

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

### Demographic Information

Name of Organization	Spring Valley Hospital Medical Center
Location (City & State)	Las Vegas, NV
Fiscal Year Ended (mm/dd/yyyy)	12/31/2015
Description of Organization (number of facilities, bed size, major services & centers of excellence)	215 bed – Acute care hospital (plus 22 Rehab beds) = 237 total. Major Services: stroke center, chest pain center, emergency services, cardiovascular services, surgery, robotic surgery, wound care, orthopedic, & geropsych services, electrophysiology program, & extracorporeal shock wave lithotripter, women’s health services, obstetrics, neonatal intermediate care & pediatric transport, fetal assessment, occupational health services & physical rehabilitation inpatient care.
Governance/Organizational Structure (tax exempt status, affiliated entities)	A Universal Health Services Facility. A member of the Valley Health System

### Capital Improvements

#### New Service Lines:

New Service Lines: List each new service line offered.
Wound Care
Out Patient Physical Therapy

#### Major Facility Expansion:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Const. In Progress?
12 Bed Post-Partum	\$	\$576,265	N	N
MRI Replacement	\$	\$2,142,522	R	N
24 Bed Observation	\$	\$1,805,894	N	N
Bed Expansion	\$	\$11,341,321	N	Y
Cath Lab Replacement	\$	\$1,096,002	R	N
Patient Tower Design	\$	\$2,018,770	N	Y
Other Major Facility Expansion >\$250k	\$	\$430,895	N	Y
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

### Major Equipment:

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Cisco Network Equipment	\$	\$620,740		
Carescape Central Station ATO Equipment	\$	\$475,211		
OR Cart Washer Station	\$	\$311,564		
Other Major Movable Equipment	\$	\$2,068,032		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

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

Other capital additions for the period not included above	\$420,626
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$23,307,842</b>

### Home Office Allocation

Describe the <b>methodology</b> 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	Our mission at Spring Valley Hospital Medical Center is to provide a culture of excellence where committed employees, physicians, and volunteers deliver safe quality patient care to our community
Hospital Vision	Our vision is to be the healthcare provider and employer of choice for the Las Vegas community
Hospital Values	<p><b>People</b> - Our employees and volunteers are our most important asset.</p> <p><b>Service</b> - We provide professional, effective, and efficient service to all of our customers.</p> <p><b>Quality</b> - We provide care and comfort to people in need by continuously improving our services and patient safety.</p> <p><b>Growth</b> - We continually expand access to health services by investing in the development of new, improved, and safer ways of delivering care.</p> <p><b>Finance</b> - We invest financial resources locally to support our mission and vision.</p>
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Spring Valley Hospital Medical center is committed to learning about and understanding the immediate community. The hospital will continuously participate in activities and events to develop “grass roots” relationships with schools, community centers, churches and organizations, both in Spring Valley, Southwest Las Vegas and Pahrump. Focuses include political dignitaries and community leaders, with which hospital administrative representatives will meet and communicate regularly.

### Mission Mapping (these are not required fields)

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

### Community Health Improvements Services

	Benefit \$582,789
Community Health Education	\$ 10,944
Community-Based Clinical Services	\$ 865
Health Care Support Services Cab Vouchers/Transportation	\$ 14,710
Interpreter Services	\$ 44,660
Eligibility Fees (NCO/IHMS/Adriema)	\$511,610

### Health Professions Education

	Benefit \$182,680
Physicians/Medical Students (net of Direct GME payments)	\$
Nurses/Nursing Students	\$144,389
Other Health Professional Education	\$38,291
Scholarships/Funding for Professional Education	\$

### Subsidized Health Services

	Benefit \$35,482,082
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$33,688,127
Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period	\$(79,318)
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	\$(1,711,989)
Net Uncompensated Care	\$31,896,820
Uncompensated SCHIP (Nevada Checkup) Cost	
Uncompensated Medicare Cost (see instructions)	\$4,300,884
Uncompensated Clinic or Other Cost	
Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$(715,622)
Total Subsidized Health Services	\$35,482,082

## Research

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

## Financial Contributions

	Benefit \$57,475
Cash Donations (Westcare)	\$57,475
Grants	\$
In-Kind Donations	\$
Cost of Fund Raising for Community Programs	\$

## Community Building Activities

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

## Community Benefit Operations

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

## Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$
Unmet Free Care Obligation (Assessment for not meeting minimum care obligation of NRS 439B.340)	\$1,364,552
Other Community Benefits Subtotal	\$1,364,552

## Total Community Benefit

	Benefit \$37,669,578

### Other Community Support

	Benefit \$4,405,708
Property Tax	\$1,070,095
Sales and Use Tax	\$1,544,808
Modified Business Tax	\$943,386
Commerce Tax	\$220,259
Other Tax (describe)	
NV Bond/SUI	\$627,160
Total Other Community Support	\$4,405,708

### Total Community Benefits & Other Community Support

	\$42,075,286

<b>List and briefly explain educational classes offered</b>
<p>Childbirth Education          Infant CPR          Breast-Feeding Classes          Senior Advantage Classes (Diabetes, Medicare education, etc.)          Summer Health Fair</p>

<b>List and briefly describe other community benefits provided to the community for which the costs cannot be captured</b>
<p>Valley Health System community relations coordinators work with area businesses, agencies and non-profit organizations to participate in health fairs and offer free guest speakers at workplaces.</p>

## 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)	w/in 21 days of application receipt
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 %?	60%-
Amount of time to make arrangements? (in days or months)	No set limit
Other comments	

## Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	
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 minimum
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	
Methods of communication with patient (e.g. phone, letter, etc.)	Phone/letter
Number of days prior to referral to collection agency	120 days
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	

## 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.)	PC in Central Billing Office

**Addendum to Nevada Hospital Report:**

(Complete all shaded areas.)

**Hospital: SPRING VALLEY****FYE: 12/31/2015**

Line #			
1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$11,380,200</u>
	<b>Operating Margin:</b>		
2	Net Operating Income (from NHQR tab A01, column Q)		<u>\$18,038,350</u>
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>259,079,835</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>6.96%</u>
	<b>Calculation of Total Ratio of Cost to Charges:</b>		
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$241,041,485</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 1,476,955,760	
7	Outpatient (from NHQR, Tab A03, column I)	554,204,623	
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>2,031,160,383</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>0.1187</u>
	<b>Average Daily Occupancy:</b>		
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>71,672</u>
14	Observation hours	233,256	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>9,719</u>
17	Total Patient Days (Line 13 + Line 16)		<u>81,391</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>223</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$37,669,578</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u>0.145397568</u>
22	Is the hospital owned by a consolidated corporation? Yes or No		YES
23	Is the net income of the consolidated corporation publicly available? Yes or No		YES
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.		<u>\$692,047,000</u>
25	<b>Medicare Ratio of Cost to Charges</b>		<u>10.09%</u>

## Home Office Services

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

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