workforce Development	\$3,510.00
Total	\$31,281.00

Community Benefit Operations

Benefit \$	
Dedicated Staff	\$0.00
Community Health Needs/Health Assets Assessment	\$0.00
Other Resources	\$0.00
Total	\$0.00

Other Community Benefits

Benefit \$	
(Briefly explain other community Benefits provided but not captured in sections above)	\$0.00
Unmet Free Care Obligation (Assessment for not meeting minimum care obligation of NRS 439B.340)	\$0.00

Other Community Benefits Subtotal	\$0.00
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Total Community Benefit

Benefit \$	
Total	\$21,294,854.00

Other Community Support

Benefit \$	
Property Tax	\$305,740.00
Sales and Use Tax	\$0.00
Modified Business Tax	\$0.00
Commerce Tax	\$0.00
State UI Tax + NV Bond Factor	\$0.00
	\$0.00
Total Other Community Support	\$305,740.00

Total Community Benefits & Other Community Support

\$21,600,594.00

List and briefly explain educational classes offered

List and briefly describe other community benefits provided to the community for which the costs cannot be captured
*For a full report on the benefit CTH provided to our community as well as our needs assessment and community benefit plan, go to https://carsontahoe.com/community-health-needs-assessment

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- 1/1/2016	
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)	120 days	
Other comments	None	
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- 3/21/2016	
Discounts given up to what %?	50%	
Amount of time to make arrangements? (in days or months)	30 days	
Other comments	None	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	3/21/2016	
	Yes	No
Does hospital have established policy?	X	

Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No)	X	
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	X	
Is the patient notified in writing of referral to collection agency?	X	
Is the patient notified in writing prior to a lawsuit being begun?	X	
Methods of communication with patient (e.g. phone, letter, etc.)	Phone & letters.	
Number of patient contacts before referral to collection agency	7 contacts.	
Number of days prior to referral to collection agency	120 days.	
Other comments	None	

Chargemaster

	Yes	No
Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No)	X	
Is the chargemaster updated at least monthly? (Yes or No)	X	
How is the chargemaster made available? (E.g. format, location, etc.)	Excel format upon request	