



**Major Equipment:**

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
16 Channel MRI	\$	\$924,750	N	
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
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	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

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

Other capital additions for the period not included above	\$1,786,397
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$2,711,147</b>

**Home Office Allocation**

Describe the <b>methodology</b> used to allocate home office costs to the hospital
<p>The purpose of the management fee is to allocate the corporate office’s operating expense to all entities. 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.</p>

**Community Benefits Structure**

Hospital Mission Statement	<p>Northern Nevada Medical Center located in Sparks, Nevada was established in 1982 as a for profit general acute care hospital of Universal Health Services, a multi-hospital system based in King of Prussia, Pennsylvania.</p> <p>Qualities exhibited by the physicians and staff of NNMC are: innovation, responsiveness, teamwork, dignity of the individual and service excellence.</p>
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	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
Hospital Community Benefit Plan (groups to target, decision makers, goals)	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 them in appropriate government-funded insurance programs. Provide charity-care 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 \$437,273
Community Health Education	\$271,295
Community-Based Clinical Services	\$
Health Care Support Services	\$165,978

### Health Professions Education

	Benefit \$13,119
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$
Other Health Professional Education	\$
Scholarships/Funding for Professional Education	\$13,119

### Subsidized Health Services

	Benefit \$11,733,557
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$8,425,246
Less: Medicaid Disproportionate Share Payments received for the Period	
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	\$437,472
Net Uncompensated Care	\$7,987,774
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$3,615,505
Uncompensated Clinic or Other Cost	\$238,602

Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$108,324
Total Subsidized Health Services	\$11,733,557

### Research

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

### Financial Contributions

	Benefit \$17,484
Cash Donations	\$17,484
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

### Community Building Activities

	Benefit \$27,135
Physical Improvements and Housing	\$
Economic Development	\$7,964
Community Support	\$19,171
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$
Community Health Improvement Advocacy	\$
Workforce Development	\$

### Community Benefit Operations

	Benefit \$17,345
Dedicated Staff	\$17,345
Community Health Needs/Health Assets Assessment	\$
Other Resources	\$

### Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$
	\$
	\$
Other Community Benefits Subtotal	\$

### Total Community Benefit

	Benefit \$12,245,913

### Other Community Support

	Benefit \$962,293
Property Tax	\$356,805
Sales and Use Tax	\$375,743
Modified Business Tax	\$229,745
Other Tax (describe)	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$962,293

### Total Community Benefits & Other Community Support

	\$13,208,206

List and briefly explain educational classes offered
<p>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</p>

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: 5/20/2004
Does the hospital have a policy? (Yes or No)	Yes
Discounts given up to what %?	30% IP 30% OP
Amount of time to make arrangements? (in days or months)	90 days
Other comments	

### Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	5/20/2004
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	Five
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.)	Mail & Telephone
Number of days prior to referral to collection agency	90-180
Is the patient notified in writing of referral to collection agency?	Yes, on final statement
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.)	Printed copy on site or online CBO office