

NORTHWEST HOSPITAL

**HEALTH SERVICES COST REVIEW
COMMISSION**

RATE REVIEW SYSTEM

FOR THE FISCAL YEAR ENDED JUNE 30, 2019

**REPORTING SCHEDULES
FOR ANNUAL REPORT
OF REVENUE AND EXPENSES
AND VOLUMES**

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	SUBMITTING	NOT APPLICABLE
SCHEDULES V1A, V1B, V1C, V1D - INPATIENT AND PATIENT DAYS	✓	XXXXX
SCHEDULES V2A, V2B - OUTPATIENT VISITS	✓	XXXXX
SCHEDULES V3A, V3D - ANCILLARY SERVICE UNITS	✓	XXXXX
SCHEDULE V5 - EQUIVALENT INPATIENT DAYS AND ADMISSIONS	✓	XXXXX
SCHEDULE OADP - ALLOCATION OF DATA PROCESSING AND OVERHEAD	✓	XXXXX
SCHEDULE UA - UNASSIGNED EXPENSE	✓	XXXXX
SCHEDULE P1A, P1B - HOSPITAL BASED PHYSICIANS ALLOCATION	✓	
SCHEDULES P2A TO P2I - MEDICAL STAFF SERVICES		N / A
SCHEDULE P3A TO P3H - PHYSICIAN SUPPORT SERVICES	✓	
SCHEDULES P4A TO P4I - RESIDENTS, INTERNS SERVICES - ELIGIBLE		N / A
SCHEDULES P5A TO P5I - RESIDENTS, INTERNS SERVICES - INELIGIBLE		N / A
SCHEDULES C1 TO C14 - GENERAL SERVICE CENTER	✓	XXXXX
SCHEDULES D1 TO D81 - PATIENT CARE CENTERS	✓	XXXXX
SCHEDULES E1 TO E9 - AUXILIARY ENTERPRISES	✓	XXXXX
SCHEDULES F1 TO F4 - OTHER INSTITUTIONAL PROGRAMS	✓	XXXXX
SCHEDULE RC - RECONCILIATION OF BASE YEAR EXPENSES TO SCH. RE	✓	XXXXX
SCHEDULE RE - STATEMENT OF REVENUE AND EXPENSES	✓	XXXXX
SCHEDULE RE - R RECONCILIATION OF AUDITED F/S TO SCHEDULE RE	✓	XXXXX
SCHEDULES J1, J2 - OVERHEAD EXPENSE APPORTIONMENT	✓	XXXXX
SCHEDULES J3, J4 - OVERHEAD EXPENSE APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULES JS1, JS2 - OVERHEAD STATISTICAL APPORTIONMENT	✓	XXXXX
SCHEDULES JS3, JS4 - OVERHEAD STATISTICAL APPORTIONMENT (PSYCH. HOSP.)		N / A
SCHEDULE H1 - BUILDING FACILITY ALLOWANCE		N / A
SCHEDULES H2A TO H2Y - DEPARTMENTAL EQUIPMENT ALLOWANCE	✓	XXXXX
SCHEDULES H3A, H3B - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE	✓	XXXXX
SCHEDULES H3C, H3D - DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE (PSYCH. HOSP.)		N / A
SCHEDULE GR - CASH AND MARKETABLE ASSETS		N / A
SCHEDULE G - OTHER FINANCIAL CONSIDERATIONS		N / A
SCHEDULE PDA - PAYOR DIFFERENTIAL	✓	XXXXX
SCHEDULES M, MA - PART A COST ACCUMULATINS LEVELS I - IV	✓	XXXXX
SCHEDULES MC, MD - PART A COST ACCUMULATINS LEVELS I - IV (PSYCH. HOSP.)		N / A
SCHEDULE OES - OVERHEAD EXPENSE SUMMARY - PART B	✓	
SCHEDULE UR1 TO UR9 - UNREGULATED SERVICES	✓	
SCHEDULE URS - UNREGULATED SERVICES SUMMARY	✓	
SCHEDULE ACS - ANNUAL COST SURVEY	✓	
SCHEDULE TRE - TRANSACTIONS WITH RELATED ENTITIES	✓	
SCHEDULE RAT - REPORTING OF REGULATORY ADJUSTMENTS FOR TPR HOSPITALS		N / A
SCHEDULE D21A - OUTPATIENT SURGERY PROCEDURE BASED		N / A
SCHEDULE SB - SUPPLEMENTAL BIRTHS		N / A
SCHEDULE AHA-R - RECONCILIATION OF FINANCIAL STATEMENTS TO AHA SUBMISSION		N / A
SCHEDULE SBCI, SBCII - STANDBY COSTS - TRAUMA PHYSICIANS		N / A
SCHEDULE MTC - MIEMMS TRAUMA COST		N / A

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULES APPLICABLE TO NORTHWEST HOSPITAL

SIGNATURE

TITLE

DATE

INPATIENTS AND PATIENT DAYS

V1

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210040

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	ADMISSIONS	PATIENT DAYS	INTRA HOSPITAL TRANSFERS IN	LENGTH OF STAY	AVERAGE LICENSED BEDS	% OCCUPANCY
			RECORDS	RECORDS	RECORDS	COL 2 / (COL 1 + COL 3)	RECORDS	COL 2 / COL 5 * 365
D01	MSG	Med/Surg Acute	7,399	34,513	0	4.7	136	0.695
D02	PED	Pediatric Acute	0	0	0	0.0	0	0.000
D03	PSY	Psychiatric Acute	1,708	11,002	0	6.4	37	0.815
D04	OBS	Obstetrics Acute	0	0	0	0.0	0	0.000
D05	DEF	Definitive Observation	0	0	0	0.0	0	0.000
D06	MIS	Med/Surg Intensive Care	409	2,599	0	6.4	16	0.445
D07	CCU	Coronary Care	0	0	0	0.0	0	0.000
D08	PIC	Pediatric Intensive Care	0	0	0	0.0	0	0.000
D09	NEO	Neonatal Intensive Care	0	0	0	0.0	0	0.000
D10	BUR	Burn Care	0	0	0	0.0	0	0.000
D11	PSI	Psychiatric Intensive Care	0	0	0	0.0	0	0.000
D12	TRM	Shock Trauma	0	0	0	0.0	0	0.000
D13	ONC	Oncology	0	0	0	0.0	0	0.000
D16	ECF	Skilled Nursing Care	0	0	0	0.0	0	0.000
D17	CRH	Chronic Care	0	0	0	0.0	0	0.000
D52	ADD	Adolescent Dual Diagnosed	0	0	0	0.0	0	0.000
D54	RHB	Rehabilitation	0	0	0	0.0	0	0.000
D70	PAD	Psychiatric Adult	0	0	0	0.0	0	0.000
D71	PCD	Psychiatric Child/Adolescent	0	0	0	0.0	0	0.000
D73	PSG	Psychiatric Geriatric	0	0	0	0.0	0	0.000
D82	PSD	Pediatric Step-Down	0	0	0	0.0	0	0.000
SUBTOTAL			9,516	48,114	0	5.1	189	0.697
D14	NUR	Newborn Nursery	0	0	0	0.0	0	
D15	PRE	Premature Nursery	0	0	0	0.0	0	
TOTAL			9,516	48,114	0	5.1	189	0.697

OUTPATIENT VISITS

V2

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

			COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6
REPORTING SCHEDULE		CENTER	INPATIENT VISITS	OUTPATIENT VISITS	TOTAL VISITS	INPATIENT RVUS	OUTPATIENT RVUS	TOTAL RVUS
			RECORDS	RECORDS	COL 1 + COL 2	RECORDS	RECORDS	COL 4 + COL 5
D18	EMG	Emergency Services	7,967	47,695	55,662	170,679	494,477	665,156
D19	CL	Clinical Services	944	24,903	25,847	11,961	165,175	177,136
D20	PDC	Psych. Day & Night Care	0	0	0			
D22	SDS	Same Day Surgery	0	4,223	4,223			
D50	FSE	Free Standing Emergency	0	0	0			
D55	OBV	Observation	597	5,749	6,346	9,306	116,783	126,089
D58	OCL	Oncology O/P Clinic	0	0	0	0	0	0
D83	CL-340	340B Clinic Services				0	0	0
	TOTAL		9,508	82,570	92,078	191,946	776,435	968,381

ANCILLARY SERVICE UNITS

V3

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

REPORTING SCHEDULE		CENTER	UNIT OF MEASURE	COL. 1	COL. 2	COL. 3	COL. 4
				RECORDS	RECORDS	COL 1 + COL 2	
D23	DEL	Labor & Delivery Services	MD RVUs	0	0	0	
D24	OR	Operating Room	Minutes	273,988	408,947	682,935	
D24A	ORC	Operating Room Clinic	Minutes	812	174,358	175,170	
D25	ANS	Anesthesiology	Minutes	273,122	402,542	675,664	
D28	LAB	Laboratory Services	MD RVUs	4,229,488	3,804,403	8,033,891	
D30	EKG	Electrocardiography	1974 California RV	167,404	187,113	354,517	
D31	IRC	Interventional Radiology / Cardiovascular	MD RVUs	22,731	27,100	49,831	
D32	RAD	Radiology-Diagnostic	HSCRC RVUs	211,139	451,035	662,174	
D33	CAT	CT Scanner	HSCRC RVUs	296,427	726,888	1,023,315	
D34	RAT	Radiology-Therapeutic	MD RVUs	0	0	0	
D35	NUC	Nuclear Medicine	HSCRC RVUs	54,204	54,625	108,829	
D36	RES	Respiratory Therapy	MD RVUs	2,010,276	413,361	2,423,637	
D37	PUL	Pulmonary Function Testing	MD RVUs	2,588	21,841	24,429	
D38	EEG	Electroencephalography	1974 California RV	52,829	50,740	103,569	
D39	PTH	Physical Therapy	MD RVUs	174,133	93,686	267,819	
D40	OTH	Occupational Therapy	MD RVUs	73,042	20,195	93,237	
D41	STH	Speech Language Pathology	MD RVUs	69,106	11,102	80,208	
D42	REC	Recreational Therapy	Treatments	0	0	0	
D43	AUD	Audiology	MD RVUs	0	0	0	
D44	OPM	Other Physical Medicine	Treatments	0	0	0	
D45	RDL	Renal Dialysis	Treatments	1,851	0	1,851	
D46	OA	Organ Acquisition	Treatments	0	0	0	
D48	LEU	Leukopheresis	JHU RVUs	0	0	0	
D49	HYP	Hyperbaric Chamber	Hours of Treatment	5	876	881	
D51	MRI	Magnetic Resonance Imaging	HSCRC RVUs	119,876	138,762	258,638	
D53	LIT	Lithotripsy	# of Procedures	0	0	0	
D56	AMR	Ambulance Services-Rebundled	HSCRC RVUs	0	0	0	
D77	PST	Psychological Testing	Hours	0	0	0	
D80	ETH	Electroconvulsive Therapy	Treatments	0	0	0	
D84	RAT-340	340B Radiology - Therapeutic	MD RVUs	0	0	0	
D85	ORC-340	340B OR Clinic Services	Minutes	0	0	0	
D86	LAB-340	340B Laboratory Services	MD RVUs	0	0	0	
D87	CDS-340	340B Drugs	EIPA	0	0	0	

EQUIVALENT INPATIENT DAYS AND ADMISSIONS

V5

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

EQUIVALENT INPATIENT DAYS (EIPDs)	SOURCE	FISCAL YEAR
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INPATIENT DATA - BASE YEAR

COL. 1

COL. 2

A	GROSS INPATIENT REVENUE	RECORDS, BUDGET	139,571.4	A
B	INPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	B
C	TOTAL INPATIENT REVENUE *	A + B	139,571.4	C
D	TOTAL INPATIENT DAYS (IPDs) (EXCLUDING NURSERY)	SCHD V 1 D	48,114	D
E	INPATIENT UNIT REVENUE	C / D	2.90085	E
F	GROSS OUTPATIENT REVENUE	RECORDS, BUDGET	131,937.5	F
G	OUTPATIENT GRANT REVENUE	RECORDS, BUDGET	0.0	G
H	TOTAL OUTPATIENT REVENUE *	F + G	131,937.5	H
I	TOTAL OUTPATIENT VISITS	SCH V 2 B	87,855	I
J	OUTPATIENT UNIT REVENUE	H / I	1.50176	J
K	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	E / J	1.93163	K
L	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / K	45,482	L
M	EQUIVALENT INPATIENT DAYS (EIPDs)	D + L	93,596	M

EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	SOURCE	FISCAL YEAR
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N	TOTAL INPATIENT ADMISSIONS	SCH V 1 D	9,516	N
O	INPATIENT UNIT REVENUE	C / N	14.66702	O
P	OUTPATIENT UNIT REVENUE	H / I	1.50176	P
Q	INPATIENT - OUTPATIENT UNIT REVENUE RATIO	O / P	9.76655	Q
R	INPATIENT EQUIVALENT OF OUTPATIENT VISITS	I / Q	8,995	R
S	EQUIVALENT INPATIENT ADMISSIONS (EIPAs)	N + R	18,511	U

UNASSIGNED EXPENSES

UA

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10

SOURCE	MALPRACTICE INSURANCE	OTHER INSURANCE	MEDICAL CARE REVIEW	SUB-TOTAL	DEPRECIATION & AMORTIZATIO	LEASES & RENTALS	LICENSES & TAXES	INTEREST SHORT TERM	INTEREST LONG TERM	TOTAL EXPENSES
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FISCAL YEAR DATA

MAL OIN MCR DEP LEA LIC IST ILT

A	BASE YEAR EXPENSES	RECORDS	4,193.6	184.3	2,182.3	6,560.2	15,168.6	1,208.6	441.5	0.0	3,931.9	27,310.8	A
B	ALLOC. TO AUX. ENTERPRISES & UNREGULATED SERVICES	RECORDS	0.0	0.0	0.0	0.0	(569.5)	0.0	0.0	0.0	0.0	(569.5)	B
C	FISCAL YEAR EXP. - ADJUSTED	A + B	4,193.6	184.3	2,182.3	6,560.2	14,599.1	1,208.6	441.5	0.0	3,931.9	26,741.3	C

HOSPITAL BASED PHYSICIANS

P1 A

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7

COST CENTER	CODE	Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL	
A1	Medical Staff Administration	MSA	0.0	354.4	0.0	0.0	0.0	354.4	A1
A2	Med/Surg Acute	MSG	0.0	0.0	0.0	81.3	0.0	81.3	A2
A3	Pediatric Acute	PED	0.0	0.0	0.0	0.0	0.0	0.0	A3
A4	Psychiatric Acute	PSY	0.0	0.0	0.0	0.0	0.0	0.0	A4
A5	Obstetrics Acute	OBS	0.0	0.0	0.0	0.0	0.0	0.0	A5
A6	Definitive Observation	DEF	0.0	0.0	0.0	0.0	0.0	0.0	A6
A7	Med/Surg Intensive Care	MIS	0.0	0.0	0.0	0.0	0.0	0.0	A7
A8	Coronary Care	CCU	0.0	0.0	0.0	0.0	0.0	0.0	A8
A9	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0	0.0	0.0	A9
A10	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0	0.0	0.0	A10
A11	Burn Care	BUR	0.0	0.0	0.0	0.0	0.0	0.0	A11
A12	Psychiatric Intensive Care	PSI	0.0	0.0	0.0	0.0	0.0	0.0	A12
A13	Shock Trauma	TRM	0.0	0.0	0.0	0.0	0.0	0.0	A13
A14	Oncology	ONC	0.0	0.0	0.0	0.0	0.0	0.0	A14
A15	Newborn Nursery	NUR	0.0	0.0	0.0	0.0	0.0	0.0	A15
A16	Premature Nursery	PRE	0.0	0.0	0.0	0.0	0.0	0.0	A16
A17	Chronic Care	CRH	0.0	0.0	0.0	0.0	0.0	0.0	A17
A18	Emergency Services	EMG	0.0	0.0	0.0	0.0	0.0	0.0	A18
A19	Clinical Services	CL	0.0	0.0	0.0	0.0	0.0	0.0	A19
A20	Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0	0.0	0.0	A20
A21	Ambulatory Surgery (PBP)	AMS	0.0	0.0	0.0	0.0	0.0	0.0	A21
A22	Same Day Surgery	SDS	0.0	0.0	0.0	0.0	0.0	0.0	A22
A23	Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0	0.0	0.0	A23
A24	Operating Room	OR	0.0	0.0	0.0	58.0	0.0	58.0	A24
A25	Operating Room Clinic	ORC	0.0	0.0	0.0	0.0	0.0	0.0	A25
A26	Anesthesiology	ANS	0.0	0.0	0.0	260.4	0.0	260.4	A26
A27	Laboratory Services	LAB	0.0	0.0	0.0	0.0	0.0	0.0	A27
A28	Electrocardiography	EKG	0.0	0.0	0.0	0.0	0.0	0.0	A28
A29	Interventional Radiology / Cardiovascular	IRC	0.0	0.0	0.0	0.0	0.0	0.0	A29
A30	Radiology-Diagnostic	RAD	0.0	0.0	0.0	0.0	0.0	0.0	A30
A31	CT Scanner	CAT	0.0	0.0	0.0	0.0	0.0	0.0	A31
A32	Radiology-Therapeutic	RAT	0.0	0.0	0.0	0.0	0.0	0.0	A32
A33	Nuclear Medicine	NUC	0.0	0.0	0.0	0.0	0.0	0.0	A33
A34	Respiratory Therapy	RES	0.0	0.0	0.0	0.0	0.0	0.0	A34

HOSPITAL BASED PHYSICIANS

P1 B

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

			COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7		
COST CENTER	CODE		Research	Chief of Medical Staff	Medical Care Review	Administration & Supervision	Part B Services	EDUCATION	TOTAL		
A35	Pulmonary Function Testing	PUL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A35
A36	Electroencephalography	EEG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A36
A37	Physical Therapy	PTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A37
A38	Occupational Therapy	OTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A38
A39	Speech Language Pathology	STH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A39
A40	Recreational Therapy	REC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A40
A41	Audiology	AUD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A41
A42	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A42
A43	Renal Dialysis	RDL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A43
A44	Organ Acquisition	OA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A44
A45	Ambulatory Surgery	AOR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A45
A46	Leukopheresis	LEU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A46
A47	Hyperbaric Chamber	HYP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A47
A48	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A48
A49	Magnetic Resonance Imaging	MRI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A49
A50	Adolescent Dual Diagnosed	ADD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A50
A51	Lithotripsy	LIT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A51
A52	Rehabilitation	RHB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A52
A53	Observation	OBV	0.0	0.0	0.0	150.0	0.0	0.0	150.0	0.0	A53
A54	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A54
A55	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A55
A56	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A56
A57	Psychiatric Adult	PAD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A57
A58	Psychiatric Child/Adolescent	PCD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A58
A59	Psychiatric Geriatric	PSG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A59
A60	Individual Therapies	ITH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A60
A61	Group Therapies	GTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A61
A62	Family Therapies	FTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A62
A63	Psychological Testing	PST	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A63
A64	Education	PSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A64
A65	Other Therapies	OPT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A65
A66	Electroconvulsive Therapy	ETH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A66
A67	Activity Therapies	ATH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A67
A68	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A68
A69	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A69
A70	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A70
A71	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A71
A72	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A72
A73	340B Drugs	CDS-340	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	A73
A74	Post Graduate Medical Ed	PME								0.0	A74

B	TOTALS	////////	0.0	354.4	0.0	549.8	0.0	0.0	904.2	B
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Reporting Schedule

