January 29, 2021

The Honorable Richard Cahill Director of Finance of Passaic County 401 Grand Street, Room 439 Paterson, NJ 07505

Dear Mr. Cahill,

Thank you for submitting your proposed Fee and Expenditure Report for the New Jersey County Option Hospital Fee Pilot Program on December 10, 2020. This Report has been under public review from December 24, 2020 through January 15, 2021. Please refer to the correspondence dated December 23, 2020 for those details.

The 21-day public review period concluded on January 15, 2021. Below are the comments that were received for Passaic County's Program:

- 1. Requests for F&E Reports were received from the following stakeholders; F&E Reports have been disseminated to all who requested them:
 - Tim Hanlon, Shore Medical Center
 - Patricia Quinn, O'Conco Healthcare Consultants
 - Margaret King, Myers and Stauffer
 - Scott B. Stolbach, Ocean Healthcare Management
 - Michael Keevey, RWJ Barnabas

At this time, the NJ Department of Human Services (the Department) has approved your local hospital assessment program and it will be submitted to CMS for federal review and approval. Passaic County's program continues to be considered for a potentially effective date of July 1, 2021, pending CMS approval.

Next steps for implementation of the program include:

- 1. State drafts IGT agreement between Passaic County and State to outline provisions for the non-federal share of Medicaid payments to Passaic County.
- 2. County must pass ordinance in compliance with N.J.A.C. 10:52B-2.2.
- 3. State submits preprint, quality parameters to CMS for approval for an effective date of July 1, 2021. Please see the Revised Preprint form released by CMS on January 8, 2021 for more information.
- 4. State and Passaic County finalize IGT agreement.

Please direct all questions to Dmahs.hospcountyfee@dhs.nj.gov. The Department will notify you upon CMS approval of the Program.

Sincerely,

Brian Francz

Bun Turo

Chief Financial Officer, Department of Human Services



Date: 12 / 10 / 2020 Subject: New Jersey County Option Hospital Fee Pilot Program Fee and Expenditure Report County: Passaic County
GENERAL Describe the proposed hospital fee program the county intends to enact by providing details on all of the elements listed below.
FEE PROGRAM 1. What is the county's proposed effective date of the fee pilot program?
July 1, 2021
 List of all licensed hospitals located in your county: Please Include: Name, address, facility ownership (for profit, NFP or government owned) and type of facility (acute care, psychiatric, rehabilitation, children's, LTACH, Specialty)
Please see "Attachment A" for full list of hospitals located in Passaic County.
3. Federal law and regulations require all hospitals in a jurisdiction to be taxed, unless a specific process is followed to exempt particular hospitals – a process that includes meeting a statistical test. Does the county plan on excluding any hospitals from the fee program? No Yes If so, please list name(s) and type of facility:

			nospitals, please provide a policy program. (If not, please leave blanl	
hospitals within t		mitting the Fee and Exper	s that counties consult with affenditure Report to the Commissiond with affected hospitals.	
consulting and gat kick-off call to edu- federal requirement County's contracted data, DSH templat participate in a dis- contractor then ho- well as individual of	thering feedback from all hos icate every affected hospital onts, and the information requior, including its technical substet, and attestation forms. One iccussion of available options of sted two additional calls to respect the control of the c	spitals within the jurisdiction the intent and goals or ired to inform the County contractor, supported affoce all data was collected, for both the fee and payreview refinements to the sted to answer questions	nplemented a comprehensive pron. The County began with a hor fithe pilot program, the relevanted is Fee and Expenditure report. The ected hospitals in completing the hospitals were again invited to ment components of the program model based on hospital feedbased and discuss concerns unique to unty's decision.	espital state and The e state's n. The ack, as
6. Please describe t	the basis of the proposed fee	– e.g. net patient revenu	e, days of care, discharges? (N.J.,	A.C. 10:52B)
amount per disc	harge for services furnish ased facilities located out	ed within the County's side the county, have	rices, structured as a uniform is jurisdiction. Those hospital segregated their in-county fr e County will be assessed.	s that

