

	\$	\$		
--	----	----	--	--

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Cath Lab Renovation	\$1,761,780	\$	N	
40 slice CT Scanner	\$ 590,400	\$	R	
5W Telemetry Remodel	\$	\$2,285,136	R	
Telemetry Monitors	\$	\$1,214,864	R	
Anesthesia Machines	\$	\$ 549,166	R	
Vascular X-Ray Imaging System	\$	\$ 923,705	N	
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$3,067,714
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$8,040,585

Home Office Allocation

<p>Describe the methodology used to allocate home office costs to the hospital</p> <p>The home office, Dignity Health (DH), makes three types of charges to St. Marys: Corporate Office Assessment, IT Assessment, and a variety of other services that provided centrally. The Corporate Office Assessment covers the cost of the system office which provides a variety of services that are necessary for running the system (e.g. senior management, tax return preparation costs). It also provides various services that are facility-oriented (i.e. where it is economical to provide centralized expertise and oversight such as in treasury services and reimbursement).</p> <p>The IT Assessment covers the cost of the enterprise data center (in Phoenix, which houses the major computer systems for the company) including the depreciation and interest associated with the assets as well as all maintenance costs for those systems. It also covers the cost of supporting all computer systems applications and help desk located throughout the company.</p> <p>Each year, budgets are prepared for these facilities and costs are allocated among DH facilities based on the relative size of their operating expense bases for the Corporate office and IT assessment.</p> <p>Various other services are provided for some or all DH Hospitals including centralized billing office, management reporting, accounts payable, payroll, reimbursement, decision support, managed care and the CDM. These costs are allocated based upon usage.</p> <p>Additional intercompany expenses are calculated as follows:</p>

Workers Compensation	Actual claims experience and exposures
Pension	Actuarial calculations allocated based on service cost plus amortizations
Malpractice	Actuarial calculations based on claims experience and exposures
<p>Interest expense is charged to each hospital based on the amount of debt used by the facility times an average interest rate over all the debt outstanding.</p>	

Community Benefits Structure

Hospital Mission Statement	Dignity Health and our Sponsoring congregation are committed to furthering the healing ministry of Jesus. We dedicate our resources to: Delivering compassionate, high-quality, affordable health services; - Swerving and advocating for our sisters and brothers who are poor and disenfranchised; and partnering with others in the community to improve the quality of life.
Hospital Vision	A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.
Hospital Values	Excellence, Dignity, Stewardship, Collaboration, Justice
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Plan approved in FY 2010. Based upon a community needs assessment and the Community Needs Index. Priority health areas of focus: Improving access to healthcare; Preventing and managing chronic disease including cancer, heart/stroke, diabetes and lower respiratory disease; Improving access to oral health care; Improving access and utilization of immunizations; Improving community birth outcomes; and Improving nutritional habits and increased levels of physical activity for vulnerable populations. The Community Needs Index identifies socioeconomic differences across zip codes to identify populations who are more vulnerable to disease.

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?	Yes	
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?		No
Are you the sole provider in your		No

geographic area of any specific clinical services? (If Yes, list services.)		
---	--	--

Community Health Improvements Services

	Benefit \$ 6,366,335
Community Health Education	\$ 1,324,246
Community-Based Clinical Services	\$ 3,164,277
Health Care Support Services	\$ 1,877,812

Health Professions Education

	Benefit \$ 27,679
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$ 16,505
Other Health Professional Education	\$ 11,174
Scholarships/Funding for Professional Education	\$

Subsidized Health Services

	Benefit \$80,116,736
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$ 37,603,732
Less: Medicaid Disproportionate Share Payments received for the Period	
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	
Net Uncompensated Care	\$ 37,603,732
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$35,560,418
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	\$ 8,070,594
Less: Cost Reported in Another Category	(1,118,008)
Total Subsidized Health Services	\$ 80,116,736

