

New Jersey Acute Care Hospitals **Description of** **Cost Report Cross Checks**

The below listed 18 cross check reports are produced after the initial input of the hospitals' text documents/flat files into the database and after the individual hospital's edit and balance reports (EDBAL) are run. These cross checks, examine for reasonableness and are an aide in reviewing the Cost Reports.

List of Cost Report Cross Checks

COSTCK
COSTCK2
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COSTCK5a
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COSTCK6a
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CROSSCK
CROSSCK2
CROSSCK3
CHECKL1
CHECKL3a
CHECKL3b
CHECKL3c
CHECKL4
CHECKE3

Description of each Cross Check Report

COSTCK, Pages 1 through 11, Forms B, C, E & E-3

Lists amounts in selected revenue centers on these forms. An error message (****) is displayed if any are missing. This is for the purpose of ensuring that there are cost, revenues and statistics for these revenue centers when the allocation of overhead costs is necessary.

Form B, line 3, selected cost center patient days
Form C, column M, selected cost center total costs
Form E, column L, selected cost center total revenue

Form E-3, cost center total of all columns statistics

COSTCK2, Pages 1 through 8, Forms C, E & E3

Lists amounts in additional selected revenue centers on these forms. An error message (****) is displayed if any are missing. This is for the purpose of ensuring that there are cost, revenues and statistics for each revenue center.

Form C, column M, selected cost center total costs
Form E, column L, selected cost center total revenue
Form E-3, cost center total of all columns statistics

COSTCK3a, Pages 1 through 11, Forms B-5 & E-5

Lists admissions and inpatient gross revenue amounts for the payer categories. An error message (****) is displayed if any are missing. This is for the purpose of ensuring that there are amounts in each category. Inpatient gross revenue per admission is calculated from the revenue on the form E-5 divided by the admissions from the form B-5 by payer category.

Form B-5, column A, Admissions by Payer
Form E-5, line1, column A through L, Gross Revenue by Payer
Also calculates inpatient revenue by admissions for all payers

COSTCK3b, Pages 1 through 11, Forms B-5 & E-5

Shows admissions by payer category as a percent of the total admissions. Shows inpatient gross revenue amounts by payer category as a percent of the total inpatient gross revenue. Calculates the difference within each payer category. This is to check the reasonableness of the inpatient gross revenue distribution among the payer categories using admissions as a criteria.

Form B-5, column A, Admissions by Payer divided by Total Admissions, line 14.
Form E-5, line1, column A through L, Inpatient Gross Revenue by Payer divided by Total Inpatient Gross Revenue, column M.
Calculates the difference by payer between the admissions percent and the Inpatient Gross Revenue percent.

COSTCK4, Pages 1 through 11, Form B-5

Lists admissions and inpatient days for the payer categories. An error message (****) is displayed if any are missing. Patient days per admission is calculated by dividing the patient days by the admissions from the form B-5.

Form B-5, column A, Line14, Total Admissions

Form B-5, column B, Line14, Total Patient Days
Also calculates length of stay by dividing patient days by admissions

COSTCK5a, Pages 1 through 9, Forms E-6 & E-7

Compares amounts on line1 on the form E-6 (Outpatient Gross Revenue by payer) to line14, column L- (J+K) on the form E-7 (Outpatient Gross Revenue by payer and Outpatient Area) and displays an error message (****) if the amounts are different. The form E-7 is a sub-schedule of the form E-6, line1.

Form E-6, line1, column A through L, Outpatient Gross Revenue by Payer
Form E-7, column L, Lines 1 through 13, Outpt. Gr. Revenue by payer and Outpatient Area

Note: Form E-7, column L, Lines 12 (Others) and 13 (Personnel Health) are added before being compared to Form E-6, Line1, Column L (Others).

Also, MICU and Other MICU, Form E-7, columns J and K, is subtracted from the Total in Column L before being compared to the amounts for each payer between the Forms E-6 and E-7. .

COSTCK5b, Pages 1 through 11, Forms B-6 & E-6

Shows outpatient volume by payer category as a percent of the total outpatient volume. Shows outpatient gross revenue amounts by payer category as a percent of the total outpatient gross revenue. Calculates the difference within each payer category. This is to check the reasonableness of the outpatient gross revenue distribution among the payer categories using outpatient volume as a criteria.

Form B-6, column L, Total Outpatient Volume by Payer divided by Total Outpatient Volume, line 14.

Form E-6, line1, column A through L, Outpatient Gross Revenue by Payer divided by Total Outpatient Gross Revenue, column M.

Calculates the difference by payer between the outpatient volume percent and the Outpatient Gross Revenue percent.

COSTCK6a, Pages 1 through 11, Forms E-4, E-5 & E-6

Compares amounts on lines 1 through 20, column E, on the form E-4 to the sum of the forms E-5 and E-6, lines 1 through 20, column M. An error message (****) is displayed if the amounts are different. The forms E-5 and E-6 are sub-schedules of the form E-4.

Form E-5, Column M, Lines 1 through 20, Inpatient Gross Revenue and Allowances

Plus
Form E-6, Column M, Lines 1 through 20, Outpatient Gross Revenue and Allowances
Equals
Form E-4, Column E, Lines 1 through 20, Total Gross Revenue and Allowances

COSTCK6b, Pages 1 through 11, Forms E-4, E-5 & E-6

Subtracts amounts on line1 from line20, column M of each of the forms E-5 and E-6, and an error message (****) is displayed if the result is negative. Also, subtracts amounts on line1 from line20, column E of form E-4, and an error message (****) is displayed if the result is negative.

Compares the sum of the forms E-5 and E-6, column M, lines 1, 20, and the above calculated difference to the form E-4, column M, line1, 20 and the above calculated difference. An error message (****) is displayed if the amounts are different. The forms E-5 and E-6 are sub-schedules of the form E-4.

Form E-5, Col. M, Lines 1 (Inpt. Gr. Rev.) less Line20 (Allowances) equals Net Revenue
Plus
Form E-6, Col. M, Lines 1 (Outpt. Gr. Rev.) less Line20 (Allowances) equals Net Revenue
Equals
Form E-4, Col. M, Lines 1 (Gr. Rev.) less Line20 (Allowances) equals Net Revenue

CROSSCK, Pages 1 through 4, Forms E, E-4, E-5 & E-6

Compares total revenue less skilled nursing facility (SNF), Services Not Related to Patient Care and MICU between the forms E, E-4, E-5, and E-6. An error message (****) is displayed if the amounts are different. Agreement between these forms is necessary.

This cross check also reports statewide totals for all lines.

Form E, line 30, column L-column H, =
Form E-4, line1, column E, =
Form E-5, line 1, column M + Form E-6, line 1, column M

CROSSCK2, Pages 1 through 3, Forms E, and E-6

This cross check contains several different comparisons. An error message (****) is displayed if the amounts are different. Compares total revenues between the forms E, E-4, E-5, E-6, and E-7.

Form E, column A, line30 = Form E-5, column M, line1.
Form E, column H, line30 = Form E-4, column B, line1.
Form E-7, column L, lines 12+13 minus columns J + K, lines 12 + 13 = E-6, column L, line1.

CROSSCK3, Pages 1 through 3, Forms E and E-6

Compares outpatient revenue (not including skilled nursing facility (SNF)), between Forms E and Form E-6.

Form E, Line30, columns B through K, excluding H = Form E-6, Line1, column M.

CHECKL1, Pages 1 through 4, Form L-1

This report compares total assets on line 47 to total liabilities and net assets on line79, by column, for columns A, B, C & D. An error message (****) is displayed if the amounts are different.

Total Assets = Total Liabilities and Net Assets
Form L-1, line 47, column A = Form L-1, line 79, column A

Total Assets = Total Liabilities and Net Assets
Form L-1, line 47, column B = Form L-1, line 79, column B

Total Assets = Total Liabilities and Net Assets
Form L-1, line 47, column C = Form L-1, line 79, column C

Total Assets = Total Liabilities and Net Assets
Form L-1, line 47, column D = Form L-1, line 79, column D

CHECKL3a, Pages 1 through 12, Form L-3,C,C-3,and E

This report compares various lines on the form L-3 to the forms C, C-3 and E. An error message (****) is displayed if the amounts are different.

Gross Inpatient Revenue:
Form L-3, line 1 = Form E, line 33, column A

Gross Outpatient Revenue:
Form L-3, line 2 = Form E, line 33, column L – column A

Operating Expenses, Salaries & Wages:
Form L-3, line 16 = Form C, line 53, column D + column E

Operating Expenses, Fringe Benefits:
Form L-3, line 17 = Form C, line 48+line 49+line 50, column M

Operating Expenses, Contracted Physician Services:

Form L-3, line 18 = Form C, line 53, column F

Operating Expenses, Utilities:

Form L-3, line 19 = Form C3, line 25

CHECKL3b, Pages 1 through 12, Form L3 and E-4

This report compares and reconciles various lines on the form L-3 to the form E-4. An error message (****) is displayed if the amounts do not reconcile.

Deductions from Patient Service Revenue, Contractual Adjs. Current Year:
Form L-3, line 4 = Form E-4, line 3, column A

Deductions from Patient Service Revenue, Contractual Adjs. Prior Year:
Form L-3, line 5 = Form E-4, line 2, column A

Deductions from Patient Service Revenue, Charity Care
Form L-3, line 6 = Form E-4, line 14 – line (absolute value)15 column A

Deductions from Patient Service Revenue, Other Deductions
Form L-3, line 7 = Form E-4, lines 4+5+6+7+8+9+11+12+18, column A

Net Patient Service Revenue
Form L-3, line 9 = Form E-4, lines 1 – (Lines 20-16-17), column A

Total Deductions from Revenue & Provision for Bad Debt (net of Recoveries)
Form L-3, line 8 + line 31 = Form E-4, line 20, column A

CHECKL3c, Pages 1 through 4, Form L3

This report calculates operating margin. An error message (****) is displayed if the operating margin is higher than 20 or lower than -20.

Operating Revenues divided by Operating Income(Loss) equals Operating Margin
Form L-3, line 34 / line 15 = Operating Margin

CHECKL4, Pages 1 through 3, Form L-1, L-4 and L-3

This report compares and reconciles various lines on the form L-4 to the form L-1 and L-3. An error message (****) is displayed if the amounts are different.

Changes in Net Assets (All Funds) from L-4 Form = Increase In Net Assets from L-3 Form

Form L-4, line 1 = Form L-3, line 45, column D

Depreciation and Amortization fr. L-4 Form = Depreciation and Amortization fr. L-3 Form
Form L-4, line 2 = Form L-3, lines 24 + 25 + 26 + 27

Cash, End of the Year from Form L-4 = Cash from Form L-1
Form L-4, line 36 = Form L-1, line 1, column D

CHECKE3, Pages 1 through 5, Form E3

Lists totaled amounts in selected overhead cost centers on the form E-3. These are the columnar headers on the E-3: CSS, PHM, DTY, HKP, L& L, MRD, PCC, EDR, PLT. An error message (****) is displayed if any are missing. This error does not apply if there are no costs reported on the form C for the cost center. This is for the purpose of ensuring that there are statistics for these revenue centers, if the allocation of overhead costs is necessary.

[illegible]

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CheckL1

Cost Cross Checks (\$000's)

Form L1

Hospital	Col A Line 47	- Col A Line 79	= Error Col A	Col B Line 47	- Col B Line 79	= Error Col B	Col C Line 47	- Col C Line 79	= Error Line C	Col D Line 47	- Col D Line 79	= Error Col D
0001	1855557	1855557	0	0	0	0	0	0	0	1855557	1855557	0
0002	720181	720181	0	0	0	0	0	0	0	720181	720181	0
0003	119419	119419	0	0	0	0	0	0	0	119419	119419	0
0005	483951	483951	0	27847	27847	0	0	0	0	511798	511798	0
0006	93882	93882	0	0	0	0	0	0	0	93882	93882	0
0008	467511	467511	0	20942	20942	0	4664	4664	0	493117	493117	0
0009	281130	281130	0	0	0	0	0	0	0	281130	281130	0
0010	554358	554358	0	227990	227990	0	0	0	0	782348	782348	0
0011	169582	169582	0	0	0	0	0	0	0	169582	169582	0
0012	2360797	2360797	0	2347	2347	0	4429	4429	0	2367573	2367573	0
0014	2292480	2292480	0	0	0	0	0	0	0	2292480	2292480	0
0015	5650839	5650839	0	0	0	0	0	0	0	5650839	5650839	0
0016	125727	125727	0	0	0	0	0	0	0	125727	125727	0
0017	234910	234910	0	0	0	0	0	0	0	234910	234910	0
0019	1033713	1033713	0	18622	18622	0	0	0	0	1052335	1052335	0
0021	0	0	0	0	0	0	0	0	0	0	0	0
0024	107052	107052	0	0	0	0	0	0	0	107052	107052	0
0025	75961	75961	0	0	0	0	0	0	0	75961	75961	0
0027	316393	316393	0	0	0	0	0	0	0	316393	316393	0
0028	136534	136534	0	0	0	0	0	0	0	136534	136534	0
0029	301610	301610	0	0	0	0	0	0	0	301610	301610	0
0031	192994	192994	0	0	0	0	0	0	0	192994	192994	0
0034	237690	237690	0	0	0	0	0	0	0	237690	237690	0
0037	144225	144225	0	0	0	0	0	0	0	144225	144225	0

New Jersey Department of Health

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Acute Care Hospitals - 2023 Submitted

Run Name: CheckL1

Cost Cross Checks (\$000's)

Form L1

Hospital	Col A Line 47	Col A Line 79	= Error Col A	Col B Line 47	Col B Line 79	= Error Col B	Col C Line 47	Col C Line 79	= Error Line C	Col D Line 47	Col D Line 79	= Error Col D
0038	2146111	2146111	0	0	0	0	0	0	0	2146111	2146111	0
0040	128248	128248	0	0	0	0	0	0	0	128248	128248	0
0041	649139	649139	0	0	0	0	0	0	0	649139	649139	0
0044	1032400	1032400	0	0	0	0	0	0	0	1032400	1032400	0
0045	803126	803126	0	98533	98533	0	3124	3124	0	904783	904783	0
0047	319620	319620	0	366	366	0	2986	2986	0	322972	322972	0
0048	504545	504545	0	0	0	0	0	0	0	504545	504545	0
0050	153380	153380	0	0	0	0	0	0	0	153380	153380	0
0051	1295522	1295522	0	0	0	0	0	0	0	1295522	1295522	0
0052	259495	259495	0	0	0	0	0	0	0	259495	259495	0
0054	330865	330865	0	0	0	0	0	0	0	330865	330865	0
0057	1046281	1046281	0	0	0	0	0	0	0	1046281	1046281	0
0058	102374	102374	0	6594	6594	0	0	0	0	108968	108968	0
0060	207094	207094	0	1337	1337	0	515	515	0	208946	208946	0
0061	92395	92395	0	0	0	0	0	0	0	92395	92395	0
0069	0	0	0	0	0	0	0	0	0	0	0	0
0070	581667	581667	0	15714	15714	0	100	100	0	597481	597481	0
0073	814174	814174	0	0	0	0	0	0	0	814174	814174	0
0074	635281	635281	0	0	0	0	0	0	0	635281	635281	0
0075	971845	971845	0	0	0	0	0	0	0	971845	971845	0
0076	2028488	2028488	0	0	0	0	0	0	0	2028488	2028488	0
0081	0	0	0	0	0	0	0	0	0	0	0	0
0083	87513	87513	0	0	0	0	0	0	0	87513	87513	0
0084	92903	92903	0	0	0	0	0	0	0	92903	92903	0

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CheckL1

Cost Cross Checks (\$000's)

Form L1

Hospital	Col A Line 47	-	Col A Line 79	=	Error Col A	Col B Line 47	-	Col B Line 79	=	Error Col B	Col C Line 47	-	Col C Line 79	=	Error Line C	Col D Line 47	-	Col D Line 79	=	Error Col D
0091	37254		37254		0	0		0		0	0		0		0	37254		37254		0
0092	527773		527773		0	0		0		0	0		0		0	527773		527773		0
0096	79470		79470		0	0		0		0	0		0		0	79470		79470		0
0108	369405		369405		0	0		0		0	0		0		0	369405		369405		0
0110	225003		225003		0	0		0		0	0		0		0	225003		225003		0
0111	421605		421605		0	20919		20919		0	0		0		0	442524		442524		0
0112	128163		128163		0	0		0		0	0		0		0	128163		128163		0
0113	111930		111930		0	0		0		0	0		0		0	111930		111930		0
0115	20724		20724		0	0		0		0	0		0		0	20724		20724		0
0116	1033713		1033713		0	18622		18622		0	0		0		0	1052335		1052335		0
0118	130120		130120		0	0		0		0	0		0		0	130120		130120		0
0119	1051641		1051641		0	0		0		0	0		0		0	1051641		1051641		0
0221	2365696		2365696		0	0		0		0	0		0		0	2365696		2365696		0
0224	420046		420046		0	0		0		0	0		0		0	420046		420046		0
0324	1884679		1884679		0	2199		2199		0	6453		6453		0	1893331		1893331		0
0391	135907		135907		0	0		0		0	0		0		0	135907		135907		0
0392	102155		102155		0	0		0		0	0		0		0	102155		102155		0
0502	28282		28282		0	0		0		0	0		0		0	28282		28282		0
0641	987431		987431		0	0		0		0	0		0		0	987431		987431		0
0642	631363		631363		0	0		0		0	0		0		0	631363		631363		0
0861	659394		659394		0	0		0		0	0		0		0	659394		659394		0
0862	418449		418449		0	0		0		0	0		0		0	418449		418449		0
0863	234405		234405		0	0		0		0	0		0		0	234405		234405		0
1069	0		0		0	0		0		0	0		0		0	0		0		0

Hospital	Col A Line 47	-	Col A Line 79	=	Error Col A	Col B Line 47	-	Col B Line 79	=	Error Col B	Col C Line 47	-	Col C Line 79	=	Error Line C	Col D Line 47	-	Col D Line 79	=	Error Col D
1169	0		0		0	0		0		0	0		0		0	0		0		0
Total	44243570		44243570		0	462032		462032		0	22271		22271		0	44727873		44727873		0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3a

Cost Cross Checks (\$000's)

Form C,C3,E,L3

Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
0001	4509554	3596872	665928	31811	5047	13337
	4509554	8106426	615222	4122	5047	13337
		4509554	50706	27194		
				495		
Difference	0	0	0	0	0	0
0002	2157274	1090016	324303	60607	28384	5920
	2157274	3247290	240526	24471	28384	5920
		2157274	83777	8302		
				27834		
Difference	0	0	0	0	0	0
0003	460475	484000	159564	23467	2241	1622
	460475	944475	149371	7305	2241	1622
		460475	10193	8036		
				8126		
Difference	0	0	0	0	0	0
0005	429570	894202	202649	36364	18262	3704
	429570	1323772	153861	13723	18262	3704
		429570	48788	6720		
				15921		
Difference	0	0	0	0	0	0
0006	459174	337570	64533	14398	12581	2839
	459174	796744	60541	5728	12581	2839
		459174	3992	1377		
				7293		
Difference	0	0	0	0	0	0
0008	643232	1209511	190564	33523	11862	3449
	643232	1852743	190564	15439	11862	3449
		643232	0	5239		
				12845		
Difference	0	0	0	0	0	0

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Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3a

Cost Cross Checks (\$000's)

Form C,C3,E,L3

<i>Hospital</i>	<i>L3 Line 1 Minus E Line 33 Col A</i>	<i>L3 Line 2 Minus (E Line 33 Col L-A)</i>	<i>L3 Line 16 Minus (C Line 53 Col D+E)</i>	<i>L3 Line 17 Minus (C Line 48+49+50 Col M)</i>	<i>L3 Line 18 Minus C Line 53 Col F</i>	<i>L3 Line 19 Minus (C3 Line 25)</i>
0009	1031580	753593	126666	23797	25002	4018
	1031318	1785173	121067	10903	25002	4018
		1031318	5599	3969		
				8925		
Difference	262	-262	0	0	0	0
0010	1147050	1552122	170227	48324	20222	7677
	1147050	2699172	170227	18447	20222	7677
		1147050	0	9164		
				20713		
Difference	0	0	0	0	0	0
0011	291246	641036	56253	15519	7318	2243
	291246	932282	56253	5178	7318	2243
		291246	0	2040		
				8301		
Difference	0	0	0	0	0	0
0012	1894786	1394873	331159	83942	7113	8013
	1894786	3289659	331159	29566	7113	8013
		1894786	0	15011		
				36673		
Difference	0	0	0	2692	0	0
0014	3484493	2393613	521128	137700	0	8778
	3484493	6424106	486556	51557	0	8778
		3484493	163636	13857		
				72286		
Difference	0	-546000	-129064	0	0	0
0015	4630016	4053582	645943	143891	11300	7761
	4630016	8683598	608985	49919	11300	7761
		4630016	36958	47066		
				46906		
Difference	0	0	0	0	0	0

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Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3a

Cost Cross Checks (\$000's)

