

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

**Demographic Information**

Name of Organization	Saint Mary's Regional Medical Center		
Location (City & State)	Reno, NV		
Fiscal Year Ended	12/31/2017		
Governance/ Organizational Structure	For Profit		

**Description of Organization**

Number of Facilities	Licensed Beds	Staffed Beds	Major Services & Centers of Excellence
Acute Care Hospital, Center for Health providing Imaging, Center for Cancer and Therapies, Home Care & Hospice	380	273	Accredited Cancer Center, Accredited Breast Cancer Center, Accredited Chest Pain Center, Accredited , Comprehensive Center for Neurovascular Care. Cardiology, ER, Wound Care & Hyperbaric Chamber, NICU, Home Care & Hospice. Full service Imaging.

**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		
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>		

**Major Equipment**

Description	Prior Year's Cost	Current Year Cost	R=Replace N= New	Expansion
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		
	\$0.00	\$0.00		

	\$0.00	\$0.00		
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>		

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

Other capital additions for the period not included above	\$4,702,406.00
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$4,702,406.00</b>

### Home Office Allocation

Describe the methodology used to allocate home office costs to the hospital
Allocation of Corporate operating expenses based on % of Hospital Net Patient Revenue to total.

### Community Benefits Structure

Hospital Mission Statement	To deliver compassionate quality care to patients and better healthcare to communities.
Hospital Vision	Saint Mary's is consistently at the forefront of evolving national healthcare reform. Our organization provides an innovate and integrated healthcare delivery system. We remain every cognizant of our patients' needs and desires for high quality affordable healthcare.
Hospital Values	Quality, Compassion, Community, Physician Led
Hospital Community Benefit Plan (groups to target, decision makers, goals)	Saint Mary's collaborates with various local agencies and advocacy groups to support community h ealth needs. The goal of this outreach/plan is to support health education, awareness and disease management from an education perspective.

### 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.)	No	

### Community Health Improvements Services

	Benefit \$
Community Health Education	\$0.00
Community-Based Clinical Services	\$0.00
Health Care Support Services	\$558,353.00
<b>Total</b>	<b>\$558,353.00</b>

### Health Professions Education

Benefit \$
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Physicians/Medical Students (net of Direct GME payments)	\$0.00
Nurses/Nursing Students	\$0.00
Other Health Professional Education	\$0.00
Scholarships/Funding for Professional Education	\$0.00
<b>Total</b>	<b>\$0.00</b>

### Subsidized Health Services

Benefit \$	
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP - Line 1	\$30,420,372.76
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	\$1,659,303.13
<b>Net Uncompensated Care - Line 4</b>	<b>\$28,761,069.63</b>
Uncompensated SCHIP (Nevada Checkup) Cost - Line 5	\$0.00
Uncompensated Medicare Cost (see instructions) - Line 6	\$6,258,042.00
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	\$524,912.00
<b>Total Subsidized Health Services</b>	<b>\$34,494,199.63</b>

### Research

Benefit \$	
Clinical Research	\$0.00
Community Health Research	\$0.00
Other	\$0.00
<b>Total</b>	<b>\$0.00</b>

### Financial Contributions

Benefit \$	
Cash Donations	\$3,150.00
Grants	\$77,175.00
In-Kind Donations	\$0.00
Cost of Fund Raising for Community Programs	\$0.00
<b>Total</b>	<b>\$80,325.00</b>

### 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	\$39,015.00
Workforce Development	\$0.00
<b>Total</b>	<b>\$39,015.00</b>

### Community Benefit Operations

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

### 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)	\$1,088,189.00
<b>Other Community Benefits Subtotal</b>	<b>\$1,088,189.00</b>

### Total Community Benefit

Benefit \$	
<b>Total</b>	<b>\$36,260,081.63</b>

### Other Community Support

Benefit \$	
Property Tax	\$1,856,001.00
Sales and Use Tax	\$677,810.12
Modified Business Tax	\$1,085,070.00
Commerce Tax	\$381,963.00
State UI Tax + NV Bond Factor	\$501,072.00
	\$0.00
<b>Total Other Community Support</b>	<b>\$4,501,916.12</b>

### Total Community Benefits & Other Community Support

<b>\$40,761,997.75</b>
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List and briefly explain educational classes offered

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:	7/1/2012
Does the hospital have a policy? (Yes or No)	Yes	
Policy covers up to what % of Federal Poverty Level?	350%	
Discounts given up to what %?	100%	
Amount of time to make arrangements (in days or months)		
Other comments		
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date:	7/1/2015
Does the hospital have a policy? (Yes or No)	Yes	
Discounts given up to what %?	50%	
Amount of time to make arrangements? (in days or months)	30 Days	
Other comments		

## Collection of Accounts Receivable Policies & Procedures

<b>Effective Date of Policy</b>	Yes	No
Does hospital have established policy?	X	
Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No)	X	
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	X	
Is the patient notified in writing of referral to collection agency?	X	
Is the patient notified in writing prior to a lawsuit being begun?	X	
Methods of communication with patient (e.g. phone, letter, etc.)	Phone, Statements	
Number of patient contacts before referral to collection agency	6	
Number of days prior to referral to collection agency	180	
Other comments		

## Chargemaster

	Yes	No
Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No)	X	
Is the chargemaster updated at least monthly? (Yes or No)	X	
How is the chargemaster made available? (E.g. format, location, etc.)	HOSPITAL BUSINESS OFFICE	