

BRIAN SANDOVAL
Governor



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September 28, 2017

Governor Brian Sandoval
State Capitol Building
101 N. Carson Street
Carson City, NV 89701

Dear Governor Sandoval:

Enclosed please find the annual Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy's (DHCFP's) Report on Activities and Operations. Nevada Revised Statute (NRS) 449.520 requires submission of the report to the Governor, the Legislative Committee on Health Care, and the Interim Finance Committee on or before October 1 each year.

Through a review of hospital financial and utilization data, labor statistics, census data and corporate filings for calendar year 2016, this report offers an overview of the status of Nevada's hospital system and information related to recent trends.

Also enclosed, the Twenty-Ninth Edition of Personal Health Choices (CY2012-2016) provides a five-year overview of 75 common health conditions selected by volume and interest as reported by Nevada hospitals to the Center for Health Information Analysis (CHIA). As well as the included charge information, this trend analysis study displays case count and length of stay information for 36 acute care and 21 non-acute care (specialty) hospitals in Nevada.

If you have any questions regarding the Report on Activities and Operations, please contact Debra Sisco at (775) 684-3639 or debra.sisco@dhcfp.nv.gov.

Sincerely,

Marta Jensen
Administrator

Enclosures

Cc: Rick Combs, Director, Legislative Counsel Bureau
Richard Whitley, Director, DHHS
Debra Sisco, Chief, Fiscal Services, DHCFP

Report on Activities and Operations of Nevada Hospitals

Pursuant to NRS 449.450 through 449.530



State of Nevada Department of Health and Human Services **Division of Health Care Financing and Policy**

Richard Whitley
Director
Department of Health and Human Services

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Division of Health Care Financing and Policy

CONTENTS

REPORT ON ACTIVITIES AND OPERATIONS

AUTHORITY AND OVERVIEW	Pages 1-5
NEVADA MEDICAID SUPPLEMENTAL PAYMENTS AND RATE CHANGES.....	Pages 6-9
SUMMARY INFORMATION AND ANALYSES	Pages 10-13
(Hospitals with 100 or more beds)	
SUMMARY INFORMATION AND ANALYSES	Pages 14-24
(All hospitals)	

EXHIBITS

SUPPLEMENTAL PAYMENT SUMMARY	Exhibit 1
(State Fiscal Year 2017)	
HOSPITAL INFORMATION	Exhibit 2
HOSPITAL CAPITAL IMPROVEMENTS.....	Exhibit 3
HOSPITAL COMMUNITY BENEFITS	Exhibit 4
HOSPITAL HOME OFFICE ALLOCATION	Exhibit 5
FINANCIAL & UTILIZATION DATA AVAILABLE IN CHIA.....	Exhibit 6
FIVE YEAR COMPARATIVE SUMMARY	Exhibit 7
(Acute Care Hospitals)	
TEN YEAR CHARTS AND GRAPHS.....	Exhibit 8
(Acute Care Hospitals)	
DETAILED 2016 HOSPITAL SUMMARIES.....	Exhibit 9

ATTACHMENT A

PERSONAL HEALTH CHOICES, TWENTY-NINTH EDITION (CY 2012 - 2016)

REPORT ON ACTIVITIES AND OPERATIONS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUTHORITY AND OVERVIEW

AUTHORITY

The Division of Health Care Financing and Policy (DHCFP) was created on July 1, 1997 (state fiscal year 1998). The Division is responsible for carrying out the provisions of Nevada Revised Statutes (NRS) 449, “Medical and Other Related Facilities.”

The Director of the Department of Health and Human Services (DHHS) is required to prepare a report on DHHS activities and operations pertaining to the provisions of NRS 449.450 through 449.530, inclusive, for the preceding fiscal year. The report must be transmitted to the Governor, the Legislative Committee on Health Care, and the Interim Finance Committee on or before October 1 of each year (NRS 449.520).

The functions and activities subject to NRS 449.450 through 449.530, inclusive, have been delegated to DHCFP.

DHCFP's responsibilities include:

1. Collecting financial information and other reports from hospitals;
2. Collecting health care information from hospitals and other providers;
3. Conducting analyses and studies relating to the cost of health care in Nevada and comparisons with other states;
4. Preparing and disseminating reports based on such information and analyses; and
5. Suggesting policy recommendations and reporting the information collected.

OVERVIEW OF NRS 449.450 - 449.530

The definitions of specific titles and terminology used in NRS 449.450 through 449.530 are defined in NRS 449.450. The Director may adopt regulations, conduct public hearings and investigations, and exercise other powers reasonably necessary to carry out the provisions of NRS 449.450 through 449.530, inclusive, as authorized in NRS 449.460. The Director also has the authority to utilize staff or contract with appropriate independent and qualified organizations to carry out the duties mandated by NRS 449.450 through NRS 449.530, inclusive, as authorized in NRS 449.470.

Committee on Hospital Quality of Care

Each hospital licensed to operate in Nevada is required to form a committee to ensure the quality of care provided by the hospital. Requirements for such committees are specified by the Joint Commission on Accreditation of Healthcare Organizations or by the Federal Government pursuant to Title XIX of the Social Security Act (NRS 449.476).

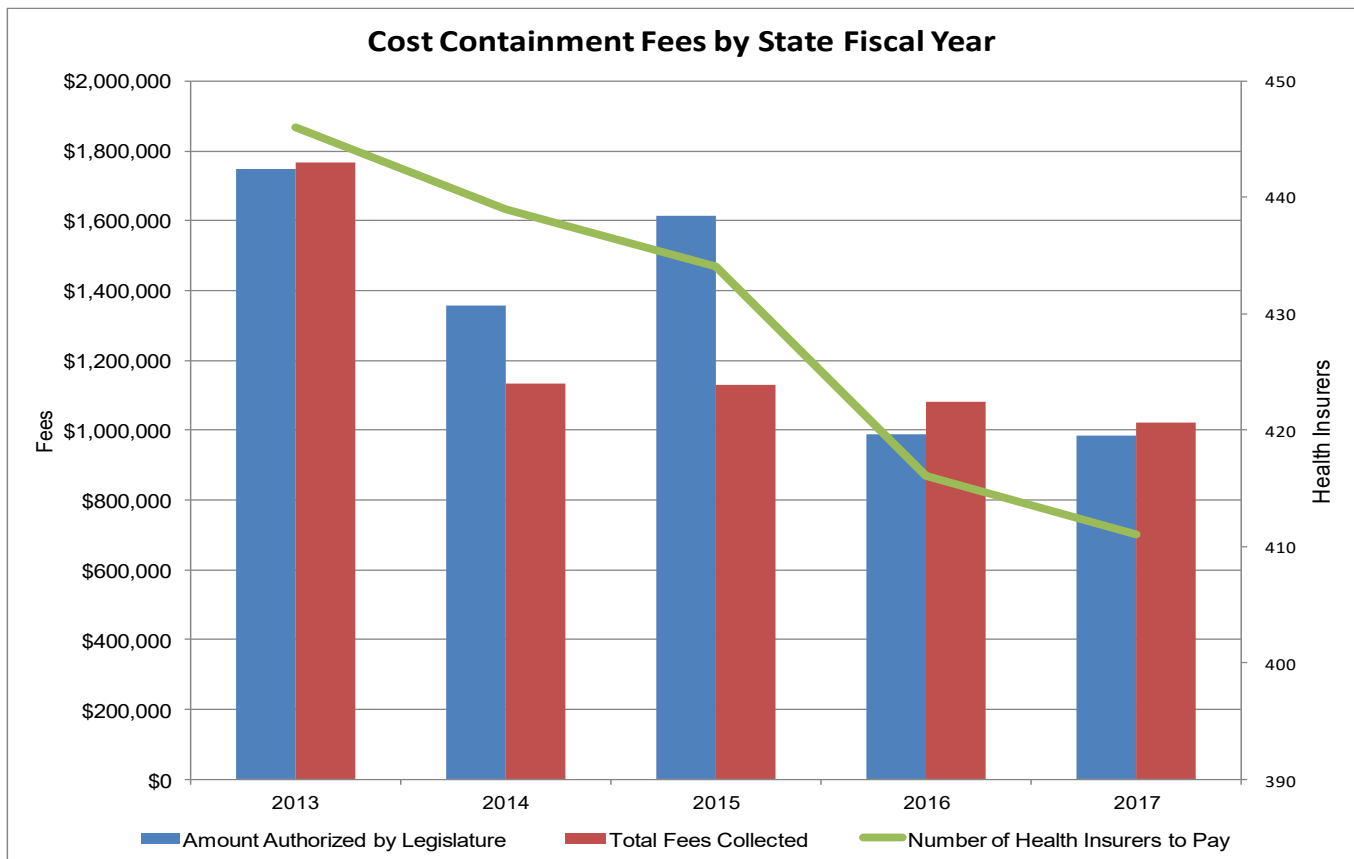
Authority and Overview

Health Care Administration Fee

The Director of Health and Human Services has the authority to impose fees on admitted health care insurers in order to carry out the provisions of NRS 449.450 to 449.530. The total amount authorized by the Legislature each biennium is divided by the number of admitted health insurers on the first day of the fiscal year as reported to the Commissioner of Insurance to determine the amount owed by each insurer. Under Nevada Administrative Code (NAC) 449.953, the Division has the authority to impose penalties for late payments, however, no late payments were received in SFY 2017.

The table below provides a five year look at the total fees imposed and collected from admitted health care insurers.

Cost Containment Fees					
	2013	2014	2015	2016	2017
Amount Authorized by Legislature	\$1,746,232	\$1,355,132	\$1,613,274	\$987,129	\$985,752
Total Fees Collected	\$1,764,870	\$1,131,870	\$1,129,268	\$1,082,432	\$1,020,513
Number of Health Insurers to Pay	446	439	434	416	411



SUBMISSION OF DATA BY HOSPITALS**NRS Provisions**

Each hospital in the State of Nevada shall use a discharge form prescribed by the Director and shall include in the form all information required by the Department. The information in the form shall be reported monthly to the Department, which will be used to increase public awareness of health care information concerning hospitals in Nevada (NRS 449.485).

Every institution which is subject to the provision of NRS 449.450 to 449.530, inclusive, shall file financial statements or reports with the Department (NRS 449.490).

Manner in which Healthcare Providers are Reporting InformationMonthly Reporting

In conjunction with the University of Nevada, Las Vegas (UNLV) Center for Health Information Analysis (CHIA), DHCFP continues to maintain a statewide database of Universal Billing (UB) form information obtained from hospitals pursuant to this section. The UB database is also utilized by outside providers to analyze Nevada's health care trends. Additional information is included under the *Published Reports* section that follows.

The information reported by hospitals includes admission source, payer class, zip code, acuity level, diagnosis and procedures. This level of detail allows for trend analysis using various parameters, including specific illnesses and quality of care issues. The detail of the UB database is also available, upon request, in an electronic medium to researchers. Researchers may receive data after approval of a Limited Data Set Use Agreement.

In the 2007 Legislative Session, DHCFP adopted regulations to implement Assembly Bill 146 that requires greater transparency in reporting. DHCFP contracted with UNLV CHIA to create a Transparency Website. The purpose of the Transparency Website is to increase public awareness of health care information concerning inpatient and outpatient hospitals and ambulatory surgical centers in this State. Diagnostic Related Groups (DRG), diagnoses and treatments, physician name, as well as nationally recognized quality indicators Potentially Preventable Readmissions and Provider Preventable Conditions, are information posted in the website. This information is available in both fixed and interactive reports. These reports enable the consumer and researchers to do comparative analyses between health care facilities. The website is located at:

www.nevadacomparecare.net

Quarterly Reporting

Pursuant to NAC 449.960, hospitals are required to submit quarterly reports regarding their financial and utilization information in a consistent manner. Hospitals must present these reports, referred to as Nevada Healthcare Quarterly Reports (NHQRs), in accordance with the generally accepted accounting procedures issued by the American Institute of Certified Public Accountants.

Electronic submission of the NHQRs to CHIA is required. Information is submitted by the providers based on the best information available at the time the reports are entered. Revised NHQRs are to be filed when material changes are discovered. Utilization and financial reports, which include individual facilities as well as summary information, are available for both the acute care and non-acute care hospitals. Utilization reports are also available for Ambulatory Surgery, Imaging, Skilled Nursing/Intermediate Care, and Hospice Facilities. DHCFP actively works with CHIA, the Nevada Hospital Association, and other stakeholders to continually update medical provider reporting, assure consistency, and to create a more functional tool for users. These reports may be found at:

www.nevadacomparecare.net/static-nhqr.php

ICD-10 Transition

Health care providers classify medical conditions using a standard coding system. The United States Department of Health & Human Services has mandated that all covered entities under the Health Insurance Portability and Accountability Act (HIPAA) transition to the International Classification of Diseases (ICD) 10th Edition (ICD-10) code set from the current ICD 9th Edition (ICD-9) code set, effective October 1, 2015.

The ICD-10 code set provides the opportunity to accommodate new procedures and diagnoses unaccounted for in the ICD-9 code set and allows for greater specificity of diagnosis-related groups and preventive services. This transition will lead to improved reimbursement for medical services, fraud detection, historical claims and diagnoses analysis for the healthcare industry, and will enable the health care industry to make more informed decisions regarding health programs to improve health outcomes.

Since October 1, 2015, Nevada hospitals are required to utilize the ICD-10 code set in billing and in the reporting of data to CHIA.

Published Reports

DHCFP, in conjunction with CHIA, publishes or makes available various reports deemed "desirable to the public interest" on the Transparency Website. The website allows users to download and print various reports such as statistical, utilization, sentinel events, Nevada Annual Hospital Reports, and comparative reports on DRGs, diagnosis, and procedures.

The statewide database of UB information obtained from hospitals pursuant to this section is the basic source of data used for hospital cost comparisons included in the CHIA publication *Personal Health Choices*. The latest edition for the period 2012 - 2016, published in July of 2017, is included as *ATTACHMENT A. Personal Health Choices* and additional information on the UB database may be found on the CHIA website at:

<http://nevadacomparecare.net/static-choices.php>

CHIA publishes a package of standard reports based upon the UB hospital billing records. These reports are currently available for calendar years 2008 - 2016.

Comprehensive summaries of the utilization and financial data reported by Nevada hospitals and other health care providers are available for download on CHIA's website at:

<http://nevadacomparecare.net/static-standard-reports.php>

A list of the financial and utilization reports, accessible in CHIA's website, are attached in *Exhibit 6*.

Exhibit Data

Beginning in calendar year 2013, the Exhibits and related report data contained in the *Report on Activities and Operations* will be updated annually as a result of automation in the report generator with the UNLV CHIA NHQR database. These updates may result in changes to prior year data as compared to previous reports.

NEVADA MEDICAID SUPPLEMENTAL PAYMENTS AND RATE CHANGES

Hospitals receive payments from the State of Nevada in accordance with provisions of the Nevada Medicaid State Plan, Titles XIX and XXI for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E. Standard fee schedules are updated, at a minimum, on an annual basis. The current Nevada Medicaid Fee Schedules broken out by provider type may be found at:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

NEVADA MEDICAID SUPPLEMENTAL PAYMENT PROGRAMS

In order to preserve access to hospital services, Nevada Medicaid administers various supplemental payment programs that directly benefit Nevada hospitals for providing these services. A summary of total supplemental payments received by Nevada Acute Care Hospitals in SFY 2017 may be found in *Exhibit 1A*, and a five-year summary of total supplemental payments received by Nevada Acute Care Hospitals may be found in *Exhibit 1B*. These supplemental payment programs are not funded using State General Funds, but are funded through county and public entity Intergovernmental Transfers (IGTs) and Federal matching dollars in accordance with State law and Federal regulations. See *Exhibit 1B* for details.

5 Year Change	Nevada Medicaid Acute Care Hospital Supplemental Payments (in millions)	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
	Non-State Government Owned (Public) Hospitals	\$161.4	\$140.1	\$160.2	\$176.7	\$177.2
9.83%	% increase (decrease) from prior year	(1.79%)	(13.16%)	14.32%	10.28%	0.31%
	Private Hospitals	\$11.9	\$35.3	\$32.6	\$46.9	\$89.5
649.38%	% increase (decrease) from prior year	6.17%	195.17%	(7.64%)	43.91%	91.00%
	Total Nevada Acute Care Hospitals	\$173.3	\$175.4	\$192.8	\$223.5	\$266.7
53.90%	% increase (decrease) from prior year	(1.28%)	1.19%	9.91%	15.96%	19.32%

Over the last five years, total supplemental payments received by Nevada Acute Care Hospitals have increased by 53.90% from \$173.3 million in SFY 2013 to \$266.7 million in SFY 2017. During that time, supplemental payments to Non-State Government Owned (Public) hospitals increased by 9.8% (\$15.8 million) and supplemental payments to Private hospitals increased by 649.4% (\$77.6 million). This substantial increase in supplemental payments to Private hospitals is attributable to the implementation of the Indigent Accident Fund (IAF) supplemental payment program in SFY 2014 and ongoing increases to Inpatient (IP) Private Hospital Upper Payment Limit (UPL) and IAF supplemental payment program distributions.

Additional information regarding the supplemental payment programs administered by Nevada Medicaid may be found at:

<http://dhcfp.nv.gov/Resources/Rates/RatesSupplementalPyntMain/>

Disproportionate Share Hospital Supplemental Payment Program

Title XIX of the Social Security Act authorizes Federal grants to States for Medicaid programs that provide medical assistance to low-income families, the elderly and persons with disabilities. Section 1902(a)(13)(A)(iv) of the Act requires that States make Medicaid payment adjustments for hospitals that serve a disproportionate share of low-income patients with special needs. Section 1923 of the Act contains more specific requirements related to such disproportionate share hospital payments, including aggregate annual state-specific limits on Federal Financial Participation (FFP) under Section 1923(f), and hospital-specific limits on Disproportionate Share Hospital (DSH) payments under section 1923(g). The Nevada formula for distributing these payments is authorized pursuant to NRS 422.380 – 387 and the State Plan for Medicaid Attachment 4.19-A, Pages 21-25.

DSH allotments reflect the annual maximum amount of FFP available to the State for the DSH program. The DSH allotment is determined by the Centers for Medicare and Medicaid Services (CMS) as the higher of (1) the federal fiscal year (FFY) 2004 DSH allotment or (2) the prior year's DSH allotment increased by the percentage of change in the consumer price index for all urban consumers (CPI-U) for the prior fiscal year. The resulting amount must not exceed the greater of (1) the DSH allotment for the previous fiscal year or (2) 12% of total State Plan medical assistance expenditures during the fiscal year. CMS often updates the allotment amounts prior to finalization which results in revision of the corresponding DSH payments. The FFY 2015, FFY 2016 and FFY 2017 DSH allotments are currently preliminary amounts and are subject to revision by CMS.

Under the Affordable Care Act (ACA), DSH allotments were scheduled to be reduced beginning in FFY 2014 and continuing through FFY 2020 due to decreases in the rate of uninsured and under-insured individuals as estimated by the Congressional Budget Office. However, subsequent legislation has both modified the amounts and postponed the timing of these reductions until FFY 2018 through FFY 2025. The allotment reductions set to begin in FFY 2018 are as follows:

- \$2 billion in FFY 2018
- \$3 billion in FFY 2019
- \$4 billion in FFY 2020
- \$5 billion in FFY 2021
- \$6 billion in FFY 2022
- \$7 billion in FFY 2023
- \$8 billion in FFY 2024
- \$8 billion in FFY 2025

Federal Regulations require CMS to allocate the ACA DSH reductions to states based on the following criteria:

1. The largest percentage of reductions must be imposed on:
 - a. States with the lowest percentage of uninsured individuals
 - b. States who do not target DSH payments to hospitals with high a volume of Medicaid inpatients
 - c. States who do not target DSH payments to hospitals with a high level of uncompensated care

Supplemental Payments & Rate Changes

2. The smallest percentage of reductions must be imposed on “Low DSH” states.

Based on the methodology proposed in the Federal Register (82 FR 35155) and currently available data, the DSH allotment for Nevada is expected to decrease by approximately \$4.2 million in FFY 2018.

In SFY 2017, \$78,170,320 was distributed to Nevada hospitals through the DSH program, an increase of 0.83% from SFY 2016’s distribution of \$77,525,269. Due to state-level impacts of ACA, additional changes to the DSH program are anticipated in upcoming years.

Upper Payment Limit Supplemental Payment Programs

Federal Medicaid regulations allow for State Medicaid Agencies to pay hospitals under a Fee-For-Service environment an amount that would equal what Medicare would have paid for the same services. This concept is referred to as the Upper Payment Limit (UPL).

Nevada currently has an Inpatient (IP) Non-State Government Owned (Public) Hospital, Outpatient (OP) Non-State Government Owned (Public) Hospital, and IP Private Hospital UPL Supplemental Payment Programs. The formulas for calculating and distributing these payments is authorized pursuant to the Medicaid State Plan Attachment 4.19 A, Pages 32 - 33a (IP Hospital UPLs) and Attachment 4.19-B, Page 20 (OP Hospital UPL). In SFY 2017, \$49,712,475 was distributed to IP Public Hospitals, \$16,679,840 to OP Public Hospitals and \$23,954,694 was distributed via IP Private UPL programs. This represents a decrease of 26.00% for the IP Public Hospital UPL, an increase of 15.67% for the OP Public UPL and an increase of 240.06% for the IP Private UPL supplemental payment programs when compared to SFY 2016 distribution.

Graduate Medical Education Supplemental Payment Program

For SFY 2016 Non-State Government Owned (Public) hospitals that participate in the Medicaid program are eligible for additional reimbursement related to the provision of Direct Graduate Medical Education (GME) activities. To qualify for these additional Medicaid payments, the hospital must also be eligible to receive GME payments from the Medicare program under provision of 42 C.F.R. § 413.75. The formula for calculating and distributing these payments is authorized pursuant to the Medicaid State Plan Attachment 4.19 A, Pages 31 and 31a. The Nevada GME methodology is based upon teaching hospital interns and residents, not Medicare slots. In state fiscal year 2017, \$26,003,995 was distributed to Nevada hospitals through this program, an increase of 67.89% over the \$15,488,484 distributed through this program in SFY 2016.

As of August 2017 there is a State Plan Amendment (SPA) pending CMS approval to expand the eligibility to participate in the GME Supplemental Payment program to all Non-State Government Owned (Public) hospitals offering GME services in Nevada, as well as certain Private Hospitals that are located in a county in which there is no Non-State Government Owned (Public) hospital offering GME services. This SPA will also create two separate methodologies for making Fee For Service (FFS) GME payments separate from Managed Care Organization (MCO) GME payments.

Indigent Accident Fund Supplemental Payment Program

The Indigent Accident Fund (IAF) Supplemental Payment program is intended to preserve access to inpatient hospital services for needy individuals in Nevada. This supplemental payment is authorized by NRS 428.206. The formula for calculating and distributing these payments is authorized pursuant to the Medicaid State Plan, section 4.19-A, Page 32b-32d. In SFY 2017, \$72,215,485.61 was distributed to Nevada hospitals through this program, an increase of 72.82% over the \$41,876,300 distributed through this program in SFY 2016.

As approved by CMS on August 15, 2017, the total IAF Supplemental Payment for SFY 2018 is \$87,233,867.32.

NEVADA MEDICAID RATE CHANGES

Nevada Medicaid makes proposed changes to the Medicaid plans or payment methodologies using State Plan Amendments (SPAs). SPAs are vetted through Public Workshops and Public Hearings before being submitted to DHCFP Administration, the Director of HHS and finally CMS for final approval. There have been no proposed SPAs that would change the rates DHCFP pays its providers this reporting period.

Enhanced Capitation Rates to Managed Care Organizations

In December 2014, CMS approved increases to the capitation rates paid to the two Nevada Medicaid-contracted managed care organizations to allow pass-through payments for beneficiary access to Nevada safety net providers and mental health services. In May 2016, CMS issued a Final Rule in the Federal Register¹, which revised many of the rules surrounding Medicaid Managed Care. As part of these revisions, the use of pass-through payments was restricted. The Final Rule did include temporary exemptions for pass-through payments made to hospitals, physicians, and nursing facilities.

For hospitals: Beginning with contracts that start on or after July 1, 2017, pass-through payments may not exceed a percentage of the base amount, which will be phased out by decreasing 100 percent of the base amount by 10 percent each year thereafter through contracts starting on or after July 1, 2027.

For physicians and nursing facilities: Pass-through payments remain permitted for contracts starting on or after July 1, 2017 through contracts starting on or after July 1, 2021. For contracts starting on or after July 1, 2022, pass-through payments to physicians and nursing facilities will no longer be permitted.

No other pass-through payments are permitted under the Final Rule. These rules were further clarified in the January 18, 2017 Federal Register², which stated CMS would no longer be approving new or increased pass-through payments, and CMS indicated they would limit the temporary exemptions above to pass-through payments that existed in a state as of July 5, 2016.

¹ Federal Register, Vol. 81, No. 88, May 6, 2016. <https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf>

² Federal Register, Vol. 82, No. 11, January 18, 2017. <https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-00916.pdf>

Summary - Hospitals with 100 or More Beds

SUMMARY INFORMATION AND ANALYSES HOSPITALS WITH 100 OR MORE BEDS

NRS 449.490 requires reporting for hospitals with 100 or more beds. They report on capital improvements; community benefits; home office allocation methodologies; discount and collection policies; and the availability of a complete current Charge Master.