Form C,C3,E,L3

<i>Hospital</i>	<i>L3 Line 1 Minus E Line 33 Col A</i>	<i>L3 Line 2 Minus (E Line 33 Col L-A)</i>	<i>L3 Line 16 Minus (C Line 53 Col D+E)</i>	<i>L3 Line 17 Minus (C Line 48+49+50 Col M)</i>	<i>L3 Line 18 Minus C Line 53 Col F</i>	<i>L3 Line 19 Minus (C3 Line 25)</i>
0016	1649971	1446627	64388	10444	1779	2584
	1649971	3096598	63035	5168	1779	2584
		1649971	1353	0		
				5276		
Difference	0	0	0	0	0	0
0017	781683	887239	116395	26522	6090	2376
	781683	1668922	115926	9623	6090	2376
		781683	469	7857		
				9042		
Difference	0	0	0	0	0	0
0019	2374391	1076568	400287	75156	30354	5318
	2374391	3450959	318351	29189	30354	5318
		2374391	81936	11692		
				33864		
Difference	0	0	0	411	0	0
0021	0	0	0	0	0	0
	0	0	0	0	0	0
		0	0	0		
				0		
Difference	0	0	0	0	0	0
0024	518711	443774	53013	10235	9275	1938
	518711	962485	50492	4672	9275	1938
		518711	2521	1736		
				3827		
Difference	0	0	0	0	0	0
0025	1230950	957854	57561	7610	3215	2326
	1230155	2188804	53458	4626	3215	2326
		1230155	4103	0		
				2984		
Difference	795	-795	0	0	0	0

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Run Name: CheckL3a

Cost Cross Checks (\$000's)

Form C,C3,E,L3

<i>Hospital</i>	<i>L3 Line 1 Minus E Line 33 Col A</i>	<i>L3 Line 2 Minus (E Line 33 Col L-A)</i>	<i>L3 Line 16 Minus (C Line 53 Col D+E)</i>	<i>L3 Line 17 Minus (C Line 48+49+50 Col M)</i>	<i>L3 Line 18 Minus C Line 53 Col F</i>	<i>L3 Line 19 Minus (C3 Line 25)</i>
0027	687928	776817	161062	36035	19626	1593
	661900	1464745	147177	14141	19626	1593
		661900	13885	2595		
				16747		
Difference	26028	-26028	0	2552	0	0
0028	993040	875872	101296	23050	5757	1715
	993040	1868912	98355	8003	5757	1715
		993040	2941	7527		
				7520		
Difference	0	0	0	0	0	0
0029	2179247	1292188	130378	31763	44841	3577
	2179247	3471435	127337	9678	44841	3577
		2179247	3041	0		
				22085		
Difference	0	0	0	0	0	0
0031	621340	736877	102466	21757	321	1488
	621340	1358217	72259	7897	321	1488
		621340	30207	2828		
				11032		
Difference	0	0	0	0	0	0
0034	850552	784152	146522	36467	20957	2637
	850552	1634704	145037	8844	20957	2637
		850552	1485	4451		
				23172		
Difference	0	0	0	0	0	0
0037	285577	265282	41782	6033	3224	2069
	285577	550859	41782	2659	3224	2069
		285577	0	0		
				3374		
Difference	0	0	0	0	0	0

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Run Name: CheckL3a

Cost Cross Checks (\$000's)

Form C,C3,E,L3

Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
0038	5096294	2226036	384261	58989	214037	10993
	5096294	7322330	363893	53338	214037	10993
		5096294	20368	13586		
				-7935		
Difference	0	0	0	0	0	0
0040	1086184	1431954	64921	11269	3657	1621
	1018396	2518138	62542	6279	3657	1621
		1018396	2379	0		
				4990		
Difference	67788	-67788	0	0	0	0
0041	1776571	901960	187928	30444	37354	4928
	1758637	2678531	177176	15858	37354	4963
		1758637	10752	7655		
				6931		
Difference	17934	-17934	0	0	0	-35
0044	4118825	4798896	357099	46723	5872	6401
	4118825	8917721	236409	25960	5872	6458
		4118825	120690	685		
				20078		
Difference	0	0	0	0	0	-57
0045	1871450	5464004	210050	46212	58655	6955
	1871450	7335454	206160	15595	58655	6955
		1871450	3890	4886		
				25731		
Difference	0	0	0	0	0	0
0047	537568	694193	77613	16378	12726	2922
	537568	1231761	77527	7479	12726	2922
		537568	86	1682		
				7217		
Difference	0	0	0	0	0	0

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Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
0048	1299568	942997	143229	19108	32684	5145
	1299568	2242565	138366	12462	32684	5145
		1299568	4863	3434		
				3212		
Difference	0	0	0	0	0	0
0050	570495	412192	88184	24464	10162	3649
	570495	982687	84635	8888	10162	3649
		570495	3549	0		
				15576		
Difference	0	0	0	0	0	0
0051	1858196	2452366	376668	84742	5519	4913
	1858196	4310562	360551	29399	5519	4913
		1858196	16117	27719		
				27624		
Difference	0	0	0	0	0	0
0052	1476660	1076983	206542	50875	20057	3378
	1476660	2553643	193919	12282	20057	3378
		1476660	12623	6177		
				32416		
Difference	0	0	0	0	0	0
0054	665745	752286	100068	18453	6830	3106
	665745	1418031	93403	8089	6830	3106
		665745	6665	0		
				10364		
Difference	0	0	0	0	0	0
0057	1553442	1363265	128542	30778	19920	2869
	1553442	2916707	128542	9550	19920	2869
		1553442	0	0		
				21228		
Difference	0	0	0	0	0	0

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<i>Hospital</i>	<i>L3 Line 1 Minus E Line 33 Col A</i>	<i>L3 Line 2 Minus (E Line 33 Col L-A)</i>	<i>L3 Line 16 Minus (C Line 53 Col D+E)</i>	<i>L3 Line 17 Minus (C Line 48+49+50 Col M)</i>	<i>L3 Line 18 Minus C Line 53 Col F</i>	<i>L3 Line 19 Minus (C3 Line 25)</i>
0058	782613	155418	141807	28702	12875	2607
	452631	938031	127024	27193	12875	2607
		452631	14783	0		
				1509		
Difference	329982	-329982	0	0	0	0
0060	462759	1010447	56427	13940	5857	1950
	462759	1473206	53751	3845	5857	1950
		462759	2676	1998		
				8097		
Difference	0	0	0	0	0	0
0061	449069	478985	46071	11097	7147	1562
	449069	928054	46071	3459	7147	1562
		449069	0	0		
				7638		
Difference	0	0	0	0	0	0
0069	111397	188238	28790	7819	3122	975
	111397	299635	28790	2532	3122	975
		111397	0	890		
				4397		
Difference	0	0	0	0	0	0
0070	2232306	1599476	280624	56160	13114	5044
	2232306	3831782	232497	20670	13114	5044
		2232306	48127	10478		
				25012		
Difference	0	0	0	0	0	0
0073	3315784	1793365	453243	106900	116039	7882
	3315784	5109149	422846	23442	116039	7882
		3315784	30397	11613		
				71845		
Difference	0	0	0	0	0	0

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Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
0074	1390149	1028792	176852	31871	44898	3948
	1390149	2418941	157076	15127	44898	3948
		1390149	19776	1160		
				15584		
Difference	0	0	0	0	0	0
0075	1090255	846640	186052	25513	28961	5217
	1090255	1936895	161466	14963	28961	5217
		1090255	24586	7162		
				3388		
Difference	0	0	0	0	0	0
0076	3084232	1647214	346371	58341	35816	8514
	3084232	4731446	304275	27804	35816	8514
		3084232	42096	12304		
				18233		
Difference	0	0	0	0	0	0
0081	0	0	0	0	0	0
	0	0	0	0	0	0
		0	0	0		
				0		
Difference	0	0	0	0	0	0
0083	234064	132882	49396	11829	8584	1157
	234064	366946	49396	5252	8584	1157
		234064	0	176		
				6401		
Difference	0	0	0	0	0	0
0084	444282	319915	58810	12205	8626	2280
	444282	764197	57234	4083	8626	2280
		444282	1576	2206		
				5916		
Difference	0	0	0	0	0	0

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Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
0091	82561	155645	13882	3215	497	1135
	82561	238206	13882	1560	497	1135
		82561	0	0		
				1655		
Difference	0	0	0	0	0	0
0092	3757083	2548278	208380	27096	10411	3551
	3757083	6305361	167209	15150	10411	3577
		3757083	41171	399		
				11547		
Difference	0	0	0	0	0	-26
0096	484535	378673	74921	18027	7637	3454
	484535	863208	63163	6323	7637	3454
		484535	11758	5212		
				6492		
Difference	0	0	0	0	0	0
0108	1974070	1525948	334405	82113	80380	3769
	1974070	3500018	325285	21048	80380	4488
		1974070	9120	10416		
				50649		
Difference	0	0	0	0	0	-719
0110	688418	667429	73341	10162	13564	3706
	688418	1355847	72370	6276	13564	3706
		688418	971	565		
				3321		
Difference	0	0	0	0	0	0
0111	732485	584197	141194	33789	11789	2882
	732485	1316682	140179	12502	11789	2882
		732485	1015	6444		
				14843		
Difference	0	0	0	0	0	0

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<i>Hospital</i>	<i>L3 Line 1 Minus E Line 33 Col A</i>	<i>L3 Line 2 Minus (E Line 33 Col L-A)</i>	<i>L3 Line 16 Minus (C Line 53 Col D+E)</i>	<i>L3 Line 17 Minus (C Line 48+49+50 Col M)</i>	<i>L3 Line 18 Minus C Line 53 Col F</i>	<i>L3 Line 19 Minus (C3 Line 25)</i>
0112	561890	444260	77441	21749	6492	1282
	561890	1006150	76964	4958	6492	1282
		561890	477	2851		
				13940		
Difference	0	0	0	0	0	0
0113	593978	609142	81577	21666	5402	2514
	593978	1203120	81346	4703	5402	2514
		593978	231	2659		
				14304		
Difference	0	0	0	0	0	0
0115	403323	467495	54008	12255	2879	1363
	403323	870818	53491	5698	2879	1363
		403323	517	1203		
				5354		
Difference	0	0	0	0	0	0
0116	391500	321903	56542	11248	5506	1104
	391500	713403	52680	4375	5506	1104
		391500	3862	1750		
				5123		
Difference	0	0	0	0	0	0
0118	609807	732913	41955	9160	3350	2081
	609807	1342720	41933	4177	3350	2081
		609807	22	14		
				4969		
Difference	0	0	0	0	0	0
0119	2081146	1154322	307551	126289	98814	6368
	2081146	3235468	306923	25884	98814	6368
		2081146	628	3361		
				97044		
Difference	0	0	0	0	0	0

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<i>Hospital</i>	<i>L3 Line 1 Minus E Line 33 Col A</i>	<i>L3 Line 2 Minus (E Line 33 Col L-A)</i>	<i>L3 Line 16 Minus (C Line 53 Col D+E)</i>	<i>L3 Line 17 Minus (C Line 48+49+50 Col M)</i>	<i>L3 Line 18 Minus C Line 53 Col F</i>	<i>L3 Line 19 Minus (C3 Line 25)</i>
0221	2302537	2691234	249308	63497	25118	7127
	2302537	4993771	247602	22310	25118	7127
		2302537	1706	10423		
				30764		
Difference	0	0	0	0	0	0
0224	972414	522788	58819	10927	8664	1738
	972414	1495202	58819	4819	8664	1738
		972414	0	1726		
				4382		
Difference	0	0	0	0	0	0
0324	1289392	1202823	271334	73358	26240	8543
	1289392	2492215	259599	23753	26240	8543
		1289392	11735	8349		
				41256		
Difference	0	0	0	0	0	0
0391	447504	311891	75674	21180	5501	2340
	447504	759395	73016	7861	5501	2340
		447504	2658	5043		
				8276		
Difference	0	0	0	0	0	0
0392	411947	299140	53982	15041	3394	1430
	411947	711087	53884	5582	3394	1430
		411947	98	3581		
				5878		
Difference	0	0	0	0	0	0
0502	269784	195594	37943	10432	2198	2308
	261187	465378	37910	3636	2198	2308
		261187	33	0		
				6796		
Difference	8597	-8597	0	0	0	0

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Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
0641	1331770	989326	182651	45313	4954	6950
	1331770	2321096	180320	9063	4954	6950
		1331770	2331	4531		
				31719		
Difference	0	0	0	0	0	0
0642	837115	646859	116777	28971	3167	4443
	837115	1483974	115265	5795	3167	4443
		837115	1512	2897		
				20279		
Difference	0	0	0	0	0	0
0861	1220194	794084	127403	35016	4076	3193
	1220194	2014278	124687	10364	4076	3193
		1220194	2716	7003		
				17649		
Difference	0	0	0	0	0	0
0862	659205	489325	76847	20606	2394	2677
	659205	1148530	75255	6252	2394	2677
		659205	1592	4121		
				10233		
Difference	0	0	0	0	0	0
0863	397150	288803	43623	13358	1369	1612
	397150	685953	42527	3550	1369	1612
		397150	1096	2672		
				7136		
Difference	0	0	0	0	0	0
1069	966523	801512	154078	41853	17545	3813
	966523	1768035	148920	13552	17545	3813
		966523	5158	4763		
				23538		
Difference	0	0	0	0	0	0

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Hospital	L3 Line 1 Minus E Line 33 Col A	L3 Line 2 Minus (E Line 33 Col L-A)	L3 Line 16 Minus (C Line 53 Col D+E)	L3 Line 17 Minus (C Line 48+49+50 Col M)	L3 Line 18 Minus C Line 53 Col F	L3 Line 19 Minus (C3 Line 25)
1169	27722	23549	6958	1952	1174	384
	27722	51271	6958	632	1174	384
		27722	0	222		
				1098		
Difference	0	0	0	0	0	0

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Run Name: CheckL3b

Cost Cross Checks (\$000's)

Form E4,L3

<i>Hospital</i>	<i>L3 Line 4 Minus E4 Col A Line 3</i>	<i>L3 Line 5 Minus E4 Col A Line 2</i>	<i>L3 Line 6 Minus E4 Col A Line 14-abs(15)</i>	<i>L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)</i>		<i>L3 Line 9 Minus E4 Col A Line 1- (20-16-17)</i>	<i>L3 Line 8+31 Minus E4 Col A Line 20</i>
0001	5363919	0	171728	29285	120047	2541494	5564932
	5363919	0	171728	0	0	8106426	123511
			0	0	0	5688443	5688443
				0	0	147301	
				0	-90762	-23790	
Difference	0	0	0	0		0	0
0002	2374966	0	112197	-17529	0	777656	2469634
	2374966	0	112197	0	0	3247290	30152
			0	-7207	0	2499786	2499786
				0	0	31144	
				0	-10322	-992	
Difference	0	0	0	0		0	0
0003	646871	0	71641	8381	39879	217582	726893
	646871	0	71641	0	0	944475	18358
			0	0	0	745252	745252
				0	0	47172	
				0	-31498	-28813	
Difference	0	0	0	0		0	-1
0005	894680	0	16423	11632	40	401037	922735
	894680	0	16423	0	4114	1323772	7713
			0	-426	4496	930448	930448
				124	0	7713	
				3844	-560	0	
Difference	0	0	0	0		0	0
0006	584177	0	32342	-4478	0	184703	612041
	584177	0	32342	-161	0	796744	24334
			0	0	0	636374	636374
				0	0	24333	
				0	-4317	0	
Difference	0	0	0	0		0	1
0008	1296160	4000	18248	11675	0	522660	1330083
	1296160	4000	18248	0	0	1852743	15881
			0	0	12381	1345963	1345963
				0	0	18778	
				0	-706	-2898	
Difference	0	0	0	0		0	1

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0009	1367536	0	48112	-7674	0	377199	1407974
	1367536	0	48112	0	0	1785173	20638
			0	-5301	0	1428612	1428612
				0	0	21860	
				0	-2373	-1222	
Difference	0	0	0	0		0	0
0010	2129084	0	25847	13669	0	530572	2168600
	2129084	0	25847	0	0	2699172	18840
			0	-1793	16323	2187440	2187440
				0	0	18840	
				0	-861	0	
Difference	0	0	0	0		0	0
0011	780190	-84	3425	18348	58	130403	801879
	780190	-84	3425	0	11	932282	0
			0	0	3	801879	801879
				0	0	9191	
				10959	-82	-1792	
Difference	0	0	0	7399		-7399	0
0012	2166261	-38822	30455	73605	179	1058160	2231499
	2166261	-38822	30455	0	1	3289659	33071
			0	0	9498	2264570	2264570
				1624	0	33071	
				62948	-645	0	
Difference	0	0	0	0		0	0
0014	4607206	0	123619	-461671	2142	1608952	4269154
	4647614	0	123619	0	192	6424106	13769
			0	-11732	30004	4815286	4815286
				1511	900	19261	
				26805	-19533	-5497	
Difference	-40408	0	0	-491960		-13632	-532363
0015	6676694	0	-70767	199561	0	1878110	6805488
	6676694	0	-70767	0	0	8683598	0
			0	0	0	6840379	6840379
				0	0	54662	
				208896	-9335	-19771	
Difference	0	0	0	0		0	-34891

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0016	2750259	0	216989	-13552	0	142902	2953696
	2750259	0	216989	-1057	0	3096598	0
			0	-2161	0	2961658	2961658
				0	0	7962	
				0	-10334	0	
Difference	0	0	0	0		0	-7962
0017	1348771	0	7914	26584	0	285653	1383269
	1348771	0	7914	0	0	1668922	0
			0	0	0	1390894	1390894
				0	0	10359	
				26726	-142	-2734	
Difference	0	0	0	0		0	-7625
0019	2409105	0	227236	15090	0	799528	2651431
	2409105	0	227236	0	0	3450959	98990
			0	-9917	0	2750421	2750421
				0	0	99915	
				66951	-41944	-925	
Difference	0	0	0	0		0	0
0021	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
			0	0	0	0	0
				0	0	0	
				0	0	0	
Difference	0	0	0	0		0	0
0024	812918	0	13133	-1040	0	137474	825011
	812918	0	13133	0	0	962485	7636
			0	-739	0	832647	832647
				0	0	8359	
				0	-301	-723	
Difference	0	0	0	0		0	0
0025	2031357	0	28392	-499	0	129554	2059250
	2031357	0	28392	0	0	2188804	0
			0	0	0	2062812	2062812
				0	0	3562	
				0	-499	0	
Difference	0	0	0	0		0	-3562

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3b

Cost Cross Checks (\$000's)

Form E4,L3

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0027	1086213	-15080	114056	-13209	0	292765	1171980
	1086213	-15080	114056	0	24213	1464745	18794
			0	-6612	1731	1190773	1190773
				0	0	20580	
				2104	-34645	-1787	
Difference	0	0	0		0	0	1
0028	1623560	0	11642	34084	0	199626	1669286
	1623560	0	11642	0	0	1868912	0
			0	0	0	1674863	1674863
				0	0	7457	
				34586	-502	-1880	
Difference	0	0	0		0	0	-5577
0029	2851466	-4898	76135	51696	0	497036	2974399
	2851466	-4898	76135	0	0	3471435	22656
			0	0	3731	2997055	2997055
				41358	0	23169	
				7841	-1234	-513	
Difference	0	0	0		0	0	0
0031	1122312	0	0	8889	0	227016	1131201
	1122312	0	0	0	0	1358217	0
			0	0	2623	1131201	1131201
				0	0	0	
				7032	-766	0	
Difference	0	0	0		0	0	0
0034	1216606	0	8823	-4060	0	413335	1221369
	1216606	0	8823	0	0	1634704	12130
			0	-6282	2625	1233499	1233499
				0	0	25055	
				0	-403	-12925	
Difference	0	0	0		0	0	0
0037	393934	0	525	0	0	156400	394459
	393934	0	525	0	0	550859	7162
			0	0	0	401621	401621
				0	0	7168	
				0	0	-6	
Difference	0	0	0		0	0	0

Form E4,L3

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0038	5599582	0	181400	-11103	0	1552451	5769879
	5599582	0	181400	0	0	7322330	38470
			0	-4139	0	5808349	5808349
				0	0	44199	
				0	-6964	-5729	
Difference	0	0	0	0		0	0
0040	2137869	0	243244	-14815	0	151840	2366298
	2137869	0	243244	-185	0	2518138	0
			0	-3654	0	2374794	2374794
				0	0	8496	
				0	-10976	0	
Difference	0	0	0	0		0	-8496
0041	2133165	0	19529	-3232	0	529069	2149462
	2133165	0	19529	0	0	2678531	16266
			0	-2627	0	2165729	2165729
				0	0	17529	
				0	-605	-1262	
Difference	0	0	0	0		0	-1
0044	7613035	0	253240	232115	3314	819331	8098390
	7613035	0	253240	0	1129	8917721	66949
			0	-35417	10933	8165339	8165339
				946	0	70406	
				255156	-3946	-3457	
Difference	0	0	0	0		0	0
0045	5862759	-8205	72316	320607	0	1087977	6247477
	5862759	-8205	72316	0	15631	7335454	25317
			0	0	182511	6272794	6272794
				0	240	25328	
				124240	-2015	-11	
Difference	0	0	0	0		0	0
0047	942545	179	10451	27259	-35	251327	980434
	942545	179	10451	0	193	1231761	5517
			0	0	11430	985951	985951
				1	0	6149	
				15932	-262	-632	
Difference	0	0	0	0		0	0