Research

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

Financial Contributions

	Benefit \$ 1,609,058
Cash Donations	\$ 314,723
Grants	\$ 199,225
In-Kind Donations	\$ 438,432
Cost of Fund Raising for Community Programs	\$ 656,678

Community Building Activities

	Benefit \$ 1,064,493
Physical Improvements and Housing	\$

Economic Development	\$
Community Support	\$
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$ 1,037,457
Community Health Improvement Advocacy	\$ 27,036
Workforce Development	\$

Community Benefit Operations

	Benefit \$ 110,527
Dedicated Staff	\$ 110,527
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 \$89,294,828

Other Community Support

	Benefit \$111,849
Property Tax	\$ 111,849
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

	\$89,406,677

List and briefly explain educational classes offered
--

Center for Fitness – Health and fitness facility to develop overall health

Northern Nevada Dental Health Program – Referral to no- and low-cost oral health services for children

Chronic Disease Self Management Program – Educational program to help improve health of seniors with chronic diseases

Clinical Rotation for Student Nurses – Clinical training for student nurses

Community Disaster Preparedness – Community disaster drills

Community Grants Program – Provides funding to local non-profit organizations for targeted programs that support key community benefit priorities

Community Health Fairs – Health education events

Community Health Screenings – Screening programs to detect health problems

Donations to Non-Profit Organizations – Cash and in-kind contributions to organizations that support key community benefit priorities

First Aid at Community Events – First aid services provided at community events

Home Care/Hospice Services- Home care education program

Immunization Program – Childhood, adult and travel immunizations

Kids to Senior Korner Program – Mobile medical, social and security outreach to low income residents

Cardiac Readmission Initiative - Telephonic support for low income CHF patients

McQueen High School -Partners in Education – Adopt A School program focusing on improving job skills

Mobile Dental Outreach: Restorative Services – Mobile dental restorative programs for low income children and adults

Mobile Preventative Dental Sealant Program – School based dental sealant program

Nell J Redfield Health Centers – Primary care practices (2) for low income residents

Nevada Immunization Coalition – Support for this community based coalition to promote availability and use of immunizations

Newborn Education – Education for family members of newborns to help with adjustment

Oral Surgery Program – Hospital dentistry program for low income children and developmentally disabled adults

Other Health Professional Training – Clinical experience for Pharmacists, Physical, Occupational, Speech therapists

Palliative Care – In-home palliative care services

Personal Assistant Services – In-home patient-directed support to enable independence for disabled individuals

Physician Training – Training and education program

Project New Hope Surgery Program – Outpatient surgical programs for low income children

Services for Organizations and Community Groups – Facility, utilities, and technical services for not for profits

Support Group: Cancer – 4 cancer support groups

Support Group: New Parents – Support groups for new parents adjusting to parenthood

Bereavement Support Group – Support groups and services for teens and adults experiencing loss

Tobacco Prevention Program – Tobacco cessation program and care giver training to promote cessation attempts

WIC Program Services – Women’s Infants and Children nutrition enhancement program

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

-Saint Mary's leadership participation on community not for-profit boards
 -Environmental initiatives that include reduced utility consumption, promotion of local food networks/producers, recycling of plastics, paper, cardboard, and aluminum and reconditioning of medical devices.

Discounted Services & Reduced Charges Policy & Procedures

Charity Care Policy: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 05/18/04
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 %?	100%
Amount of time to make arrangements (in days or months)	30 Days
Other comments	
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date: 01/01/2007
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)	Discount given upon final bill
Other comments	

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	05/18/2004
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	3
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	180
Is the patient notified in writing of referral to collection agency?	Yes, by agency
Is the patient notified in writing prior to a lawsuit being begun?	Yes
Other comments	Referrals may take place sooner if unable to make contact with patient via telephone or letter due to demographic information no longer being valid. The collection agency performs the skip tracing, collection work from that point forward.

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.)	Excel/Hospital BUO