

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

Demographic Information

Name of Organization	Henderson Hospital
Location (City & State)	Henderson ,NV
Fiscal Year Ended	12/31/2017
Governance/ Organizational Structure	A Universal Health Services Facility, A member of the Valley Health System

Description of Organization

Number of Facilities	Licensed Beds	Staffed Beds	Major Services & Centers of Excellence
1	110	110	Cardiology, EEG/Seizure Monitoring, Electrophysiology Program, Extracorporeal Shock Wave Lithotripter, Airborne infection isolation room, Emergency Medicine, Internal Medicine, Orthopedics, Surgical Services, Outpatient Surgery, PCA, Nutrition Services, Women's Health Services, Wound Management Services

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
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
Total	\$0.00	\$0.00		

Major Equipment

Description	Prior Year's Cost	Current Year Cost	R=Replace N= New	Expansion
Da Vinci Robot XI System	\$0.00	\$2,133,563.07	N	

	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
Total	\$0.00	\$2,133,563.07		

Other Additions and Total Additions for the Period:

Other capital additions for the period not included above	\$19,694,437.96
Total Additions for the Period (Sum of Expansion, Equipment & Other Additions)	\$21,828,001.03

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 operation costs as a percentage of total monthly operating costs for the entire corporation.

Community Benefits Structure

Hospital Mission Statement	To deliver leading-edge, evidence-based quality of care, and comprehensive education to every patient all the time.
Hospital Vision	To improve our patient's health and enriching lives through partnerships, provide compassion and acts of kindness to every person/family encounter, every time.
Hospital Values	<p>PARTNERSHIP We seek to develop partnerships based on integrity and respect to create collaboration with our patients and amongst ourselves.</p> <p>COMPASSION Compassion forms the core of our patient and family centered approach to delivering personalized and humanized care.</p> <p>INNOVATION Seeking innovation in all things drives us to excellence.</p>
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.)		No

Community Health Improvements Services

	Benefit \$
Community Health Education	\$0.00
Community-Based Clinical Services	\$0.00

Health Care Support Services	\$235,338.89
Total	\$235,338.89

Health Professions Education

Benefit \$	
Physicians/Medical Students (net of Direct GME payments)	\$0.00
Nurses/Nursing Students	\$39,690.56
Other Health Professional Education	\$2,257.59
Scholarships/Funding for Professional Education	\$0.00
Total	\$41,948.15

Subsidized Health Services

Benefit \$	
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP - Line 1	\$29,841,998.00
Less: Medicaid Disproportionate Share Payments received for the Period - Line 2	\$0.00
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) - Line 3	\$0.00
Net Uncompensated Care - Line 4	\$29,841,998.00
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	\$168,875.00
Total Subsidized Health Services	\$29,673,123.00

Research

Benefit \$	
Clinical Research	\$0.00
Community Health Research	\$0.00
Other	\$0.00
Total	\$0.00

Financial Contributions

Benefit \$	
Cash Donations	\$0.00
Grants	\$0.00
In-Kind Donations	\$0.00
Cost of Fund Raising for Community Programs	\$0.00
Total	\$0.00

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
Total	\$0.00

Community Benefit Operations

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

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)	\$0.00
Other Community Benefits Subtotal	\$0.00

Total Community Benefit

Benefit \$	
Total	\$29,950,410.04

Other Community Support

Benefit \$	
Property Tax	\$729,129.13
Sales and Use Tax	\$828,122.06
Modified Business Tax	\$360,952.74
Commerce Tax	\$217,125.29
State UI Tax + NV Bond Factor	\$388,868.51
	\$0.00
Total Other Community Support	\$2,524,197.73

Total Community Benefits & Other Community Support

\$32,474,607.77

List and briefly explain educational classes offered OB and lactation classes.

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

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.

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)	Must receive denial from Medicaid and Clark County to be considered for charity	
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 %?	Discounts start at 30% as mandated by NRS for inpatient admissions	
Amount of time to make arrangements? (in days or months)	Within 30 days of discharge	
Other comments		

Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy		
	Yes	No
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)	Yes	
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	Numerous	
Number of days prior to referral to collection agency	(see policy)	
Other comments		

Chargemaster

	Yes	No
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.)	It is available for review on a PC in the Centralized Business Office	