New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Patient Care Volumes

Hospital:

Hospital Number:

Run Date: 06/26/2024

Form B

Inpat. Vol Line #	MSA	PED	OBS	PSA	ICU	CCU	NNI	NBN	SNF	SAC	TRA	Total	Error
1 INPAT	94852	3416	5929	817	2021	0	674	4231	0	0	-55787	56153	**0**
2 SAME	13634	0	0	0	0	0	0	0	0	0	0	13634	**0**
3 DAYS	172336	10512	14895	4567	10512	0	14723	9309	0	0	0	236854	**0**
4 LICEN	527	65	77	24	48	0	40	60	0	0	0	841	**0**
5 MAIN	434	65	77	24	48	0	40	60	0	0	0	748	**0**
7 DISCH	0	0	0	0	0	0	0	0	0	0	0	42816	

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Other Statistical Data

Run Date: 06/26/2024

Hospital:

Hospital Number:

Form B5

	Inpatient Statistics By Payer	Admissions	Patient Days
1	Horizon Blue Cross of New Jersey(Indemnity)	6311	22521
2	Other Blue Cross(Indemnity)	742	2374
3	Medicare	12586	62675
4	Medicaid	2303	10724
5	CHAMPUS	0	0
6	HMO	13585	49479
7	Medicare HMO	5408	30170
8	Medicaid HMO	8929	34007
9	Commercial Insurers	2422	11498
10	Charity Care	829	4441
11	Self Pay	1848	5895
12	Other	0	0
13	Personnal Health	1190	3070
14	Totals (Sum of line 1 to 13)	56153	236854
	Reported Totals On Form B (Less SNF) :	56153	236854
	********* Error Line 14 **********	**0**	**0**

	Other Statistical Data	Total Amount
15	Cafeteria Average Meal Price	11
16	Estimated Annual Free Meals to All Employees	508875
17	Estimated Annual Free Meals to All Students	44425
18	Estimated Annual Free Meals to All Others	50

New Jersey Department of Health

Acute Care Hospitals

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Form B6

Outpatient Volume	SameDay Surgery	EMR Visits	OHS Visits	CLN Visits	O/P DIA Visits	Priv Refer	SameDay Psych	O/P Surgery	Home DIA	MICU	Other MICU	Reported Total	Calculated Total	Error
1 HORBLCR	3804	11170	775	1678	0	51052	0	0	0	479	0	68958	68958	0
2 OTHBLCR	346	2230	28	170	0	4712	0	0	0	68	0	7554	7554	0
3 MEDCARE	4096	5480	1847	2	0	90652	0	0	0	2587	0	104664	104664	0
4 MEDCAID	109	2120	3	50	0	3220	0	0	0	84	0	5586	5586	0
5 CHAMP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6 HMO	6261	21957	1241	2297	0	90237	0	0	0	1418	0	123411	123411	0
7 MCAREHMO	1898	3128	794	1	0	36238	0	0	0	1057	0	43116	43116	0
8 MCAIDHMO	2606	34044	925	3207	0	47512	0	0	0	978	0	89272	89272	0
9 COMMINSU	1246	6155	2315	119	0	17251	0	0	0	408	0	27494	27494	0
10 CHARCARE	260	1743	70	7	0	8675	0	0	0	48	0	10803	10803	0
11 SELFPAY	475	12508	61	25	0	8193	0	0	0	825	0	22087	22087	0
12 OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 PERSHLTH	894	2815	1184	565	0	36236	0	0	0	50	0	41744	41744	0
14 TOTALS	21995	103350	9243	8121	0	393978	0	0	0	8002	0	544689	544689	0
** Error Line 14	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
15 GROSS	21995	126353	9243	8121	0	393978	0	0	0	8002	0	567692	567692	**0**
16 ADMITTED	0	23003	0	0	0	0	0	0	0	0	0	23003	23003	**0**
17 VISITS	21995	103350	9243	8121	0	393978	0	0	0	8002	0	544689	544689	**0**
**Error Total Line 15-16=17	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
18 PRIMARY		12537												
19 NON-PRIMARY		90813												
**Error EMR Line 17 - (18 + 19)		0												
**Error Line 14-17	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Actual Cost Center Data (In Thousands)

Hospital:

Hospital Number:

Run Date: 06/26/2024

Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
MSA	2616736	0	0	107928	0	0	0	0	0	0	0	0	107928	**0**	41.25	0.00	0.00
PED	303477	0	0	12517	0	0	0	0	0	0	0	0	12517	**0**	41.25	0.00	0.00
OBS	353956	0	0	14599	0	0	0	0	0	0	0	0	14599	**0**	41.25	0.00	0.00
PSA	76882	0	0	3171	0	0	0	0	0	0	0	0	3171	**0**	41.25	0.00	0.00
ICU	817694	0	0	33726	0	0	0	0	0	0	0	0	33726	**0**	41.25	0.00	0.00
CCU	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0.00	0.00	0.00
NNI	347676	0	0	14340	0	0	0	0	0	0	0	0	14340	**0**	41.25	0.00	0.00
NBN	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0.00	0.00	0.00
SNF	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0.00	0.00	0.00
SAC	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0.00	0.00	0.00
CLN	232390	1786	17983	9585	1799	151	8254	33357	2199	0	21	0	55366	**0**	41.25	1007.28	8.40
EMR	741394	12	0	30579	12	0	2222	5178	4608	0	0	0	42599	**0**	41.25	1000.00	0.00
OHS	9480	0	0	391	0	0	6	0	15	0	0	0	412	**0**	41.24	0.00	0.00
ANS	25870	292	0	1067	294	0	831	0	2134	0	0	0	4326	**0**	41.24	1006.85	0.00
BBK	0	0	0	0	0	0	0	10	38392	0	0	0	38402	**0**	0.00	0.00	0.00
CCA	180069	247	0	7427	249	0	5480	4	36600	0	0	0	49760	**0**	41.25	1008.10	0.00
CSS	89150	0	0	3677	0	0	240	381	772	0	0	0	5070	**0**	41.25	0.00	0.00
MSS	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0.00	0.00	0.00
DEL	300398	0	0	12390	0	0	823	1177	974	0	0	0	15364	**0**	41.25	0.00	0.00
DIA	106921	0	0	4410	0	0	405	4	352	0	0	0	5171	**0**	41.25	0.00	0.00
EDG	167316	0	0	6901	0	0	134	0	367	0	7	0	7409	**0**	41.25	0.00	0.00
LAB	165643	0	148386	6832	0	1246	835	55794	14226	0	0	0	78933	**0**	41.25	0.00	8.40
NMD	24027	0	0	991	0	0	63	0	2192	0	0	0	3246	**0**	41.25	0.00	0.00
ORR	1133972	0	0	46771	0	0	41968	3540	74538	0	42	0	166859	**0**	41.25	0.00	0.00