C	Cost Center Schedule	////	F01	C 13	UA	D1 - D80	P2A - P2G	P4A - P4G	////	C
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INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 2019
 INSTITUTION NUMBER: 210040

		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5
		FISCAL YEAR EXPENSE	ALLOC. CAFÉ PARK ETC.	DONATED SERVICES	TOTAL	FTE DATA
FISCAL YEAR DATA						
MED/SURG ACUTE	MSG	202.6	0.2		202.8	0.9
PEDIATRIC ACUTE	PED	0.0	0.0		0.0	0.0
PSYCHIATRIC ACUTE	PSY	0.0	0.0		0.0	0.0
OBSTETRICS ACUTE	OBS	0.0	0.0		0.0	0.0
DEFINITIVE OBSERVATION	DEF	0.0	0.0		0.0	0.0
MED/SURG INTENSIVE CARE	MIS	0.0	0.0		0.0	0.0
CORONARY CARE	CCU	0.0	0.0		0.0	0.0
PEDIATRIC INTENSIVE CARE	PIC	0.0	0.0		0.0	0.0
NEONATAL INTENSIVE CARE	NEO	0.0	0.0		0.0	0.0
BURN CARE	BUR	0.0	0.0		0.0	0.0
PSYCHIATRIC INTENSIVE CARE	PSI	0.0	0.0		0.0	0.0
SHOCK TRAUMA	TRM	0.0	0.0		0.0	0.0
ONCOLOGY	ONC	0.0	0.0		0.0	0.0
NEWBORN NURSERY	NUR	0.0	0.0		0.0	0.0
PREMATURE NURSERY	PRE	0.0	0.0		0.0	0.0
CHRONIC CARE	CRH	0.0	0.0		0.0	0.0
EMERGENCY SERVICES	EMG	0.0	0.0		0.0	0.0
CLINICAL SERVICES	CL	0.0	0.0		0.0	0.0
PSYCH. DAY & NIGHT CARE	PDC	0.0	0.0		0.0	0.0
AMBULATORY SURGERY (PBP)	AMS	0.0	0.0		0.0	0.0
SAME DAY SURGERY	SDS	0.0	0.0		0.0	0.0
LABOR & DELIVERY SERVICES	DEL	0.0	0.0		0.0	0.0
OPERATING ROOM	OR	0.0	0.0		0.0	0.0
OPERATING ROOM CLINIC	ORC	0.0	0.0		0.0	0.0
ANESTHESIOLOGY	ANS	0.0	0.0		0.0	0.0
LABORATORY SERVICES	LAB	0.0	0.0		0.0	0.0
ELECTROCARDIOGRAPHY	EKG	0.0	0.0		0.0	0.0
INTERVENTIONAL RADIOLOGY / CARDIOVASCUL	IRC	0.0	0.0		0.0	0.0
RADIOLOGY-DIAGNOSTIC	RAD	0.0	0.0		0.0	0.0
CT SCANNER	CAT	0.0	0.0		0.0	0.0
RADIOLOGY-THERAPEUTIC	RAT	0.0	0.0		0.0	0.0
NUCLEAR MEDICINE	NUC	0.0	0.0		0.0	0.0
RESPIRATORY THERAPY	RES	0.0	0.0		0.0	0.0
PULMONARY FUNCTION TESTING	PUL	0.0	0.0		0.0	0.0
ELECTROENCEPHALOGRAPHY	EEG	0.0	0.0		0.0	0.0
PHYSICAL THERAPY	PTH	0.0	0.0		0.0	0.0
OCCUPATIONAL THERAPY	OTH	0.0	0.0		0.0	0.0
SPEECH LANGUAGE PATHOLOGY	STH	0.0	0.0		0.0	0.0
RECREATIONAL THERAPY	REC	0.0	0.0		0.0	0.0
AUDIOLOGY	AUD	0.0	0.0		0.0	0.0
OTHER PHYSICAL MEDICINE	OPM	0.0	0.0		0.0	0.0
RENAL DIALYSIS	RDL	0.0	0.0		0.0	0.0
ORGAN ACQUISITION	OA	0.0	0.0		0.0	0.0
AMBULATORY SURGERY	AOR	0.0	0.0		0.0	0.0
LEUKOPHERESIS	LEU	0.0	0.0		0.0	0.0
HYPERBARIC CHAMBER	HYP	0.0	0.0		0.0	0.0
FREE STANDING EMERGENCY	FSE	0.0	0.0		0.0	0.0
MAGNETIC RESONANCE IMAGING	MRI	0.0	0.0		0.0	0.0
ADOLESCENT DUAL DIAGNOSED	ADD	0.0	0.0		0.0	0.0
LITHOTRIPSY	LIT	0.0	0.0		0.0	0.0
REHABILITATION	RHB	0.0	0.0		0.0	0.0
OBSERVATION	OBV	0.0	0.0		0.0	0.0
TRANSURETHAL MICROWAVE THERMOTHERAPY	TMT	0.0	0.0		0.0	0.0
ONCOLOGY O/P CLINIC	OCL	0.0	0.0		0.0	0.0
TRANSURETHAL NEEDLE ABLATION	TNA	0.0	0.0		0.0	0.0
PSYCHIATRIC ADULT	PAD	0.0	0.0		0.0	0.0
PSYCHIATRIC CHILD/ADOLESCENT	PCD	0.0	0.0		0.0	0.0
PSYCHIATRIC GERIATRIC	PSG	0.0	0.0		0.0	0.0
INDIVIDUAL THERAPIES	ITH	0.0	0.0		0.0	0.0
GROUP THERAPIES	GTH	0.0	0.0		0.0	0.0
FAMILY THERAPIES	FTH	0.0	0.0		0.0	0.0
PSYCHOLOGICAL TESTING	PST	0.0	0.0		0.0	0.0
EDUCATION	PSE	0.0	0.0		0.0	0.0
OTHER THERAPIES	OPT	0.0	0.0		0.0	0.0
ELECTROCONVULSIVE THERAPY	ETH	0.0	0.0		0.0	0.0
ACTIVITY THERAPIES	ATH	0.0	0.0		0.0	0.0
PEDIATRIC STEP-DOWN	PSD	0.0	0.0		0.0	0.0
340B CLINIC SERVICES	CL-340	0.0	0.0		0.0	0.0
340B RADIOLOGY - THERAPEUTIC	RAT-340	0.0	0.0		0.0	0.0
340B OR CLINIC SERVICES	ORC-340	0.0	0.0		0.0	0.0
340B LABORATORY SERVICES	LAB-340	0.0	0.0		0.0	0.0
340B DRUGS	CDS-340	0.0	0.0		0.0	0.0
TOTAL		202.6	0.2	0.0	202.8	0.9

AUXILIARY ENTERPRISES

DPO

E03

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	3,000

COL. 1 COL. 2 COL. 3 COL. 4

Doctor's Private Office Rent

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	131.1	1,905.5	2,036.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.2	XXXXX	0.2	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	131.3	1,905.5	2,036.8	0.67894	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	1,205.7	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(831.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(831.1)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	1.1				S
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AUXILIARY ENTERPRISES

OOR

E04

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	3,000

COL. 1 COL. 2 COL. 3 COL. 4

Office & Other Rental

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	0.0	245.8	245.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	0.0	245.8	245.8	0.08193	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(245.8)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(245.8)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0				S
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AUXILIARY ENTERPRISES

REO

E05

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	Sq Feet	3,000

COL. 1 COL. 2 COL. 3 COL. 4

Retail Operations

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	1,364.0	13,700.0	15,064.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	3.5	XXXXX	3.5	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	76.5	36.2	112.8	XXXXX	D01
D02	Hospital Administration	MGT	890.5	102.8	993.3	XXXXX	D02
D03	Plant Operations	POP	70.1	87.7	157.8	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	2,404.6	13,926.8	16,331.3	5.44378	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	16,055.2	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(276.1)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	0.0	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(276.1)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	18.9	S
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AUXILIARY ENTERPRISES

CAF

E07

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	Eq. Meals Serve	299,268

COL. 1 COL. 2 COL. 3 COL. 4

Cafeteria

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	73.7	1,265.8	1,339.5	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	XXXXX	XXXXX	XXXXX	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	///////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	///////	XXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	6.8	3.2	10.0	XXXXX	D01
D02	Hospital Administration	MGT	79.2	9.1	88.3	XXXXX	D02
D03	Plant Operations	POP	100.8	126.2	227.1	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0	XXXXX	F
G	FISCAL YEAR ADJUSTED EXPENSES	B+C+D+E	260.5	1,404.4	1,664.9	0.00556	G

FISCAL YEAR PROFIT (LOSS)

H	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	1,435.4	XXXXX	H
I	PROFIT (LOSS)	G - F	XXXXX	XXXXX	(229.5)	XXXXX	I
J	AMOUNT TREATED AS FRINGE	RECORDS	XXXXX	XXXXX	(229.5)	XXXXX	J
K	AMOUNT TREATED AS OFC	H - I	XXXXX	XXXXX	(0.0)	XXXXX	K

FTE DATA

S	FISCAL YEAR HOURS WORKED/2080	RECORDS	2.8				S
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OTHER INSTITUTIONAL PROGRAMS

REG

F01

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Projects	0

COL. 1 COL. 2 COL. 3 COL. 4

Research

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	0.0	31.8	31.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXXX	XXXXX	
D01	General Accounting	FIS	0.2	0.1	0.2	XXXXX	D01
D02	Hospital Administration	MGT	1.9	0.2	2.1	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	2.0	32.1	34.1	0.00000	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	7.0	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(27.1)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	0.0				I
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OTHER INSTITUTIONAL PROGRAMS

CHE

F04

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	# of Participants	0

COL. 1 COL. 2 COL. 3 COL. 4

Community Health Education

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES REVENUE	EXPENSE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	600.7	338.6	939.3	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH OA	1.8	XXXX	1.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTER	////	XXXXX	XXXX	XXXXX	XXXXX	D
///	COL. 5 COST CENTER	COL. 6 CODE	////	XXXXX	XXXX	XXXXX	
D01	General Accounting	FIS	4.8	2.3	7.0	XXXXX	D01
D02	Hospital Administration	MGT	55.5	6.4	61.9	XXXXX	D02
D03	Plant Operations	POP	6.4	8.0	14.5	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
E	CAPITAL FACILITIES ALLOWANCE	SCH H3		0.0	0.0	XXXXX	E
F	FISCAL YEAR ADJUSTED EXPENSES	B+C+D	669.2	355.3	1,024.5	0.00000	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXX	XXXXX	800.3	XXXXX	G
H	PROFIT (LOSS)	F - E	XXXXX	XXXXX	(224.2)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED/2080	RECORDS	9.5				I
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

Allocation of Cafeteria / Parking Expense

		COL. 1	COL. 2
LOSS PER FTE		SOURCE	TOTAL EXPENSES
A	GAIN (LOSS) TO BE ALLOCATED AS FRINGE	SCH. E2,E7,E8, E9	229.5
B	NUMBER OF FTE'S	RECORDS	1,244.9
B1	LOSS PER FTE	A / B	0.18439

Allocation of Data Processing

		COL. 1	COL. 2	COL. 3	COL. 4
		SOURCE	WAGES, SALARIES, & BENEFITS	OTHER EXPENSES	TOTAL EXPENSES
C01	FISCAL YEAR EXPENSES	RECORDS	3,509.3	5,225.7	8,735.0
2	DONATED SERVICES & COMMODITIES	RECORDS	0.0	0.0	0.0
3	FISCAL YEAR ADJUSTED EXPENSES	C1 + C2	3,509.3	5,225.7	8,735.0

					CAFETERIA, PARKING, ETC								DATA PROCESSING				TOTAL ALLOCATED EXPENSE
					COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8					
///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x D1	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION						
1	DIETARY SERVICES	C01	C01	DTY	0.9	\$ 0.2	0.0	0.00%	\$ -	\$ -	\$ -			0.2			
2	LAUNDRY & LINEN	C02	C02	LL	0.1	0.0	0.0	0.00%	-	-	-			0.0			
3	SOCIAL SERVICES	C03	C03	SSS	8.1	1.5	0.0	0.00%	-	-	-			1.5			
4	PURCHASING & STORES	C04	C04	PUR	3.8	0.7	0.0	0.00%	-	-	-			0.7			
5	PLANT OPERATIONS	C05	C05	POP	50.0	9.2	0.0	0.00%	-	-	-			9.2			
6	HOUSEKEEPING	C06	C06	HKP	77.0	14.2	0.0	0.00%	-	-	-			14.2			
7	CENTRAL SERVICES & SUPPLY	C07	C07	CSS	22.4	4.1	0.0	0.00%	-	-	-			4.1			
8	PHARMACY	C08	C08	PHM	39.6	7.3	1.1	4.32%	151.6	225.8	377.4			384.7			
9	GENERAL ACCOUNTING	C09	C09	FIS	10.4	1.9	2.2	8.65%	303.6	452.0	755.6			757.5			
10	PATIENT ACCOUNTS	C10	C10	PAC	51.3	9.5	5.1	20.17%	707.8	1,054.0	1,761.8			1,771.3			
11	HOSPITAL ADMINISTRATION	C11	C11	MGT	74.6	13.7	2.8	10.92%	388.8	565.4	954.3			968.0			
12	MEDICAL RECORDS	C12	C12	MRD	17.3	3.2	1.5	5.99%	210.2	313.0	523.2			526.4			
13	MEDICAL STAFF ADMINISTRATION	C13	C13	MSA	9.0	1.7	1.2	4.66%	163.5	243.5	407.1			408.7			
14	NURSING ADMINISTRATION	C14	C14	NAD	29.9	5.5	0.0	0.00%	-	-	-			5.5			
15	ORGAN ACQUISITION OVERHEAD	C15	C15	OAO	0.0	0.0	0.0	0.00%	-	-	-			-			
16	MED/SURG ACUTE	D01	D01	MSG	214.0	39.5	4.1	16.06%	563.5	839.1	1,402.6			1,442.0			
17	PEDIATRIC ACUTE	D02	D02	PED	0.0	0.0	0.0	0.00%	-	-	-			-			
18	PSYCHIATRIC ACUTE	D03	D03	PSY	66.8	12.3	0.8	3.10%	108.6	161.8	270.4			282.7			
19	OBSTETRICS ACUTE	D04	D04	OBS	0.0	0.0	0.0	0.00%	-	-	-			-			
20	DEFINITIVE OBSERVATION	D05	D05	DEF	0.0	0.0	0.0	0.00%	-	-	-			-			
21	MED/SURG INTENSIVE CARE	D06	D06	MIS	29.5	5.4	0.4	1.61%	56.6	84.2	140.8			146.2			
22	CORONARY CARE	D07	D07	CCU	0.0	0.0	0.0	0.00%	-	-	-			-			
23	PEDIATRIC INTENSIVE CARE	D08	D08	PIC	0.0	0.0	0.0	0.00%	-	-	-			-			
24	NEONATAL INTENSIVE CARE	D09	D09	NEO	0.0	0.0	0.0	0.00%	-	-	-			-			
25	BURN CARE	D10	D10	BUR	0.0	0.0	0.0	0.00%	-	-	-			-			
26	PSYCHIATRIC INTENSIVE CARE	D11	D11	PSI	0.0	0.0	0.0	0.00%	-	-	-			-			
27	SHOCK TRAUMA	D12	D12	TRM	0.0	0.0	0.0	0.00%	-	-	-			-			
28	ONCOLOGY	D13	D13	ONC	0.0	0.0	0.0	0.00%	-	-	-			-			
29	NEWBORN NURSERY	D14	D14	NUR	0.0	0.0	0.0	0.00%	-	-	-			-			

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP B

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
30	PREMATURE NURSERY	D15	D15	PRE	0.0	0.0	0.0	0.00%	0	0	0	-
31	CHRONIC CARE	D17	D17	CRH	0.0	0.0	0.0	0.00%	0	0	0	-
32	EMERGENCY SERVICES	D18	D18	EMG	89.2	16.4	2.0	7.96%	279	416	695	711.8
33	CLINICAL SERVICES	D19	D19	CL	27.7	5.1	0.2	0.87%	30	45	76	80.7
34	PSYCH. DAY & NIGHT CARE	D20	D20	PDC	0.0	0.0	0.0	0.00%	0	0	0	-
35	AMBULATORY SURGERY (PBP)	D21	D21	AMS	0.0	0.0	0.0	0.00%	0	0	0	-
36	SAME DAY SURGERY	D22	D22	SDS	9.2	1.7	0.1	0.56%	20	29	49	50.5
37	LABOR & DELIVERY SERVICES	D23	D23	DEL	0.0	0.0	0.0	0.00%	0	0	0	-
38	OPERATING ROOM	D24	D24	OR	63.3	11.7	0.5	2.01%	70	105	175	187.1
39	OPERATING ROOM CLINIC	D24a	D24a	ORC	6.1	1.1	0.1	0.21%	7	11	18	19.2
40	ANESTHESIOLOGY	D25	D25	ANS	4.8	0.9	0.1	0.42%	15	22	37	37.5
41	LABORATORY SERVICES	D28	D28	LAB	33.3	6.1	0.8	2.99%	105	156	262	267.7
42	ELECTROCARDIOGRAPHY	D30	D30	EKG	3.1	0.6	0.1	0.22%	8	11	19	19.6
43	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	D31	IRC	5.9	1.1	0.2	0.60%	21	31	52	53.5
44	RADIOLOGY-DIAGNOSTIC	D32	D32	RAD	32.9	6.1	0.8	2.99%	105	156	261	266.9
45	CT SCANNER	D33	D33	CAT	8.5	1.6	0.2	0.84%	29	44	73	74.7
46	RADIOLOGY-THERAPEUTIC	D34	D34	RAT	0.0	0.0	0.0	0.00%	0	0	0	-
47	NUCLEAR MEDICINE	D35	D35	NUC	3.0	0.5	0.1	0.23%	8	12	20	21.0
48	RESPIRATORY THERAPY	D36	D36	RES	21.4	3.9	0.3	1.25%	44	65	109	113.3
49	PULMONARY FUNCTION TESTING	D37	D37	PUL	1.3	0.2	0.0	0.10%	4	5	9	9.0
50	ELECTROENCEPHALOGRAPHY	D38	D38	EEG	3.4	0.6	0.1	0.25%	9	13	22	22.1
51	PHYSICAL THERAPY	D39	D39	PTH	8.8	1.6	0.3	1.05%	37	55	92	93.2
52	OCCUPATIONAL THERAPY	D40	D40	OTH	2.6	0.5	0.1	0.30%	11	16	26	26.6
53	SPEECH LANGUAGE PATHOLOGY	D41	D41	STH	2.1	0.4	0.0	0.14%	5	7	12	12.9
54	RECREATIONAL THERAPY	D42	D42	REC	0.0	0.0	0.0	0.00%	0	0	0	-
55	AUDIOLOGY	D43	D43	AUD	0.0	0.0	0.0	0.00%	0	0	0	-
56	OTHER PHYSICAL MEDICINE	D44	D44	OPM	0.0	0.0	0.0	0.00%	0	0	0	-
57	RENAL DIALYSIS	D45	D45	RDL	0.0	0.0	0.0	0.15%	0	14	14	13.5
58	ORGAN ACQUISITION	D46	D46	OA	0.0	0.0	0.0	0.00%	0	0	0	-
59	AMBULATORY SURGERY	D47	D47	AOR	0.0	0.0	0.0	0.00%	0	0	0	-
60	LEUKOPHERESIS	D48	D48	LEU	0.0	0.0	0.0	0.00%	0	0	0	-
61	HYPERBARIC CHAMBER	D49	D49	HYP	0.9	0.2	0.0	0.03%	1	1	2	2.6

