

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

Demographic Information

| | |
|--------------------------------------|--|
| Name of Organization | St Rose Dominican - San Martin |
| Location (City & State) | Las Vegas, NV |
| Fiscal Year Ended | 6/30/2017 |
| Governance/ Organizational Structure | Tax-exempt organization, affiliated with Dignity Health. |

Description of Organization

| Number of Facilities | Licensed Beds | Staffed Beds | Major Services & Centers of Excellence |
|---|---------------|--------------|--|
| A 147-bed facility offering an array of inpatient and outpatient services, including a Joint Replacement Center, Open Heart Surgery Program and a Level II NICU | 147 | 147 | Cardiology, Orthopedics, and Level II NICU |

Capital Improvements

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|--|
| New Service Lines (List each new service line offered) |
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| |
| |
| |

Major Facility Expansion:

| Description | Prior Year's Cost | Current Year Cost | R=Replace N= New | Construction in Progress |
|---------------------------|-------------------|---------------------|---------------------|--------------------------|
| Built Environment Refresh | \$0.00 | \$561,936.00 | N | N |
| | \$0.00 | \$0.00 | | |
| | \$0.00 | \$0.00 | | |
| | \$0.00 | \$0.00 | | |
| | \$0.00 | \$0.00 | | |
| Total | \$0.00 | \$561,936.00 | | |

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

Other Additions and Total Additions for the Period:

| | |
|--|----------------|
| Other capital additions for the period not included above | \$2,042,063.00 |
| | |
| Total Additions for the Period (Sum of Expansion, Equipment & Other Additions) | \$2,603,999.00 |

Home Office Allocation

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|--|
| Describe the methodology used to allocate home office costs to the hospital |
| <p>The home office, Dignity Health, makes three types of charges to St. Rose Dominican: Corporate Office Assessment, IT Assessment, and a variety of other charges for services that are provided centrally. Each year, budgets are prepared for these functions and costs are allocated among Dignity Health facilities based on the relative size of their operating expense bases for the Corporate office and IT Assessments.</p> <p>Various other services are provided for Dignity Health hospitals including human resources, purchasing, accounting, accounts payable, payroll, reimbursement, decision support and managed care contracting. The cost of these services is allocated based upon usage.</p> <p>Additional intercompany expenses are calculated as follows: Workers' Compensation Actuarial calculations based on claims experience and exposures Pension Actuarial calculations allocated based on service cost plus amortizations Malpractice Actuarial calculations based on claims experience and exposures</p> <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 | <p>We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:</p> <ul style="list-style-type: none"> • Delivering compassionate, high-quality, affordable health services; • Serving 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 | Dignity, Collaboration, Justice, Stewardship, Excellence |
| Hospital Community Benefit Plan (groups to target, decision makers, goals) | To provide community benefit programs designed to meet the health care needs of the residents of southern Nevada. Key programs include: Disease Management, RED Rose, Helping Hands, WIC, and the Breastfeeding program. |

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? | | 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 | \$63,756.00 |
| Community-Based Clinical Services | \$0.00 |
| Health Care Support Services | \$0.00 |
| Total | \$63,756.00 |

Health Professions Education

| Benefit \$ | |
|--|---------------------|
| Physicians/Medical Students (net of Direct GME payments) | \$0.00 |
| Nurses/Nursing Students | \$0.00 |
| Other Health Professional Education | \$692,501.00 |
| Scholarships/Funding for Professional Education | \$0.00 |
| Total | \$692,501.00 |

Subsidized Health Services

| Benefit \$ | |
|--|------------------------|
| Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP | \$29,131,432.00 |
| Less: Medicaid Disproportionate Share Payments received for the Period | \$204,036.00 |
| Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) | \$933,913.00 |
| Net Uncompensated Care | \$27,993,483.00 |
| Uncompensated SCHIP (Nevada Checkup) Cost | \$1,238.00 |
| Uncompensated Medicare Cost (see instructions) | \$14,918,564.00 |
| Uncompensated Clinic or Other Cost | \$0.00 |
| Other Subsidized Health Services | \$0.00 |
| Less: Cost Reported in Another Category | \$1,063,893.00 |
| Total Subsidized Health Services | \$41,849,392.00 |

Research

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

Financial Contributions

| Benefit \$ | |
|------------|--|
|------------|--|

| | |
|---|---------------------|
| Cash Donations | \$372,812.00 |
| Grants | \$92,250.00 |
| In-Kind Donations | \$62,976.00 |
| Cost of Fund Raising for Community Programs | \$0.00 |
| Total | \$528,038.00 |

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) | \$414,496.00 |
| Other Community Benefits Subtotal | \$414,496.00 |

Total Community Benefit

| Benefit \$ | |
|--------------|------------------------|
| Total | \$43,548,183.00 |

Other Community Support

| Benefit \$ | |
|-----------------------|--------|
| Property Tax | \$0.00 |
| Sales and Use Tax | \$0.00 |
| Modified Business Tax | \$0.00 |

| | | |
|-------------------------------|--|--------|
| Commerce Tax | | \$0.00 |
| State UI Tax + NV Bond Factor | | \$0.00 |
| | | \$0.00 |
| Total Other Community Support | | \$0.00 |

Total Community Benefits & Other Community Support

\$43,548,183.00

List and briefly explain educational classes offered

Health Conditions Education Disease Management: Chronic Illness and nutrition education to provide educational resources and support to increase participant knowledge, confidence and skills. Emphasize the participant's role in managing illness.