New Jersey Department of Health

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Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
OPM	31276	0	0	1290	0	0	1	0	22	0	312	0	1625	**0**	41.25	0.00	0.00
PHM	605403	0	0	24970	0	0	60876	56	268127	0	51	0	354080	**0**	41.25	0.00	0.00
DRU	0	0	0	0	0	0	1	0	0	0	0	0	1	**0**	0.00	0.00	0.00
PHT	224826	0	0	9273	0	0	33	46	88	0	858	0	10298	**0**	41.25	0.00	0.00
RAD	772622	365	0	31867	368	0	2266	4570	5642	0	211	0	44924	**0**	41.25	1008.22	0.00
RSP	252708	23	0	10423	23	0	2386	1601	1206	0	1	0	15640	**0**	41.25	1000.00	0.00
THR	1201398	331	394545	49552	334	3313	2624	130	22643	0	647	0	79243	**0**	41.25	1009.06	8.40
PHY	271643	31563	34655	11204	31812	291	100	0	1298	0	446	0	45151	**0**	41.25	1007.89	8.40
RSD	11226	15495	1429	463	15617	12	268	0	971	0	3	0	17334	**0**	41.24	1007.87	8.40
A&G	1319036	0	0	54404	0	0	10234	6822	656868	70378	4917	0	803623	**0**	41.25	0.00	0.00
DTY	199465	0	0	8227	0	0	118	745	10685	0	0	0	19775	**0**	41.25	0.00	0.00
FIS	106582	0	0	4396	0	0	1	0	43	0	283	0	4723	**0**	41.25	0.00	0.00
HKP	272565	0	0	11242	0	0	1399	0	6252	0	0	0	18893	**0**	41.25	0.00	0.00
L&L	24415	0	0	1007	0	0	131	0	4667	0	18	0	5823	**0**	41.25	0.00	0.00
MAL	0	0	0	0	0	0	0	0	128	0	0	0	128	**0**	0.00	0.00	0.00
MRD	69850	0	0	2881	0	0	4	0	46	0	0	0	2931	**0**	41.25	0.00	0.00
OGS	710215	0	0	29293	0	0	554	585	34606	0	523	0	65561	**0**	41.25	0.00	0.00
PCC	273510	102	0	11281	103	0	13	0	1945	0	0	0	13342	**0**	41.25	1009.80	0.00
PLT	119577	0	0	4932	0	0	106	0	4386	0	0	0	9424	**0**	41.25	0.00	0.00
BLD	0	0	0	0	0	0	0	0	0	30660	0	0	30660	**0**	0.00	0.00	0.00
UTC	0	0	0	0	0	0	0	0	13337	0	0	0	13337	**0**	0.00	0.00	0.00
EDR	661336	94	4049	27277	95	34	9275	253	23837	0	3578	0	64349	**0**	41.25	1010.64	8.40
INT	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0.00	0.00	0.00
LFB	0	0	0	0	0	0	0	0	4122	0	0	0	4122	**0**	0.00	0.00	0.00

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Acute Care Hospitals

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Hospital:

Hospital Number:

Run Date: 06/26/2024

Actual Cost Center Data (In Thousands)

Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
PEN	0	0	0	0	0	0	0	0	27194	0	0	0	27194	**0**	0.00	0.00	0.00
PFB	0	0	0	0	0	0	0	0	495	0	0	0	495	**0**	0.00	0.00	0.00
XXX	14820704	50310	601047	611284	50706	5047	151651	114253	1265977	101038	11918	0	2311874	**0**	41.25	1007.87	8.40
Error: Line 51	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**1526.07**	**########**	**58.78**
51	14820704	50310	601047	611284	50706	5047	151651	114253	1265977	101038	11918	0	2311874	**0**	41.25	1007.87	8.40
52	95478	0	0	3938	0	0	515	6	298249	0	573	0	303281	**0**	41.25	0.00	0.00
53	14916182	50310	601047	615222	50706	5047	152166	114259	1564226	101038	12491	0	2615155	**0**	41.25	1007.87	8.40
Error: Line 53	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**123.74**	**2015.74**	**16.79**

53	0	2615155
54		2615155
Error Line 54 (line 53 ExpRec + Total Costs = line 54 Total Cost):		0
54		2615155
55		2615155
56		0
Error Line 56:		**0**

New Jersey Department of Health

Acute Care Hospitals

Run Date: 06/26/2024

Hospital:

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2023 Submitted

Other Cost Details (In Thousands)

Form C3a

			Supplies	*Cont.Serv.*	*Other Exp.*
A&G	1	Telephone Costs	0	0	1
	2	Outside Collection Costs	0	0	0
	3	Travel and Conference	0	0	1027
	4	Consultants	0	0	1910
	5	Other	10234	6822	653930
	6	Total	10234	6822	656868
		****** Total difference error on Line 6***	***0***	***0***	***0***
		Form C amount:	**10234**	**6822**	**656868**
		****** Difference between C3a and C:***	***0***	***0***	***0***
DTY	7	Raw Food Costs	101	0	0
	8	Other Dietary Supplies	17	0	0
	9	Total	118	0	0
		****** Total difference error on Line 9***	***0***	***0***	***0***
		Form C amount:	**118**	**745**	**10685**
		****** Difference between C3a and C:***	***0***	***0***	***0***
LFB	10	FICA - OASDI	0	0	3586
	11	FICA - Medicare	0	0	1
	12	Worker's Compensation	0	0	95
	13	Unemployment Compensation	0	0	6
	14	Disability Insurance	0	0	434
	15	Total	0	0	4122
		****** Total difference error on Line 15***	***0***	***0***	***0***
		Form C amount:	**0**	**0**	**4122**
		****** Difference between C3a and C:***	***0***	***0***	***0***

New Jersey Department of Health

Acute Care Hospitals

Run Date: 06/26/2024

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Other Cost Details (In Thousands)

Form C3a

		Supplies	Cont.Serv.	Other Exp.
PFB	16 Medical	0	0	250
	17 Life and Other Insurance	0	0	56
	18 Other Policy Fringe Benefits	0	0	189
	19 Total	0	0	495
	****** Total difference error on Line 19***	***0***	***0***	***0***
	Form C amount:	**0**	**0**	**495**
	****** Difference between C3a and C:***	***0***	***0***	***0***
UTC	20 Electric	0	0	8051
	21 Fuel Oil	0	0	88
	22 Natural Gas	0	0	2578
	23 Water and Sewage	0	0	1523
	24 Disposal Service	0	0	1097
	25 Total	0	0	13337
	****** Total difference error on Line 25***	***0***	***0***	***0***
	Form C amount:	**0**	**0**	**13337**
	****** Difference between C3a and C:***	***0***	***0***	***0***

New Jersey Department of Health

Acute Care Hospitals

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Other Cost Details (In Thousands)

Form C3b

CTR	*Hours Employ*	*Hours Phys Sal*	*Hours Phys Fees*	*Sal Employ*	*Sal Phys*	*Phys Fee*	*Supply*	*Cont Serv*	*Oth Exp*	*Dep FAC I*	*Lease Cost*	*Exp Rec*	*Totals*	*Error*
FIS														
26	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
27	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
28	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
29	106582	0	0	4396	0	0	1	0	43	0	283	0	4723	**0**
30	106582	0	0	4396	0	0	1	0	43	0	283	0	4723	**0**
Line 30 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
OGS														
31	71025	0	0	2929	0	0	55	59	3461	0	52	0	6556	**0**
32	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
33	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
34	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
35	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
36	639190	0	0	26364	0	0	499	526	31145	0	471	0	59005	**0**
37	710215	0	0	29293	0	0	554	585	34606	0	523	0	65561	**0**
Line 37 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

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Other Cost Details (In Thousands)

Form C3b

CTR	*Hours Employ*	*Hours Phys Sal*	*Hours Phys Fees*	*Sal Employ*	*Sal Phys*	*Phys Fee*	*Supply*	*Cont Serv*	*Oth Exp*	*Dep FAC I*	*Lease Cost*	*Exp Rec*	*Totals*	*Error*
PCC														
38	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
39	273510	102	0	11281	103	0	13	0	1945	0	0	0	13342	**0**
40	273510	102	0	11281	103	0	13	0	1945	0	0	0	13342	**0**
Line 40 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
PHY														
41	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
42	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
43	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
44	271643	31563	34655	11204	31812	291	100	0	1298	0	446	0	45151	**0**
45	271643	31563	34655	11204	31812	291	100	0	1298	0	446	0	45151	**0**
Line 45 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