/. Will the basis for th	e proposea tee exc	iude iviedicare and /0	i iviedicalu data?	
No.				
8. What is the propose Please specify if differen			t versus outpatient services and identify respective note	s/ amounts
The assessment ra				
THE assessment to	ate will be \$320.0	or per discriarge.		
		•	uded in the fee program? No Ves	
If not , please descri	be which fee rate o	r amount is proposed	to be applied to each hospital and the policy r	ationale.
			nore statistical tests must be passed for the fe	ee
	•		gram is not broad-based or not uniform ,	
piease provide a c	opy of the federally	compliant statistical	test(s) in an excel document. ✓ N/A ☐ A	ttached
	•		e accessed at 42 CFR § 433.68	
	h care-related taxe		ol4/xml/CFR-2018-title42-vol4-sec433-68.xm	ıl
116663.77 44 44 44 48 60 411		15. C. 1. 2010 HICT2-1	5	•
	s to the state from , monthly, biannua		ır quarterly, what is the planned timing for co	llecting
✓ Quarterly	Monthly	Biannually	Other	
Qualterly	I MOTHER	i Diaminally		

In the event a hospital fails to remit the fee by the due date, the County will add interest to the amount due, not to exceed 1.5% of the outstanding payment amount per month, reflected on to the following quarter's invoice.	€
13. What appeal process will be established to resolve any disputes related to the fee program?	
Upon federal approval of the program, the County will officially notify hospitals that the fee program we take effect, and of the amount of the quarterly fee they will be required to pay throughout the program. The hospitals will have 15 days from receipt of that notice to contest the fee amount, by submitting a letter, including any supporting documents, to the County specifying the basis for the appeal. The County will specify in its ordinance a process for an appeal of interest charges on late payments and/the amount of the interest assessed in the event a hospital fails to remit payment by the due date.	٦.
14. How will hospitals be notified of their fee obligation and any other related operational requirements under the fee program?	ıe
The County will send each hospital quarterly invoices notifying them of their fee obligation and the payment deadline at least 20 days in advance of each quarterly due date.	
15. Please provide any additional pertinent information that you believe would be helpful in describing the program.	
This Fee & Expenditure report was prepared by the County's contracted attorneys who have nationwide experience working with these types of programs. The County has relied extensively or their expertise in developing the model, responding to these questions and assuring compliance w state and federal rules. The signed certification below relies in large part on the work and advice of the contracted attorneys.	ith

12. What interest and/or penalties will be imposed for failure to pay the fee?

PROPOSED PAYMENT PROGRAM

As part of the pilot program, counties may submit a proposed payment methodology detailing how pilot program funds will be distributed to hospitals and the basis of the distribution. However, as the single State agency for the Medicaid Program, the Department's role is to review the proposed programs to assure that the assessment design and proposed expenditure methodology, if provided, comply with federal regulations governing such programs. A county's proposed payment method must include details on elements listed below.

1. What is the proposed basis for determining the hospital payment amounts?

The County proposes that the state implement a managed care directed payment in the form of uniform rate increase to Medicaid managed care payments. The increase would be implemented as a dollar add-on per Medicaid managed care discharge, projected to be \$4,500.98 per discharge. The proposed eligible class is all hospitals whose main campus is located within Passaic County. While the imposition of the fee is limited to services furnished within the County, the directed payment would include all services provided by the hospital, regardless of the location of the services. The payment methodology would be the same for all hospitals, thereby directing the expenditures equally, using the same terms of performance, as required by 42 CFR 438.6(c)(2)(i)(B). Details of the calculation of this payment methodology are contained in the attached model, prepared by our contractors, and we will make our contractors available to the state to answer any questions about it or provide additional information as needed.

The directed payments would be provided on a quarterly basis, paid to the managed care organizations as a separate payment term (apart from monthly capitation payments to the plans). The four quarterly payments would each be equal to 25% of the projected annual rate increase amount (which is estimated in the attached model, based on the state's CY2019 encounter data forwarded to us by DMAHS on 8/27/20). A final reconciliation adjustment would be determined after the end of the year, based on actual services provided, and the first quarterly payment of the subsequent year would be adjusted (upwards or downwards) by the reconciliation amount. In this way, the payments would meet the federal requirement at 42 CFR 438.6(c) (2)(i)(A) that directed payments be "based on the utilization and delivery of services."

Throughout the County's consultation process, affected hospitals consistently raised concerns regarding potential constraints on cash flow upon payment of the fee. Many of these hospitals are already facing precarious financial conditions, which have been exacerbated as a result of the COVID-19 pandemic. It is precisely these resource constraints that have galvanized support throughout the state for this critical pilot program. To curb the fee's potential to trigger liquidity problems and financial instability, the County stresses the imperative of minimizing the time between the hospitals' payment of the fee and the distribution of the managed care directed payment to the hospitals. It is our hope that the state will establish a timeline that will ensure payments are distributed in the most timely manner possible. Towards that end, based on hospital feedback, the County requests that the managed care organizations be directed to make the requisite payments to the hospitals within 10 calendar days of receipt of the payments from the state.

