

Senate Follow-up Questions

Senator Buono:

- Proposed budget language would remove an inflation adjustment that nursing homes that have a cost report period other than December 31 receive. Using a nursing home that does not have a December 31st cost reporting period, please walk us through how this adjustment currently works and why this adjustment is necessary.

Answer: Please see Attachment 1 and Attachment 1a

- In conjunction with other State agencies involved in paying for prescription drugs, please provide information as to both the number of prescriptions and dollar volume of prescription drugs that may be subject to "bulk purchasing" arrangements.

Answer: When reviewing drug spend for "bulk purchasing" agreements, it is important to note that 94% of PAAD beneficiaries and 97% of Senior Gold beneficiaries are enrolled in Medicare Part D plans which negotiate rebates with drug manufactures as the primary payer of prescription claims for these beneficiaries. The FY'10 budget initiatives for PAAD and Senior Gold eliminate coverage for most medications not covered by the Medicare Part D plans. Therefore, we will have very little leverage with which to negotiate better manufacturers rebates for PAAD and Senior Gold prescriptions through bulk purchasing. PAAD and Senior Gold beneficiaries are subjected to the preferred drug lists of their Medicare Part D plans.

FY'08 PAAD prescription claims:	4,490,565	State Payments	\$223,755,136
FY'08 Senior Gold prescription claims:	330,600	State Payments	\$ 11,848,297

Attachment 2 reflects total State drug spending by the various State agencies.

Senator Bucco:

- Please provide information for each FQHC on the following: The amount of State funds received and the number of patients served.

Answer: See Attachment 3

- Please provide information regarding the following personnel actions and what justified the salary increases:
 - A Legislative Liaison position was converted to a Confidential Assistant position and the salary was increased \$20,000, to \$85,000.

Answer: The Office of Legislative Services had one remaining staff person as of August 2007. As part of an effort to restructure and streamline Departmental operations, in July 2008, the one Legislative Service employee was promoted to Deputy Chief of Staff (Confidential Assistant) and new responsibilities were added. The employee maintained oversight of the Office of Legislative Services with new functions added including, but not limited to, education and outreach for local, legislative and congressional representatives as

well as within DHSS. His knowledge, skills and understanding of the operations of DHSS have enabled us to transition more smoothly through the legislative process. During the 2006-07 Legislative Session the Department tracked approximately 1,300 bills. The Department was directly impacted by 16 percent of all bills introduced in the Legislature. Approximately 18 percent (85 out of 473) of all bills signed into law during 2006-07 session had a direct impact on the Department which demonstrated the employee as the Director of Legislative Services was clearly involved in the legislative process.

In addition, he assumed direct responsibility for the management of the Office of Communications, Office of Legislative Services and the Correspondence Program. The Deputy Chief of Staff, serves as the single point of contact for the Chief of Staff on all external communications and provides consistency to the Department message to the press, elected officials, and other constituencies. In addition, the Deputy Chief of Staff has a matrix management responsibility for the Office of Community Relations and Constituency Services and is responsible for assisting the Chief of Staff with other Department matters as required. He assumed the responsibility of eleven (11) additional full-time employees and several functional areas. The salary is commensurate with the duties and responsibilities of the position. In fact, there continues to be an issue of salary compression, the Deputy Chief of Staff has two individuals that report to him that have higher salaries than he does.

- A Confidential Secretary position was converted to an Executive Secretarial Assistant position and the salary was increased \$9,000, to \$77,000.

Answer: The Office of the Commissioner consolidated the clerical support staff for the Office of the Commissioner by reducing the number of FTEs from 5 to 3. This individual received a salary increase for a promotion, assuming the secretarial duties for the Chief of Staff Office, and also serving as back up secretarial support for the Office of the Commissioner as part of this consolidation effort. The salary is commensurate with the duties and responsibilities of the position. Specifically, this Executive Secretarial Assistant was promoted internally to an unclassified Confidential Secretary to the Chief of Staff effective September 13, 2008. Prior to this promotion, the employee, as an Executive Secretarial Assistant, received a 3% COLA (July 5, 2008) as negotiated in the union contract.