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: NORTHWEST HOSPITAL
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COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
62	FREE STANDING EMERGENCY	D50	D50	FSE	0.0	0.0	0.0	0.00%	0	0	0	-
63	MAGNETIC RESONANCE IMAGING	D51	D51	MRI	4.0	0.7	0.2	0.59%	21	31	52	52.5
64	ADOLESCENT DUAL DIAGNOSED	D52	D52	ADD	0.0	0.0	0.0	0.00%	0	0	0	-
65	LITHOTRIPSY	D53	D53	LIT	0.0	0.0	0.0	0.00%	0	0	0	-
66	REHABILITATION	D54	D54	RHB	0.0	0.0	0.0	0.00%	0	0	0	-
67	OBSERVATION	D55	D55	OBV	18.5	3.4	0.2	0.77%	27	40	67	70.5
68	AMBULANCE SERVICES-REBUNDLED	D56	D56	AMR	0.0	0.0	0.0	0.00%	0	0	0	-
69	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	D57	TMT	0.0	0.0	0.0	0.00%	0	0	0	-
70	ONCOLOGY O/P CLINIC	D58	D58	OCL	0.0	0.0	0.0	0.00%	0	0	0	-
71	TRANSURETHAL NEEDLE ABLATION	D59	D59	TNA	0.0	0.0	0.0	0.00%	0	0	0	-
72	PSYCHIATRIC ADULT	D70	D70	PAD	0.0	0.0	0.0	0.00%	0	0	0	-
73	PSYCHIATRIC CHILD/ADOLESCENT	D71	D71	PCD	0.0	0.0	0.0	0.00%	0	0	0	-
74	PSYCHIATRIC GERIATRIC	D73	D73	PSG	0.0	0.0	0.0	0.00%	0	0	0	-
75	INDIVIDUAL THERAPIES	D74	D74	ITH	0.0	0.0	0.0	0.00%	0	0	0	-
76	GROUP THERAPIES	D75	D75	GTH	0.0	0.0	0.0	0.00%	0	0	0	-
77	FAMILY THERAPIES	D76	D76	FTH	0.0	0.0	0.0	0.00%	0	0	0	-
78	PSYCHOLOGICAL TESTING	D77	D77	PST	0.0	0.0	0.0	0.00%	0	0	0	-
79	EDUCATION	D78	D78	PSE	0.0	0.0	0.0	0.00%	0	0	0	-
80	OTHER THERAPIES	D79	D79	OPT	0.0	0.0	0.0	0.00%	0	0	0	-
81	ELECTROCONVULSIVE THERAPY	D80	D80	ETH	0.0	0.0	0.0	0.00%	0	0	0	-
82	ACTIVITY THERAPIES	D81	D81	ATH	0.0	0.0	0.0	0.00%	0	0	0	-
83	PEDIATRIC STEP-DOWN	D82	D82	PSD	0.0	0.0	0.0	0.00%	0	0	0	-
84	340B CLINIC SERVICES	D83	D83	CL-340	0.0	0.0	0.0	0.00%	0	0	0	-
85	340B RADIOLOGY - THERAPEUTIC	D84	D84	RAT-340	0.0	0.0	0.0	0.00%	0	0	0	-
86	340B OR CLINIC SERVICES	D85	D85	ORC-340	0.0	0.0	0.0	0.00%	0	0	0	-
87	340B LABORATORY SERVICES	D86	D86	LAB-340	0.0	0.0	0.0	0.00%	0	0	0	-
88	340B DRUGS	D87	D87	CDS-340	0.0	0.0	0.0	0.00%	0	0	0	-
89	AMBULANCE SERVICES	E01	E01	AMB	0.0	0.0						-
90	PARKING	E02	E02	PAR								-
91	DOCTOR'S PRIVATE OFFICE RENT	E03	E03	DPO	1.1	0.2						0.2
92	OFFICE & OTHER RENTAL	E04	E04	OOR	0.0	0.0						-
93	RETAIL OPERATIONS	E05	E05	REO	18.9	3.5						3.5
94	PATIENTS TELEPHONES	E06	E06	PTE	0.0	0.0						-
95	RESEARCH	F01	F01	REG	0.0	0.0						0.0
96	NURSING EDUCATION	F02	F02	RNS	0.0	0.0						-
97	OTHER HEALTH PROFESSION EDUCATION	F03	F03	OHE	0.0	0.0						-
98	COMMUNITY HEALTH EDUCATION	F04	F04	CHE	9.5	1.8						1.8
99	MED/SURG ACUTE	D01	P2A	MSG	0.0	0.0						-
100	PEDIATRIC ACUTE	D02	P2A	PED	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: NORTHWEST HOSPITAL
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///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
101	PSYCHIATRIC ACUTE	D03	P2A	PSY	0.0	0.0						-
102	OBSTETRICS ACUTE	D04	P2A	OBS	0.0	0.0						-
103	DEFINITIVE OBSERVATION	D05	P2A	DEF	0.0	0.0						-
104	MED/SURG INTENSIVE CARE	D06	P2A	MIS	0.0	0.0						-
105	CORONARY CARE	D07	P2A	CCU	0.0	0.0						-
106	PEDIATRIC INTENSIVE CARE	D08	P2A	PIC	0.0	0.0						-
107	NEONATAL INTENSIVE CARE	D09	P2A	NEO	0.0	0.0						-
108	BURN CARE	D10	P2A	BUR	0.0	0.0						-
109	PSYCHIATRIC INTENSIVE CARE	D11	P2A	PSI	0.0	0.0						-
110	SHOCK TRAUMA	D12	P2A	TRM	0.0	0.0						-
111	ONCOLOGY	D13	P2A	ONC	0.0	0.0						-
112	NEWBORN NURSERY	D14	P2A	NUR	0.0	0.0						-
113	PREMATURE NURSERY	D15	P2B	PRE	0.0	0.0						-
114	CHRONIC CARE	D17	P2B	CRH	0.0	0.0						-
115	EMERGENCY SERVICES	D18	P2B	EMG	0.0	0.0						-
116	CLINICAL SERVICES	D19	P2B	CL	0.0	0.0						-
117	PSYCH. DAY & NIGHT CARE	D20	P2B	PDC	0.0	0.0						-
118	AMBULATORY SURGERY (PBP)	D21	P2B	AMS	0.0	0.0						-
119	SAME DAY SURGERY	D22	P2B	SDS	0.0	0.0						-
120	LABOR & DELIVERY SERVICES	D23	P2B	DEL	0.0	0.0						-
121	OPERATING ROOM	D24	P2B	OR	0.0	0.0						-
122	OPERATING ROOM CLINIC	D24a	P2B	ORC	0.0	0.0						-
123	ANESTHESIOLOGY	D25	P2B	ANS	0.0	0.0						-
124	LABORATORY SERVICES	D28	P2B	LAB	0.0	0.0						-
125	ELECTROCARDIOGRAPHY	D30	P2B	EKG	0.0	0.0						-
126	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P2B	IRC	0.0	0.0						-
127	RADIOLOGY-DIAGNOSTIC	D32	P2C	RAD	0.0	0.0						-
128	CT SCANNER	D33	P2C	CAT	0.0	0.0						-
129	RADIOLOGY-THERAPEUTIC	D34	P2C	RAT	0.0	0.0						-
130	NUCLEAR MEDICINE	D35	P2C	NUC	0.0	0.0						-
131	RESPIRATORY THERAPY	D36	P2C	RES	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

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INSTITUTION NAME: NORTHWEST HOSPITAL
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COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
132	PULMONARY FUNCTION TESTING	D37	P2C	PUL	0.0	0.0						-
133	ELECTROENCEPHALOGRAPHY	D38	P2C	EEG	0.0	0.0						-
134	PHYSICAL THERAPY	D39	P2C	PTH	0.0	0.0						-
135	OCCUPATIONAL THERAPY	D40	P2C	OTH	0.0	0.0						-
136	SPEECH LANGUAGE PATHOLOGY	D41	P2C	STH	0.0	0.0						-
137	RECREATIONAL THERAPY	D42	P2C	REC	0.0	0.0						-
138	AUDIOLOGY	D43	P2C	AUD	0.0	0.0						-
139	OTHER PHYSICAL MEDICINE	D44	P2C	OPM	0.0	0.0						-
140	RENAL DIALYSIS	D45	P2C	RDL	0.0	0.0						-
141	ORGAN ACQUISITION	D46	P2D	OA	0.0	0.0						-
142	AMBULATORY SURGERY	D47	P2D	AOR	0.0	0.0						-
143	LEUKOPHERESIS	D48	P2D	LEU	0.0	0.0						-
144	HYPERBARIC CHAMBER	D49	P2D	HYP	0.0	0.0						-
145	FREE STANDING EMERGENCY	D50	P2D	FSE	0.0	0.0						-
146	MAGNETIC RESONANCE IMAGING	D51	P2D	MRI	0.0	0.0						-
147	ADOLESCENT DUAL DIAGNOSED	D52	P2D	ADD	0.0	0.0						-
148	LITHOTRIPSY	D53	P2D	LIT	0.0	0.0						-
149	REHABILITATION	D54	P2D	RHB	0.0	0.0						-
150	OBSERVATION	D55	P2D	OBV	0.0	0.0						-
151	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P2D	TMT	0.0	0.0						-
152	ONCOLOGY O/P CLINIC	D58	P2D	OCL	0.0	0.0						-
153	TRANSURETHAL NEEDLE ABLATION	D59	P2D	TNA	0.0	0.0						-
154	PSYCHIATRIC ADULT	D70	P2D	PAD	0.0	0.0						-
155	PSYCHIATRIC CHILD/ADOLESCENT	D71	P2E	PCD	0.0	0.0						-
156	PSYCHIATRIC GERIATRIC	D73	P2E	PSG	0.0	0.0						-
157	INDIVIDUAL THERAPIES	D74	P2E	ITH	0.0	0.0						-
158	GROUP THERAPIES	D75	P2E	GTH	0.0	0.0						-
159	FAMILY THERAPIES	D76	P2E	FTH	0.0	0.0						-
160	PSYCHOLOGICAL TESTING	D77	P2E	PST	0.0	0.0						-
161	EDUCATION	D78	P2E	PSE	0.0	0.0						-
162	OTHER THERAPIES	D79	P2E	OPT	0.0	0.0						-
163	ELECTROCONVULSIVE THERAPY	D80	P2E	ETH	0.0	0.0						-
164	ACTIVITY THERAPIES	D81	P2E	ATH	0.0	0.0						-
165	PEDIATRIC STEP-DOWN	D82	P2E	PSD	0.0	0.0						-
166	340B CLINIC SERVICES	D83	P2E	CL-340	0.0	0.0						-
167	340B RADIOLOGY - THERAPEUTIC	D84	P2E	RAT-340	0.0	0.0						-
168	340B OR CLINIC SERVICES	D85	P2E	ORC-340	0.0	0.0						-
169	340B LABORATORY SERVICES	D86	P2F	LAB-340	0.0	0.0						-
170	340B DRUGS	D87	P2F	CDS-340	0.0	0.0						-
171	MED/SURG ACUTE	D01	P3	MSG	0.9	0.2						0.2
172	PEDIATRIC ACUTE	D02	P3	PED	0.0	0.0						-
173	PSYCHIATRIC ACUTE	D03	P3	PSY	0.0	0.0						-
174	OBSTETRICS ACUTE	D04	P3	OBS	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP F

INSTITUTION NAME: NORTHWEST HOSPITAL
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175	DEFINITIVE OBSERVATION	D05	P3	DEF	0.0	0.0						-
176	MED/SURG INTENSIVE CARE	D06	P3	MIS	0.0	0.0						-
177	CORONARY CARE	D07	P3	CCU	0.0	0.0						-
178	PEDIATRIC INTENSIVE CARE	D08	P3	PIC	0.0	0.0						-
179	NEONATAL INTENSIVE CARE	D09	P3	NEO	0.0	0.0						-
180	BURN CARE	D10	P3	BUR	0.0	0.0						-
181	PSYCHIATRIC INTENSIVE CARE	D11	P3	PSI	0.0	0.0						-
182	SHOCK TRAUMA	D12	P3	TRM	0.0	0.0						-
183	ONCOLOGY	D13	P3	ONC	0.0	0.0						-
184	NEWBORN NURSERY	D14	P3	NUR	0.0	0.0						-
185	PREMATURE NURSERY	D15	P3	PRE	0.0	0.0						-
186	CHRONIC CARE	D17	P3	CRH	0.0	0.0						-
187	EMERGENCY SERVICES	D18	P3	EMG	0.0	0.0						-
188	CLINICAL SERVICES	D19	P3	CL	0.0	0.0						-
189	PSYCH. DAY & NIGHT CARE	D20	P3	PDC	0.0	0.0						-
190	AMBULATORY SURGERY (PBP)	D21	P3	AMS	0.0	0.0						-
191	SAME DAY SURGERY	D22	P3	SDS	0.0	0.0						-
192	LABOR & DELIVERY SERVICES	D23	P3	DEL	0.0	0.0						-
193	OPERATING ROOM	D24	P3	OR	0.0	0.0						-
194	OPERATING ROOM CLINIC	D24a	P3	ORC	0.0	0.0						-
195	ANESTHESIOLOGY	D25	P3	ANS	0.0	0.0						-
196	LABORATORY SERVICES	D28	P3	LAB	0.0	0.0						-
197	ELECTROCARDIOGRAPHY	D30	P3	EKG	0.0	0.0						-
198	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P3	IRC	0.0	0.0						-
199	RADIOLOGY-DIAGNOSTIC	D32	P3	RAD	0.0	0.0						-
200	CT SCANNER	D33	P3	CAT	0.0	0.0						-
201	RADIOLOGY-THERAPEUTIC	D34	P3	RAT	0.0	0.0						-
202	NUCLEAR MEDICINE	D35	P3	NUC	0.0	0.0						-
203	RESPIRATORY THERAPY	D36	P3	RES	0.0	0.0						-
204	PULMONARY FUNCTION TESTING	D37	P3	PUL	0.0	0.0						-
205	ELECTROENCEPHALOGRAPHY	D38	P3	EEG	0.0	0.0						-
206	PHYSICAL THERAPY	D39	P3	PTH	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
207	OCCUPATIONAL THERAPY	D40	P3	OTH	0.0	0.0						-
208	SPEECH LANGUAGE PATHOLOGY	D41	P3	STH	0.0	0.0						-
209	RECREATIONAL THERAPY	D42	P3	REC	0.0	0.0						-
210	AUDIOLOGY	D43	P3	AUD	0.0	0.0						-
211	OTHER PHYSICAL MEDICINE	D44	P3	OPM	0.0	0.0						-
212	RENAL DIALYSIS	D45	P3	RDL	0.0	0.0						-
213	ORGAN ACQUISITION	D46	P3	OA	0.0	0.0						-
214	AMBULATORY SURGERY	D47	P3	AOR	0.0	0.0						-
215	LEUKOPHERESIS	D48	P3	LEU	0.0	0.0						-
216	HYPERBARIC CHAMBER	D49	P3	HYP	0.0	0.0						-
217	FREE STANDING EMERGENCY	D50	P3	FSE	0.0	0.0						-
218	MAGNETIC RESONANCE IMAGING	D51	P3	MRI	0.0	0.0						-
219	ADOLESCENT DUAL DIAGNOSED	D52	P3	ADD	0.0	0.0						-
220	LITHOTRIPSY	D53	P3	LIT	0.0	0.0						-
221	REHABILITATION	D54	P3	RHB	0.0	0.0						-
222	OBSERVATION	D55	P3	OBV	0.0	0.0						-
223	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P3	TMT	0.0	0.0						-
224	ONCOLOGY O/P CLINIC	D58	P3	OCL	0.0	0.0						-
225	TRANSURETHAL NEEDLE ABLATION	D59	P3	TNA	0.0	0.0						-
226	PSYCHIATRIC ADULT	D70	P3	PAD	0.0	0.0						-
227	PSYCHIATRIC CHILD/ADOLESCENT	D71	P3	PCD	0.0	0.0						-
228	PSYCHIATRIC GERIATRIC	D73	P3	PSG	0.0	0.0						-
229	INDIVIDUAL THERAPIES	D74	P3	ITH	0.0	0.0						-
230	GROUP THERAPIES	D75	P3	GTH	0.0	0.0						-
231	FAMILY THERAPIES	D76	P3	FTH	0.0	0.0						-
232	PSYCHOLOGICAL TESTING	D77	P3	PST	0.0	0.0						-
233	EDUCATION	D78	P3	PSE	0.0	0.0						-
234	OTHER THERAPIES	D79	P3	OPT	0.0	0.0						-
235	ELECTROCONVULSIVE THERAPY	D80	P3	ETH	0.0	0.0						-
236	ACTIVITY THERAPIES	D81	P3	ATH	0.0	0.0						-
236	PEDIATRIC STEP-DOWN	D82	P3	PSD	0.0	0.0						-
237	340B CLINIC SERVICES	D83	P3	CL-340	0.0	0.0						-
238	340B RADIOLOGY - THERAPEUTIC	D84	P3	RAT-340	0.0	0.0						-
239	340B OR CLINIC SERVICES	D85	P3	ORC-340	0.0	0.0						-
240	340B LABORATORY SERVICES	D86	P3	LAB-340	0.0	0.0						-
241	340B DRUGS	D87	P3	CDS-340	0.0	0.0						-
242	MED/SURG ACUTE	D01	P4A	MSG	0.0	0.0						-
243	PEDIATRIC ACUTE	D02	P4A	PED	0.0	0.0						-
244	PSYCHIATRIC ACUTE	D03	P4A	PSY	0.0	0.0						-
245	OBSTETRICS ACUTE	D04	P4A	OBS	0.0	0.0						-
246	DEFINITIVE OBSERVATION	D05	P4A	DEF	0.0	0.0						-
247	MED/SURG INTENSIVE CARE	D06	P4A	MIS	0.0	0.0						-
248	CORONARY CARE	D07	P4A	CCU	0.0	0.0						-
249	PEDIATRIC INTENSIVE CARE	D08	P4B	PIC	0.0	0.0						-
250	NEONATAL INTENSIVE CARE	D09	P4B	NEO	0.0	0.0						-
251	BURN CARE	D10	P4B	BUR	0.0	0.0						-
252	PSYCHIATRIC INTENSIVE CARE	D11	P4B	PSI	0.0	0.0						-
253	SHOCK TRAUMA	D12	P4B	TRM	0.0	0.0						-
254	ONCOLOGY	D13	P4B	ONC	0.0	0.0						-
255	NEWBORN NURSERY	D14	P4B	NUR	0.0	0.0						-
256	PREMATURE NURSERY	D15	P4C	PRE	0.0	0.0						-
257	CHRONIC CARE	D17	P4C	CRH	0.0	0.0						-

258	EMERGENCY SERVICES	D18	P4C	EMG	0.0	0.0							-
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ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP II

