

**Addendum to Nevada Hospital Report:**

(Complete all shaded areas.)

**Hospital:****FYE:**

Line #

1	Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss)		<u>\$63,683,243</u>
<b>Operating Margin:</b>			
2	Net Operating Income (from NHQR tab A01, column Q)		\$68,341,337
3	Total Operating Revenue (from NHQR, Tab A01, column M)		<u>712,555,119</u>
4	Operating Margin (Line 2 divided by Line 3)		<u>9.59%</u>
<b>Calculation of Total Ratio of Cost to Charges:</b>			
5	Total Operating Cost (from NHQR, Tab A01, column O)		<u>\$645,264,488</u>
6	Inpatient Billed Charges (from NHQR, Tab A02, column I)	\$ 1,806,410,701	
7	Outpatient (from NHQR, Tab A03, column I)	1,267,885,111	
8	Long Term Care (from NHQR, Tab A04, column I)		
9	Clinic (from NHQR, Tab A05, column I)	7,440,292	
10	Sub Acute (from NHQR, Tab A06, column I)		
11	Total Billed Charges (Sum of lines 6 through 10)		<u>3,081,736,104</u>
12	Total Ratio of Cost to Charges (Line 5 divided by Line 11)		<u>0.2094</u>
<b>Average Daily Occupancy:</b>			
13	Patient Days (from NHQR Utilization Report, Tab A02, column I)		<u>173,713</u>
14	Observation hours	305,439	
15	Hours in the day	24	
16	Equivalent observation patient days (Line 14 divided by Line 15)		<u>12,727</u>
17	Total Patient Days (Line 13 + Line 16)		<u>186,440</u>
18	Days in the Reporting Period		<u>365</u>
19	Average Daily Occupancy (Line 17 divided by Line 18)		<u>511</u>
20	Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line)		<u>\$105,024,012</u>
21	Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3)		<u>0.14739072</u>
22	Is the hospital owned by a consolidated corporation? Yes or No		Yes
23	Is the net income of the consolidated corporation publicly available? Yes or No		No
24	If you answered "Yes" to both of the questions on lines 20 and 21, report the net income of the consolidated corporation on this line and attach the annual report.		
25	<b>Medicare Ratio of Cost to Charges</b>		<u>0.1770</u>

## Home Office Services

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

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