- A Governor's Aide position was transferred to the department as a Government Representative 1 position and the salary was increased \$8,000, to \$80,000.

Answer: This employee transferred from the Governor's Office to a vacant Government Representative I position, reporting to the Chief of Staff to serve as the Director of Community Relations and Constituency Services. The employee is responsible for planning, organizing, developing and setting policy for all Community relations and Constituent Services programs. These duties include, but are not limited to: developing outreach programs and initiatives to community groups as needed; working in collaboration with the Office of Minority and Multicultural Health and other departmental divisions to incorporate or enhance the community relations and constituent services program components to address health care disparities; managing the internal Department appointment process for all boards, councils and commissions. The employee acts as a liaison for inter-governmental initiatives and projects.

The DHSS Strategic Plan to Eliminate Health Disparities in New Jersey highlights the fact that according to 2000 US Census data more than a quarter of New Jerseyans do not report English as their primary language and among these, approximately 11 percent speak Spanish. In addition the number of New Jersey Spanish-speakers grew 56 percent. A key objective of the Department is to improve and increase language access throughout the Department and in our community outreach. The combination of the employee's education and bilingual skills enhances the Department's critical objective of community outreach and education to the Spanish speaking community

In addition, the Government Representative 1 recently completed two masters degree programs. She holds a Masters of Public Health Degree in Health Administration and Policy and also a Masters of Arts Degree in Diplomacy and International Relations. Her experience as Deputy Director of Appointments in the Office of the Governor, in addition to her position as Director of Constituent Relations for the New Jersey Department of State combined with her bilingual skills made her an ideal candidate for her position.

Senator Cunningham:

- The department has indicated that over 1,500 nursing home patients have been transferred to community programs. Out of the 1,500 placements, how many were from Hudson County.

Answer: Since 2006, the Department has transitioned 264 individuals from nursing homes into home and community based programs in New Jersey's northern region, including Hudson, Bergen, Essex and Passaic counties. The data is collected according to the Department's three regional field offices in the north, central and southern parts of the State and is not broken down by county.

- Please provide information as to the amount of Hospital Transformation Funds that may be requested on behalf of Greenville Hospital.

Answer: No official request has been made by Liberty Health to use the Hospital Asset Transformation Program. The Department and the NJ HCFFA have met with Liberty Health Systems to discuss the program's potential to pay off outstanding debt associated with the closure of Greenville Hospital but no specific amounts were identified or requested.

Senator Haines:

- Available information is that 53 employees have received pay increases of more than 10%. Of the 53 employees, how many received increases as a result of collective bargaining agreements over which the department had no control? Also, please provide information as to the standards used by the department to award "merit based" pay increases.

Answer: Over the last fiscal year (July 1, 2008 – April 10, 2009) the Department did not award any "merit based" salary increases. All salary increases were as a result of employees assuming additional responsibilities, retention or through normal Civil Service Commission promotional procedures based on the NJ Administrative Code, Title 4A. During the fiscal year, 1688 employees, or a little over 92% of the Department's employees received the union negotiated COLA (3%). Management and unclassified employees have not received a COLA since July 2007.

During this fiscal year approximately 36 employees were promoted to a higher title which could have resulted in a salary increase based on normal promotional procedures. Of those promoted, approximately 31 employees were in classified titles who were promoted using the promotional procedures outlined by the NJ Administrative Code. Approximately seven (7) out of the 31 promotions were generated as a result of an employee's classification appeal to the Civil Service Commission which deemed the duties performed by the employees were at a higher position classification and salary range.

Two employees accepted a promotional transfer to our Department to assume the duties of a position approved to fill through the Hire Exemption process, which would have resulted in a salary increase.

Senator Oroho:

- Please provide information on the amount of "bad debt" reported by each hospital.

Answer: Please See Attachment 4. CY 2008 data is not yet available

- The department provides funds for various types of "research." If the "research" results in a patent being obtained, does the State receive any royalties that the patent may produce?