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
259	CLINICAL SERVICES	D19	P4C	CL	0.0	0.0						-
260	PSYCH. DAY & NIGHT CARE	D20	P4C	PDC	0.0	0.0						-
261	AMBULATORY SURGERY (PBP)	D21	P4C	AMS	0.0	0.0						-
262	SAME DAY SURGERY	D22	P4C	SDS	0.0	0.0						-
263	LABOR & DELIVERY SERVICES	D23	P4D	DEL	0.0	0.0						-
264	OPERATING ROOM	D24	P4D	OR	0.0	0.0						-
265	OPERATING ROOM CLINIC	D24a	P4D	ORC	0.0	0.0						-
266	ANESTHESIOLOGY	D25	P4D	ANS	0.0	0.0						-
267	LABORATORY SERVICES	D28	P4D	LAB	0.0	0.0						-
268	ELECTROCARDIOGRAPHY	D30	P4D	EKG	0.0	0.0						-
269	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P4D	IRC	0.0	0.0						-
270	RADIOLOGY-DIAGNOSTIC	D32	P4E	RAD	0.0	0.0						-
271	CT SCANNER	D33	P4E	CAT	0.0	0.0						-
272	RADIOLOGY-THERAPEUTIC	D34	P4E	RAT	0.0	0.0						-
273	NUCLEAR MEDICINE	D35	P4E	NUC	0.0	0.0						-
274	RESPIRATORY THERAPY	D36	P4E	RES	0.0	0.0						-
275	PULMONARY FUNCTION TESTING	D37	P4E	PUL	0.0	0.0						-
276	ELECTROENCEPHALOGRAPHY	D38	P4E	EEG	0.0	0.0						-
277	PHYSICAL THERAPY	D39	P4F	PTH	0.0	0.0						-
278	OCCUPATIONAL THERAPY	D40	P4F	OTH	0.0	0.0						-
279	SPEECH LANGUAGE PATHOLOGY	D41	P4F	STH	0.0	0.0						-
280	RECREATIONAL THERAPY	D42	P4F	REC	0.0	0.0						-
281	AUDIOLOGY	D43	P4F	AUD	0.0	0.0						-
282	OTHER PHYSICAL MEDICINE	D44	P4F	OPM	0.0	0.0						-
283	RENAL DIALYSIS	D45	P4F	RDL	0.0	0.0						-
284	ORGAN ACQUISITION	D46	P4G	OA	0.0	0.0						-
285	AMBULATORY SURGERY	D47	P4G	AOR	0.0	0.0						-
286	LEUKOPHERESIS	D48	P4G	LEU	0.0	0.0						-
287	HYPERBARIC CHAMBER	D49	P4G	HYP	0.0	0.0						-
288	FREE STANDING EMERGENCY	D50	P4G	FSE	0.0	0.0						-
289	MAGNETIC RESONANCE IMAGING	D51	P4G	MRI	0.0	0.0						-
290	ADOLESCENT DUAL DIAGNOSED	D52	P4G	ADD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP I

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
291	LITHOTRIPSY	D53	P4H	LIT	0.0	0.0						-
292	REHABILITATION	D54	P4H	RHB	0.0	0.0						-
293	OBSERVATION	D55	P4H	OBV	0.0	0.0						-
294	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P4H	TMT	0.0	0.0						-
295	ONCOLOGY O/P CLINIC	D58	P4H	OCL	0.0	0.0						-
296	TRANSURETHAL NEEDLE ABLATION	D59	P4H	TNA	0.0	0.0						-
297	PSYCHIATRIC ADULT	D70	P4H	PAD	0.0	0.0						-
298	PSYCHIATRIC CHILD/ADOLESCENT	D71	P4I	PCD	0.0	0.0						-
299	PSYCHIATRIC GERIATRIC	D73	P4I	PSG	0.0	0.0						-
300	INDIVIDUAL THERAPIES	D74	P4I	ITH	0.0	0.0						-
301	GROUP THERAPIES	D75	P4I	GTH	0.0	0.0						-
302	FAMILY THERAPIES	D76	P4I	FTH	0.0	0.0						-
303	PSYCHOLOGICAL TESTING	D77	P4I	PST	0.0	0.0						-
304	EDUCATION	D78	P4I	PSE	0.0	0.0						-
305	OTHER THERAPIES	D79	P4J	OPT	0.0	0.0						-
306	ELECTROCONVULSIVE THERAPY	D80	P4J	ETH	0.0	0.0						-
307	ACTIVITY THERAPIES	D81	P4J	ATH	0.0	0.0						-
307	PEDIATRIC STEP-DOWN	D82	P4J	PSD	0.0	0.0						-
308	340B CLINIC SERVICES	D83	P4J	CL-340	0.0	0.0						-
309	340B RADIOLOGY - THERAPEUTIC	D84	P4J	RAT-340	0.0	0.0						-
310	340B OR CLINIC SERVICES	D85	P4J	ORC-340	0.0	0.0						-
311	340B LABORATORY SERVICES	D86	P4K	LAB-340	0.0	0.0						-
312	340B DRUGS	D87	P4K	CDS-340	0.0	0.0						-
313	MED/SURG ACUTE	D01	P5A	MSG	0.0	0.0						-
314	PEDIATRIC ACUTE	D02	P5A	PED	0.0	0.0						-
315	PSYCHIATRIC ACUTE	D03	P5A	PSY	0.0	0.0						-
316	OBSTETRICS ACUTE	D04	P5A	OBS	0.0	0.0						-
317	DEFINITIVE OBSERVATION	D05	P5A	DEF	0.0	0.0						-
318	MED/SURG INTENSIVE CARE	D06	P5A	MIS	0.0	0.0						-
319	CORONARY CARE	D07	P5A	CCU	0.0	0.0						-
320	PEDIATRIC INTENSIVE CARE	D08	P5B	PIC	0.0	0.0						-
321	NEONATAL INTENSIVE CARE	D09	P5B	NEO	0.0	0.0						-
322	BURN CARE	D10	P5B	BUR	0.0	0.0						-
323	PSYCHIATRIC INTENSIVE CARE	D11	P5B	PSI	0.0	0.0						-
324	SHOCK TRAUMA	D12	P5B	TRM	0.0	0.0						-
325	ONCOLOGY	D13	P5B	ONC	0.0	0.0						-
326	NEWBORN NURSERY	D14	P5B	NUR	0.0	0.0						-
327	PREMATURE NURSERY	D15	P5C	PRE	0.0	0.0						-
328	CHRONIC CARE	D17	P5C	CRH	0.0	0.0						-
329	EMERGENCY SERVICES	D18	P5C	EMG	0.0	0.0						-
330	CLINICAL SERVICES	D19	P5C	CL	0.0	0.0						-
331	PSYCH. DAY & NIGHT CARE	D20	P5C	PDC	0.0	0.0						-
332	AMBULATORY SURGERY (BPB)	D21	P5C	AMS	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP J

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
333	SAME DAY SURGERY	D22	P5C	SDS	0.0	0.0						-
334	LABOR & DELIVERY SERVICES	D23	P5D	DEL	0.0	0.0						-
335	OPERATING ROOM	D24	P5D	OR	0.0	0.0						-
336	OPERATING ROOM CLINIC	D24a	P5D	ORC	0.0	0.0						-
337	ANESTHESIOLOGY	D25	P5D	ANS	0.0	0.0						-
338	LABORATORY SERVICES	D28	P5D	LAB	0.0	0.0						-
339	ELECTROCARDIOGRAPHY	D30	P5D	EKG	0.0	0.0						-
340	INTERVENTIONAL RADIOLOGY / CARDIOVASCULAR	D31	P5D	IRC	0.0	0.0						-
341	RADIOLOGY-DIAGNOSTIC	D32	P5E	RAD	0.0	0.0						-
342	CT SCANNER	D33	P5E	CAT	0.0	0.0						-
343	RADIOLOGY-THERAPEUTIC	D34	P5E	RAT	0.0	0.0						-
344	NUCLEAR MEDICINE	D35	P5E	NUC	0.0	0.0						-
345	RESPIRATORY THERAPY	D36	P5E	RES	0.0	0.0						-
346	PULMONARY FUNCTION TESTING	D37	P5E	PUL	0.0	0.0						-
347	ELECTROENCEPHALOGRAPHY	D38	P5E	EEG	0.0	0.0						-
348	PHYSICAL THERAPY	D39	P5F	PTH	0.0	0.0						-
349	OCCUPATIONAL THERAPY	D40	P5F	OTH	0.0	0.0						-
350	SPEECH LANGUAGE PATHOLOGY	D41	P5F	STH	0.0	0.0						-
351	RECREATIONAL THERAPY	D42	P5F	REC	0.0	0.0						-
352	AUDIOLOGY	D43	P5F	AUD	0.0	0.0						-
353	OTHER PHYSICAL MEDICINE	D44	P5F	OPM	0.0	0.0						-
354	RENAL DIALYSIS	D45	P5F	RDL	0.0	0.0						-
355	ORGAN ACQUISITION	D46	P5G	OA	0.0	0.0						-
356	AMBULATORY SURGERY	D47	P5G	AOR	0.0	0.0						-
357	LEUKOPHERESIS	D48	P5G	LEU	0.0	0.0						-
358	HYPERBARIC CHAMBER	D49	P5G	HYP	0.0	0.0						-
359	FREE STANDING EMERGENCY	D50	P5G	FSE	0.0	0.0						-
360	MAGNETIC RESONANCE IMAGING	D51	P5G	MRI	0.0	0.0						-
361	ADOLESCENT DUAL DIAGNOSED	D52	P5G	ADD	0.0	0.0						-
362	LITHOTRIPSY	D53	P5H	LIT	0.0	0.0						-
363	REHABILITATION	D54	P5H	RHB	0.0	0.0						-
364	OBSERVATION	D55	P5H	OBV	0.0	0.0						-
365	TRANSURETHAL MICROWAVE THERMOTHERAPY	D57	P5H	TMT	0.0	0.0						-
366	ONCOLOGY O/P CLINIC	D58	P5H	OCL	0.0	0.0						-
367	TRANSURETHAL NEEDLE ABLATION	D59	P5H	TNA	0.0	0.0						-
368	PSYCHIATRIC ADULT	D70	P5H	PAD	0.0	0.0						-

ALLOCATION OF EXPENSES (CAFETERIA, PARKING, DATA PROCESSING)

OADP K

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040
 FISCAL YEAR: 6/30/2019

COL. 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8

///	DISTRIBUTION OF LOSS PER FTE	LOOK UP	SCHED	CODE	NO. OF FTE'S	C x DI	FTE'S ALLOCATED	BASIS	WAGES, SALARIES, & F. BENEFIT	OTHER EXPENSES	DP ALLOCATION	TOTAL ALLOCATED EXPENSE
369	PSYCHIATRIC CHILD/ADOLESCENT	D71	P5I	PCD	0.0	0.0						-
370	PSYCHIATRIC GERIATRIC	D73	P5I	PSG	0.0	0.0						-
371	INDIVIDUAL THERAPIES	D74	P5I	ITH	0.0	0.0						-
372	GROUP THERAPIES	D75	P5I	GTH	0.0	0.0						-
373	FAMILY THERAPIES	D76	P5I	FTH	0.0	0.0						-
374	PSYCHOLOGICAL TESTING	D77	P5I	PST	0.0	0.0						-
375	EDUCATION	D78	P5I	PSE	0.0	0.0						-
376	OTHER THERAPIES	D79	P5J	OPT	0.0	0.0						-
377	ELECTROCONVULSIVE THERAPY	D80	P5J	ETH	0.0	0.0						-
378	ACTIVITY THERAPIES	D81	P5J	ATH	0.0	0.0						-
378	PEDIATRIC STEP-DOWN	D82	P5J	PSD	0.0	0.0						-
379	340B CLINIC SERVICES	D83	P5J	CL-340	0.0	0.0						-
380	340B RADIOLOGY - THERAPEUTIC	D84	P5J	RAT-340	0.0	0.0						-
381	340B OR CLINIC SERVICES	D85	P5J	ORC-340	0.0	0.0						-
382	340B LABORATORY SERVICES	D86	P5J	LAB-340	0.0	0.0						-
383	340B DRUGS	D87	P5J	CDS-340	0.0	0.0						-
384	FREESTANDING CLINIC SERVICES	UR01	UR01	FSC1	0.0	0.0						-
385	HOME HEALTH SERVICES	UR02	UR02	HHC	0.0	0.0						-
386	OUTPATIENT RENAL DIALYSIS	UR03	UR03	ORD	0.0	0.0						-
387	SKILLED NURSING CARE	UR04	UR04	ECF1	66.0	12.2						12.2
388	LABORATORY NON-PATIENT	UR05	UR05	ULB	0.0	0.0						-
389	PHYSICIANS PART B SERVICES	UR06	UR06	UPB	91.1	16.8						16.8
390	CERTIFIED NURSE ANESTHETISTS	UR07	UR07	CNA	0.0	0.0						-
391	PHYSICIAN SUPPORT SERVICES	UR08	UR08	PSS	2.5	0.5						0.5
392	HOSPICE CARE	UR09	UR09	TBA2	0.0	0.0						-
393	TBD	UR10	UR10	TBA3	0.0	0.0						-
394	TBD	UR11	UR11	TBA4	0.0	0.0						-
395	TBD	UR12	UR12	TBA5	0.0	0.0						-
396	TBD	UR13	UR13	TBA6	0.0	0.0						-
397	TBD	UR14	UR14	TBA7	0.0	0.0						-
398	TBD	UR15	UR15	TBA8	0.0	0.0						-
E	TOTALS				1,244.9	229.5	25.5	100.00%	3,509.3	5,225.7	8,735.0	8,964.6

**RECONCILIATION OF BASE YEAR EXPENSES
AND BUDGET YEAR EXPENSES
TO SCHEDULE RE**

RC

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

	Expenses	Sources	HSCRC Regulated	Unregulated	Total	
A	Unassigned Expense	Sch. UA, Col. 10	26,741.3	569.5	27,310.8	A
B	Physicians Part B Services	P2 Ln A Col 7 UR6 Ln B Col 3	0.0	21,158.8	21,158.8	B
C	Physician Support Services	Sch. P3, Line A, Col. 7 UR	202.6		202.6	C
D	Resident, Intern Services	Sch. P4 & P5 , Line A, Col. 7	0.0	0.0	0.0	D
E	Overhead Expense Survey	Sch OES, Line P, Col. 1	60,253.5	4,087.4	64,340.9	E
F	Patient Care Centers	Schs D1 - D81, Line B, Col. 4	104,106.0	//////////	104,106.0	F
G	Auxiliary Enterprises	Schs E1 - E9 Line B, Col 3	229.5	18,456.4	18,685.9	G
H	Other Institution Programs	Schs F1 - F4, Line B, Col 3	//////////	971.1	971.1	H
I	Unregulated Services	Schs UR1-UR15 Less Ln B & C	//////////	12,128.6	12,128.6	I
J	Total Operating Expenses	A+B+C+D+E+F+G+H+I	191,533.0	57,371.8	248,904.8	J
K	Non-Operating Expenses	Non-Operating Expenses	//////////	0.0	0.0	K
L	Total Expenses	J + K	191,533.0	57,371.8	248,904.8	L
M	Total Operating Expenses - RE	Sche RE, Line S	191,172.1	57,732.1	248,904.2	M
N	Non-Operating Expenses - RE	Sche RE, Line V	//////////	0.0	0.0	N
O	Total Expenses - RE	M + N	191,172.1	57,732.1	248,904.2	O
P	Reconciliation Amount	O - L	(360.9)	360.3	(0.5)	P
Q	Nomenclature	//////////	//////////	//////////	//////////	Q
Q1	Other Non-Operating Expense	Audited Financial Statements	0.0	0.0	0.0	Q1
Q2	Rounding		0.6	(0.0)	0.5	Q2
Q3	O/H Exp Alloc. to Aux Ent. Fringe	E Schedules	325.4	(325.4)	0.0	Q3
Q4	Aux Ent. Loss Allocated to F and UR	OA Schedule	34.9	(34.9)	0.0	Q4
Q5	Ineligible Interns/Residents	P5 Schedule	0.0	0.0	0.0	Q5
Q6						Q6

STATEMENT OF REVENUE AND EXPENSES

RE

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL

6/30/2019INSTITUTION NUMBER: 210040

		COL 1	COL 2	COL 3	
		Regulated	Unregulated	Total	
Operating Revenues:		xxxx	xxxx	xxxx	
A	Gross Revenues from Daily Hospital Services	68,518.6	12,188.3	80,706.9	A
B	Gross Revenues from Ambulatory Services	2,915.6	0.0	2,915.6	B
C	Gross Revenues from Inpatient Ancillary Services	71,052.8	0.0	71,052.8	C
D	Gross Revenues from Outpatient Ancillary Services	129,022.0	47,686.3	176,708.2	D
E	Gross Patient Revenues	271,508.9	59,874.6	331,383.5	E
Deductions from Revenues:		xxxx	xxxx	xxxx	
F	Provision for Bad Debts	11,789.3	4,471.0	16,260.3	F
G	Charity/Uncompensated Care	1,936.1	0.0	1,936.1	G
H	Contractual Adjustments	25,375.9	23,777.3	49,153.2	H
H1	Uncompensated Care Fund Payments	0.0	0.0	0.0	H1
H2	Denials	5,517.3	0.0	5,517.3	H2
I	Other Deductions from Revenues	0.0	0.0	0.0	I
J	Total Deductions from Revenues	44,618.6	28,248.3	72,866.9	J
J1	Uncompensated Care Fund Receipts	1,829.1	0.0	1,829.1	J1
K	Net Patient Revenues	228,719.3	31,626.4	260,345.7	K
L	Other Operating Revenues	3,172.9	4,186.7	7,359.7	L
M	Net Operating Revenues	231,892.3	35,813.1	267,705.4	M
Operating Expenses:		xxxx	xxxx	xxxx	
N	Salaries, Wages, and Employee Benefits	110,142.0	27,848.3	137,990.3	N
O	Professional Fees	0.0	0.0	0.0	O
P	Supplies	48,667.0	0.0	48,667.0	P
Q	Depreciation/Amortization, Leases/Rentals	15,807.7	569.5	16,377.2	Q
R	Other Expenses	16,555.4	29,314.3	45,869.7	R
S	Total Operating Expenses	191,172.1	57,732.1	248,904.2	S
T	Excess (Deficit) Operating Revenues Over Operating Expenses	40,720.1	(21,919.0)	18,801.1	T
U	Non-Operating Revenues	xxxx	5,254.2	5,254.2	U
V	Non-Operating Expenses	xxxx	0.0	0.0	V
W	Excess (Deficit) Revenues Over Expenses-Regulated and Unregulated	40,720.1	(16,664.8)	24,055.4	W
X	Operating Expenses per EIPD	2.04252	xxxx	xxxx	X
Y	Operating Expenses per EIPA	10.32721	xxxx	xxxx	Y
Z	Working Capital Ratio = Current Assets/Current Liabilities	3.2	xxxx	xxxx	Z
AA	Admissions	9,516	801	10,317	AA
BB	EIPA's	18,512	3,935	22,528	BB

**Schedule RE-R:
Reconciliation of the Audited
Financials to Schedule RE**

INSTITUTION NAME: NORTHWEST HOSPITAL

RE - R 1

INSTITUTION NO.: 210040

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9
	Audited Financial Statements	Miscellaneous Adjustments	AUXILIARY ENTERPRISES						
			E01	E02	E03	E04	E05	E06	E07
			Ambulance	Parking	Dr. Office	Other Office	Retail Ops.	Pt. Phones	Cafeteria
Gross Patient Revenue	331,375.6	7.9	-	-	-	-	16,012.6	-	-
Provision for Bad Debt	16,260.3	-	-	-	-	-	-	-	-
Charity Care	1,936.1	-	-	-	-	-	-	-	-
Contractual Allowances	52,833.4	7.9	-	-	-	-	-	-	-
Total Deductions	71,029.9	7.9	-	-	-	-	-	-	-
Net Patient Revenue	260,345.7	0.0	-	-	-	-	16,012.6	-	-
Other Operating Revenue	4,461.2	2,898.4	-	-	1,205.7	-	42.7	-	1,435.4
Total Operating Revenue	264,806.9	2,898.4	-	-	1,205.7	-	16,055.2	-	1,435.4
Operating Expenses:									
Salaries, Wages and Benefits	134,770.5	3,219.8	-	-	131.3	-	2,404.6	-	260.5
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	48,667.0	-	-	-	-	-	-	-	-
Depreciation / Amortization	12,270.1	2,898.5	-	-	-	-	-	-	-
Leases / Rentals	-	1,208.6	-	-	-	-	-	-	-
Interest	717.8	3,218.7	-	-	-	-	-	-	-
Other Expenses	49,580.4	(7,647.1)	-	-	1,905.5	245.8	13,926.8	-	1,174.9
Total Operating Expense	246,005.8	2,898.4	-	-	2,036.8	245.8	16,331.3	-	1,435.4
Income from Operations	18,801.1	-	-	-	(831.1)	(245.8)	(276.1)	-	(0.0)
Non-Operating Revenues	5,254.2	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	24,055.4	-	-	-	(831.1)	(245.8)	(276.1)	-	(0.0)