CHARGE MASTER AVAILABILITY AT HOSPITALS

Pursuant to NRS 449.490, subsection 4, a complete current Charge Master must be available at each hospital (with 100 or more beds) during normal business hours for review by the Director, any payer that has a contract with the hospital to pay for services provided by the hospital, any payer that has received a bill from the hospital, or any state agency that is authorized to review such information.

No violations of Charge Master availability have been reported to the Division.

HOSPITAL INFORMATION

General hospital information concerning nineteen acute hospitals in Nevada with more than 100 beds is presented in *Exhibit 2*. The information includes location, corporate name, number of beds, type of ownership, availability of community benefits coordinator, availability of charitable foundation, if the hospital conducts teaching and research, trauma center information, and if the hospital is a sole provider of any specific clinical services in their area.

POLICIES AND PROCEDURES REGARDING DISCOUNTS OFFERED TO PATIENTS AND REVIEW OF POLICIES AND PROCEDURES USED TO COLLECT UNPAID PATIENT ACCOUNTS

NRS 439B.440 allows the Director to engage an auditor to conduct an examination to determine whether hospitals are in compliance with provisions of NRS 439B. The statute refers to these engagements as audits, however, in accordance with the American Institute of Certified Public Accountants promulgations, these are “Agreed Upon Procedures” engagements, not audits. Reports of engagements performed biennially by an independent contractor detail information regarding compliance of the 16 non-county-owned hospitals that have 100 beds or more in the State. Per NRS 439B.440 subsection 3, University Medical Center of Southern Nevada in Clark County, being a county-owned hospital, is exempt from this requirement. The reports for the period July 1, 2013 through June 30, 2015, prepared by Myers and Stauffer, LC, Certified Public Accountants, were issued prior to the end of state fiscal year 2016. The next report for the time period of July 1, 2015 to June 30, 2017 will be completed prior to the end of state fiscal year 2018.

The engagement tests hospitals for compliance with:

- NRS 439B.260, requiring a 30% discount for uninsured patients;
- NRS 439B.410, reviewing appropriateness of emergency room patient logs, transfers into or out of the hospital, review of policies and procedure in the emergency room, and review of any complaints in the emergency room;

- NRS 439B.420, reviewing of contractual arrangements between hospital and physicians or other medical care providers; and
- NRS 439B.430, reviewing of related party transactions and ensure appropriate allocation.

SUMMARY OF COMPLIANCE ISSUES FROM REQUIRED OR PERFORMED ENGAGEMENTS

NRS 449.520 requires a summary of any trends noted from these engagements be reported. The reports covering July 1, 2013 thru June 30, 2015 show no trends of note. A summary of the compliance issues noted during the engagement were:

- Emergency Room Services
 - Eighteen concerns, at eight separate hospitals, were identified regarding transfers from emergency rooms. Thirteen of these concerns related to missing or improper documentation, and five concerned patient complaints containing implications of financial prejudice.
- Contractual Arrangement Review
 - Two instances of non-conformance with rental contract provisions were identified.
 - One instance of a lack of proof of payment for a non-rental contract was identified.
 - One instance of inconsistency between a medical office building's directory and the physician contract listing was identified.
- Reduction of Billed Charges
 - Eleven instances of exceptions to NRS 439B.260 were identified, ranging from policies notifying patients of self-pay discounts at the time of admit instead of on the first statement of the hospital bill after discharge to policies regarding maximum income levels for eligibility for self-pay patient discounts.

Corrective action plans are required of all facilities found to be out of compliance.

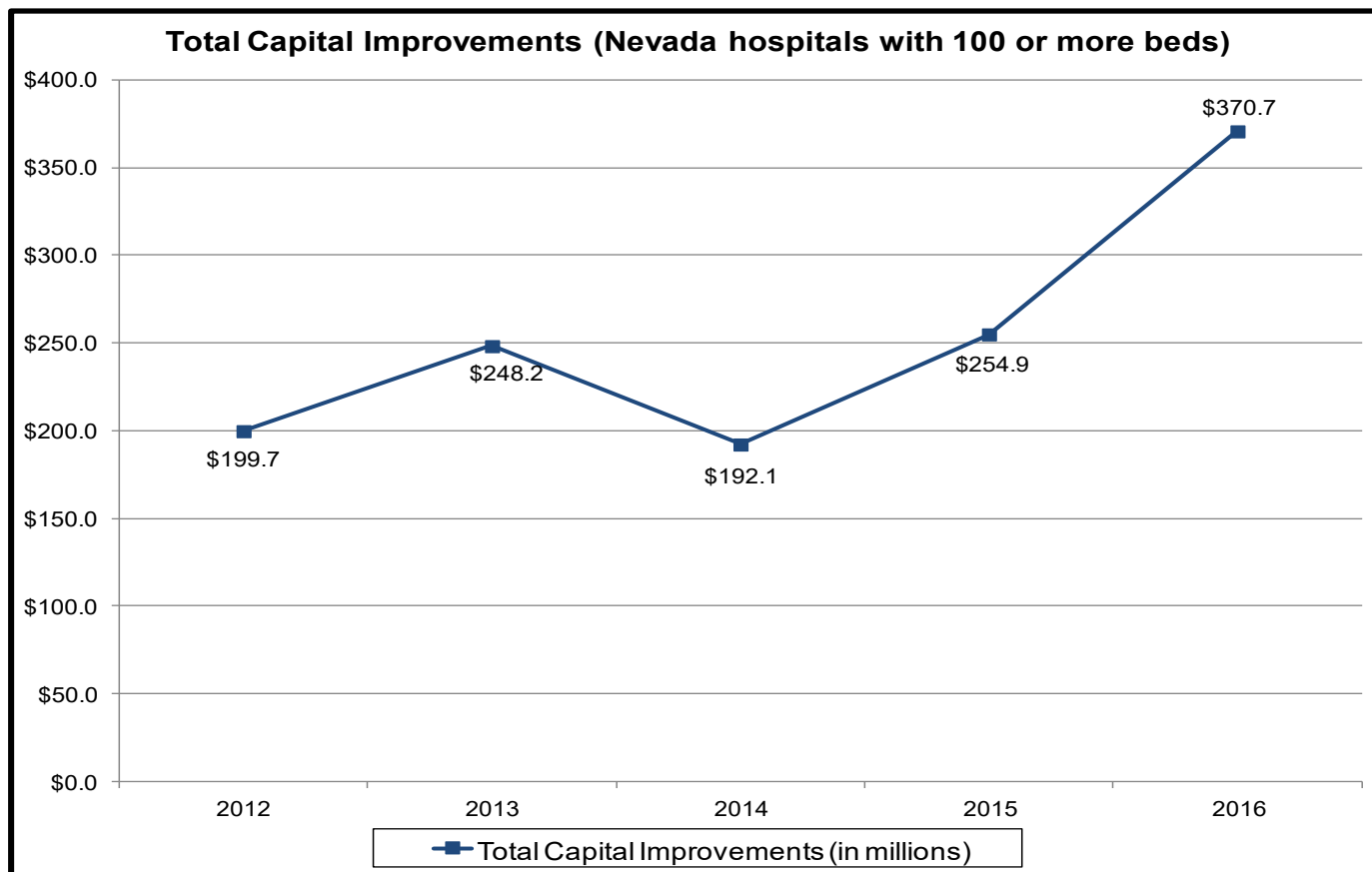
CORPORATE HOME OFFICE COST ALLOCATION METHODOLOGIES

Home office allocation methodologies for the hospitals that were subject to the above engagements were reviewed by the independent contractor with hospital staff. No exceptions were noted. These can be viewed at the end of the individual annual compliance reports on the Transparency Website:

<http://www.nevadacomparecare.net/nv-reports.php>

A brief description of each home office allocation methodology may also be found in *Exhibit 5*.

Summary - Hospitals with 100 or More Beds



Capital Improvements					
	2012	2013	2014	2015	2016
Total Capital Improvements (in millions)	\$199.7	\$248.2	\$192.1	\$254.9	\$370.7
Percentage Change	35.57%	24.29%	(22.60%)	32.69%	45.43%

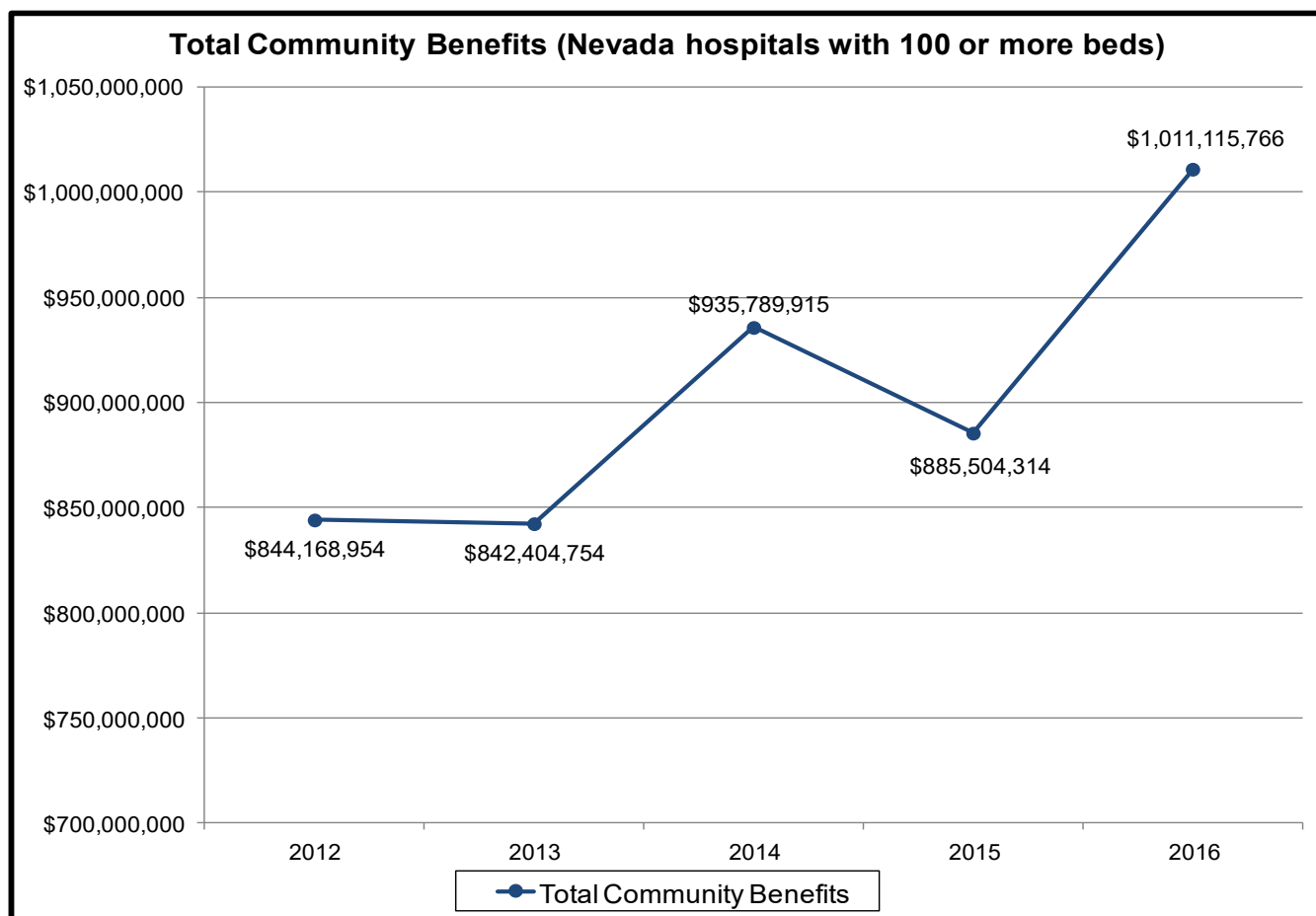
See *Exhibit 3* for details.

SUMMARY OF CAPITAL IMPROVEMENT REPORTS

Capital Improvements cover three areas: New Major Services Lines, Major Facility Expansions and Major Equipment. In order to avoid duplication of reporting, no costs are reported for the addition of Major Service Lines. The costs for Major Expansions do not include equipment. A threshold of \$500,000 has been established for reporting Major Equipment additions. Capital Improvements that do not meet the reporting thresholds are reported in aggregate. Hospitals reported Capital Improvement costs for 2016 as follows:

Major Expansions	\$ 252,297,892
Major Equipment	\$ 50,046,267
Additions Not Required to be Reported Separately	\$ 68,387,982
Total	\$ 370,732,141

The increase of \$115.8 million in Capital Improvements from 2015 to 2016 is attributed mostly to the reported construction costs of Henderson Hospital (\$110.7 million).



Community Benefits					
	2012	2013	2014	2015	2016
Total Community Benefits	\$844,168,954	\$842,404,754	\$935,789,915	\$885,504,314	\$1,011,115,766
Percentage Change	7.95%	(0.21%)	11.09%	(5.37%)	14.19%

See *Exhibit 4* for details.

EXPENSES INCURRED FOR PROVIDING COMMUNITY BENEFITS

The Total Community Benefits reported for 2016 was \$1,011,115,766. Subsidized Health Care Services costs accounted for \$911,945,823 of the total; providing Health Professions Education totaled \$43,091,305; Community Health Improvement Services totaled \$31,033,157; and Other Categories totaled \$25,045,480. Although the reported Community Benefits for 2015 decreased by 5.37% from 2014, the increase from 2015 to 2016 was 14.19%.³

³ Information provided by Nevada Hospital Association

SUMMARY INFORMATION AND ANALYSES OF HOSPITALS

HOSPITAL GROUPINGS

The acute care hospitals are grouped into the following categories:

- Statewide Hospitals
- Clark County Hospitals
- Washoe County/Carson City Hospitals
- Rural County Hospitals

Hospitals located in rural parts of Washoe (Incline Village Community Hospital) and Clark (Mesa View Regional Hospital and Boulder City Hospital) counties are included in the Rural Hospital category for CHIA reporting purposes. Data from the Rehabilitation/Specialty Hospitals and the Psychiatric Hospitals, none of which are located in a rural county, are reported separately. The CHIA website contains both financial and utilization information; the following pages of this report summarize these data. The data on the CHIA website is self-reported by each hospital.

All 34 Acute Care Hospitals, 15 out of 16 Rehab/LTC/Specialty Hospitals, all eight Psychiatric Hospitals reported data to CHIA in 2016.

There are also five government-operated hospitals (federal and state) in Nevada, which do not have standard private sector operating costs and revenues.

Additionally, there are two maximum security psychiatric facilities in Nevada. Lake's Crossing Center is a maximum security psychiatric facility providing comprehensive forensic mental health services, including court-ordered evaluation and/or treatment for restoration to legal competency. Lake's Crossing Center also provides outpatient evaluations of legal competency, risk assessments and recommendations for treatment. The Stein Hospital, a maximum security forensic facility/psychiatric hospital for mentally disordered offenders in Las Vegas, NV, opened in October 2015. The Stein Hospital is one of three hospital buildings that make up Southern Nevada Adult Mental Health Services.

Below are the inpatient days and admissions data that have been reported to CHIA for 2016:

Facility	Inpatient Days	Admissions
Desert Willow Treatment Center	7,509	152
Ioannis A. Lougaris Veterans Administration Medical Center	16,969	3,614
Nellis Air Force Base Veterans Administration Medical Center	Not Reported	Not Reported
Northern Nevada Adult Mental Health Services	10,969	851
Southern Nevada Adult Mental Health Services	61,179	2,447

FINANCIAL SUMMARIES

The five-year financial summary in *Exhibit 7* presents hospital reported condensed financial and utilization information for Acute Care Hospitals in Nevada. Detailed information for the individual Acute Care Hospitals are presented in *Exhibit 9*.

Comparative Financial Indicators

In order to compare hospitals across categories, financial indicators are used. The indicators used in this report are Per Adjusted Inpatient Day and Per Adjusted Admission. The following data were utilized in calculating the indicators:

- Billed Charges and Other Operating Revenue
- Total Operating Revenue
- Operating Expenses
- Net Operating Income

The Adjusted Inpatient Days and Adjusted Admissions are calculated by converting Outpatient and Other Patient Revenue to inpatient units. The calculations for the indicators are derived by using information from the Financial Summaries for hospital Billed Charges and Other Operating Revenue, Total Operating Revenue, Operating Expenses, and Net Operating Income, and dividing those amounts by Adjusted Inpatient Days or Adjusted Admissions. The amounts calculated due to the conversion are useful for comparisons and trending analyses.

Common Size Statements

Common size statements are “vertical analyses” that use percentages to facilitate trend analysis and data comparison. The components of financial information are represented as percentages of a common base figure. Key financial changes and trends can be highlighted by the use of common size statements. Common size statements are utilized in the Comparative Financial Summary (*Exhibit 7*). Different financial information was represented as percentages of a common base figure. Total Deductions and Operating Revenue were represented as a percentage of Billed Charges; Other Operating Revenue, Operating Expenses, Net Operating Income, Non-Operating Revenue and Non-Operating Expenses are also represented as percentages of Total Operating Revenue.

ANALYSIS

Acute Care Hospitals

The five-year Comparative Financial Summary tables (*Exhibit 7*) were prepared for the Acute Care Hospitals. The Comparative Financial Summaries (2012 - 2016) report both the financial and the common size statement information (vertical analyses). *Exhibit 7* reports Billed Charges, Deductions, and Operating Revenue. Operating Revenue is the amount paid by patients (or third party payer) for services received. Other Operating Revenue and Non-Operating Revenue include non-patient related revenue such as investment income or tax subsidies.

Summary - All Hospitals

Exhibit 7 also reports Inpatient Days, Admissions, and other patient statistical information along with the calculated Per Adjusted Inpatient Day and Per Adjusted Admission information.

Hospital Profitability

The Comparative Financial Summary, Statewide Acute Care Hospitals Totals, shows the Hospital Net Income/Loss³ as a percentage of Total Revenues.⁴ Nevada facilities reported Net Income from 2012 through 2016. The Net Profit Margin (Net Income ÷ Total Operating Revenue) expressed as percentages from *Exhibit 7A* are presented in the table below:

Hospital Profitability (Statewide)					
	2012	2013	2014	2015	2016
Net Profit Margin	0.94%	2.37%	2.40%	5.00%	6.18%

Nevada Acute Care Hospitals reported a 6.18% Net Profit Margin for 2016 and collectively earned \$370,899,524 with a Total Operating Revenue of \$5,886,943,579. The gains and losses ranged from a Net Income of \$70,629,709 for Renown Regional Medical Center to a Net Loss of (\$36,670,195) for St. Rose Dominican Hospitals Rose de Lima Campus.

Ten out of the fifteen Clark County Acute Care Hospitals reported a Net Income in 2016. The Total Net Income for all Clark County Acute Care Hospitals was \$180,556,406, an increase of 190% from 2015. University Medical Center of Southern Nevada had the highest Net Income of \$65,448,909 and St. Rose Dominican Hospitals Rose de Lima Campus had the largest Net Loss of \$36,670,195.

Henderson Hospital Medical Center opened in October 2016 in Henderson, NV. The 142-bed acute care hospital offers emergency care, childbirth services and cardiac care. Henderson Hospital reported a Net Loss of \$8,051,870 in 2016.

All five Washoe County/Carson City Acute Care Hospitals reported a Net Income in 2016. The Total Net Income for all Washoe County/Carson City Acute Care Hospitals was \$154,293,368. Renown Regional Medical Center had the highest Net Income at \$70,629,709 and Northern Nevada Medical Center had the lowest at \$6,244,615.

Ten of the fourteen Rural Acute Care Hospitals reported a Net Income. The Total Net Income for all Rural Acute Care Hospitals was \$36,049,750. Northeastern Nevada Regional Hospital had the highest Net Income of \$21,555,593 and Banner Churchill Community Hospital had the largest Net Loss of \$3,651,138. Overall the Rural Acute Care Hospitals Net Income decreased 39.62% from 2015 to 2016.

Most hospitals in Nevada have corporate affiliations. These parent companies help reduce costs and also help absorb losses over multiple facilities.

³Net of Net Operating Income, Non-operating Revenue and Non-Operating Expense

⁴The sum of Total Operating Revenue and Non-Operating Revenues

Universal Health Systems Inc (UHS) operates eight Acute Care Hospitals in Nevada: Centennial Hills Hospital, Desert Springs Hospital, Desert View Hospital, Henderson Hospital, Northern Nevada Medical Center, Spring Valley Hospital, Summerlin Hospital, and Valley Hospital Medical Center.

Henderson Hospital opened in 2016 as well as the acquisition of Desert View Hospital in Pahrump, NV. UHS experienced a 7.19% Net Profit Margin in 2016, a decrease from 7.53% in 2015.⁵ In Nevada, UHS' top performing hospital was Centennial Hills Hospital with a Net Income of \$24.89 million dollars. UHS' newest hospital, Henderson Hospital, reported a Net Loss of \$8.05 million dollars in its first year of operation.

There are three Hospital Corporation of America (HCA) Acute Care Hospitals in Nevada, all located in Clark County: Mountain View Hospital, Southern Hills Hospital and Sunrise Hospital. All three hospitals reported a Net Income in 2016; this resulted in a combined Net Income of \$48,793,550 for the three hospitals. As of December 31, 2016, HCA operates 170 hospitals, comprised of 166 general, acute care hospitals, three psychiatric hospitals and one rehabilitation hospital. In addition, HCA operates 118 freestanding surgery centers. These facilities are located in 20 states and in England. HCA reported a Net Profit Margin of 6.97% in 2016, which was an increase from their Net Profit Margin of 5.37% in 2015.⁶

There are three Dignity Health hospitals in Clark County. Two of the three facilities reported losses in 2016. Rose de Lima and San Martin reported Net Losses totaling \$52.7 million and Sienna reported a Net Income of \$24.2 million. Dignity Health, formerly Catholic Healthcare West, a nonprofit public benefit corporation, exempt from federal and state income taxes, owns and operates healthcare facilities in California, Arizona and Nevada, and is the sole corporate member of other primarily non-profit corporations in those states. These organizations provide a variety of healthcare-related activities, education and other benefits to the communities in which they operate. Dignity Health reported a Net Loss of \$238 million 2016 which the company attributed to a more challenging industry environment and lower income from California Provider Fee funds due to timing of government approvals.⁷

Prime Healthcare owns/operates St. Mary's Regional Medical Center in Reno and North Vista Hospital in Las Vegas. The two Prime Healthcare hospitals in Nevada both reported gains in 2016, combining for a Net Income of \$38,213,295. In addition to the two Nevada hospitals, Prime Healthcare owns/operates 45 hospitals in thirteen other states throughout the country.

The American Hospital Association says health care spending growth per capita was largely driven by increased use and intensity of services provided in recent years. Additionally, they cite an aging population using more health care and a population with a higher rate of chronic disease as contributing factors to increased health care spending.

⁵UHS Annual Report 2016 (10-K)

⁶10-K Report - HCA Holdings, Inc. filed period 12/31/2016

⁷Dignity Health's consolidated financial statements years ended 6/30/16

Summary - All Hospitals

Wages and benefits account for almost 60% of inpatient hospital costs.⁸ The table below shows the Nevada median hourly wages for two specific hospital occupations:

Nevada Median Wages					
	2012	2013	2014	2015	2016
Registered Nurses	\$ 37.33	\$ 37.62	\$ 38.11	\$ 39.16	\$ 40.71
Medical and clinical laboratory technologists	\$ 32.55	\$ 31.55	\$ 31.91	\$ 32.52	\$ 34.84

From 2012 to 2016, the median wage increased 9.05% for Registered Nurses and increased 7.04% for Medical and Clinical Laboratory Technologists.⁹

Billed Charges, Operating Revenue and Deductions

Hospitals determine what they will charge for items and services provided to patients and these charges are the amount the hospital bills for an item or service (Billed Charges). Statewide, Billed Charges have increased by 47.6% over the last five years. This represents an increase of \$13 billion between 2012 and 2016. Increases in Billed Charges are seen in Clark County, Washoe County/Carson City and Rural hospitals, as outlined in the table below:

5 Year Change	Nevada Acute Care Hospital Billed Charges (in millions)	2012	2013	2014	2015	2016
	Clark County Hospitals	\$18,033.1	\$19,487.0	\$22,008.4	\$25,486.2	\$29,060.5
51.98%	% increase (decrease) from prior year	7.53%	8.06%	12.94%	15.80%	14.02%
	Washoe County/Carson City Hospitals	\$ 4,473.6	\$ 4,723.4	\$ 5,133.4	\$ 5,708.4	\$6,232.01
32.64%	% increase (decrease) from prior year	3.95%	5.58%	8.68%	11.20%	9.17%
	Rural Hospitals	\$ 727.8	\$ 809.3	\$ 894.6	\$ 941.7	\$965.37
35.74%	% increase (decrease) from prior year	4.90%	11.19%	10.54%	5.27%	2.51%
	Statewide Hospitals	\$23,234.5	\$25,019.6	\$28,036.4	\$32,136.4	\$36,257.93
47.64%	% increase (decrease) from prior year	6.74%	7.68%	12.06%	14.62%	12.83%

The Billed Charges, when compared to Operating Revenue (the amount patients or third party payers actually pay) and Deductions (contractual allowances and bad debts), provide insight into the market competition among health care providers. Operating Revenue on a statewide basis has steadily decreased from 19.01% in 2012 to 15.86% in 2016. This decrease is visible across the state impacting hospitals in Clark County, Washoe County/Carson City and Rural hospitals, as outlined in the following table. Total Deductions on a statewide basis have gradually increased from 80.99% in 2012 to 84.14% in 2016.

