

Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
EMR Phase 8	\$	\$ 561,925	N	
Telemetry monitoring Software & Equipment	\$	\$ 2,025,488	N	
SCM Optimization Allscripts Stage 2	\$	\$ 509,946	N	
EHR Software	\$	\$ 614,540	N	
MRI 3T 750W	\$	\$ 1,835,031	N	
Digital MRI 1.5T	\$	\$ 1,375,000	N	
	\$		N	
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$20,313,508
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$27,235,438

Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
The home office expenses are allocated to subsidiaries using established relationships between expenses/revenue, expense/FTE and expense/actual time. With the majority of the home office expenses being allocated to the subsidiaries based on the relationship of actual revenue of the subsidiary to the combined actual revenue for all subsidiaries.

Community Benefits Structure

Hospital Mission Statement	To enhance the health and well-being of the communities we serve.
Hospital Vision	Carson Tahoe Health combines the art and science of healthcare by creating an environment that embraces the healing forces of nature; by inspiring caregivers to treat patients and their families with the utmost competence and compassion; and by engaging systems and technologies that deliver advanced healthcare to our friends, neighbors, and loved ones.
Hospital Values	Putting patients first and treating everyone with dignity and respect.

Hospital Community Benefit Plan (groups to target, decision makers, goals)	Carson Tahoe Healthcare (CTH) is dedicated to providing for the health and well-being of the communities we serve through our continued commitment toward charitable care. CTH completes a community needs assessment that is used to develop a community benefit plan to help determine what health needs are vital to address in our community. CTH's Community Benefit committee tracks and reports on the established community benefit plan.
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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?	Yes	
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.)	Behavioral Health Services Cancer Services Cardiovascular, Cardiology and Heart Services Emergency Services Imaging, Medical Imaging, X-Ray Inpatient (Overnight) Care Lab or Laboratory Services Long Term Acute Care – Medical Care for 18-35 Days Outpatient (Same Day) Care Pain Management, Pain Institute Medical Group: Primary Care, Internal Medicine, Rheumatology, Family Practice Rehabilitation Surgery, Orthopedics, Urology, and Plastic Surgery Therapy, Physical, Occupational, and Speech Therapy Urgent and Emergent Care Satellite Clinics, Walk-in Health Clinics Wellness and Preventative Medicine Women and Children's Wound Care	

Community Health Improvements Services

	Benefit \$3,890,906
Community Health Education	\$1,524,355
Community-Based Clinical Services	\$635,765
Health Care Support Services	\$1,730,786

Health Professions Education

	Benefit \$125,743
Physicians/Medical Students (net of Direct GME payments)	\$

Nurses/Nursing Students	\$125,108
Other Health Professional Education	\$
Scholarships/Funding for Professional Education	\$635

Subsidized Health Services

	Benefit \$ 19,566,658
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$19,316,085
Less: Medicaid Disproportionate Share Payments received for the Period	(986,424)
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	(1,128,124)
Net Uncompensated Care	\$17,201,537
Uncompensated SCHIP (Nevada Checkup) Cost	70,390
Uncompensated Medicare Cost (see instructions)	2,959,033
Uncompensated Clinic or Other Cost	969,830
Other Subsidized Health Services	0
Less: Cost Reported in Another Category	(1,634,132)
Total Subsidized Health Services	\$19,566,658

Research

	Benefit \$ 0
Clinical Research	\$
Community Health Research	\$
Other	\$

Financial Contributions

	Benefit \$551,605
Cash Donations	\$219,701
Grants	\$
In-Kind Donations	\$108,401
Cost of Fund Raising for Community Programs	\$223,503

Community Building Activities

	Benefit \$4,838
Physical Improvements and Housing	\$
Economic Development	\$
Community Support	\$4,838
Environmental Improvements	\$
Leadership Development and Leadership Training for Community Members	\$
Coalition Building	\$
Community Health Improvement Advocacy	\$
Workforce Development	\$

Community Benefit Operations

	Benefit \$0
Dedicated Staff	\$
Community Health Needs/Health Assets Assessment	\$

Other Resources	\$
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Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$0
Unmet Free Care Obligation (Assessment for not meeting minimum care obligation of NRS 439B.340)	\$
Other Community Benefits Subtotal	\$

Total Community Benefit

	Benefit \$24,139,750
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Other Community Support

	Benefit \$340,678
Property Tax	\$340,678
Sales and Use Tax	\$
Modified Business Tax	\$
Commerce Tax	\$
Other Tax (describe)	\$
Total Other Community Support	\$340,678