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Other Cost Details (In Thousands)

Form C3b

CTR	*Hours Employ*	*Hours Phys Sal*	*Hours Phys Fees*	*Sal Employ*	*Sal Phys*	*Phys Fee*	*Supply*	*Cont Serv*	*Oth Exp*	*Dep FAC I*	*Lease Cost*	*Exp Rec*	*Totals*	*Error*
EDR														
46	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
47	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
48	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
49	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
50	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
51	661336	94	4049	27277	95	34	9275	253	23837	0	3578	0	64349	**0**
52	661336	94	4049	27277	95	34	9275	253	23837	0	3578	0	64349	**0**
Line 52 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
MAL														
53	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
54	0	0	0	0	0	0	0	0	128	0	0	0	128	**0**
55	0	0	0	0	0	0	0	0	128	0	0	0	128	**0**
Line 55 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

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Other Cost Details (In Thousands)

Hospital:

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Run Date: 06/26/2024

Form C3c

CTR		Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals
FIS	C3 Form:	106582	0	0	4396	0	0	1	0	43	0	283	0	4723
	C Form:	106582	0	0	4396	0	0	1	0	43	0	283	0	4723
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
OGS	C3 Form:	710215	0	0	29293	0	0	554	585	34606	0	523	0	65561
	C Form:	710215	0	0	29293	0	0	554	585	34606	0	523	0	65561
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
PCC	C3 Form:	273510	102	0	11281	103	0	13	0	1945	0	0	0	13342
	C Form:	273510	102	0	11281	103	0	13	0	1945	0	0	0	13342
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
PHY	C3 Form:	271643	31563	34655	11204	31812	291	100	0	1298	0	446	0	45151
	C Form:	271643	31563	34655	11204	31812	291	100	0	1298	0	446	0	45151
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
EDR	C3 Form:	661336	94	4049	27277	95	34	9275	253	23837	0	3578	0	64349
	C Form:	661336	94	4049	27277	95	34	9275	253	23837	0	3578	0	64349
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
MAL	C3 Form:	0	0	0	0	0	0	0	0	128	0	0	0	128
	C Form:	0	0	0	0	0	0	0	0	128	0	0	0	128
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0

New Jersey Department of Health

Acute Care Hospitals

Hospital:

Hospital Number:

2023 Submitted

Items Not Included As Expense Recovery

(In Thousands)

Run Date: 06/26/2024

Form C5

Total Case 'A'	0
Total Case 'B'	0

New Jersey Department of Health

Run Date: 06/26/2024

Acute Care Hospitals

2023 Submitted

Details On Inpatient (CIP)

(Costs In Thousands)

Hospital:

Hospital Number:

Form C6

Inpatient Care:	Hours Employ	Sal Employ	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error
1 Registered Nursing Services	4266742	179683	0	0	0	0	0	0	179683	**0**
2 Licensed Practical Nursing	1878	74	0	0	0	0	0	0	74	**0**
3 Nursing Attendants	244775	6428	0	0	0	0	0	0	6428	**0**
4 Unit Clerical Services	3026	96	0	0	0	0	0	0	96	**0**
5 Total Inpatient	4516421	186281	0	0	0	0	0	0	186281	**0**
Calculated Total lines 1-4 Form C6:	4516421	186281	0	0	0	0	0	0	186281	
*****Error Line 5:***	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Calculated Total lines 1-8 Form C:	4516421	186281	0	0	0	0	0	0	186281	
*****Error btw Form C6 /C calculated totals:***	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Major Moveable Equipment

(In Thousands)

Hospital:

Hospital Number:

Run Date: 06/26/2024

Form C7

Line#	*Year of Acquisition*	*Calculation Base*	*Price Level Factor*	*Price-Level Depreciation (Col A * B)($000)*
1	2003	0	1.346	0
2	2004	0	1.308	0
3	2005	0	1.233	0
4	2006	0	1.183	0
5	2007	0	1.123	0
6	2008	0	1.082	0
7	2009	0	1.055	0
8	2010	0	1.055	0
9	2011	0	1.027	0
10	2012	0	1.000	0
11	2013	0	1.000	0
12	2014	0	1.000	0
13	2015	0	1.000	0
14	2016	0	1.000	0
15	2017	0	1.000	0
16	2018	0	1.000	0
17	2019	0	1.000	0
18	2020	0	1.000	0
19	2021	0	1.000	0
20	2022	0	1.000	0
21	2023	0	1.000	0
22	Totals	0		
	Calculated Line 22:	**0**		**0**
	***** Error Line 22:***	**0**		
23	Price Level Depreciation Amount			0
	***** Error Line 23: (Difference between line 23 PDL and the sum of keypunched line 22 Calculated Base minus calculated line 22 PDL total)***			**0**

New Jersey Department of Health

Acute Care Hospitals

Hospital:

Hospital Number:

2023 Submitted

Run Date: 06/26/2024

Information For Capital Facilities Allowance (CFA)

Form D3

Building Life

1	Total Plant Square Feet Related to Patient Care	1777324
2	Acquisition Cost(Include Cost of Fixed Equipment)	1510963000
3	Accumulated Depreciation(staight Line)	768361000
4	Net Book Value (Line 2 Minus Line 3)	**742602000**
5	Portion Not Depreciated (Line 4 Divided by Line 2)	**.4915**
6	Remaining Life (35.0 x Line 5)	**17.2**

Capital Cash Requirements		Reporting Year Actuals	Prospective Year Forecast
7	Principal Payment-Long Term Debt (Excl. "Balloons")	0	0
8	Portion of Line 7 Attributable to M. M. E.	0	0
9	Interest Expence-Long Term Debt	0	0
10	Portion of Line 9 Attributable to M. M. E.	0	0
11	Rental & Operating Lease-Bldg. & Fixed Equipment	0	0
12	Other Required Debt Service Payments	0	0
13	"Balloon" Payments	0	0
14	Interest Income Reported as Exp. Recovery on Form C	0	0
15	Capital Cash Requirements(Line 7 through 14)	0	0
	Calculated Total From Line 7 to 14:	**0**	**0**

Fixed Plant Depreciation

16	Straight Line Depreciation-Bldg & Fixed Equip.	30660	33726

Other Capital Information

17	Early Extinguishment of Debt Losses	0	0

New Jersey Department of Health

Run Date: 06/26/2024

Acute Care Hospitals

Hospital:

2023 Submitted

Hospital Number:

Patient Care Gross Revenue (In Thousands)

