

## 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:** N/A (Inpatient Hospitalist Program)

**Provider Practice Location (prior to acquisition):**

**Effective Date of transfer/acquisition:** October 1, 2023

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

Eliminate contracted Inpatient Hospitalist model and move to employed Hospitalist model. The FY24 budget includes a net savings of \$300,000 as a result of eliminating the management fee. The staffing model will remain the same. No changes is service.

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 Impact (annualized)
Gross Patient Care Revenue			\$ 2,172,972
Deductions from Revenue			\$ (1,412,432)
<b>Net Patient Revenue - Physician</b>			<b>\$ 760,540</b>
Provider Salaries			\$ 1,109,732
Provider Fringe Benefits			\$ 166,460
Staff Wages & Benefits (Non MD)			\$ 488,543
Malpractice			
Depreciation/Amortization			
Rent			
Billing Service			\$ 6,000
Medical/Surgical Supplies			
Other Costs		\$ 1,343,205	\$ 20,000
<b>Total Operating Expense</b>	\$ -	\$ 1,343,205	<b>\$ 1,790,734</b>
<b>Net Operating Income/Loss</b>	\$ -	\$ (1,343,205)	<b>\$ (1,030,194)</b>

Relative Value - Units of Service			
<b>Total Provider FTEs Acquired/Transferred</b>		3.8	3.8
<b>Total Non- Provider FTEs Acquired/Transferred</b>		2.5	2.5

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	%
	Actual	Approved Budget	Projections (from Section One)	Budget Including Change	Change from Approved Budget
NPR and FPP					
Other Operating Revenue					
<b>Total Operating Revenue</b>					
<b>Total Operating Expenses</b>					
<b>Net Operating Income (Loss)</b>					
Non-Operating Revenue					
Excess (Deficit) of Revenue or Expense					