

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

**Demographic Information**

Name of Organization	Summerlin Hospital Medical Center
Location (City & State)	Las Vegas, 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	454	454	Major Services: stroke center, chest pain center, emergency services, cardiovascular services, surgery,

**Capital Improvements**

New Service Lines (List each new service line offered)

**Major Facility Expansion:**

Description	Prior Year's Cost	Current Year Cost	R=Replace N= New	Construction in Progress
CATH LAB EXPANSION	\$0.00	\$1,231,848.05	N	
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
<b>Total</b>	<b>\$0.00</b>	<b>\$1,231,848.05</b>		

**Major Equipment**

Description	Prior Year's Cost	Current Year Cost	R=Replace N= New	Expansion
AQUILON ONE SERIES V DYNAMIC VOLUME CT SCANNER	\$0.00	\$1,781,010.10	N	
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
<b>Total</b>	<b>\$0.00</b>	<b>\$1,781,010.10</b>		

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

Other capital additions for the period not included above	\$10,475,500.29
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	
	\$13,488,358.44

### 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 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.)	General Peds, Peds, IMC, PICU, Peds ER, Peds OP Sedation, & Peds Gastro	

### Community Health Improvements Services

	Benefit \$
Community Health Education	\$0.00
Community-Based Clinical Services	
Health Care Support Services	\$17,212.33
Health Care Support Services	\$377,927.92
Health Care Support Services	\$507,697.63
<b>Total</b>	<b>\$902,837.88</b>

### Health Professions Education

Benefit \$	
Physicians/Medical Students (net of Direct GME payments)	\$9,431.93
Nurses/Nursing Students	\$69,190.17
Other Health Professional Education	\$9,627.98
Scholarships/Funding for Professional Education	\$0.00
<b>Total</b>	<b>\$88,250.08</b>

### Subsidized Health Services

Benefit \$	
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP - Line 1	\$35,150,173.00
Less: Medicaid Disproportionate Share Payments received for the Period - Line 2	\$97,385.00
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) - Line 3	\$4,182,251.00
<b>Net Uncompensated Care - Line 4</b>	<b>\$30,870,537.00</b>
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	\$2,091,432.83
<b>Total Subsidized Health Services</b>	<b>\$28,779,104.17</b>

### Research

Benefit \$	
Clinical Research	\$0.00
Community Health Research	\$0.00
Other	\$0.00
<b>Total</b>	<b>\$0.00</b>

### Financial Contributions

Benefit \$	
Cash Donations	\$22,013.00
Grants	\$0.00
In-Kind Donations	\$0.00
Cost of Fund Raising for Community Programs	\$0.00
<b>Total</b>	<b>\$22,013.00</b>

### 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
<b>Total</b>	<b>\$0.00</b>

### Community Benefit Operations

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

### 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)	\$1,575,564.00
<b>Other Community Benefits Subtotal</b>	<b>\$1,575,564.00</b>

### Total Community Benefit

Benefit \$	
<b>Total</b>	<b>\$31,367,769.13</b>

### Other Community Support

Benefit \$	
Property Tax	\$1,795,436.82
Sales and Use Tax	\$2,804,012.32
Modified Business Tax	\$1,134,931.34
Commerce Tax	\$760,310.32
State UI Tax + NV Bond Factor	\$1,096,619.68
	\$0.00
<b>Total Other Community Support</b>	<b>\$7,591,310.48</b>

### Total Community Benefits & Other Community Support

<b>\$38,959,079.61</b>
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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?	200%	
Discounts given up to what %?	100%	
Amount of time to make arrangements (in days or months)	(See Policy)	
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 %?	30%	
Amount of time to make arrangements? (in days or months)	31 Days	
Other comments		

### Collection of Accounts Receivable Policies & Procedures

<b>Effective Date of Policy</b>	<b>Yes</b>	<b>No</b>
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)		
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	
Methods of communication with patient (e.g. phone, letter, etc.)	Phone/Letter	
Number of patient contacts before referral to collection agency	(See Policy)	
Number of days prior to referral to collection agency	(See Policy)	
Other comments		

### Chargemaster

	<b>Yes</b>	<b>No</b>
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	