⁸American Hospital Association, *The Cost of Caring*, February 2017

⁹Bureau of Labor Statistics, Occupational Employment Statistics (OES) Survey.

The Total Deductions as a percent of Billed Charges for Clark County hospitals, Washoe County/Carson City hospitals and Rural hospitals are also outlined in the table below:

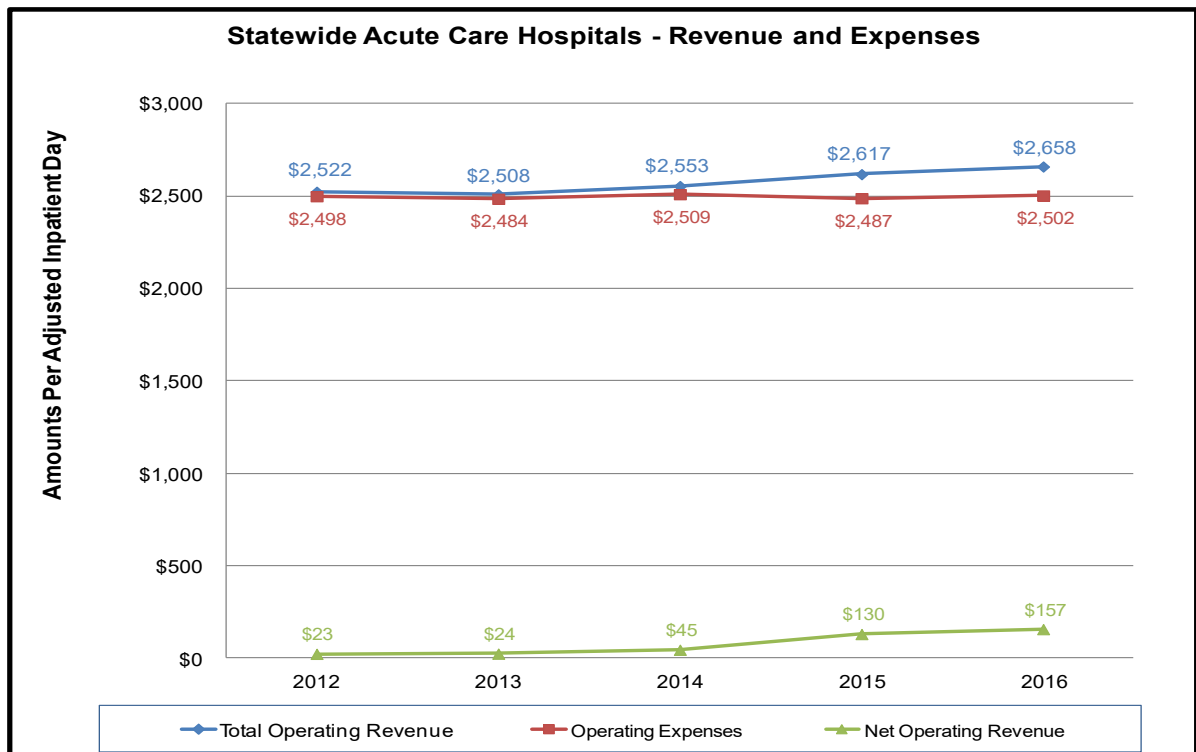
	Operating Revenue (as a Percent of Billed Charges)		Total Deductions (as a Percent of Billed Charges)	
	2012	2016	2012	2016
Clark County	17.02%	14.43%	82.98%	85.57%
Washoe County/Carson City	24.36%	23.61%	75.64%	76.39%
Rural Hospitals	42.74%	36.69%	57.26%	63.61%
Statewide	19.01%	15.86%	80.99%	84.14%

See *Exhibits 7A - 7D* for details.

In general, Rural hospitals are not in competition with other hospitals. As a result, Operating Revenues at Rural hospitals are a larger percentage of their Billed Charges, although the same decline seen statewide has been observed over the five-year period within the Rural Hospital group (see *Exhibit 7D* for details). Clark County hospitals are affected the most by preferred provider contractual arrangements with large employee groups. With this, their Total Deductions are the highest when compared to Washoe County/Carson City and the Rural hospitals.

Revenue and Expenses

Using Per Adjusted Inpatient Day information, the following graph displays the relationship of Total Operating Revenue, Operating Expenses and Net Operating Revenue from hospital operations on a statewide basis over the five-year period. The financial indicators listed in *Exhibit 7A* are the basis for the graph below:



Summary - All Hospitals

Operating Expense and Operating Revenue Compared with the Producer Price Index (PPI) and Consumer Price Index for All Urban Consumers (CPI-U)⁹

PPI and CPI-U each measure price change over time for a fixed set of goods and services, however, they differ in two critical areas: (1) the composition of the set of goods and services, and (2) the types of prices collected for the included goods and services. The target set of goods and services included in the PPI is the entire marketed output of U.S. producers, excluding imports. The target set of items included in the CPI-U is the set of goods and services purchased for consumption purposes by urban U.S. households. This set includes imports.

The price collected for an item included in the PPI is the revenue received by its producer. Sales and excise taxes are not included in the price because they do not represent revenue to the producer. The price collected for an item included in the CPI-U is the out-of-pocket expenditure by a consumer for the item. Sales and excise taxes are included in the price because they are necessary expenditures by the consumer for the item.

The differences between the PPI and CPI-U are consistent with the different uses of the two measures. A primary use of the PPI is to deflate revenue streams in order to measure real growth in output. A primary use of the CPI-U is to adjust income and expenditure streams for changes in the cost of living.

5 Year Change	Base # / Percentage	2012	2013	2014	2015	2016
	NV Acute Hospitals Operating Expenses per Adjusted Inpatient Day	\$2,498	\$2,484	\$2,509	\$2,487	\$2,502
1.47%	% increase (decrease) from prior year	1.92%	(0.56%)	1.01%	(0.88%)	0.60%
	NV Acute Hospitals Total Operating Revenue per Adjusted Inpatient Day	\$2,522	\$2,508	\$2,553	\$2,617	\$2,658
7.87%	% increase (decrease) from prior year	3.96%	(0.56%)	1.79%	2.51%	1.57%
	CPI-U (all)	229.6	233.0	236.7	237.0	240.0
5.37%	% increase (decrease) from prior year	2.07%	1.46%	1.62%	0.12%	1.26%
	PPI General Medical and Surgical Hospital	182.0	186.0	188.1	189.4	191.8
6.76%	% increase (decrease) from prior year	2.59%	2.20%	1.13%	0.69%	1.27%

The PPI and the CPI-U have increased from the previous year by 1.27% and 1.26%, respectively.

UTILIZATION REPORTS

Ten-year Acute Care Hospital utilization information is summarized in *Exhibit 8*. The charts include Average Daily Census, Occupancy Percentages, Average Length of Stay, Admissions Per 1,000 Population, Inpatient Days Per 1,000 Population and Average Licensed Beds Per 1,000 Population. The ten year trends are as follows:

Utilization Summary			
	2007	2016	Percent Change
Estimated Nevada Population	2,718,337	2,940,058	8.16%
Average Daily Census	3,315.0	3,850.7	16.16%
Occupancy Percentages	65.04%	61.70%	(5.14%)
Average Length of Stay (Days)	4.7	5.1	8.51%
Admissions	256,852	276,201	7.53%
Admissions Per 1,000 Population	94.5	93.6	(0.95%)
Inpatient Days	1,209,955	1,409,349	16.48%
Inpatient Days Per 1,000 Population	445.1	479.4	7.71%
Average Licensed Beds	5,098	6,241	22.42%
Licensed Beds Per 1,000 Population	1.9	2.1	10.53%

The estimated Nevada population in 2016 increased 8.16% compared to 10 years ago in 2007. Admissions and Inpatient Days have also increased by 7.53% and 16.48%, respectively. Nevada continues to effectively compensate for these increases, as indicated by the increase from 5,098 Average Licensed Beds in 2007 to 6,247 beds in 2016.

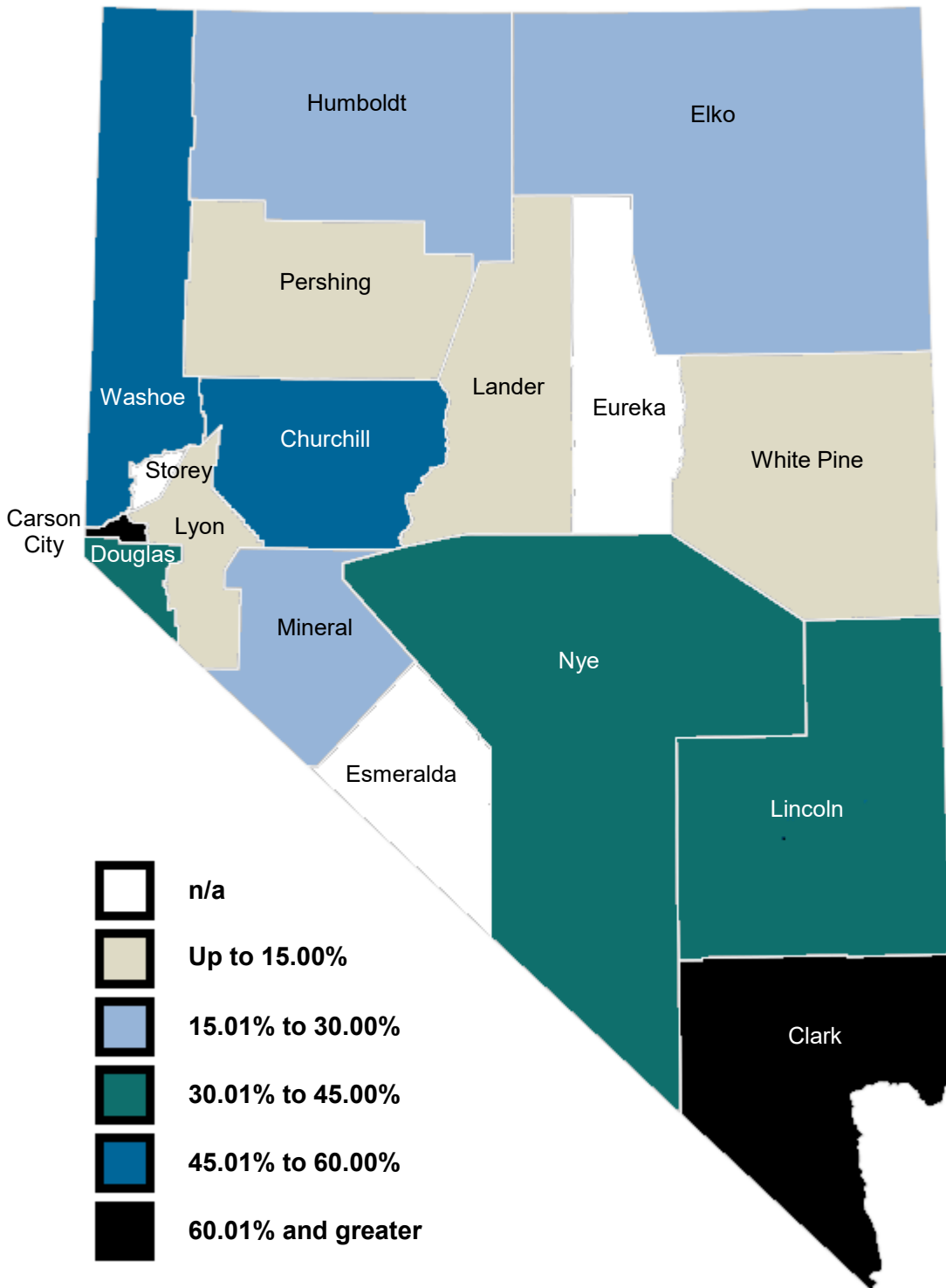
In Nevada, the 2016 Average Occupancy Percentage decreased from 65.04% in 2007 to 61.70% in 2016,¹⁰ and the Averaged Licensed Beds increased 22.42% over the same period. Correspondingly, the 2016 Licensed Beds Per 1,000 Population increased slightly from 1.9 beds per thousand population in 2007 to 2.1 beds per thousand population in 2016. For comparison, the most recent available national average number of Hospital Beds Per 1,000 Population was 2.4 in 2015, and the most recent available national Average Occupancy Percentage was 62.03%.¹¹

Rural hospitals in Nevada have lower Licensed Beds Per 1,000 Population. For 2016, rural hospitals have 1.1 Beds Per 1,000 Population as compared to the statewide 2.1 Beds Per 1,000 Population. This however is sufficient for the population in rural counties as demonstrated in their low combined Occupancy Percentage of 41.74% for 2016. Admissions and Inpatient Days Per 1,000 Population are also lower for the rural hospitals. Admissions for rural hospitals are at 33.0 per 1,000 population compared to statewide average of 93.9 per 1,000 population. Inpatient Days for rural hospitals are 171.0 per 1,000 population while statewide average is 479.4 per 1,000 population.

¹⁰National average occupancy data from StateHealthFacts.org – Kaiser Family Foundation (source from AHA Annual Survey); Nevada data from *Exhibit 7*

¹¹StateHealthFacts.org – Kaiser Family Foundation (source from AHA Annual Survey)

2016 Acute Care Hospital Occupancy Percentage by County



Rehabilitation/Long-Term Care/Specialty Hospitals

The Rehabilitation/Long-Term Care/Specialty Hospitals reported a Net Income of \$35,603,804 from Total Operating Revenue of \$312,124,965. Eleven of the fifteen Rehabilitation/Long-Term Care/Specialty Hospitals reported profits in 2016. The figures from the last five years are as follows (in millions of dollars):

Critical Access Hospitals

Rehabilitation/Specialty Hospital Net Margin					
	2012	2013	2014	2015	2016
Total Operating Revenue	317.7	302.5	322.6	320.8	312.1
Net Income	50.2	34.2	39.7	39.5	35.6
Net Margin	15.8%	11.3%	12.3%	12.3%	11.4%

Critical Access Hospital (CAH) is a designation given to certain rural hospitals by the Centers for Medicare and Medicaid Services (CMS). To ensure that CAHs deliver services to improve access to rural areas that need it most, restrictions exist concerning what types of hospitals are eligible for the CAH designation. The primary eligibility requirements for CAHs are:

- A CAH must have 25 or fewer acute care inpatient beds
- Typically, it must be located more than 35 miles from another hospital
- It must maintain an annual average length of stay of 96 hours or less for acute care patients
- It must provide 24/7 emergency care services

Nevada has 13 hospitals designated as CAHs:

- Banner Churchill Community Hospital
- Battle Mountain General Hospital
- Boulder City Hospital
- Carson Valley Medical Center
- Desert View Regional Medical Center
- Grover C Dils Medical Center
- Humboldt General Hospital
- Incline Village Community Hospital
- Mesa View Regional Hospital
- Mount Grant General Hospital
- Pershing General Hospital
- South Lyon Medical Center
- William Bee Ririe Hospital

In Nevada, hospitals designated as CAHs by CMS are reimbursed by Nevada Medicaid through a retrospective cost reimbursement process for fee-for-service inpatient services. Fee-for-service outpatient services provided by CAHs are reimbursed based on the Medicaid Outpatient Hospital fee schedule.

Summary - All Hospitals

Psychiatric Hospitals

All eight psychiatric hospitals reported profits for 2016.¹² As a group, they reported a Net Income¹³ of \$18,059,871 from Total Operating Revenue of \$141,395,152. The comparison of 2015 and 2016 Net Income (Loss) for each facility is reported below:

Psychiatric Hospital Net Income (Loss)	Net Income/Loss	
	2015	2016
Desert Parkway Behavioral Healthcare Hospital	\$69,880	\$130,723
Montevista Hospital	\$4,910,862	\$5,038,708
Red Rock Behavioral Health	\$503,790	\$228,182
Seven Hills Behavioral Institute	\$6,265,671	\$6,940,493
Spring Mountain Sahara	\$1,129,185	\$269,756
Spring Mountain Treatment Center	\$3,189,599	\$1,577,742
West Hills Hospital	\$3,682,063	\$3,165,911
Willow Springs Center	\$1,074,418	\$708,356
TOTAL	\$20,825,468	\$18,059,871

The Total Operating Revenue and Net Income from the last five years are as follows (in millions of dollars):

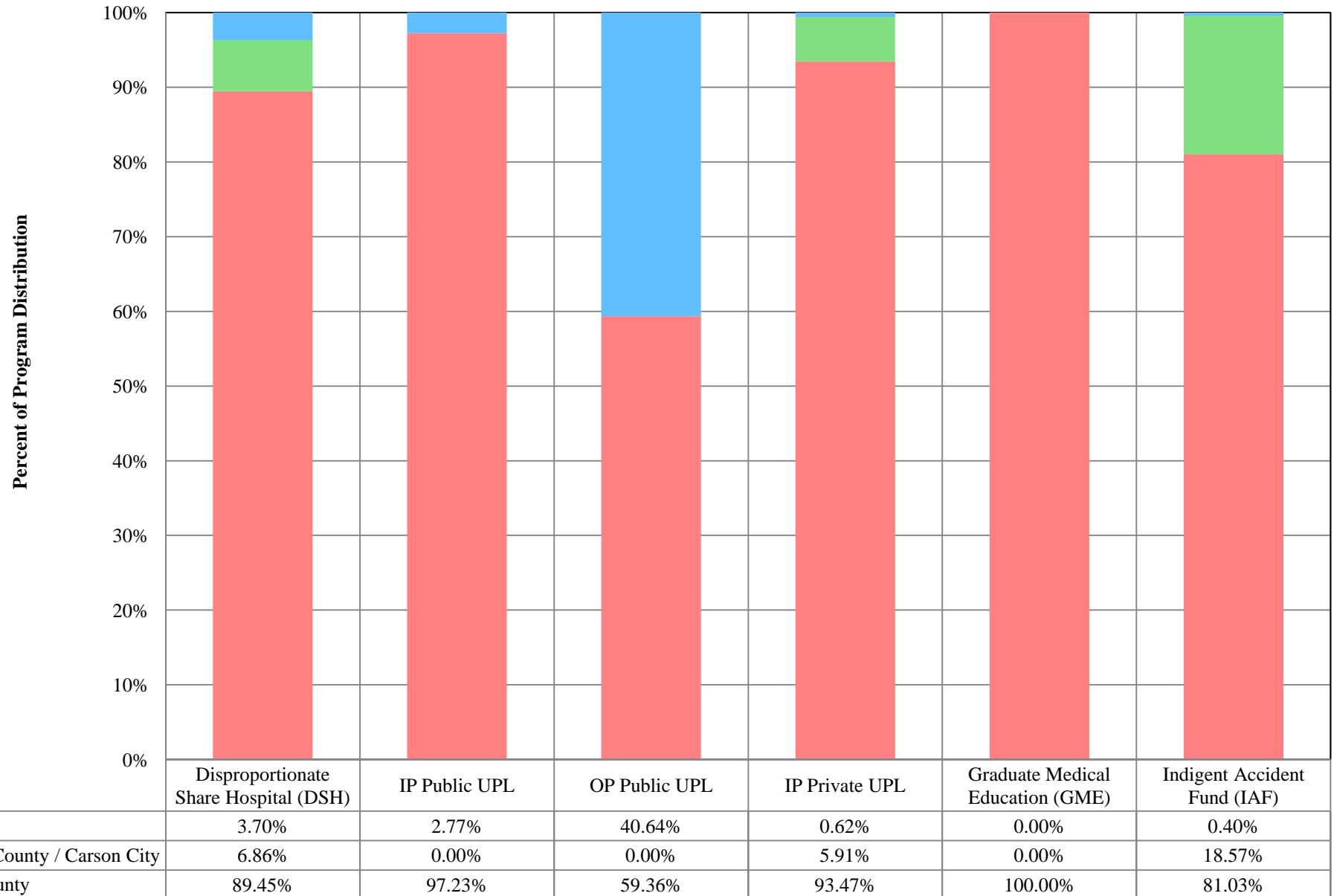
Psychiatric Hospital Net Margin					
	2012	2013	2014	2015	2016
Total Operating Revenue	95.2	96.2	116.2	140.8	141.4
Net Income	7.6	9.2	11.9	20.8	18.1
Net Margin	8.0%	9.6%	10.2%	14.8%	12.8%

¹²The state-operated facilities did not report

¹³Total Revenue equals Total Operating Revenue plus Non-Operating Revenue – See *Exhibit 8*

Exhibits

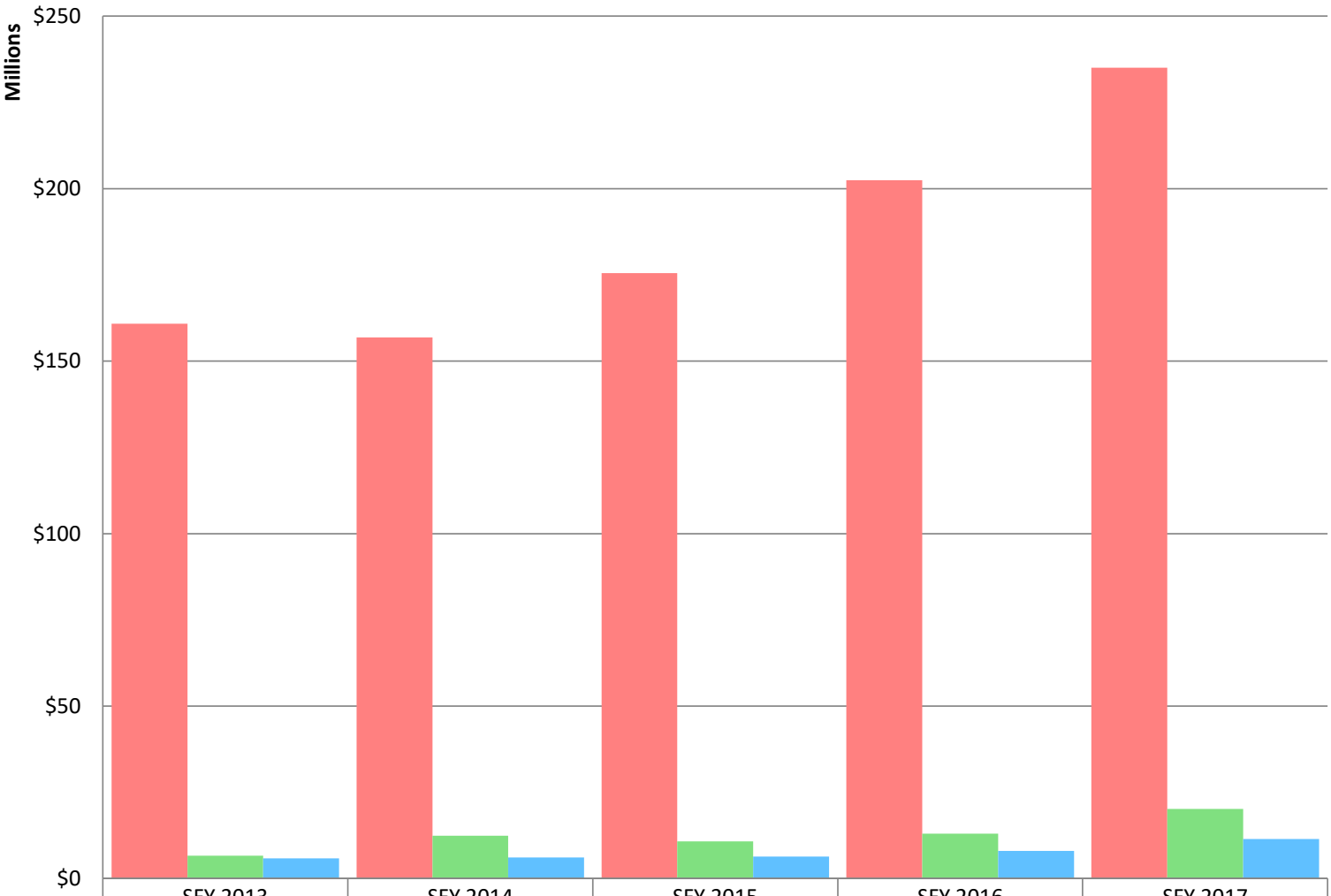
Nevada Acute Care Hospital SFY 2017 Supplemental Payment Program Distribution