Answer: The Department funds social science research, health services research, and program evaluations to improve the public's health by advancing health policy through academic research, public service, community partnership and education and is not primarily funding research intended for commercial development. The Department is not employed in any direct research with regards to inventions or technology transfers. Should a patent result from activities carried out with State dollars and employees, the Department would seek appropriate legal guidance to secure proprietary interests for the State of New Jersey.

Senator O'Toole:

- Please provide information as to the specific "procurement" savings the department has achieved over the past few years.

Answer: The Department's Procurement Savings cut in FY 2009 was \$724,000, which represented 8.8 percent of the \$8.227 million that was appropriated in state operating funds for Materials and Supplies; Services other than Personnel; Maintenance and Fixed Charges; and Additions, Improvements and Equipment. The cut of \$724,000 is reflected as follow:

Legal Services	Obtained Medicaid Match for Departmental Legal Services that are provided by the Division of Law	250,000
Telephone	Eliminate extra phone lines related to ERI program	50,000
Subscriptions	Eliminate duplicative subscriptions	15,000
Postage Savings	Eliminate Departmental mailings for various meetings and send E-mail	15,000
AT&T Blackberry	Convert from Verizon to AT&T blackberry	75,000
State Travel	Eliminate all State funded travel for conferences	98,000
Scanning and Imaging	Delay phases of PAAD scanning project with Division of Revenue	206,000
Single cellular policy	Having both a blackberry and a cell phone will be eliminated	15,000

Major items included a delay in the PAAD scanning project, enhanced Medicaid match on Legal Services, elimination of all State-funded travel for conferences, elimination of Departmental postal service mailings regarding meetings, elimination of duplicate subscriptions, and reductions in telephone service. Elimination of land lines as a result of the Early Retirement Incentive Program also enabled the Department to reduce telephone charges by an additional \$50,000. This reduction was continued into FY 2010 at the same amount.

- With respect to Graduate Medical Education funds, provide information as to the amount of the funds included in the State budget for the FY 2007 – FY 2010 period.

Answer: Medicaid GME funding within the DHS budget, or the period FY 2007- FY 2010 is as follows:

FY 2007	\$20 Million
FY 2008	\$60 Million
FY 2009	\$68 Million
FY 2010	\$60 Million - proposed

Senator Ruiz:

- Please provide information as to what steps the department has taken over the past year to improve Hospice Care and to make this service more accessible.

Answer: Since first implementing licensing standards in 1999, 58 hospice care providers became licensed. In 2008, 2 new providers were licensed, including a provider in Sussex County. All 21 counties are covered by a hospice care program. These programs may provide care in an individual's private residence or in facility, such as a nursing or assisted living facility. The Department is currently working with stakeholders to develop rules for a specifically licensed inpatient hospice facility. Until these rules are completed, the Department will also permit hospice services to be provided by a licensed hospice provider in beds leased from a hospital or in a specially designed comprehensive personal care home.

Since the vast majority of persons receiving hospice care are covered by Medicare, all hospice providers must comply with Federal regulations governing this service. State rules complement Federal regulations.

Survey staff conduct certification surveys of hospice providers that have not been deemed accredited by an accrediting agency. Licensing surveys are conducted at the same time. Complaint investigations are carried out in response to complaints: in the past 12 months, 11 complaints have been investigated. There has been no pattern of deficiencies that would suggest the need for a full survey.

Senator Sarlo:

- The Commissioner of Health and Senior Services is a member of the UMDNJ Board of Directors. Please provide information as to the total State cost associated with of the federal Monitor.

Answer: Although a member of the Board, the Commissioner does not maintain primary responsibility for the UMDNJ budget. In order to determine the costs associated with the

federal monitor, we have requested information from the Treasury Department and will provide to the committee upon receipt.

- In reviewing financial information on the profitability of hospitals, it appears that some hospitals who have a high “profitability margin” receive significant amounts of Charity Care, while some hospitals with lower “profitability margin” receive less Charity Care. Please provide information as to the merit of basing Charity Care on a hospital’s profit margin.

