

Schedule A

Notice of Provider Practice Transfer/Acquisition

Please submit information 30 days prior to the effective date of the transfer/acquisition.

Hospital Name: Northwestern Medical Center
Provider Practice Name: Northwestern Partners in Hope & Recovery
Provider Practice Location (prior to acquisition): N/A
Effective Date of transfer/acquisition: 7/31/2020

Please briefly describe the need for this transfer/acquisition, including whether the hospital-based service:

- The need for this transfer/acquisition
- Plans to provide the newly acquired service at the same, or decreased cost, as the independent service
- Does the hospital expect service levels to maintain

This reflects the closure of Northwestern Partners in Hope and Recovery. We have worked closely with other community providers to ensure that patients will continue to have access to mental health and addiction treatment services in St. Albans.

For transfers/acquisitions with an effective date between:

October 1 - May 1: Please complete both Section One and Section Two.

May 2 - September 30: Please complete Section One only and include as part of your annual budget submission. Please remember to include information about this transfer/acquisition in the hospital's budget narrative.

SECTION ONE: Acquired Practice Budget

Complete Section One for any transfer/acquisition, regardless of effective date.

	A	B	C
	Prior Year Fiscal Year	Current Fiscal Year Projection	Next Fiscal Year (annualized)
Gross Patient Care Revenue	\$	1,630,648	\$ -
Deductions from Revenue	\$	1,249,734	\$ -
Net Patient Revenue - Physician	\$	380,914	\$ -
Provider Salaries	\$	250,000	\$ -
Provider Fringe Benefits	\$	37,500	\$ -
Staff Wages & Benefits (Non MD)	\$	761,861	\$ -
Malpractice	\$	15,000	\$ -
Depreciation/Amortization		\$	\$ -
Rent	\$	67,667	\$ -
Billing Service		\$	\$ -
Medical/Surgical Supplies		\$	\$ -
Other Costs	\$	244,049	\$ -
Total Operating Expense	\$ -	\$ 1,376,077	\$ -
Net Operating Income/Loss	\$ -	\$ (995,163)	\$ -

Relative Value - Units of Service	A	B	C
Total Provider FTEs Acquired/Transferred		9,774	-
Total Non- Provider FTEs Acquired/Transferred		1	0
		10.98	0

A: The operations of the practice for the previous fiscal year (if available)

B: The operations of the practice for the projected fiscal year

C: The operations of the practice for the upcoming fiscal year

SECTION TWO: Hospital Budget

Only for off-cycle transfers/acquisitions with effective dates between October 1 and May 1.

	Prior Year Fiscal Year	Current Fiscal Year	Partial Current Year	Current Year	% Change from
	Actual	Approved Budget	Projections (from Section One)	Budget Including Change	Approved Budget
NPR and FPP				\$ -	#DIV/0!
Other Operating Revenue				\$0	#DIV/0!
Total Operating Revenue		\$ -		\$0	#DIV/0!
Total Operating Expenses				\$0	#DIV/0!
Net Operating Income (Loss)		\$0		\$0	
Non-Operating Revenue			\$ -	\$ -	0.0%
Excess (Deficit) of Revenue or Expense		\$ -	\$ -	\$ -	0.0%