SFY 2017 Nevada Medicaid Supplemental Payments by Hospital

SFY 2017 Hospital Supplemental Payment Program	Disproportionate Share Hospital (DSH)	IP Public UPL	OP Public UPL	IP Private UPL	Graduate Medical Education (GME)	Indigent Accident Fund (IAF)	Total
Nevada	\$78,170,320	\$49,712,475	\$16,679,840	\$23,954,693	\$26,003,995	\$72,215,486	\$266,736,809
Clark County	\$69,920,716	\$48,333,055	\$9,901,095	\$22,391,058	\$26,003,995	\$58,519,388	\$235,069,307
Centennial Hills Hospital Medical Center	\$161,257	\$0	\$0	\$596,780	\$0	\$1,088,061	\$1,846,098
Desert Springs Hospital Medical Center	\$0	\$0	\$0	\$5,222,702	\$0	\$3,313,458	\$8,536,160
Mountainview Hospital	\$183,020	\$0	\$0	\$799,418	\$0	\$4,081,805	\$5,064,243
North Vista Hospital	\$184,697	\$0	\$0	\$417,984	\$0	\$3,324,058	\$3,926,739
Southern Hills Hospital & Medical Center	\$110,921	\$0	\$0	\$343,329	\$0	\$973,468	\$1,427,718
Spring Valley Hospital Medical Center	\$94,058	\$0	\$0	\$363,583	\$0	\$3,334,945	\$3,792,586
St Rose Dominican Hospital - De Lima	\$238,578	\$0	\$0	\$609,317	\$0	\$1,195,492	\$2,043,387
St Rose Dominican Hospital - San Martin	\$204,036	\$0	\$0	\$687,255	\$0	\$816,762	\$1,708,053
St Rose Dominican Hospital - Siena	\$248,711	\$0	\$0	\$1,230,901	\$0	\$1,495,130	\$2,974,742
Summerlin Hospital Medical Center	\$119,842	\$0	\$0	\$651,974	\$0	\$2,967,960	\$3,739,776
Sunrise Hospital & Medical Center	\$369,542	\$0	\$0	\$1,837,162	\$0	\$14,818,610	\$17,025,314
University Medical Center	\$68,006,054	\$48,333,055	\$9,901,095	\$0	\$26,003,995	\$15,784,499	\$168,028,698
Valley Hospital Medical Center	\$0	\$0	\$0	\$9,630,653		\$5,325,140	\$14,955,793
Washoe County / Carson City	\$5,358,677	\$0	\$0	\$1,416,139	\$0	\$13,408,182	\$20,182,998
Carson Tahoe Regional Medical Center	\$777,896	\$0	\$0	\$0	\$0	\$2,347,725	\$3,125,621
Northern Nevada Medical Center	\$0	\$0	\$0	\$868,744	\$0	\$471,837	\$1,340,581
Renown Regional Medical Center	\$4,580,781	\$0	\$0	\$320,205	\$0	\$8,830,476	\$13,731,462
Renown South Meadows Medical Center	\$0	\$0	\$0	\$227,190	\$0	\$194,522	\$421,712
St Marys Regional Medical Center	\$0	\$0	\$0	\$0	\$0	\$1,563,622	\$1,563,622
Sierra Surgery & Imaging LLC	\$0	\$0	\$0	\$0	\$0		\$0
Rural	\$2,890,927	\$1,379,420	\$6,778,745	\$147,496	\$0	\$287,915	\$11,484,503
Banner Churchill Community Hospital	\$804,221	\$0	\$0	\$0	\$0	\$0	\$804,221
Battle Mountain General Hospital	\$0	\$0	\$919,806	\$0	\$0	\$0	\$919,806
Boulder City Hospital	\$166,793	\$0	\$0	\$0	\$0	\$0	\$166,793
Carson Valley Medical Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Desert View Regional Medical Center	\$394,795	\$0	\$0	\$0	\$0	\$0	\$394,795
Grover C. Dils Medical Center	\$0	\$29,499	\$114,183	\$0	\$0	\$0	\$143,682
Humboldt General Hospital	\$291,315	\$827,371	\$2,538,974	\$0	\$0	\$0	\$3,657,660
Incline Village Community Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mesa View Regional Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mount Grant General Hospital	\$236,885	\$255,656	\$440,345	\$0	\$0	\$0	\$932,886
Northeastern Nevada Regional Hospital	\$477,636	\$0	\$0	\$147,496	\$0	\$287,915	\$913,047
Nye Regional Medical Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pershing General Hospital	\$0	\$14,047	\$560,181	\$0	\$0	\$0	\$574,228
South Lyon Health Center	\$247,261	\$15,452	\$354,878	\$0	\$0	\$0	\$617,591
William Bee Ririe	\$272,021	\$237,395	\$1,850,378	\$0	\$0	\$0	\$2,359,794

Nevada Acute Care Hospital Supplemental Payments



	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Clark County	\$160,819,530	\$156,884,318	\$175,552,995	\$202,474,854	\$235,069,307
Washoe County / Carson City	\$6,605,875	\$12,385,525	\$10,811,708	\$13,032,203	\$20,182,998
Rural	\$5,896,294	\$6,120,429	\$6,403,311	\$8,031,319	\$11,484,503

SFY 2017 Nevada Medicaid Supplemental Payments by Hospital

5-Year Comparison of Hospital Supplemental Payment Program	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	5-Year Increase/Decrease
Nevada	\$173,321,699	\$175,390,272	\$192,768,014	\$223,538,375	\$266,736,809	54%
Clark County	\$160,819,530	\$156,884,318	\$175,552,995	\$202,474,854	\$235,069,307	46%
Centennial Hills Hospital Medical Center	\$110,503	\$824,060	\$533,762	\$908,000	\$1,846,098	1571%
Desert Springs Hospital Medical Center	\$417,809	\$1,445,339	\$1,401,436	\$3,861,691	\$8,536,160	1943%
Mountainview Hospital	\$183,569	\$2,333,260	\$1,534,693	\$3,222,605	\$5,064,243	2659%
North Vista Hospital	\$1,227,352	\$2,367,109	\$1,577,455	\$2,371,270	\$3,926,739	220%
Southern Hills Hospital & Medical Center	\$84,331	\$626,730	\$525,228	\$708,899	\$1,427,718	1593%
Spring Valley Hospital Medical Center	\$141,559	\$1,175,004	\$1,371,729	\$2,018,357	\$3,792,586	2579%
St Rose Dominican Hospital - De Lima	\$96,598	\$779,879	\$664,995	\$938,654	\$2,043,387	2015%
St Rose Dominican Hospital - San Martin	\$93,123	\$553,578	\$494,781	\$753,552	\$1,708,053	1734%
St Rose Dominican Hospital - Siena	\$180,448	\$1,083,006	\$1,328,233	\$1,580,399	\$2,974,742	1549%
Summerlin Hospital Medical Center	\$141,300	\$1,246,164	\$1,484,071	\$2,137,229	\$3,739,776	2547%
Sunrise Hospital & Medical Center	\$842,966	\$5,683,330	\$6,361,064	\$9,802,264	\$17,025,314	1920%
University Medical Center	\$157,036,634	\$136,016,479	\$155,490,465	\$170,443,865	\$168,028,698	7%
Valley Hospital Medical Center	\$263,338	\$2,750,380	\$2,785,085	\$3,728,069	\$14,955,793	5579%
Washoe County / Carson City	\$6,605,875	\$12,385,525	\$10,811,708	\$13,032,203	\$20,182,998	206%
Carson Tahoe Regional Medical Center	\$1,088,537	\$1,760,523	\$1,734,977	\$1,802,703	\$3,125,621	187%
Northern Nevada Medical Center	\$90,872	\$293,887	\$216,686	\$464,513	\$1,340,581	1375%
Renown Regional Medical Center	\$5,407,511	\$9,400,057	\$8,261,529	\$9,921,421	\$13,731,462	154%
Renown South Meadows Medical Center	\$18,955	\$132,539	\$65,075	\$182,425	\$421,712	2125%
St Marys Regional Medical Center	\$0	\$782,969	\$530,279	\$657,727	\$1,563,622	N/A
Sierra Surgery & Imaging LLC	\$0	\$15,549	\$3,161	\$3,414	\$0	N/A
Rural	\$5,896,294	\$6,120,429	\$6,403,311	\$8,031,319	\$11,484,503	95%
Banner Churchill Community Hospital	\$1,285,627	\$939,638	\$785,659	\$804,633	\$804,221	-37%
Battle Mountain General Hospital	\$193,794	\$231,501	\$271,270	\$391,776	\$919,806	375%
Boulder City Hospital	\$10,000	\$45,202	\$38,585	\$50,594	\$166,793	1568%
Carson Valley Medical Center	\$0	\$0	\$0	\$0	\$0	N/A
Desert View Regional Medical Center	\$115,378	\$572,762	\$494,785	\$460,947	\$394,795	242%
Grover C. Dils Medical Center	\$49,674	\$68,826	\$72,837	\$115,435	\$143,682	189%
Humboldt General Hospital	\$1,374,625	\$1,651,718	\$1,773,753	\$2,485,461	\$3,657,660	166%
Incline Village Community Hospital	\$0	\$0	\$0	\$0	\$0	N/A
Mesa View Regional Hospital	\$0	\$0	\$0	\$0	\$0	N/A
Mount Grant General Hospital	\$492,189	\$364,957	\$424,250	\$756,163	\$932,886	90%
Northeastern Nevada Regional Hospital	\$143,839	\$435,668	\$366,068	\$479,380	\$913,047	535%
Nye Regional Medical Center	\$0	\$7,571	\$1,756	\$0	\$0	N/A
Pershing General Hospital	\$257,858	\$232,699	\$197,190	\$310,265	\$574,228	123%
South Lyon Health Center	\$229,127	\$384,504	\$325,167	\$403,758	\$617,591	170%
William Bee Ririe	\$1,744,185	\$1,185,382	\$1,651,992	\$1,772,907	\$2,359,794	35%

NEVADA HOSPITALS HOSPITAL INFORMATION	Data as of	Number of Beds	Type of Ownership	Does the Hospital Have or Offer				Is the Hospital a Sole Provider of Any Specific Clinical Services in the Area?
				Community Benefits Coordinator	Charitable Foundation	Conduct Teaching & Research	Trauma Center	
<u>CLARK COUNTY HOSPITALS</u>								
HCA Holdings Inc. Hospitals								
MountainView Hospital	12/31/16	340	For-Profit	No	No	Yes	No	No
Southern Hills Hospital & Medical Center	12/31/16	180	For-Profit	No	No	Yes	No	No
Sunrise Hospital & Medical Center	12/31/16	690	For-Profit	No	No	Yes	Yes	Yes
Universal Health Systems Hospitals (UHS)								
Centennial Hills Hospital Medical Center	12/31/16	190	For-Profit	No	No	No	No	No
Desert Springs Hospital Medical Center	12/31/16	293	For-Profit	No	No	No	No	No
Henderson Hospital	12/31/16	110	For-Profit	No	No	No	No	No
Spring Valley Hospital Medical Center	12/31/16	292	For-Profit	No	No	No	No	No
Summerlin Hospital Medical Center	12/31/16	454	For-Profit	No	No	No	No	Yes
Valley Hospital Medical Center	12/31/16	301	For-Profit	No	No	Yes	No	No
Dignity Health								
Saint Rose Dominican Hospital								
- Rose de Lima Campus	6/30/16	110	Not-for-Profit	Yes	Yes	No	No	No
- San Martin Campus	6/30/16	147	Not-for-Profit	Yes	Yes	No	No	No
- Siena Campus	6/30/16	326	Not-for-Profit	Yes	Yes	No	No	No
Prime Healthcare Inc								
North Vista Hospital	6/30/16	177	For-Profit	No	No	No	No	No
Fundamental								
Mountain's Edge Hospital	12/31/16	130	For-Profit	N/A	N/A	N/A	N/A	N/A
Clark County Owned Hospital								
University Medical Center of Southern Nevada	6/30/16	541	Not-for Profit	No	Yes	Yes	Yes	Yes
<u>WASHOE COUNTY/CARSON CITY HOSPITALS</u>								
Carson Tahoe Regional Healthcare								
Carson Tahoe Regional Medical Center	12/31/16	211	Not-for Profit	No	Yes	No	No	Yes
UHS								
Northern Nevada Medical Center	12/31/16	108	For-Profit	N/A	N/A	N/A	N/A	N/A
Prime Healthcare Inc								
St. Mary's Regional Medical Center	12/31/16	380	For-Profit	No	No	No	No	No
Renown Health								
Renown Regional Medical Center	6/30/16	808	Not-for-Profit	Yes	Yes	Yes	Yes	Yes

NEVADA HOSPITALS CAPITAL IMPROVEMENTS	Data as of	Major Expansions	Major Equipment	Capital Additions Not Required to be Reported Separately	Total Capital Improvement
<u>CLARK COUNTY HOSPITALS</u>					
HCA Holdings Inc. Hospitals					
MountainView Hospital	12/31/16	\$19,939,579	\$0	\$0	\$19,939,579
Southern Hills Hospital & Medical Center	12/31/16	\$17,676,729	\$2,526,178	\$4,136,428	\$24,339,335
Sunrise Hospital & Medical Center	12/31/16	\$0	\$5,092,847	\$17,336,259	\$22,429,106
Universal Health Systems Hospitals (UHS)					
Centennial Hills Hospital Medical Center	12/31/16	\$12,436,349	\$687,336	\$3,378,504	\$16,502,189
Desert Springs Hospital Medical Center	12/31/16	\$7,324,928	\$303,088	\$4,726,938	\$12,354,953
Henderson Hospital	12/31/16	\$110,655,398	\$0	\$0	\$110,655,398
Spring Valley Hospital Medical Center	12/31/16	\$30,799,308	\$5,014,851	\$3,760,112	\$39,574,272
Summerlin Hospital Medical Center	12/31/16	\$854,663	\$7,900,308	\$2,036,943	\$10,791,914
Valley Hospital Medical Center	12/31/16	\$0	\$4,264,912	\$2,831,278	\$7,096,190
Dignity Health					
Saint Rose Dominican Hospital					
- Rose de Lima Campus	6/30/16	\$0	\$0	\$3,196,950	\$3,196,950
- San Martin Campus	6/30/16	\$0	\$0	\$2,795,171	\$2,795,171
- Siena Campus	6/30/16	\$42,864,260	\$3,315,852	\$575,700	\$46,755,812
Prime Healthcare Inc					
North Vista Hospital	6/30/16	\$0	\$1,402,131	\$4,882,547	\$6,284,678
Fundamental					
Mountain's Edge Hospital	12/31/16	\$0	\$0	\$191,392	\$191,392
Clark County Owned Hospital					
University Medical Center of Southern Nevada	6/30/16	\$1,017,379	\$5,135,856	\$0	\$6,153,235
TOTAL CLARK COUNTY HOSPITALS		\$243,568,593	\$35,643,359	\$49,848,222	\$329,060,174
<u>WASHOE COUNTY/CARSON CITY HOSPITALS</u>					
Carson Tahoe Regional Healthcare					
Carson Tahoe Regional Medical Center	12/31/16	\$772,156	\$3,619,012	\$2,446,099	\$6,837,267
UHS					
Northern Nevada Medical Center	12/31/16	\$453,423	\$3,966,791	\$782,673	\$5,202,887
Prime Healthcare Inc					
St. Mary's Regional Medical Center	12/31/16	\$2,389,780	\$2,052,162	\$3,603,544	\$8,045,485
Renown Health					
Renown Regional Medical Center	6/30/16	\$5,113,941	\$4,764,943	\$11,707,445	\$21,586,329
TOTAL WASHOE COUNTY / CARSON CITY HOSPITALS		\$8,729,299	\$14,402,908	\$18,539,761	\$41,671,968
GRAND TOTALS		\$252,297,892	\$50,046,267	\$68,387,982	\$370,732,142

NEVADA HOSPITALS COMMUNITY BENEFITS	Data as of	Subsidized Health Services	Health Professions Education	Community Health Improvements Services	Other Categories	Total Community Benefits
<u>CLARK COUNTY HOSPITALS</u>						
HCA Holdings Inc. Hospitals						
MountainView Hospital	12/31/16	\$70,850,070	\$6,970,642	\$1,032,318	\$2,003,036	\$80,856,066
Southern Hills Hospital & Medical Center	12/31/16	\$27,142,850	\$500,328	\$585,398	\$899,189	\$29,127,764
Sunrise Hospital & Medical Center	12/31/16	\$198,541,716	\$2,500,314	\$2,547,744	\$3,001,652	\$206,591,426
Universal Health Systems Hospitals (UHS)						
Centennial Hills Hospital Medical Center	12/31/16	\$39,182,065	\$219,207	\$609,724	\$734,642	\$40,745,639
Desert Springs Hospital Medical Center	12/31/16	\$24,097,840	\$284,936	\$649,409	\$1,140,851	\$26,173,036
Henderson Hospital	12/31/16	\$3,446,014	\$21,028	\$10,647	\$0	\$3,477,689
Spring Valley Hospital Medical Center	12/31/16	\$26,025,772	\$284,096	\$526,975	\$1,413,185	\$28,250,027
Summerlin Hospital Medical Center	12/31/16	\$42,189,414	\$332,236	\$863,981	\$1,447,858	\$44,833,488
Valley Hospital Medical Center	12/31/16	\$21,224,975	\$6,316,922	\$605,935	\$1,533,666	\$29,681,498
Dignity Health						
Saint Rose Dominican Hospital						
- Rose de Lima Campus	6/30/16	\$47,825,315	\$263,503	\$74,000	\$811,744	\$48,974,562
- San Martin Campus	6/30/16	\$40,589,905	\$624,726	\$67,492	\$944,770	\$42,226,893
- Siena Campus	6/30/16	\$78,642,248	\$2,450,833	\$4,290,125	\$2,268,975	\$87,652,181
Prime Healthcare Inc						
North Vista Hospital	6/30/16	\$5,003,776	\$0	\$0	\$153,479	\$5,157,255
Fundamental						
Mountain's Edge Hospital	12/31/16	\$0	\$0	\$0	\$0	\$0
Clark County Owned Hospital						
University Medical Center of Southern Nevada	6/30/16	\$137,583,753	\$17,742,953	\$10,344,640	\$1,163,048	\$166,834,394
TOTAL CLARK COUNTY HOSPITALS		\$762,345,712	\$38,511,723	\$22,208,388	\$17,516,095	\$840,581,918
<u>WASHOE COUNTY/CARSON CITY HOSPITALS</u>						
Carson Tahoe Regional Healthcare						
Carson Tahoe Regional Medical Center	12/31/16	\$24,260,946	\$293,962	\$3,874,674	\$649,413	\$29,078,995
UHS						
Northern Nevada Medical Center	12/31/16	\$10,785,861	\$59,494	\$339,503	\$290,012	\$11,474,870
Prime Healthcare Inc						
St. Mary's Regional Medical Center	12/31/16	\$41,865,221	\$0	\$613,054	\$1,565,068	\$44,043,343
Renown Health						
Renown Regional Medical Center	6/30/16	\$72,688,083	\$4,226,125	\$3,997,539	\$5,024,893	\$85,936,640
TOTAL WASHOE COUNTY / CARSON CITY HOSPITALS		\$149,600,111	\$4,579,581	\$8,824,770	\$7,529,385	\$170,533,847
GRAND TOTALS		\$911,945,823	\$43,091,305	\$31,033,157	\$25,045,480	\$1,011,115,766

NEVADA HOSPITALS HOME OFFICE ALLOCATION	BASIC FORMULA FOR ALLOCATION
<p><u>CLARK COUNTY HOSPITALS</u></p> <p>HCA Holdings Inc. Hospitals MountainView Hospital Southern Hills Hospital & Medical Center Sunrise Hospital & Medical Center</p> <hr/> <p>Universal Health Systems Hospitals (UHS) Centennial Hills Hospital Medical Center Desert Springs Hospital Medical Center Henderson Hospital Spring Valley Hospital Medical Center Summerlin Hospital Medical Center Valley Hospital Medical Center</p> <hr/> <p>Dignity Health Saint Rose Dominican Hospital - Rose de Lima Campus - San Martin Campus - Siena Campus</p> <hr/> <p>Prime Healthcare Inc North Vista Hospital</p> <hr/> <p>Fundamental Mountain's Edge Hospital</p> <hr/> <p>Clark County Owned Hospital University Medical Center of Southern Nevada ⁽¹⁾</p> <hr/>	<p>*HCA utilizes a central oversight company, also referred to as a management company. The fee charged by the management company to HCA’s wholly owned hospitals is calculated at 6.5% of net revenues. Services provided under this management agreement include: consulting services in areas such as long-range planning, budget control systems, financial reporting systems and practices, contractual agreements, accounts receivable management, government reimbursement (including cost report preparation and filing), capital planning, internal audit, managed care contracting, legal services, and human resources services (including employee benefit design and management). Corporate office prepares and files federal, state and local tax returns and reports as well as tax audit and appeals management.</p> <hr/> <p>* 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 for the entire corporation.</p> <hr/> <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> <hr/> <p>*Home Office Allocation is computed at the rate of 6% of Net Patient Revenue.</p> <hr/> <p>*Allowable costs are allocated based on total accumulated cost of facilities.</p> <hr/> <p>*Clark County Government Methodology Used: The Clark County Indirect Cost Allocation Plan (The Plan) uses a double-apportionment method to allocate centralized county government service cost to the various county departments. In the first apportionment, the cost from the indirect cost pools is allocated to both direct and indirect cost centers. In the second apportionment, the remaining costs from the indirect cost pools, which would be the cost stepped down from the first apportionment, are allocated to the direct cost pools.</p> <hr/>
<p><u>WASHOE COUNTY/CARSON CITY HOSPITALS</u></p> <p>Carson Tahoe Regional Healthcare Carson Tahoe Regional Medical Center</p> <hr/> <p>UHS Northern Nevada Medical Center</p> <hr/> <p>Prime Healthcare Inc St. Mary's Regional Medical Center</p> <hr/> <p>Renown Health Renown Regional Medical Center</p> <hr/>	<hr/> <p>* The home office (CTHS) expenses are allocated to subsidiaries based on an established methodology using factors such as patient revenue, other operating revenue, total revenue, supply expense, FTE’s, IT devices and Physician Credentials. Expenses are allocated based on budget estimates and trued-up on a quarterly basis to actual expense. The percent of allocation to each subsidiary is based on their factor vs the total.</p> <hr/> <p>* See UHS section above.</p> <hr/> <p>* See Prime Healthcare Inc section above.</p> <hr/> <p>* The actual home office expenses are allocated to subsidiaries based on the relationship of budgeted subsidiary revenue to the combined budgeted revenue for all subsidiaries.</p> <hr/> <p>* Based on information included in the Nevada Hospital Reporting from the Nevada Hospital Association.</p> <hr/> <p>⁽¹⁾ UMC has an Indirect Cost Allocation Plan but per the NRS was not subject to a Compliance Audit</p>

Financial & Utilization Data Available In CHIA

Acute Hospitals Financial Reports:

Section A: Revenue And Expenses

A01: Revenue And Expenses Totals
A02: Inpatient Operating Revenue
A03: Outpatient Operating Revenue
A04: LTC Operating Revenue
A05: Clinic Operating Revenue
A06: Sub-Acute Operating Revenue
A07: Operating Expenses
A08: Non-Operating Revenue And Expenses

Section B: Assets And Liabilities

B01: Assets And Liabilities Totals
B02: Current Assets
B03: Property, Facilities, Equipment Assets
B04: Intangible And Other Assets
B05: Liabilities

Acute Hospitals Utilization Reports:

Section A: Admissions, Days, Beds

A01: Admissions By Payer
A02: Days By Payer
A03: Admissions By Service
A04: Inpatient Days By Service
A05: Licensed Beds By Service

Section B: Surgeries And Procedures

B01: Inpatient Surgeries
B02: Inpatient Procedures
B03: Inpatient Surgeries And Procedures - Patients And Hours
B04: Outpatient Surgeries
B05: Outpatient Procedures
B06: Outpatient Surgeries And Procedures - Patients And Hours

Section C: Imaging

C01: CT Tests And MRI Tests

Section D: Other Services

D01: Other Services
-ER Visits
-Cardiac Catheterizations
-Dialysis Patients
-Dialysis Treatments
-Lithotripsies

Section E: FTEs

E01: FTEs

Section F: Services Inventory

F01: Services Inventory
F02: Other Services Inventory

Financial & Utilization Data Available In CHIA

Non-Acute Hospitals Financial Reports:

Section A: Revenue And Expenses

A01: Revenue And Expenses Totals
 A02: Inpatient Operating Revenue
 A03: Outpatient Operating Revenue
 A04: LTC Operating Revenue
 A05: Clinic Operating Revenue
 A06: Sub-Acute Operating Revenue
 A07: Operating Expenses
 A08: Non-Operating Revenue And Expenses

Section B: Assets And Liabilities

B01: Assets And Liabilities Totals
 B02: Current Assets
 B03: Property, Facilities, Equipment Assets
 B04: Intangible And Other Assets
 B05: Liabilities

Non-Acute Hospitals Utilization Reports:

Section A: Admissions, Days, Beds

A01: Admissions By Payer
 A02: Days By Payer
 A03: Admissions By Service
 A04: Inpatient Days By Service
 A05: Licensed Beds By Service

Section B: Surgeries And Procedures

B01: Inpatient Surgeries
 B02: Inpatient Procedures
 B03: Inpatient Surgeries And Procedures - Patients And Hours
 B04: Outpatient Surgeries
 B05: Outpatient Procedures
 B06: Outpatient Surgeries And Procedures - Patients And Hours

Section C: Imaging

C01: CT Tests And MRI Tests

Section D: Other Services

D01: Other Services
 -ER Visits
 -Cardiac Catheterizations
 -Dialysis Patients
 -Dialysis Treatments
 -Lithotripsies

Section E: FTEs

E01: FTEs

Section F: Services Inventory

F01: Services Inventory
 F02: Other Services Inventory

Financial & Utilization Data Available In CHIA

Other Facilities Utilization Reports:

Ambulatory Surgery Facilities

Section A: Surgeries And Procedures

A01: AmbSurg Outpatient Surgeries

A02: AmbSurg Outpatient Procedures

A03: AmbSurg Outpatient Surgeries And Procedures - Patients And Hours

Imaging Facilities

Section B: CT And MRI

B01: Imaging CT Scans And MRI Scans

Skilled Nursing Facilities (SNF) / Intermediate Care Facilities (ICF)

Section C: Days, Discharges, Beds

C01: SNF Inpatient Days

C02: SNF Discharges

C03: SNF Beds

Hospice Facilities

Section D: Hospice Overview

D01: Hospice Overview

Section E: Patient Census

E01: Patients By Gender And Race

E02: Patients By County

E03: Patients By Referral Source

E04: Patients By Primary Diagnosis

Section F: Days Of Care By Payer

F01: Total Days Of Care By Payer (Does not include Nursing Home Room and Board Days)

F02: Routine Home Care Days By Payer (Private Residence)

F03: Routine Home Care Days By Payer (Nursing Home)

F04: Acute Inpatient Days By Payer

F05: Inpatient Respite Days By Payer

F06: Continuous Care Days By Payer

F07: Nursing Home Room And Board Days By Payer

Section G: Discharges

G01: Discharges

Five Year Comparative Financial Summary

Calendar Year	Statewide Acute Care Hospital Totals									
	2012		2013		2014		2015		2016	
	Amount	% *	Amount	% *	Amount	% *	Amount	% *	Amount	% *
Billed Charges	\$23,234,498,521	100.00%	\$25,019,625,009	100.00%	\$28,036,420,600	100.00%	\$32,136,410,744	100.00%	\$36,257,934,260	100.00%
Inpatient	\$15,430,597,449		\$16,448,016,059		\$18,269,303,132		\$20,639,514,567		\$23,161,233,157	
Outpatient	\$7,803,901,072		\$8,571,608,950		\$9,767,117,468		\$11,496,896,177		\$13,096,701,103	
Deductions	\$18,818,633,252	80.99%	\$20,509,304,844	81.97%	\$23,222,971,631	82.83%	\$26,774,595,641	83.32%	\$30,505,888,750	84.14%
Inpatient	\$12,684,757,574		\$13,595,531,544		\$14,785,120,155		\$17,279,554,656		\$19,570,754,837	
Outpatient	\$6,133,875,678		\$6,913,773,300		\$8,437,851,476		\$9,495,040,985		\$10,935,133,913	
Operating Revenue	\$4,415,865,269	19.01%	\$4,510,320,165	18.03%	\$4,813,448,969	17.17%	\$5,361,815,103	16.68%	\$5,752,045,510	15.86%
Inpatient	\$2,745,839,875		\$2,852,484,515		\$3,484,182,977		\$3,359,959,911		\$3,590,478,320	
Outpatient	\$1,670,025,394		\$1,657,835,650		\$1,329,265,992		\$2,001,855,192		\$2,161,567,190	
Other Operating Revenue	\$169,532,925	3.70%	\$165,412,561	3.54%	\$145,672,249	2.94%	\$140,040,174	2.55%	\$134,898,069	2.29%
Total Operating Revenue	\$4,585,398,194	100.00%	\$4,675,732,726	100.00%	\$4,959,121,218	100.00%	\$5,501,855,277	100.00%	\$5,886,943,579	100.00%
Operating Expenses	\$4,543,204,068	99.08%	\$4,630,136,078	99.02%	\$4,872,603,308	98.26%	\$5,239,051,002	95.22%	\$5,540,047,166	94.11%
Net Operating Income	\$42,194,126	0.92%	\$45,596,648	0.98%	\$86,517,910	1.74%	\$262,804,275	4.78%	\$346,896,413	5.89%
Non-Operating Revenue	\$76,481,723	1.67%	\$129,228,988	2.76%	\$128,700,819	2.60%	\$81,210,522	1.48%	\$112,706,136	1.91%
Non-Operating Expenses	\$75,076,056	1.64%	\$61,108,955	1.31%	\$92,885,084	1.87%	\$64,609,281	1.17%	\$88,703,025	1.51%
Net Income / (Loss)	\$43,599,793	0.94%	\$113,716,681	2.37%	\$122,333,645	2.40%	\$279,405,516	5.00%	\$370,899,524	6.18%

Inpatient Days	1,198,965	1,217,551	1,259,143	1,346,853	1,409,353
Admissions	247,851	249,961	251,333	262,862	276,201
Avg Length Of Stay	4.8	4.9	5.0	5.1	5.1
Avg Daily Census	3,275.9	3,335.8	3,449.7	3,690.0	3,850.7
Occupancy Percentage	58.00%	57.93%	60.07%	61.65%	61.70%
Adjusted Inpatient Days	1,818,505	1,864,302	1,942,345	2,106,233	2,214,491
Adjusted Admissions	375,923	382,738	387,704	411,068	433,990
Per Adjusted Admission					
Billed Charges + Other Opr Rev	\$62,258	\$65,802	\$72,690	\$78,518	\$83,856
Operating Revenue	\$12,198	\$12,217	\$12,791	\$13,384	\$13,565
Operating Expenses	\$12,085	\$12,097	\$12,568	\$12,745	\$12,765
Net Operating Income	\$112	\$119	\$223	\$639	\$799
Per Adjusted Inpatient Day					
Billed Charges + Other Opr Rev	\$12,870	\$13,509	\$14,509	\$15,324	\$16,434
Operating Revenue	\$2,522	\$2,508	\$2,553	\$2,612	\$2,658
Operating Expenses	\$2,498	\$2,484	\$2,509	\$2,487	\$2,502
Net Operating Income	\$23	\$24	\$45	\$125	\$157
* Percentages Reflect The Vertical Analyses (Common Size Statements) Discussed In The Narrative					

Data From CHIA Nevada Healthcare Quarterly Reports

Five Year Comparative Financial Summary

Calendar Year	Clark County Acute Care Hospital Totals									
	2012		2013		2014		2015		2016	
	Amount	% *	Amount	% *	Amount	% *	Amount	% *	Amount	% *
Billed Charges	\$18,033,059,321	100.00%	\$19,486,985,658	100.00%	\$22,008,439,343	100.00%	\$25,486,229,825	100.00%	\$29,060,549,918	100.00%
Inpatient	\$12,672,315,415		\$13,565,617,929		\$15,188,992,370		\$17,296,928,401		\$19,551,798,750	
Outpatient	\$5,360,743,906		\$5,921,367,729		\$6,819,446,973		\$8,189,301,424		\$9,508,751,168	
Deductions	\$14,972,128,154	83.03%	\$16,403,037,191	84.17%	\$18,719,067,907	85.05%	\$21,807,912,405	85.57%	\$25,075,903,795	86.29%
Inpatient	\$10,641,863,961		\$11,522,848,172		\$13,003,688,864		\$14,755,989,337		\$16,851,969,488	
Outpatient	\$4,330,264,193		\$4,880,189,019		\$5,715,379,043		\$7,051,923,068		\$8,223,934,307	
Operating Revenue	\$3,060,931,167	16.97%	\$3,083,948,467	15.83%	\$3,289,371,436	14.95%	\$3,678,317,420	14.43%	\$3,984,646,123	13.71%
Inpatient	\$2,030,451,454		\$2,042,769,757		\$2,185,303,506		\$2,540,939,064		\$2,699,829,262	
Outpatient	\$1,030,479,713		\$1,041,178,710		\$1,104,067,930		\$1,137,378,356		\$1,284,816,861	
Other Operating Revenue	\$80,576,818	2.56%	\$81,397,707	2.57%	\$60,537,977	1.81%	\$56,872,100	1.52%	\$62,014,264	1.53%
Total Operating Revenue	\$3,141,507,985	100.00%	\$3,165,346,174	100.00%	\$3,349,909,413	100.00%	\$3,735,189,520	100.00%	\$4,046,660,387	100.00%
Operating Expenses	\$3,066,455,744	97.61%	\$3,241,039,296	102.39%	\$3,396,628,763	101.39%	\$3,673,773,279	98.36%	\$3,875,244,273	95.76%
Net Operating Income	\$75,052,241	2.39%	(\$75,693,122)	(2.39%)	(\$46,719,350)	(1.39%)	\$61,416,241	1.64%	\$171,416,114	4.24%
Non-Operating Revenue	\$25,966,512	0.83%	\$73,305,883	2.32%	\$85,663,495	2.56%	\$44,565,871	1.19%	\$52,929,445	1.31%
Non-Operating Expenses	\$22,358,373	0.71%	\$45,074,258	1.42%	\$67,240,515	2.01%	\$43,750,360	1.17%	\$43,789,153	1.08%
Net Income / (Loss)	\$78,660,380	2.48%	(\$47,461,497)	(1.47%)	(\$28,296,370)	(0.82%)	\$62,231,752	1.65%	\$180,556,406	4.40%

Inpatient Days	889,123	919,455	949,928	1,021,434	1,053,974
Admissions	178,252	179,737	180,501	191,961	201,668
Avg Length Of Stay	5.0	5.1	5.3	5.3	5.2
Avg Daily Census	2,429.3	2,519.1	2,602.5	2,798.4	2,879.7
Occupancy Percentage	64.70%	65.28%	68.08%	68.88%	66.22%
Adjusted Inpatient Days	1,270,900	1,326,312	1,380,206	1,508,395	1,569,903
Adjusted Admissions	254,791	259,270	262,260	283,477	300,386
Per Adjusted Admission					
Billed Charges + Other Opr Rev	\$71,092	\$75,475	\$84,149	\$90,106	\$96,950
Operating Revenue	\$12,330	\$12,209	\$12,773	\$13,176	\$13,472
Operating Expenses	\$12,035	\$12,501	\$12,951	\$12,960	\$12,901
Net Operating Income	\$295	(\$292)	(\$178)	\$217	\$571
Per Adjusted Inpatient Day					
Billed Charges + Other Opr Rev	\$14,253	\$14,754	\$15,990	\$16,934	\$18,551
Operating Revenue	\$2,472	\$2,387	\$2,427	\$2,476	\$2,578
Operating Expenses	\$2,413	\$2,444	\$2,461	\$2,436	\$2,468
Net Operating Income	\$59	(\$57)	(\$34)	\$41	\$109

* Percentages Reflect The Vertical Analyses (Common Size Statements) Discussed In The Narrative

Data From CHIA Nevada Healthcare Quarterly Reports

Five Year Comparative Financial Summary

Calendar Year	Washoe County / Carson City Acute Care Hospital Totals									
	2012		2013		2014		2015		2016	
	Amount	% *	Amount	% *	Amount	% *	Amount	% *	Amount	% *
Billed Charges	\$4,473,640,222	100.00%	\$4,723,376,741	100.00%	\$5,133,402,167	100.00%	\$5,708,451,317	100.00%	\$6,232,011,888	100.00%
Inpatient	\$2,546,824,287		\$2,659,531,698		\$2,830,192,024		\$3,108,624,940		\$3,380,712,037	
Outpatient	\$1,926,815,935		\$2,063,845,043		\$2,303,210,143		\$2,599,826,377		\$2,851,299,851	
Deductions	\$3,430,698,642	76.69%	\$3,622,311,972	76.69%	\$3,935,149,254	76.66%	\$4,370,430,059	76.56%	\$4,805,543,569	77.11%
Inpatient	\$1,929,728,286		\$1,946,985,290		\$1,635,440,883		\$2,382,939,421		\$2,579,396,198	
Outpatient	\$1,500,970,356		\$1,675,326,682		\$2,299,708,371		\$1,987,490,638		\$2,226,147,371	
Operating Revenue	\$1,042,941,580	23.31%	\$1,101,064,769	23.31%	\$1,198,252,913	23.34%	\$1,338,021,258	23.44%	\$1,426,468,319	22.89%
Inpatient	\$617,096,001		\$712,546,408		\$1,194,751,141		\$725,685,519		\$801,315,839	
Outpatient	\$425,845,579		\$388,518,361		\$3,501,772		\$612,335,739		\$625,152,480	
Other Operating Revenue	\$35,474,577	3.29%	\$35,622,268	3.13%	\$30,485,758	2.48%	\$30,610,336	2.24%	\$25,524,494	1.76%
Total Operating Revenue	\$1,078,416,157	100.00%	\$1,136,687,037	100.00%	\$1,228,738,671	100.00%	\$1,368,631,594	100.00%	\$1,451,992,813	100.00%
Operating Expenses	\$1,160,835,680	107.64%	\$1,071,265,519	94.24%	\$1,121,908,244	91.31%	\$1,201,943,987	87.82%	\$1,291,647,969	88.96%
Net Operating Income	(\$82,419,523)	(7.64%)	\$65,421,518	5.76%	\$106,830,427	8.69%	\$166,687,607	12.18%	\$160,344,844	11.04%
Non-Operating Revenue	\$22,925,622	2.13%	\$24,907,723	2.19%	\$19,209,358	1.56%	\$12,314,085	0.90%	\$37,056,361	2.55%
Non-Operating Expenses	\$52,326,001	4.85%	\$15,088,048	1.33%	\$24,475,482	1.99%	\$18,990,783	1.39%	\$43,107,837	2.97%
Net Income / (Loss)	(\$111,819,902)	(10.15%)	\$75,241,193	6.48%	\$101,564,303	8.14%	\$160,010,909	11.59%	\$154,293,368	10.36%

Inpatient Days	272,363	266,431	272,827	283,714	308,172
Admissions	58,833	60,079	60,071	61,322	65,413
Avg Length Of Stay	4.6	4.4	4.5	4.6	4.7
Avg Daily Census	744.2	729.9	747.5	777.3	842.0
Occupancy Percentage	47.37%	46.29%	47.40%	48.83%	53.19%
Adjusted Inpatient Days	482,215	476,755	497,792	523,785	570,412
Adjusted Admissions	104,163	107,506	109,604	113,211	121,076
Per Adjusted Admission					
Billed Charges + Other Opr Rev	\$43,289	\$44,267	\$47,114	\$50,693	\$51,683
Operating Revenue	\$10,353	\$10,573	\$11,211	\$12,089	\$11,992
Operating Expenses	\$11,144	\$9,965	\$10,236	\$10,617	\$10,668
Net Operating Income	(\$791)	\$609	\$975	\$1,472	\$1,324
Per Adjusted Inpatient Day					
Billed Charges + Other Opr Rev	\$9,351	\$9,982	\$10,374	\$10,957	\$10,970
Operating Revenue	\$2,236	\$2,384	\$2,468	\$2,613	\$2,546
Operating Expenses	\$2,407	\$2,247	\$2,254	\$2,295	\$2,264
Net Operating Income	(\$171)	\$137	\$215	\$318	\$281

* Percentages Reflect The Vertical Analyses (Common Size Statements) Discussed In The Narrative

Data From CHIA Nevada Healthcare Quarterly Reports

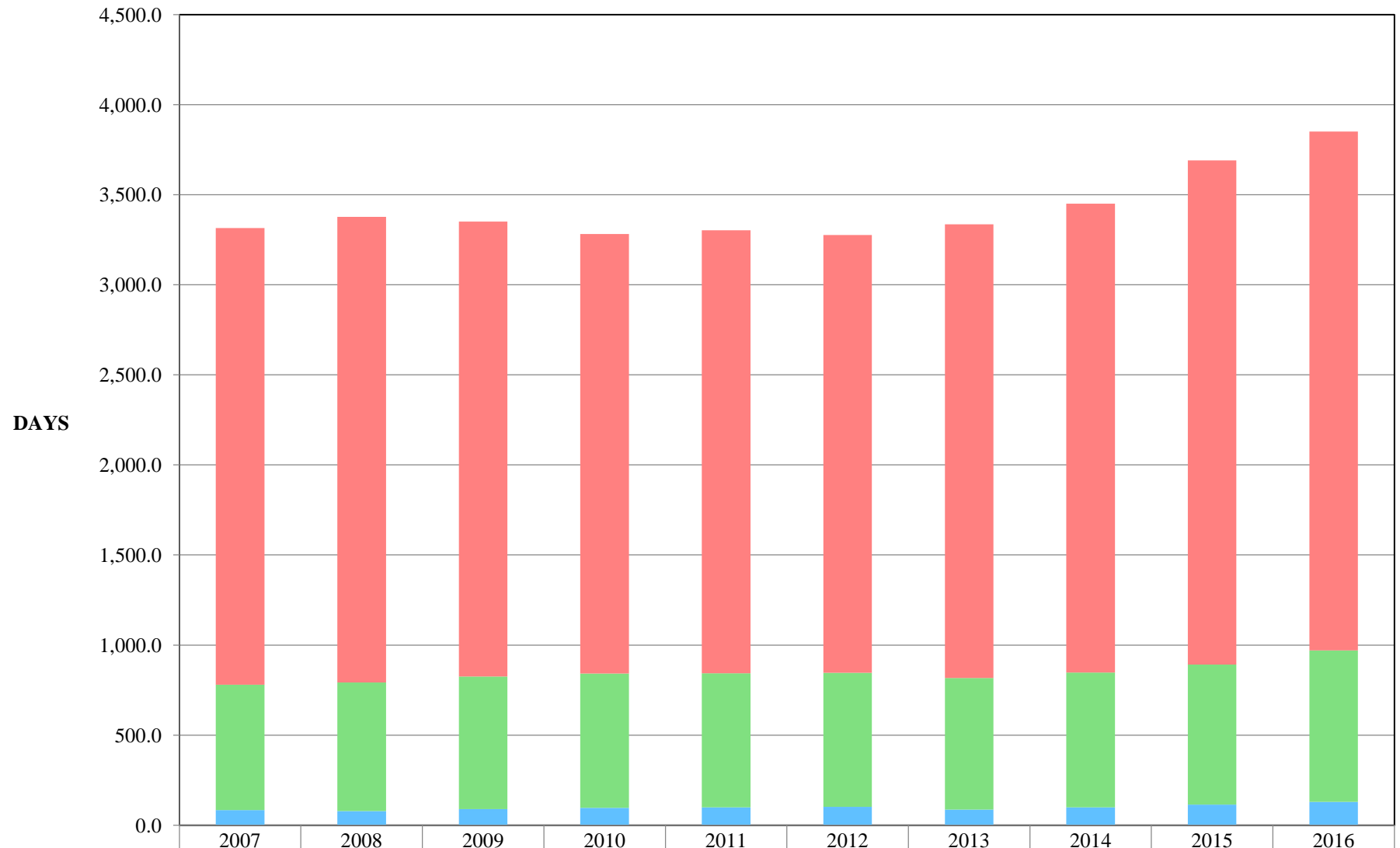
Five Year Comparative Financial Summary

Calendar Year	Rural Acute Care Hospital Totals									
	2012		2013		2014		2015		2016	
	Amount	% *	Amount	% *	Amount	% *	Amount	% *	Amount	% *
Billed Charges	\$727,798,978	100.00%	\$809,262,610	100.00%	\$894,579,090	100.00%	\$941,729,602	100.00%	\$965,372,454	100.00%
Inpatient	\$211,457,747		\$222,866,432		\$250,118,738		\$233,961,226		\$228,722,370	
Outpatient	\$516,341,231		\$586,396,178		\$644,460,352		\$707,768,376		\$736,650,084	
Deductions	\$415,806,456	57.13%	\$483,955,681	59.80%	\$568,754,470	63.58%	\$596,253,177	63.31%	\$624,441,386	64.68%
Inpatient	\$113,165,327		\$125,698,082		\$145,990,408		\$140,625,898		\$139,389,151	
Outpatient	\$302,641,129		\$358,257,599		\$422,764,062		\$455,627,279		\$485,052,235	
Operating Revenue	\$311,992,522	42.87%	\$325,306,929	40.20%	\$325,824,620	36.42%	\$345,476,425	36.69%	\$340,931,068	35.32%
Inpatient	\$98,292,420		\$97,168,350		\$104,128,330		\$93,335,328		\$89,333,219	
Outpatient	\$213,700,102		\$228,138,579		\$221,696,290		\$252,141,097		\$251,597,849	
Other Operating Revenue	\$53,481,530	14.63%	\$48,392,586	12.95%	\$54,648,514	14.36%	\$52,557,738	13.20%	\$47,359,311	12.20%
Total Operating Revenue	\$365,474,052	100.00%	\$373,699,515	100.00%	\$380,473,134	100.00%	\$398,034,163	100.00%	\$388,290,379	100.00%
Operating Expenses	\$315,912,644	86.44%	\$317,831,263	85.05%	\$354,066,301	93.06%	\$363,333,736	91.28%	\$373,154,924	96.10%
Net Operating Income	\$49,561,408	13.56%	\$55,868,252	14.95%	\$26,406,833	6.94%	\$34,700,427	8.72%	\$15,135,455	3.90%
Non-Operating Revenue	\$27,589,589	7.55%	\$31,015,382	8.30%	\$23,827,966	6.26%	\$24,330,566	6.11%	\$22,720,330	5.85%
Non-Operating Expenses	\$391,682	0.11%	\$946,649	0.25%	\$1,169,087	0.31%	\$1,868,138	0.47%	\$1,806,035	0.47%
Net Income / (Loss)	\$76,759,315	19.53%	\$85,936,985	21.23%	\$49,065,712	12.14%	\$57,162,855	13.53%	\$36,049,750	8.77%

Inpatient Days	37,479	31,665	36,388	41,705	47,207
Admissions	10,766	10,145	10,761	9,579	9,120
Avg Length Of Stay	3.5	3.1	3.4	4.4	5.2
Avg Daily Census	102.4	86.8	99.7	114.3	129.0
Occupancy Percentage	31.80%	26.94%	29.07%	34.62%	41.74%
Adjusted Inpatient Days	138,475	121,856	138,096	177,238	209,022
Adjusted Admissions	39,778	39,041	40,839	40,709	40,381
Per Adjusted Admission					
Billed Charges + Other Opr Rev	\$19,641	\$21,968	\$23,243	\$24,424	\$25,079
Operating Revenue	\$9,188	\$9,572	\$9,316	\$9,778	\$9,616
Operating Expenses	\$7,942	\$8,141	\$8,670	\$8,925	\$9,241
Net Operating Income	\$1,246	\$1,431	\$647	\$852	\$375
Per Adjusted Inpatient Day					
Billed Charges + Other Opr Rev	\$5,642	\$7,038	\$6,874	\$5,610	\$4,845
Operating Revenue	\$2,639	\$3,067	\$2,755	\$2,246	\$1,858
Operating Expenses	\$2,281	\$2,608	\$2,564	\$2,050	\$1,785
Net Operating Income	\$358	\$458	\$191	\$196	\$72
* Percentages Reflect The Vertical Analyses (Common Size Statements) Discussed In The Narrative					

Data From CHIA Nevada Healthcare Quarterly Reports

Nevada Acute Care Hospitals Average Daily Census



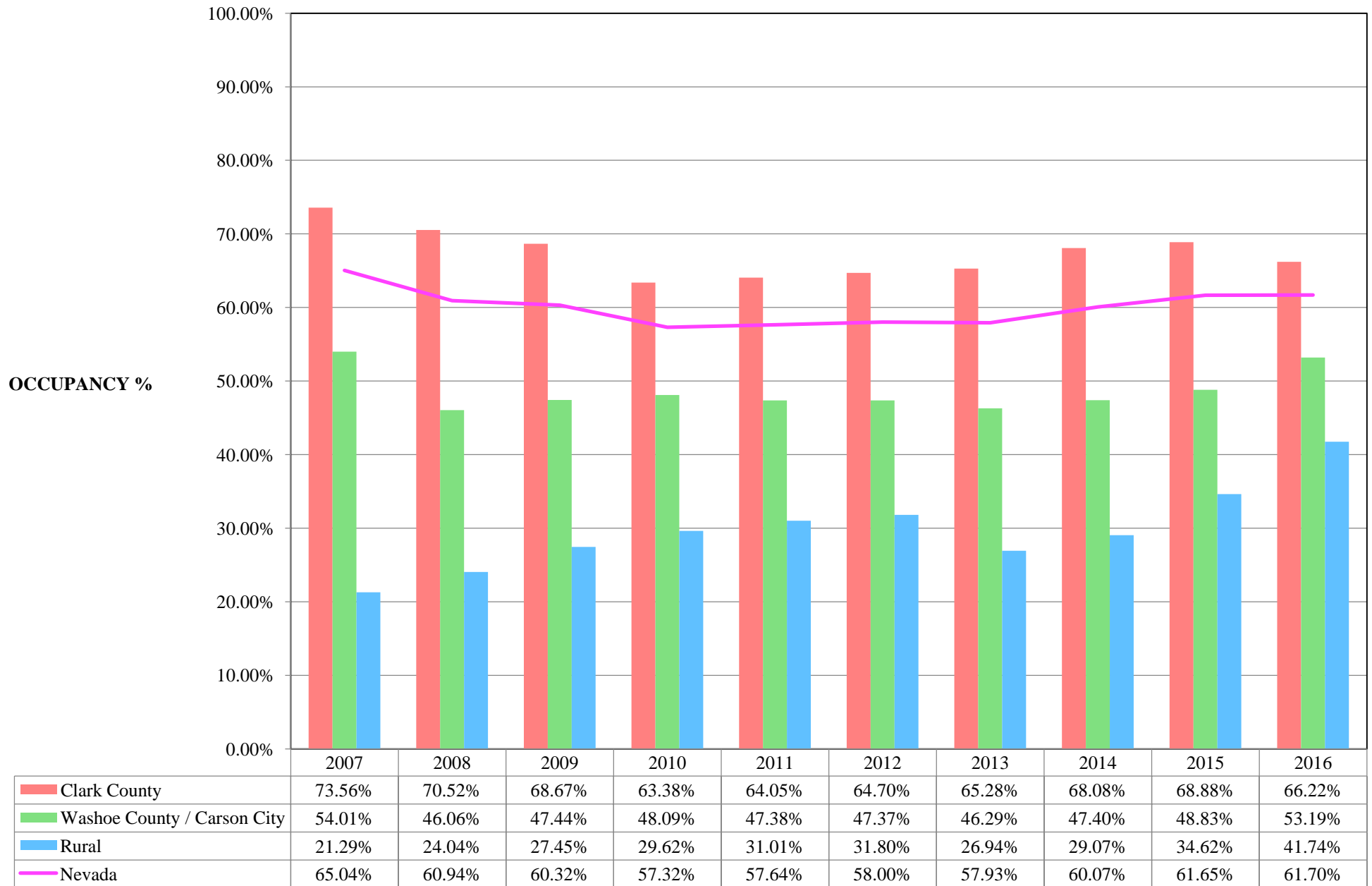
Clark County	2,535.7	2,584.0	2,525.0	2,438.8	2,459.5	2,429.3	2,519.1	2,602.5	2,798.5	2,879.7
Washoe County / Carson City	695.7	714.3	735.8	745.9	744.3	744.2	729.9	747.5	777.3	842.0
Rural	83.7	78.4	89.5	96.6	98.6	102.4	86.8	99.7	114.3	129.0
Nevada	3,315.0	3,376.7	3,350.3	3,281.3	3,302.4	3,275.9	3,335.8	3,449.7	3,690.0	3,850.7