Answer: The current formula does not include profitability as a component of the charity care calculation as the Department believes it would serve as a disincentive to safety net hospitals in improvements tied to financial performance.

In addition hospital profitability fluctuates from year to year and while the most recent information indicates it has not changed significantly from last year, the full effect of the financial downturn has not been reported. Profitability was included under previous statutory formulas used to determine charity care allocation. Use of this measure could result in charity care funding reductions for hospitals that while profitable last year are in experiencing negative operating margins in the current fiscal year.

Senator Vitale:

- Please provide updated information with respect to the amount of Charity Care that is attributed to mental health and substance abuse, by hospital.

Answer: The Department has requested UNISYS to program and prepare the information. Once done, it will be forwarded through the Chair.

Attachment 1

Proposed Non-December Fiscal Year End Cost Report Inflation Adjustment

The attached example (see Attachment 1a) shows the difference between how the same facility's rate would be calculated depending on whether that facility's cost report period ended on December 31st or June 30th. The example also shows the effect of whether that facility was eligible for full or half inflation under the FY 2009 Appropriation Act.

For simplification, only that portion of the rate for operating costs is inflated. Capital expenses are not inflated, so the July 1, 2007 rate of \$150 represents an already inflated rate based on 2006 costs. This rate represents only operating costs that would be inflated. We have assumed the FY 2008 inflation rate at 4.2% and the FY 2009 inflation rate at 4.86%.

Under the first scenario in which the facility is a December year end home which qualifies for full inflation, the starting July 1, 2007 rate is \$150. To determine the July 1, 2008 rate, the \$150 rate is inflated by 4.63% which results in a July 1, 2008, rate of \$156.95. Assuming that no inflation is allowed for FY 2010, the facility's rate for July 1, 2009, will remain at \$156.95.

Under a second scenario in which facility's fiscal year ended on June 30, its first rate based on the 2006 costs would be \$153.15. The \$150 base rate which was then inflated by 2.1% (one-half of the 4.2% FY 2008 inflation rate) due to the six-month lag in rate. Under the FY 2009 Appropriations Act, that rate would have been inflated also by 4.63% to arrive at its January 1, 2009 rate of \$160.24. However, the inflation rate that is used is a rate that covers 12 months. Therefore, in this example, approximately half of that rate is actually attributable to inflation occurring in FY 2009, and the other half is inflation that would occur in FY 2010. ("Approximately" since the effect of compounding takes place, but is small and is not being used in these calculations.)

As one can see, under the more usual full year inflation scenario, there is a difference of a little more than \$3 that exists between the rates until the next rate is inflated. On July 1, the December year end rates are higher, but on January 1, the June year end rates become higher. Over time, there is a general balancing, and there is little benefit for a facility with either a December year end or a June year end.

However, if the FY 2010 budget language that has been proposed eliminates the inflation for nursing facilities for FY 2010, it would be fair to also remove that portion of the inflation of the non-December Year End facilities that is applicable to those facilities rates. In this case, approximately one-half of the inflation (2.315%) that would be applied to the January 1, 2008 rate to arrive at the January 1, 2009 rate is actually inflation attributable to FY 2010. Therefore, to inflate the January 1, 2008 rate (while removing the FY 2010 attributable inflation) only one-half of the full inflation should be used. The \$156.70 rate noted for the second January 1, 2009 rate makes that adjustment.

A similar issue occurs with those facilities that only qualify for the half inflationary adjustment under the FY 2009 Appropriations Act. In this example, the June year end facility has reaped a considerably higher rate during most of this time period. Even after adjusting for the

proposed FY 2010 inflation disallowance, the FY 2010 rate remains \$1.45 over the equivalent December year end rate. This apparent inequity is a result of the fact that the FY 2008 inflation rate of 4.2% applied to all facilities and was not adjusted in FY 2009. Therefore, although the December year end facilities were given a 2.315% inflation rate, many non-December facilities continued to enjoy the higher 4.2% inflation they received in FY 2008. This clearly shows how inflation calculated in one year really is attributed to both years in which it is paid.