Safety/Injury Prevention: Based on community mortality reports, provide education, skills and services to the community on safety for the prevention of injury and death. Target specific groups and needs – teens, new parents, work sites, adults and seniors.

Health/Wellness & Fitness Programs: Provide free and low cost fitness programs to the community. Incorporate mind, body and spirit into these programs and teach flowing body movements that create focus, balance, core strength, flexibility and emotional wellbeing.

Pregnancy and Childbirth Classes: Promote healthy pregnancy through prenatal education classes and support. Provide programs to enhance baby safety, early bonding and development. Outreach to teens and at-risk mothers by providing scholarship programs. Educate about the labor and birthing process, taking care of baby, shaken baby syndrome and coping mechanisms.

WIC Nutrition Program: A nutrition program for women, infants and children under age 5 providing healthy food, nutritional counseling and education, breastfeeding counseling and breast pumps for low income families. This program provides federally-mandated nutrition services to improve the health of nutritionally and at risk low-income women, pregnant women, infants, and children.

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

Rebuilding Together Project. St. Rose Dominican employees partnered with Rebuilding Together to make critical repairs on one home in the Las Vegas Valley for low-income, disabled and/or aging residents. This project strives to preserve affordable home ownership and revitalize communities
Nurses Week – Nurses participated in the Susan G. Komen Race for the Cure

Kindness Closet. Employees donate new sweat pants, sweatshirts, t-shirts, socks and slippers for patients who are being discharged with no clothing to wear home. These patients are discharged from one of the units or from the Emergency Departments at all three campuses

Smoke-Free Campus Initiative. All three St. Rose Dominican campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition for these efforts.

Healthy Rose Employee Wellness Program. St. Rose Dominican was recognized as a Gold Level recipient of the American Heart Association's Fit Friendly Worksites Recognition Program for taking steps to create a culture of wellness for our employees.

Back-to-School Backpacks and Angel Tree Gifts were donated by employees for over 100 low income children.

Prayer Shawls were distributed to over 500 patients at all three campuses, local hospice and partner convalescent rehab centers. These shawls are knitted with love and prayers to help patients heal.

Pet Blessing – Collected used towels and blankets for local animal shelters.

Bus Passes and boxed lunches are distributed to walk-ins in need at all three campuses.

Community Events. Many of our employees volunteer their time and money by participating in community events with local charities. Seventy-five employees volunteered at the Opportunity Village HallO'Veen and Magical Forest event to raise funds for women and men with disabilities. The hospital coordinates three teams (60 employees) for the Rose Regatta Dragon Boat Festival, Susan G. Komen Race for the Cure, American Heart Association Heart Walk and the American Lung Association Scale the Strat climb.

ECHO (Employees Can Help Others) allows employees to donate spare change and other funds to help fellow employees who need financial assistance with rent/mortgage, utilities and other payments while going through family crisis. These funds are distributed through the ECHO committee which handles all requests.

Discounted Services & Reduced Charges Policy & Procedures

| | | |
|---|--|----------|
| Charity Care Policy: (attach copies of actual policies if first filing or policy changed) | Policy Effective Date: | 5/9/2016 |
| 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) | 30 days | |
| Other comments | Liability exceeds 30% of pt family income after all other discounts; w no ability to pay | |
| Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed) | Policy Effective Date: | 5/9/2016 |
| Does the hospital have a policy? (Yes or No) | Yes | |
| Discounts given up to what %? | 30% of balance due after Uninsured Discount, but before pt pymts. | |
| Amount of time to make arrangements? (in days or months) | 240 days after initial bill | |
| Other comments | An application for discount services can be submitted at any time but DH has the discretion to deny applications submitted has the discretion to deny an application if more than 240 days has passed since the first post-discharge billing notice. | |

Collection of Accounts Receivable Policies & Procedures

| | | |
|--|------------------|----|
| Effective Date of Policy | 1/1/2016 | |
| | 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, by Agency | |
| Is the patient notified in writing prior to a lawsuit being begun? | Yes | |
| Methods of communication with patient (e.g. phone, letter, etc.) | phone and letter | |
| Number of patient contacts before referral to collection agency | 3 | |
| Number of days prior to referral to collection agency | 120 | |
| Other comments | None | |

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.) | Electronic format sent from Optum via email to appropriate department managers | |