Nevada Acute Care Hospitals - Average Daily Census

Calendar Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Nevada	3,315.0	3,376.7	3,350.3	3,281.3	3,302.4	3,275.9	3,335.8	3,449.7	3,690.0	3,850.7
Clark County	2,535.7	2,584.0	2,525.0	2,438.8	2,459.5	2,429.3	2,519.1	2,602.5	2,798.5	2,879.7
Centennial Hills Hospital Medical Center		65.4	91.8	97.7	97.0	87.4	93.8	106.7	129.9	148.6
Desert Springs Hospital Medical Center	186.0	181.8	170.0	141.6	130.7	153.9	185.7	191.4	189.6	188.6
Henderson Hospital Medical Center										4.6
Mountain's Edge Hospital									4.7	68.4
MountainView Hospital	181.5	186.8	191.7	193.5	198.9	217.9	245.6	271.2	289.9	209.4
North Vista Hospital	129.2	121.7	114.8	103.9	122.1	125.4	128.0	110.8	127.8	130.1
Southern Hills Hospital and Medical Center	69.5	69.5	76.7	64.2	68.1	81.8	80.9	94.3	104.0	114.4
Spring Valley Hospital Medical Center	152.8	165.0	169.5	169.3	171.3	168.5	175.0	199.7	196.4	203.8
St. Rose Dominican - Rose de Lima Campus	97.3	101.8	94.4	89.3	90.8	88.4	84.9	81.8	80.4	71.7
St. Rose Dominican - San Martin Campus	56.2	89.4	94.2	93.1	94.9	92.8	81.9	82.9	92.7	88.5
St. Rose Dominican - Siena Campus	190.7	197.0	195.1	199.4	198.3	184.7	186.0	185.5	205.9	239.5
Summerlin Hospital Medical Center	259.5	247.2	245.7	251.0	263.6	236.4	241.4	258.8	277.9	289.4
Sunrise Hospital and Medical Center	484.3	467.3	444.8	423.4	431.5	417.6	436.0	492.1	542.9	542.3
University Medical Center of Southern Nevada	451.7	419.3	383.8	372.3	369.8	358.0	366.8	332.4	338.7	356.7
Valley Hospital Medical Center	277.0	271.9	252.6	240.3	222.3	216.4	213.3	194.9	217.6	223.8
Washoe County / Carson City	695.7	714.3	735.8	745.9	744.3	744.2	729.9	747.5	777.3	842.0
Carson Tahoe Regional Medical Center	105.4	106.5	110.6	117.3	123.2	118.7	123.8	133.7	139.9	147.6
Northern Nevada Medical Center	51.1	46.1	46.4	52.6	51.9	50.4	50.5	51.0	53.3	54.4
Renown Regional Medical Center	345.3	374.6	387.0	388.6	396.4	398.1	377.6	379.7	408.1	453.2
Renown South Meadows Medical Center	32.2	34.7	27.6	27.7	24.4	26.3	24.2	24.0	24.4	29.9
Saint Mary's Regional Medical Center	156.2	146.0	158.2	153.5	142.6	145.2	148.6	153.5	150.5	156.9
Sierra Surgery Hospital	5.3	6.4	6.0	6.1	5.8	5.4	5.2	5.5	1.2	
Rural	83.7	78.4	89.5	96.6	98.6	102.4	86.8	99.7	114.3	129.0
Banner Churchill Community Hospital	17.6	17.7	19.0	18.3	19.1	20.2	16.6	16.7	13.4	12.6
Battle Mountain General Hospital	0.5	0.8	0.3	0.3	0.3	0.4	0.2	0.2	0.3	0.3
Boulder City Hospital	9.1	8.0	4.7	5.1	5.1	13.5	6.5	14.1	37.5	56.6
Carson Valley Medical Center	7.3	7.9	7.7	7.7	7.5	6.4	7.1	6.9	8.2	10.0
Desert View Regional Medical Center		8.6	13.0	15.6	14.3	13.1	10.8	13.7	12.5	9.5
Grover C Dils Medical Center	1.3	1.1	1.1	1.3	1.2	1.6	1.7	1.8	1.8	1.5
Humboldt General Hospital	6.8	6.9	6.0	5.7	8.9	6.9	6.3	7.0	7.9	7.2
Incline Village Community Hospital	0.2	0.2	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Mesa View Regional Hospital	6.0	7.8	9.1	9.6	8.2	6.5	5.1	5.6	6.0	6.3
Mount Grant General Hospital	2.8	3.9	4.6	5.6	5.9	5.0	5.0	4.6	3.8	3.1
Northeastern Nevada Regional Hospital	18.5	4.7	13.0	17.4	18.3	19.7	22.0	23.8	17.1	15.5
Nye Regional Medical Center	1.2	0.2	1.0	1.2	1.3	1.6	0.4	0.1	0.0	
Pershing General Hospital	3.4	3.1	2.0	1.2	0.9	0.6	1.0	0.9	1.2	1.2
South Lyon Medical Center	2.0	1.9	1.8	1.9	1.3	1.5	1.2	1.0	0.8	1.9
William Bee Ririe Hospital	7.0	5.4	5.8	5.8	6.1	5.2	2.8	3.3	3.6	3.3

Data From CHIA Nevada Healthcare Quarterly Reports

Nevada Acute Care Hospitals Occupancy Percentage

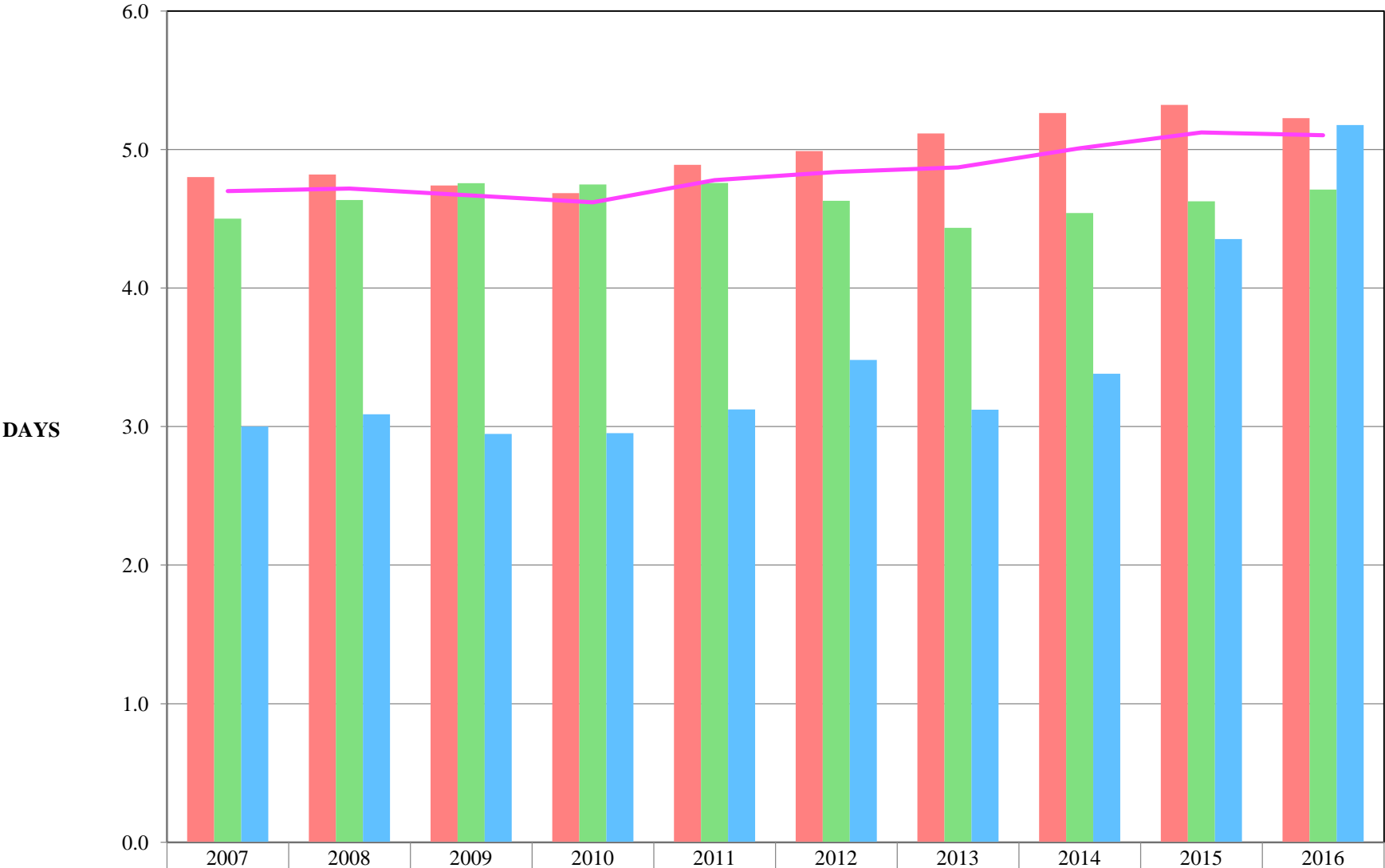


Nevada Acute Care Hospitals - Occupancy Percentage

Calendar Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Nevada	65.04%	60.94%	60.32%	57.32%	57.64%	58.00%	57.93%	60.07%	61.65%	61.70%
Clark County	73.56%	70.52%	68.67%	63.38%	64.05%	64.70%	65.28%	68.08%	68.88%	66.22%
Centennial Hills Hospital Medical Center		38.25%	53.67%	57.11%	56.75%	51.13%	52.97%	60.30%	68.37%	65.73%
Desert Springs Hospital Medical Center	65.03%	63.55%	59.44%	49.51%	44.60%	52.53%	63.38%	65.32%	64.70%	64.37%
Henderson Hospital Medical Center										3.24%
Mountain's Edge Hospital									3.58%	52.64%
MountainView Hospital	77.23%	79.50%	81.56%	82.34%	84.65%	86.12%	72.22%	79.77%	85.28%	61.58%
North Vista Hospital	69.84%	65.77%	64.51%	59.36%	68.98%	70.87%	72.33%	65.16%	75.19%	73.51%
Southern Hills Hospital and Medical Center	50.02%	50.00%	55.15%	46.17%	49.02%	61.04%	60.34%	70.39%	77.64%	63.54%
Spring Valley Hospital Medical Center	72.74%	78.55%	73.36%	73.30%	74.17%	71.10%	73.82%	84.28%	82.85%	69.79%
St. Rose Dominican - Rose de Lima Campus	68.77%	70.20%	65.10%	61.57%	70.42%	74.32%	71.36%	75.04%	73.11%	65.18%
St. Rose Dominican - San Martin Campus	41.11%	60.84%	64.10%	63.30%	64.58%	63.12%	55.70%	56.38%	63.05%	60.20%
St. Rose Dominican - Siena Campus	89.10%	89.98%	89.11%	91.07%	90.57%	84.33%	80.86%	80.67%	63.17%	73.47%
Summerlin Hospital Medical Center	111.21%	87.96%	87.42%	55.16%	58.05%	52.07%	53.17%	57.01%	61.20%	63.74%
Sunrise Hospital and Medical Center	69.09%	66.66%	63.55%	60.48%	61.64%	60.53%	63.18%	71.31%	78.68%	78.59%
University Medical Center of Southern Nevada	81.54%	77.50%	70.93%	68.82%	68.36%	66.18%	67.80%	61.44%	62.61%	65.93%
Valley Hospital Medical Center	68.57%	67.29%	62.52%	59.47%	55.03%	67.61%	66.64%	64.75%	72.30%	74.37%
Washoe County / Carson City	54.01%	46.06%	47.44%	48.09%	47.38%	47.37%	46.29%	47.40%	48.83%	53.19%
Carson Tahoe Regional Medical Center	61.30%	61.94%	64.30%	68.22%	66.97%	64.52%	65.15%	70.36%	68.25%	69.96%
Northern Nevada Medical Center	51.08%	46.07%	46.43%	52.64%	48.05%	46.64%	46.76%	47.26%	49.36%	50.38%
Renown Regional Medical Center	64.17%	46.36%	47.90%	48.10%	49.05%	49.27%	46.73%	46.99%	50.50%	56.09%
Renown South Meadows Medical Center	42.42%	45.67%	36.31%	36.43%	32.05%	34.58%	31.85%	31.63%	32.05%	39.28%
Saint Mary's Regional Medical Center	43.24%	38.42%	41.64%	40.40%	37.53%	38.21%	39.11%	40.39%	39.59%	41.29%
Sierra Surgery Hospital	35.38%	42.97%	39.96%	40.66%	38.85%	36.30%	34.90%	36.71%	7.98%	
Rural	21.29%	24.04%	27.45%	29.62%	31.01%	31.80%	26.94%	29.07%	34.62%	41.74%
Banner Churchill Community Hospital	43.99%	44.31%	47.38%	45.69%	47.76%	50.54%	41.53%	41.82%	53.71%	50.44%
Battle Mountain General Hospital	1.96%	11.28%	4.50%	4.11%	4.19%	5.19%	2.97%	2.23%	3.91%	5.85%
Boulder City Hospital	45.40%	40.11%	23.64%	25.66%	25.74%	56.20%	27.10%	32.02%	85.32%	161.69%
Carson Valley Medical Center	31.83%	34.55%	33.69%	33.31%	32.73%	27.79%	30.73%	29.91%	35.64%	43.56%
Desert View Regional Medical Center		35.99%	54.25%	64.89%	57.25%	52.54%	43.11%	54.64%	50.09%	38.03%
Grover C Dils Medical Center	6.70%	27.32%	28.56%	32.81%	30.82%	40.85%	42.88%	43.97%	45.34%	38.52%
Humboldt General Hospital	30.71%	31.41%	27.45%	26.11%	40.61%	31.53%	28.56%	30.47%	34.25%	28.63%
Incline Village Community Hospital	4.40%	4.10%	1.51%	0.34%	1.64%	1.02%	0.48%	1.58%	0.75%	0.68%
Mesa View Regional Hospital	23.99%	31.36%	36.55%	38.30%	32.98%	26.20%	20.59%	22.55%	23.81%	25.33%
Mount Grant General Hospital	25.35%	35.82%	41.54%	50.64%	53.30%	45.60%	45.60%	41.39%	34.92%	28.19%
Northeastern Nevada Regional Hospital	24.66%	6.24%	17.40%	23.16%	24.37%	26.33%	29.27%	31.79%	22.86%	20.65%
Nye Regional Medical Center	11.81%	2.35%	9.95%	12.38%	13.48%	15.79%	4.30%	1.23%	0.41%	
Pershing General Hospital	33.52%	13.93%	9.24%	5.35%	7.12%	4.64%	7.76%	7.27%	9.00%	9.02%
South Lyon Medical Center	3.09%	13.66%	13.19%	13.44%	9.06%	10.77%	8.88%	6.95%	5.68%	13.43%
William Bee Ririe Hospital	28.07%	21.61%	23.40%	23.02%	24.32%	20.77%	11.06%	13.10%	14.51%	13.03%

Data From CHIA Nevada Healthcare Quarterly Reports

**Nevada Acute Care Hospitals
Average Length Of Stay**



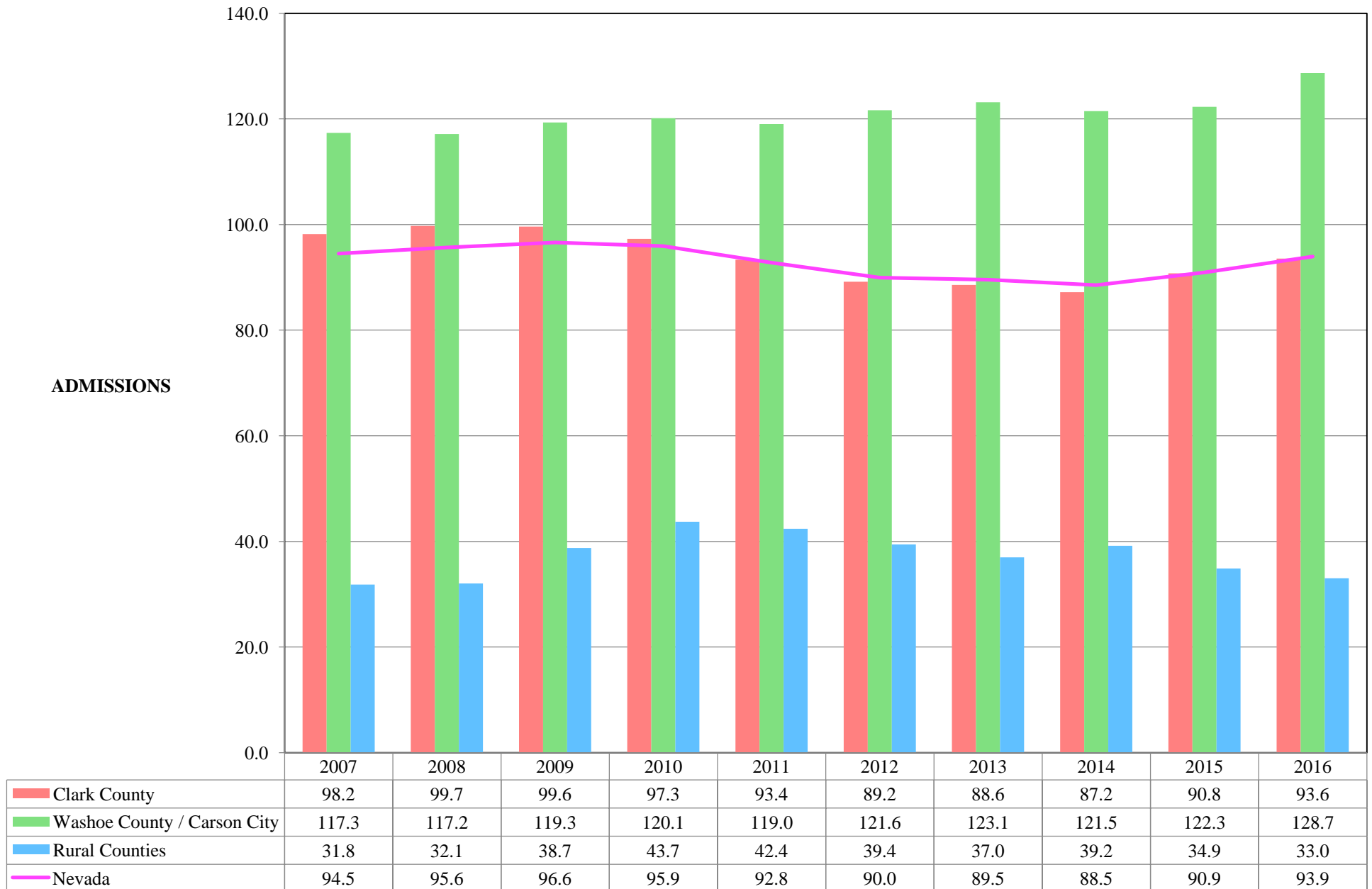
Clark County	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Washoe County / Carson City	4.8	4.8	4.7	4.7	4.9	5.0	5.1	5.3	5.3	5.2
Rural	4.5	4.6	4.8	4.7	4.8	4.6	4.4	4.5	4.6	4.7
Nevada	3.0	3.1	2.9	3.0	3.1	3.5	3.1	3.4	4.4	5.2
	4.7	4.7	4.7	4.6	4.8	4.8	4.9	5.0	5.1	5.1

Nevada Acute Care Hospitals - Average Length Of Stay

Calendar Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Nevada	4.7	4.7	4.7	4.6	4.8	4.8	4.9	5.0	5.1	5.1
Clark County	4.8	4.8	4.7	4.7	4.9	5.0	5.1	5.3	5.3	5.2
Centennial Hills Hospital Medical Center		3.7	3.7	3.8	3.9	3.7	3.4	3.6	3.8	4.1
Desert Springs Hospital Medical Center	5.2	5.2	5.0	4.8	4.9	5.5	6.1	6.0	5.7	5.5
Henderson Hospital Medical Center										3.0
Mountain's Edge Hospital									9.9	12.4
MountainView Hospital	4.3	4.5	4.6	4.4	4.5	4.7	5.2	5.2	5.0	3.7
North Vista Hospital	5.6	5.4	5.6	6.9	8.2	8.6	8.0	7.0	5.3	5.3
Southern Hills Hospital and Medical Center	4.4	4.1	4.3	4.0	3.9	4.2	4.2	4.4	4.4	4.6
Spring Valley Hospital Medical Center	4.4	4.3	4.1	4.2	4.4	4.5	4.5	4.8	4.8	4.9
St. Rose Dominican - Rose de Lima Campus	4.0	4.3	4.1	4.3	4.9	5.1	5.1	5.5	5.9	5.4
St. Rose Dominican - San Martin Campus	3.6	4.1	4.1	3.9	4.0	4.3	4.3	4.5	5.0	4.7
St. Rose Dominican - Siena Campus	3.9	4.2	4.1	4.0	4.2	4.1	4.2	4.5	4.9	4.8
Summerlin Hospital Medical Center	4.7	4.6	4.7	4.6	4.9	5.0	4.9	5.2	5.0	4.9
Sunrise Hospital and Medical Center	5.6	5.5	5.5	5.5	5.5	5.3	5.7	5.9	6.1	6.2
University Medical Center of Southern Nevada	5.4	5.5	5.3	5.3	5.4	5.3	5.5	5.6	6.4	6.3
Valley Hospital Medical Center	4.8	4.9	4.7	4.6	5.0	5.3	5.3	5.8	5.6	5.7
Washoe County / Carson City	4.5	4.6	4.8	4.7	4.8	4.6	4.4	4.5	4.6	4.7
Carson Tahoe Regional Medical Center	3.8	4.0	4.0	4.3	4.4	4.3	4.4	4.5	4.3	4.3
Northern Nevada Medical Center	4.8	4.6	5.0	4.6	4.7	4.9	5.1	5.2	5.1	4.5
Renown Regional Medical Center	5.0	5.2	5.3	5.3	5.3	5.2	5.1	5.2	5.5	5.6
Renown South Meadows Medical Center	4.0	3.9	3.3	3.2	3.2	3.2	3.0	3.1	3.0	3.0
Saint Mary's Regional Medical Center	4.4	4.2	4.6	4.6	4.4	4.1	3.6	3.7	3.6	3.8
Sierra Surgery Hospital	2.5	2.6	2.6	2.8	2.8	2.7	2.5	2.5	2.5	
Rural	3.0	3.1	2.9	3.0	3.1	3.5	3.1	3.4	4.4	5.2
Banner Churchill Community Hospital	2.8	3.1	3.3	3.0	3.3	3.3	3.3	3.5	3.1	3.3
Battle Mountain General Hospital	2.5	4.0	2.3	3.4	3.3	2.5	2.4	2.0	2.5	2.5
Boulder City Hospital	3.9	3.7	3.5	5.1	4.3	12.4	6.2	7.2	17.3	20.5
Carson Valley Medical Center	3.8	3.7	3.6	3.3	3.4	3.2	3.2	3.1	3.1	3.3
Desert View Regional Medical Center		2.5	2.6	2.7	3.0	3.7	2.8	2.9	3.2	3.2
Grover C Dils Medical Center	3.4	3.1	3.3	3.9	3.8	3.4	4.3	5.0	5.2	4.9
Humboldt General Hospital	2.9	3.3	2.8	2.8	3.0	2.7	2.6	3.1	3.5	3.3
Incline Village Community Hospital	2.8	3.2	1.7	1.0	2.7	1.7	1.2	1.9	2.2	1.4
Mesa View Regional Hospital	2.7	2.7	2.5	2.7	2.7	2.7	2.6	2.7	3.0	3.2
Mount Grant General Hospital	3.7	4.0	3.4	3.4	4.0	3.9	4.0	4.0	3.8	4.0
Northeastern Nevada Regional Hospital	2.9	3.0	2.7	2.7	2.7	2.9	2.9	3.0	2.9	2.9
Nye Regional Medical Center	2.0	2.0	2.7	2.0	2.2	3.8	2.2	0.8	1.0	
Pershing General Hospital	4.0	5.3	4.4	4.9	3.8	4.2	5.8	6.8	7.4	5.6
South Lyon Medical Center	2.8	2.8	3.0	3.0	3.0	3.6	3.6	3.2	3.5	6.1
William Bee Ririe Hospital	3.0	2.3	2.8	3.1	3.5	2.9	2.5	2.7	3.0	2.8