Lastly, with the anticipated new rate setting system being developed with a start date of July 1, 2010, the Department must bring parity to the rates as they relate to the current rate effective dates since the new system will not provide for facilities having different rate effective dates. As the examples show clearly, the Department should immediately address the rate inequity that is a result of non-December rates receiving more inflation than the December rates. If it is not done now, the inequity will be compounded and more difficult to adjust in the future.

Attachment 1a

Example for Proposed Non-December Fiscal Year End Cost Report Inflation Adjustment

Assumptions:

FY 2008 Inflation Rate is 4.2%; FY 2009 Inflation Rate is 4.63%

2006 Base Costs Allow for \$150 7/1/07 Rate

Showing Inflation Adjustment (Inflation is only provided on operational costs, not capital)

	<u>7/1/2007</u>	<u>1/1/2008</u>	<u>7/1/2008</u>	<u>1/1/2009*</u>	<u>7/1/2009*</u>	<u>1/1/2009**</u>	<u>7/1/2009**</u>
<u>Full Inflation (>=75% Medicaid)</u>							
December Year End	150.00	150.00	156.95	156.95	156.95	156.95	156.95
June Year End		153.15	153.15	160.24	160.24	156.70	156.70
<u>Half Inflation (<75% Medicaid)</u>							
December Year End	150.00	150.00	153.47	153.47	153.47	153.47	153.47
June Year End		153.15	153.15	156.70	156.70	154.92	154.92

*Assumes no inflation for FY 2010; calculated without any non-December inflation adjustment.

** Assumes no inflation for FY 2010; calculated with proposed non-December inflation adjustment.

Attachment 2

Gross State drug spending.

	Prescriptions	Spending	Comments
Medicaid	17,612,399	\$ 590,212,350.00	SFY08 Actuals. State and federal funds, net of federal "clawback" payments
General Assistance Medical	1,086,574	\$ 96,414,751.25	SFY08 Actuals. CY2007 incurred. Includes actives and retirees, and also includes amounts paid by local governments since these would likely be included in any bulk purchasing agreement. These amounts do not include a small number of prescriptions filled for employees in HMOs.
State health benefits	8,408,382	\$ 774,452,602.13	Calendar year 2008 actuals almost all PAAD claims are paid as secondary payer to Medicare Part D. Drug manufacturers pay rebates to the Medicare Part D plans for these drugs.
ADDP	260,550	\$80,071,286	
PAAD	4,490,565	\$223,755,136	almost all Senior Gold claims are paid as secondary payer to Medicare Part D. Drug manufacturers pay rebates to the Medicare Part D plans for these drugs.
Senior Gold	330,600	\$11,848,297	

Attachment 3

Center	FY08				8 month in FY09				
	T_uninsured_visits	T_uninsured_users	Reimbursement	T_uninsured_visits	T_uninsured_users	Reimbursement	T_uninsured_visits	T_uninsured_users	Reimbursement
AtlantiCare HS for Homeless	2,959	992	282,044	2,473	1,082	253,368			
Henry J. Austin	15,161	5,566	1,313,290	11,613	4,308	667,509			
CAMcare Health	22,287	9,409	2,240,524	14,686	6,846	1,434,833			
Eric B. Chandler	23,402	6,135	1,592,356	15,503	4,776	984,839			
Community Health Care	42,503	15,527	4,200,344	31,147	12,850	3,048,222			
Zufall Health Center	13,142	5,793	1,258,427	10,128	4,684	915,772			
Horizon Health Center	7,760	2,681	615,819	4,929	2,023	320,988			
Jewish Renaissance	11,429	5,786	1,061,983	8,209	3,870	935,909			
Newark Community Health	27,111	8,660	1,958,071	19,696	6,771	1,378,549			
Metropolitan Family	9,148	2,908	617,890	6,100	2,321	462,875			
Monmouth Health Center	12,657	3,339	975,590	7,511	2,478	783,183			
North Hudson CAC	87,417	28,209	7,426,642	63,816	24,424	6,072,064			
Ocean Health Initiatives	16,985	5,006	1,397,283	12,680	4,330	1,159,637			
Paterson Community Health	17,782	6,367	1,183,644	11,841	4,587	800,829			
Neighborhood Health Services	29,814	11,840	3,643,070	15,933	7,768	1,392,203			
Southern Jersey Family	38,380	18,688	2,704,082	28,689	13,277	2,168,116			
VNA of Central NJ	7,339	3,104	412,191	6,326	2,860	386,429			
Project HOPE	-	-	-	1,098	505	101,000			
Newark Homeless	-	-	-	-	-	100,000			
Lakewood Resource & Referral	-	-	-	-	-	150,000			
Total	382,317	139,018	32,883,250	272,378	109,760	23,516,325			