Form E

	Ctr	A Inpatient	B SameDay Surgery	C EMR Service	D OffSite Hea Ser	E Clinics	F Out Pat Dial Tr	G Private Refer	H Skilled Nur Fac	I SameDay Psych	J O/P Surgery	K Home DIA	L Reported Total	Calculated Total	Error
1	MSA	1565243	40026	0	0	0	0	0	0	0	0	0	1605269	1605269	**0**
2	PED	103604	6791	0	0	0	0	0	0	0	0	0	110395	110395	**0**
3	OBS	137696	6	0	0	0	0	0	0	0	0	0	137702	137702	**0**
4	PSA	31751	0	0	0	0	0	0	0	0	0	0	31751	31751	**0**
5	ICU	316002	164	0	0	0	0	0	0	0	0	0	316166	316166	**0**
6	CCU	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
7	NNI	156266	0	0	0	0	0	0	0	0	0	0	156266	156266	**0**
8	NBN	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
9	SNF	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
10	SAC	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
11	CLN	0	0	10	0	50426	0	131936	0	0	0	0	182372	182372	**0**
12	EMR	260386	6717	6105	0	0	0	442967	0	0	0	0	716175	716175	**0**
13	OHS	0	0	0	0	0	0	1	0	0	0	0	1	1	**0**
14	ANS	1183	84	0	0	0	0	5	0	0	0	0	1272	1272	**0**
15	BBK	801	193	0	0	0	0	2189	0	0	0	0	3183	3183	**0**
16	CCA	163584	1866	0	0	0	0	146577	0	0	0	0	312027	312027	**0**
17	MSS	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
18	DEL	67250	34	0	0	0	0	12498	0	0	0	0	79782	79782	**0**
19	DIA	24169	105	0	0	0	0	1535	0	0	0	0	25809	25809	**0**
20	EDG	107111	1234	0	0	0	0	60750	0	0	0	0	169095	169095	**0**

New Jersey Department of Health

Run Date: 06/26/2024

Acute Care Hospitals

Hospital:

2023 Submitted

Hospital Number:

Patient Care Gross Revenue (In Thousands)

Form E

	A	B	C	D	E	F	G	H	I	J	K	L		
Ctr	*Inpatient*	*SameDay Surgery*	*EMR Service*	*OffSite Hea Ser*	*Clinics*	*Out Pat Dial Tr*	*Private Refer*	*Skilled Nur Fac*	*SameDay Psych*	*O/P Surgery*	*Home DIA*	*Reported Total*	*Calculated Total*	*Error*
21 LAB	0	0	0	0	363	0	52	0	0	0	0	415	415	**0**
22 NMD	344916	33630	0	0	0	0	284647	0	0	0	0	663193	663193	**0**
23 ORR	413068	524667	0	0	0	0	22268	0	0	0	0	960003	960003	**0**
24 OPM	1	0	0	0	0	0	15006	0	0	0	0	15007	15007	**0**
25 DRU	396396	29381	0	0	0	0	987825	0	0	0	0	1413602	1413602	**0**
26 PHT	32590	1996	0	19618	0	0	15325	0	0	0	0	69529	69529	**0**
27 RAD	238790	9191	0	0	0	0	453772	0	0	0	0	701753	701753	**0**
28 RSP	134409	1110	0	0	0	0	14771	0	0	0	0	150290	150290	**0**
29 THR	14305	808	0	78	0	0	235895	0	0	0	0	251086	251086	**0**
30 XXX	4509521	658003	6115	19696	50789	0	2828019	0	0	0	0	8072143	8072143	**0**
Sum of Line 1-29	4509521	658003	6115	19696	50789	0	2828019	0	0	0	0	8072143		
Difference btwn Sum and line 30	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
30 XXX	4509521	658003	6115	19696	50789	0	2828019	0	0	0	0	8072143	8072143	**0**
31 SVS	27	0	0	10174	0	0	711	0	0	0	0	10912	10912	**0**
32 MIC	6	0	23365	0	0	0	0	0	0	0	0	23371	23371	**0**
33 TOT	4509554	658003	29480	29870	50789	0	2828730	0	0	0	0	8106426	8106426	**0**
Sum of Line 30-32:	4509554	658003	29480	29870	50789	0	2828730	0	0	0	0	8106426		
Difference btwn Sum and line 33	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Allocation Staistics Matrix

Run Date: 06/26/2024

Form E3

Hospital:

Hospital Number:

Line#	*Cost Center*	*CSS*	*PHM*	*DTY*	*HKP*	*L and L*	*MRD*	*PCC*	*EDR*	*PLT*
1	MSA	3934761	0	597750	7664	1413006	56	46	29	120743
2	PED	592092	0	0	4966	121627	0	2	2	23744
3	OBS	351075	0	0	0	200439	0	2	2	41531
4	PSA	39547	0	0	224	55275	2	1	1	7614
5	ICU	2536045	0	63260	896	175189	2	3	4	20619
6	CCU	0	0	0	0	0	0	1	2	0
7	NNI	501889	0	13041	112	75250	1	0	0	16455
8	NBN	0	0	9672	0	0	12	0	0	0
9	SNF	0	0	0	0	0	0	0	0	0
10	SAC	0	0	0	0	0	0	0	0	0
11	CLN	314322	0	0	1348	48722	3	1	1	45450
12	EMR	2225899	0	0	1370	1071545	21	5	5	30529
13	OHS	6278	0	0	4	0	0	0	0	821
14	ANS	830590	0	0	0	0	0	0	0	0
15	BBK	0	0	0	14	0	0	1	1	3922
16	CCA	5484934	0	0	230	27056	0	1	1	32097
17	CSS	0	0	0	0	388353	0	1	0	8821
18	MSS	37773725	0	0	0	0	0	0	0	0
19	DEL	823428	0	0	0	216873	0	1	2	18773
20	DIA	406677	0	0	260	24731	0	0	1	2289
21	EDG	137283	0	0	80	38946	0	1	2	26404
22	LAB	838754	0	0	232	0	0	3	3	30076
23	NMD	63153	0	0	6	18865	0	0	0	0
24	ORR	4197081	0	0	20	729348	3	5	6	65990
25	OPM	1827	0	0	0	0	0	0	0	0
26	PHM	0	0	0	150	0	0	2	0	11929
27	DRU	0	363	0	0	0	0	0	3	0

New Jersey Department of Health

Acute Care Hospitals

Run Date: 06/26/2024

Hospital:

Hospital Number:

2023 Submitted

Allocation Staistics Matrix

Form E3

Line#	*Cost Center*	*CSS*	*PHM*	*DTY*	*HKP*	*L and L*	*MRD*	*PCC*	*EDR*	*PLT*
28	PHT	34309	0	0	84	92267	0	1	2	15723
29	RAD	2268425	0	0	768	416382	0	4	5	59883
30	RSP	2386731	0	0	22	0	0	1	2	9085
31	THR	2629385	0	0	3256	126647	0	5	6	209969
32	PHY	0	0	0	40	104632	0	0	12	18378
33	RSD	0	0	0	60	0	0	0	1	12798
34	A&G	0	0	0	176	12049	0	8	2	89030
35	DTY	0	0	0	0	0	0	0	0	46121
36	FIS	0	0	0	184	0	0	0	0	39405
37	HKP	0	0	0	684	0	0	0	0	9647
38	L&L	0	0	0	4	0	0	0	0	6190
39	MRD	0	0	0	182	0	0	0	0	0
40	OGS	0	0	0	52	56121	0	0	0	3723
41	PCC	0	0	0	14	27268	0	0	2	18279
42	PLT	0	0	0	4	0	0	1	0	2891
43	EDR	0	0	0	184	0	0	1	0	176708
44	SUB	68378210	363	683723	23290	5440591	100	97	97	1225637
***Error Line 44:*		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
44	SUB	68378210	363	683723	23290	5440591	100	97	97	1225637
45	SPC	0	0	0	0	0	0	1	0	0
46	MCU	18265	0	0	0	0	0	2	3	0
47	TOT	68396475	363	683723	23290	5440591	100	100	100	1225637
***Error Line 47:*		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

New Jersey Department of Health

Acute Care Hospitals

Hospital:

Hospital Number:

2023 Submitted

Deductions From Gross Revenue (In Thousands)