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0048	1807140	0	52400	-3041	0	386066	1856499
	1807140	0	52400	0	0	2242565	11338
			0	-2279	0	1867837	1867837
				0	0	13309	
				0	-762	-1971	
Difference	0	0	0	0		0	0
0050	535739	0	-144	227685	0	219407	763280
	535739	0	-144	0	227685	982687	1461
			0	0	0	764741	764741
				0	0	1461	
				0	0	0	
Difference	0	0	0	0		0	0
0051	3224571	0	41143	72881	0	971967	3338595
	3224571	0	41143	0	0	4310562	0
			0	0	0	3359799	3359799
				0	0	29694	
				76126	-3245	-8490	
Difference	0	0	0	0		0	-21204
0052	1998747	0	2036	3539	0	549321	2004322
	1998747	0	2036	0	0	2553643	18264
			0	0	4084	2022586	2022586
				0	0	39498	
				0	-545	-21234	
Difference	0	0	0	0		0	0
0054	1045979	0	1354	-1343	0	372041	1045990
	1045979	0	1354	0	0	1418031	29144
			0	-1150	0	1075134	1075134
				0	0	29144	
				0	-193	0	
Difference	0	0	0	0		0	0
0057	831983	-3448	49355	1606581	1560096	432236	2484471
	831983	-3448	49355	0	0	2916707	24337
			0	0	4391	2508808	2508808
				29835	0	25043	
				13343	-1084	-706	
Difference	0	0	0	0		0	0

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0058	614891	0	94981	0	0	228159	709872
	614891	0	94981	0	0	938031	10759
			0	0	0	720630	720630
				0	0	11300	
				0	0	-542	
Difference	0	0	0	0		0	1
0060	1219564	0	11175	37587	0	204880	1268326
	1219564	0	11175	0	0	1473206	4105
			0	0	15468	1272431	1272431
				0	0	4682	
				22339	-220	-577	
Difference	0	0	0	0		0	0
0061	261260	239	30151	501319	473323	135085	792969
	261260	239	30151	0	0	928054	14308
			0	0	2301	807277	807277
				23871	0	14594	
				3429	-1605	-286	
Difference	0	0	0	0		0	0
0069	226628	0	4723	6145	0	62139	237496
	226628	0	4723	0	0	299635	0
			0	-1447	1121	237496	237496
				0	0	0	
				6570	-99	0	
Difference	0	0	0	0		0	0
0070	3053938	0	221674	-5300	0	561470	3270312
	3053938	0	221674	0	0	3831782	26487
			0	-4054	20413	3293887	3293887
				0	0	23575	
				0	-21659	0	
Difference	0	0	0	0		0	2912
0073	3759886	0	9871	4702	0	1334690	3774459
	3759886	0	9871	0	0	5109149	44448
			0	-1832	7572	3818907	3818907
				0	0	102376	
				0	-1038	-57928	
Difference	0	0	0	0		0	0

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0074	1811810	0	89610	-15789	0	533310	1885631
	1811810	0	89610	0	0	2418941	20937
			0	-6913	0	1906568	1906568
				0	0	21765	
				0	-8876	-828	
Difference	0	0	0	0		0	0
0075	1337589	0	61066	-12120	0	550360	1386535
	1337589	0	61066	0	0	1936895	17775
			0	-10832	0	1404310	1404310
				0	0	19663	
				0	-1288	-1888	
Difference	0	0	0	0		0	0
0076	3459116	0	53417	-3566	0	1222479	3508967
	3459116	0	53417	0	0	4731446	36645
			0	-2112	0	3545612	3545612
				0	0	40327	
				0	-1454	-3682	
Difference	0	0	0	0		0	0
0081	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
			0	0	0	0	0
				0	0	0	
				0	0	0	
Difference	0	0	0	0		0	0
0083	275221	0	10763	-5364	0	86326	280620
	275221	0	10763	0	0	366946	2626
			0	-1137	0	282746	282746
				0	0	2126	
				0	-4227	0	
Difference	0	0	0	0		0	500
0084	593019	0	22828	-4257	0	152607	611590
	593019	0	22828	0	0	764197	8034
			0	-2929	0	619624	619624
				0	0	8426	
				0	-1328	-392	
Difference	0	0	0	0		0	0

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3b

Cost Cross Checks (\$000's)

Form E4,L3

<i>Hospital</i>	<i>L3 Line 4 Minus E4 Col A Line 3</i>	<i>L3 Line 5 Minus E4 Col A Line 2</i>	<i>L3 Line 6 Minus E4 Col A Line 14-abs(15)</i>	<i>L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)</i>		<i>L3 Line 9 Minus E4 Col A Line 1- (20-16-17)</i>	<i>L3 Line 8+31 Minus E4 Col A Line 20</i>
0112	791206	0	2369	-3192	0	215767	790383
	791206	0	2369	0	0	1006150	10740
			-1	-5043	2017	801123	801123
				0	0	18524	
				0	-165	-7784	
Difference	0	0	1	-1		0	0
0113	933120	0	15466	-5768	0	260302	942818
	933120	0	15466	0	0	1203120	9676
			0	-5691	0	952494	952494
				0	0	17611	
				0	-77	-7935	
Difference	0	0	0	0		0	0
0115	709512	0	6336	16830	0	138140	732678
	709512	0	6336	0	0	870818	0
			0	0	0	0	0
				0	0	5711	
				16902	-72	-1169	
Difference	0	0	0	0		-737220	732678
0116	528708	0	17437	16633	0	150625	562778
	528708	0	17437	0	0	713403	19052
			0	0	0	581830	581830
				0	0	19335	
				17541	-908	-283	
Difference	0	0	0	0		0	0
0118	1154790	0	3975	7882	0	176073	1166647
	1154790	0	3975	0	0	1342720	0
			0	0	0	1166647	1166647
				0	0	0	
				7957	-75	0	
Difference	0	0	0	0		0	0
0119	2197266	0	279489	-103235	0	861948	2373520
	2197266	0	279489	0	22536	3235468	159902
			0	-109720	46654	2533422	2533422
				0	0	170266	
				0	-62705	-10364	
Difference	0	0	0	0		0	0

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3b

Cost Cross Checks (\$000's)

Form E4,L3

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0221	1466726	-6060	54417	2609198	2512123	869490	4124281
	1466726	-6060	54417	0	0	4993771	38313
			0	0	6560	4162594	4162594
				61653	0	42202	
				29008	-146	-3889	
Difference	0	0	0		0	0	0
0224	493779	0	9239	802147	782322	190037	1305165
	493779	0	9239	0	0	1495202	7213
			0	0	2194	1312378	1312378
				12854	0	7434	
				6379	-1602	-221	
Difference	0	0	0		0	0	0
0324	1876315	0	31850	42898	0	541152	1951063
	1876315	0	31850	0	0	2492215	0
			0	-12104	8426	1951063	1951063
				0	0	0	
				47742	-1166	0	
Difference	0	0	0		0	0	0
0391	575554	0	8604	2502	0	172735	586660
	575554	0	8604	0	1587	759395	15938
			0	0	1513	602598	602598
				0	0	25472	
				0	-598	-9534	
Difference	0	0	0		0	0	0
0392	545299	0	1626	-533	0	164695	546392
	545299	0	1626	0	1271	711087	8986
			0	-3904	2100	555377	555377
				0	0	15002	
				0	0	-6017	
Difference	0	0	0		0	0	1
0502	213476	0	-62	159237	0	92727	372651
	213476	0	-62	0	159237	465378	3974
			0	0	0	376625	376625
				0	0	3974	
				0	0	0	
Difference	0	0	0		0	0	0

Form E4,L3

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)		L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
0641	1746062	0	70931	-23917	0	528020	1793076
	1746062	0	70931	0	0	2321096	17886
			0	-23917	0	1810961	1810961
				0	0	19780	
				0	0	-1895	
Difference	0	0	0	0	0	0	1
0642	1116335	0	45350	-15291	0	337580	1146394
	1116335	0	45350	0	0	1483974	11435
			0	-15291	0	1157829	1157829
				0	0	12646	
				0	0	-1211	
Difference	0	0	0	0	0	0	0
0861	0	1596467	0	0	0	417811	1596467
	0	1596467	0	0	0	2014278	7819
			0	0	0	1604287	1604287
				0	0	8445	
				0	0	-625	
Difference	0	0	0	0	0	0	-1
0862	0	911211	0	0	0	237319	911211
	0	911211	0	0	0	1148530	5183
			0	0	0	916394	916394
				0	0	5593	
				0	0	-410	
Difference	0	0	0	0	0	0	0
0863	0	599965	0	0	0	85988	599965
	0	599965	0	0	0	685953	3653
			0	0	0	603619	603619
				0	0	3841	
				0	0	-187	
Difference	0	0	0	0	0	0	-1
1069	1303866	0	19134	34790	0	410245	1357790
	1303866	0	19134	0	0	1768035	0
			0	-3526	7627	1357790	1357790
				0	0	0	
				30915	-226	0	
Difference	0	0	0	0	0	0	0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3b

Cost Cross Checks (\$000's)

Form E4,L3

Hospital	L3 Line 4 Minus E4 Col A Line 3	L3 Line 5 Minus E4 Col A Line 2	L3 Line 6 Minus E4 Col A Line 14-abs(15)	L3 Line 7 Minus (E4 Col A Line 4,5,6,7,8,9,11,12,18)	L3 Line 9 Minus E4 Col A Line 1- (20-16-17)	L3 Line 8+31 Minus E4 Col A Line 20
1169	40397	0	718	65	0	41180
	40397	0	718	0	0	0
			0	0	63	41180
				0	0	0
				3	-1	0
Difference	0	0	0	0	0	0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3c

Cost Cross Checks (\$000's)

Form L3

<i>Hospital</i>	<i>Operating Revenues L3 Line 34</i>	<i>Divided by</i>	<i>Operating Income (Loss) L3 Line 15</i>	<i>Equals</i>	<i>Operating Margin</i>	<i>Error if > 20.0 or < -20.0</i>
0001	84246		2699401		3.12	
0002	-11813		827365		-1.43	
0003	-5755		220394		-2.61	
0005	4500		437025		1.03	
0006	8903		195370		4.56	
0008	77897		561804		13.87	
0009	-11402		383832		-2.97	
0010	-4806		530572		-0.91	
0011	-8562		138512		-6.18	
0012	221180		1139159		19.42	
0014	162172		1705726		9.51	
0015	263397		1918363		13.73	
0016	-30166		153090		-19.70	
0017	21864		281796		7.76	
0019	15722		947646		1.66	
0021	0		0		#Num!	#Type!
0024	-4100		142391		-2.88	
0025	-30668		132317		-23.18	*****
0027	-42785		335139		-12.77	
0028	-10127		201574		-5.02	
0029	10653		509759		2.09	

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Run Name: CheckL3c

Cost Cross Checks (\$000's)

Form L3

<i>Hospital</i>	<i>Operating Revenues L3 Line 34</i>	<i>Divided by</i>	<i>Operating Income (Loss) L3 Line 15</i>	<i>Equals</i>	<i>Operating Margin</i>	<i>Error if > 20.0 or < -20.0</i>
0031	10624		253464		4.19	
0034	33627		420501		8.00	
0037	27337		158992		17.19	
0038	-196860		1628429		-12.09	
0040	-14772		171967		-8.59	
0041	-2686		537586		-0.50	
0044	45654		836019		5.46	
0045	9700		1114167		0.87	
0047	22050		236999		9.30	
0048	-16285		396928		-4.10	
0050	7976		219407		3.64	
0051	107512		974953		11.03	
0052	7694		557851		1.38	
0054	59960		374535		16.01	
0057	61873		470453		13.15	
0058	2632		311856		0.84	
0060	59408		206955		28.71	*****
0061	-1596		137866		-1.16	
0069	3603		65824		5.47	
0070	18179		609735		2.98	
0073	28434		1371168		2.07	

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3c

Cost Cross Checks (\$000's)**Form L3**

<i>Hospital</i>	<i>Operating Revenues L3 Line 34</i>	<i>Divided by</i>	<i>Operating Income (Loss) L3 Line 15</i>	<i>Equals</i>	<i>Operating Margin</i>	<i>Error if > 20.0 or < -20.0</i>
0074	-7117		560844		-1.27	
0075	54217		572439		9.47	
0076	43811		1248902		3.51	
0081	0		0		#Num!	#Type!
0083	-8964		99631		-9.00	
0084	3662		165166		2.22	
0091	-17741		27734		-63.97	*****
0092	-53475		525660		-10.17	
0096	-26657		185241		-14.39	
0108	-83148		853413		-9.74	
0110	8164		235892		3.46	
0111	-8266		368279		-2.24	
0112	16183		217057		7.46	
0113	26357		262986		10.02	
0115	4702		134769		3.49	
0116	1247		154467		0.81	
0118	13386		181151		7.39	
0119	-148298		906554		-16.36	
0221	137078		941110		14.57	
0224	27693		197755		14.00	
0324	-30746		584109		-5.26	

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL3c

Cost Cross Checks (\$000's)**Form L3**

<i>Hospital</i>	<i>Operating Revenues L3 Line 34</i>	<i>Divided by</i>	<i>Operating Income (Loss) L3 Line 15</i>	<i>Equals</i>	<i>Operating Margin</i>	<i>Error if > 20.0 or < -20.0</i>
0391	-17214		177311		-9.71	
0392	25565		165976		15.40	
0502	7364		92727		7.94	
0641	4745		543635		0.87	
0642	3027		347563		0.87	
0861	56932		429558		13.25	
0862	5713		251100		2.28	
0863	-64844		119526		-54.25	*****
1069	49709		435639		11.41	
1169	-8539		11437		-74.66	*****
Total	998960		35514521		2.81	

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL4

Cost Cross Checks (\$000's)

Form L1,L3,L4

Hospital	L4 Line 1	L3 Line 45 Col D	L4 Line 1 Minus L3 Line 45 Col D	L4 Line 2	L3 Line 24	L3 Line 25	L3 Line 26	L3 Line 27	L4 Line 2 Minus L3 Line (24+25+26+27)	L4 Line 36	L1 Line 1 Col D	L4 Line 36 Minus L1 Line 1 Col D
0001	326385	326385	0	102185	69863	32322	0	0	0	1105	1105	0
0002	62818	62818	0	21902	11382	10521	0	0	-1	121	121	0
0003	21754	21754	0	6189	11031	0	0	0	-4842	26444	2	26442
0005	33934	33934	0	14067	6309	7758	0	0	0	46587	46587	0
0006	9002	9002	0	7380	5322	2028	0	0	30	523	523	0
0008	79377	79377	0	21135	11031	10104	0	91	-91	15503	15504	-1
0009	12174	12174	0	14653	6622	8030	0	0	1	5	5	0
0010	-4806	-4806	0	31058	0	0	0	0	31058	43882	43882	0
0011	-6844	-6844	0	8072	2463	4401	0	0	1208	271	271	0
0012	187175	187175	0	53948	32388	21991	0	44	-475	6218	6218	0
0014	267695	267695	0	61714	43405	18309	0	0	0	801795	801795	0
0015	557316	596365	-39049	178965	103550	0	0	0	75415	516839	487267	29572
0016	-30166	-30166	0	8746	5613	1107	0	0	2026	405	405	0
0017	557316	21888	535428	178965	13938	0	0	0	165027	516839	6436	510403
0019	30493	30493	0	34713	10432	17993	0	0	6288	19424	19424	0
0021	0	0	0	0	0	0	0	0	0	0	0	0
0024	-3815	-3815	0	4925	2298	2626	0	0	1	5	5	0
0025	-27634	-27634	0	7319	4059	1942	0	0	1318	8554	8554	0
0027	-40472	-40472	0	13629	7277	6097	256	0	-1	3606	3606	0
0028	557316	-10127	567443	178965	11123	0	0	0	167842	516839	16022	500817
0029	32062	32062	0	18023	12194	5829	0	0	0	10	10	0
0031	16919	16919	0	6125	1693	4289	0	0	143	14699	14699	0
0034	25001	25001	0	7	4804	11109	0	0	-15906	6	6	0
0037	27337	27337	0	7670	7670	0	0	0	0	0	0	0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL4

Cost Cross Checks (\$000's)

Form L1,L3,L4

Hospital	L4 Line 1	L3 Line 45 Col D	L4 Line 1 Minus L3 Line 45 Col D	L4 Line 2	L3 Line 24	L3 Line 25	L3 Line 26	L3 Line 27	L4 Line 2 Minus L3 Line (24+25+26+27)	L4 Line 36	L1 Line 1 Col D	L4 Line 36 Minus L1 Line 1 Col D
0038	-204025	-204025	0	0	28476	33435	0	0	-61911	900	900	0
0040	-13734	-13734	0	10207	4352	767	0	0	5088	6042	6042	0
0041	42813	47368	-4555	20463	11380	9084	0	0	-1	10	10	0
0044	47221	47221	0	0	15745	19550	0	0	-35295	47620	47620	0
0045	45217	45217	0	50219	17339	32648	0	232	0	-2238	-2238	0
0047	41229	41229	0	8192	4143	4048	0	42	-41	2755	2755	0
0048	-19038	-19038	0	23256	12972	10284	0	0	0	4	4	0
0050	7976	7976	0	10668	7437	0	0	0	3231	8935	1974	6961
0051	557316	107834	449482	178965	43041	0	0	0	135924	516839	7511	509328
0052	15788	15788	0	6	5881	14200	0	0	-20075	5	5	0
0054	59960	59960	0	8310	2732	5578	0	0	0	0	0	0
0057	96931	96931	0	24563	8719	8330	0	0	7514	651	651	0
0058	2632	2632	0	547	547	0	0	0	0	7363	7363	0
0060	38645	38645	0	8228	4640	3588	0	196	-196	109	108	1
0061	2619	2619	0	6148	4902	1245	0	0	1	5	5	0
0069	0	8590	-8590	0	1067	529	0	0	-1596	0	0	0
0070	60365	60365	0	25547	11148	13794	318	286	1	44300	44300	0
0073	120342	120342	0	14	19255	33513	0	0	-52754	11	11	0
0074	48919	48919	0	30070	12417	17653	0	0	0	16	16	0
0075	134407	134407	0	17605	6386	11218	0	0	1	10	10	0
0076	143916	143916	0	35644	20979	14665	0	0	0	31	31	0
0081	0	0	0	0	0	0	0	0	0	0	0	0
0083	-8964	-8964	0	0	1548	184	0	0	-1732	2669	2669	0
0084	16200	16200	0	5844	2458	3386	0	0	0	5	5	0

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL4

Cost Cross Checks (\$000's)

Form L1,L3,L4

Hospital	L4 Line 1	L3 Line 45 Col D	L4 Line 1 Minus L3 Line 45 Col D	L4 Line 2	L3 Line 24	L3 Line 25	L3 Line 26	L3 Line 27	L4 Line 2 Minus L3 Line (24+25+26+27)	L4 Line 36	L1 Line 1 Col D	L4 Line 36 Minus L1 Line 1 Col D
0091	-17741	-17741	0	2433	31	2402	0	118	-118	1358	1358	0
0092	-50384	-50384	0	0	5780	4352	0	0	-10132	2	2	0
0096	-26657	-26657	0	11519	9927	1592	0	0	0	2865	2865	0
0108	64164	64164	0	11	8643	24409	0	0	-33041	9	9	0
0110	10078	10078	0	10686	5007	5679	0	0	0	69	69	0
0111	20373	20373	0	17427	9035	8672	0	0	-280	10006	10006	0
0112	8270	8270	0	24	3322	5583	0	0	-8881	19	19	0
0113	15021	15021	0	-6177	5648	2650	0	0	-14475	4	4	0
0115	557316	4469	552847	178965	6554	0	0	0	172411	516839	111	516728
0116	30493	30493	0	34713	2846	2791	0	0	29076	19424	19424	0
0118	9905	9905	0	7486	3974	2412	0	0	1100	1182	1182	0
0119	32464	32464	0	11889	16846	11595	0	0	-16552	246321	246321	0
0221	176947	176947	0	48072	30335	25856	0	0	-8119	2155	2155	0
0224	33528	33528	0	9116	5025	4363	0	0	-272	383	383	0
0324	72673	-7688	80361	84167	18222	36610	0	0	29335	16248	16248	0
0391	26135	26135	0	6218	3053	3164	0	0	1	2	2	0
0392	416	416	0	4840	1583	3257	0	0	0	3	3	0
0502	7364	7364	0	10668	0	2375	0	0	8293	8323	2	8321
0641	20764	20764	0	26159	27016	0	0	0	-857	19009	19009	0
0642	13333	13333	0	16725	17273	0	0	0	-548	12153	12153	0
0861	61007	61007	0	0	22849	0	0	117	-22966	26042	26042	0
0862	9459	9459	0	16188	16071	0	0	117	0	5855	5855	0
0863	-61208	-61208	0	0	9195	0	0	117	-9312	10280	10280	0
1069	0	78735	-78735	0	17022	9398	0	0	-26420	0	0	0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CheckL4

Cost Cross Checks (\$000's)

Form L1,L3,L4

<i>Hospital</i>	<i>L4 Line 1</i>	<i>L3 Line 45 Col D</i>	<i>L4 Line 1 Minus L3 Line 45 Col D</i>	<i>L4 Line 2</i>	<i>L3 Line 24</i>	<i>L3 Line 25</i>	<i>L3 Line 26</i>	<i>L3 Line 27</i>	<i>L4 Line 2 Minus L3 Line (24+25+26+27)</i>	<i>L4 Line 36</i>	<i>L1 Line 1 Col D</i>	<i>L4 Line 36 Minus L1 Line 1 Col D</i>
1169	0	-6961	6961	0	684	637	0	0	-1321	0	0	0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