Moreover, because our proposed model would impose very little, if any, administrative burden on the managed care organizations, requiring them simply to make the directed payments in the amounts provided by the state, it is our understanding that they will be permitted to retain no more of the directed payment amounts provided to them than the amount necessary to cover their incremental HMO premium fee costs (currently 5%). The contract language with the managed care organizations should reflect this requirement in order to ensure that the program complies with the intended purpose of supporting local hospitals.

The County anticipates that the state would work with the participating hospitals in developing an evaluation plan for the program and any associated quality reporting requirements.

2. The purpose of the County Option Hospital Fee Pilot Program is to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals and to ensure that they continue to provide necessary services to low-income residents. How will the payments be utilized to effectuate this purpose?

Passaic County hospitals collectively provide nearly \$70 million in unreimbursed health care services to uninsured and low-income patients throughout the County. Moreover, all of the hospitals have been significantly impacted by the COVID-19 pandemic. The new resources generated from the Passaic County Option Hospital Fee Pilot Program will help to stabilize the hospitals' financial position and strengthen their capacity to continue providing access to comprehensive and essential health care services to low income County residents.

Please note that the County reserves the right to use its 9% share of the fee proceeds for any purpose it deems appropriate.

OTHER COUNTY REQUIREMENTS CHECK BOX TO CONFIRM COMPLETION AND/OR AGREEMENT The county has provided the state with all calculations for the fee, the proposed payments, and the statistical test. The county understands that the funds created from this program are to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals in providing necessary services to low-income residents.

The county understands that at least 90% of the fee amounts collected will be transferred to the state 1 to be used as the non-federal share for federally matched hospital payments.

- The county understands that at least 1% of the fee amounts collected will be transferred to the state for the state's administrative costs.
- The county understands that fees to be collected may not exceed 2.5% of the net patient revenue of hospitals included in the fee program.
- The following FORMS and ATTESTATION must be submitted with the Fee and Expenditure Report for each hospital located in the county (Include all source documents)
 - ☑ Data Form for County Option **Hospital Fee Program**

✓ Preliminary DSH Calculation Template

✓ Attestation

Signed by each hospital located in the county.

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PILOT PROGRAM FEE AND EXPENDITURE ATTESTATION

CERTIFICATION BY COUNTY OFFICER OR ADMINISTRATOR

I hereby certify that I have examined the Fee & Expenditure Report for the reporting periods specified and that to the best of my knowledge and belief it is true, correct and complete statement prepared from the county option hospital fee state data set created from reports submitted by the hospitals within the county's jurisdiction in accordance with applicable instructions, except as noted. I understand that misrepresentation or falsification of any information contained in this report may be punishable by criminal, civil and administrative action, fine and/or imprisonment under state or federal law.

Signed //// CLW	
County Officer or Admin	nistrator
Name: Richard Cahill	
Full Name (Printed	d)
Title: Director of Finance	Date: 12 / 10 / 20
rcahill@passaiccountynj.org	

Attachment A

New Jersey County Option Hospital Fee Program List of hospitals located in Passaic County

St Mary's General Hospital

350 BOULEVARD PASSAIC, NJ 07055

- General Acute Care
- For profit

St Joseph's University Medical Center

703 MAIN ST PATERSON, NJ 07503

- General Acute Care
- Non-profit

St Joseph's Wayne Medical Center

224 HAMBURG TURNPIKE WAYNE, NJ 07470

- General Acute Care
- Non-profit

Kindred Hospital NJ-Wayne

224 HAMBURG TURNPIKE WAYNE, NJ 07470

- General Acute Care
- For profit

Fee Basis: \$526.67 per 2018 Discharge

Medicaid Managed Care Directed Payment: \$4,500.98 per Discharge

Total Fee Receipts	\$20,916,141		
County's Resource	\$1,882,453		
State's Resource	\$209,161		
Non-federal Share of Medicaid Payments	\$18,824,527		

HOSPITAL	Fees Paid	Fees Paid Medicaid Managed Care Directed Payments	
St. Joseph's UMC	\$17,582,325	\$40,238,756	\$0
St. Mary's General Hospital	\$3,183,189	\$6,737,966	\$0
Kindred Specialty Hospital	\$150,627	\$202,544	\$0
	\$20,916,141	\$47,179,266	\$0