Attachment 4

NEW JERSEY GENERAL ACUTE CARE HOSPITALS				
BAD DEBT				
Amounts are in Thousands				
Year: 2007				
Hosp. No.	Hospital Name	Bad Debt Provision *Line 16	Bad Debt Recovery *Line 17	Net Bad Debt Provision (Line 16,17)
0642	AtlantiCare Regional Medical Center, Inc.-City Division	27,976	(1,761)	26,215
0641	AtlantiCare Regional Medical Center, Inc.-Mainland Division	24,076	(1,516)	22,560
0025	Bayonne Hospital	5,989	-	5,989
0112	Bayshore Community Hospital	5,060	(1,012)	4,048
0058	Bergen Regional Medical Center	12,798	(144)	12,654
0011	Cape Regional Medical Center	9,151	(1,753)	7,398
0092	Capital Health System at Fuld	27,088	(2,589)	24,499
0044	Capital Health System at Mercer	24,276	(1,463)	22,813
0111	CentraState Medical Center	9,896	(2,377)	7,519
0017	Chilton Memorial Hospital	8,761	-	8,761
0016	Christ Hospital **	21,296	-	21,296
0009	Clara Maass Medical Center	20,946	(2,977)	17,969
0093	Columbus Hospital	1,747	(215)	1,532
0041	Community Medical Center	25,228	(4,400)	20,828
0014	Cooper Hospital/University Medical Center	71,137	(16,639)	54,498
0031	Deborah Heart and Lung Center	16,336	-	16,336
0083	East Orange General Hospital	13,493	-	13,493
0045	Englewood Hospital and Medical Center	24,534	(1,006)	23,528
0105	Greenville Hospital	1,949	-	1,949
0001	Hackensack University Medical Center	94,135	(24,879)	69,256
0115	Hackettstown Community Hospital	7,189	-	7,189
0040	Hoboken University Medical Center	16,251	-	16,251
0008	Holy Name Hospital	20,881	(2,320)	18,561
0005	Hunterdon Medical Center	7,546	(1,339)	6,207
0074	Jersey City Medical Center	35,193	-	35,193
0073	Jersey Shore Medical Center	19,355	(4,286)	15,069
0108	JFK Medical Center (Anthony M. Yelencsics Community Hosp.)	15,493	(1,847)	13,646
0862	Kennedy Mem. Hospitals-Univ. M.C.-Cherry Hill Div.	12,604	(484)	12,120
0863	Kennedy Mem. Hospitals-Univ. M.C.-Stratford Div.	13,719	(525)	13,194
0861	Kennedy Mem. Hospitals-Univ. M.C.-Washington Twp.	15,483	(589)	14,894
0084	Kimball Medical Center	20,061	(2,683)	17,378
0061	Lourdes Medical Center of Burlington County	6,333	(1,080)	5,253
0118	Meadowlands Hospital Medical Center	14,338	-	14,338
0091	Memorial Hospital of Salem County	9,994	(1,235)	8,759
0075	Monmouth Medical Center	14,634	(6,401)	8,233
0015	Morristown Memorial Hospital	29,373	(13,156)	16,217
0054	Mountainside Hospital	5,184	(12)	5,172
0063	Muhlenberg Regional Medical Center	14,063	(1,040)	13,023
0002	Newark Beth Israel Medical Center	67,668	(22,463)	45,205
0028	Newton Memorial Hospital	7,075	(1,517)	5,558
0052	Ocean Medical Center	10,795	(2,181)	8,614
0029	Our Lady of Lourdes Medical Center	3,429	-	3,429
0051	Overlook Hospital	13,906	(4,005)	9,901
0003	Palisades Medical Center of NY Presbyterian Healthcare System	11,598	-	11,598
0392	Raritan Bay Medical Center - Old Bridge Division	6,404	(727)	5,677