Hospital	Data Source	MSA	PED	OBS	PSA	ICU	CCU	NNI	NBN	SNF	SAC
0001	Form B-Inpatient	94852	3416	5929	817	2021	0	674	4231	0	0
	Form C-Total	107928000	12517000	14599000	3171000	33726000	0	14340000	0	0	0
	Form E-Total	1605269000	110395000	137702000	31751000	316166000	0	156266000	0	0	0
	Form E3-Sum(A-I)	6074055	742433	593049	102664	2796018	3	606748	9684	0	0
	Missing Data Flag						*****		*****		
0002	Form B-Inpatient	12911	1539	3947	1967	1359	1359	884	2592	0	0
	Form C-Total	31431000	3920000	6631000	6886000	5822000	31738000	9366000	4344000	0	0
	Form E-Total	171529000	21393000	36187000	37579000	31772000	173204000	51114000	23705000	0	0
	Form E3-Sum(A-I)	957076	19415	31082	104921	95693	820745	218516	26279	0	0
	Missing Data Flag										
0003	Form B-Inpatient	19506	0	815	0	437	0	20	802	0	0
	Form C-Total	18369000	0	2446000	0	2375000	0	0	1212000	0	0
	Form E-Total	217274000	0	11512000	0	26557000	0	0	9688000	0	0
	Form E3-Sum(A-I)	457552	14	36628	0	57141	0	0	35925	0	0
	Missing Data Flag		*****					*****			
0005	Form B-Inpatient	6980	29	945	358	561	0	0	934	0	0
	Form C-Total	20402000	521000	1243000	1816000	5628000	0	0	2456000	0	0
	Form E-Total	111738000	771000	7951000	6850000	18709000	0	0	24927000	0	0
	Form E3-Sum(A-I)	846613	15632	606854	19566	596272	0	0	7108	0	0
	Missing Data Flag										
0006	Form B-Inpatient	4799	0	680	319	498	0	0	564	0	0
	Form C-Total	10113000	0	1189000	1890000	4989000	0	0	1374000	0	0
	Form E-Total	121742000	0	12000000	10586000	23610000	0	0	4379000	0	0
	Form E3-Sum(A-I)	67213	0	2810	7332	9256	8750	0	6421	0	0
	Missing Data Flag						*****				
0008	Form B-Inpatient	13151	163	1469	537	707	0	52	1362	0	0
	Form C-Total	41781000	1377000	8189000	2635000	6181000	0	2028000	1036000	0	0
	Form E-Total	178926000	17208000	25943000	13253000	25500000	0	7514000	42427000	0	0
	Form E3-Sum(A-I)	876094	54276	49429	80342	83232	0	0	45873	0	0
	Missing Data Flag							*****			
0009	Form B-Inpatient	12722	0	2673	1587	2397	0	224	2303	10	0
	Form C-Total	33011000	1093000	376000	6685000	10218000	0	0	1555000	85000	0
	Form E-Total	191247000	6316000	2173000	38630000	59045000	0	0	8986000	262000	0
	Form E3-Sum(A-I)	1390458	9	17495	140423	357077	0	0	101928	27327	0
	Missing Data Flag		*****					*****			

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

<i>Hospital</i>	<i>Data Source</i>	<i>MSA</i>	<i>PED</i>	<i>OBS</i>	<i>PSA</i>	<i>ICU</i>	<i>CCU</i>	<i>NNI</i>	<i>NBN</i>	<i>SNF</i>	<i>SAC</i>
0010	Form B-Inpatient	10091	344	2265	3054	1063	0	264	1857	0	0
	Form C-Total	38511000	1918000	2223000	20529000	8006000	0	2210000	1474000	0	0
	Form E-Total	211460000	12715000	11346000	98616000	42399000	0	29609000	45569000	0	0
	Form E3-Sum(A-I)	67870	410	3229	51809	7452	0	1093	2294	0	0
	Missing Data Flag										
0011	Form B-Inpatient	4552	0	0	0	897	0	0	0	0	0
	Form C-Total	13751000	0	0	0	3424000	0	0	0	0	0
	Form E-Total	82687000	0	0	0	13568000	0	0	0	0	0
	Form E3-Sum(A-I)	1531497	0	0	0	384539	0	0	0	0	0
	Missing Data Flag										
0012	Form B-Inpatient	26120	1323	3830	0	2700	839	440	3602	0	0
	Form C-Total	69930000	3621000	5777000	0	15799000	5185000	5525000	4834000	0	0
	Form E-Total	653066000	24549000	62253000	0	153444000	38387000	43281000	27792000	0	0
	Form E3-Sum(A-I)	4923785	183872	337854	0	1421912	418204	307189	307630	0	0
	Missing Data Flag										
0014	Form B-Inpatient	23142	1342	2394	390	1920	704	353	1421	0	0
	Form C-Total	78484000	4213000	10870000	1830000	32680000	4930000	8970000	3869000	0	0
	Form E-Total	891534000	18270000	101842000	5458000	368009000	42487000	57102000	23223000	0	0
	Form E3-Sum(A-I)	232	27	26	10	72	19	33	28	0	0
	Missing Data Flag										
0015	Form B-Inpatient	27424	2135	5597	968	952	110	592	4967	0	0
	Form C-Total	106515000	6208000	6156000	5787000	27351000	10244000	16971000	4121000	0	0
	Form E-Total	1379531000	62430000	72202000	27105000	221882000	113041000	109831000	25898000	0	0
	Form E3-Sum(A-I)	4187128	274018	166963	224259	304212	30541	183912	135656	0	0
	Missing Data Flag										
0016	Form B-Inpatient	4111	0	0	1032	155	0	0	0	0	0
	Form C-Total	15281000	0	0	4440000	6297000	0	0	0	0	0
	Form E-Total	766005000	0	0	130446000	84380000	0	0	0	0	0
	Form E3-Sum(A-I)	259706	5373	22705	30376	28196	0	0	0	0	0
	Missing Data Flag		*****	*****							
0017	Form B-Inpatient	6989	25	670	0	178	0	0	668	0	0
	Form C-Total	16652000	0	1585000	0	12651000	0	0	483000	0	0
	Form E-Total	201315000	0	15607000	0	208858000	0	0	10773000	0	0
	Form E3-Sum(A-I)	95830	9540	399130	0	157475	0	0	34561	0	351
	Missing Data Flag		*****								*****

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

[illegible]

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

[illegible]

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

[illegible]

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

[illegible]

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

[illegible]

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - Year 2023 Submitted

Run Name: CostCk

Cost Cross Checks

Form B,C,E,E3

Hospital	Data Source	MSA	PED	OBS	PSA	ICU	CCU	NNI	NBN	SNF	SAC
0092	Form B-Inpatient	16567	29	0	353	906	634	0	0	0	0
	Form C-Total	17538000	24000	0	4789000	13787000	5448000	0	0	0	0
	Form E-Total	314757000	2981000	0	116997000	338630000	1018552000	0	0	0	0
	Form E3-Sum(A-I)	1640252	2947	0	115845	633546	412426	0	0	0	0
	Missing Data Flag										
0096	Form B-Inpatient	5126	0	0	311	414	0	0	0	0	0
	Form C-Total	12494000	0	0	2671000	6555000	0	0	0	0	0
	Form E-Total	105326000	0	0	14000000	45947000	0	0	0	0	0
	Form E3-Sum(A-I)	55042	0	0	8885	13891	0	0	0	0	0
	Missing Data Flag										
0108	Form B-Inpatient	46495	1739	3608	0	0	4265	80	1455	0	0
	Form C-Total	55587000	5057000	3988000	0	0	24091000	837000	3005000	0	0
	Form E-Total	737364000	21913000	45375000	0	0	172234000	3534000	14746000	0	0
	Form E3-Sum(A-I)	781214	15114	33948	0	0	102450	4208	23622	0	0
	Missing Data Flag										
0110	Form B-Inpatient	6474	0	0	0	480	0	0	0	0	0
	Form C-Total	17362000	0	0	0	3984000	0	0	0	0	0
	Form E-Total	102148000	0	0	0	23440000	0	0	0	0	0
	Form E3-Sum(A-I)	419836	0	0	0	62700	0	81775	0	0	0
	Missing Data Flag							*****			
0111	Form B-Inpatient	11425	244	1561	552	511	0	105	647	0	0
	Form C-Total	53354000	1036000	2241000	4809000	12388000	0	0	1944000	0	0
	Form E-Total	329876000	8156000	2153000	21333000	58641000	0	0	5121000	0	0
	Form E3-Sum(A-I)	794509	36596	18727	31250	103190	0	0	6520	0	0
	Missing Data Flag							*****			
0112	Form B-Inpatient	17294	0	0	0	1642	0	0	0	0	0
	Form C-Total	26609000	0	0	0	5336000	0	0	0	0	0
	Form E-Total	281331000	0	0	0	48533000	0	0	0	0	0
	Form E3-Sum(A-I)	441190	0	0	0	90468	0	0	0	0	0
	Missing Data Flag										
0113	Form B-Inpatient	24333	0	585	0	828	0	0	393	0	0
	Form C-Total	23734000	0	1047000	0	3942000	0	0	1063000	0	0
	Form E-Total	295824000	0	6277000	0	32407000	0	0	6291000	0	0
	Form E3-Sum(A-I)	404115	0	0	0	86420	0	0	18640	0	0
	Missing Data Flag			*****							

Acute Care Hospitals - Year 2023 Submitted

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Cost Cross Checks

Form B,C,E,E3

[illegible]

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[illegible]

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Form B,C,E,E3

<i>Hospital</i>	<i>Data Source</i>	<i>MSA</i>	<i>PED</i>	<i>OBS</i>	<i>PSA</i>	<i>ICU</i>	<i>CCU</i>	<i>NNI</i>	<i>NBN</i>	<i>SNF</i>	<i>SAC</i>
0863	Form B-Inpatient	5412	0	0	0	521	0	0	0	0	0
	Form C-Total	11073000	0	0	0	2550000	0	0	0	0	0
	Form E-Total	230296000	0	0	0	28945000	0	0	0	0	0
	Form E3-Sum(A-I)	23610	0	0	0	2257	0	0	0	0	0
	Missing Data Flag										
1069	Form B-Inpatient	27035	68	1368	0	2232	0	173	1413	0	0
	Form C-Total	40379000	1505000	3300000	0	7942000	0	1546000	1172000	0	0
	Form E-Total	471288000	879000	29675000	0	61197000	0	2841000	17590000	0	0
	Form E3-Sum(A-I)	3477024	8251	799406	0	1323759	0	156969	18744	0	0
	Missing Data Flag										
1169	Form B-Inpatient	313	0	0	90	145	0	0	0	0	0
	Form C-Total	846000	0	0	451000	550000	0	0	0	0	0
	Form E-Total	11686000	0	0	3348000	3166000	0	0	0	0	0
	Form E3-Sum(A-I)	2910079	71	722815	7755	1131482	14	95180	705	0	0
	Missing Data Flag		*****	*****			*****	*****	*****		

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Form C,E,E3

Hospital	Data Source	CLN	EMR	OHS	ANS	BBK	CCA	MSS	DEL	DIA
0001	Form C-Totals	55366000	42599000	412000	4326000	38402000	49760000	0	15364000	5171000
	Form E-Totals	182372000	716175000	1000	1272000	3183000	312027000	0	79782000	25809000
	Form E3-Totals	409847	3329374	7103	830590	3938	5544319	37773725	1059077	433958
	Missing Data Flag							*****		
0002	Form C-Totals	53347000	24169000	0	8746000	0	0	55305000	6586000	3970000
	Form E-Totals	173323000	503332000	0	76789000	0	0	485570000	57825000	34856000
	Form E3-Totals	227267	1107029	0	11763	8	1	55361223	207484	24458
	Missing Data Flag					*****	*****			
0003	Form C-Totals	5584000	7488000	0	0	0	1811000	0	2838000	570000
	Form E-Totals	21394000	250206000	0	0	0	6225000	0	15626000	2036000
	Form E3-Totals	120527	31656	0	0	0	5622	12819	38703	3240
	Missing Data Flag							*****		
0005	Form C-Totals	7321000	7372000	4652000	155000	1472000	2276000	22446000	1705000	642000
	Form E-Totals	40369000	72162000	6228000	12465000	5923000	44977000	73085000	6079000	2867000
	Form E3-Totals	42536	254450	4486	360942	2040	35335	21278914	35655	12195
	Missing Data Flag									
0006	Form C-Totals	-231000	5684000	0	7987000	873000	1962000	8027000	1891000	0
	Form E-Totals	20312000	73006000	0	9839000	5663000	48651000	87337000	1343000	0
	Form E3-Totals	892	14273	0	12	0	7500	100	8759	0
	Missing Data Flag					*****				
0008	Form C-Totals	5839000	10024000	0	0	3218000	2907000	33684000	1549000	1044000
	Form E-Totals	31349000	134204000	0	0	16391000	67129000	77402000	1998000	1000000
	Form E3-Totals	42866	257894	0	0	32481	18246	1138548	19126	0
	Missing Data Flag									*****
0009	Form C-Totals	4832000	19591000	0	0	0	2216000	28643000	3727000	2131000
	Form E-Totals	26294000	258078000	0	0	0	26033000	336497000	43786000	25035000
	Form E3-Totals	105471	665184	0	0	0	53416	28987977	156691	80988
	Missing Data Flag									
0010	Form C-Totals	858000	14606000	0	504000	608000	1984000	59324000	3579000	878000
	Form E-Totals	10541000	357341000	0	120167000	15695000	72316000	67188000	26882000	6689000
	Form E3-Totals	8	177	0	0	0	0	100	56	0
	Missing Data Flag				*****	*****	*****			*****
0011	Form C-Totals	0	8378000	0	2173000	662000	0	8431000	0	532000
	Form E-Totals	0	199250000	0	1047000	3807000	0	32059000	0	1114000
	Form E3-Totals	0	901875	0	301846	77772	0	0	866	10878
	Missing Data Flag							*****	*****	

Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0001	Form C-Totals	7409000	78933000	3246000	166859000	1625000	1000	10298000	44924000	15640000	79243000
	Form E-Totals	169095000	415000	663193000	960003000	15007000	1413602000	69529000	701753000	150290000	251086000
	Form E3-Totals	202716	869068	82024	4992453	1827	366	142386	2745467	2395841	2969268
	Missing Data Flag										
0002	Form C-Totals	13835000	24324000	1269000	30204000	0	42219000	2475000	19174000	7239000	2300000
	Form E-Totals	121469000	213561000	11140000	265187000	0	370676000	21730000	168345000	63557000	20194000
	Form E3-Totals	190582	29070	13440	616187	6	41685844	31212	130873	9609	22231
	Missing Data Flag *****										
0003	Form C-Totals	2724000	3080000	560000	24334000	0	6805000	2789000	6806000	2153000	0
	Form E-Totals	7232000	82979000	4506000	120608000	0	27255000	13991000	102763000	24623000	0
	Form E3-Totals	7980	16574	2519	110850	0	5485	15265	57607	800	0
	Missing Data Flag										
0005	Form C-Totals	3046000	11014000	633000	15023000	2411000	6819000	5161000	6831000	1907000	2184000
	Form E-Totals	54172000	147313000	16117000	88241000	8787000	67544000	31476000	171695000	9255000	32768000
	Form E3-Totals	643870	158214	34499	908544	4451	6697065	5231	177158	126829	39971
	Missing Data Flag										
0006	Form C-Totals	811000	4118000	375000	8078000	0	5921000	778000	4066000	2733000	492000
	Form E-Totals	13677000	40784000	6431000	132772000	0	98537000	5114000	64664000	13705000	2592000
	Form E3-Totals	753	125	0	20837	0	100	1302	5956	375	2
	Missing Data Flag *****										
0008	Form C-Totals	3706000	17065000	0	16286000	1660000	65690000	5897000	20797000	5220000	9765000
	Form E-Totals	59302000	152479000	0	236381000	13692000	288370000	68252000	226425000	142598000	25000000
	Form E3-Totals	87499	107003	3865	291869	2283	55814	65176	369102	6646	74250
	Missing Data Flag *****										
0009	Form C-Totals	1853000	12202000	866000	15460000	0	15887000	2867000	7697000	3509000	3924000
	Form E-Totals	21769000	143349000	10173000	181624000	0	186641000	33682000	90425000	41225000	46100000
	Form E3-Totals	26256	43969	60066	544884	0	13527260	79404	158140	42285	73837
	Missing Data Flag										
0010	Form C-Totals	2957000	10964000	929000	26277000	1224000	31452000	9630000	12217000	3383000	1374000
	Form E-Totals	107327000	224347000	31195000	405644000	20218000	142330000	121151000	393450000	56879000	68098000
	Form E3-Totals	0	48	0	256	0	100	0	60	0	25
	Missing Data Flag ***** ***** *****										
0011	Form C-Totals	1644000	9408000	299000	8744000	0	7322000	2720000	5856000	2396000	2702000
	Form E-Totals	49056000	219095000	9293000	49275000	0	43190000	16515000	174663000	20063000	17600000
	Form E3-Totals	66053	2327841	259486	1378513	0	6285020	173276	208747	107751	309987
	Missing Data Flag										

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Hospital	Data Source	CLN	EMR	OHS	ANS	BBK	CCA	MSS	DEL	DIA
0012	Form C-Totals	3530000	14586000	2227000	0	3754000	12196000	73663000	13236000	1750000
	Form E-Totals	6519000	172989000	4958000	0	22031000	104248000	289597000	93229000	12918000
	Form E3-Totals	7692	2280698	32338	0	1758	1324690	121835	1037272	149408
	Missing Data Flag									
0014	Form C-Totals	1080000	24500000	104505000	3406000	11289000	33268000	12615000	7451000	2521000
	Form E-Totals	22517000	438061000	239418000	10559000	95478000	466396000	184915000	63207000	21447000
	Form E3-Totals	41	50	14	3	4	14	103	13	1
	Missing Data Flag									
0015	Form C-Totals	0	33678000	0	4533000	9657000	6499000	195406000	11650000	2647000
	Form E-Totals	0	499789000	0	237198000	91934000	303160000	961395000	63879000	16159000
	Form E3-Totals	0	106562	0	10532	2424	171642	200941	194028	6725
	Missing Data Flag									
0016	Form C-Totals	2390000	7797000	0	0	513000	1696000	11064000	0	903000
	Form E-Totals	45774000	720371000	0	0	6029000	24764000	1166000	0	3989000
	Form E3-Totals	17315	54318	0	0	6	7062	9587	0	21
	Missing Data Flag									
0017	Form C-Totals	0	11357000	0	185000	1323000	2957000	16927000	2978000	618000
	Form E-Totals	0	186010000	0	17246000	7907000	34534000	91237000	7642000	3229000
	Form E3-Totals	0	146933	0	354	1	17609	17096	34709	5580
	Missing Data Flag									
0019	Form C-Totals	28837000	32458000	0	0	975000	37667000	35784000	7191000	3453000
	Form E-Totals	46284000	360305000	0	0	14509000	99768000	160770000	89353000	17427000
	Form E3-Totals	4416044	1249499	130	0	36283	6263064	47458488	1225790	177998
	Missing Data Flag			*****						
0021	Form C-Totals	0	0	0	0	0	0	0	0	0
	Form E-Totals	0	0	0	0	0	0	0	0	0
	Form E3-Totals	0	0	0	0	0	0	0	0	0
	Missing Data Flag									
0024	Form C-Totals	915000	7816000	0	1016000	0	1568000	11980000	0	0
	Form E-Totals	7102000	124357000	0	15328000	0	23655000	180736000	0	0
	Form E3-Totals	5153	207765	0	938	249	35075	11979956	0	0
	Missing Data Flag					*****				
0025	Form C-Totals	2613000	5867000	0	60000	945000	2136000	13636000	0	727000
	Form E-Totals	24086000	830895000	0	897000	9546000	75632000	1261000	0	1473000
	Form E3-Totals	7114	16425	0	0	1112	50352	11498	0	5053
	Missing Data Flag				*****					