Fee Basis: \$526.67 per 2018 Discharge

Medicaid Managed Care Directed Payment: \$4,500.98 per Discharge

\$526.67	Fee per 2018 Discharge	fee rate = b _{sum} / a _{sum}
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		a	b = a * fee rate
	HOSPITAL	2018 Discharges	Fee Receipts
Inpatient: Per	St. Joseph's UMC	33,384	\$17,582,325
Discharge Fee	St. Mary's General Hospital	6,044	\$3,183,189
	Kindred Specialty Hospital	286	\$150,627
	Total IP	39,714	\$20,916,141

d = c	\$20,916,141	Total Fee Receipts
e = d * 9%	\$1,882,453	County Resource
f= d * 1%	\$209,161	State Resource
g = d - e - f	\$18,824,527	State Share Medicaid Payments
h	62.00%	Est Effective FMAP
i = g / (1 - h)	\$49,538,229	State + Federal Share of Medicaid Payments
j = i - k	\$2,358,963	5% HMO Admin Fee
k = i / 1.05	\$47,179,266	State + Federal Share of Medicaid Payments Going to Hospitals

Fee Basis: \$526.67 per 2018 Discharge

Medicaid Managed Care Directed Payment: \$4,500.98 per Discharge

Total Inpatient Hospital Enhanced Payments Inpatient Hospital Add-On Payment

\$47,179,266 a

\$4,500.98 $b = a/c_{sum}$

d = b * c

MEDICAID MANAGED CARE DIRECTED PAYMENTS

HOSPITAL	Discharges	PAYMENTS
St. Joseph's UMC	8,940	40,238,756
St. Mary's General Hospital	1,497	6,737,966
Kindred Specialty Hospital	45	202,544
	10,482	\$47,179,266

h= \$0; if e < f h = -g; if e > f AND if (e-f) > g

h = f - e; if e > f AND if (e - f) < g

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments
St. Joseph's UMC	\$17,582,325	\$40,238,756	\$63,370,901	\$45,508,001	\$0
St. Mary's General Hospital	\$3,183,189	\$6,737,966	\$8,583,154	\$4,372,176	\$0
Kindred Specialty Hospital	\$150,627	\$202,544	\$0	\$0	\$0
	\$20,916,141	\$47,179,266			\$0

e = d

Calculation of the 2.5% Fee Cap

In Accordance with N.J.A.C. 10:52B-2.1(b)(4)

	a	b = a * 2.5%	
	Net Patient Service	5 6	
	Revenue	Fee Cap	
INPATIENT	•		
St. Joseph's UMC	\$519,769,692	\$12,994,242	
St. Mary's General Hospital	\$66,059,663	\$1,651,492	
Kindred Specialty Hospital	\$19,720,883	\$493,022	
Total IP	\$605,550,238	\$15,138,756	
OUTPATIENT			
St. Joseph's UMC	\$179,655,430	\$4,491,386	
St. Mary's General Hospital	\$51,439,977	\$1,285,999	
Kindred Specialty Hospital	\$0	\$0	
Total OP	\$231,095,407	\$5,777,385	
Total IP + OP	\$836,645,645	\$20,916,141	

Fee Basis: \$526.67 per 2018 Discharge

Medicaid Managed Care Directed Payment: \$4,489.73 per Discharge

Total Fee Receipts	\$20,916,141		
County's Resource	\$1,882,453		
State's Resource	\$209,161		
Non-federal Share of Medicaid Payments	\$18,824,527		

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	Lost DSH Payments	
St. Joseph's UMC	\$17,582,325	\$40,138,159	\$0	
St. Mary's General Hospital	\$3,183,189	\$6,721,121	\$0	
Kindred Specialty Hospital	\$150,627	\$202,038	\$0	
	\$20,916,141	\$47,061,318	\$0	

Fee Basis: \$526.67 per 2018 Discharge

Medicaid Managed Care Directed Payment: \$4,489.73 per Discharge

\$526.67 Fe	ee per 2018 Discharge	fee rate = b _{sum} / a _{sum}
-------------	-----------------------	------------------------------------------------

		a	b = a * fee rate
	HOSPITAL	2018 Discharges	Fee Receipts
	Ic. 1 11 1040	22.204	447.500.005
Inpatient: Per Discharge Fee	St. Joseph's UMC	33,384	\$17,582,325
	St. Mary's General Hospital	6,044	\$3,183,189
	Kindred Specialty Hospital	286	\$150,627
	Total IP	39,714	\$20,916,141

d = c	\$20,916,141	l otal Fee Receipts
e = d * 9%	\$1,882,453	County Resource
f= d * 1%	\$209,161	State Resource
g = d - e - f	\$18,824,527	State Share Medicaid Payments
h	62.00%	Est Effective FMAP
i = g / (1 - h)	\$49,538,229	State + Federal Share of Medicaid Payments
j = i * 5%	\$2,476,911	5% HMO Admin Fee
k = i - j	\$47,061,318	State + Federal Share of Medicaid Payments Going to Hospitals

