Attachment 1 - Monthly DOH Early Warning System Report
T3051 DOH Medical Consultant

			MONTHLY RATIOS FOR NJ HOSPITALS Year **Days Cash on Hand**											
Apollo #	**DOH #**	HOSPITAL	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Hospital												
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MONTHLY RATIOS FOR NJ HOSPITALS Year **Days in Accounts Payable**											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

MONTHLY RATIOS FOR NJ HOSPITALS Year **Days in Accounts Receivable**											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

MONTHLY RATIOS FOR NJ HOSPITALS Year **Operating Margin**											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

MONTHLY RATIOS FOR NJ HOSPITALS Year **Average Daily Census**											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Attachment #2 - Sample Apollo Report

UTILIZATION	Unaudited Year-end 12/31/14	Audited Year-end 12/31/13	Audited Year-end 12/31/12
Total Beds (maintained w/o NBN/ NNI):	416	386	467
Patient Days (w/o NBN/NNI):	113,291	108,695	125,801
Patient Admissions (w/o NBN/NNI):	22,688	22,231	24,997
ALOS:	4.99	4.89	5.03
Occupancy Rate:	74.61	77.15	73.80
NBN and NNI Patient Days:	5,965	4,406	4,707
NBN and NNI Admissions:	2,213	1,466	1,572

FINANCIAL STATISTICS ($000'S)

Cash + Board Designated Funds:	11	106,296	95,744
Long Term Debt:	61,379	3,437	5,108
Net Patient Service Revenue	343,530	309,947	367,973
Other Operating Revenue:	7,399	8,581	3,702
Total Operating Revenues:	350,929	318,528	371,675
Total Operating Expenses:	329,069	317,000	363,493
Income From Operations:	21,860	1,528	8,182
Non-Operating Gains:	21,454	2,233	2,527
Excess Of Revenues Over Expenses:	43,314	3,761	10,709

PAYOR DISTRIBUTION (% GROSS REV)

Medicare:	61	62	59
Medicaid:	4	2	2
New Jersey Blue Cross:	0	12	12
Total Managed Care:	31	17	18
Commercial:	1	1	1
Others:	3	6	8

RATIO ANALYSIS	Unaudited Year-end 12/31/14		Audited Year-end 12/31/13		Audited Year-end 12/31/12	
	HS	SM	HS	SM	HS	SM
Operating Margin:	6.23	4.62	.48	2.39	2.20	2.30
Profit Margin:	11.63	5.23	1.17	3.20	2.86	3.72
FTE/Occupied Bed:	3.98	5.48	4.35	5.49	4.20	5.38
Debt to Capitalization:	17.83	40.62	1.31	31.60	2.05	43.00
Debt Service Coverage:	12.23	4.18	4.19	3.01	7.03	4.44
Days In Accounts Receivable:	36.50	41.58	41.08	41.63	38.22	42.19
Days In Accounts Payable:	80.53	67.32	73.43	65.54	74.71	65.60
Current Ratio - Adjusted:	4.39	2.39	3.73	2.51	3.21	2.32
Days Cash On Hand-Adjusted:	.01	86.10	126.82	89.49	99.51	87.65

(Note: HS = Hospital Specific SM = Statewide Median)

Source: DHSS/NJHCFFA Apollo Database
For periods prior to 3/31/04, bed numbers reflect licensed, not maintained beds

New Jersey Department of Health and Senior Services
HCSA Facility Information Systems
PO Box 360, Trenton, NJ 08625-0360

SHARE QUARTERLY INPATIENT
UTILIZATION REPORT

B - 2

Hospital:
Hospital Number: |___|___|___|___|___|
Quarter Ending:

	Licensed Bed Category	Maintained Beds (a)	Admissions (Include Same Day Medical Admissions) (b)	Transfers Between Bed Categories (c)	Total Patient Days (d)
	A C U T E I N P A T I E N T S E R V I C E S				
A	Medical-surgical -- Excludes SDS				
B	Obsterical and OB/GYN				
C	Pediatric				
D	ICU/CCU				
E	Psychiatric				
F	Alcohol Acute				
G	Drug/Substance Abuse Acute				
H	Other:				
I	Total Hospital (sum A-H)	0	0	//////////	0

	PSYCHIATRIC BED DESIGNATIONS	Maintained Beds (a)	Admissions	Transfers Within Psychiatric Beds	Total Patient Days (d)
J	Adult Open Acute				
K	Adult Closed Acute/Inpatient Screening				
L	Child/Adolescent Acute/Intermediate				
M	Intermediate Adult				
N	Special - Eating Disorder				
O	Special - Dual Diagnosis (MICA)				
P	Special - Geriatric				
Q	Other:				
R	Total (sum J-Q)	0	0	//////////	0
	O T H E R S E R V I C E S				
S	Rehabilitation				
T	Alcohol Residential				
U	Other:				
	L O N G T E R M C A R E				
V	Skilled Nursing/ICF A&B				
W	Other:				

N E W B O R N N U R S E R Y

	Bed Category (e)	Maintained Bassinets	Births In-Hospital (f)	Transfers Into Hospital (g)	Transfers Within Hospital (h)	Total Patient Days
X	Normal Newborn Nursing (Level I)	////////				
Y	Intermediate Special Care (Level II)		0			
Z	Intensive Special Care (Level III)		0			
AA	Total of X, Y and Z Above	0	0	0	0	0

	Ambulatory Services	Visits	Admissions (i)
BB	Same Day Surgery		//////////
CC	Outpatient Surgery		
DD	Emergency Room Visits		
EE	Clinic Visits		//////////

(a) Number of beds maintained on the last day of the quarter.
(b) Include Same Day Medical Admissions BUT exclude Same Day Surgeries.
(c) Include patients transferred from other units within the hospital.
(d) Include patient days of patients transferred from other units, Same Day Medical Admissions, and One Day Stays, BUT exclude Same Day Surgery visits.
(e) As defined by the Perinatal Designation Regulations N.J.A.C. 8:33C-1.2.
(f) All babies delivered in-hospital.
(g) All babies born out-of-hospital and/or transferred in from another facility.
(h) All babies transferred in-hospital between Level I, II, and/or III nurseries.
(i) Outpatient surgery visits that developed complications, resulting in an admission to inpatient services. Emergency room visits resulting in an admission to inpatient services. (Include admissions as part of Total Visits counts for Outpatient Surgery and Emergency Room Visits.)

