Non-Rural Indigent Assistance DSH
Recalculated
SFY 2011

Hospital Information			Profit Calculation				Non Rural Indigent DSH Payment Calculation								
Provider Number	Hospital Name	8/1/10 IP RCC	Net Patient Service Revenue	Income/(Loss) from Operations	Percent Profit	Profit Factor	Charity Charges	Charity Costs	Adj Charity Costs	% of Total	Annual Payment Amount	Monthly Amt	1st Payment (7 mos)	Final Payment (1 mo)	Check
3300571	DEACONESS MEDICAL CENTER	0.345	221,247,486	13,173,272	0.0595	1.1	5,236,980	1,806,758	1,987,434	1.530%	176,064	14,672	182,825	(6,761)	176,064
3308707	GOOD SAMARITAN HOSPITAL	0.260	288,299,290	52,232,368	0.1812	1.0	16,300,110	4,238,029	4,238,029	3.263%	375,440	31,287	389,859	(14,419)	375,440
3300126	HOLY FAMILY HOSPITAL	0.325	180,063,945	11,171,801	0.0620	1.1	14,993,480	4,872,881	5,360,169	4.127%	474,849	39,571	493,085	(18,236)	474,849
3311305	KADLEC MEDICAL CENTER	0.366	252,941,526	16,909,133	0.0668	1.1	15,834,739	5,795,514	6,375,066	4.908%	564,757	47,063	586,447	(21,690)	564,757
3350907	LEGACY EMANUEL HOSPITAL	0.395	439,552,868	16,212,908	0.0369	1.1	2,294,337	906,263	996,890	0.768%	88,313	7,359	91,705	(3,392)	88,313
3300530	LEGACY SALMON CREEK	0.368	142,373,454	8,488,726	0.0596	1.1	14,696,156	5,408,185	5,949,004	4.580%	527,013	43,918	547,252	(20,239)	527,013
3305703	LOURDES MEDICAL CENTER	0.323	83,531,000	7,390,000	0.0885	1.1	2,691,444	869,336	956,270	0.736%	84,714	7,060	87,968	(3,254)	84,714
3300340	MARY BRIDGE CHILDREN'S HOSPITAL	0.316	185,392,583	67,122,598	0.3621	1.0	1,320,185	417,178	417,178	0.321%	36,957	3,080	38,376	(1,419)	36,957
3340403	NORTHWEST HOSPITAL	0.332	240,846,484	6,249,357	0.0259	1.1	7,830,616	2,599,765	2,859,741	2.202%	253,340	21,112	263,069	(9,729)	253,340
3358801	OREGON HEALTH & SCIENCE UNIVERSITY	0.461	899,010,245	56,581,767	0.0629	1.1	642,819	296,339	325,973	0.251%	28,877	2,406	29,986	(1,109)	28,877
3340809	OVERLAKE HOSPITAL MEDICAL CENTER	0.357	376,527,398	38,597,929	0.1025	1.0	8,360,701	2,984,770	2,984,770	2.298%	264,416	22,035	302,028	(37,612)	264,416
3302205	PROVIDENCE CENTRALIA HOSPITAL	0.259	122,114,680	15,442,534	0.1265	1.0	18,889,745	4,892,444	4,892,444	3.767%	433,414	36,118	450,059	(16,645)	433,414
3309606	PROVIDENCE EVERETT MEDICAL CENTER	0.288	483,667,415	37,261,831	0.0770	1.1	44,551,483	12,830,827	14,113,910	10.867%	1,250,330	104,194	1,298,348	(48,018)	1,250,330
3300415	PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL	0.209	63,094,011	6,573,843	0.1042	1.0	102,829	21,491	21,491	0.017%	1,904	159	2,175	(271)	1,904
3302601	PROVIDENCE ST. PETER HOSPITAL	0.227	358,860,426	22,674,317	0.0632	1.1	33,383,502	7,578,055	8,335,860	6.418%	738,461	61,538	766,821	(28,360)	738,461
3304409	SOUTHWEST WASHINGTON MEDICAL CENTER	0.351	484,674,341	11,436,263	0.0236	1.1	39,956,101	14,024,591	15,427,051	11.878%	1,366,658	113,888	1,419,144	(52,486)	1,366,658
3300118	ST. FRANCIS HOSPITAL	0.215	203,336,287	32,609,208	0.1604	1.0	14,094,551	3,030,328	3,030,328	2.333%	268,452	22,371	278,762	(10,310)	268,452
3304508	ST. JOHN MEDICAL CENTER	0.437	222,556,699	6,457,168	0.0290	1.1	18,984,076	8,296,041	9,125,645	7.026%	808,427	67,369	839,474	(31,047)	808,427
3308905	ST. JOSEPH HOSPITAL - BELLINGHAM	0.415	349,988,415	5,817,354	0.0166	1.1	13,988,994	5,805,433	6,385,976	4.917%	565,724	47,144	587,450	(21,726)	565,724
3343407	ST. JOSEPH MEDICAL CENTER - LEWISTON	0.440	108,664,000	2,061,000	0.0190	1.1	111,745	49,168	54,085	0.042%	4,791	399	4,975	(184)	4,791
3309309	ST. JOSEPH MEDICAL CENTER - TACOMA	0.227	537,118,697	60,400,029	0.1125	1.0	32,227,769	7,315,704	7,315,704	5.633%	648,087	54,007	672,976	(24,889)	648,087
3303104	ST. MARY MEDICAL CENTER	0.375	133,105,647	7,327,965	0.0551	1.1	6,852,988	2,569,871	2,826,858	2.176%	250,427	20,869	260,044	(9,617)	250,427
3309200	SWEDISH MEDICAL CENTER	0.266	763,327,316	210,855,137	0.2762	1.0	43,176,550	11,484,962	11,484,962	8.843%	1,017,435	84,786	1,056,509	(39,074)	1,017,435
3300332	TACOMA GENERAL ALLENMORE HOSPITAL	0.264	506,816,961	41,877,788	0.0826	1.1	25,787,670	6,807,945	7,488,739	5.766%	663,416	55,285	688,894	(25,478)	663,416
3300589	VALLEY HOSPITAL AND MEDICAL CENTER - SPOKANE	0.334	80,765,844	9,432,635	0.1168	1.0	2,129,552	711,270	711,270	0.548%	63,010	5,251	65,430	(2,420)	63,010
3303203	WALLA WALLA GENERAL HOSPITAL	0.316	40,631,766	(1,781,479)	(0.0438)	1.1	2,776,872	877,492	965,241	0.743%	85,509	7,126	88,793	(3,284)	85,509
3307501	YAKIMA VALLEY MEMORIAL HOSPITAL	0.429	262,672,491	(21,129,227)	(0.0804)	1.1	11,128,246	4,774,018	5,251,419	4.043%	465,215	38,768	13,212	452,003	465,215
	Totals		**8,031,181,275**	**741,446,225**					129,881,508	1.0000	11,506,000		11,505,666	334	11,506,000
				Average Profit %	**0.092321**										
				110% Avg. Prof. %	**0.101553**						11,506,000				
											11,506,000				