Fee Basis: \$526.67 per 2018 Discharge

Medicaid Managed Care Directed Payment: \$4,489.73 per Discharge

Total Inpatient Hospital Enhanced Payments Inpatient Hospital Add-On Payment

d = b * c

e = d

\$47,061,318 a

\$4,489.73 $b = a/c_{sum}$

MEDICAID MANAGED CARE DIRECTED PAYMENTS

HOSPITAL	Discharges	PAYMENTS
St. Joseph's UMC	8,940	40,138,159
St. Mary's General Hospital	1,497	6,721,121
Kindred Specialty Hospital	45	202,038
	10,482	\$47,061,318

h= \$0; if e < f h = -g; if e > f AND if (e-f) > gh = f - e; if e > f AND if (e - f) < g

Medicaid **Charity Care & Managed Care** HRSF-MH **Lost DSH Payments HOSPITAL Fees Paid DSH Room** Directed **Payments Payments** St. Joseph's UMC \$17,582,325 \$40,138,159 \$63,370,901 \$45,508,001 \$0 St. Mary's General Hospital \$3,183,189 \$6,721,121 \$8,583,154 \$4,372,176 \$0 Kindred Specialty Hospital \$150,627 \$202,038 \$0 \$0 \$0 \$20,916,141 \$47,061,318

Calculation of the 2.5% Fee Cap

In Accordance with N.J.A.C. 10:52B-2.1(b)(4)

	a	b = a * 2.5%
	Net Patient Service	Fee Cap
	Revenue	
INPATIENT		
St. Joseph's UMC	\$519,769,692	\$12,994,242
St. Mary's General Hospital	\$66,059,663	\$1,651,492
Kindred Specialty Hospital	\$19,720,883	\$493,022
Total IP	\$605,550,238	\$15,138,756
OUTPATIENT		
St. Joseph's UMC	\$179,655,430	\$4,491,386
St. Mary's General Hospital	\$51,439,977	\$1,285,999
Kindred Specialty Hospital	\$0	\$0
Total OP	\$231,095,407	\$5,777,385
Total IP + OP	\$836,645,645	\$20,916,141

1	2	3	4	5	6	7	8	9	10
		a	b	с	d = a - b - c	e	f	g = d - e - f	h
	Hospital	Uncompensated Costs Before GME Payments	SPRY21 GME	SPRY21 Safety Net GME	Uncomp Costs (DSH Limit)	SPRY21 Charity Care Payment	SPRY21 HRSF Mental Health Payment	DSH Limit Room	2016 DSH Cost Percentage
310019	St. Joseph's UMC	\$120,634,195	\$17,173,975	\$3,035,359	\$100,424,861	\$45,508,001	\$0	\$54,916,860	48.08%
310006	St. Mary's General Hospita	\$11,689,351	\$126,803	\$0	\$11,562,547	\$4,372,176	\$0	\$7,190,371	43.75%

Data Form Line	Description	St. Joseph's UMC	St. Mary's General Hospital	
Ln 8	Base Yr IP Costs	\$199,116,735	\$27,851,837	
Ln 16	Base Yr OP Costs	102,045,760	21,365,730	
Ln 17	Base Yr Total Costs	301,162,495	49,217,567	
Ln 18	Cost Inflator	1.126	1.09	
	Add'l Cost Inflator	0		
Ln 19	Est Costs for DSH Limit	\$339,108,970	\$53,647,148	
Ln 24	Total XIX Payments	\$171,457,249	\$27,073,218	
Ln 29	Total XVIII / TPL Pmts	20,293,398	12,470,542	
Ln 30	Supplemental Pmt		2,384,304	
Ln 31	Self Pay	999,979	29,733	
Ln 32	Sct 1011 Pmt	0	0	
Ln 34	Est. Increased XIX Pmts	25,724,149	0	
	Est Pmts before GMEs	\$218,474,775	\$41,957,797	

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Definition of Uncompensated Gaze. The definition of uncompensated Gaze was based on guidance published by CMSs in the 73 Feed. Reg. 73600 disead December 19, 2008, the 79 Feed. Reg. 7360 disead December 3, 2014, and the withdrawal of FAQ6, 33 and 34 by CMS on December 3, 2018. The cludated uncompensated care of the properties of the p

