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

Demographic Information

Name of Organization	Northern Nevada Medical Center
Location (City & State)	Sparks, NV
Fiscal Year Ended	12/31/2017
Governance/ Organizational Structure	Incorporated – for profit

Description of Organization

Number of Facilities	Licensed Beds	Staffed Beds	Major Services & Centers of Excellence
1	108	108	Emergency services, surgery, cardiac surgery & rehab, stroke center, geropsych services, wound care,

Capital Improvements

New Service Lines (List each new service line offered)

Major Facilityy Expansion:

			R=Replace	Construction in
Description	Prior Year's Cost	Current Year Cost	N= New	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

			R=Replace	
Description	Prior Year's Cost	Current Year Cost	N= New	Expansion
	\$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		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$2,305,629.54
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$2,305,629.54

Home Office Allocation

Describe the methodology used to allocate home office costs to
the hospital
The corporate overhead expenses are allocated on a monthly basis to each of the Company's facilities based upon each facility's monthly operating costs as a
percentage of the total monthly operating costs.

Community Benefits Structure

Hospital Mission Statement	The mission of NNMC is to provide care for our patients, staff and physicians like family. We are dedicated to delivering the best healthcare to each and every individual we serve.
Hospital Vision	The vision of NNMC is to be the hospital of choice for patients, staff and physicians.
Hospital Values	Compassion, Teamwork, Quality, Ethics, Respect, Innovation, Service Excellence
	Work to improve access to health care and improve quality of life in our community
	through reduced-cost health screenings at health fairs, educational lecture series, and
	outreach programs to women, children, seniors and men who fall outside customary
	insurance coverage. Support community events and fundraisers, from local schools to
	nonprofits and chambers of commerce. Work with eligible, uninsured patients to enroll
Hospital Community Benefit Plan (groups to target, decision	them in appropriate government-funded insurance programs. Provide charity-care
makers, goals)	services where warranted

Mission Mapping (these are not required fields)

	Yes	No
Does your mission map to your strategic planning process?		
Do you have a dedicated community benefits coordinator?		
Do you have a charitable foundation?		
Do you conduct teaching and research?		
Do you operate a Level I or Level II trauma center?		
Are you the sole provider in your geographic area of any specific		
clinical services? (If Yes, list services.)		

Community Health Improvements Services

Benefit \$	
Community Health Education	\$0.00
Community-Based Clinical Services	\$0.00
Health Care Support Services	\$227,578.82

Total	\$227,578.82

Health Professions Education

Benefit \$	
Physicians/Medical Students (net of Direct GME payments)	\$0.00
Nurses/Nursing Students	\$36,941.55
Other Health Professional Education	\$5,331.08
Scholarships/Funding for Professional Education	\$0.00
Total	\$42,272.63

Subsidized Health Services

Benefit \$	
Total Uncompensated Cost from Uncompensated Cost Report	
filed with DHCFP - Line 1	\$13,209,828.00
Less: Medicaid Disproportionate Share Payments received for	
the Period - Line 2	\$0.00
Less: Other Payments Received for these Accounts (County	
Supplemental Funds, etc.) - Line 3	\$818,074.00
Net Uncompensated Care - Line 4	\$12,391,754.00
Uncompensated SCHIP (Nevada Checkup) Cost - Line 5	\$0.00
Uncompensated Medicare Cost (see instructions) - Line 6	\$0.00
Uncompensated Clinic or Other Cost - Line 7	\$0.00
Other Subsidized Health Services - Line 8	\$0.00
Less: Cost Reported in Another Category - Line 9	\$510,090.00
Total Subsidized Health Services	\$11,881,664.00

Research

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

Financial Contributions

Benefit \$	
Cash Donations	\$42,712.04
Grants	\$0.00
In-Kind Donations	\$0.00
Cost of Fund Raising for Community Programs	\$0.00
Total	\$42,712.04

Community Building Activities

Benefit \$		
Physical Improvements and Housing	\$0.00	
Economic Development	\$0.00	
Community Support	\$0.00	
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	\$0.00	
Total	\$0.00	

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 Ś	
	Delient 9
(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)	\$287,475.00
Other Community Benefits Subtotal	\$287,475.00

Total Community Benefit

	Benefit \$	
Total		\$12,481,702.49

Other Community Support

Benefit \$		
Property Tax	\$367,762.10	
Sales and Use Tax	\$788,144.10	
Modified Business Tax	\$177,672.4	
Commerce Tax	\$293,385.4	
State UI Tax + NV Bond Factor	\$303,300.5	
	\$0.00	
Total Other Community Support	\$1,930,264.69	

Total Community Benefits & Other Community Support

\$14,411,967.14

List and briefly explain educational classes offered

Healthy Lifestyles Series – monthly presentation by various health professionals on health related topics.

Flashes Women's Health Education – monthly presentation on topics specific to women's health issues.

Senior Bridges Psych Series – monthly presentation on Psych related topics.

Better Breathers – monthly meetings focusing on educational support for those with lung disease.

Hip and Knee Pain seminars – monthly information on hip and knee pain and available treatments

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

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?	200%
Discounts given up to what %?	100%
Amount of time to make arrangements (in days or months)	Within one Year
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)	Yes
Discounts given up to what %?	30%
Amount of time to make arrangements? (in days or months)	90 days
Other comments	Policy Effective Date 5/20/2004

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy		
	Yes	No
Does hospital have established policy?	Yes	
Does hospital make every reasonable effort to help patient to		
obtain coverage? (Yes or No)	Yes	
Is collection policy consistent with the Fair Debt Collection		
Practices Act? (Yes or No)	Yes	
Is the patient notified in writing of referral to collection agency?	Yes, on final settlement	
Is the patient notified in writing prior to a lawsuit being begun?	Yes	
Methods of communication with patient (e.g. phone, letter, etc.) Mail or Telephone		
Number of patient contacts before referral to collection agency	Five	
Number of days prior to referral to collection agency	90-180	
Other comments		

Chargemaster

	Yes	No
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.)	Printed copy on site or online CBO	