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Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0012	Form C-Totals	4338000	28702000	1425000	48231000	2340000	78452000	9380000	36255000	7422000	12603000
	Form E-Totals	25315000	161525000	7721000	352900000	14725000	501834000	51690000	302710000	33425000	102829000
	Form E3-Totals	37976	379774	32352	7882810	8064	78451608	82155	2661162	235949	372805
	Missing Data Flag										
0014	Form C-Totals	10747000	27225000	3235000	139393000	58248000	40332000	5941000	22296000	15025000	16407000
	Form E-Totals	164945000	336430000	45772000	680764000	962432000	237997000	54318000	662530000	161911000	67084000
	Form E3-Totals	7	10	3	41	3	100	9	14	5	10
	Missing Data Flag										
0015	Form C-Totals	0	49648000	3979000	116456000	27972000	140055000	18934000	40393000	10435000	12508000
	Form E-Totals	0	648252000	64969000	1014004000	324224000	1087324000	133916000	892429000	174281000	158765000
	Form E3-Totals	0	26236	10582	862401	152741	140094	3081	76047	6502	108114
	Missing Data Flag										
0016	Form C-Totals	882000	5610000	449000	7867000	0	4159000	830000	4446000	1768000	0
	Form E-Totals	181948000	367344000	62760000	180423000	0	53136000	17132000	392068000	58863000	0
	Form E3-Totals	16013	14154	2268	42634	0	100	5559	25883	2615	0
	Missing Data Flag										
0017	Form C-Totals	85000	8098000	1627000	13164000	2499000	15422000	5997000	9894000	2148000	1475000
	Form E-Totals	2570000	118114000	23663000	129512000	91824000	111656000	41861000	325519000	24012000	15833000
	Form E3-Totals	8	16516	1	137483	30633	15422	5848	147629	2096	12137
	Missing Data Flag										
0019	Form C-Totals	2284000	23655000	1941000	27860000	2812000	16894000	5221000	20703000	9262000	1782000
	Form E-Totals	74735000	283108000	21652000	289520000	23496000	137444000	25463000	300600000	75223000	17861000
	Form E3-Totals	134420	259453	25918	8934571	55143	11558126	77421	1450493	1068541	113346
	Missing Data Flag										
0021	Form C-Totals	0	0	0	0	0	0	0	0	0	0
	Form E-Totals	0	0	0	0	0	0	0	0	0	0
	Form E3-Totals	0	0	0	0	0	0	0	0	0	0
	Missing Data Flag										
0024	Form C-Totals	1534000	8046000	354000	5305000	599000	5166000	3041000	5907000	1911000	0
	Form E-Totals	23143000	121387000	5341000	80035000	9038000	77938000	45878000	89117000	28831000	0
	Form E3-Totals	4603	13874	1577	285826	1413	4908983	6038	25559	4442	0
	Missing Data Flag										
0025	Form C-Totals	791000	5408000	753000	7265000	0	3997000	1412000	6304000	1917000	0
	Form E-Totals	21416000	202232000	12368000	125942000	0	40152000	14965000	239558000	88610000	0
	Form E3-Totals	1509	20304	15130	57906	0	100	9000	35406	2303	4
	Missing Data Flag *****										

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Hospital	Data Source	CLN	EMR	OHS	ANS	BBK	CCA	MSS	DEL	DIA
0027	Form C-Totals	28182000	20290000	3454000	5152000	6000	2252000	10630000	3735000	4386000
	Form E-Totals	83727000	191013000	9980000	6789000	11798000	17730000	43742000	10711000	32038000
	Form E3-Totals	218387	91241	15255	1647	2166	219947	16010664	34119	900720
	Missing Data Flag									
0028	Form C-Totals	0	6477000	0	168000	1012000	2362000	6489000	0	0
	Form E-Totals	0	234210000	0	17769000	10056000	20213000	31146000	0	0
	Form E3-Totals	0	181367	0	2534	0	36337	6662	0	0
	Missing Data Flag					*****				
0029	Form C-Totals	1477000	9299000	0	7803000	3127000	3698000	82269000	2255000	2280000
	Form E-Totals	427000	251958000	0	59117000	32540000	106071000	627503000	17329000	17875000
	Form E3-Totals	1462	143088	0	621	695	144522	100	32248	8569
	Missing Data Flag									
0031	Form C-Totals	4781000	0	0	4403000	1483000	8224000	53545000	0	317000
	Form E-Totals	24518000	0	0	6009000	7428000	211040000	90789000	0	1050000
	Form E3-Totals	196636	0	0	721969	12343	7205288	53742543	0	0
	Missing Data Flag									*****
0034	Form C-Totals	8311000	9849000	0	0	672000	0	24034000	4949000	971000
	Form E-Totals	55659000	195142000	0	0	13517000	0	57894000	20821000	3538000
	Form E3-Totals	100840	342658	0	0	4704	1567	24033964	64865	19306
	Missing Data Flag						*****			
0037	Form C-Totals	984000	3729000	0	38000	282000	90000	12021000	4063000	0
	Form E-Totals	5450000	200263000	0	8571000	3008000	2306000	4672000	2874000	0
	Form E3-Totals	5554	297965	0	400	491669	16492	9094003	369027	0
	Missing Data Flag									
0038	Form C-Totals	76558000	29785000	344000	0	0	11222000	144983000	5945000	3357000
	Form E-Totals	278805000	831503000	1252000	0	0	119053000	1538104000	63070000	35614000
	Form E3-Totals	1963257	5471135	0	0	0	8038791	88077821	1221075	44746
	Missing Data Flag			*****						
0040	Form C-Totals	4782000	7279000	0	0	482000	0	7927000	2853000	0
	Form E-Totals	54973000	1240045000	0	0	5522000	0	1084000	10654000	0
	Form E3-Totals	34832	17907	0	0	3	0	6398	15761	0
	Missing Data Flag									
0041	Form C-Totals	0	25679000	0	1111000	0	4386000	39490000	3921000	0
	Form E-Totals	0	283877000	0	12281000	0	48487000	436556000	43346000	0
	Form E3-Totals	553820	183528	0	1126	0	74424	39489611	116144	0
	Missing Data Flag	*****								

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Form C,E,E3

Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0027	Form C-Totals	1342000	9733000	723000	16229000	0	17589000	2057000	8445000	3882000	5260000
	Form E-Totals	35562000	112043000	9466000	119110000	0	163462000	11149000	140585000	20394000	24350000
	Form E3-Totals	7467	32136	1224	111012	0	15830933	24360	52434	9492	107382
	Missing Data Flag										
0028	Form C-Totals	1000	6558000	525000	8913000	7750000	15413000	3814000	4193000	1712000	504000
	Form E-Totals	1356000	139585000	5924000	175235000	95361000	257093000	42626000	276416000	22184000	4204000
	Form E3-Totals	421	16800	7164	139291	106985	15413	18290	82439	2085	38
	Missing Data Flag										
0029	Form C-Totals	16705000	4838000	251000	20923000	0	10794000	5724000	10107000	4837000	0
	Form E-Totals	345214000	188738000	4833000	290471000	0	263745000	37446000	364127000	48188000	0
	Form E3-Totals	108267	20135	19773	294771	0	100	52784	295194	3874	0
	Missing Data Flag										
0031	Form C-Totals	18272000	3567000	1495000	7087000	0	4844000	1444000	4845000	4083000	0
	Form E-Totals	395060000	108692000	35086000	46443000	0	50699000	12574000	64531000	35164000	0
	Form E3-Totals	7752004	123678	52234	10804112	0	100	6620	118235	74341	0
	Missing Data Flag										
0034	Form C-Totals	3799000	13082000	1004000	31920000	612000	18126000	2381000	8396000	2090000	2762000
	Form E-Totals	44775000	103369000	7580000	256463000	5667000	87249000	16049000	172899000	21291000	58244000
	Form E3-Totals	78923	48638	13013	619834	3340	18126176	11350	195594	6181	46231
	Missing Data Flag										
0037	Form C-Totals	791000	3315000	0	7053000	227000	5899000	1140000	3717000	1128000	405000
	Form E-Totals	932000	13361000	0	87572000	1428000	7331000	2810000	20129000	8845000	35000
	Form E3-Totals	44982	491664	0	710640	0	100	23234	76148	4849	3836
	Missing Data Flag										
0038	Form C-Totals	6075000	57415000	902000	43688000	2942000	147220000	4655000	19221000	13288000	11467000
	Form E-Totals	64449000	609108000	9570000	463479000	31211000	1561837000	49384000	203913000	140970000	121652000
	Form E3-Totals	232989	1455713	59484	37849770	0	139444444	122918	7395747	1023475	635812
	Missing Data Flag										
0040	Form C-Totals	929000	4845000	3806000	6790000	0	3579000	1030000	3344000	1433000	0
	Form E-Totals	8987000	162451000	21223000	103890000	0	35770000	11412000	107131000	12604000	0
	Form E3-Totals	3515	8787	800	29980	490	100	3135	10393	1169	0
	Missing Data Flag										
0041	Form C-Totals	6567000	18872000	878000	15138000	1877000	46290000	3855000	14549000	4923000	6566000
	Form E-Totals	72598000	208627000	9707000	167347000	20750000	511729000	42616000	160835000	54423000	72587000
	Form E3-Totals	99834	16070	17584	357577	37685	44840209	24617	160459	36781	15709
	Missing Data Flag										

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Acute Care Hospitals - 2023 Submitted

Run Name: CostCk2

Cost Cross Checks

Form C,E,E3

Hospital	Data Source	CLN	EMR	OHS	ANS	BBK	CCA	MSS	DEL	DIA
0044	Form C-Totals	1545000	27163000	0	64000	1996000	2154000	38871000	9398000	754000
	Form E-Totals	20236000	956644000	0	231899000	30243000	111752000	297986000	47481000	8163000
	Form E3-Totals	31330	623490	0	44893	4708	220241	39249655	574610	0
	Missing Data Flag									*****
0045	Form C-Totals	1370000	20995000	312163000	1870000	2634000	9125000	110161000	6378000	1177000
	Form E-Totals	22446000	333628000	433715000	41411000	11765000	166410000	1403337000	55011000	6040000
	Form E3-Totals	8495	66233	0	1117272	2366	270476	869608	27633	10480
	Missing Data Flag			*****						
0047	Form C-Totals	6045000	9900000	0	0	1294000	2024000	16248000	0	566000
	Form E-Totals	46363000	161989000	0	0	5535000	20783000	48515000	0	2962000
	Form E3-Totals	76312	536334	0	0	2248	70016	16247826	0	13018
	Missing Data Flag									
0048	Form C-Totals	2700000	11198000	0	92000	447000	2325000	29608000	2738000	652000
	Form E-Totals	18011000	169971000	0	1246000	6059000	31519000	401387000	37118000	8839000
	Form E3-Totals	16137	273752	0	1177	9115	41786	29608127	87120	1532
	Missing Data Flag									
0050	Form C-Totals	5995000	7396000	0	134000	479000	3618000	0	2753000	184000
	Form E-Totals	41242000	69730000	0	8613000	0	44639000	9425000	9395000	1392000
	Form E3-Totals	14773	469144	0	75157	0	1840471	216311	318428	21159
	Missing Data Flag					*****		*****		
0051	Form C-Totals	0	22381000	48338000	1802000	3445000	2585000	56403000	8561000	1025000
	Form E-Totals	0	306069000	87743000	126556000	32084000	50219000	272988000	31030000	3898000
	Form E3-Totals	0	247199	417	1550	1842	19463	57430	88147	11592
	Missing Data Flag									
0052	Form C-Totals	1156000	19153000	0	0	1000	5195000	10520000	1931000	2463000
	Form E-Totals	12519000	390035000	0	0	3976000	46723000	1000	1251000	6407000
	Form E3-Totals	17816	540874	0	0	0	69180	24331799	7174	13674
	Missing Data Flag					*****				
0054	Form C-Totals	6280000	6458000	1332000	0	1776000	3342000	28350000	3786000	4616000
	Form E-Totals	30353000	237135000	4403000	0	11967000	36006000	49288000	7992000	39848000
	Form E3-Totals	656	723	0	0	148	132	14982	81	612
	Missing Data Flag			*****						
0057	Form C-Totals	887000	9216000	0	6719000	1044000	2451000	37571000	5070000	1013000
	Form E-Totals	8692000	340775000	0	53718000	20166000	37695000	277093000	64776000	10293000
	Form E3-Totals	16208	176506	7802	0	1175	20420	100	85332	13436
	Missing Data Flag			*****	*****					

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Cost Cross Checks

Form C,E,E3

Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0044	Form C-Totals	5347000	16408000	1698000	26687000	0	46716000	4734000	17789000	3652000	10333000
	Form E-Totals	713675000	840890000	135858000	862534000	0	867355000	57336000	1363396000	249542000	176164000
	Form E3-Totals	214681	247753	53300	6393289	0	37951666	25743	280910	434137	28658
	Missing Data Flag										
0045	Form C-Totals	9899000	37668000	1252000	32272000	1760000	70130000	1525000	43060000	4288000	6499000
	Form E-Totals	173858000	1306053000	115448000	474611000	12321000	1383858000	11464000	775042000	61624000	254217000
	Form E3-Totals	11014	51551	12541	737574	16042	77723686	11440	369702	12503	33194
	Missing Data Flag										
0047	Form C-Totals	989000	8775000	716000	10579000	0	17611000	2209000	5635000	2298000	3291000
	Form E-Totals	30822000	119222000	3146000	166201000	0	166702000	10854000	160315000	10885000	17271000
	Form E3-Totals	26372	117406	8294	800380	0	17611381	37554	86028	66317	39927
	Missing Data Flag										
0048	Form C-Totals	4196000	14343000	577000	7225000	1543000	30160000	7066000	15439000	2521000	5329000
	Form E-Totals	56884000	194441000	7823000	97945000	20917000	408866000	95790000	209299000	34174000	72243000
	Form E3-Totals	38544	16273	1592	157932	2915	28708660	104317	70373	16096	53981
	Missing Data Flag										
0050	Form C-Totals	1268000	5706000	457000	13113000	377000	0	670000	3830000	1889000	1323000
	Form E-Totals	13815000	70134000	2387000	197549000	3151000	73658000	4472000	33384000	26863000	5323000
	Form E3-Totals	35467	2062621	82383	7442981	1122	3898816	12145	193156	282329	27239
	Missing Data Flag						*****				
0051	Form C-Totals	1142000	15365000	2971000	44795000	14344000	104276000	10440000	23879000	4694000	8592000
	Form E-Totals	48033000	252478000	43808000	380900000	155799000	809182000	75246000	651003000	50635000	79926000
	Form E3-Totals	9445	21944	12	513881	109348	103733	35155	284982	16681	143163
	Missing Data Flag										
0052	Form C-Totals	1445000	16513000	2653000	47779000	2891000	3845000	7611000	12061000	6571000	6872000
	Form E-Totals	35451000	216246000	21631000	270091000	11447000	211845000	36911000	263818000	66417000	71955000
	Form E3-Totals	9448	16468	4319	828731	1787	45075774	14873	199951	75831	109081
	Missing Data Flag										
0054	Form C-Totals	1697000	6789000	884000	14878000	828000	11994000	1678000	7230000	2105000	2136000
	Form E-Totals	31648000	135695000	34111000	155395000	3690000	107053000	12179000	157239000	29790000	17102000
	Form E3-Totals	65	1206	562	1730	5	100	25	397	495	45
	Missing Data Flag										
0057	Form C-Totals	3230000	5780000	735000	18338000	1765000	18842000	1997000	5843000	2966000	7583000
	Form E-Totals	62594000	212759000	16210000	299680000	12980000	295332000	16742000	333559000	29121000	67990000
	Form E3-Totals	10474	11700	9454	208569	0	100	7002	87772	1045	16183
	Missing Data Flag					*****					

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Cost Cross Checks

Form C,E,E3

Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0058	Form C-Totals	120000	4998000	0	4760000	1760000	13150000	557000	1916000	2437000	0
	Form E-Totals	2386000	44539000	0	6231000	8304000	86020000	6286000	13644000	46735000	0
	Form E3-Totals	3802	17442	0	27687	11232	100	26160	21154	3040	0
	Missing Data Flag										
0060	Form C-Totals	757000	4283000	352000	7669000	2362000	16053000	5005000	5391000	1836000	837000
	Form E-Totals	62508000	152616000	20152000	163540000	31383000	203475000	98527000	247321000	22142000	16741000
	Form E3-Totals	23273	131869	4347	333088	20099	16530000	20233	181675	3774	27293
	Missing Data Flag										
0061	Form C-Totals	662000	2353000	203000	3814000	0	3405000	2527000	4697000	1223000	0
	Form E-Totals	25433000	75039000	5943000	34320000	0	58347000	21893000	198276000	11902000	0
	Form E3-Totals	25281	7579	25425	177332	0	100	286	120871	1208	0
	Missing Data Flag										
0069	Form C-Totals	45000	2834000	329000	5149000	252000	1162000	460000	3685000	1025000	0
	Form E-Totals	11039000	8667000	2043000	29103000	2402000	6432000	3166000	27843000	3148000	0
	Form E3-Totals	9085	12581	173224	3223325	979	108126	15056	163101	114294	0
	Missing Data Flag										
0070	Form C-Totals	2520000	16530000	809000	29456000	311000	17163000	3293000	14284000	4094000	3186000
	Form E-Totals	93220000	509509000	12590000	187928000	73643000	128058000	10000	553907000	172894000	36657000
	Form E3-Totals	15718	52099	4426	189531	2018	19920764	28980	98051	15251	28762
	Missing Data Flag										
0073	Form C-Totals	24054000	26840000	5589000	56816000	3155000	91271000	5253000	18338000	8528000	8274000
	Form E-Totals	364845000	240710000	368991000	293255000	163996000	274016000	125263000	148983000	7215000	110888000
	Form E3-Totals	90605	45480	234058	1450523	1081	90977215	15091	209940	33781	115927
	Missing Data Flag										
0074	Form C-Totals	8508000	15728000	489000	17429000	0	24352000	3701000	11038000	4034000	0
	Form E-Totals	92973000	171872000	5342000	190459000	0	266113000	40443000	120621000	44082000	0
	Form E3-Totals	15440	23370	5377	414454	968	23242047	27721	112325	37518	0
	Missing Data Flag					*****					
0075	Form C-Totals	4138000	14269000	444000	20071000	2683000	9869000	1457000	7583000	3985000	2914000
	Form E-Totals	38219000	139862000	4485000	197765000	27236000	152280000	16767000	73233000	42182000	32649000
	Form E3-Totals	74477	34992	12292	535249	7424	34750150	3272	91990	4519	39606
	Missing Data Flag										
0076	Form C-Totals	8984000	41208000	1053000	42456000	0	134213000	9251000	12440000	10759000	13072000
	Form E-Totals	78796000	361426000	9235000	372371000	0	1177149000	81138000	109109000	94364000	114651000
	Form E3-Totals	47415	38939	7159	1215688	5792	131510276	8475	195969	178025	84890
	Missing Data Flag					*****					

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Cost Cross Checks

Form C,E,E3

Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0081	Form C-Totals	0	0	0	0	0	0	0	0	0	0
	Form E-Totals	0	0	0	0	0	0	0	0	0	0
	Form E3-Totals	0	0	0	0	0	0	0	0	0	0
	Missing Data Flag										
0083	Form C-Totals	283000	3496000	181000	501000	0	1805000	635000	2398000	1238000	0
	Form E-Totals	4915000	9853000	424000	72095000	0	13215000	4832000	12971000	13426000	0
	Form E3-Totals	2048	10228	4594	18956	0	100	9698	20464	2688	0
	Missing Data Flag										
0084	Form C-Totals	653000	100000	230000	4495000	885000	4579000	1279000	11066000	2132000	0
	Form E-Totals	8971000	57535000	2943000	65294000	12364000	81594000	19197000	81639000	34475000	0
	Form E3-Totals	2845	8047	1260	162222	23712	16375552	34314	79203	23007	0
	Missing Data Flag										
0091	Form C-Totals	732000	1753000	143000	2926000	4000	582000	522000	1997000	229000	0
	Form E-Totals	10902000	20713000	500000	30997000	580000	6729000	1861000	53853000	1830000	0
	Form E3-Totals	36165	395661	45809	886058	413	583610	12596	103548	24589	0
	Missing Data Flag										
0092	Form C-Totals	2349000	10804000	658000	11455000	0	14480000	4502000	17104000	4737000	0
	Form E-Totals	376592000	559787000	32831000	260982000	0	209168000	48229000	1068877000	325834000	0
	Form E3-Totals	53614	231326	27318	1177538	0	15730469	23698	376548	405205	0
	Missing Data Flag										
0096	Form C-Totals	1011000	4126000	292000	7685000	0	9027000	709000	5461000	3073000	518000
	Form E-Totals	20417000	100142000	3757000	65437000	0	147802000	2744000	87367000	36741000	4867000
	Form E3-Totals	0	0	0	19	0	100	0	0	0	0
	Missing Data Flag		*****	*****				*****	*****	*****	*****
0108	Form C-Totals	23899000	35250000	733000	46990000	0	42204000	23808000	22984000	4796000	5578000
	Form E-Totals	300025000	298607000	21603000	123548000	0	158933000	107491000	401565000	60394000	35833000
	Form E3-Totals	70959	30094	4151	126347	2	39300553	29037	101337	2666	8527
	Missing Data Flag					*****					
0110	Form C-Totals	1314000	0	9898000	10397000	1347000	21090000	4056000	7420000	1643000	4751000
	Form E-Totals	16906000	0	127343000	133764000	17331000	271336000	52183000	95463000	21138000	61125000
	Form E3-Totals	11397	7131	16388	258019	12413	19871986	13352	123103	2187	53465
	Missing Data Flag		*****								
0111	Form C-Totals	6875000	12238000	980000	17356000	2877000	43735000	6791000	8165000	3878000	2344000
	Form E-Totals	65616000	136739000	5795000	79454000	21703000	110952000	44474000	147136000	28005000	22967000
	Form E3-Totals	30644	19090	10004	272867	50092	44734573	53487	80145	9294	37966
	Missing Data Flag										

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Cost Cross Checks

Form C,E,E3

[illegible]