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Total Eligible Regular IP/OP edicaid FFS Rate Payments Enhanced IP/OF Medicaid Total IP/OP ndigent Care/Self-Pay Revenues Total In-State DSH Total Out-of-State
Payments DSH Payments
Received Received Total Medicaid Total IP/OP Total Uninsured Hospital-Specific DSH Limit State-Defined Total Medicaid Medicaid IP/OP Services sured Cost of Care Uncompensate Care Costs Utilization Rate Utilization Rate Eligibility Statistic MCO Payments Care Costs Provider Number Payments 862,176 509,868,320 Atlanticare Regional Medical Center 143,480,03 41,788,573 66,190,255 Bacharach Institute For Rehabilitation 874.110 9.34% 533.928 3.331.760 5.332.431 2.000.671 47.132 47.132 2.047.803 4143701 313030 37.374.894 Bayonne Medical Center 20 050 129 38 83% 14.20% 11.68% 4877942 7 479 361 12 357 303 41 189 843 28 832 540 143 550 6 4 5 6 9 5 1 6 3 1 3 4 0 1 35 145 94 1 844 358 310025 119 624 764 5 426 481 25 44% 2 245 645 8 025 058 10 270 703 28 251 821 17 981 118 173.844 2 563 438 2 389 594 20 370 71 62 914 4141105 310112 124 503 403 Bayshore Community Hospital
Bergen Regional Medical Center
Cape Regional Medical Center
Capital Health Medical Center - Hopewell
Capital Health System Regional Medical Center 15.43% 18.14% 1,151,588 162,220 25,858,173 48.12% 51,659,543 40,841,842 21,462,826 7,861,831 19,550,852 3676609 4141008 310092 310111 208,102,139 13,927,807 9.00% 28,414,976 16.09% 4,515,574 12,100,244 16,778,038 11,636,938 853,238 7,008,593 18,645,531 240,129,137 38.759.492 54,022,336 11,682,837) 539.389 (11,622,178 (4,586,444) 15,262,844 600.048 99,223,209 139,688 11,143,379 8,598,901 21,488,954 Chilton Medical Center Christ Hospital 19,671,98 83,935,69 310017 310016 166,590,511 165,324,150 472,316 Clara Maass Medical Center 7,835,185 37.78% 15.96% 26.37% 12.02% 9,860,326 51,494,739 61,355,065 75,940,328 14,585,263 553,829 13,296,757 12,742,928 27,328,191 6,513,293 4135504 310009 310041 222,150,267 Community Medical Cente 12,985,623 6,034,800 35,019,798 41,054,598 48,126,091 7,071,493 474,449 8,003,789 7,529,340 14,600,833 856,522 3674606 312,039,221 Cooper University Hospital Deborah Heart and Lung Cente 67,915,855 9,361,952 25,305,903 1,734,402 132,820,420 7,595,446 14.363.684 172,490,007 9,563,226 232.042.517 59.552.510 191.228 4,152,056 19.730.650 79.283.16 37,349,103 2,750,866 310014 718,656,258 147,459,590 4136004 8,243 East Orange General Hosnital 21 011 396 55.17% 14.37% 33.19% 7.65% 11 475 739 14,373,306 17,589,363 25 849 045 45 009 139 19,160,094 166 947 5 926 266 5 759 319 24 919 413 11 144 051 4140001 310083 310045 84 765 282 12 830 98/ 5 694 421 587 844 23 871 628 42 049 20 938 765 11 832 715 10 893 950 4139309 67,644,614 Hackensack University Medical Cente 20,013,23 29,491,386 81,474,017 144,989,269 Hackettstown Regional Medical Center 5,535,867 32,086,342 17.25% 59.60% 8.67% 27.68% 1,355,742 14,737,638 4,238,054 15,018,904 5,593,796 31,149,300 12,446,716 72,247,454 6,852,920 41,098,154 154,889 226,639 1,880,625 17,121,127 1,725,736 16,894,488 8,578,656 57,992,642 37,526 11,431,688 310115 310040 1.392.758 Holy Name Medical Center 13.545.133 22.35% 13.71% 5.352.741 27.990.517 33.343.258 60.957.253 27.613.995 1.549.660 7.969.895 6.420.235 34.034.230 129.821 4135407 310008 283.192.981 Hunterdon Medical Center 10.459.428 18.45% 8.57% 6.502.216 10.649.730 177.180 17.329.126 24.742.105 7.412.979 