Data From CHIA Nevada Healthcare Quarterly Reports

Nevada Acute Care Hospitals Admissions Per 1,000 Population



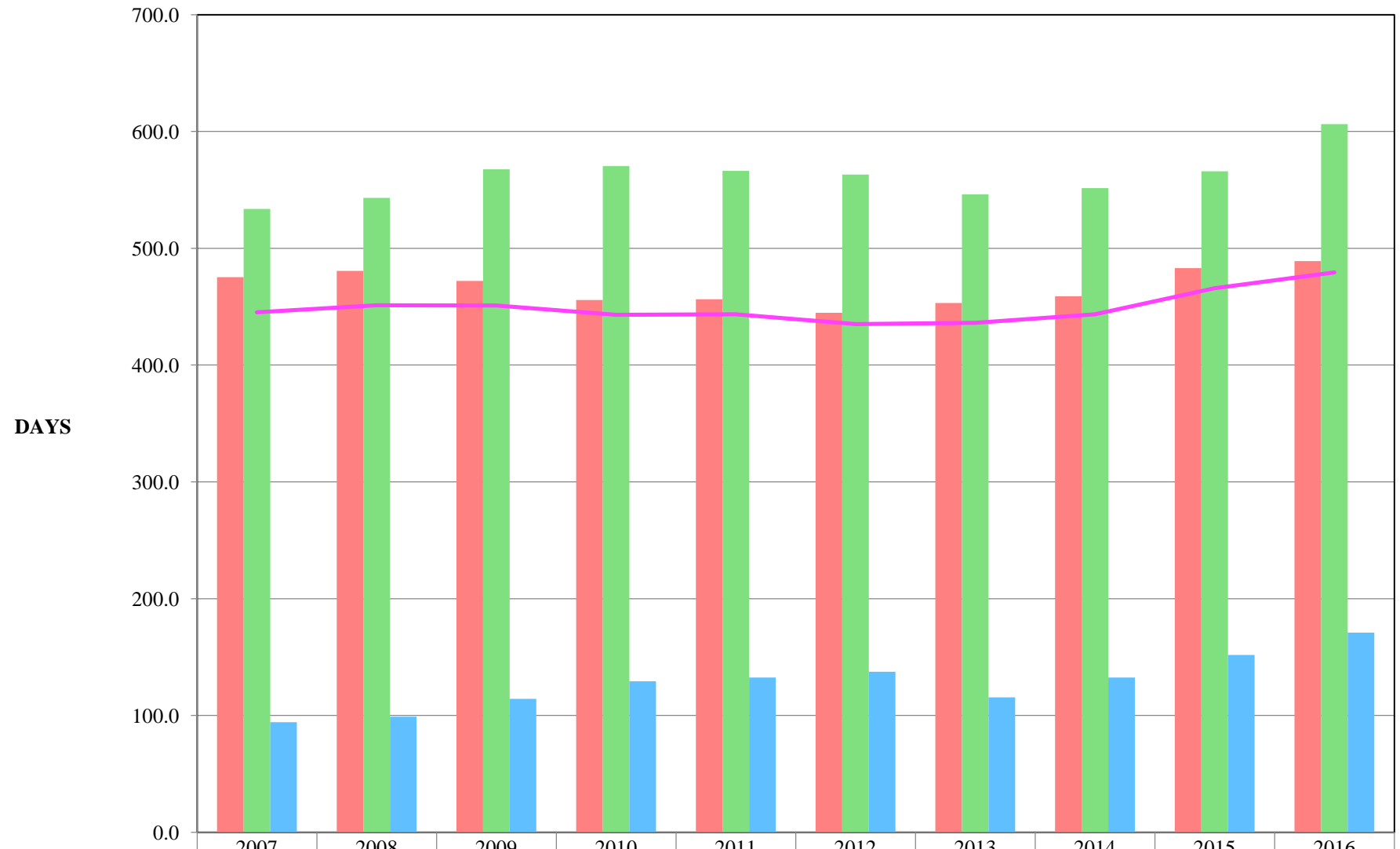
Nevada Acute Care Hospitals - Admissions Per 1,000 Population

Calendar Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Nevada										
Admissions ¹	256,852	261,930	261,951	259,302	252,255	247,851	249,961	251,333	262,862	276,201
Population Estimate ²	2,718,337	2,738,733	2,711,206	2,703,493	2,718,586	2,755,245	2,791,494	2,839,099	2,890,845	2,940,058
Admissions Per 1,000	94.5	95.6	96.6	95.9	92.8	90.0	89.5	88.5	90.9	93.9
Clark County										
Admissions ¹	191,860	196,245	194,414	190,024	183,637	178,252	179,737	180,501	191,961	201,668
Population Estimate ²	1,954,319	1,967,716	1,952,040	1,953,263	1,967,159	1,998,646	2,029,316	2,069,681	2,114,801	2,155,664
Admissions Per 1,000	98.2	99.7	99.6	97.3	93.4	89.2	88.6	87.2	90.8	93.6
Washoe County / Carson City										
Admissions ¹	55,822	56,402	56,458	57,343	57,096	58,833	60,079	60,071	61,322	65,413
Population Estimate ²	475,784	481,433	473,138	477,295	479,649	483,664	487,885	494,600	501,424	508,358
Admissions Per 1,000	117.3	117.2	119.3	120.1	119.0	121.6	123.1	121.5	122.3	128.7
Rural Counties										
Admissions ¹	9,170	9,283	11,079	11,935	11,522	10,766	10,145	10,761	9,579	9,120
Population Estimate ²	288,234	289,584	286,028	272,935	271,778	272,935	274,293	274,818	274,620	276,036
Admissions Per 1,000	31.8	32.1	38.7	43.7	42.4	39.4	37.0	39.2	34.9	33.0

¹ Admissions From CHIA Nevada Healthcare Quarterly Reports

² Population From U.S. Census Bureau, Population Division

Nevada Acute Care Hospitals Inpatient Days Per 1,000 Population



■ Clark County	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
■ Washoe County / Carson City	475.3	480.6	472.1	455.7	456.4	444.9	453.1	459.0	483.0	488.9
■ Rural Counties	533.7	543.1	567.7	570.4	566.4	563.1	546.1	551.6	565.8	606.2
— Nevada	94.2	99.0	114.2	129.1	132.5	137.3	115.4	132.4	151.9	171.0
	445.1	451.3	451.0	443.0	443.4	435.2	436.2	443.5	465.9	479.4

Nevada Acute Care Hospitals - Inpatient Days Per 1,000 Population

Calendar Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Nevada										
Inpatient Days ¹	1,209,955	1,235,870	1,222,848	1,197,670	1,205,376	1,198,965	1,217,551	1,259,143	1,346,849	1,409,349
Population Estimate ²	2,718,337	2,738,733	2,711,206	2,703,493	2,718,586	2,755,245	2,791,494	2,839,099	2,890,845	2,940,058
Inpatient Days Per 1,000	445.1	451.3	451.0	443.0	443.4	435.2	436.2	443.5	465.9	479.4
Clark County										
Inpatient Days ¹	928,875	945,746	921,605	890,174	897,719	889,123	919,455	949,928	1,021,430	1,053,970
Population Estimate ²	1,954,319	1,967,716	1,952,040	1,953,263	1,967,159	1,998,646	2,029,316	2,069,681	2,114,801	2,155,664
Inpatient Days Per 1,000	475.3	480.6	472.1	455.7	456.4	444.9	453.1	459.0	483.0	488.9
Washoe County / Carson City										
Inpatient Days ¹	253,934	261,446	268,583	272,247	271,659	272,363	266,431	272,827	283,714	308,172
Population Estimate ²	475,784	481,433	473,138	477,295	479,649	483,664	487,885	494,600	501,424	508,358
Inpatient Days Per 1,000	533.7	543.1	567.7	570.4	566.4	563.1	546.1	551.6	565.8	606.2
Rural Counties										
Inpatient Days ¹	27,146	28,678	32,660	35,249	35,998	37,479	31,665	36,388	41,705	47,207
Population Estimate ²	288,234	289,584	286,028	272,935	271,778	272,935	274,293	274,818	274,620	276,036
Inpatient Days Per 1,000	94.2	99.0	114.2	129.1	132.5	137.3	115.4	132.4	151.9	171.0

¹ Inpatient Days From CHIA Nevada Healthcare Quarterly Reports

² Population From U.S. Census Bureau, Population Division

Nevada Acute Care Hospitals Licensed Beds Per 1,000 Population



Clark County	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Washoe County / Carson City	1.8	1.9	1.9	2.0	2.0	1.9	1.9	1.8	1.9	2.0
Rural Counties	2.7	3.2	3.3	3.2	3.3	3.2	3.2	3.2	3.2	3.1
Nevada	1.1	1.1	1.1	1.2	1.2	1.2	1.2	1.2	1.2	1.1
Nevada	1.9	2.0	2.0	2.1	2.1	2.0	2.1	2.0	2.1	2.1
United States	2.7	2.7	2.6	2.6	2.6	2.5	2.5	2.5	2.4	

Nevada Acute Care Hospitals - Licensed Beds Per 1,000 Population

Calendar Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
United States										
Beds ¹	800,892	808,069	805,593	804,943	797,403	800,566	795,603	786,874	782,188	*
Population Estimate ²	301,290,000	304,060,000	308,745,538	309,347,057	311,721,632	314,112,078	316,497,531	318,857,056	321,418,820	323,127,513
Beds Per 1,000	2.7	2.7	2.6	2.6	2.6	2.5	2.5	2.5	2.4	
Nevada										
Licensed Beds ³	5,098	5,541	5,554	5,725	5,729	5,648	5,758	5,743	5,985	6,241
Population Estimate ²	2,718,337	2,738,733	2,711,206	2,703,493	2,718,586	2,755,245	2,791,494	2,839,099	2,890,845	2,940,058
Licensed Beds Per 1,000	1.9	2.0	2.0	2.1	2.1	2.0	2.1	2.0	2.1	2.1
Clark County										
Licensed Beds ³	3,501	3,664	3,677	3,848	3,840	3,755	3,859	3,823	4,063	4,349
Population Estimate ²	1,954,319	1,967,716	1,952,040	1,953,263	1,967,159	1,998,646	2,029,316	2,069,681	2,114,801	2,155,664
Licensed Beds Per 1,000	1.8	1.9	1.9	2.0	2.0	1.9	1.9	1.8	1.9	2.0
Washoe County / Carson City										
Licensed Beds ³	1,281	1,551	1,551	1,551	1,571	1,571	1,577	1,577	1,592	1,583
Population Estimate ²	475,784	481,433	473,138	477,295	479,649	483,664	487,885	494,600	501,424	508,358
Licensed Beds Per 1,000	2.7	3.2	3.3	3.2	3.3	3.2	3.2	3.2	3.2	3.1
Rural Counties										
Licensed Beds ³	316	326	326	326	318	322	322	343	330	309
Population Estimate ²	288,234	289,584	286,028	272,935	271,778	272,935	274,293	274,818	274,620	276,036
Licensed Beds Per 1,000	1.1	1.1	1.1	1.2	1.2	1.2	1.2	1.2	1.2	1.1

* United States Beds Not Available At Time Of Publication

¹ United States Beds From American Hospital Association 2015 Annual Survey

² Population From U.S. Census Bureau, Population Division

³ Licensed Beds From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016

Clark County Hospitals	Centennial Hills Hospital Medical Center	Desert Springs Hospital Medical Center	Henderson Hospital Medical Center	Mountain's Edge Hospital	Mountain View Hospital	North Vista Hospital	Southern Hills Hospital and Medical Center	Spring Valley Hospital Medical Center
Billed Charges	\$1,782,148,149	\$1,859,268,880	\$78,206,238	\$171,300,974	\$3,041,783,939	\$699,541,583	\$1,164,973,295	\$2,255,391,060
Inpatient	\$1,187,353,492	\$1,246,301,480	\$38,467,347	\$171,300,974	\$2,084,754,160	\$407,829,197	\$757,177,147	\$1,641,104,889
Outpatient	\$594,794,657	\$612,967,400	\$39,738,891	\$0	\$957,029,779	\$291,712,386	\$407,796,148	\$614,286,171
Deductions	\$1,560,177,525	\$1,637,603,405	\$69,840,802	\$147,929,524	\$2,676,235,791	\$596,155,878	\$994,479,996	\$1,973,877,471
Inpatient	\$1,048,451,376	\$1,090,553,565	\$34,586,802	\$147,929,524	\$1,819,025,419	\$378,326,894	\$650,296,567	\$1,441,153,670
Outpatient	\$511,726,149	\$547,049,840	\$35,254,000	\$0	\$857,210,372	\$217,828,984	\$344,183,429	\$532,723,801
Operating Revenue	\$221,970,624	\$221,665,475	\$8,365,436	\$23,371,450	\$365,548,148	\$103,385,705	\$170,493,299	\$281,513,589
Inpatient	\$138,902,116	\$155,747,915	\$3,880,545	\$23,371,450	\$265,728,741	\$29,502,303	\$106,880,580	\$199,951,219
Outpatient	\$83,068,508	\$65,917,560	\$4,484,891	\$0	\$99,819,407	\$73,883,402	\$63,612,719	\$81,562,370
Other Operating Revenue	\$704,610	\$2,071,101	\$28,597	\$0	\$5,028,022	\$1,139,230	\$1,463,908	\$746,765
Total Operating Revenue	\$222,675,234	\$223,736,576	\$8,394,033	\$23,371,450	\$370,576,170	\$104,524,935	\$171,957,207	\$282,260,354
Operating Expenses	\$188,996,002	\$210,816,469	\$14,721,296	\$25,762,889	\$362,397,800	\$94,824,817	\$157,600,805	\$246,950,356
Net Operating Income	\$33,679,232	\$12,920,107	(\$6,327,263)	(\$2,391,439)	\$8,178,370	\$9,700,118	\$14,356,402	\$35,309,998
Non-Operating Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Operating Expenses	\$8,792,295	\$8,038,639	\$1,724,607	\$0	\$0	\$184,559	\$0	\$7,472,732
Net Income / (Loss)	\$24,886,937	\$4,881,468	(\$8,051,870)	(\$2,391,439)	\$8,178,370	\$9,515,559	\$14,356,402	\$27,837,266
Net Margin	11.18%	2.18%	(95.92%)	(10.23%)	2.21%	9.10%	8.35%	9.86%

Inpatient Days	54,371	69,028	1,686	25,045	76,633	47,619	41,861	74,586
Admissions	13,176	12,593	555	2,018	20,916	8,955	9,138	15,161
Avg Length Of Stay	4.1	5.5	3.0	12.4	3.7	5.3	4.6	4.9
Avg Daily Census	148.6	188.6	4.6	68.4	209.4	130.1	114.4	203.8
Occupancy Percentage	65.73%	64.37%	3.24%	52.64%	61.58%	73.51%	63.54%	69.79%
Adjusted Inpatient Days	81,640	103,093	3,429	25,045	111,997	81,813	64,487	102,538
Adjusted Admissions	19,784	18,808	1,129	2,018	30,568	15,385	14,077	20,843
Per Adjusted Admission								
Billed Charges + Other Opr Rev	\$90,115	\$98,968	\$69,311	\$84,887	\$99,673	\$45,542	\$82,860	\$108,245
Operating Revenue	\$11,255	\$11,896	\$7,437	\$11,581	\$12,123	\$6,794	\$12,215	\$13,542
Operating Expenses	\$9,553	\$11,209	\$13,042	\$12,767	\$11,855	\$6,163	\$11,195	\$11,848
Net Operating Income	\$1,702	\$687	(\$5,606)	(\$1,185)	\$268	\$630	\$1,020	\$1,694
Per Adjusted Inpatient Day								
Billed Charges + Other Opr Rev	\$21,838	\$18,055	\$22,816	\$6,840	\$27,204	\$8,564	\$18,088	\$22,003
Operating Revenue	\$2,728	\$2,170	\$2,448	\$933	\$3,309	\$1,278	\$2,667	\$2,753
Operating Expenses	\$2,315	\$2,045	\$4,293	\$1,029	\$3,236	\$1,159	\$2,444	\$2,408
Net Operating Income	\$413	\$125	(\$1,845)	(\$95)	\$73	\$119	\$223	\$344

Data From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016 (continued)

Clark County Hospitals	St. Rose Dominican - Rose de Lima Campus	St. Rose Dominican - San Martin Campus	St. Rose Dominican - Siena Campus	Summerlin Hospital Medical Center	Sunrise Hospital and Medical Center	University Medical Center of Southern Nevada	Valley Hospital Medical Center	Clark County Total
Billed Charges	\$878,898,533	\$1,035,504,560	\$2,676,164,150	\$2,999,460,848	\$5,681,616,243	\$2,632,933,232	\$2,103,358,234	\$29,060,549,918
Inpatient	\$418,204,902	\$594,124,469	\$1,574,191,345	\$2,115,729,523	\$3,947,152,833	\$1,829,779,432	\$1,538,327,560	\$19,551,798,750
Outpatient	\$460,693,631	\$441,380,091	\$1,101,972,805	\$883,731,325	\$1,734,463,410	\$803,153,800	\$565,030,674	\$9,508,751,168
Deductions	\$767,724,286	\$865,970,042	\$2,240,595,715	\$2,619,747,626	\$5,055,295,330	\$2,022,520,873	\$1,847,749,531	\$25,075,903,795
Inpatient	\$372,645,820	\$499,572,746	\$1,321,866,859	\$1,848,603,822	\$3,486,926,761	\$1,374,769,331	\$1,337,260,332	\$16,851,969,488
Outpatient	\$395,078,466	\$366,397,296	\$918,728,856	\$771,143,804	\$1,568,368,569	\$647,751,542	\$510,489,199	\$8,223,934,307
Operating Revenue	\$111,174,247	\$169,534,518	\$435,568,435	\$379,713,222	\$626,320,913	\$610,412,359	\$255,608,703	\$3,984,646,123
Inpatient	\$45,559,082	\$94,551,723	\$252,324,486	\$267,125,701	\$460,226,072	\$455,010,101	\$201,067,228	\$2,699,829,262
Outpatient	\$65,615,165	\$74,982,795	\$183,243,949	\$112,587,521	\$166,094,841	\$155,402,258	\$54,541,475	\$1,284,816,861
Other Operating Revenue	\$1,518,051	\$1,358,764	\$6,115,305	\$1,797,527	\$3,294,565	\$35,844,605	\$903,214	\$62,014,264
Total Operating Revenue	\$112,692,298	\$170,893,282	\$441,683,740	\$381,510,749	\$629,615,478	\$646,256,964	\$256,511,917	\$4,046,660,387
Operating Expenses	\$149,969,289	\$188,205,295	\$425,804,649	\$331,569,536	\$603,356,700	\$624,137,831	\$250,130,539	\$3,875,244,273
Net Operating Income	(\$37,276,991)	(\$17,312,013)	\$15,879,091	\$49,941,213	\$26,258,778	\$22,119,133	\$6,381,378	\$171,416,114
Non-Operating Revenue	\$606,796	\$1,260,728	\$8,285,052	\$5,879	\$0	\$44,719,268	(\$1,948,278)	\$52,929,445
Non-Operating Expenses	\$0	\$0	\$0	\$10,476,832	\$0	\$1,389,492	\$5,709,997	\$43,789,153
Net Income / (Loss)	(\$36,670,195)	(\$16,051,285)	\$24,164,143	\$39,470,260	\$26,258,778	\$65,448,909	(\$1,276,897)	\$180,556,406
Net Margin	(32.37%)	(9.32%)	5.37%	10.35%	4.17%	9.47%	(0.50%)	4.40%

Inpatient Days	26,240	32,387	87,666	105,910	198,465	130,551	81,926	1,053,974
Admissions	4,886	6,927	18,377	21,717	31,927	20,849	14,473	201,668
Avg Length Of Stay	5.4	4.7	4.8	4.9	6.2	6.3	5.7	5.2
Avg Daily Census	71.7	88.5	239.5	289.4	542.3	356.7	223.8	2,879.7
Occupancy Percentage	65.18%	60.20%	73.47%	63.74%	78.59%	65.93%	74.37%	66.22%
Adjusted Inpatient Days	55,241	56,522	149,375	150,238	285,840	190,412	112,066	1,569,903
Adjusted Admissions	10,286	12,089	31,313	30,807	45,983	30,409	19,797	300,386
Per Adjusted Admission								
Billed Charges + Other Opr Rev	\$85,592	\$85,769	\$85,661	\$97,423	\$123,631	\$87,763	\$106,289	\$96,950
Operating Revenue	\$10,956	\$14,136	\$14,106	\$12,384	\$13,692	\$21,252	\$12,957	\$13,472
Operating Expenses	\$14,580	\$15,568	\$13,598	\$10,763	\$13,121	\$20,525	\$12,634	\$12,901
Net Operating Income	(\$3,624)	(\$1,432)	\$507	\$1,621	\$571	\$727	\$322	\$571
Per Adjusted Inpatient Day								
Billed Charges + Other Opr Rev	\$15,938	\$18,345	\$17,957	\$19,977	\$19,888	\$14,016	\$18,777	\$18,551
Operating Revenue	\$2,040	\$3,024	\$2,957	\$2,539	\$2,203	\$3,394	\$2,289	\$2,578
Operating Expenses	\$2,715	\$3,330	\$2,851	\$2,207	\$2,111	\$3,278	\$2,232	\$2,468
Net Operating Income	(\$675)	(\$306)	\$106	\$332	\$92	\$116	\$57	\$109

Data From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016

Washoe County / Carson City Hospitals	Carson Tahoe Regional Medical Center	Northern Nevada Medical Center	Renown Regional Medical Center	Renown South Meadows Medical Center	Saint Mary's Regional Medical Center	Washoe County / Carson City Total
Billed Charges	\$970,339,568	\$651,022,072	\$2,932,645,870	\$394,160,409	\$1,283,843,969	\$6,232,011,888
Inpatient	\$486,752,452	\$336,387,864	\$1,707,235,210	\$126,832,517	\$723,503,994	\$3,380,712,037
Outpatient	\$483,587,116	\$314,634,208	\$1,225,410,660	\$267,327,892	\$560,339,975	\$2,851,299,851
Deductions	\$702,812,532	\$559,077,539	\$2,251,977,489	\$302,579,866	\$989,096,143	\$4,805,543,569
Inpatient	\$344,143,241	\$297,259,900	\$1,287,435,611	\$95,985,010	\$554,572,436	\$2,579,396,198
Outpatient	\$358,669,291	\$261,817,639	\$964,541,878	\$206,594,856	\$434,523,707	\$2,226,147,371
Operating Revenue	\$267,527,036	\$91,944,533	\$680,668,381	\$91,580,543	\$294,747,826	\$1,426,468,319
Inpatient	\$142,609,211	\$39,127,964	\$419,799,599	\$30,847,507	\$168,931,558	\$801,315,839
Outpatient	\$124,917,825	\$52,816,569	\$260,868,782	\$60,733,036	\$125,816,268	\$625,152,480
Other Operating Revenue	\$2,558,608	\$995,072	\$14,624,122	\$1,774,756	\$5,571,936	\$25,524,494
Total Operating Revenue	\$270,085,644	\$92,939,605	\$695,292,503	\$93,355,299	\$300,319,762	\$1,451,992,813
Operating Expenses	\$246,974,437	\$84,625,901	\$620,924,046	\$72,265,959	\$266,857,626	\$1,291,647,969
Net Operating Income	\$23,111,207	\$8,313,704	\$74,368,457	\$21,089,340	\$33,462,136	\$160,344,844
Non-Operating Revenue	\$4,334,531	\$0	\$27,077,165	\$186,677	\$5,457,988	\$37,056,361
Non-Operating Expenses	\$0	\$2,069,089	\$30,815,913	\$447	\$10,222,388	\$43,107,837
Net Income / (Loss)	\$27,445,738	\$6,244,615	\$70,629,709	\$21,275,570	\$28,697,736	\$154,293,368
Net Margin	10.00%	6.72%	9.78%	22.74%	9.39%	10.36%