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Run Name: CostCk2

Cost Cross Checks

Form C,E,E3

Hospital	Data Source	CLN	EMR	OHS	ANS	BBK	CCA	MSS	DEL	DIA
0391	Form C-Totals	2395000	7890000	0	0	0	2190000	5248000	1744000	624000
	Form E-Totals	29832000	147903000	0	0	0	11485000	16140000	10000	2313000
	Form E3-Totals	34725	362548	0	0	0	37700	2970627	25143	12383
	Missing Data Flag									
0392	Form C-Totals	555000	6298000	0	0	0	682000	7447000	0	486000
	Form E-Totals	15349000	121140000	0	0	0	57464000	23712000	0	1988000
	Form E3-Totals	7675	293205	0	0	0	161	2938564	0	8074
	Missing Data Flag									
0502	Form C-Totals	1770000	3611000	0	0	0	0	0	0	882000
	Form E-Totals	12095000	50178000	0	0	0	0	5724000	0	2321000
	Form E3-Totals	408148	298561	0	0	0	0	40620	0	34819
	Missing Data Flag							*****		
0641	Form C-Totals	339000	21875000	7338000	8549000	2134000	6578000	42634000	6752000	665000
	Form E-Totals	19111000	212461000	32781000	54039000	18182000	44000	48682000	30619000	7224000
	Form E3-Totals	100752	410659	31671	547957	475	543958	31337964	41230	437589
	Missing Data Flag									
0642	Form C-Totals	1239000	16374000	6493000	5205000	3072000	0	11444000	0	1912000
	Form E-Totals	9998000	277189000	31582000	38720000	13556000	0	21640000	0	7359000
	Form E3-Totals	64415	270850	31671	350590	27581	366717	20035747	0	281380
	Missing Data Flag						*****			
0861	Form C-Totals	0	15605000	0	2038000	1336000	629000	30719000	4880000	1010000
	Form E-Totals	0	196416000	0	157716000	13105000	4268000	35029000	24180000	4679000
	Form E3-Totals	0	141	0	29	0	2	54	0	5
	Missing Data Flag					*****			*****	
0862	Form C-Totals	0	9308000	0	1661000	954000	0	16908000	0	605000
	Form E-Totals	0	66791000	0	73595000	5447000	0	76372000	0	2399000
	Form E3-Totals	0	100	0	0	1	0	54	0	3
	Missing Data Flag				*****					
0863	Form C-Totals	0	6281000	0	1513000	782000	0	8192000	0	412000
	Form E-Totals	0	101040000	0	39215000	3724000	0	19974000	0	2952000
	Form E3-Totals	0	110	0	1	0	0	54	0	4
	Missing Data Flag					*****				
1069	Form C-Totals	5158000	19244000	0	0	1246000	5443000	7051000	4282000	724000
	Form E-Totals	14254000	326042000	0	0	20768000	59602000	84786000	45336000	5923000
	Form E3-Totals	116338	1652216	0	1498	1170234	2913166	0	65632	170398
	Missing Data Flag				*****			*****		

Hospital	Data Source	EDG	LAB	NMD	ORR	OPM	DRU	PHT	RAD	RSP	THR
0391	Form C-Totals	1504000	8123000	264000	6805000	0	1455000	1435000	4750000	1226000	0
	Form E-Totals	12035000	79594000	2814000	55427000	0	16810000	13330000	79045000	9085000	0
	Form E3-Totals	28506	23260	58079	116084	0	1539565	6358	58141	1965	0
	Missing Data Flag										
0392	Form C-Totals	101000	3663000	359000	9679000	0	1947000	1101000	3881000	1352000	0
	Form E-Totals	13013000	71920000	1823000	80353000	0	60023000	9327000	53599000	8483000	0
	Form E3-Totals	2986	409	77278	89120	0	2144152	6029	16924	3172	0
	Missing Data Flag										
0502	Form C-Totals	249000	1240000	109000	4242000	287000	0	636000	2853000	1188000	0
	Form E-Totals	5882000	19308000	3126000	55489000	1810000	29551000	3520000	25257000	70166000	0
	Form E3-Totals	5693	253932	95676	1765129	3592	1569922	12335	413890	233242	0
	Missing Data Flag							*****			
0641	Form C-Totals	4616000	6608000	0	23285000	0	31042000	712000	13999000	4218000	6510000
	Form E-Totals	122843000	154369000	0	307772000	0	286383000	11748000	263233000	44017000	79139000
	Form E3-Totals	51304	2522571	199337	502425	0	34887907	9544	1655979	1666	295617
	Missing Data Flag				*****						
0642	Form C-Totals	3532000	7511000	0	31733000	0	18658000	2515000	10604000	2974000	4469000
	Form E-Totals	15957000	137288000	0	175246000	0	76931000	10228000	258318000	34886000	830000
	Form E3-Totals	33770	142746	127644	1856943	0	22305483	11757	1039826	1065	189000
	Missing Data Flag				*****						
0861	Form C-Totals	1004000	9420000	0	15237000	0	23569000	2734000	12186000	4687000	2719000
	Form E-Totals	20527000	98136000	0	228020000	0	151839000	21850000	269688000	40541000	11291000
	Form E3-Totals	1	2	0	516	0	10054	0	303	14	12173
	Missing Data Flag							*****			
0862	Form C-Totals	658000	6598000	0	9699000	0	9419000	2135000	7469000	3247000	1033000
	Form E-Totals	9828000	146905000	0	51530000	0	57760000	12127000	116747000	21537000	3627000
	Form E3-Totals	0	2	0	51	0	4868	0	479	20	3714
	Missing Data Flag							*****			
0863	Form C-Totals	495000	5315000	0	7083000	0	16495000	1886000	5217000	2588000	0
	Form E-Totals	8922000	47518000	0	47452000	0	34590000	5700000	103342000	12283000	0
	Form E3-Totals	0	0	0	673	0	15534	0	142	2	0
	Missing Data Flag			*****					*****		
1069	Form C-Totals	1197000	13358000	1201000	25463000	2031000	6410000	3196000	10363000	3246000	2226000
	Form E-Totals	57094000	50367000	15118000	139633000	21255000	143675000	14661000	109851000	31509000	44691000
	Form E3-Totals	104984	61646	648841	19709957	143483	6409968	52363	1150114	421060	45240
	Missing Data Flag										

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Hospital	Data Source	CLN	EMR	OHS	ANS	BBK	CCA	MSS	DEL	DIA
1169	Form C-Totals	934000	1681000	0	0	47000	0	108000	0	0
	Form E-Totals	193000	15885000	0	0	345000	0	1987000	0	0
	Form E3-Totals	126012	1255821	0	269	1169163	2911027	0	14084	152661
	Missing Data Flag				*****		*****	*****	*****	*****

[illegible]

Run Name: CostCk3a

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0001	B5-Admissions	6311	742	12586	2303	0	13585	5408	8929	2422	829	1848	0	1190	56153
	E5-InPat Rev(\$000)	426626	203641	1273330	161617	0	563168	776748	743315	165913	81090	114081	0		4509529
	Missing Data Flag														
	Inpat Rev/Adm	67.60	274.45	101.17	70.18	.00	41.46	143.63	83.25	68.50	97.82	61.73	.00		80.31
0002	B5-Admissions	246	0	1713	2780	12	3147	3038	6998	42	569	344	149	148	19186
	E5-InPat Rev(\$000)	32594	0	295559	212157	549	366593	511725	618417	4560	51567	18758	44795		2157274
	Missing Data Flag														
	Inpat Rev/Adm	132.50	.00	172.54	76.32	45.75	116.49	168.44	88.37	108.57	90.63	54.53	300.64		112.44
0003	B5-Admissions	655	15	2649	1753	0	1989	1640	2453	131	738	636	0	34	12693
	E5-InPat Rev(\$000)	23614	309	121885	29087	0	84556	80764	66075	6424	30789	16126	846		460475
	Missing Data Flag												*****		
	Inpat Rev/Adm	36.05	20.60	46.01	16.59	.00	42.51	49.25	26.94	49.04	41.72	25.36			36.28
0005	B5-Admissions	452	545	3573	323	75	2069	1478	860	149	58	31	70	124	9807
	E5-InPat Rev(\$000)	17198	16043	172038	14804	3136	73586	82226	34107	5285	1746	1181	6589		427939
	Missing Data Flag														
	Inpat Rev/Adm	38.05	29.44	48.15	45.83	41.81	35.57	55.63	39.66	35.47	30.10	38.10	94.13		43.64
0006	B5-Admissions	486	185	1213	321	1	66	1578	1892	674	282	162	0	0	6860
	E5-InPat Rev(\$000)	28184	9447	105402	16854	65	4873	122132	96233	45021	23878	7085	0		459174
	Missing Data Flag														
	Inpat Rev/Adm	57.99	51.06	86.89	52.50	65.00	73.83	77.40	50.86	66.80	84.67	43.73	.00		66.93
0008	B5-Admissions	5	321	5024	264	19	3876	3219	2762	323	327	135	74	237	16586
	E5-InPat Rev(\$000)	156	10715	216805	11714	471	135841	144044	85842	10486	9465	5886	11807		643232
	Missing Data Flag														
	Inpat Rev/Adm	31.20	33.38	43.15	44.37	24.79	35.05	44.75	31.08	32.46	28.94	43.60	159.55		38.78
0009	B5-Admissions	256	0	2491	1163	30	2886	3137	4132	44	460	446	114	103	15262
	E5-InPat Rev(\$000)	16492	0	241000	46548	1036	181622	290139	188739	1991	27967	14464	21058		1031056
	Missing Data Flag														
	Inpat Rev/Adm	64.42	.00	96.75	40.02	34.53	62.93	92.49	45.68	45.25	60.80	32.43	184.72		67.56

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3a

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0045	B5-Admissions	14	11	5215	852	0	1930	2801	1236	5626	83	278	57	253	18356
	E5-InPat Rev(\$000)	1378	323	689430	52793	0	155232	410040	91790	418318	8214	10217	33376		1871111
	Missing Data Flag														
	Inpat Rev/Adm	98.43	29.36	132.20	61.96	.00	80.43	146.39	74.26	74.35	98.96	36.75	585.54		101.93
0047	B5-Admissions	1	299	3044	276	88	1025	1246	1618	810	84	72	141	68	8772
	E5-InPat Rev(\$000)	66	13242	210825	10078	2039	46750	103934	92201	37175	5119	6498	9641		537568
	Missing Data Flag														
	Inpat Rev/Adm	66.00	44.29	69.26	36.51	23.17	45.61	83.41	56.98	45.90	60.94	90.25	68.38		61.28
0048	B5-Admissions	281	0	4708	737	12	3078	2837	1500	62	350	53	47	183	13848
	E5-InPat Rev(\$000)	21412	0	506077	42783	302	222339	335395	119157	4756	31519	2658	13170		1299568
	Missing Data Flag														
	Inpat Rev/Adm	76.20	.00	107.49	58.05	25.17	72.23	118.22	79.44	76.71	90.05	50.15	280.21		93.85
0050	B5-Admissions	4	0	2420	439	7	0	1213	1530	3775	0	409	9	0	9806
	E5-InPat Rev(\$000)	85091	0	178106	18432	321	0	99546	68586	100473	0	19287	653		570495
	Missing Data Flag														
	Inpat Rev/Adm	21272.75	.00	73.60	41.99	45.86	.00	82.07	44.83	26.62	.00	47.16	72.56		58.18
0051	B5-Admissions	2667	1242	5932	664	0	4542	3652	2478	122	269	131	64	297	22060
	E5-InPat Rev(\$000)	193615	76697	595171	45127	0	291051	428061	160189	11474	23527	8995	24289		1858196
	Missing Data Flag														
	Inpat Rev/Adm	72.60	61.75	100.33	67.96	.00	64.08	117.21	64.64	94.05	87.46	68.66	379.52		84.23
0052	B5-Admissions	1025	416	7088	685	8	2210	2772	1549	286	99	221	0	240	16599
	E5-InPat Rev(\$000)	63503	29350	650769	36082	589	133026	293333	95446	25710	9310	28400	14814		1380332
	Missing Data Flag												*****		
	Inpat Rev/Adm	61.95	70.55	91.81	52.67	73.63	60.19	105.82	61.62	89.90	94.04	128.51			83.16
0054	B5-Admissions	0	4	3047	141	20	1892	1938	2101	875	48	346	17	56	10485
	E5-InPat Rev(\$000)	0	796	216988	8200	766	100605	165848	100085	47777	3885	16537	4258		665745
	Missing Data Flag														
	Inpat Rev/Adm	.00	199.00	71.21	58.16	38.30	53.17	85.58	47.64	54.60	80.94	47.79	250.47		63.49

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3a

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0074	B5-Admissions	863	0	2526	1060	10	3505	3495	6105	350	673	312	255	196	19350
	E5-InPat Rev(\$000)	49156	0	235015	72256	406	188032	342799	362585	39750	50461	22701	26988		1390149
	Missing Data Flag														
	Inpat Rev/Adm	56.96	.00	93.04	68.17	40.60	53.65	98.08	59.39	113.57	74.98	72.76	105.84		71.84
0075	B5-Admissions	190	0	2920	1733	8	9833	1361	6712	114	322	135	102	0	23430
	E5-InPat Rev(\$000)	11179	0	253502	63188	394	391420	131370	187985	5124	26308	6235	13550		1090255
	Missing Data Flag														
	Inpat Rev/Adm	58.84	.00	86.82	36.46	49.25	39.81	96.52	28.01	44.95	81.70	46.19	132.84		46.53
0076	B5-Admissions	3966	0	6386	1041	55	13681	4945	3921	176	363	246	322	785	35887
	E5-InPat Rev(\$000)	211044	0	824797	107090	1541	784451	651745	349768	10978	37694	16077	89047		3084232
	Missing Data Flag														
	Inpat Rev/Adm	53.21	.00	129.16	102.87	28.02	57.34	131.80	89.20	62.38	103.84	65.35	276.54		85.94
0081	B5-Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	E5-InPat Rev(\$000)	0	0	0	0	0	0	0	0	0	0	0	0		0
	Missing Data Flag														
	Inpat Rev/Adm	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00		.00
0083	B5-Admissions	146	6	603	369	2	118	1017	1900	119	303	9	26	0	4618
	E5-InPat Rev(\$000)	9601	187	39807	14857	32	5596	59867	78524	7851	12467	343	4932		234064
	Missing Data Flag														
	Inpat Rev/Adm	65.76	31.17	66.01	40.26	16.00	47.42	58.87	41.33	65.97	41.15	38.11	189.69		50.69
0084	B5-Admissions	17	0	2044	422	2	668	1112	1384	39	119	30	2	20	5859
	E5-InPat Rev(\$000)	664	0	175278	29153	210	44233	98305	83897	2621	6417	2010	1494		444282
	Missing Data Flag														
	Inpat Rev/Adm	39.06	.00	85.75	69.08	105.00	66.22	88.40	60.62	67.21	53.92	67.00	747.00		75.83
0091	B5-Admissions	54	0	567	16	1	16	301	290	63	0	57	0	0	1365
	E5-InPat Rev(\$000)	3710	0	33337	1476	0	7227	17083	16078	619	1229	1802	0		82561
	Missing Data Flag					*****					*****				
	Inpat Rev/Adm	68.70	.00	58.80	92.25		451.69	56.75	55.44	9.83		31.61	.00		60.48

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0092	B5-Admissions	436	140	2203	711	29	287	2645	2414	341	529	319	302	40	10396
	E5-InPat Rev(\$000)	151481	58040	777203	254107	11218	103303	1002221	812661	138979	192638	73317	181915		3757083
	Missing Data Flag														
	Inpat Rev/Adm	347.43	414.57	352.79	357.39	386.83	359.94	378.91	336.64	407.56	364.16	229.83	602.37		361.40
0096	B5-Admissions	259	100	896	427	4	150	1663	1639	344	343	26	0	0	5851
	E5-InPat Rev(\$000)	20264	6355	88352	34598	194	12464	154046	114704	27300	25340	918	0		484535
	Missing Data Flag														
	Inpat Rev/Adm	78.24	63.55	98.61	81.03	48.50	83.09	92.63	69.98	79.36	73.88	35.31	.00		82.81
0108	B5-Admissions	1256	658	5565	1169	15	4183	3129	3310	261	197	836	403	0	20982
	E5-InPat Rev(\$000)	95060	43404	605591	59673	772	340915	365198	250113	29696	37809	47944	20832		1897007
	Missing Data Flag														
	Inpat Rev/Adm	75.68	65.96	108.82	51.05	51.47	81.50	116.71	75.56	113.78	191.92	57.35	51.69		90.41
0110	B5-Admissions	274	0	2480	125	4	928	2174	642	41	118	14	113	41	6954
	E5-InPat Rev(\$000)	25811	0	248312	14033	331	80655	232845	55557	2910	9655	1584	16725		688418
	Missing Data Flag														
	Inpat Rev/Adm	94.20	.00	100.13	112.26	82.75	86.91	107.10	86.54	70.98	81.82	113.14	148.01		99.00
0111	B5-Admissions	1858	158	5967	545	105	4041	334	1360	0	175	264	69	169	15045
	E5-InPat Rev(\$000)	67011	5286	332818	14990	5252	58892	168557	51997	0	7576	9557	10549		732485
	Missing Data Flag														
	Inpat Rev/Adm	36.07	33.46	55.78	27.50	50.02	14.57	504.66	38.23	.00	43.29	36.20	152.88		48.69
0112	B5-Admissions	351	217	2931	110	1	988	1374	765	98	13	76	77	0	7001
	E5-InPat Rev(\$000)	23331	16018	235887	7697	52	73097	124174	57652	7337	1493	10773	4379		561890
	Missing Data Flag														
	Inpat Rev/Adm	66.47	73.82	80.48	69.97	52.00	73.98	90.37	75.36	74.87	114.85	141.75	56.87		80.26
0113	B5-Admissions	561	196	3660	218	23	1042	1859	1014	123	46	80	0	120	8942
	E5-InPat Rev(\$000)	27834	10154	264294	10829	973	60559	141627	58861	8146	2809	3125	4767		593978
	Missing Data Flag												*****		
	Inpat Rev/Adm	49.61	51.81	72.21	49.67	42.30	58.12	76.18	58.05	66.23	61.07	39.06			66.43

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3a

Cost Cross Checks

Form B5,E5

<i>Hospital</i>	<i>Data Source</i>	<i>NJ Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0863	B5-Admissions	234	168	1976	135	5	484	1510	1122	37	83	102	9	68	5933
	E5-InPat Rev(\$000)	15268	11539	132477	9230	297	29901	111784	67732	2585	5588	5127	5622		397150
	Missing Data Flag														
	Inpat Rev/Adm	65.25	68.68	67.04	68.37	59.40	61.78	74.03	60.37	69.86	67.33	50.26	624.67		66.94
1069	B5-Admissions	1603	0	3835	263	174	1915	2639	2200	281	40	94	0	200	13244
	E5-InPat Rev(\$000)	92741	0	321393	19009	16963	101588	249433	129078	19310	5469	2717	8822		966523
	Missing Data Flag												*****		
	Inpat Rev/Adm	57.85	.00	83.81	72.28	97.49	53.05	94.52	58.67	68.72	136.73	28.90			72.98
1169	B5-Admissions	35	0	214	22	1	30	126	100	4	0	16	0	0	548
	E5-InPat Rev(\$000)	1455	0	11644	957	66	1339	6912	4798	34	307	210	0		27722
	Missing Data Flag										*****				
	Inpat Rev/Adm	41.57	.00	54.41	43.50	66.00	44.63	54.86	47.98	8.50		13.13	.00		50.59
	Total/B5-Admissions	65956	16771	253189	48955	4886	173725	152568	173713	42018	17841	15213	8822	9962	983619
	Total/E5-Inpat Rev(\$000)	5122707	1463568	27385001	3945080	353113	11548515	19563782	13935358	3555766	1852544	1056744	1800881		91583059