**Schedule RE-R:
Reconciliation of the Audited
Financials to Schedule RE**

INSTITUTION NAME: NORTHWEST F

RE - R 2

INSTITUTION NO.: 210040

	Col. 10	Col. 11	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16	Col. 17	Col. 18
	AUXILIARY ENTERPRISES		OTHER INSTITUTIONAL PROGRAMS				UNREGULATED		
	E08	E09	F01	F02	F03	F04	UR01	UR02	UR03
	Day Care	Housing	Research	Nursing Ed.	Other Hlth. Ed.	Comm. Hlth. Ed.	FSC	Home Health	O/P Renal
Gross Patient Revenue	-	-	-	-	-	-	-	-	-
Provision for Bad Debt	-	-	-	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-	-	-	-
Contractual Allowances	-	-	-	-	-	-	-	-	-
Total Deductions	-	-	-	-	-	-	-	-	-
Net Patient Revenue	-	-	-	-	-	-	-	-	-
Other Operating Revenue	-	-	7.0	-	-	800.3	-	-	-
Total Operating Revenue	-	-	7.0	-	-	800.3	-	-	-
Operating Expenses:									
Salaries, Wages and Benefits	-	-	2.0	-	-	669.2	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	-	-	-	-	-	-	-	-	-
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	32.1	-	-	355.3	-	-	-
Total Operating Expense	-	-	34.1	-	-	1,024.5	-	-	-
Income from Operations	-	-	(27.1)	-	-	(224.2)	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	-	-	(27.1)	-	-	(224.2)	-	-	-

**Schedule RE-R:
Reconciliation of the Audited
Financials to Schedule RE**

INSTITUTION NAME: NORTHWEST F

INSTITUTION NO.: 210040

	Col. 19	Col. 20	Col. 21	Col. 22	Col. 23	Col. 23a	Col. 23b	Col. 23c	Col. 23d
	UNREGULATED								
	UR04	UR05	UR06	UR07	UR08	UR09	UR10	UR11	UR12
	SNF	Non-Pt. Lab	Phys. Pt. B	CNA	PSS	Hospice Care	TBD	TBD	TBD
Gross Patient Revenue	12,188.3	8.3	31,665.4	-	-	-	-	-	-
Provision for Bad Debt	117.7	-	4,353.3	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-	-	-	-
Contractual Allowances	6,117.2	-	17,660.1	-	-	-	-	-	-
Total Deductions	6,234.9	-	22,013.3	-	-	-	-	-	-
Net Patient Revenue	5,953.4	8.3	9,652.1	-	-	-	-	-	-
Other Operating Revenue	-	-	207.7	-	-	488.0	-	-	-
Total Operating Revenue	5,953.4	8.3	9,859.8	-	-	488.0	-	-	-
Operating Expenses:									
Salaries, Wages and Benefits	7,790.7	-	16,124.5	-	465.4	-	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Depreciation / Amortization	569.5	-	-	-	-	-	-	-	-
Leases / Rentals	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Other Expenses	4,993.3	-	6,604.6	-	-	76.1	-	-	-
Total Operating Expense	13,353.5	-	22,729.1	-	465.4	76.1	-	-	-
Income from Operations	(7,400.1)	8.3	(12,869.4)	-	(465.4)	411.9	-	-	-
Non-Operating Revenues	-	-	-	-	-	-	-	-	-
Non-Operating Expenses	-	-	-	-	-	-	-	-	-
Excess Revenue Over Expenses	(7,400.1)	8.3	(12,869.4)	-	(465.4)	411.9	-	-	-

**Schedule RE-R:
Reconciliation of the Audited
Financials to Schedule RE**

INSTITUTION NAME: NORTHWEST F

RE - R 3

INSTITUTION NO.: 210040

	Col. 23e	Col. 23f	Col. 23g	Col. 24	Col. 25	Col. 26	Col. 27
	UR13	UR14	UR15	TOTAL UNREGULATED	TOTAL REGULATED	SCHEDULE RE	RE LINE
	TBD	TBD	TBD				
Gross Patient Revenue	-	-	-	59,874.6	271,508.9	331,383.5	E
Provision for Bad Debt	-	-	-	4,471.0	11,789.3	16,260.3	F
Charity Care	-	-	-	-	1,936.1	1,936.1	G
Contractual Allowances	-	-	-	23,777.3	29,064.1	52,841.4	H
Total Deductions	-	-	-	28,248.3	42,789.6	71,037.8	J
Net Patient Revenue	-	-	-	31,626.4	228,719.3	260,345.7	K
Other Operating Revenue	-	-	-	4,186.7	3,172.9	7,359.7	L
Total Operating Revenue	-	-	-	35,813.1	231,892.3	267,705.4	M
Operating Expenses:							
Salaries, Wages and Benefits	-	-	-	27,848.3	110,142.0	137,990.3	N
Professional Fees	-	-	-	-	-	-	O
Supplies	-	-	-	-	48,667.0	48,667.0	P
Depreciation / Amortization	-	-	-	569.5	14,599.1	15,168.6	Q
Leases / Rentals	-	-	-	-	1,208.6	1,208.6	Q
Interest	-	-	-	-	3,936.4	3,936.4	R
Other Expenses	-	-	-	29,314.3	12,618.9	41,933.3	R
Total Operating Expense	-	-	-	57,732.1	191,172.1	248,904.2	S
Income from Operations	-	-	-	(21,919.0)	40,720.1	18,801.1	T
Non-Operating Revenues	-	-	-	5,254.2	XXXXX	5,254.2	U
Non-Operating Expenses	-	-	-	-	XXXXX	-	V
Excess Revenue Over Expenses	-	-	-	(16,664.8)	40,720.1	24,055.4	W

OVERHEAD STATISTICAL APPORTIONMENT

JS1 & JS2

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040

FISCAL YEAR 6/30/2019

UNIT COST CALCULATIONS	COL 1 DIETARY MEALS	COL 2 LAUNDRY & LINEN POUNDS	COL 3 PURCHASING STORES OTH EXP SCHED	COL 4 HOUSEKEEPING # OF HOURS	COL 5 CENT SUPPLY PHARMACY SOCIAL SERV	COL 6 PLANT OPERATIONS NET SQ FEET	COL 7 INPATIENT: PAC, MRD FIS, MGT, NAD	COL 7 A AMBULATORY: PAC, MRD FIS, MGT, NAD	COL 8 OUTPATIENT: PAC, MRD FIS, MGT, NAD	COL 9 MED STAFF ADMIN EIPAs	COL 10 UNASSIGNED EXPENSES	
A Overhead Expenses	3,118.2	977.7	609.6	3,980.5	8,277.9	8,940.1	13,685.2	233.0	14,168.5	2,054.4	6,560.2	
B Units	179,114	1,145,308	13,045	160,160	8,278	188,218	55,833.2	950.7	33,631.4	18,511	137,126.5	
C Cost per unit	0.017409	0.000854	0.046729	0.024853	1.000000	0.047498	0.245109	0.245109	0.421288	0.110980	0.047841	
STATISTICAL APPORTIONMENT												
1 Med/Surg Acute	MSG	128,482	529,511	2,077.5	55,810	65,519	24,407.5				37,675.0	
2 Pediatric Acute	PED	0	0	0.0	0	0					0.0	
3 Psychiatric Acute	PSY	40,957	75,590	251.7	3,355	3,939	6,705.6				9,409.0	
4 Obstetrics Acute	OBS	0	0	0.0	0	0					0.0	
5 Definitive Observation	DEF	0	0	0.0	0	0					0.0	
6 Med/Surg Intensive Care	MIS	9,675	126,227	188.2	5,906	6,933	3,831.8				5,532.1	
7 Coronary Care	CCU	0	0	0.0	0	0					0.0	
8 Pediatric Intensive Care	PIC	0	0	0.0	0	0					0.0	
9 Neonatal Intensive Care	NFO	0	0	0.0	0	0					0.0	
10 Burn Care	BUR	0	0	0.0	0	0					0.0	
11 Psychiatric Intensive Care	PSI	0	0	0.0	0	0					0.0	
12 Shock Trauma	TRM	0	0	0.0	0	0					0.0	
13 Oncology	ONC	0	0	0.0	0	0					0.0	
14 Newborn Nursery	NUR		0	0.0	0	0					0.0	
15 Premature Nursery	PRE		0	0.0	0	0					0.0	
16 Chronic Care	CRH	0	0	0.0	0	0					0.0	
17 Emergency Services	EMG	0	97,344	1,135.8	19,071	22,389	2,576.8		7,465.2	1,846	15,697.1	
18 Clinical Services	CL			392.7	13,626	15,997	253.3		3,497.8	857	6,498.6	
19 Psych. Day & Night Care	PDC	0	0	0.0	0	0				0	0.0	
21 Ambulatory Surgery (PBP)	AMS	0	0	0.0	0	0				0	0.0	
20 Same Day Surgery	SDS	0	0	41.9	4,352	5,109		950.7		2,112	1,770.8	
22 Labor & Delivery Services	DEL		0	0.0	0	0					0.0	
23 Operating Room	OR		145,482	1,895.4	18,170	21,331	3,571.8		5,331.2		13,702.1	
24 Operating Room Clinic	ORC		0	32.4	0	196	2.9		630.4		910.4	
25 Anesthesiology	ANS		0	706.9	246	289	492.2		725.5		1,696.8	
26 Laboratory Services	LAB		0	2,908.7	7,017	8,238	3,129.0		2,814.6		8,597.9	
27 Electrocardiography	EKG		0	22.6	369	433	101.8		113.8		319.4	
28 Interventional Radiology / Cardiovascular	IRC		0	394.6	2,137	2,509	611.0		728.4		1,986.7	
29 Radiology-Diagnostic	RAD		63,113	615.2	12,072	14,172	1,252.6		2,675.9		6,418.7	
30 CT Scanner	CAT		20,325	341.9	982	1,153	420.4		1,030.8		2,101.0	
31 Radiology-Therapeutic	RAT		0	0.0	0	0					0.0	
32 Nuclear Medicine	NUC		33,161	107.1	1,480	1,738	280.1		282.3		902.7	
33 Respiratory Therapy	RES		0	398.1	1,239	1,455	2,386.2		490.7		3,787.0	
34 Pulmonary Function Testing	PUL		0	19.9	223	262	10.5		88.8		158.2	
35 Electroencephalography	EEG		25,673	227.3	288	338	243.0		233.4		690.1	
36 Physical Therapy	PTH		28,882	133.8	3,601	4,228	796.8		428.7		1,922.6	
37 Occupational Therapy	OTH		0	15.6	126	148	260.8		72.1		438.0	
38 Speech Language Pathology	STH		0	7.3	0	0	280.1		45.0		413.0	
39 Recreational Therapy	REC	0	0	0.0	0	0					0.0	
40 Audiology	AUD		0	0.0	0	0					0.0	
41 Other Physical Medicine	OPM		0	0.0	0	0					0.0	
42 Renal Dialysis	RDL	0	0	723.2	1,222	1,434	723.2				1,032.8	
43 Organ Acquisition	OA		0	0.0	0	0.0					0.0	
44 Ambulatory Surgery	AOR		0	0.0	0	0					0.0	
45 Leukopheresis	LEU		0	0.0	0	0					0.0	
46 Hyperbaric Chamber	HYP		0	7.2	583	684	0.7		118.7		216.9	
47 Free Standing Emergency	FSE	0	0	0.0	0	0					0.0	
48 Magnetic Resonance Imaging	MRI		0	237.9	1,968	2,310	315.2		364.8		1,080.7	
49 Adolescent Dual Diagnosed	ADD	0	0	0.0	0	0					0.0	
50 Lithotripsy	LIT		0	0.0	0	0					0.0	
51 Rehabilitation	RHB	0	0	0.0	0	0					0.0	
52 Observation	OBV	0	0	162.4	0	0	170.1		2,134.1	4,181	3,716.6	
53 Ambulance Services-Rebundled	AMR	0	0	0.0	0	0					0.0	
54 Transurethral Microwave Thermotherapy	TMT	0	0	0.0	0	0					0.0	
55 Oncology O/P Clinic	OCL		0	0.0	0	0					0.0	
56 Transurethral Needle Ablation	TNA		0	0.0	0	0					0.0	
57 Pediatric Step-Down	PSD	0	0	0.0	0	0					0.0	
58 340B Clinic Services	CL-340		0	0.0	0	0					0.0	
59 340B Radiology - Therapeutic	RAT-340		0	0.0	0	0					0.0	
60 340B OR Clinic Services	ORC-340		0	0.0	0	0					0.0	
61 340B Laboratory Services	LAB-340		0	0.0	0	0					0.0	
62 340B Drugs	CDS-340		0	0.0	0	0					0.0	
63 Admission Services	ADM					909.0				9,516		
64 Med/Surg Supplies	MSS				4,108	1,869.7	4,821	1,002.0	867.7		2,812.0	
65 Drugs Sold	CDS				2,209	5,499.2	2,593	2,007.6	3,491.5		7,640.3	
E TOTAL		179,114	1,145,308	13,045.3	160,160	8,277.9	188,218	55,833.2	950.7	33,631.4	18,511	137,126.5

OVERHEAD EXPENSE APPORTIONMENT

J1 & J2

INSTITUTION NAME:
INSTITUTION NUMBER:

NORTHWEST HOSPITAL
210040

FISCAL YEAR 6/30/2019

	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 8 A	COL 9	COL 10	COL 11	COL 12	COL 13
ALLOCATED CENTERS	DIETARY MEALS	LAUNDRY & LINEN POUNDS	PURCHASING STORES OTH EXP SCHED	HOUSEKEEPING # OF HOURS	CENT SUPPLY PHARMACY SOCIAL SERV	PLANT OPERATIONS NET SQ FEET	TOTAL PATIENT CARE OVERHEAD	INPATIENT: PAC, MRD FIS, MGT, NAD	AMBULATORY: PAC, MRD FIS, MGT, NAD	OUTPATIENT: PAC, MRD FIS, MGT, NAD	MED STAFF ADMIN EIPAs	UNASSIGNED EXPENSES	TOTAL OTHER OVERHEAD	TOTAL ALLOCATED OVERHEAD
A Overhead Expenses	3,118.2	977.7	609.6	3,980.5	8,277.9	8,940.1	25,903.9	13,685.2	233.0	14,168.5	2,054.4	6,560.2	36,701.4	62,605.3
REVENUE CENTERS														
1 Med/Surg Acute	MSG 2,236.7	452.0	97.1	1,387.1	3,112.1	7,284.9	5,982.5					1,802.4	7,784.9	15,069.8
2 Pediatric Acute	PED					0.0							0.0	0.0
3 Psychiatric Acute	PSY 713.0	64.5	11.8	83.4	187.1	1,059.8	1,643.6					450.1	2,093.7	3,153.5
4 Obstetrics Acute	OBS					0.0							0.0	0.0
5 Definitive Observation	DEF					0.0							0.0	0.0
6 Med/Surg Intensive Care	MIS 168.4	107.8	8.8	146.8	329.3	761.1	939.2					264.7	1,203.9	1,965.0
7 Coronary Care	CCU					0.0							0.0	0.0
8 Pediatric Intensive Care	PIC					0.0							0.0	0.0
9 Neonatal Intensive Care	NEO					0.0							0.0	0.0
10 Burn Care	BUR					0.0							0.0	0.0
11 Psychiatric Intensive Care	PSI					0.0							0.0	0.0
12 Shock Trauma	TRM					0.0							0.0	0.0
13 Oncology	ONC					0.0							0.0	0.0
14 Newborn Nursery	NUR					0.0							0.0	0.0
15 Premature Nursery	PRE					0.0							0.0	0.0
16 Chronic Care	CRH					0.0							0.0	0.0
17 Emergency Services	EMG	83.1	53.1	474.0	1,063.4	1,673.6	631.6			3,145.0	204.8	751.0	4,732.4	6,406.0
18 Clinical Services	CL		18.4	338.7	759.8	1,116.8	62.1			1,473.6	95.1	310.9	1,941.7	3,058.5
19 Psych Day & Night Care	PDC					0.0							0.0	0.0
20 Ambulatory Surgery (BPB)	AMS					0.0							0.0	0.0
21 Same Day Surgery	SDS		2.0	108.2	242.7	352.8			233.0		234.3	84.7	552.1	904.9
22 Labor & Delivery Services	DEL					0.0							0.0	0.0
23 Operating Room	OR	124.2	88.6	451.6	1,013.2	1,677.5	875.5			2,246.0		655.5	3,777.0	5,454.5
24 Operating Room Clinic	ORC		1.5		9.3	10.8	0.7			265.6		43.6	309.9	320.7
25 Anesthesiology	ANS		33.0	6.1	13.7	52.9	120.6			305.6		81.2	507.5	560.3
26 Laboratory Services	LAB		135.9	174.4	391.3	701.6	767.0			1,185.7		411.3	2,364.0	3,065.6
27 Electrocardiography	EKG		1.1	9.2	20.6	30.8	25.0			48.0		15.3	88.2	119.0
28 Interventional Radiology / Cardiovascular	IRC		18.4	53.1	119.2	190.7	149.8			306.9		95.0	551.7	742.4
29 Radiology-Diagnostic	RAD		53.9	28.7	300.0	673.1	1,055.8			1,127.3		307.1	1,741.4	2,797.2
30 CT Scanner	CAT		17.4	16.0	24.4	54.8	112.5			434.3		100.5	637.8	750.3
31 Radiology-Therapeutic	RAT					0.0							0.0	0.0
32 Nuclear Medicine	NUC	28.3	5.0	36.8	82.6	152.6	68.7			118.9		43.2	230.8	383.4
33 Respiratory Therapy	RES		18.6	30.8	69.1	118.5	584.9			206.7		181.2	972.8	1,091.3
34 Pulmonary Function Testing	PUL		0.9	5.5	12.4	18.9	2.6			37.4		7.6	47.5	66.5
35 Electroencephalography	EEG	21.9	10.6	7.2	16.1	55.7	59.6			98.3		33.0	190.9	246.7
36 Physical Therapy	PTH	24.7	6.3	89.5	200.8	321.2	195.3			180.6		92.0	467.9	789.1
37 Occupational Therapy	OTH		0.7	3.1	7.0	10.9	63.9			30.4		21.0	115.2	126.1
38 Speech Language Pathology	STH		0.3			0.3	68.6			19.0		19.8	107.4	107.7
39 Recreational Therapy	REC					0.0							0.0	0.0
40 Audiology	AUD					0.0							0.0	0.0
41 Other Physical Medicine	OPM					0.0							0.0	0.0
42 Renal Dialysis	RDL		33.8	30.4	68.1	132.3	177.3					49.4	226.7	359.0
43 Organ Acquisition	OA				0.0	0.0							0.0	0.0
44 Ambulatory Surgery	AOR					0.0							0.0	0.0
45 Leukopheresis	LEU					0.0							0.0	0.0
46 Hyperbaric Chamber	HYP		0.3	14.5	32.5	47.3	0.2			50.0		10.4	60.6	107.9
47 Free Standing Emergency	FSE					0.0							0.0	0.0
48 Magnetic Resonance Imaging	MRI		11.1	48.9	109.7	169.7	77.2			153.7		51.7	282.6	452.4
49 Adolescent Dual Diagnosed	ADD					0.0							0.0	0.0
50 Lithotripsy	LIT					0.0							0.0	0.0
51 Rehabilitation	RHB					0.0							0.0	0.0
52 Observation	OBV		7.6			7.6	41.7			899.1	464.0	177.8	1,582.6	1,590.2
53 Ambulance Services-Rebundled	AMR					0.0							0.0	0.0
54 Transurethral Microwave Thermotherapy	TMT					0.0							0.0	0.0
55 Oncology OP Clinic	OCL					0.0							0.0	0.0
56 Transurethral Needle Ablation	TNA					0.0							0.0	0.0
57 Pediatric Step-Down	PSD					0.0							0.0	0.0
58 340B Clinic Services	CL-340					0.0							0.0	0.0
59 340B Radiology - Therapeutic	RAT-340					0.0							0.0	0.0
60 340B OR Clinic Services	ORC-340					0.0							0.0	0.0
61 340B Laboratory Services	LAB-340					0.0							0.0	0.0
62 340B Drugs	CDS-340					0.0							0.0	0.0
63 Admission Services	ADM				909.0	909.0					1,056.1		1,056.1	1,965.1
64 Med/Surg Supplies	MSS			102.1	1,869.7	2,290.0	245.6			365.5		134.5	745.7	2,946.5
65 Drugs Sold	CDS			54.9	5,499.2	123.2	5,677.2			1,470.9		365.5	2,328.5	8,005.8
E TOTAL	3,118.2	977.7	609.6	3,980.5	8,277.9	8,940.1	25,903.9	13,685.2	233.0	14,168.5	2,054.4	6,560.2	36,701.4	62,605.3