Inpatient Days	54,031	19,914	165,879	10,926	57,422	308,172
Admissions	12,489	4,388	29,803	3,596	15,137	65,413
Avg Length Of Stay	4.3	4.5	5.6	3.0	3.8	4.7
Avg Daily Census	147.6	54.4	453.2	29.9	156.9	842.0
Occupancy Percentage	69.96%	50.38%	56.09%	39.28%	41.29%	53.19%
Adjusted Inpatient Days	107,995	38,599	286,364	34,108	102,336	570,412
Adjusted Admissions	24,962	8,505	51,450	11,226	26,977	121,076
Per Adjusted Admission						
Billed Charges + Other Opr Rev	\$38,974	\$76,661	\$57,284	\$35,270	\$47,797	\$51,683
Operating Revenue	\$10,820	\$10,927	\$13,514	\$8,316	\$11,132	\$11,992
Operating Expenses	\$9,894	\$9,950	\$12,068	\$6,438	\$9,892	\$10,668
Net Operating Income	\$926	\$977	\$1,445	\$1,879	\$1,240	\$1,324
Per Adjusted Inpatient Day						
Billed Charges + Other Opr Rev	\$9,009	\$16,892	\$10,292	\$11,608	\$12,600	\$10,970
Operating Revenue	\$2,501	\$2,408	\$2,428	\$2,737	\$2,935	\$2,546
Operating Expenses	\$2,287	\$2,192	\$2,168	\$2,119	\$2,608	\$2,264
Net Operating Income	\$214	\$215	\$260	\$618	\$327	\$281

Data From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016

Rural Hospitals	Banner Churchill Community Hospital	Battle Mountain General Hospital	Boulder City Hospital	Carson Valley Medical Center	Desert View Regional Medical Center	Grover C Dils Medical Center	Humboldt General Hospital	Incline Village Community Hospital
Billed Charges	\$113,177,479	\$9,929,726	\$59,222,275	\$154,570,028	\$157,540,191	\$4,033,372	\$70,933,468	\$17,199,030
Inpatient	\$27,675,181	\$387,105	\$26,303,753	\$32,625,401	\$25,162,027	\$1,192,966	\$20,189,036	\$137,367
Outpatient	\$85,502,298	\$9,542,621	\$32,918,522	\$121,944,627	\$132,378,164	\$2,840,406	\$50,744,432	\$17,061,663
Deductions	\$74,575,688	\$4,305,389	\$34,046,127	\$108,351,027	\$127,592,420	\$1,533,168	\$35,650,421	\$7,188,542
Inpatient	\$15,156,475	\$22,854	\$15,298,401	\$20,559,694	\$20,374,911	\$318,315	\$13,373,088	\$184,482
Outpatient	\$59,419,213	\$4,282,535	\$18,747,726	\$87,791,333	\$107,217,509	\$1,214,853	\$22,277,333	\$7,004,060
Operating Revenue	\$38,601,791	\$5,624,337	\$25,176,148	\$46,219,001	\$29,947,771	\$2,500,204	\$35,283,047	\$10,010,488
Inpatient	\$12,518,706	\$364,251	\$11,005,352	\$12,065,707	\$4,787,116	\$874,651	\$6,815,948	(\$47,115)
Outpatient	\$26,083,085	\$5,260,086	\$14,170,796	\$34,153,294	\$25,160,655	\$1,625,553	\$28,467,099	\$10,057,603
Other Operating Revenue	\$5,133,488	\$3,378,678	\$1,685,063	\$5,000,971	\$126,803	\$2,005,460	\$4,825,748	\$1,199,263
Total Operating Revenue	\$43,735,279	\$9,003,015	\$26,861,211	\$51,219,972	\$30,074,574	\$4,505,664	\$40,108,795	\$11,209,751
Operating Expenses	\$47,391,629	\$14,015,841	\$25,700,087	\$47,964,118	\$24,191,442	\$5,448,943	\$43,911,599	\$10,328,632
Net Operating Income	(\$3,656,350)	(\$5,012,826)	\$1,161,124	\$3,255,854	\$5,883,132	(\$943,279)	(\$3,802,804)	\$881,119
Non-Operating Revenue	\$5,212	\$7,318,234	\$140,109	\$137,433	\$0	\$823,243	\$7,090,893	\$22,147
Non-Operating Expenses	\$0	\$6,026	\$0	\$0	\$0	\$6,016	\$6,352	\$0
Net Income / (Loss)	(\$3,651,138)	\$2,299,382	\$1,301,233	\$3,393,287	\$5,883,132	(\$126,052)	\$3,281,737	\$903,266
Net Margin	(8.35%)	14.09%	4.82%	6.61%	19.56%	(2.37%)	6.95%	8.04%
Inpatient Days	4,615	107	20,713	3,667	3,480	564	2,620	10
Admissions	1,379	43	1,009	1,102	1,095	116	791	7
Avg Length Of Stay	3.3	2.5	20.5	3.3	3.2	4.9	3.3	1.4
Avg Daily Census	12.6	0.3	56.6	10.0	9.5	1.5	7.2	0.0
Occupancy Percentage	50.44%	5.85%	161.69%	43.56%	38.03%	38.52%	28.63%	0.68%
Adjusted Inpatient Days	19,729	3,679	47,962	17,935	21,806	2,855	9,832	1,339
Adjusted Admissions	5,895	1,478	2,336	5,390	6,861	587	2,968	938
Per Adjusted Admission								
Billed Charges + Other Opr Rev	\$20,069	\$9,002	\$26,069	\$29,606	\$22,979	\$10,284	\$25,523	\$19,624
Operating Revenue	\$7,419	\$6,090	\$11,497	\$9,503	\$4,383	\$7,673	\$13,513	\$11,956
Operating Expenses	\$8,039	\$9,481	\$11,000	\$8,899	\$3,526	\$9,280	\$14,794	\$11,017
Net Operating Income	(\$620)	(\$3,391)	\$497	\$604	\$857	(\$1,606)	(\$1,281)	\$940
Per Adjusted Inpatient Day								
Billed Charges + Other Opr Rev	\$5,997	\$3,618	\$1,270	\$8,897	\$7,230	\$2,115	\$7,706	\$13,737
Operating Revenue	\$2,217	\$2,447	\$560	\$2,856	\$1,379	\$1,578	\$4,080	\$8,370
Operating Expenses	\$2,402	\$3,810	\$536	\$2,674	\$1,109	\$1,909	\$4,466	\$7,712
Net Operating Income	(\$185)	(\$1,363)	\$24	\$182	\$270	(\$330)	(\$387)	\$658

Data From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016 (continued)

Rural Hospitals	Mesa View Regional Hospital	Mount Grant General Hospital	Northeastern Nevada Regional Hospital	Pershing General Hospital	South Lyon Medical Center	William Bee Ririe Hospital	Rural Total
Billed Charges	\$85,364,366	\$13,926,102	\$211,900,420	\$10,274,078	\$13,212,463	\$44,089,456	\$965,372,454
Inpatient	\$17,164,691	\$3,991,099	\$63,856,905	\$410,856	\$1,089,606	\$8,536,377	\$228,722,370
Outpatient	\$68,199,675	\$9,935,003	\$148,043,515	\$9,863,222	\$12,122,857	\$35,553,079	\$736,650,084
Deductions	\$61,570,444	\$5,399,138	\$128,655,374	\$5,368,871	\$8,887,646	\$21,317,131	\$624,441,386
Inpatient	\$10,796,374	\$1,769,398	\$37,657,021	(\$422,832)	\$129,656	\$4,171,314	\$139,389,151
Outpatient	\$50,774,070	\$3,629,740	\$90,998,353	\$5,791,703	\$8,757,990	\$17,145,817	\$485,052,235
Operating Revenue	\$23,793,922	\$8,526,964	\$83,245,046	\$4,905,207	\$4,324,817	\$22,772,325	\$340,931,068
Inpatient	\$6,368,317	\$2,221,701	\$26,199,884	\$833,688	\$959,950	\$4,365,063	\$89,333,219
Outpatient	\$17,425,605	\$6,305,263	\$57,045,162	\$4,071,519	\$3,364,867	\$18,407,262	\$251,597,849
Other Operating Revenue	\$3,471,781	\$2,542,994	\$3,822,405	\$4,324,952	\$5,579,612	\$4,262,093	\$47,359,311
Total Operating Revenue	\$27,265,703	\$11,069,958	\$87,067,451	\$9,230,159	\$9,904,429	\$27,034,418	\$388,290,379
Operating Expenses	\$27,444,961	\$10,870,007	\$66,099,557	\$10,187,354	\$11,421,659	\$28,179,095	\$373,154,924
Net Operating Income	(\$179,258)	\$199,951	\$20,967,894	(\$957,195)	(\$1,517,230)	(\$1,144,677)	\$15,135,455
Non-Operating Revenue	\$350,877	\$377,547	\$587,699	\$1,697,894	\$1,284,682	\$2,884,360	\$22,720,330
Non-Operating Expenses	\$405,928	\$25	\$0	\$0	\$0	\$1,381,688	\$1,806,035
Net Income / (Loss)	(\$234,309)	\$577,473	\$21,555,593	\$740,699	(\$232,548)	\$357,995	\$36,049,750
Net Margin	(0.85%)	5.04%	24.59%	6.78%	(2.08%)	1.20%	8.77%

Inpatient Days	2,318	1,135	5,669	429	688	1,192	47,207
Admissions	730	283	1,957	77	112	419	9,120
Avg Length Of Stay	3.2	4.0	2.9	5.6	6.1	2.8	5.2
Avg Daily Census	6.3	3.1	15.5	1.2	1.9	3.3	129.0
Occupancy Percentage	25.33%	28.19%	20.65%	9.02%	13.43%	13.03%	41.74%
Adjusted Inpatient Days	11,997	4,684	19,151	15,244	11,866	6,752	209,022
Adjusted Admissions	3,778	1,168	6,611	2,736	1,932	2,373	40,381
Per Adjusted Admission							
Billed Charges + Other Opr Rev	\$23,513	\$14,103	\$32,630	\$5,336	\$9,729	\$20,373	\$25,079
Operating Revenue	\$7,217	\$9,479	\$13,170	\$3,374	\$5,128	\$11,391	\$9,616
Operating Expenses	\$7,264	\$9,308	\$9,998	\$3,723	\$5,913	\$11,873	\$9,241
Net Operating Income	(\$47)	\$171	\$3,172	(\$350)	(\$785)	(\$482)	\$375
Per Adjusted Inpatient Day							
Billed Charges + Other Opr Rev	\$7,405	\$3,516	\$11,264	\$958	\$1,584	\$7,161	\$4,845
Operating Revenue	\$2,273	\$2,364	\$4,546	\$606	\$835	\$4,004	\$1,858
Operating Expenses	\$2,288	\$2,321	\$3,451	\$668	\$963	\$4,174	\$1,785
Net Operating Income	(\$15)	\$43	\$1,095	(\$63)	(\$128)	(\$170)	\$72

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Hospital Comparative Financial Summary for CY2016

Rehab / Long Term Care / Specialty Hospitals	Carson Tahoe Continuing Care Hospital	Complex Care Hospital at Tenaya	Harmon Medical and Rehabilitation Hospital	Healthsouth Desert Canyon Rehabilitation Hospital	Healthsouth Rehabilitation Hospital of Henderson	Healthsouth Rehabilitation Hospital of Las Vegas	Horizon Specialty Hospital - Las Vegas	Horizon Specialty Hospital of Henderson
Billed Charges	\$51,402,675	\$132,020,159	\$30,467,334	\$37,450,728	\$71,220,703	\$61,480,560	\$16,722,611	\$27,812,110
Inpatient	\$51,402,675	\$132,020,159	\$30,467,334	\$36,555,112	\$69,469,360	\$61,480,560	\$16,722,611	\$27,812,110
Outpatient	\$0	\$0	\$0	\$895,616	\$1,751,343	\$0	\$0	\$0
Deductions	\$40,370,477	\$97,965,100	\$17,874,304	\$14,968,856	\$30,750,859	\$29,793,995	\$7,506,678	\$12,599,398
Inpatient	\$40,330,122	\$97,965,100	\$17,874,304	\$14,371,288	\$29,476,987	\$29,793,995	\$7,506,678	\$12,599,398
Outpatient	\$40,355	\$0	\$0	\$597,568	\$1,273,872	\$0	\$0	\$0
Operating Revenue	\$11,032,198	\$34,055,059	\$12,593,030	\$22,481,872	\$40,469,844	\$31,686,565	\$9,215,933	\$15,212,712
Inpatient	\$11,072,553	\$34,055,059	\$12,593,030	\$22,183,824	\$39,992,373	\$31,686,565	\$9,215,933	\$15,212,712
Outpatient	(\$40,355)	\$0	\$0	\$298,048	\$477,471	\$0	\$0	\$0
Other Operating Revenue	\$27,706	\$55,809	\$0	\$0	\$68,418	\$36,316	\$138	\$10,865
Total Operating Revenue	\$11,059,904	\$34,110,868	\$12,593,030	\$22,481,872	\$40,538,262	\$31,722,881	\$9,216,071	\$15,223,577
Operating Expenses	\$12,571,286	\$31,862,636	\$12,683,039	\$17,617,228	\$29,311,067	\$23,623,446	\$10,014,356	\$14,882,799
Net Operating Income	(\$1,511,382)	\$2,248,232	(\$90,009)	\$4,864,644	\$11,227,195	\$8,099,435	(\$798,285)	\$340,778
Non-Operating Revenue	\$0	\$1,898	\$0	\$28,915	\$0	\$42,651	\$0	\$0
Non-Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Income / (Loss)	(\$1,511,382)	\$2,250,130	(\$90,009)	\$4,893,559	\$11,227,195	\$8,142,086	(\$798,285)	\$340,778
Net Margin	(13.67%)	6.60%	(0.71%)	21.74%	27.70%	25.63%	(8.66%)	2.24%

Inpatient Days	8,115	20,748	23,468	14,675	28,894	21,873	7,651	11,463
Admissions	345	776	1,322	1,208	2,000	1,685	239	463
Avg Length Of Stay	23.5	26.7	17.8	12.1	14.4	13.0	32.0	24.8
Avg Daily Census	22.2	56.7	64.1	40.1	78.9	59.8	20.9	31.3
Occupancy Percentage	76.46%	80.98%	54.34%	80.19%	87.72%	75.65%	34.27%	80.31%
Adjusted Inpatient Days	8,119	20,757	23,468	15,035	29,651	21,886	7,651	11,467
Adjusted Admissions	345	776	1,322	1,238	2,052	1,686	239	463
Per Adjusted Admission								
Billed Charges + Other Opr Rev	\$148,993	\$170,129	\$23,046	\$30,261	\$34,735	\$36,487	\$69,969	\$60,069
Operating Revenue	\$32,040	\$43,939	\$9,526	\$18,166	\$19,752	\$18,816	\$38,561	\$32,867
Operating Expenses	\$36,419	\$41,043	\$9,594	\$14,235	\$14,281	\$14,012	\$41,901	\$32,132
Net Operating Income	(\$4,378)	\$2,896	(\$68)	\$3,931	\$5,470	\$4,804	(\$3,340)	\$736
Per Adjusted Inpatient Day								
Billed Charges + Other Opr Rev	\$6,334	\$6,363	\$1,298	\$2,491	\$2,404	\$2,811	\$2,186	\$2,426
Operating Revenue	\$1,362	\$1,643	\$537	\$1,495	\$1,367	\$1,449	\$1,205	\$1,328
Operating Expenses	\$1,548	\$1,535	\$540	\$1,172	\$989	\$1,079	\$1,309	\$1,298
Net Operating Income	(\$186)	\$108	(\$4)	\$324	\$379	\$370	(\$104)	\$30

Data From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016 (continued)

Rehab / Long Term Care / Specialty Hospitals	Kindred Hospital - Las Vegas (Flamingo Campus)	Kindred Hospital - Las Vegas (Sahara Campus)	Kindred Hospital - Las Vegas at St Rose De Lima Campus	Las Vegas-AMG Specialty Hospital, LLC	Renown Rehabilitation Hospital	Tahoe Pacific Hospitals - Meadows	Tahoe Pacific Hospitals - North	Rehab / Long Term Care / Specialty Total
Billed Charges	\$83,437,035	\$83,275,273	\$45,524,551	\$20,813,148	\$88,572,966	\$72,987,653	\$66,817,307	\$890,004,813
Inpatient	\$83,437,035	\$78,565,399	\$45,524,551	\$20,813,148	\$59,823,589	\$72,987,653	\$66,817,307	\$853,898,603
Outpatient	\$0	\$4,709,874	\$0	\$0	\$28,749,377	\$0	\$0	\$36,106,210
Deductions	\$60,897,119	\$59,606,530	\$33,089,366	\$12,697,812	\$63,547,207	\$60,326,272	\$52,832,583	\$594,826,556
Inpatient	\$60,896,119	\$55,752,527	\$33,089,366	\$12,697,812	\$41,431,370	\$60,326,272	\$52,832,583	\$566,943,921
Outpatient	\$1,000	\$3,854,003	\$0	\$0	\$22,115,837	\$0	\$0	\$27,882,635
Operating Revenue	\$22,539,916	\$23,668,743	\$12,435,185	\$8,115,336	\$25,025,759	\$12,661,381	\$13,984,724	\$295,178,257
Inpatient	\$22,540,916	\$22,812,872	\$12,435,185	\$8,115,336	\$18,392,219	\$12,661,381	\$13,984,724	\$286,954,682
Outpatient	(\$1,000)	\$855,871	\$0	\$0	\$6,633,540	\$0	\$0	\$8,223,575
Other Operating Revenue	\$16,551,394	\$0	\$0	\$1,299	\$194,621	\$71	\$71	\$16,946,708
Total Operating Revenue	\$39,091,310	\$23,668,743	\$12,435,185	\$8,116,635	\$25,220,380	\$12,661,452	\$13,984,795	\$312,124,965
Operating Expenses	\$38,615,684	\$21,895,682	\$12,078,189	\$7,589,562	\$22,455,831	\$16,283,757	\$5,203,043	\$276,687,605
Net Operating Income	\$475,626	\$1,773,061	\$356,996	\$527,073	\$2,764,549	(\$3,622,305)	\$8,781,752	\$35,437,360
Non-Operating Revenue	\$58,585	\$41,467	\$4,139	\$0	\$0	\$1,314	\$1,150	\$180,119
Non-Operating Expenses	\$0	\$0	\$0	\$0	\$13,675	\$0	\$0	\$13,675
Net Income / (Loss)	\$534,211	\$1,814,528	\$361,135	\$527,073	\$2,750,874	(\$3,620,991)	\$8,782,902	\$35,603,804
Net Margin	1.36%	7.65%	2.90%	6.49%	10.91%	(28.60%)	62.80%	11.40%

Inpatient Days	41,324	13,333	6,784	4,214	13,853	7,274	6,029	229,698
Admissions	1,794	419	245	188	814	243	215	11,956
Avg Length Of Stay	23.0	31.8	27.7	22.4	17.0	29.9	28.0	19.2
Avg Daily Census	112.9	36.4	18.5	11.5	37.8	19.9	16.5	627.6
Occupancy Percentage	64.89%	70.06%	66.20%	47.97%	61.05%	50.96%	78.44%	67.05%
Adjusted Inpatient Days	49,521	14,132	6,784	4,214	20,555	7,274	6,029	243,969
Adjusted Admissions	2,150	444	245	188	1,208	243	215	12,699
Per Adjusted Admission								
Billed Charges + Other Opr Rev	\$46,509	\$187,507	\$185,814	\$110,708	\$73,493	\$300,361	\$310,778	\$71,420
Operating Revenue	\$18,183	\$53,294	\$50,756	\$43,171	\$20,881	\$52,105	\$65,045	\$24,579
Operating Expenses	\$17,962	\$49,301	\$49,299	\$40,367	\$18,592	\$67,011	\$24,200	\$21,788
Net Operating Income	\$221	\$3,992	\$1,457	\$2,803	\$2,289	(\$14,907)	\$40,845	\$2,791
Per Adjusted Inpatient Day								
Billed Charges + Other Opr Rev	\$2,019	\$5,893	\$6,711	\$4,939	\$4,318	\$10,034	\$11,083	\$3,717
Operating Revenue	\$789	\$1,675	\$1,833	\$1,926	\$1,227	\$1,741	\$2,320	\$1,279
Operating Expenses	\$780	\$1,549	\$1,780	\$1,801	\$1,092	\$2,239	\$863	\$1,134
Net Operating Income	\$10	\$125	\$53	\$125	\$134	(\$498)	\$1,457	\$145

Data From CHIA Nevada Healthcare Quarterly Reports

Hospital Comparative Financial Summary for CY2016

Psychiatric Hospitals	Desert Parkway Behavioral Healthcare Hospital	Montevista Hospital	Red Rock Behavioral Health Hospital	Seven Hills Behavioral Institute	Spring Mountain Sahara	Spring Mountain Treatment Center	West Hills Hospital	Willow Springs Center	Psychiatric Total
Billed Charges	\$44,847,730	\$66,673,337	\$5,557,507	\$42,429,845	\$14,112,160	\$61,645,834	\$32,420,422	\$35,914,865	\$303,601,700
Inpatient	\$41,880,850	\$58,651,490	\$5,557,507	\$40,036,474	\$13,670,000	\$61,405,269	\$30,616,402	\$35,053,960	\$286,871,952
Outpatient	\$2,966,880	\$8,021,847	\$0	\$2,393,371	\$442,160	\$240,565	\$1,804,020	\$860,905	\$16,729,748
Deductions	\$24,570,460	\$35,822,267	\$2,649,444	\$21,990,914	\$7,810,928	\$40,248,541	\$16,794,132	\$13,858,543	\$163,745,229
Inpatient	\$22,671,361	\$31,115,588	\$2,649,444	\$20,412,268	\$7,637,930	\$40,243,583	\$16,051,420	\$13,239,801	\$154,021,395
Outpatient	\$1,899,099	\$4,706,679	\$0	\$1,578,646	\$172,998	\$4,958	\$742,712	\$618,742	\$9,723,834
Operating Revenue	\$20,277,270	\$30,851,070	\$2,908,063	\$20,438,931	\$6,301,232	\$21,397,293	\$15,626,290	\$22,056,322	\$139,856,471
Inpatient	\$19,209,489	\$27,535,902	\$2,908,063	\$19,624,206	\$6,032,070	\$21,161,686	\$14,564,982	\$21,814,159	\$132,850,557
Outpatient	\$1,067,781	\$3,315,168	\$0	\$814,725	\$269,162	\$235,607	\$1,061,308	\$242,163	\$7,005,914
Other Operating Revenue	\$21,529	\$0	\$0	\$10,191	\$5,888	\$36,717	\$1,249,207	\$215,149	\$1,538,681
Total Operating Revenue	\$20,298,799	\$30,851,070	\$2,908,063	\$20,449,122	\$6,307,120	\$21,434,010	\$16,875,497	\$22,271,471	\$141,395,152
Operating Expenses	\$20,136,821	\$26,045,322	\$2,680,070	\$13,508,629	\$6,037,364	\$19,856,268	\$13,709,586	\$16,955,675	\$118,929,735
Net Operating Income	\$161,978	\$4,805,748	\$227,993	\$6,940,493	\$269,756	\$1,577,742	\$3,165,911	\$5,315,796	\$22,465,417
Non-Operating Revenue	\$0	\$232,960	\$189	\$0	\$0	\$0	\$0	\$0	\$233,149
Non-Operating Expenses	\$31,255	\$0	\$0	\$0	\$0	\$0	\$0	\$4,607,440	\$4,638,695
Net Income / (Loss)	\$130,723	\$5,038,708	\$228,182	\$6,940,493	\$269,756	\$1,577,742	\$3,165,911	\$708,356	\$18,059,871
Net Margin	0.64%	16.21%	7.85%	33.94%	4.28%	7.36%	18.76%	3.18%	12.75%

Inpatient Days	25,999	44,622	3,705	28,276	6,881	30,705	15,039	35,019	190,246
Admissions	3,113	3,711	233	4,376	719	4,753	1,132	407	18,444
Avg Length Of Stay	8.4	12.0	15.9	6.5	9.6	6.5	13.3	86.0	10.3
Avg Daily Census	71.0	121.9	10.1	77.3	18.8	83.9	41.1	95.7	519.8
Occupancy Percentage	85.58%	60.36%	48.20%	57.65%	62.67%	76.27%	43.25%	82.48%	65.71%
Adjusted Inpatient Days	27,854	50,725	3,705	29,974	7,107	30,844	16,539	36,094	202,361
Adjusted Admissions	3,335	4,219	233	4,639	743	4,774	1,245	419	19,619
Per Adjusted Admission									
Billed Charges + Other Opr Rev	\$13,454	\$15,805	\$23,852	\$9,149	\$19,013	\$12,919	\$27,046	\$86,128	\$15,554
Operating Revenue	\$6,086	\$7,313	\$12,481	\$4,408	\$8,494	\$4,489	\$13,556	\$53,091	\$7,207
Operating Expenses	\$6,038	\$6,174	\$11,502	\$2,912	\$8,130	\$4,159	\$11,013	\$40,419	\$6,062
Net Operating Income	\$49	\$1,139	\$979	\$1,496	\$363	\$330	\$2,543	\$12,672	\$1,145
Per Adjusted Inpatient Day									
Billed Charges + Other Opr Rev	\$1,611	\$1,314	\$1,500	\$1,416	\$1,987	\$2,000	\$2,036	\$1,001	\$1,508
Operating Revenue	\$729	\$608	\$785	\$682	\$888	\$695	\$1,020	\$617	\$699
Operating Expenses	\$723	\$513	\$723	\$451	\$850	\$644	\$829	\$470	\$588
Net Operating Income	\$6	\$95	\$62	\$232	\$38	\$51	\$191	\$147	\$111

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