Total Community Benefits & Other Community Support

	\$ 24,480,429
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<p>List and briefly explain educational classes offered</p> <p>The below mentioned classes and seminars continued to be sponsored and presented by Carson Tahoe Regional Healthcare during FY2015.</p> <p>Childbirth Education Series – This four-week series is specially designed to introduce you to the labor process. We recommend enrolling in these classes early in your pregnancy so you may learn about factors that may affect you and your baby during the birthing process.</p> <p>Childbirth Education Cliff Notes: The Basics in a Day – This one-day course offers a basic understanding of what to expect during delivery and also serves as an excellent refresher for those who are adding to their family or have attended the four-week series.</p> <p>Sibling Classes – This special class for “expectant” big brothers and sisters prepares siblings for the arrival of a new baby.</p> <p>Breastfeeding Class – If you are preparing to breastfeed your baby, this course will help you better understand the benefits and will explain what to expect while nursing.</p>

Newborn Care Class – The infant care course will teach care basics as well as give you the opportunity to ask more detailed questions about how to nurture your infant.

Diabetes Education – This program is designed to educate people with diabetes to make informed decisions regarding their diabetes care, management, and goals to promote a long-term positive quality of life.

Women’s Health Institute – Lectures on a variety of health issues and concerns. Held 4 to 6 per month since opening.

Various Symposiums and Workshops-CTRH offers annual symposiums each year which are free to the community such as a Cardiac Symposium, Cancer Symposium, Physician Lecture Series-We’ve got the answers on such areas as Cardiac Symposium, Monthly Cancer 101 lectures, quarterly physician lectures and health fair, nutrition education, smoking cessation classes, congestive heart failure clinic, participation in our primary and secondary service area.

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?		400%
Discounts given up to what %?		100%
Amount of time to make arrangements (in days or months)		Up to 240 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
Discounts given up to what %?		30%
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	2015
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	6
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 & Letters
Number of days prior to referral to collection agency	Minimum 120
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
Other comments	None

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)	As Needed
How is the chargemaster made available? (E.g. format, location, etc.)	Txt. File of in MS Excel

Addendum to Nevada Hospital Report:

(Complete all shaded areas.)

Hospital: Carson Tahoe Regional Healthcare**FYE: 12/31/2015**

Line #

1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$21,044,615</u>
Operating Margin:			
2	Net Operating Income (from NHQR tab A01, column Q)		<u>\$20,860,626</u>
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>250,021,219</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>8.34%</u>
Calculation of Total Ratio of Cost to Charges:			
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$229,160,594</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 459,147,478	
7	Outpatient (from NHQR, Tab A03, column I)	429,809,966	
8	Long Term Care (from NHQR, Tab A04, column I)		
9	Clinic (from NHQR, Tab A05, column I)		
10	Sub Acute (from NHQR, Tab A06, column I)		
11	Total Billed Charges (Sum of lines 6 through 10)		<u>888,957,444</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>0.2578</u>
Average Daily Occupancy:			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>51,069</u>
14	Observation hours	30,012	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>1,250</u>
17	Total Patient Days (Line 13 + Line 16)		<u>52,319</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>143</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$24,139,750</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u>0.096550805</u>
22	Is the hospital owned by a consolidated corporation? Yes or No		No
23	Is the net income of the consolidated corporation publicly available? Yes or No		N/A
24	If you answered "Yes" to both of the questions on lines 20 and 21, report the net income of the consolidated corporation on this line and attach the annual report.		
25	Medicare Ratio of Cost to Charges		<u>0.2291</u>

Home Office Services

If you are provided services from the home office, please mark the type of services provided below:

FYE: 12/31/2015

	"X" those which apply
Information Technology	X
Hospital Management	X
Cash Management	X
Insurance Administration (including professional & general liability, workers comp & property)	
Risk management	X
Risk management	
Human Resources	X
Medicare & Medicaid Reimbursement Services	X
Accounting & management reporting, accounts payable	X
Decision support	X
Taxation	
Internal Audit	X
Finance	X
Patient Billing & Collection-Centralized business office	X
Design & Construction	
Equipment/Supplies Purchasing	X
Marketing & Public Relations	X
Physician Recruitment	X
Issuance of equity or long-term debt, shareholder relations	
Payroll & related taxes	X
Employee benefits & pensions	X
Property/Facilities Management	
Continuing Education	X
Other (Specify)	