DEPARTMENTAL EQUIPMENT ALLOWANCE

H2

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210040

		COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8
	CENTER	COST BASE YEAR PURCHASES	# YRS	CUMULATIVE PURCHASE TOTAL	DEPRECIATION COL 3 / COL 2	MKT VALUE BASE YEAR LEASES	CUMULATIVE LEASES TOTAL	LEASE AMORTIZATION COL 6 / COL 2	DEPR/AMORT TOTAL COL 4 + COL 7
H2A	MIS	52.0	10	190.3	19.0	0.0	0.0	0.0	19.0
H2B	CCU	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2C	PIC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2D	NEO	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2E	BUR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2F	TRM	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2G	ONC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2H	OR	793.6	10	13,648.2	1,364.8	0.0	0.0	0.0	1,364.8
H2I	ORC	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2J	AOR	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2K	LAB	6.4	10	1,034.2	103.4	0.0	0.0	0.0	103.4
H2L	IRC	0.0	10	28.3	2.8	0.0	0.0	0.0	2.8
H2M	RAD	112.9	10	3,582.5	358.2	0.0	0.0	0.0	358.2
H2N	CAT	0.0	6.5	688.2	105.9	0.0	0.0	0.0	105.9
H2O	RAT	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2P	NUC	0.0	10	364.2	36.4	0.0	0.0	0.0	36.4
H2Q	RDL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2R	HYP	0.0	10	275.5	27.5	0.0	0.0	0.0	27.5
H2S	DTY	24.8	10	290.5	29.1	0.0	0.0	0.0	29.1
H2T	LL	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2U	MGT	0.0	10	1,557.3	155.7	0.0	0.0	0.0	155.7
H2V	EDP	0.0	10	65.3	6.5	0.0	0.0	0.0	6.5
H2W	MRI	0.0	6	75.9	12.6	0.0	0.0	0.0	12.6
H2X	LIT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2Y	ETH	0.0	10	0.0	0.0	0.0	0.0	0.0	0.0
H2Z	TRP	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
H2AA	TMT	0.0	5	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL	989.6		21,800.4	2,222.2	0.0	0.0	0.0	2,222.2

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 A

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

ALLOWANCE	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
	SOURCE	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL	
A INTEREST	RECORDS	3,932	//////////	//////////	//////////	//////////	//////////	//////////	A
B TOTAL DEPRECIATION	RECORDS	15,807.7	//////////	//////////	//////////	//////////	//////////	//////////	B
C CAPITAL INTENSIVE EQUIP DEPR	TOTAL H2	2,222.2	29.1	0.0	155.7	6.5	2,030.8	4,444.3	C
D BLDG & GEN EQUIP DEPR	B - C	13,585.6	//////////	//////////	//////////	//////////	//////////	13,585.6	D
E BLDG & GEN EQUIP DEPR & INT	A + D	17,517.5	29.1	0.0	155.7	6.5	2,030.8	19,739.6	E
F STANDARD UNITS	//////	206,188	179,114	1,145,308	90,415	90,415	//////////	//////////	F
G ALLOWANCE PER UNIT	E / F	0.08496	0.00016	0.00000	0.00172	0.00007	//////////	//////////	G

DISTRIBUTION	CODE	ADJ. SQUARE FOOTAGE BASIS								
1 Med/Surg Acute	MSG	73,002	6,202.2	20.8	0.0	42.0	1.8	//////////	6,266.8	1
2 Pediatric Acute	PED	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	2
3 Psychiatric Acute	PSY	4,387	372.7	6.6	0.0	11.6	0.5	//////////	391.4	3
4 Obstetrics Acute	OBS	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	4
5 Definitive Observation	DEF	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	5
6 Med/Surg Intensive Care	MIS	7,719	655.8	1.6	0.0	6.6	0.3	19.0	683.3	6
7 Coronary Care	CCU	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9
10 Burn Care	BUR	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10
11 Psychiatric Intensive Care	PSI	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	11
12 Shock Trauma	TRM	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12
13 Oncology	ONC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13
14 Newborn Nursery	NUR	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	14
15 Premature Nursery	PRE	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	15
16 Chronic Care	CRH	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	16
17 Emergency Services	EMG	22,700	1,928.6	0.0	0.0	17.3	0.7	//////////	1,946.6	17
18 Clinical Services	CL	16,965	1,441.3	//////////	0.0	6.5	0.3	//////////	1,448.1	18
19 Psych. Day & Night Care	PDC	0	0.0	0.0	0.0	0.0	0.0	//////////	0.0	19
20 Same Day Surgery	SDS	5,109	434.1	0.0	0.0	1.6	0.1	//////////	435.8	20
21 Labor & Delivery Services	DEL	0	0.0	//////////	0.0	0.0	0.0	//////////	0.0	21
22 Operating Room	OR	23,749	2,017.7	//////////	0.0	15.3	0.6	1,364.8	3,398.5	22
23 Operating Room Clinic	ORC	196	16.7	//////////	0.0	1.1	0.1	//////////	17.8	23
24 Anesthesiology	ANS	333	28.3	//////////	0.0	2.1	0.1	//////////	30.5	24
25 Med/Surg Supplies	MSS	5,367	456.0	//////////	//////////	3.2	0.1	//////////	459.3	25
26 Drugs Sold	CDS	3,161	268.6	//////////	//////////	9.5	0.4	//////////	278.4	26
27 Laboratory Services	LAB	9,172	779.2	//////////	0.0	10.2	0.4	103.4	893.3	27
28 Electrocardiography	EKG	483	41.0	//////////	0.0	0.4	0.0	//////////	41.4	28
29 Interventional Radiology / Cardiovascular	IRC	2,794	237.4	//////////	0.0	2.3	0.1	2.8	242.6	29
30 Radiology-Diagnostic	RAD	15,857	1,347.2	//////////	0.0	6.8	0.3	358.2	1,712.5	30
31 CT Scanner	CAT	1,264	107.4	//////////	0.0	2.5	0.1	105.9	215.9	31
32 Radiology-Therapeutic	RAT	0	0.0	//////////	0.0	0.0	0.0	0.0	0.0	32
33 Nuclear Medicine	NUC	1,935	164.4	//////////	0.0	1.0	0.0	36.4	201.8	33

DISTRIBUTION OF CAPITAL FACILITIES ALLOWANCE

H3 B

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR: 6/30/2019

INSTITUTION NUMBER: 210040

DISTRIBUTION		Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8		
		ADJ. SQUARE FOOTAGE BASIS	GENERAL	DIETARY	LAUNDRY	COMM.	DATA PROC	DEPART	TOTAL		
34	Respiratory Therapy	RES	1,620	137.6	////	0.0	5.0	0.2	////	142.8	34
35	Pulmonary Function Testing	PUL	292	24.8	////	0.0	0.2	0.0	////	25.0	35
36	Electroencephalography	EEG	377	32.0	////	0.0	0.8	0.0	////	32.9	36
37	Physical Therapy	PTH	4,707	399.9	////	0.0	2.1	0.1	////	402.1	37
38	Occupational Therapy	OTH	148	12.6	////	0.0	0.6	0.0	////	13.2	38
39	Speech Language Pathology	STH	0	0.0	////	0.0	0.6	0.0	////	0.6	39
40	Recreational Therapy	REC	0	0.0	////	0.0	0.0	0.0	////	0.0	40
41	Audiology	AUD	0	0.0	////	0.0	0.0	0.0	////	0.0	41
42	Other Physical Medicine	OPM	0	0.0	////	0.0	0.0	0.0	////	0.0	42
43	Renal Dialysis	RDL	1,596	135.6	////	0.0	1.3	0.1	0.0	136.9	43
44	Organ Acquisition	OA	0	0.0	////	0.0	0.0	0.0	////	0.0	44
45	Leukopheresis	LEU	0	0.0	////	0.0	0.0	0.0	////	0.0	45
46	Hyperbaric Chamber	HYP	684	58.1	////	0.0	0.2	0.0	27.5	85.9	46
47	Free Standing Emergency	FSE	0	0.0	0.0	0.0	0.0	0.0	////	0.0	47
48	Magnetic Resonance Imaging	MRI	2,571	218.4	////	0.0	1.2	0.1	12.6	232.3	48
49	Lithotripsy	LIT	0	0.0	////	////	0.0	0.0	0.0	0.0	49
50	Rehabilitation	RHB	0	0.0	0.0	0.0	0.0	0.0	////	0.0	50
51	Observation	OBV	0	0.0	////	0.0	4.0	0.2	////	4.1	51
52	Transurethral Microwave Thermotherapy	TMT	0	0.0	////	0.0	0.0	0.0	0.0	0.0	52
53	Oncology O/P Clinic	OCL	0	0.0	////	0.0	0.0	0.0	////	0.0	53
54	Transurethral Needle Ablation	TNA	0	0.0	////	0.0	0.0	0.0	////	0.0	54
55	Pediatric Step-Down	PSD	0	0.0	0.0	0.0	0.0	0.0	////	0.0	55
56	340B Clinic Services	CL-340	0	0.0	////	0.0	0.0	0.0	////	0.0	56
57	340B Radiology - Therapeutic	RAT-340	0	0.0	////	0.0	0.0	0.0	////	0.0	57
58	340B OR Clinic Services	ORC-340	0	0.0	////	0.0	0.0	0.0	////	0.0	58
59	340B Laboratory Services	LAB-340	0	0.0	////	0.0	0.0	0.0	////	0.0	59
60	340B Drugs	CDS-340	0	0.0	////	0.0	0.0	0.0	////	0.0	60
1	Subtotal	ABC	206,188	17,517	29	0	156	7	2,031	19,740	1
61	Ambulance Services	AMB	0	0.0	////	////	////	////	////	0.0	61
62	Parking	PAR	0	0.0	////	////	////	////	////	0.0	62
63	Doctor's Private Office Rent	DPO	0	0.0	////	////	////	////	////	0.0	63
64	Office & Other Rental	OOR	0	0.0	////	////	////	////	////	0.0	64
65	Retail Operations	REO	0	0.0	////	////	////	////	////	0.0	65
66	Patients Telephones	PTE	0	0.0	////	////	////	////	////	0.0	66
67	Cafeteria	CAF	0	0.0	////	////	////	////	////	0.0	67
68	Day Care Recreation Areas	DEB	0	0.0	////	////	////	////	////	0.0	68
69	Housing	HOU	0	0.0	////	////	////	////	////	0.0	69
70	Research	REG	0	0.0	////	////	////	////	////	0.0	70
71	Nursing Education	RNS	0	0.0	////	////	////	////	////	0.0	71
72	Other Health Profession Education	OHE	0	0.0	////	////	////	////	////	0.0	72
73	Community Health Education	CHE	0	0.0	////	////	////	////	////	0.0	73
74	Post Graduate Medical Ed	PME	0	0.0	////	////	////	////	////	0.0	74
75	Freestanding Clinic Services	FSC1	0	0.0	////	////	////	////	////	0.0	75
76	Home Health Services	HHC	0	0.0	////	////	////	////	////	0.0	76
77	Outpatient Renal Dialysis	ORD	0	0.0	////	////	////	////	////	0.0	77
78	Skilled Nursing Care	ECF	0	0.0	////	////	////	////	////	0.0	78
79	Laboratory Non-Patient	ULB	0	0.0	////	////	////	////	////	0.0	79
80	Physicians Part B Services	UPB	0	0.0	////	////	////	////	////	0.0	80
81	Certified Nurse Anesthetists	CNA	0	0.0	////	////	////	////	////	0.0	81
82	Physician Support Services	PSS	0	0.0	////	////	////	////	////	0.0	82
83	Hospice Care	TBA2	0	0.0	////	////	////	////	////	0.0	83
84	TBD	TBA3	0	0.0	////	////	////	////	////	0.0	84
85	TBD	TBA4	0	0.0	////	////	////	////	////	0.0	85
86	TBD	TBA5	0	0.0	////	////	////	////	////	0.0	86
87	TBD	TBA6	0	0.0	////	////	////	////	////	0.0	87
88	TBD	TBA7	0	0.0	////	////	////	////	////	0.0	88
89	TBD	TBA8	0	0.0	////	////	////	////	////	0.0	89

II	TOTAL DISTRIBUTED	XYZ	206,188	17,517	29	0	156	7	2,031	19,740	II
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OTHER FINANCIAL CONSIDERATIONS

G

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

		SOURCE	FISCAL YEAR			
			TOTAL	DIRECT	Difference	
REVENUES			COL. 1	COL. 2	COL. 3	
A	Donations, Pledges	SCH. GR	(406.6)	0.0	(406.6)	A
B	Grants	SCH. GR	(853.8)	0.0	(853.8)	B
C	Investment Income (Interest, Dividends)	SCH. GR	(339.4)	0.0	(339.4)	C
D	Donated Commodities, Blood, Services	SCH. GR	0.0	0.0	0.0	D
E	PSRO	SCH. GR	0.0	0.0	0.0	E
F	Other	SCH. GR	(24,135.2)	0.0	(24,135.2)	F
G	Total Revenues	A+B+C+D+E+F	(25,735.0)	0.0	(25,735.0)	G
EXPENSES						
H	Licenses and Taxes	SCH. UA	441.5		441.5	H
I	Short Term Interest	SCH. UA	0.0		0.0	I
J	Other	REC/BUDGET				J
K	Total Expenses	H + I + J	441.5	0.0	441.5	K
OTHER ADJUSTMENTS						
L	Aux. Ent & OIP Gains	SCH. E, F	0.0	0.0	0.0	L
M	Aux. Ent & OIP Losses	SCH. E, F	1,604.4		1,604.4	M
N	Excess Cash Requirements - Bldg & Equip	N/A				N
O	Gain on Disposal of Assets	REC/BUDGET	0.0	0.0	0.0	O
P	Loss on Disposal of Assets	REC/BUDGET	0.0		0.0	P
Q	Total Other Adjustments	L+M+N+O+P	1,604.4	0.0	1,604.4	Q
PERCENTAGE CALCULATION						
R	Net Other Financial Considerations	G + K + Q	(23,689.1)	0.0	(23,689.1)	R
S	Other Financial Consideration Percent	R/SCH. M	//////////	//////////	-12.4%	S

THIRD PARTY DIFFERENTIAL

PDA

INSTITUTION NAME: NORTHWEST HOSPITAL FISCAL YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

SOURCE	INPATIENT	OUTPATIENT	TOTAL
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CHARGES, DEDUCTIBLES, CBA

		COL 1	COL 2	COL 3		
A	Gross Patient Revenue, HSCRC Regulated	Records/Budget	139,571.3	131,937.6	271,508.9	A
B	Medicare Revenue, HSCRC Regulated	Records/Budget	73,767.5	44,503.8	118,271.3	B
C	Medicaid Revenue, HSCRC Regulated	Records/Budget	6,236.4	2,234.9	8,471.2	C
D	Blue Cross Revenue, HSCRC Regulated	Records/Budget	11,310.0	18,692.6	30,002.7	D
E	MCO Subcontracted Medicare, Medicaid, HSCRC Regulated **	Records/Budget	29,612.9	30,073.0	59,685.9	E
F	Medicare Deductibles Paid by Medicaid, HSCRC Regulated	Records/Budget	//////////	//////////	0.0	F
G	Uncompensated Care, HSCRC Regulated ***	Records/Budget	4,691.8	9,033.6	13,725.4	G
G1	Other Payors Not Eligible for SAAC & Not U.C.	A-B-C-D-E-G	13,952.7	27,399.6	41,352.4	G1

RATIOS, LEVEL III COSTS

H	Ratio of Medicare & Medicaid Charges	Col 3 (B + C) /Col 3 A	//////////	//////////	0.4668	H
I	Ratio of Blue Cross Inpatient Charges	Col 1 D/Col 3 A	0.0417	//////////	//////////	I
II	Ratio of Blue Cross Outpatient Charges	Col 2 D/Col 3 A	//////////	0.0688	//////////	II
J	Ratio of HMO Charges	Col 3 E/Col 3 A	//////////	//////////	0.2198	J
K	Ratio of Deductibles Paid by Medicaid	Col 3 F/Col 3 A	//////////	//////////	0.0000	K
L	Ratio of Uncompensated Accounts	Col 3 G/Col 3 A	//////////	//////////	0.0506	L
M	Ratio of Other Payors Charges	Col 3 G1/Col 3 A	//////////	//////////	0.1523	M
N	Level III Costs	Schedule MA	//////////	//////////	190,731.4	N

DIFFERENTIAL CALCULATION

O	Gross Revenue HSCRC Regulated	*	//////////	//////////	214,012.5	O
P	Payor Differential	1 - (Col 3 O/N)	//////////	//////////	0.1221	P

* O = N/ (1-.077H + .0225I + .0211+ .077J + .02K + L+.02M) - per HSCRC

** Detail on Supplemental Schedule 5

*** See Supplemental Schedule 4 for reconciliation to financial statements

REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040

FISCAL YEAR 6/30/2019

UNITS OF MEASURE	DIRECT EXPENSES	PAT CARE OVERHEAD EXPENSES	OTHER OVERHEAD EXPENSES	N/A	PHYSICIAN SUPPORT EXPENSES	RESIDENT INTERN EXPENSES	LEVEL I	----- C F A -----		LEVEL II
								BLDG & GENRL EQUIPMENT	DEPART-MENTAL	

DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11
A1 Med/Surg Acute	MSG	34,513	24,407.5	7,284.9	7,784.9	///////	202.8	0.0	39,680.2	6,246.0	20.8	45,947.1
2 Pediatric Acute	PED	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
3 Psychiatric Acute	PSY	11,002	6,705.6	1,059.8	2,093.7	///////	0.0	0.0	9,859.1	384.7	6.6	10,250.5
4 Obstetrics Acute	OBS	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
5 Definitive Observation	DEF	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
6 Med/Surg Intensive Care	MIS	2,599	3,831.8	761.1	1,203.9	///////	0.0	0.0	5,796.8	662.7	20.6	6,480.1
7 Coronary Care	CCU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
8 Pediatric Intensive Care	PIC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
9 Neonatal Intensive Care	NEO	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
10 Burn Care	BUR	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
11 Shock/Trauma	TRM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
12 Oncology	ONC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
13 Newborn Nursery	NUR	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
14 Premature Nursery	PRE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
15 Chronic Care	CRH	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
16 Emergency Services	EMG	665,156	10,042.0	1,673.6	4,732.4	///////	0.0	0.0	16,448.0	1,946.6	0.0	18,394.6
17 Clinical Services	CL	177,136	3,751.0	1,116.8	1,941.7	///////	0.0	0.0	6,809.5	1,448.1	0.0	8,257.6
18 Psych. Day & Night Care	PDC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
19 Same Day Surgery	SDS	4,223	950.7	352.8	552.1	///////	0.0	0.0	1,855.5	435.8	0.0	2,291.3
20 Labor & Delivery Services	DEL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
21 Operating Room	OR	682,935	8,903.1	1,677.5	3,777.0	///////	0.0	0.0	14,357.6	2,033.7	1,364.8	17,756.1
22 Operating Room Clinic	ORC	175,170	633.3	10.8	309.9	///////	0.0	0.0	954.0	17.8	0.0	971.8
23 Anesthesiology	ANS	675,664	1,217.7	52.9	507.5	///////	0.0	0.0	1,778.0	30.5	0.0	1,808.5
24 Laboratory Services	LAB	8,033,891	5,943.6	701.6	2,364.0	///////	0.0	0.0	9,009.2	789.9	103.4	9,902.6
25 Electrocardiography	EKG	354,517	215.7	30.8	88.2	///////	0.0	0.0	334.7	41.4	0.0	376.1
26 Interventional Radiology / Cardiovascular	IRC	49,831	1,339.4	190.7	551.7	///////	0.0	0.0	2,081.8	239.8	2.8	2,324.4
27 Radiology-Diagnostic	RAD	662,174	3,928.5	1,055.8	1,741.4	///////	0.0	0.0	6,725.8	1,354.2	358.2	8,438.2
28 CT Scanner	CAT	1,023,315	1,451.2	112.5	637.8	///////	0.0	0.0	2,201.5	110.0	105.9	2,417.4
29 Radiology-Therapeutic	RAT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
30 Nuclear Medicine	NUC	108,829	562.4	152.6	230.8	///////	0.0	0.0	945.9	165.4	36.4	1,147.7
31 Respiratory Therapy	RES	2,423,637	2,876.9	118.5	972.8	///////	0.0	0.0	3,968.2	142.8	0.0	4,111.0
32 Pulmonary Function Testing	PUL	24,429	99.3	18.9	47.5	///////	0.0	0.0	165.8	25.0	0.0	190.8
33 Electroencephalography	EEG	103,569	476.4	55.7	190.9	///////	0.0	0.0	723.1	32.9	0.0	756.0
34 Physical Therapy	PTH	267,819	1,225.5	321.2	467.9	///////	0.0	0.0	2,014.6	402.1	0.0	2,416.7
35 Occupational Therapy	OTH	93,237	332.8	10.9	115.2	///////	0.0	0.0	459.0	13.2	0.0	472.2
36 Speech Language Pathology	STH	80,208	325.1	0.3	107.4	///////	0.0	0.0	432.8	0.6	0.0	433.4
37 Recreational Therapy	REC	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
38 Audiology	AUD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
39 Other Physical Medicine	OPM	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
40 Renal Dialysis	RDL	1,851	723.2	132.3	226.7	///////	0.0	0.0	1,082.2	136.9	0.0	1,219.1
41 Organ Acquisition	OA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
42 Leukopheresis	LEU	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
43 Hyperbaric Chamber	HYP	881	119.4	47.3	60.6	///////	0.0	0.0	227.3	58.3	27.5	313.1
44 Free Standing Emergency	FSE	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
45 Magnetic Resonance Imaging	MRI	258,638	680.0	169.7	282.6	///////	0.0	0.0	1,132.4	219.7	12.6	1,364.7
46 Lithotripsy	LIT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
47 Rehabilitation	RHB	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
48 Observation	OBV	126,089	2,304.2	7.6	1,582.6	///////	0.0	0.0	3,894.4	4.1	0.0	3,898.5
49 Ambulance Services-Rebundled	AMR	0	0.0	0.0	0.0	///////	///////	///////	0.0	///////	///////	0.0
50 Transurethral Microwave Thermotherapy	TMT	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
51 Oncology O/P Clinic	OCL	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
52 Transurethral Needle Ablation	TNA	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
53 Pediatric Step-Down	PSD	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
54 340B Clinic Services	CL-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
55 340B Radiology - Therapeutic	RAT-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
56 340B OR Clinic Services	ORC-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
57 340B Laboratory Services	LAB-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
58 340B Drugs	CDS-340	0	0.0	0.0	0.0	///////	0.0	0.0	0.0	0.0	0.0	0.0
59 Admission Services	ADM	9,516	///////	909.0	1,056.1	///////	///////	///////	1,965.1	///////	///////	1,965.1
60 Med/Surg Supplies	MSS	18,511	15,346.3	2,200.8	745.7	///////	///////	///////	18,292.8	459.3	///////	18,752.1
61 Drugs Sold	CDS	18,511	9,790.7	5,677.2	2,328.5	///////	///////	///////	17,796.5	278.4	///////	18,074.9
62						///////						

B TOTAL		16,087,851	108,183.5	25,903.9	36,701.4		202.8	0.0	170,991.6	17,679.9	2,059.9	190,731.4
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REVENUE CENTER RATE SUMMARY

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040

FISCAL YEAR 6/30/2019

OFC		LEVEL III	PAYOR DIFFERENTIAL	LEVEL IV	CROSS SUBSIDY	MISC ADJ	HSCRC ADJ	ADJUST LEVEL IV	AVERAGE RATES
Direct offsets	(Discontinued) Difference								

DESCRIPTION	CODE	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10
A1	Med/Surg Acute	MSG	0.0	45,947.1	5,608.4	51,555.5				51,555.5	1,493,798.1
2	Pediatric Acute	PED	0.0	0.0	0.0	0.0				0.0	0.0000
3	Psychiatric Acute	PSY	0.0	10,250.5	1,251.2	11,501.7				11,501.7	1,045,415.1
4	Obstetrics Acute	OBS	0.0	0.0	0.0	0.0				0.0	0.0000
5	Definitive Observation	DEF	0.0	0.0	0.0	0.0				0.0	0.0000
6	Med/Surg Intensive Care	MIS	0.0	6,480.1	791.0	7,271.1				7,271.1	2,797,655.4
7	Coronary Care	CCU	0.0	0.0	0.0	0.0				0.0	0.0000
8	Pediatric Intensive Care	PIC	0.0	0.0	0.0	0.0				0.0	0.0000
9	Neonatal Intensive Care	NEO	0.0	0.0	0.0	0.0				0.0	0.0000
10	Burn Care	BUR	0.0	0.0	0.0	0.0				0.0	0.0000
11	Shock Trauma	TRM	0.0	0.0	0.0	0.0				0.0	0.0000
12	Oncology	ONC	0.0	0.0	0.0	0.0				0.0	0.0000
13	Newborn Nursery	NUR	0.0	0.0	0.0	0.0				0.0	0.0000
14	Premature Nursery	PRE	0.0	0.0	0.0	0.0				0.0	0.0000
15	Chronic Care	CRH	0.0	0.0	0.0	0.0				0.0	0.0000
16	Emergency Services	EMG	0.0	18,394.6	2,245.3	20,639.9				20,639.9	31,030.2
17	Clinical Services	CL	0.0	8,257.6	1,007.9	9,265.5				9,265.5	52,307.5
18	Psych. Day & Night Care	PDC	0.0	0.0	0.0	0.0				0.0	0.0000
19	Same Day Surgery	SDS	0.0	2,291.3	279.7	2,571.0				2,571.0	608,820.3
20	Labor & Delivery Services	DEL	0.0	0.0	0.0	0.0				0.0	0.0000
21	Operating Room	OR	0.0	17,756.1	2,167.4	19,923.5				19,923.5	29,173.4
22	Operating Room Clinic	ORC	0.0	971.8	118.6	1,090.4				1,090.4	6,224.8
23	Anesthesiology	ANS	0.0	1,808.5	220.7	2,029.2				2,029.2	3,003.3
24	Laboratory Services	LAB	0.0	9,902.6	1,208.7	11,111.3				11,111.3	1,383.0
25	Electrocardiography	EKG	0.0	376.1	45.9	422.0				422.0	1,190.3
26	Interventional Radiology / Cardiovascular	IRC	0.0	2,324.4	283.7	2,608.1				2,608.1	52,338.6
27	Radiology-Diagnostic	RAD	0.0	8,438.2	1,030.0	9,468.2				9,468.2	14,298.7
28	CT Scanner	CAT	0.0	2,417.4	295.1	2,712.5				2,712.5	2,650.7
29	Radiology-Therapeutic	RAT	0.0	0.0	0.0	0.0				0.0	0.0000
30	Nuclear Medicine	NUC	0.0	1,147.7	140.1	1,287.8				1,287.8	11,833.3
31	Respiratory Therapy	RES	0.0	4,111.0	501.8	4,612.8				4,612.8	1,903.2
32	Pulmonary Function Testing	PUL	0.0	190.8	23.3	214.1				214.1	8,762.4
33	Electroencephalography	EEG	0.0	756.0	92.3	848.3				848.3	8,190.8
34	Physical Therapy	PTH	0.0	2,416.7	295.0	2,711.7				2,711.7	10,125.1
35	Occupational Therapy	OTH	0.0	472.2	57.6	529.8				529.8	5,682.1
36	Speech Language Pathology	STH	0.0	433.4	52.9	486.3				486.3	6,062.4
37	Recreational Therapy	REC	0.0	0.0	0.0	0.0				0.0	0.0000
38	Audiology	AUD	0.0	0.0	0.0	0.0				0.0	0.0000
39	Other Physical Medicine	OPM	0.0	0.0	0.0	0.0				0.0	0.0000
40	Renal Dialysis	RDL	0.0	1,219.1	148.8	1,367.9				1,367.9	738,987.5
41	Organ Acquisition	OA	0.0	0.0	0.0	0.0				0.0	0.0000
42	Leukopheresis	LEU	0.0	0.0	0.0	0.0				0.0	0.0000
43	Hyperbaric Chamber	HYP	0.0	313.1	38.2	351.3				351.3	398,996.9
44	Free Standing Emergency	FSE	0.0	0.0	0.0	0.0				0.0	0.0000
45	Magnetic Resonance Imaging	MRI	0.0	1,364.7	166.6	1,531.3				1,531.3	5,920.7
46	Lithotripsy	LIT	0.0	0.0	0.0	0.0				0.0	0.0000
47	Rehabilitation	RHB	0.0	0.0	0.0	0.0				0.0	0.0000
48	Observation	OBV	0.0	3,898.5	475.9	4,374.4				4,374.4	34,692.9
49	Ambulance Services-Rebundled	AMR	0.0	0.0	0.0	0.0				0.0	0.0000
50	Transurethral Microwave Thermotherapy	TMT	0.0	0.0	0.0	0.0				0.0	0.0000
51	Oncology O/P Clinic	OCL	0.0	0.0	0.0	0.0				0.0	0.0000
52	Transurethral Needle Ablation	TNA	0.0	0.0	0.0	0.0				0.0	0.0000
53	Pediatric Step-Down	PSD	0.0	0.0	0.0	0.0				0.0	0.0000
54	340B Clinic Services	CL-340	0.0	0.0	0.0	0.0				0.0	0.0000
55	340B Radiology - Therapeutic	RAT-340	0.0	0.0	0.0	0.0				0.0	0.0000
56	340B OR Clinic Services	ORC-340	0.0	0.0	0.0	0.0				0.0	0.0000
57	340B Laboratory Services	LAB-340	0.0	0.0	0.0	0.0				0.0	0.0000
58	340B Drugs	CDS-340	0.0	0.0	0.0	0.0				0.0	0.0000
59	Admission Services	ADM	0.0	1,965.1	239.9	2,205.0				2,205.0	231,713.2
60	Med/Surg Supplies	MSS	0.0	18,752.1	2,288.9	21,041.0				21,041.0	1,136,644.9
61	Drugs Sold	CDS	0.0	18,074.9	2,206.3	20,281.2				20,281.2	1,095,598.4
62			0.0								
B	TOTAL		0.0	190,731.4	23,281.2	214,012.6	0.0	0.0	0.0	214,012.6	//////////

OVERHEAD EXPENSE SUMMARY

OES

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

		DISTRIBUTE TO:				
EXPENSES		TOTAL	Physician Part B Centers Sch P2	Data Processing Sch DP1	General Service Centers Sch C1 - C14	
A	Dietary Services	3,118.0	0.0		3,118.0	A
B	Laundry & Linen	977.7	0.0		977.7	B
C	Social Services	907.5	0.0		907.5	C
D	Purchasing & Stores	608.9	0.0		608.9	D
E	Plant Operations	9,663.6	0.0		9,663.6	E
F	Housekeeping	3,966.3	0.0		3,966.3	F
G	Central Services & Supply	1,865.6	0.0		1,865.6	G
H	Pharmacy	5,114.5	0.0		5,114.5	H
I	General Accounting	1,863.1	0.0		1,863.1	I
J	Patient Accounts	4,424.6	0.0		4,424.6	J
K	Hospital Administration	16,412.3	0.0		16,412.3	K
L	Medical Records	1,649.2	0.0		1,649.2	L
M	Medical Staff Administration	1,645.7	0.0		1,645.7	M
N	Nursing Administration	3,388.9	0.0		3,388.9	N
O	Data Processing	8,735.0	0.0	8,735.0		O
P	Organ Acquisition Overhead	0.0			0.0	P
Q	Totals	64,340.9	0.0	8,735.0	55,605.9	Q

ANNUAL COST SURVEY

ACS

INSTITUTION NAME: NORTHWEST HOSPITA FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

COL 1 COL 2

	CATEGORY	COSTS	PERCENT	
A	Salaries & Wages	85,087.0	44.51%	A
B	Fringe Benefits	25,055.1	13.11%	B
C	Depreciation & Amortization	14,599.1	7.64%	C
C01	Operating Leases	1,208.6	0.63%	C01
D	Interest Expense	3,931.9	2.06%	D
E	Medical & Surgical Supplies	15,346.3	8.03%	E
F	IV Solutions and Pharmacy	9,789.7	5.12%	F
G	Laundry, Linen, Uniforms	893.5	0.47%	G
H	Films & Solutions	85.3	0.04%	H
I	Blood, Plasmanate, Albumin	708.5	0.37%	I
J	Contracted Services	16,678.7	8.72%	J
K	Professional Fees	5,660.8	2.96%	K
L	Agency Nurses	978.2	0.51%	L
M	Malpractice Insurance	4,193.6	2.19%	M
N	All Other Insurance	184.3	0.10%	N
O	Telephone	129.0	0.07%	O
P	Utilities & Water	2,611.1	1.37%	P
Q	Food	35.6	0.02%	Q
R	Printing, Office Supplies, Copying, Postage	1,523.0	0.80%	R
S	Chemical, Solutions, Lubrication, Gases	1,002.4	0.52%	S
T	Other (Detail over 20% of supply cost)	1,470.4	0.77%	T
U	Total	191,172.1	100.00%	U

UNREGULATED SERVICES

ECF1

UR04

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	Patient Days	11,809

COL. 1 COL. 2 COL. 3 COL. 4

SKILLED NURSING CARE

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	6,886.6	4,701.0	11,587.6	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	12.2	XXXXX	12.2	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01	Depreciation & Amortization	DEP	0.0	569.5	569.5	XXXXX	D01
D02	General Accounting	FIS	58.9	27.9	86.7	XXXXX	D02
D03	Hospital Administration	MGT	685.0	79.1	764.1	XXXXX	D03
D04	Plant Operations	POP	148.1	185.3	333.5	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	7,790.7	5,562.8	13,353.5	1.1308	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	5,953.4	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(7,400.1)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	66.0				I
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UNREGULATED SERVICES

ULB

UR05

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	CAP, WMU, 1982 Ed.	0

COL. 1 COL. 2 COL. 3 COL. 4

LABORATORY NON-PATIENT

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	0.0	0.0	0.0	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	0.0	0.0	0.0	0.0000	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	8.3	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	8.3	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	0.0	I
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UNREGULATED SERVICES

UPB

UR06

INSTITUTION NAME: NORTHWEST HOSPITAL
 INSTITUTION NUMBER: 210040

FISCAL YEAR 6/30/2019

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	91.1

COL. 1 COL. 2 COL. 3 COL. 4

PHYSICIANS PART B SERVICES

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	14,749.5	6,409.3	21,158.8	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	16.8	XXXXX	16.8	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	///
D01	General Accounting	FIS	107.5	50.9	158.4	XXXXX	D01
D02	Hospital Administration	MGT	1,250.7	144.4	1,395.2	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	16,124.5	6,604.6	22,729.1	249,5906	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	9,859.8	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(12,869.4)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	91.1	I
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UNREGULATED SERVICES

PSS

UR08

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	# of FTEs	3

COL. 1 COL. 2 COL. 3 COL. 4

PHYSICIAN SUPPORT SERVICES

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
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FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	464.9	0.0	464.9	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.5	XXXXX	0.5	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	/////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	/////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	465.4	0.0	465.4	185,5740	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	0.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	(465.4)	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS	2.5	I
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UNREGULATED SERVICES

TBA2

UR09

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR 6/30/2019

INSTITUTION NUMBER: 210040

	VOLUME DATA	FISCAL YEAR UNITS
A	Visits	0

COL. 1 COL. 2 COL. 3 COL. 4

HOSPICE CARE

SOURCE	WAGES, SALARIES & FRINGE BENEFITS	OTHER EXPENSES	TOTAL EXPENSES, REVENUES	EXPENSE REVENUE PER UNIT
--------	-----------------------------------	----------------	--------------------------	--------------------------

FISCAL YEAR DATA

B	FISCAL YEAR EXPENSES	RECORDS	0.0	76.1	76.1	XXXXX	B
C	ALLOCATION FROM CAFETERIA, PARKING, ETC.	SCH. OA	0.0	XXXXX	0.0	XXXXX	C
D	ALLOCATION FROM GENERAL SERVICE CENTERS	////	XXXXXXXX	XXXXX	XXXXX	XXXXX	D
///	COST CENTER Col 5	COL. 6 CODE	////	XXXXXXXX	XXXXX	XXXXX	///
D01					0.0	XXXXX	D01
D02					0.0	XXXXX	D02
D03					0.0	XXXXX	D03
D04					0.0	XXXXX	D04
D05					0.0	XXXXX	D05
D06					0.0	XXXXX	D06
D07					0.0	XXXXX	D07
D08					0.0	XXXXX	D08
D09					0.0	XXXXX	D09
D10					0.0	XXXXX	D10
D11					0.0	XXXXX	D11
D12					0.0	XXXXX	D12
D13					0.0	XXXXX	D13
D14					0.0	XXXXX	D14
D15					0.0	XXXXX	D15
D16					0.0	XXXXX	D16
E	Capital Facilities Allowance	Records		0.0	0.0	XXXXX	E
F	FISCAL Year Adjusted Expenses	B+C+D+E	0.0	76.1	76.1	0.0000	F