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0001	B5-Admissions % of Total	11.24	1.32	22.41	4.10	0.00	24.19	9.63	15.90	4.31	1.48	3.29	0.00	2.12	100.00
	E5-InPat Rev Line 1 % of Total	9.46	4.52	28.24	3.58	0.00	12.49	17.22	16.48	3.68	1.80	2.53	0.00	0.00	100.00
	Difference	1.78	-3.19	-5.82	0.52	0.00	11.70	-7.59	-0.58	0.63	-0.32	0.76	0.00	2.12	0.00
0002	B5-Admissions % of Total	1.28	0.00	8.93	14.49	0.06	16.40	15.83	36.47	0.22	2.97	1.79	0.78	0.77	100.00
	E5-InPat Rev Line 1 % of Total	1.51	0.00	13.70	9.83	0.03	16.99	23.72	28.67	0.21	2.39	0.87	2.08	0.00	100.00
	Difference	-0.23	0.00	-4.77	4.66	0.04	-0.59	-7.89	7.81	0.01	0.58	0.92	-1.30	0.77	0.00
0003	B5-Admissions % of Total	5.16	0.12	20.87	13.81	0.00	15.67	12.92	19.33	1.03	5.81	5.01	0.00	0.27	100.00
	E5-InPat Rev Line 1 % of Total	5.13	0.07	26.47	6.32	0.00	18.36	17.54	14.35	1.40	6.69	3.50	0.18	0.00	100.00
	Difference	0.03	0.05	-5.60	7.49	0.00	-2.69	-4.62	4.98	-0.36	-0.87	1.51	-0.18	0.27	0.00
0005	B5-Admissions % of Total	4.61	5.56	36.43	3.29	0.76	21.10	15.07	8.77	1.52	0.59	0.32	0.71	1.26	100.00
	E5-InPat Rev Line 1 % of Total	4.02	3.75	40.20	3.46	0.73	17.20	19.21	7.97	1.23	0.41	0.28	1.54	0.00	100.00
	Difference	0.59	1.81	-3.77	-0.17	0.03	3.90	-4.14	0.80	0.28	0.18	0.04	-0.83	1.26	0.00
0006	B5-Admissions % of Total	7.08	2.70	17.68	4.68	0.01	0.96	23.00	27.58	9.83	4.11	2.36	0.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	6.14	2.06	22.95	3.67	0.01	1.06	26.60	20.96	9.80	5.20	1.54	0.00	0.00	100.00
	Difference	0.95	0.64	-5.27	1.01	0.00	-0.10	-3.60	6.62	0.02	-1.09	0.82	0.00	0.00	0.00
0008	B5-Admissions % of Total	0.03	1.94	30.29	1.59	0.11	23.37	19.41	16.65	1.95	1.97	0.81	0.45	1.43	100.00
	E5-InPat Rev Line 1 % of Total	0.02	1.67	33.71	1.82	0.07	21.12	22.39	13.35	1.63	1.47	0.92	1.84	0.00	100.00
	Difference	0.01	0.27	-3.41	-0.23	0.04	2.25	-2.99	3.31	0.32	0.50	-0.10	-1.39	1.43	0.00
0009	B5-Admissions % of Total	1.68	0.00	16.32	7.62	0.20	18.91	20.55	27.07	0.29	3.01	2.92	0.75	0.67	100.00
	E5-InPat Rev Line 1 % of Total	1.60	0.00	23.37	4.51	0.10	17.62	28.14	18.31	0.19	2.71	1.40	2.04	0.00	100.00
	Difference	0.08	0.00	-7.05	3.11	0.10	1.29	-7.59	8.77	0.10	0.30	1.52	-1.30	0.67	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0010	B5-Admissions % of Total	16.56	0.00	28.77	2.23	0.00	23.70	12.83	10.46	2.50	0.61	1.50	0.00	0.83	100.00
	E5-InPat Rev Line 1 % of Total	13.83	0.00	35.09	1.96	0.00	19.08	16.68	8.59	2.71	0.59	0.78	0.70	0.00	100.00
	Difference	2.73	0.00	-6.32	0.27	0.00	4.62	-3.84	1.87	-0.21	0.02	0.72	-0.70	0.83	0.00
0011	B5-Admissions % of Total	6.85	0.68	50.05	1.60	2.88	4.17	20.98	10.88	1.12	0.07	0.73	0.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	4.88	1.99	55.93	1.60	2.80	3.13	16.42	10.13	1.28	0.51	0.95	0.39	0.00	100.00
	Difference	1.97	-1.31	-5.89	0.00	0.09	1.04	4.56	0.75	-0.16	-0.43	-0.22	-0.39	0.00	0.00
0012	B5-Admissions % of Total	0.15	5.13	33.46	0.27	0.00	28.35	14.77	3.60	10.15	0.43	0.82	0.00	2.85	100.00
	E5-InPat Rev Line 1 % of Total	0.16	3.90	39.98	0.77	0.00	21.56	18.09	4.03	8.76	1.08	0.45	1.23	0.00	100.00
	Difference	-0.02	1.24	-6.51	-0.50	0.00	6.79	-3.31	-0.43	1.39	-0.64	0.37	-1.23	2.85	0.00
0014	B5-Admissions % of Total	4.92	3.93	21.53	4.29	0.99	7.63	17.08	30.56	3.31	2.19	1.09	2.49	0.00	100.00
	E5-InPat Rev Line 1 % of Total	5.47	3.55	23.84	4.78	1.15	6.26	20.36	24.83	6.21	1.94	0.42	1.19	0.00	100.00
	Difference	-0.54	0.37	-2.31	-0.49	-0.16	1.37	-3.28	5.72	-2.90	0.25	0.67	1.29	0.00	0.00
0015	B5-Admissions % of Total	13.39	6.34	28.89	3.17	0.00	22.65	13.16	6.81	0.85	2.18	0.29	1.56	0.71	100.00
	E5-InPat Rev Line 1 % of Total	9.86	4.36	36.39	3.19	0.00	14.75	19.18	6.64	1.04	0.67	0.20	3.74	0.00	100.00
	Difference	3.53	1.98	-7.50	-0.01	0.00	7.90	-6.01	0.17	-0.20	1.51	0.10	-2.18	0.71	0.00
0016	B5-Admissions % of Total	0.00	1.83	17.70	6.19	0.04	7.46	26.54	29.69	3.47	4.81	2.15	0.11	0.00	100.00
	E5-InPat Rev Line 1 % of Total	0.00	1.76	21.20	6.14	0.01	7.17	30.12	22.25	2.92	6.58	1.69	0.14	0.00	100.00
	Difference	0.00	0.07	-3.50	0.06	0.03	0.29	-3.59	7.44	0.55	-1.77	0.46	-0.03	0.00	0.00
0017	B5-Admissions % of Total	9.38	3.28	46.10	2.00	0.00	11.74	17.55	7.21	0.62	0.54	0.43	0.40	0.75	100.00
	E5-InPat Rev Line 1 % of Total	6.52	2.25	49.47	1.48	0.00	7.53	22.73	7.74	0.56	0.54	0.28	0.90	0.00	100.00
	Difference	2.86	1.04	-3.37	0.53	0.00	4.20	-5.18	-0.53	0.06	0.00	0.16	-0.51	0.75	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0019	B5-Admissions % of Total	7.83	0.80	13.15	12.30	0.13	4.39	14.55	31.68	6.38	4.61	2.41	0.00	1.76	100.00
	E5-InPat Rev Line 1 % of Total	6.62	0.97	18.01	8.69	0.07	3.39	21.65	25.08	7.84	4.66	1.96	1.05	0.00	100.00
	Difference	1.21	-0.17	-4.86	3.61	0.06	1.01	-7.10	6.60	-1.46	-0.05	0.45	-1.05	1.76	0.00
0021	B5-Admissions % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
	E5-InPat Rev Line 1 % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	0.00	#Num!
	Difference	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!
0024	B5-Admissions % of Total	1.74	0.00	33.13	2.72	0.06	14.51	31.19	13.05	0.00	1.84	0.64	0.40	0.74	100.00
	E5-InPat Rev Line 1 % of Total	1.37	0.00	33.94	2.70	0.09	13.32	32.86	12.48	0.00	1.72	0.45	1.07	0.00	100.00
	Difference	0.37	0.00	-0.81	0.02	-0.03	1.18	-1.67	0.57	0.00	0.12	0.19	-0.67	0.74	0.00
0025	B5-Admissions % of Total	0.00	2.32	31.09	1.73	0.15	10.48	28.39	17.23	4.52	2.70	0.79	0.59	0.00	100.00
	E5-InPat Rev Line 1 % of Total	0.00	2.23	32.69	2.10	0.14	9.22	31.56	15.73	2.42	2.33	0.70	0.88	0.00	100.00
	Difference	0.00	0.09	-1.60	-0.37	0.01	1.26	-3.17	1.50	2.10	0.37	0.09	-0.29	0.00	0.00
0027	B5-Admissions % of Total	5.30	0.45	14.78	17.38	0.03	6.27	17.87	25.96	3.24	6.09	2.39	0.22	0.02	100.00
	E5-InPat Rev Line 1 % of Total	5.37	0.47	18.32	13.86	0.02	5.71	22.49	21.13	3.36	6.81	1.39	1.06	0.00	100.00
	Difference	-0.07	-0.02	-3.54	3.53	0.01	0.55	-4.62	4.83	-0.11	-0.72	1.00	-0.84	0.02	0.00
0028	B5-Admissions % of Total	8.34	3.08	40.25	2.94	0.00	8.81	19.20	12.94	1.55	0.91	0.55	0.26	1.17	100.00
	E5-InPat Rev Line 1 % of Total	6.92	2.42	44.22	1.95	0.00	6.56	24.83	9.18	1.40	1.08	0.38	1.06	0.00	100.00
	Difference	1.43	0.66	-3.97	1.00	0.00	2.25	-5.64	3.76	0.15	-0.17	0.17	-0.80	1.17	0.00
0029	B5-Admissions % of Total	6.92	0.00	32.76	5.87	0.85	9.80	15.05	21.23	4.44	1.37	0.64	0.25	0.82	100.00
	E5-InPat Rev Line 1 % of Total	7.42	0.00	34.22	4.06	0.84	10.58	18.37	16.73	5.31	1.12	0.38	0.98	0.00	100.00
	Difference	-0.50	0.00	-1.46	1.81	0.01	-0.77	-3.31	4.51	-0.87	0.25	0.26	-0.74	0.82	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0031	B5-Admissions % of Total	1.97	0.21	39.20	0.70	0.59	12.27	32.97	7.49	2.47	1.67	0.23	0.23	0.00	100.00
	E5-InPat Rev Line 1 % of Total	0.23	2.20	37.80	1.52	0.38	11.92	33.39	8.16	2.71	1.49	0.09	0.11	0.00	100.00
	Difference	1.73	-2.00	1.40	-0.81	0.21	0.35	-0.42	-0.67	-0.24	0.19	0.14	0.12	0.00	0.00
0034	B5-Admissions % of Total	9.25	5.90	35.39	2.32	0.09	21.83	11.96	8.43	1.51	0.34	1.02	1.95	0.00	100.00
	E5-InPat Rev Line 1 % of Total	6.28	4.06	44.82	1.34	0.04	15.23	16.80	6.86	1.62	0.31	1.51	1.13	0.00	100.00
	Difference	2.97	1.84	-9.43	0.97	0.06	6.59	-4.83	1.57	-0.10	0.04	-0.50	0.82	0.00	0.00
0037	B5-Admissions % of Total	0.06	0.08	27.28	0.50	0.52	31.11	11.48	11.44	14.50	0.04	1.98	1.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	0.05	0.04	33.76	0.59	0.33	25.26	16.59	8.41	11.37	0.05	1.66	1.90	0.00	100.00
	Difference	0.01	0.05	-6.48	-0.09	0.20	5.85	-5.11	3.03	3.13	-0.01	0.32	-0.90	0.00	0.00
0038	B5-Admissions % of Total	0.09	0.00	22.40	7.00	0.09	28.66	16.18	18.51	0.82	2.16	0.53	1.77	1.78	100.00
	E5-InPat Rev Line 1 % of Total	0.10	0.00	27.18	6.38	0.00	23.95	19.77	16.00	0.84	1.92	0.37	3.49	0.00	100.00
	Difference	-0.01	0.00	-4.77	0.62	0.09	4.72	-3.60	2.50	-0.02	0.24	0.16	-1.71	1.78	0.00
0040	B5-Admissions % of Total	0.00	4.81	11.82	9.68	0.23	15.93	13.73	31.49	5.92	4.07	1.93	0.40	0.00	100.00
	E5-InPat Rev Line 1 % of Total	0.00	3.35	19.35	6.81	0.12	11.49	19.82	27.37	4.10	4.86	2.49	0.24	0.00	100.00
	Difference	0.00	1.46	-7.53	2.87	0.11	4.43	-6.09	4.12	1.82	-0.79	-0.56	0.16	0.00	0.00
0041	B5-Admissions % of Total	3.03	0.00	37.55	1.61	0.09	25.44	24.91	4.21	0.58	0.74	0.45	0.27	1.13	100.00
	E5-InPat Rev Line 1 % of Total	1.99	0.00	42.56	1.31	0.04	17.85	30.88	2.99	0.45	0.67	0.30	0.96	0.00	100.00
	Difference	1.04	0.00	-5.01	0.30	0.05	7.58	-5.97	1.22	0.13	0.07	0.15	-0.69	1.13	0.00
0044	B5-Admissions % of Total	10.10	4.43	14.89	11.70	2.32	10.80	14.10	17.51	8.17	1.52	2.27	0.18	2.02	100.00
	E5-InPat Rev Line 1 % of Total	8.44	2.94	26.06	5.54	1.10	6.44	25.69	12.64	6.34	2.00	1.16	1.65	0.00	100.00
	Difference	1.66	1.48	-11.16	6.16	1.21	4.35	-11.58	4.87	1.83	-0.48	1.11	-1.47	2.02	0.00

New Jersey Department of Health**Run Date: 07/09/2024****Acute Care Hospitals - 2023 Submitted****Run Name: CostCk3b****Cost Cross Checks****Form B5,E5**

<i>Hospital</i>	<i>Data Source</i>	<i>NJ Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0045	B5-Admissions % of Total	0.08	0.06	28.41	4.64	0.00	10.51	15.26	6.73	30.65	0.45	1.51	0.31	1.38	100.00
	E5-InPat Rev Line 1 % of Total	0.07	0.02	36.85	2.82	0.00	8.30	21.91	4.91	22.36	0.44	0.55	1.78	0.00	100.00
	Difference	0.00	0.04	-8.44	1.82	0.00	2.22	-6.65	1.83	8.29	0.01	0.97	-1.47	1.38	0.00
0047	B5-Admissions % of Total	0.01	3.41	34.70	3.15	1.00	11.68	14.20	18.45	9.23	0.96	0.82	1.61	0.78	100.00
	E5-InPat Rev Line 1 % of Total	0.01	2.46	39.22	1.87	0.38	8.70	19.33	17.15	6.92	0.95	1.21	1.79	0.00	100.00
	Difference	0.00	0.95	-4.52	1.27	0.62	2.99	-5.13	1.29	2.32	0.01	-0.39	-0.19	0.78	0.00
0048	B5-Admissions % of Total	2.03	0.00	34.00	5.32	0.09	22.23	20.49	10.83	0.45	2.53	0.38	0.34	1.32	100.00
	E5-InPat Rev Line 1 % of Total	1.65	0.00	38.94	3.29	0.02	17.11	25.81	9.17	0.37	2.43	0.20	1.01	0.00	100.00
	Difference	0.38	0.00	-4.94	2.03	0.06	5.12	-5.32	1.66	0.08	0.10	0.18	-0.67	1.32	0.00
0050	B5-Admissions % of Total	0.04	0.00	24.68	4.48	0.07	0.00	12.37	15.60	38.50	0.00	4.17	0.09	0.00	100.00
	E5-InPat Rev Line 1 % of Total	14.92	0.00	31.22	3.23	0.06	0.00	17.45	12.02	17.61	0.00	3.38	0.11	0.00	100.00
	Difference	-14.87	0.00	-6.54	1.25	0.02	0.00	-5.08	3.58	20.89	0.00	0.79	-0.02	0.00	0.00
0051	B5-Admissions % of Total	12.09	5.63	26.89	3.01	0.00	20.59	16.55	11.23	0.55	1.22	0.59	0.29	1.35	100.00
	E5-InPat Rev Line 1 % of Total	10.42	4.13	32.03	2.43	0.00	15.66	23.04	8.62	0.62	1.27	0.48	1.31	0.00	100.00
	Difference	1.67	1.50	-5.14	0.58	0.00	4.93	-6.48	2.61	-0.06	-0.05	0.11	-1.02	1.35	0.00
0052	B5-Admissions % of Total	6.18	2.51	42.70	4.13	0.05	13.31	16.70	9.33	1.72	0.60	1.33	0.00	1.45	100.00
	E5-InPat Rev Line 1 % of Total	4.60	2.13	47.15	2.61	0.04	9.64	21.25	6.91	1.86	0.67	2.06	1.07	0.00	100.00
	Difference	1.57	0.38	-4.44	1.51	0.01	3.68	-4.55	2.42	-0.14	-0.08	-0.73	-1.07	1.45	0.00
0054	B5-Admissions % of Total	0.00	0.04	29.06	1.34	0.19	18.04	18.48	20.04	8.35	0.46	3.30	0.16	0.53	100.00
	E5-InPat Rev Line 1 % of Total	0.00	0.12	32.59	1.23	0.12	15.11	24.91	15.03	7.18	0.58	2.48	0.64	0.00	100.00
	Difference	0.00	-0.08	-3.53	0.11	0.08	2.93	-6.43	5.00	1.17	-0.13	0.82	-0.48	0.53	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0057	B5-Admissions % of Total	11.40	0.00	26.59	5.12	3.73	8.88	13.29	20.60	7.26	0.85	0.82	0.38	1.09	100.00
	E5-InPat Rev Line 1 % of Total	10.31	0.00	30.97	3.05	2.78	8.54	20.02	15.53	5.73	0.85	0.52	1.70	0.00	100.00
	Difference	1.10	0.00	-4.38	2.07	0.95	0.35	-6.73	5.07	1.53	-0.01	0.30	-1.32	1.09	0.00
0058	B5-Admissions % of Total	7.08	0.00	10.46	6.78	0.00	0.00	8.33	50.77	7.09	5.73	3.21	0.55	0.00	100.00
	E5-InPat Rev Line 1 % of Total	5.64	0.00	17.78	6.60	0.00	0.00	10.66	42.91	6.08	5.79	3.65	0.90	0.00	100.00
	Difference	1.44	0.00	-7.31	0.19	0.00	0.00	-2.33	7.86	1.01	-0.06	-0.44	-0.35	0.00	0.00
0060	B5-Admissions % of Total	4.09	3.09	41.47	1.14	0.00	7.72	26.78	10.93	1.21	1.09	0.33	1.21	0.95	100.00
	E5-InPat Rev Line 1 % of Total	3.78	4.48	42.15	1.14	0.00	5.52	26.31	11.68	1.10	1.14	0.34	2.36	0.00	100.00
	Difference	0.32	-1.39	-0.68	0.00	0.00	2.20	0.46	-0.76	0.11	-0.05	-0.02	-1.15	0.95	0.00
0061	B5-Admissions % of Total	7.86	0.00	30.36	5.75	2.26	9.21	13.41	23.25	4.72	1.37	1.11	0.28	0.43	100.00
	E5-InPat Rev Line 1 % of Total	6.21	0.00	33.75	5.22	2.06	10.05	15.59	20.38	4.06	1.04	1.01	0.64	0.00	100.00
	Difference	1.65	0.00	-3.39	0.53	0.20	-0.84	-2.18	2.87	0.66	0.33	0.10	-0.37	0.43	0.00
0069	B5-Admissions % of Total	11.19	0.00	29.11	2.18	2.56	10.19	19.30	17.40	1.94	0.90	2.56	0.00	2.66	100.00
	E5-InPat Rev Line 1 % of Total	8.67	0.00	32.72	3.65	2.51	7.70	24.34	13.82	1.80	1.51	1.50	1.78	0.00	100.00
	Difference	2.52	0.00	-3.60	-1.47	0.05	2.50	-5.04	3.58	0.14	-0.61	1.06	-1.78	2.66	0.00
0070	B5-Admissions % of Total	1.02	0.00	11.49	7.55	0.22	48.23	2.32	18.93	3.06	2.66	2.57	1.75	0.19	100.00
	E5-InPat Rev Line 1 % of Total	0.03	0.00	18.92	7.18	0.13	34.90	13.04	17.67	2.58	2.98	2.16	0.41	0.00	100.00
	Difference	0.99	0.00	-7.42	0.37	0.08	13.33	-10.72	1.26	0.49	-0.33	0.42	1.34	0.19	0.00
0073	B5-Admissions % of Total	8.43	4.14	29.95	3.56	0.23	18.51	12.02	15.32	2.84	0.68	1.33	3.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	6.45	3.24	35.98	3.73	0.10	15.10	16.30	11.18	2.45	0.74	2.55	2.17	0.00	100.00
	Difference	1.97	0.89	-6.04	-0.17	0.13	3.41	-4.28	4.14	0.38	-0.06	-1.22	0.83	0.00	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0074	B5-Admissions % of Total	4.46	0.00	13.05	5.48	0.05	18.11	18.06	31.55	1.81	3.48	1.61	1.32	1.01	100.00
	E5-InPat Rev Line 1 % of Total	3.54	0.00	16.91	5.20	0.03	13.53	24.66	26.08	2.86	3.63	1.63	1.94	0.00	100.00
	Difference	0.92	0.00	-3.85	0.28	0.02	4.59	-6.60	5.47	-1.05	-0.15	-0.02	-0.62	1.01	0.00
0075	B5-Admissions % of Total	0.81	0.00	12.46	7.40	0.03	41.97	5.81	28.65	0.49	1.37	0.58	0.44	0.00	100.00
	E5-InPat Rev Line 1 % of Total	1.03	0.00	23.25	5.80	0.04	35.90	12.05	17.24	0.47	2.41	0.57	1.24	0.00	100.00
	Difference	-0.21	0.00	-10.79	1.60	0.00	6.07	-6.24	11.40	0.02	-1.04	0.00	-0.81	0.00	0.00
0076	B5-Admissions % of Total	11.05	0.00	17.79	2.90	0.15	38.12	13.78	10.93	0.49	1.01	0.69	0.90	2.19	100.00
	E5-InPat Rev Line 1 % of Total	6.84	0.00	26.74	3.47	0.05	25.43	21.13	11.34	0.36	1.22	0.52	2.89	0.00	100.00
	Difference	4.21	0.00	-8.95	-0.57	0.10	12.69	-7.35	-0.41	0.13	-0.21	0.16	-1.99	2.19	0.00
0081	B5-Admissions % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
	E5-InPat Rev Line 1 % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	0.00	#Num!
	Difference	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!
0083	B5-Admissions % of Total	3.16	0.13	13.06	7.99	0.04	2.56	22.02	41.14	2.58	6.56	0.19	0.56	0.00	100.00
	E5-InPat Rev Line 1 % of Total	4.10	0.08	17.01	6.35	0.01	2.39	25.58	33.55	3.35	5.33	0.15	2.11	0.00	100.00
	Difference	-0.94	0.05	-3.95	1.64	0.03	0.16	-3.55	7.60	-0.78	1.23	0.05	-1.54	0.00	0.00
0084	B5-Admissions % of Total	0.29	0.00	34.89	7.20	0.03	11.40	18.98	23.62	0.67	2.03	0.51	0.03	0.34	100.00
	E5-InPat Rev Line 1 % of Total	0.15	0.00	39.45	6.56	0.05	9.96	22.13	18.88	0.59	1.44	0.45	0.34	0.00	100.00
	Difference	0.14	0.00	-4.57	0.64	-0.01	1.45	-3.15	4.74	0.08	0.59	0.06	-0.30	0.34	0.00
0091	B5-Admissions % of Total	3.96	0.00	41.54	1.17	0.07	1.17	22.05	21.25	4.62	0.00	4.18	0.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	4.49	0.00	40.38	1.79	0.00	8.75	20.69	19.47	0.75	1.49	2.18	0.00	0.00	100.00
	Difference	-0.54	0.00	1.16	-0.62	0.07	-7.58	1.36	1.77	3.87	-1.49	1.99	0.00	0.00	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0092	B5-Admissions % of Total	4.19	1.35	21.19	6.84	0.28	2.76	25.44	23.22	3.28	5.09	3.07	2.90	0.38	100.00
	E5-InPat Rev Line 1 % of Total	4.03	1.54	20.69	6.76	0.30	2.75	26.68	21.63	3.70	5.13	1.95	4.84	0.00	100.00
	Difference	0.16	-0.20	0.50	0.08	-0.02	0.01	-1.23	1.59	-0.42	-0.04	1.12	-1.94	0.38	0.00
0096	B5-Admissions % of Total	4.43	1.71	15.31	7.30	0.07	2.56	28.42	28.01	5.88	5.86	0.44	0.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	4.18	1.31	18.23	7.14	0.04	2.57	31.79	23.67	5.63	5.23	0.19	0.00	0.00	100.00
	Difference	0.24	0.40	-2.92	0.16	0.03	-0.01	-3.37	4.34	0.25	0.63	0.25	0.00	0.00	0.00
0108	B5-Admissions % of Total	5.99	3.14	26.52	5.57	0.07	19.94	14.91	15.78	1.24	0.94	3.98	1.92	0.00	100.00
	E5-InPat Rev Line 1 % of Total	5.01	2.29	31.92	3.15	0.04	17.97	19.25	13.18	1.57	1.99	2.53	1.10	0.00	100.00
	Difference	0.98	0.85	-5.40	2.43	0.03	1.96	-4.34	2.59	-0.32	-1.05	1.46	0.82	0.00	0.00
0110	B5-Admissions % of Total	3.94	0.00	35.66	1.80	0.06	13.34	31.26	9.23	0.59	1.70	0.20	1.62	0.59	100.00
	E5-InPat Rev Line 1 % of Total	3.75	0.00	36.07	2.04	0.05	11.72	33.82	8.07	0.42	1.40	0.23	2.43	0.00	100.00
	Difference	0.19	0.00	-0.41	-0.24	0.01	1.63	-2.56	1.16	0.17	0.29	-0.03	-0.80	0.59	0.00
0111	B5-Admissions % of Total	12.35	1.05	39.66	3.62	0.70	26.86	2.22	9.04	0.00	1.16	1.75	0.46	1.12	100.00
	E5-InPat Rev Line 1 % of Total	9.15	0.72	45.44	2.05	0.72	8.04	23.01	7.10	0.00	1.03	1.30	1.44	0.00	100.00
	Difference	3.20	0.33	-5.78	1.58	-0.02	18.82	-20.79	1.94	0.00	0.13	0.45	-0.98	1.12	0.00
0112	B5-Admissions % of Total	5.01	3.10	41.87	1.57	0.01	14.11	19.63	10.93	1.40	0.19	1.09	1.10	0.00	100.00
	E5-InPat Rev Line 1 % of Total	4.15	2.85	41.98	1.37	0.01	13.01	22.10	10.26	1.31	0.27	1.92	0.78	0.00	100.00
	Difference	0.86	0.25	-0.12	0.20	0.01	1.10	-2.47	0.67	0.09	-0.08	-0.83	0.32	0.00	0.00
0113	B5-Admissions % of Total	6.27	2.19	40.93	2.44	0.26	11.65	20.79	11.34	1.38	0.51	0.89	0.00	1.34	100.00
	E5-InPat Rev Line 1 % of Total	4.69	1.71	44.50	1.82	0.16	10.20	23.84	9.91	1.37	0.47	0.53	0.80	0.00	100.00
	Difference	1.59	0.48	-3.57	0.61	0.09	1.46	-3.05	1.43	0.00	0.04	0.37	-0.80	1.34	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0115	B5-Admissions % of Total	6.84	2.31	45.63	1.93	0.00	8.02	24.41	7.03	1.05	1.21	0.51	0.48	0.59	100.00
	E5-InPat Rev Line 1 % of Total	6.15	1.67	44.58	2.12	0.00	6.50	27.83	7.34	1.34	1.20	0.30	0.98	0.00	100.00
	Difference	0.69	0.64	1.05	-0.19	0.00	1.52	-3.42	-0.31	-0.29	0.00	0.21	-0.49	0.59	0.00
0116	B5-Admissions % of Total	6.32	0.45	33.00	2.12	0.03	4.32	23.73	16.94	8.13	3.20	0.57	0.00	1.19	100.00
	E5-InPat Rev Line 1 % of Total	4.98	0.30	36.66	1.83	0.01	3.05	27.36	14.98	6.91	2.72	0.38	0.81	0.00	100.00
	Difference	1.34	0.14	-3.66	0.29	0.02	1.27	-3.62	1.96	1.22	0.48	0.18	-0.81	1.19	0.00
0118	B5-Admissions % of Total	10.29	1.34	15.17	1.86	0.06	2.88	7.06	11.51	28.63	0.73	2.47	17.65	0.35	100.00
	E5-InPat Rev Line 1 % of Total	12.08	1.58	12.51	0.85	0.02	2.98	5.46	5.19	34.21	0.42	1.06	23.65	0.00	100.00
	Difference	-1.79	-0.24	2.67	1.01	0.04	-0.10	1.60	6.32	-5.57	0.31	1.41	-6.00	0.35	0.00
0119	B5-Admissions % of Total	3.56	0.65	9.38	12.26	0.08	3.55	14.46	37.29	4.02	7.81	3.37	3.57	0.00	100.00
	E5-InPat Rev Line 1 % of Total	4.01	0.59	11.66	8.91	0.04	5.08	16.08	31.81	5.04	7.13	3.08	6.57	0.00	100.00
	Difference	-0.45	0.06	-2.28	3.35	0.04	-1.54	-1.62	5.48	-1.02	0.68	0.29	-3.00	0.00	0.00
0221	B5-Admissions % of Total	19.06	0.00	21.06	2.56	1.94	14.26	8.20	15.11	14.52	0.41	0.35	0.29	2.26	100.00
	E5-InPat Rev Line 1 % of Total	15.33	0.00	27.77	2.88	1.58	12.54	13.49	13.06	10.59	0.43	0.23	2.09	0.00	100.00
	Difference	3.73	0.00	-6.71	-0.32	0.36	1.72	-5.30	2.05	3.93	-0.02	0.12	-1.80	2.26	0.00
0224	B5-Admissions % of Total	9.15	0.00	45.78	1.75	1.40	8.77	18.21	8.02	4.95	0.31	0.17	0.19	1.30	100.00
	E5-InPat Rev Line 1 % of Total	9.47	0.00	41.60	1.91	1.20	9.47	21.94	8.13	4.72	0.19	0.08	1.28	0.00	100.00
	Difference	-0.32	0.00	4.18	-0.16	0.20	-0.70	-3.74	-0.11	0.23	0.12	0.09	-1.09	1.30	0.00
0324	B5-Admissions % of Total	8.02	0.00	24.92	7.29	1.82	7.17	18.13	25.51	1.80	0.94	3.27	0.00	1.14	100.00
	E5-InPat Rev Line 1 % of Total	7.63	0.00	27.01	7.52	1.97	5.95	23.21	21.62	1.92	1.54	0.68	0.96	0.00	100.00
	Difference	0.38	0.00	-2.09	-0.23	-0.14	1.22	-5.08	3.89	-0.12	-0.60	2.59	-0.96	1.14	0.00