Out of state hospital adjusted for % of WA state billed charges to total billed charges w/o charity

	Hospital	Wa. Billed Charges %
3350907	LEGACY EMANUEL HOSPITAL	3.76%
3358801	OREGON HEALTH & SCIENCE UNIVERSITY	1.09%
3300415	PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL	1.38%
3343407	ST. JOSEPH MEDICAL CENTER - LEWISTON	3.09%

Column A Primary Provider Number
Column B Facility Name
Column C August 1, 2010 Inpatient RCC - T19 RCC or CAH RCC for CAH hospitals. Rates
can be found at http://fortress.wa.gov/dshs/maa/hrates/index.html
Column D Net Patient Service Revenue From Audited Financial Statements supplied by Hospitals
Column E Income (Loss) from Operations - From Audited Financial Statements supplied by Hospitals
Column F Percent Profit - Calculated - Income/(Loss) from operations divided by Net Patient Service Revenues
Column G Profit Factor - Calculated - If Percent Profit is more than the amount shown as 90% of Average Percent Profit, Profit
Factor is 1.0. If less than or equal to the amount shown as 90%, Profit Factor is 1.1
Column H Charity Charges from Audited Financial Statements supplied by Hospitals
Column I Calculated Charity Costs by multiplying Charity Charges by appropriate RCC
Column J Facility AdjustedCharity Costs -Calculated Charity Costs multiplied by the facility profit factor
Column K Facility Adjusted Charity Costs as % of Total Adjusted Charity costs
Column L Calculated Payment - Non-Rural IA Total for year (Rounded)

Office of Hospital Finance
Division of Rates and Finance
MPA
August 5, 2011