Attachment 4

NEW JERSEY GENERAL ACUTE CARE HOSPITALS				
BAD DEBT				
Amounts are in Thousands				
Year: 2007				
Hosp. No.	Hospital Name	Bad Debt Provision *Line 16	Bad Debt Recovery *Line 17	Net Bad Debt Provision (Line 16,17)
0391	Raritan Bay Medical Center - Perth Amboy Division	14,699	(1,398)	13,301
0034	Riverview Medical Center	8,294	(2,304)	5,990
0110	Robert Wood Johnson Univ. Hospital at Hamilton	10,116	(1,911)	8,205
0024	Robert Wood Johnson Univ. Hospital at Rahway	12,501	(2,476)	10,025
0038	Robert Wood Johnson University Hospital	50,286	(5,730)	44,556
0076	Saint Barnabas Medical Center	28,286	(7,540)	20,746
0050	Saint Clare's Hospital / Denville Campus***	16,334	(4,097)	12,237
0502	Saint Clare's Hospital / Dover Campus ****	12,110	-	12,110
0120	Saint Clare's Hospital / Sussex	35	-	35
0018	Saint James Hospital	11,142	(588)	10,554
0096	Saint Michael's Medical Center	25,993	(656)	25,337
0070	Saint Peter's University Hospital	33,823	-	33,823
0047	Shore Memorial Hospital	12,283	(4,292)	7,991
0048	Somerset Medical Center	14,962	(1,447)	13,515
0324	South Jersey Healthcare Regional Medical Center *****	36,857	-	36,857
0069	South Jersey Hospital - Elmer	-	-	-
0113	Southern Ocean County Hospital	10,205	(1,118)	9,087
0021	St. Francis Medical Center (Trenton)	4,857	(530)	4,327
0019	St. Joseph's Hospital and Medical Center	29,804	(2,136)	27,668
0116	St. Joseph's Wayne Hospital	4,039	(350)	3,689
0006	St. Mary's Hospital (Passaic)	19,281	-	19,281
0027	Trinitas Hospital - Williamson Street Campus	22,494	(2,100)	20,394
0119	UMDNJ - University Hospital	114,769	(883)	113,886
0081	Underwood - Memorial Hospital	19,474	(1,511)	17,963
0090	Union Hospital	3,436	(316)	3,120
0010	University Medical Center at Princeton	3,877	(2,152)	1,725
0012	Valley Hospital	12,189	-	12,189
0222	Virtua - West Jersey Hospital Berlin	14,799	(1,737)	13,062
0224	Virtua - West Jersey Hospital Marlton	6,768	(794)	5,974
0221	Virtua - West Jersey Hospital Voorhees	20,310	(2,434)	17,876
0057	Virtua-Memorial Hospital of Burlington County, Inc.	19,608	(2,866)	16,742
0060	Warren Hospital	11,779	(599)	11,180
0088	William B. Kessler Memorial Hospital, Inc.	6,347	(476)	5,871
	78	1,456,198	(183,062)	1,273,136
	* Source per Cost Report Form E-4			
	** Bad Debt per Provision for Bad Debt from Cost Report L-3 Form			
	**** Bad Debt per Provision for Bad Debt from Cost Report L-4 Form			
	***** Bad Debt amount per Allowance for Bad Debt from Cost Report L-1 Form			