615.799 3.503.199 2.887.400 10.300.379 5.283.978 4135202 310005 163.255.442 Inspira Medical Center - Elme 2 506 304 5 930 33 6 945 97 103 363 1 391 18 1 985 84 562 493 310069 50 701 771 Inspira Medical Center - Vineland Inspira Medical Center - Vineland Inspira Medical Center - Woodbury Jersey City Medical Center Jersey Shore University Medical Center 26,878,287 13,962,621 61,459,627 30,589,619 23,065,775 8,735,992 23,269,875 17,247,498 20,388,943 13,959,192 39,350,904 76,072,394 1,985,847 31,128,878 18,844,810 64,550,542 91,386,921 6,827,095 2,546,236 46,897,075 8,413,547 304,528,558 166,112,612 314,669,184 549,052,063 24.40% 17.03% 36.06% 13.80% 1,684,999 80,595,727 27,044,882 102,778,215 61,655,034 11,627,342 5,187,415 25,831,810 15,794,588 10,739,935 4,885,618 25,199,638 15,314,527 41,004,074 142,129,119 137,727,428 IFK Medical Center/Anthony Yelencsics 28,520,289 19.59% 31.05% 8,243,935 31,646,519 62,957,318 567,215 40,457,669 82,969,618 42,511,949 39,633,599 1,209,152 13,564,529 12,355,377 5,524,709 54,867,32 4,104,152 3676803 411,149,363 rsity Hospita 18.93% 45,158,30 Lourdes Medical Center of Burlington County 11.508.563 43.65% 24.22% 5.879.870 16.441.030 125.543 22.446.443 36.134.721 13.688.278 158.056 3.540.681 3.382.625 17.070.903 4.187.133 3675203 310061 111.170.846 Matheny Medical & Educational Center 30,929,536 6,458,002 871,634 Memorial Hospital of Salem County 5,729,563 26.59% 18.90% 1,009,380 6,511,996 14,109,376 6,588,000 173,917 1,312,518 1,138,601 7,726,601 31,592 9031308 310091 46,088,954 7.334.971 18,188,40 Monmouth Medical Center Southern Campus 18.763.099 46.91% 27.33% 11.559.267 13.452.882 25.012.149 34.423.908 9.411.759 168.898 5.898.215 5.729.317 15.141.076 11.841.406 3676200 310084 92.297.893 Morristown Memorial Hospital 31 703 205 15 16% 19 324 746 39 507 204 1 825 259 60 657 209 109 086 613 48 429 404 2 713 122 18 534 647 15 821 520 64 250 924 2 742 468 4136101 310015 862 420 838 8 221 356 8.27% 37.26% 5 241 290 10 008 97 787 266 16 037 528 35 559 40 19 521 878 532 604 3 621 045 3 088 441 22 610 31 329,546 0139564 310054 185 364 516 Newark Beth Israel Medical Ce Newton Medical Center Ocean Medical Center 9,750,595 8,280,038 6,161,328 3,793,537 8,145,047 706,602 484,318 11,757,948 18,356,325 9,107,242 18,019,133 Our Lady of Lourdes Medical Center 1,180,191 18,446,243 4,935,501 4137108 266,270,147 13,278,427 24,427,776 28.56% 17.34% 19.83% 39,950,439 49,275,677 67,721,920 170,216 1,359,840 23,211,528 3,618,869 410,450 310029 310051 Overlook Medical Center 8.26% 10,403,830 27,442,581 757,927 38,604,338 60,600,354 21,996,016 11,588,910 10,229,070 32,225,086 3674801 461,501,422 Palisades Medical Center 18.068.190 24.32% 5.935.783 4.957.883 1.434.264 12.327.930 74.558.399 62.230.469 677.768 11.486.261 10.808.493 73.038.962 6.862.965 4135105 310003 144.072.582 Raritan Bay Medical Cent 24.687.617 38.179 24.85% 748,753 11.643.485 46.334.49 413780 310039 Riverview Medical Cente 13 318 367 20.73% 8 96% 6 676 006 7 733 115 14 409 121 35 641 184 21 232 063 254 568 5 177 047 4 922 479 26 154 542 3 771 017 4137400 310034 215 384 813 8,714,692 159,589 66,991,875 20,478,484 14.47% 27,591,154 233,917,515 29,010,937 7.156.815 26,345,453 137,840,272 RWJ University Hospital-Hamilton 16,425,375 8.80% 2,372,33 12,002,745 14,375,07 32,633,52 18,258,445 413,784 4,268,304 3,854,520 22,112,965 1,279,708 367690 310110 139,351,886 