Run Date: 06/26/2024

Form E4

	Allowance And Adjustments	TOTAL	SNF	SERV	MICU	NETOT	ERROR
1	Gross Revenue from Patient Care	8106426	0	10904	23371	8072151	**0**
	Allowances And Adjustments						
2	Allowances and Adjustments-Prior Year	0	0	0	0	0	**0**
3	Current Year Allowances - Incl. Medicare C/Y	5363919	0	0	0	5363919	**0**
4	Other Uncompensated Care Subsidy (Medicare)	0	0	0	0	0	**0**
5	Other Subsidies (Excl.Amts. On Lines 4 & 18)	0	0	0	0	0	**0**
6	Prompt Payment Discount	0	0	0	0	0	**0**
7	Personnel Health Allowances	0	0	0	0	0	**0**
8	Courtesy Adjustments	120047	0	0	0	120047	**0**
9	Other Administrative Adjustments	0	0	0	0	0	**0**
10	Total Allowances and Adjustments (Line 2 to 9)	5483966	0	0	0	5483966	**0**
	******Error on Line 10 ******	**0**	**0**	**0**	**0**	**0**	
	Medical Denials						
11	Medical Denials	0	0	0	0	0	**0**
12	Nursing Home Placement	0	0	0	0	0	**0**
13	Total (Lines 11 and 12)	0	0	0	0	0	**0**
	******Error on Line 13 ******	**0**	**0**	**0**	**0**	**0**	
	Uncompensated Care						
14	Charity Care	171728	0	143	0	171585	**0**
15	Grants and Payments for Indigency	0	0	0	0	0	**0**
16	Bad Debt Provision	147301	0	1775	0	145526	**0**
17	Bad Debt Recoveries	-23790	0	-290	0	-23500	**0**
18	Charity Care Subsidy	-90762	0	0	0	-90762	**0**
19	Total Uncomp. Care (Lines 14 to 18)	204477	0	1628	0	202849	**0**
	******Error on Line 19 ******	**0**	**0**	**0**	**0**	**0**	
20	Total Deductions from Gross Revenue (Lines 10+13+19)	5688443	0	1628	0	5686815	**0**
	******Error on Line 20 ******	**0**	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals

Hospital:

Hospital Number:

2023 Submitted

Net Inpatient Revenue (In Thousands)

Run Date: 06/26/2024

Form E5

Line#	Horizon BlueCross	OthBlu Cross	M'Care TitleXVIII	M'Caid TitleXIX	CHAMPUS	HMO	M'Care HMO	M'Caid HMO	Comm Ins	Charity Care	SelfPay	Others	Total	Error
1	426626	203641	1273330	161617	0	563168	776748	743315	165913	81090	114081	0	4509529	**0**
Allowances And Adjustments														
2	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3	166451	90677	901397	116440	0	219435	560315	546045	100845	70647	72554	0	2844806	**0**
4	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
6	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
7	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
8	0	0	0	0	0	0	0	0	0	0	55051	0	55051	**0**
9	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
10	166451	90677	901397	116440	0	219435	560315	546045	100845	70647	127605	0	2899857	**0**
ErrLine 10	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Medical Denials														
11	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
12	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
13	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ErrLine 13	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Uncompensated Care														
14	0	0	0	0	0	0	0	0	0	95452	0	0	95452	**0**
15	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
16	0	0	0	0	0	0	0	0	0	0	80955	0	80955	**0**
17	0	0	0	0	0	0	0	0	0	0	-13073	0	-13073	**0**
18	0	0	-50490	0	0	0	0	0	0	0	0	0	-50490	**0**
19	0	0	-50490	0	0	0	0	0	0	95452	67882	0	112844	**0**
ErrLine 19	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
20	166451	90677	850907	116440	0	219435	560315	546045	100845	166099	195487	0	3012701	**0**
ErrLine 20	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals

Hospital:

Hospital Number:

2023 Submitted
Net Outpatient Revenue (In Thousands)

Run Date: 06/26/2024

Form E6

Line#	Horizon BlueCross	OthBlu Cross	M'Care TitleXVIII	M'Caid TitleXIX	CHAMPUS	HMO	M'Care HMO	M'Caid HMO	Comm Ins	Charity Care	SelfPay	Others	Total	Error
1	456029	212968	828727	24096	0	587032	476296	568845	239132	57043	112454	0	3562622	**0**
Allowances And Adjustments														
2	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
3	170930	108371	701884	20872	0	313298	390994	469245	202905	58741	81873	0	2519113	**0**
4	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
5	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
6	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
7	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
8	0	0	0	0	0	0	0	0	0	0	64996	0	64996	**0**
9	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
10	170930	108371	701884	20872	0	313298	390994	469245	202905	58741	146869	0	2584109	**0**
ErrLine 10	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Medical Denials														
11	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
12	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
13	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ErrLine 13	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Uncompensated Care														
14	0	0	0	0	0	0	0	0	0	76133	0	0	76133	**0**
15	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
16	0	0	0	0	0	0	0	0	0	0	64571	0	64571	**0**
17	0	0	0	0	0	0	0	0	0	0	-10427	0	-10427	**0**
18	0	0	-40272	0	0	0	0	0	0	0	0	0	-40272	**0**
19	0	0	-40272	0	0	0	0	0	0	76133	54144	0	90005	**0**
ErrLine 19	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
20	170930	108371	661612	20872	0	313298	390994	469245	202905	134874	201013	0	2674114	**0**
ErrLine 20	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Outpatient Gross Revenus(In Thousands)

Hospital:

Hospital Number:

Run Date: 06/26/2024

Form E7

	Payer	A SameDay Surgery	B EMR Visits	C OHS Visits	D CLN Visits	E O/P DIA Visits	F Priv Refer	G SameDay Psych	H O/P Surgery	I Home DIA	J MICU	K Other MICU	L Reported Total	Error
1	Horizon	110969	663	1728	9852	0	320184	0	0	0	1411	0	444807	**0**
2	Other B	10243	130	55	1199	0	35185	0	0	0	208	0	47020	**0**
3	Medica	132132	470	4387	12	0	821849	0	0	0	7568	0	966418	**0**
4	Medicai	2622	108	8	257	0	17328	0	0	0	243	0	20566	**0**
5	CHAM	0	0	0	0	0	0	0	0	0	0	0	0	**0**
6	HMO	186770	1322	2790	14519	0	645110	0	0	0	4168	0	854679	**0**
7	Medica	61980	252	1928	6	0	321704	0	0	0	3086	0	388956	**0**
8	Medicai	64335	1623	2139	20379	0	335767	0	0	0	2839	0	427082	**0**
9	Comm	40169	481	3556	788	0	130722	0	0	0	1206	0	176922	**0**
10	Charity	7684	119	181	30	0	46032	0	0	0	141	0	54187	**0**
11	Self Pa	16544	786	41	131	0	39114	0	0	0	2349	0	58965	**0**
12	Other	0	0	0	0	0	0	0	0	0	0	0	0	**0**
13	Person	24555	161	2883	3616	0	115024	0	0	0	146	0	146385	**0**
14	Totals	658003	6115	19696	50789	0	2828019	0	0	0	23365	0	3585987	**0**
	Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

Form E Line 30 Columns B+C+D+E+F+G+I+J+K : 3562622

Form E7 Line 14 Columns A+B+C+D+E+F+G+H+I : 3562622

Form E Line 32 Columns B+C : 23365

Form E7 Line 14 Columns J+K : 23365

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Summary Of Medical Professional Budget Component

Run Date: 06/26/2024

Hospital:

Hospital Number:

Form H2

Line	Program	A/B Accr	D Phy Hrs	E Phy Sal (000'S)	F Dir Hrs	G Dir Sal (000'S)	H PGY1	I PGY2	J PGY3
1	Allergy/Immunology		0	0	0	0	.0	.0	.0
2	Anesthesiology		767	183	192	45	7.0	4.0	4.0
3	Colon/Rectal Surgery		0	0	0	0	.0	.0	.0
4	Dermatology		0	0	0	0	1.0	.0	.0
5	Emergency Medicine		3893	796	973	199	20.0	9.0	.0
6	Family Practice		1577	285	394	71	2.0	1.0	1.0
7	Geriatrics		0	0	0	0	.0	.0	.0
8	Internal Medicine		56990	9360	28624	5687	41.0	12.0	10.0
9	Cardiovascular		1703	134	426	33	.0	.0	.0
10	Critical Care		0	0	0	0	.0	.0	.0
11	Endocrinology/Metabolism		0	0	0	0	.0	.0	.0
12	Gastroenterology		0	0	0	0	.0	.0	.0
13	Hematology/Oncology		0	0	0	0	.0	.0	.0
14	Infectious Diseases		0	0	0	0	.0	.0	.0
15	Nephrology		0	0	0	0	.0	.0	.0
16	Pulmonary Disease		870	176	218	44	.0	.0	.0
17	Rheumatology		0	0	0	0	.0	.0	.0
18	Combined Med./Pediatrics		0	0	0	0	.0	.0	.0
19	Neurology		0	0	0	0	.0	.0	.0
20	Obstetrics/Gynecology		0	0	0	0	8.0	4.0	4.0
21	Ophthalmology		0	0	0	0	.0	.0	.0
22	Orthopedics		0	0	0	0	2.0	1.0	.0

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Run Date: 06/26/2024

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Hospital:

Hospital Number:

Summary Of Medical Professional Budget Component

Form H2

	K	L	M	N	*Error*	O	P	Q	R	*Error*	*Error*
Line	*PGY4*	*PGY5*	*PGY6*	*Total*	*(H--M)-N*	*Res Hrs*	*Res Sal (000'S)*	*TotalHrs*	*Total Sal (000'S)*	*(E+G+ P-R)*	*(D+F+O-Q)*
1	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
2	1.0	.0	.0	16.0	**.0**	30372	1357	31331	1585	**0**	**0**
3	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
4	.0	.0	.0	1.0	**.0**	2067	93	2067	93	**0**	**0**
5	.0	.0	.0	29.0	**.0**	60794	2715	65660	3710	**0**	**0**
6	1.0	.0	.0	5.0	**.0**	39073	1745	41044	2101	**0**	**0**
7	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
8	7.0	4.0	3.0	77.0	**.0**	120517	11572	206131	26619	**0**	**0**
9	.0	.0	.0	.0	**.0**	0	0	2129	167	**0**	**0**
10	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
11	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
12	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
13	1.0	.0	.0	1.0	**.0**	0	0	0	0	**0**	**0**
14	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
15	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
16	.0	.0	.0	.0	**.0**	0	0	1088	220	**0**	**0**
17	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
18	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
19	.0	.0	.0	.0	**.0**	140	7	140	7	**0**	**0**
20	.0	.0	.0	16.0	**.0**	29143	1301	29143	1301	**0**	**0**
21	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
22	1.0	.0	.0	4.0	**.0**	0	0	0	0	**0**	**0**

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Summary Of Medical Professional Budget Component

Run Date: 06/26/2024

Hospital:

Hospital Number:

Form H2

Line	Program	A/B Accr	D Phy Hrs	E Phy Sal (000'S)	F Dir Hrs	G Dir Sal (000'S)	H PGY1	I PGY2	J PGY3
23	Otolaryngology		0	0	0	0	1.0	.0	1.0
24	Pathology		2040	458	510	114	.0	.0	.0
25	Pediatrics		0	0	0	0	16.0	8.0	3.0
26	Neonatal Perinatal Medicine		0	0	0	0	.0	.0	.0
27	Physical Medicine/Rehab.		0	0	0	0	.0	.0	.0
28	Plastic Surgery		0	0	0	0	.0	.0	.0
29	Preventive Med./Occup. Med.		0	0	0	0	.0	.0	.0
30	Psychiatry		0	0	0	0	5.0	.0	.0
31	Diagnostic Radiology		2172	390	543	98	.0	.0	.0
32	Nuclear Radiology		0	0	0	0	.0	.0	.0
33	Radiation Oncology		4008	1311	1003	327	.0	.0	.0
34	Surgery		59335	4696	22019	1172	14.0	9.0	8.0
35	Neurosurgery		0	0	0	0	.0	.0	.0
36	Vascular Surgery		0	0	0	0	.0	.0	.0
37	Thoracic Surgery		0	0	0	0	.0	.0	.0
38	Urology		0	0	0	0	4.0	1.0	1.0
39	Transitional		0	0	0	0	.0	.0	.0
40	Dentistry/General		0	0	0	0	.0	.0	.0
41	Oral Surgery		0	0	0	0	.0	.0	.0
42	Podiatry		0	0	0	0	.0	1.0	.0
43	Other		4015	986	1004	247	.0	.0	.0
44	Total		137370	18775	55906	8037	121.0	50.0	32.0

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Summary Of Medical Professional Budget Component

Run Date: 06/26/2024

Hospital:

Hospital Number:

Form H2

	K	L	M	N	*Error*	O	P	Q	R	*Error*	*Error*
Line	*PGY4*	*PGY5*	*PGY6*	*Total*	*(H--M)-N*	*Res Hrs*	*Res Sal (000'S)*	*TotalHrs*	*Total Sal (000'S)*	*(E+G+ P-R)*	*(D+F+O-Q)*
23	.0	.0	.0	2.0	**.0**	3926	176	3926	176	**0**	**0**
24	.0	.0	.0	.0	**.0**	3893	174	6443	746	**0**	**0**
25	1.0	2.0	1.0	31.0	**.0**	53550	2392	53550	2392	**0**	**0**
26	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
27	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
28	1.0	1.0	.0	2.0	**.0**	3920	176	3920	176	**0**	**0**
29	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
30	.0	.0	.0	5.0	**.0**	11777	526	11777	526	**0**	**0**
31	.0	.0	.0	.0	**.0**	0	0	2715	488	**0**	**0**
32	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
33	.0	.0	.0	.0	**.0**	0	0	5011	1638	**0**	**0**
34	5.0	.0	.0	36.0	**.0**	83406	6022	164760	11890	**0**	**0**
35	.0	.0	.0	.0	**.0**	0	-7	0	-7	**0**	**0**
36	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
37	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
38	1.0	1.0	.0	8.0	**.0**	11793	527	11793	527	**0**	**0**
39	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
40	.0	.0	.0	.0	**.0**	0	0	0	0	**0**	**0**
41	.0	.0	.0	.0	**.0**	1747	78	1747	78	**0**	**0**
42	.0	.0	.0	1.0	**.0**	1963	87	1963	87	**0**	**0**
43	.0	.0	.0	.0	**.0**	0	0	5019	1233	**0**	**0**
44	19.0	8.0	4.0	234.0	**.0**	458081	28941	651357	55753	**0**	**0**

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Summary Of Medical Professional Budget Component

Run Date: 06/26/2024

Form H2

Hospital:

Hospital Number:

Line	Program	A/B Accr	D Phy Hrs	E Phy Sal (000'S)	F Dir Hrs	G Dir Sal (000'S)	H PGY1	I PGY2	J PGY3
** Error Line 44:			0	0	0	0	.0	.0	.0