FISCAL YEAR PROFIT (LOSS)

G	FISCAL YEAR REVENUE	RECORDS	XXXXXXXX	XXXXX	488.0	XXXXX	G
H	PROFIT (LOSS)	G - F	XXXXXXXX	XXXXX	411.9	XXXXX	H

FTE DATA

I	FISCAL YEAR HOURS WORKED / 2080	RECORDS		0.0			I
---	---------------------------------	---------	--	-----	--	--	---

UNREGULATED SERVICES SUMMARY

URS

INSTITUTION NAME: NORTHWEST HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

<u>Schedule</u>	<u>Entity Name and Address</u>	<u>Nature of Service</u>
UR-1		FREESTANDING CLINIC SERVICES
UR-2		HOME HEALTH SERVICES
UR-3		OUTPATIENT RENAL DIALYSIS
UR-4	Subacute Unit Northwest Hospital Center 5401 Old Court Road Randallstown, Md. 21133	SKILLED NURSING CARE
UR-5	Laboratory Non-Patient Northwest Hospital Center 5401 Old Court Road Randallstown, Md. 21133	LABORATORY NON-PATIENT
UR-6	Physicians Northwest Hospital Center 5401 Old Court Road Randallstown, Md. 21133	PHYSICIANS PART B SERVICES
UR-7		CERTIFIED NURSE ANESTHETISTS

UR-8	Physician Support Services	PHYSICIAN SUPPORT SERVICES
	Northwest Hospital Center	
	5401 Old Court Road	
	Randallstown, Md. 21133	

UR-9	Hospice Services	HOSPICE CARE
	Northwest Hospital Center	
	5401 Old Court Road	
	Randallstown, Md. 21133	

UR-10		TBD

UR-11		TBD

UR-12		TBD

UR-13		TBD

UR-14		TBD

UR-15		TBD

TRANSACTIONS WITH RELATED ENTITIES

TRE

INSTITUTION NAME: NORTHWEST HOSPITAL BASE YEAR 6/30/2019
 INSTITUTION NUMBER: 210040

COL 1 COL 2 COL 3 COL 4 COL 5 COL 6

No.	RELATED ENTITY	VALUE OF ASSET OR SERVICE PROVIDED TO THE HOSPITAL	VALUE OF ASSET OR SERVICE PROVIDED BY THE HOSPITAL	CATEGORY CODE	DESCRIPTION OF TRANSACTION
1	LIFEBRIDGE HEALTH	44,498,139		B	Management & IS Services - Corporate Allocation
2	LIFEBRIDGE HEALTH	(4,615,947)		H	AP Operating Expenses & Capital Equipment
3	LIFEBRIDGE HEALTH		2,581,372	G	AR Operating Expenses & Capital Equipment
4	LIFEBRIDGE HEALTH		569	G	Capital Contribution to Health System
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SUPPLEMENTAL SCHEDULE 1

NORTHWEST HOSPITAL

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

<u>Other Operating Revenue:</u>	<u>2019</u>	<u>HSCRC Schedule</u>
BOND UNREALIZED INCOME	106.8	G / GR
CONTRIBUTIONS	422.0	G / GR
GRANT REVENUE - CHECKS	54.5	G / GR
MEANINGFUL USE - EHR INCENTIVE REVENUE	60.0	G / GR
MISCELLANEOUS INCOME	2,171.5	G / GR
PURCHASE DISCOUNTS	6.7	G / GR
RENT - LATE FEE REVENUE	4.8	G / GR
RENTAL INCOME	331.6	G / GR
SALES TAX DISCOUNT	1.0	G / GR
VENDING MACHINES	14.1	G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
		G / GR
Total - RE Line L	<u>3,172.9</u>	Check ->

SUPPLEMENTAL SCHEDULE 1

NORTHWEST HOSPITAL

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

Non-Operating and Net Unregulated Revenue:

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	1,205.7	E03
Office & Other Rental	-	E04
Retail Operations	16,055.2	E05
Patients Telephones	-	E06
Cafeteria	1,435.4	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	7.0	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	800.3	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	5,953.4	UR04
Laboratory Non-Patient	8.3	UR05
Physicians Part B Services	9,859.8	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	-	UR08
Hospice Care	488.0	UR09
TBD	-	UR10
TBD	-	UR11
TBD	-	UR12
TBD	-	UR13
TBD	-	UR14
TBD	-	UR15
Investment Income	5,254.2	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR

Total - RE Line, Col 2., Line M + Line U 41,067.3 Check ->

SUPPLEMENTAL SCHEDULE 1

NORTHWEST HOSPITAL

Summary of Other and Non-Operating Revenue

For The Fiscal Year Ended June 30, 2019

Non-Operating and Net Unregulated Expenses:

Ambulance Services	-	E01
Parking	-	E02
Doctor's Private Office Rent	2,036.8	E03
Office & Other Rental	245.8	E04
Retail Operations	16,331.3	E05
Patients Telephones	-	E06
Cafeteria	1,435.4	E07
Day Care Recreation Areas	-	E08
Housing	-	E09
Research	34.1	F01
Nursing Education	-	F02
Other Health Profession Education	-	F03
Community Health Education	1,024.5	F04
Freestanding Clinic Services	-	UR01
Home Health Services	-	UR02
Outpatient Renal Dialysis	-	UR03
Skilled Nursing Care	13,353.5	UR04
Laboratory Non-Patient	-	UR05
Physicians Part B Services	22,729.1	UR06
Certified Nurse Anesthetists	-	UR07
Physician Support Services	465.4	UR08
Hospice Care	76.1	UR09
TBD	-	UR10
TBD	-	UR11
TBD	-	UR12
TBD	-	UR13
TBD	-	UR14
TBD	-	UR15
Non Operating Expenses	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR
Other:	-	G / GR

Total - RE Line, Col 2., Line S + Line V 57,732.1 Check ->

SUPPLEMENTAL SCHEDULE 2

NORTHWEST HOSPITAL

Reconciliation of Depreciation & Lease / Rentals

For The Fiscal Year Ended June 30, 2019

	<u>Depreciation</u>	<u>Leases / Rentals</u>	<u>Total</u>
UA Schedule - Line A	15,168.6	1,208.6	16,377.2
Allocation of E & UR Schedules:			
E01	-	-	-
E02	-	-	-
E03	-	-	-
E04	-	-	-
E05	-	-	-
E06	-	-	-
E07	-	-	-
E08	-	-	-
E09	-	-	-
UR01	-	-	-
UR02	-	-	-
UR03	-	-	-
UR04	569.5	-	569.5
UR05	-	-	-
UR06	-	-	-
UR07	-	-	-
UR08	-	-	-
UR09	-	-	-
UR10	-	-	-
UR11	-	-	-
UR12	-	-	-
UR13	-	-	-
UR14	-	-	-
UR15	-	-	-
RE Schedule - Line Q	<u>14,599.1</u>	<u>1,208.6</u>	<u>15,807.7</u>

SUPPLEMENTAL SCHEDULE 3

NORTHWEST HOSPITAL

Reconciliation of UCC

For The Fiscal Year Ended June 30, 2019

Audited Financial Statements:

Bad Debts	16,260.3	
Charity Care	1,936.1	
Uncompensated Care per Statement	<u>18,196.4</u>	18,196

Trial Balance:

Bad Debt Write-offs	12,257.8	
Charity Write-offs	1,936.1	
Change in Balance Sheet Reserve	-	
Bad Debt Recoveries	4,002.5	
Other	-	
Uncompensated Care per Trial Balance	<u>18,196.4</u>	18,196

Annual Report of Revenues, Expenses, and Volumes:

Uncompensated Care - Schedule PDA	13,725.4	
Unregulated Charity & Bad Debts	4,471.0	
Medicaid Day Limit UCC included in contractals on F/S	-	
Uncompensated Care Per Report	<u>18,196.4</u>	18,196

SUPPLEMENTAL SCHEDULE 4

NORTHWEST HOSPITAL

Detail of MCO Regulated Revenue

For The Fiscal Year Ended June 30, 2019

MCO Revenue	Inpatient	Outpatient	Total
Aetna Better Health of MD (MCO)	\$ 199.4	\$ 199.0	\$ 398.4
Amerigroup / Americaid MCO	2,745.9	5,074.1	7,820.0
Helix Medstar Family MCO	42.3	60.7	103.0
JAI Medical Systems (MCO)	938.0	1,355.4	2,293.4
Kaiser Permanente MCO	257.8	607.3	865.1
Maryland Physician Care MCO / Med Asst	3,059.3	4,840.8	7,900.1
Medstar / Helix Family MCO	626.9	960.9	1,587.7
Priority Partners N-Court (MCO)	2,292.3	3,952.7	6,245.0
United Healthcare (MCO) N31365	2,049.4	3,082.7	5,132.2
University of Maryland Health Partners-MCO	593.5	1,850.8	2,444.3
Value/Beacon Options N-1950	7,845.0	2,146.3	9,991.3
AETNA Medicare	904.1	771.4	1,675.5
CIGNA Healthspring	2,473.4	1,501.6	3,975.0
Humana Medicare Advantage	65.5	89.9	155.3
Elder Health	1.4	1.4	2.8
Johns Hopkins Advantage MD	1,874.2	1,450.8	3,325.0
Kaiser Medicare Plus	614.4	286.7	901.2
Medstar Medicare Choice	113.6	40.4	154.0
United Healthcare - Medicare 31362	1,232.4	723.8	1,956.1
United Healthcare Medicare Solutions N-31350	333.7	202.0	535.7
MCO -	1,344.1	868.5	2,212.6
all other unidentified	6.5	6.0	12.4
	-		-
	-		-
Total MCO Revenue	\$ 29,612.9	\$ 30,073.0	\$ 59,685.9

SUPPLEMENTAL SCHEDULE 5

NORTHWEST HOSPITAL

**Supplement to FS and RE Schedules to
Disclose Non-Operating Revenue and Expense**

For The Fiscal Year Ended June 30, 2019

Income Statement		
RE Line T Excess (Deficit) Operating Rev. Over Operating Expenses		\$ 18,801.1
RE Line U Detailed Non-Operating: Income / (Expense)		
U1 Contributions (Unrestricted)		
U2 Interest & Investment Income		24.1
U3 Investment - Gains / (Losses) - Realized		59.0
U4 Investment - Gains / (Losses) - Unrealized		149.5
U5 Swap Agreements - Gains / (Losses) - Realized		
V Other (Specify)		5,021.6
RE Line W Excess Profit / (Loss)		<u>24,055.4</u>
Other Significant Financial Information		
CC Swap Agreements - Gains / (Losses) - Unrealized		
DD Collateral Received / (Posted) - Swap Agreements		
EE Retirement of Debt - Gains / (Losses)		
FF Pension Adjustments - Defined Benefit Plans		
GG Other (Specify)		
HH Total		<u>\$ -</u>

SUPPLEMENTAL SCHEDULE 6

NORTHWEST HOSPITAL

Debt Collection/Financial Assistance Report

For The Fiscal Year Ended June 30, 2019

1. Collection Agency Name

- a. Credit Collection Services
- b. Herbert A. Thaler, Jr., Attorney at Law
- c. NCO Financial Systems, Inc.
- d. Receivables Outsourcing, Inc.
- e. United Collection Bureau, Incorporated
- f. State Collection Service, Inc.
- g.
- h.

2. Number of Liens

- i. zero (0) *
* Baltimore City judgments result in 'automatic' liens be and/or guarantor real property. As a rule, Sinai Hospi judgment liens on real property in any jurisdiction.

3. Number of extended payment plans

- j. zero (0)

FINANCIAL ASSISTANCE

4. Number of applications for financial assistance received

- k. 509 completed applications

5. Number of applicants for financial assistance approved

- l. 500 approved applications

SUPPLEMENTAL SCHEDULE 7

NORTHWEST HOSPITAL

Hospital Outpatient Services Survey

For The Fiscal Year Ended June 30, 2019

Name of Outpatient Service	Description of Services Provided	Physical Location/Address	Regulated/Unregulated
SLEEP STUDY CENTER	SLEEP STUDY CENTER	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
WOUND CARE	SURGICAL CLINIC	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
OUTPATIENT INFUSION CENTER	INFUSION CLINIC	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
EMERGENCY ROOM	EMERGENCY SERVICES	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CLINIC-PSYCH	ER PSYCH CLINIC	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
MEDICAL NUTRITION CLINIC	MEDICAL NUTRITION	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
HBOT-HYPERBARIC TREATMENT CTR	HYPERBARIC CHAMBER	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
OPERATING ROOM	SURGERY SERVICES	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
OPERATING ROOM	RECOVERY SERVICES	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
RESPIRATORY THERAPY	RESPIRATORY THERAPY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
SPEECH THERAPY	SPEECH THERAPY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
PHYSICAL THERAPY	PHYSICAL THERAPY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
PHARMACY AMBULATORY CLINIC	ANTICOAGULATION CLINIC	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
PULMONARY FUNCTION	PULMONARY FUNCTION	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
NEURODIAGNOSTICS	NEURODIAGNOSTICS	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
ULTRA SOUND-DIAGNOSTIC	ULTRA SOUND-DIAGNOSTIC	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
NUCLEAR MEDICINE	NUCLEAR MEDICINE	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CAT SCAN	CAT SCAN	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
RENAL DIALYSIS REVENUE	RENAL DIALYSIS REVENUE	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
MRI	MRI	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
INTERVENTIONAL RADIOLOGY	INTERVENTIONAL RADIOLOGY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
OPERATING ROOM	ANESTHESIOLOGY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
RADIOLOGY	RADIOLOGY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CARDIO-VASCULAR SERVICES	CARDIO-VASCULAR SERVICES	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CARDIOLOGY	CARDIOLOGY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CARDIAC CATH LAB	CARDIAC CATH LAB	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CLINICAL LABORATORY	CLINICAL LABORATORY	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
BLOOD BANK LAB	BLOOD BANK LAB	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
BREAST CARE CENTER	BREAST CARE CENTER	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
PULMONARY REHAB	PULMONARY REHAB	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated
CARDIAC REHAB	CARDIAC REHAB	MAIN HOSPITAL-5401 Old Court Road, Randallstown, MD 21133	Regulated

SUPPLEMENTAL SCHEDULE 8

Gross Patient Revenue Reconciliation

For The Fiscal Year Ended June 30, 2019

Institution Name: NORTHWEST HOSPITAL

Institution Number: 210040

Please enter revenue results in \$1,000's.

Section I

TOTAL GROSS PATIENT REVENUE

Line #		Col 1 Inpatient	Col 2 Outpatient	Col 3 Total
1	Total In-State Revenue	\$ 137,130	\$ 129,080	\$ 266,210
2	Total Out-State Revenue	\$ 2,441	\$ 2,858	\$ 5,299
3	Total Gross Patient Revenue	\$ 139,571	\$ 131,938	\$ 271,509

Section II

TOTAL MEDICARE REVENUE

	Col 1 In-State I/P Revenue	Col 2 Out-State I/P Revenue	Col 3 In-State O/P Revenue	Col 4 Out-State O/P Revenue	Col 5 Total Revenue	
4	Medicare FFS Revenue	\$ 72,899	\$ 921	\$ 44,580	\$ 322	\$ 118,721
5	Medicare Non-FFS Revenue	\$ 9,062	\$ 184	\$ 5,965	\$ 17	\$ 15,229
6	Total Medicare Revenue	\$ 81,961	\$ 1,105	\$ 50,545	\$ 339	\$ 133,950

SUPPLEMENTAL SCHEDULE 9

UR6-A

Physician Part B Services - UR6 Addendum (UR6-A)

INSTITUTION NAME: NORTHWEST HOSPITAL

FISCAL YEAR

6/30/2019

INSTITUTION NUMBER: 210040

Schedule UR6-A is provided to enable hospitals to identify the Physician Part B Services cost, revenue, and FTEs reported on Schedule UR6 by physician category. A reconciliation of this schedule to the UR6 schedule will be required beginning with the FY2016 Special Audit Procedures.

Instructions:

- 1) Enter the appropriate code and description for each physician type at the hospital, with separate lines for hospital vs. non-hospital based physicians.
 A [directory of codes and description can be found below](#).
 If your hospital has both hospital and non-hospital based physicians in the same category, use one line for hospital based and a separate line for non-hospital based physicians.
- 2) Enter expenses and revenues in thousands, rounded to one decimal place.
- 3) Indicate "Yes" or "No" in the "Hospital Based" column for the line in question.
 For the purposes of this report, only House Staff, Pathologists, Radiologists, and Anesthesiologists can be considered "Hospital Based."
- 4) Enter the FTEs for each line. FTEs should be rounded to one decimal place.
- 5) Verify that the data entered matches Schedule UR6 using the check at the bottom of this schedule.

COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
Code	Physician Description	Wages, Salaries, & Fringe Benefits	Other Expenses	Total Expenses	Revenue	Hospital Based	FTEs
1	General Practice	\$ 2,821.9	\$ 1,421.3	\$ 4,243.1	\$ 3,606.9	No	11.9
1	General Practice	7,114.2	1,131.9	8,246.1	3,566.1	Yes	42.1
2	General Surgery	1,463.4	436.8	1,900.2	(613.1)	No	9.2
5	Anesthesiology	-	1,310.3	1,310.3	-	Yes	-
6	Cardiology	-	264.0	264.0	-	No	-
10	Gastroenterology	-	0.7	0.7	(1.2)	No	0.8
11	Internal	-	-	-	-	No	-
13	Neurology	197.0	14.8	211.8	-	No	2.4
14	Neurosurgery	-	3.0	3.0	-	No	0.6
16	Obstetrics & Gynecology	-	134.8	134.8	-	No	-
17	Hospice & Palliative Care	-	-	-	-	No	-
18	Ophthalmology	560.8	35.0	595.8	371.0	No	1.6
19	Oral Surgery	-	-	-	-	No	-
20	Orthopedic Surgery	2,576.6	712.7	3,289.3	2,578.7	No	15.6
22	Pathology	-	-	-	-	Yes	-
25	Physical Medicine & Rehabilitation	-	-	-	-	No	-
26	Psychiatry	31.7	180.3	212.0	-	No	0.4
29	Pulmonary Disease	-	-	-	-	No	-
30	Diagnostic Radiology	184.2	-	184.2	-	Yes	-
33	Thoracic Surgery	233.6	-	233.6	-	No	0.2
34	Urology	-	133.7	133.7	-	No	-
37	Pediatric Medicine	-	-	-	-	No	-
40	Hand Surgery	-	-	-	-	No	-
44	Infectious Disease	-	-	-	-	No	-
46	Endocrinology	-	-	-	-	No	-
66	Rheumatology	-	-	-	-	No	-
72	Pain Management	-	-	-	-	No	-
77	Vascular Surgery	-	188.1	188.1	-	No	-
78	Cardiac Surgery	-	-	-	-	No	-
90	Medical Oncology	723.5	85.1	808.6	336.0	No	4.6
91	Surgical Oncology	191.4	59.1	250.5	(2.3)	No	1.6
92	Radiation Oncology	-	-	-	-	No	-
93	Emergency Medicine	-	487.2	487.2	-	No	-
94	Interventional Radiology	26.3	5.8	32.1	17.6	Yes	0.0
98	Gynecological Oncology	-	-	-	-	No	-
		-	-	-	-		
		-	-	-	-		
		-	-	-	-		
Total		\$ 16,124.6	\$ 6,604.6	\$ 22,729.2	\$ 9,859.8	Combined	91.1