Name of Responsible Official	Title	Date

State of New Jersey - Department of Health
GME at $100 Million Funding Pool (50% SFY 13 + 50% SFY 15 Formula)

Attachment #4 - GME Sample Report

SFY 2015 DME Calculation

Hospital	Provider #	2012 Submitted Medicaid HMO Days	2012 Submitted Total Days Nursery Days	2012 Submitted Total Days	2012 Submitted Total Days Net of Nursery	Medicaid HMO Days %	2012 Residency Program Cost Salary & Fringes	2012 Residency Program Cost Other	2012 Total Residency Program Cost	2012 Submitted IME Resident FTEs	2012 Total Cost Per Resident	2012 Total Median Residency Program Cost	2012 Medicaid HMO Residency Program Cost	% To Total
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Totals														

State of New Jersey - Department of Health
GME at $100 Million Funding Pool (50% SFY

		SFY 2015 IME Calculation								SFY 2014 Amount			
Hospital	Provider #	IME Factor	2012 Encounter Data Inpatient MC Medicaid Payments (24 months)	2012 Inpatient MC Medicaid IME	% To Total	SFY 2015 IME Portion Of Pool	SFY 2015 Total GME Pool Before Transition	Transition Percentage	SFY 2015 Total GME Pool After Transition	SFY 2014 GME Payments	Transition Percentage	0% Of Actual SFY 2014 GME Payments	SFY 2015 GME Payments
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Totals													

Attachment #5 - Annual Cost Report

Health Financial Systems

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

In Lieu of Form CMS-2552-10

Provider CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet S-3 Part I Date/Time Prepared: 10/16/2014 11:55 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	579	211,335	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		579	211,335	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	10	3,650	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	40	14,600	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		667	243,455	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		691				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

Health Financial Systems

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN

In Lieu of Form CMS-2552-10

Period: From 01/01/2013 To 12/31/2013

Worksheet S-3 Part I Date/Time Prepared: 10/16/2014 11:55 am

	Component	I/P Days/O/P visits/Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	67,044	3,974	180,739			1.00
2.00	HMO and other (see instructions)	12,615	31,973				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	67,044	3,974	180,739			7.00
8.00	INTENSIVE CARE UNIT	4,501	668	6,972			8.00
9.00	CORONARY CARE UNIT	1,944	131	2,999			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	36	12,924			12.00
13.00	NURSERY		1,691	14,587			13.00
14.00	Total (see instructions)	73,489	6,500	218,221	155.35	6,597.02	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,628	0	6,927	6.33	47.75	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				161.68	6,644.77	27.00
28.00	Observation Bed Days		0	9,081			28.00
29.00	Ambulance Trips	8,707					29.00
30.00	Employee discount days (see instruction)			3,427			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	626	2,035			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

Health Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN

In Lieu of Form CMS-2552-10

Period: From 01/01/2013 To 12/31/2013

Worksheet B Part I

Date/Time Prepared: 10/16/2014 11:55 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
			16.00	17.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OPERATION OF PLANT - HUMP BLDGOPERA						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - SANZARI						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - HUMP BLDG						7.01
7.02	00702	OPERATION OF PLANT - SANZARI						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	OPERATION OF PLANT - HUMP BLDGOPERA						9.01
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,886,729					16.00
17.00	01700	SOCIAL SERVICE	0	3,859,158				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,652,264			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	26,844,488		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	190,951	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,826,410	2,262,583	3,095,233	17,860,301	14,466	30.00
31.00	03100	INTENSIVE CARE UNIT	654,013	246,054	0	0	7,233	31.00
32.00	03200	CORONARY CARE UNIT	156,441	55,501	0	0	2,893	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	525,500	166,503	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	160,912	407,006	213,621	1,233,496	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,698,865	0	958,373	5,529,299	0	50.00
51.00	05100	RECOVERY ROOM	351,202	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,106	0	385,037	2,221,392	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	457,367	0	0	0	56,418	54.00
54.01	03630	ULTRA SOUND	167,168	0	0	0	10,126	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,106,502	0	0	0	33,272	55.00
56.00	05600	RADIOISOTOPE	72,426	0	0	0	7,233	56.00
57.00	05700	CT SCAN	963,572	0	0	0	18,806	57.00
58.00	05800	MRI	232,826	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	454,706	0	0	0	31,825	59.00
60.00	06000	LABORATORY	986,146	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	275,614	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	487,140	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	187,967	74,001	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	36,739	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,155	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	536,125	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	349,993	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,730,574	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	58,944	0	0	0	0	74.00
76.00	03950	INSTITUTE FOR CHILD DEVEL (ICD)	37,689	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	568,085	0	0	0	0	76.01
76.02	03951	CARDIAC REHAB	15,469	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	21,952	0	0	0	0	90.00
90.01	09001	OTHER CLINICS	10,679	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,314,160	105,452	0	0	2,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04950	IBHS - PARTIAL HOSPITALIZATION	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	172,532	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00