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Summary Of Medical Professional Budget Component

Run Date: 06/26/2024

Hospital:

Hospital Number:

Form H2

	K	L	M	N	Error	O	P	Q	R	Error	Error
Line	*PGY4*	*PGY5*	*PGY6*	*Total*	*(H--M)-N*	*Res Hrs*	*Res Sal (000'S)*	*TotalHrs*	*Total Sal (000'S)*	*(E+G+ P-R)*	*(D+F+O-Q)*
	.0	.0	.0	.0		0	0	0	0		

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Run Date: 06/26/2024

Hospital:

Hospital Number:

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
1	Cash	1105	0	0	1105	**0**
2	Marketable Securities	0	0	0	0	**0**
3	Patients' Accounts Receivable	386994	0	0	386994	**0**
4	Less: Allowance for Bad Debt	63464	0	0	63464	**0**
5	Less: Contractual Allowances	0	0	0	0	**0**
6	Net Patients' Accounts Receivable (Line 3 - 4 - 5)	323530	0	0	323530	**0**
	**** Error Line 6 ****	**0**	**0**	**0**	**0**	
7	Estimated Amount Due from Third Party Payers	0	0	0	0	**0**
8	Due from Affiliates	0	0	0	0	**0**
9	Due from Other Funds	0	0	0	0	**0**
10	Other Receivables	58310	0	0	58310	**0**
11	Inventories	54207	0	0	54207	**0**
12	Prepaid Expenses and Deposits	872	0	0	872	**0**
13	Funds Held by Trustee and Whose Use is Limited by Bond Indenture Agreement	61118	0	0	61118	**0**
14	Recoveries of Loss on Early Extinguishment of Debt	0	0	0	0	**0**
15	Other Current Assets	0	0	0	0	**0**
16	Total Current Assets (Sum Lines 1 + 2 + 6 through 15)	499142	0	0	499142	**0**
	**** Error Line 16 ****	**0**	**0**	**0**	**0**	
17	Land	8077	0	0	8077	**0**
18	Land Improvements	8295	0	0	8295	**0**
19	Buildings	1440749	0	0	1440749	**0**
20	Leasehold Improvements	23991	0	0	23991	**0**

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Run Date: 06/26/2024

Hospital:

Hospital Number:

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
21	Fixed Equipment	70453	0	0	70453	**0**
22	Major Moveable Equipment	400817	0	0	400817	**0**
23	Minor Equipment	1	0	0	1	**0**
24	Capitalized Leases	0	0	0	0	**0**
25	Construction in Progress	2165	0	0	2165	**0**
26	Total Property, Plant and Equipment (Sum Line 17 through 25)	1954548	0	0	1954548	**0**
	**** Error Line 26 ****	**0**	**0**	**0**	**0**	
27	Land Improvements	5974	0	0	5974	**0**
28	Buildings	474243	0	0	474243	**0**
29	Leasehold Improvements	13776	0	0	13776	**0**
30	Fixed Equipment	51965	0	0	51965	**0**
31	Major Moveable Equipment	228462	0	0	228462	**0**
32	Minor Equipment	0	0	0	0	**0**
33	Capitalized Leases	0	0	0	0	**0**
34	Total Accumulated Depreciation (Sum Line 27 through 33)	774420	0	0	774420	**0**
	**** Error Line 34 ****	**0**	**0**	**0**	**0**	
35	Net Property, Plant, and Equipment (Line 26 - Line 34)	1180128	0	0	1180128	**0**
	**** Error Line 35 ****	**0**	**0**	**0**	**0**	
36	Deferred Financing Costs (Net of Accumulated Amortization)	90236	0	0	90236	**0**
37	Net Pledges Receivable	0	0	0	0	**0**
38	Estimated Amount Due from Third Party Payers	0	0	0	0	**0**
39	Due from Affiliates	0	0	0	0	**0**

New Jersey Department of Health

Run Date: 06/26/2024

Acute Care Hospitals

Hospital:

2023 Submitted

Hospital Number:

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
40	Due from Other Funds	5874	0	0	5874	**0**
41	Board Designated Funds	80170	0	0	80170	**0**
42	All Other Investments	7	0	0	7	**0**
43	Funds Held by Trustee Under Bond Indenture Agreement	0	0	0	0	**0**
44	Recovery of Loss on Early Extinguishment of Debt (Net of Current Portion)	0	0	0	0	**0**
45	Other Non-Current Assets	0	0	0	0	**0**
46	Total Non-Current Assets (Sum Line 36 through 45)	176287	0	0	176287	**0**
	**** Error Line 46 ****	**0**	**0**	**0**	**0**	
47	Total Assets (Sum Line 16 + 35 +46)	1855557	0	0	1855557	**0**
	**** Error Line 47 ****	**0**	**0**	**0**	**0**	
48	Current Portion of Long Term Debt	0	0	0	0	**0**
49	Notes and Loans Payable (Current Portion)	0	0	0	0	**0**
50	Demand Notes Payable	0	0	0	0	**0**
51	Current Installment of Capital Lease Obligations	0	0	0	0	**0**
52	Accounts Payable - Trade	79912	0	0	79912	**0**
53	Accounts Payable - Other	7	0	0	7	**0**
54	Payroll Taxes Payable	0	0	0	0	**0**
55	Construction Cost Payable	0	0	0	0	**0**
56	Accrued Compensation and Related Liabilities	0	0	0	0	**0**
57	Accrued Pension Liability (Current Portion)	0	0	0	0	**0**
58	Other Accrued Expenses	0	0	0	0	**0**
59	Deferred Revenue	0	0	0	0	**0**

New Jersey Department of Health

Acute Care Hospitals

2023 Submitted

Run Date: 06/26/2024

Hospital:

Hospital Number:

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
60	Estimated Amount Due to Third Party Payers	0	0	0	0	**0**
61	Advances from Third Party Payers	0	0	0	0	**0**
62	Due to Affiliates	11	0	0	11	**0**
63	Due to Other Funds	5000	0	0	5000	**0**
64	Other Current Liabilities	0	0	0	0	**0**
65	Total Current Liabilities(Sum Line 48 through 64)	84930	0	0	84930	**0**
	**** Error Line 65 ****	**0**	**0**	**0**	**0**	
66	Long Term Debt (Net of Current Portion)	0	0	0	0	**0**
67	Notes and Loans Payable (Net of Current Portion)	0	0	0	0	**0**
68	Lease Obligations (Net of Current Portion)	0	0	0	0	**0**
69	Deferred Revenue	0	0	0	0	**0**
70	Accrued Malpractice Costs	0	0	0	0	**0**
71	Accrued Pension Liability (Net of Current Portion)	1102	0	0	1102	**0**
72	Estimated Amount Due to Third Party Payers	0	0	0	0	**0**
73	Due to Affiliated	0	0	0	0	**0**
74	Due to Other Funds	0	0	0	0	**0**
75	Other Liabilities	28949	0	0	28949	**0**
76	Total Non-Current Liabilities (Sum Line 66 through 75)	30051	0	0	30051	**0**
	**** Error Line 76 ****	**0**	**0**	**0**	**0**	
77	Total Liabilities (Sum Line 65 + 76)	114981	0	0	114981	**0**
	**** Error Line 77 ****	**0**	**0**	**0**	**0**	
78	Net Assets	1740576	0	0	1740576	**0**

New Jersey Department of Health

Acute Care Hospitals

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Run Date: 06/26/2024

Hospital:

Hospital Number:

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
79	Total Liabilities and Net Assets (Sum Line 77 + 78)	1855557	0	0	1855557	**0**
	****** Error Line 79 ******	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals - 2023 Submitted

(In Thousands)

Run Date: 06/26/2024

Hospital:

Hospital Number:

Statement Of Operations for Year Ended 12/31/2023

Form L3

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
1	Gross Inpatient Revenue	4509554	0	0	4509554	**0**
2	Gross Outpatient Revenue	3596872	0	0	3596872	**0**
3	Total Gross Patient Service Revenue (Sum Line 1 + 2)	8106426	0	0	8106426	**0**
	**** Error Line 3 ****	**0**			**0**	
4	Contractual Adjustments - Current Year	5363919	0	0	5363919	**0**
5	Contractual Adjustments - Contractual Adjustments - Prior Years	0	0	0	0	**0**
6	Charity Care	171728	0	0	171728	**0**
7	Other Deductions	29285	0	0	29285	**0**
8	Total Deductions From Revenue (Sum Line 4 through 7)	5564932	0	0	5564932	**0**
	**** Error Line 8 ****	**0**			**0**	
9	Net Patient Service Revenue (Line 3 - 8)	2541494	0	0	2541494	**0**
	**** Error Line 9 ****	**0**			**0**	
10	Other Revenue, Sales and Services - Not Patient Care (1)	125523	0	0	125523	**0**
11	Assets Released From Restrictions	9864	0	0	9864	**0**
12	Investment Income	22520	0	0	22520	**0**
13	Gifts and Contributions	0	0	0	0	**0**
14	Other (Specify:)	0	0	0	0	**0**
15	Total Revenues, Gains and Other Support (Sum Line 9 through 14)	2699401	0	0	2699401	**0**
	**** Error Line 15 ****	**0**			**0**	
16	Salaries and Wages	665928	0	0	665928	**0**
17	Fringe Benefits	31811	0	0	31811	**0**
18	Contracted Physician Services	5047	0	0	5047	**0**
19	Utilities	13337	0	0	13337	**0**
20	Other Outside Contract Services	114259	0	0	114259	**0**
21	Supplies and Other Expenses	742225	0	0	742225	**0**
22	Insurance - Professional Liability	128	0	0	128	**0**
23	Insurance - Other	0	0	0	0	**0**

New Jersey Department of Health

Acute Care Hospitals - 2023 Submitted

(In Thousands)

Run Date: 06/26/2024

Hospital:

Hospital Number:

Statement Of Operations for Year Ended 12/31/2023

Form L3

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
24	Depreciation - Building, Leasehold Improvements, Fixed Equipment	69863	0	0	69863	**0**
25	Depreciation - Major Moveable, Minor Equipment	32322	0	0	32322	**0**
26	Depreciation - Capitalized Leases	0	0	0	0	**0**
27	Amortization	0	0	0	0	**0**
28	Lease/Rental Cost	12491	0	0	12491	**0**
29	Interest - Capital Debt	46137	0	0	46137	**0**
30	Interest - Working Capital	0	0	0	0	**0**
31	Provision for Bad Debt (Net of Recoveries)	123511	0	0	123511	**0**
32	Other Expenses	758096	0	0	758096	**0**
33	Total Operating Expenses (Sum Line 16 through 32)	2615155	0	0	2615155	**0**
	**** Error Line 33 ****	**0**			**0**	
34	Operating Income (Line 15 minus Line 33)	84246	0	0	84246	**0**
	**** Error Line 34 ****	**0**			**0**	
35	Investment Income	1620	0	0	1620	**0**
36	Gifts and Contributions	0	0	0	0	**0**
37	Other (Specify):	84247	0	0	84247	**0**
38	Other (Specify):	0	0	0	0	**0**
39	Subtotal (Sum of Lines 35 through 38)	85867	0	0	85867	**0**
	**** Error Line 39 ****	**0**	**0**	**0**	**0**	
40	Extraordinary Gain/Loss on Early Extinguishment of Debt	0	0	0	0	**0**
41	Other Extraordinary Items	0	0	0	0	**0**
42	Transfers To/From Affiliates	150859	0	0	150859	**0**
43	Direct Fund Expenditures	0	0	0	0	**0**
44	Interfund Transfers	5413	0	0	5413	**0**
45	Increase in Net Assets (Lines 34 + 39 through 44 for column A only)	326385	0	0	326385	**0**
	**** Error Line 45 ****	**0**	**0**	**0**	**0**	
46	Net Assets, Beginning of Year	1414191	0	0	1414191	**0**

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Statement Of Operations for Year Ended 12/31/2023

Form L3

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
47	Net Assets, End of Year (Lines 45 + 46)	1740576	0	0	1740576	**0**
	****** Error Line 47 ******	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals - 2023 Submitted

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Hospital:

Hospital Number:

Statement Of All Funds Cash Flow for Year End 12/31/2023

Form L4

Line	*Description*	*#Error Amount*
1	Changes in Net Assets (All Funds) (1)	326385
2	Depreciation and Amortization	102185
3	Provision for Bad Debt	5703
4	Transfers to (From) Affiliates	0
5	Increase (Decrease) in Extraordinary Items (Specify):	0
6	(Increase) Decrease in Accounts Receivable	-67007
7	(Increase) Decrease in Inventories, Prepaid Expenses & Deposits, Other Receivables	-273
8	Increase (Decrease) in New Due To/From Third Part Payors	0
9	Increase (Decrease) in Accounts Payable, Accrued Expenses and Tax Liabilities	0
10	Increase (Decrease) in Deferred Revenue	-29236
11	Increase (Decrease) in Accrued Malpractice Costs	0
12	Increase (Decrease) in Pension Liability	0
13	Increase (Decrease) in Other	-93563
14	Cash Flows From Operation Activities (Sum Line 2 through 13)	-82191
	*** *Error Line 14* ***	**0**
15	Net Cash Provided (Used) by Operating Activities (Line 1 + 14)	244194
	*** *Error Line 15* ***	**0**
16	Proceeds from Sale of Property, Plant, and Equipment	0
17	Acquisition of Property, Plant, and Equipment	0
18	Donated Property, Plant, and Equipment	-101350
19	Decrease (Increase) in Funds Whose Use is Limited	-345
20	Decrease (Increase) in Amounts Due To/From Affiliates	-4349
21	Change in Construction in Progress	0

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Run Date:06/26/2024

Hospital:

Hospital Number:

Statement Of All Funds Cash Flow for Year End 12/31/2023

Form L4

Line	*Description*	*#Error Amount*
22	Decrease (Increase) in Amounts die To/From Other Funds	-330
23	Other Investment Activities	0
24	Net Cash Provided by (Used In) Investing Activities (Sum Line 16 through 23)	-106374
	*** Error Line 24 ***	**0**
25	Increase (Decrease) in Notes and Loans Payable	0
26	Increase (Decrease) in Long Term Debt	0
27	Increase (Decrease) in Capital Lease Obligations	0
28	Addition to Deferred Financing Costs	0
29	Contributions for Restricted Funds	0
30	Transfers From (To) Affiliates	-137513
31	Other Financing Activities (Specify):	0
32	Other Financing Activities (Specify):	0
33	Net Cash Provided by (Used In) Financing Activities (Sum Line 25 through 32)	-137513
	*** Error Line 33 ***	**0**
34	Net Increase (Decrease) in Cash (Sum Line 15 + 24 + 33)	307
	*** Error Line 34 ***	**0**
35	Cash, Beginning Year	798
36	Cash, End of Year (Sum Line 34 + 35)	1105
	*** Error Line 36 ***	**0**