20.08% 12,382,442 Saint Barnabas Medical Center 15,284,144 20.65% 12.11% 10,785,148 63,891,478 4,635,784 79,312,410 100,524,478 21,212,068 820,823 13,529,837 12,709,014 33,921,082 502,910 3675904 310076 593,999,323 Saint Clare's Hospital - Denville 28.989.233 19.82% 11.669.476 14.533.590 26.203.066 37.144.98 10.941.921 1.162.395 7.373.742 6.211.347 17.153.268 14.092.963 4138601 310050 234.049.349 Saint Francis Medical Center 19,449,704 44.17% 31.46% 9.776.131 14.799.655 490.690 25.066.476 36.048.688 10.982.212 209.955 8.610.539 8.400.584 19.382.796 10.967.889 4136608 310021 102.810.136 Saint Joseph's Hospital and Medical Cent 90 200 043 35 427 920 28 071 135 257 912 75 756 967 240 410 430 64 653 463 1 499 138 54 789 491 53 290 353 17 943 81 74 720 285 4136403 310019 613 943 212 45,171,567 65,293,272 81,342,919 33,703,837 27,538,917 41,474,268 36,560,408 17,373,351 18,799,068 24,211,426 29,694,473 13,027,951 4,679,540 6,699,60 18,739,256 26,969,154 41,252,282 15,925,458 21,666,552 29,004,775 15,976,153 14,509,661 221,016 1,126,374 2,043,674 248,729 6,093,381 13,595,867 22,627,929 3,112,419 23,505,015 36,288,497 310006 117,165,431 176,230,074 Saint Michael's Medical Cente 11,653,944 8,631,297 358,570 Southern Ocean County Medical Center St. Luke's Warren Hospital 4,580,775 8,952,915 19.28% 19.23% 2,316,430 9,942,69 8,966,372 134,178 2,028,224 1,894,046 10,860,418 174,549 1,298,431 4141202 310113 310060 131,948,730 94,326,944 10.869 The Valley Hospital 17.116.729 3.18% 42.88% 2.889.595 9.377.310 12.266.905 31.302.987 19.036.082 1.101.158 7.005.597 5.904.439 24.940.521 132.790 4135806 310012 543.501.535 55.05% Trinitas Regional Medical Center 37,385,877 36,342,315 43,302,422 1,446,831 81,091,568 98,189,106 17,097,538 2,018,842 26,604,270 24,585,428 41,682,966 35,545,354 4136900 310027 224,110,483 University Hospital (HMDNI) 182 939 355 48 94% 45 692 347 119 548 788 19 224 478 184 465 613 336 958 944 152 493 331 7 399 677 99 806 177 92 406 495 244 899 826 135 824 464 3677001 310119 602 640 993 Institutes for Mental Disease Ancora Psychiatric Hospital 8.013.066 1.064.898 133.309.353 110.860.712 4508106 158.139.711 602,657 44,769,060 131,533,939 6.04% 3,027,999 455,532 3,066,663 62.068 3,090,067 455,532 3,066,663 3,745,133 30,688,395 4,265,810 655.066 63,980 172,267 657,218 321.813 257,833 17,529,215 140,100,814 017 800 213,749 33,888,770 104,206,462 4144104 314012 38,081,651 52,997,254 162,228,115 Hampton Behavioral Health Center 3,127,200 17,871,496 8.67% 2,551,441 2,701,27 148,569 530,687 3,766,795 3,908,11 11,531 15,892,408 5446406 314021 19,916,551 26,442,174 160,615 160,61 Ramapo Ridge Psychiatric Hospital (Short Term) 1.497.029 6.78% 3.78% 77.48% 731.035 130.652 861.687 2.825.465 1.963.778 393.912 393.912 2.357.690 248.147 4144414 314019 24.624.086 Runnells Specialized Hospital 9,818,498 4.56% 336,253 336,253 715,047 378,794 11,985,017 11,984,934 12,363,728 6,618,375 3682307 314027 15,761,361 Rutgers University Behavioral Healthcare 28 822 959 25.87% 100.00% 24 368 475 99 107 24 467 582 45 139 005 20 671 423 265 101 9 809 714 9 544 613 30.216.036 28 421 027 4144007 314011 74 040 873

Out-of-State DSH Hospitals

None

Footnote': Facilities showing zero did not receive a DSH payment during the period under review, but were included in the DSH examination at the request of the State

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