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0391	B5-Admissions % of Total	6.80	0.43	13.81	10.79	0.14	16.53	10.52	33.99	1.08	1.43	3.01	0.00	1.47	100.00
	E5-InPat Rev Line 1 % of Total	5.43	0.38	19.27	9.04	0.10	17.47	15.06	27.42	1.15	1.42	2.32	0.95	0.00	100.00
	Difference	1.38	0.04	-5.46	1.75	0.04	-0.94	-4.54	6.57	-0.07	0.02	0.69	-0.95	1.47	0.00
0392	B5-Admissions % of Total	9.31	1.16	39.08	2.17	0.03	13.23	21.65	9.68	1.33	0.22	1.30	0.00	0.84	100.00
	E5-InPat Rev Line 1 % of Total	8.11	0.87	41.02	1.98	0.02	11.58	23.91	9.35	1.28	0.20	0.96	0.72	0.00	100.00
	Difference	1.20	0.29	-1.94	0.19	0.02	1.66	-2.25	0.33	0.05	0.02	0.33	-0.72	0.84	0.00
0502	B5-Admissions % of Total	3.66	0.00	37.46	2.34	0.28	0.00	21.04	9.61	18.78	0.00	6.64	0.19	0.00	100.00
	E5-InPat Rev Line 1 % of Total	10.17	0.00	38.29	2.68	0.04	0.00	18.40	16.03	9.53	0.00	4.65	0.21	0.00	100.00
	Difference	-6.51	0.00	-0.84	-0.34	0.24	0.00	2.64	-6.42	9.26	0.00	1.99	-0.02	0.00	0.00
0641	B5-Admissions % of Total	15.11	0.00	28.92	4.99	3.36	5.88	17.15	20.23	0.67	1.29	1.18	1.21	0.00	100.00
	E5-InPat Rev Line 1 % of Total	14.54	0.00	35.40	3.02	2.17	0.43	21.07	14.62	5.25	1.25	0.79	1.46	0.00	100.00
	Difference	0.57	0.00	-6.48	1.97	1.19	5.45	-3.92	5.61	-4.58	0.04	0.39	-0.25	0.00	0.00
0642	B5-Admissions % of Total	10.09	0.00	26.34	2.57	2.95	3.36	20.07	23.95	0.68	2.79	1.79	5.41	0.00	100.00
	E5-InPat Rev Line 1 % of Total	11.39	0.00	28.34	3.55	1.72	2.68	20.22	19.54	0.90	2.94	1.53	7.19	0.00	100.00
	Difference	-1.30	0.00	-2.00	-0.98	1.24	0.68	-0.15	4.41	-0.23	-0.15	0.26	-1.78	0.00	0.00
0861	B5-Admissions % of Total	6.02	3.99	34.67	1.33	0.26	9.72	23.39	16.82	0.61	0.50	0.71	0.25	1.72	100.00
	E5-InPat Rev Line 1 % of Total	5.22	3.19	38.48	1.60	0.21	8.43	26.24	13.15	0.56	0.50	0.52	1.91	0.00	100.00
	Difference	0.80	0.80	-3.81	-0.27	0.05	1.30	-2.84	3.67	0.05	0.00	0.19	-1.66	1.72	0.00
0862	B5-Admissions % of Total	4.66	3.45	37.81	2.24	0.21	8.99	21.82	16.22	0.91	0.91	1.07	0.55	1.15	100.00
	E5-InPat Rev Line 1 % of Total	4.45	3.10	37.05	2.81	0.17	7.55	21.95	18.67	0.94	0.76	0.87	1.67	0.00	100.00
	Difference	0.21	0.35	0.76	-0.57	0.04	1.44	-0.13	-2.45	-0.03	0.15	0.19	-1.12	1.15	0.00

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk3b

Cost Cross Checks

Form B5,E5

<i>Hospital</i>	<i>Data Source</i>	<i>NJ Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0863	B5-Admissions % of Total	3.94	2.83	33.31	2.28	0.08	8.16	25.45	18.91	0.62	1.40	1.72	0.15	1.15	100.00
	E5-InPat Rev Line 1 % of Total	3.84	2.91	33.36	2.32	0.07	7.53	28.15	17.05	0.65	1.41	1.29	1.42	0.00	100.00
	Difference	0.10	-0.07	-0.05	-0.05	0.01	0.63	-2.70	1.86	-0.03	-0.01	0.43	-1.26	1.15	0.00
1069	B5-Admissions % of Total	12.10	0.00	28.96	1.99	1.31	14.46	19.93	16.61	2.12	0.30	0.71	0.00	1.51	100.00
	E5-InPat Rev Line 1 % of Total	9.60	0.00	33.25	1.97	1.76	10.51	25.81	13.35	2.00	0.57	0.28	0.91	0.00	100.00
	Difference	2.51	0.00	-4.30	0.02	-0.44	3.95	-5.88	3.26	0.12	-0.26	0.43	-0.91	1.51	0.00
1169	B5-Admissions % of Total	6.39	0.00	39.05	4.01	0.18	5.47	22.99	18.25	0.73	0.00	2.92	0.00	0.00	100.00
	E5-InPat Rev Line 1 % of Total	5.25	0.00	42.00	3.45	0.24	4.83	24.93	17.31	0.12	1.11	0.76	0.00	0.00	100.00
	Difference	1.14	0.00	-2.95	0.56	-0.06	0.64	-1.94	0.94	0.61	-1.11	2.16	0.00	0.00	0.00
TOTAL	B5-Admissions % of Total	6.71	1.71	25.74	4.98	0.50	17.66	15.51	17.66	4.27	1.81	1.55	0.90	1.01	100.00
	E5-InPat Rev Line 1 % of Total	5.59	1.60	29.90	4.31	0.39	12.61	21.36	15.22	3.88	2.02	1.15	1.97	0.00	100.00
	Difference	1.11	0.11	-4.16	0.67	0.11	5.05	-5.85	2.44	0.39	-0.21	0.39	-1.07	1.01	0.00

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

Hospital	Data Source	Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0001	B5-Admissions	6311	742	12586	2303	0	13585	5408	8929	2422	829	1848	0	1190	56153
	B5-PatientDays	22521	2374	62675	10724	0	49479	30170	34007	11498	4441	5895	0	3070	236854
	Missing Data Flag														
	PatientDays/Admissions	3.57	3.20	4.98	4.66	.00	3.64	5.58	3.81	4.75	5.36	3.19	.00	2.58	4.22
0002	B5-Admissions	246	0	1713	2780	12	3147	3038	6998	42	569	344	149	148	19186
	B5-PatientDays	1970	0	17822	17283	54	21988	32314	44114	228	3461	1417	2127	1047	143825
	Missing Data Flag														
	PatientDays/Admissions	8.01	.00	10.40	6.22	4.50	6.99	10.64	6.30	5.43	6.08	4.12	14.28	7.07	7.50
0003	B5-Admissions	655	15	2649	1753	0	1989	1640	2453	131	738	636	0	34	12693
	B5-PatientDays	1369	19	7309	2436	0	4910	4767	4261	276	1960	1017	0	52	28376
	Missing Data Flag														
	PatientDays/Admissions	2.09	1.27	2.76	1.39	.00	2.47	2.91	1.74	2.11	2.66	1.60	.00	1.53	2.24
0005	B5-Admissions	452	545	3573	323	75	2069	1478	860	149	58	31	70	124	9807
	B5-PatientDays	1467	1814	15657	1387	305	6601	6907	3638	534	142	140	233	394	39219
	Missing Data Flag														
	PatientDays/Admissions	3.25	3.33	4.38	4.29	4.07	3.19	4.67	4.23	3.58	2.45	4.52	3.33	3.18	4.00
0006	B5-Admissions	486	185	1213	321	1	66	1578	1892	674	282	162	0	0	6860
	B5-PatientDays	1526	557	6165	1777	2	267	7806	6164	2172	1253	332	0	0	28021
	Missing Data Flag														
	PatientDays/Admissions	3.14	3.01	5.08	5.54	2.00	4.05	4.95	3.26	3.22	4.44	2.05	.00	.00	4.08
0008	B5-Admissions	5	321	5024	264	19	3876	3219	2762	323	327	135	74	237	16586
	B5-PatientDays	6	1079	23325	1282	60	13786	15104	9951	1117	1113	435	224	736	68218
	Missing Data Flag														
	PatientDays/Admissions	1.20	3.36	4.64	4.86	3.16	3.56	4.69	3.60	3.46	3.40	3.22	3.03	3.11	4.11
0009	B5-Admissions	256	0	2491	1163	30	2886	3137	4132	44	460	446	114	103	15262
	B5-PatientDays	1176	0	18562	4650	74	14754	22538	17822	139	2120	1579	1158	501	85073
	Missing Data Flag														
	PatientDays/Admissions	4.59	.00	7.45	4.00	2.47	5.11	7.18	4.31	3.16	4.61	3.54	10.16	4.86	5.57

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

Hospital	Data Source	Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0010	B5-Admissions	3136	0	5449	422	0	4489	2430	1981	473	116	284	0	158	18938
	B5-PatientDays	14663	0	31815	2119	0	20761	14593	15940	3608	911	962	0	585	105957
	Missing Data Flag														
	PatientDays/Admissions	4.68	.00	5.84	5.02	.00	4.62	6.01	8.05	7.63	7.85	3.39	.00	3.70	5.59
0011	B5-Admissions	373	37	2727	87	157	227	1143	593	61	4	40	0	0	5449
	B5-PatientDays	1045	1200	15121	443	917	1189	6939	3150	274	6	105	0	0	30389
	Missing Data Flag														
	PatientDays/Admissions	2.80	32.43	5.54	5.09	5.84	5.24	6.07	5.31	4.49	1.50	2.63	.00	.00	5.58
0012	B5-Admissions	50	1759	11463	93	0	9713	5061	1233	3476	149	282	0	977	34256
	B5-PatientDays	170	4515	53730	555	0	26163	24455	4959	10620	1563	704	0	2032	129466
	Missing Data Flag														
	PatientDays/Admissions	3.40	2.57	4.69	5.97	.00	2.69	4.83	4.02	3.06	10.49	2.50	.00	2.08	3.78
0014	B5-Admissions	1559	1244	6819	1357	312	2415	5409	9676	1047	694	346	788	0	31666
	B5-PatientDays	10052	6678	43874	10339	2162	13113	41467	54832	8588	4688	1481	2751	0	200025
	Missing Data Flag														
	PatientDays/Admissions	6.45	5.37	6.43	7.62	6.93	5.43	7.67	5.67	8.20	6.76	4.28	3.49	.00	6.32
0015	B5-Admissions	5723	2710	12351	1357	0	9681	5626	2909	363	930	126	665	304	42745
	B5-PatientDays	25642	11686	76445	9824	0	41504	40704	18584	2512	3648	472	4567	1738	237326
	Missing Data Flag														
	PatientDays/Admissions	4.48	4.31	6.19	7.24	.00	4.29	7.23	6.39	6.92	3.92	3.75	6.87	5.72	5.55
0016	B5-Admissions	0	97	938	328	2	395	1406	1573	184	255	114	6	0	5298
	B5-PatientDays	0	542	7546	2183	7	2263	10719	8672	1070	2571	800	19	0	36392
	Missing Data Flag														
	PatientDays/Admissions	.00	5.59	8.04	6.66	3.50	5.73	7.62	5.51	5.82	10.08	7.02	3.17	.00	6.87
0017	B5-Admissions	800	280	3932	171	0	1001	1497	615	53	46	37	34	64	8530
	B5-PatientDays	2717	859	19461	638	0	3282	9028	3217	234	194	108	117	160	40015
	Missing Data Flag														
	PatientDays/Admissions	3.40	3.07	4.95	3.73	.00	3.28	6.03	5.23	4.42	4.22	2.92	3.44	2.50	4.69

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0019	B5-Admissions	1688	173	2835	2651	27	947	3135	6828	1374	994	520	0	379	21551
	B5-PatientDays	9529	1505	23705	13823	112	4668	30936	37043	10707	6380	2614	0	1329	142351
	Missing Data Flag														
	PatientDays/Admissions	5.65	8.70	8.36	5.21	4.15	4.93	9.87	5.43	7.79	6.42	5.03	.00	3.51	6.61
0021	B5-Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	B5-PatientDays	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Missing Data Flag														
	PatientDays/Admissions	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
0024	B5-Admissions	87	0	1658	136	3	726	1561	653	0	92	32	20	37	5005
	B5-PatientDays	331	0	9121	654	22	3172	8995	3207	0	431	95	116	142	26286
	Missing Data Flag														
	PatientDays/Admissions	3.80	.00	5.50	4.81	7.33	4.37	5.76	4.91	.00	4.68	2.97	5.80	3.84	5.25
0025	B5-Admissions	0	106	1418	79	7	478	1295	786	206	123	36	27	0	4561
	B5-PatientDays	0	537	8489	710	31	2250	8246	4334	731	563	255	204	0	26350
	Missing Data Flag														
	PatientDays/Admissions	.00	5.07	5.99	8.99	4.43	4.71	6.37	5.51	3.55	4.58	7.08	7.56	.00	5.78
0027	B5-Admissions	535	45	1491	1753	3	632	1802	2618	327	614	241	22	2	10085
	B5-PatientDays	3323	224	11150	8091	26	3784	13538	16224	1900	3619	931	198	15	63023
	Missing Data Flag														
	PatientDays/Admissions	6.21	4.98	7.48	4.62	8.67	5.99	7.51	6.20	5.81	5.89	3.86	9.00	7.50	6.25
0028	B5-Admissions	607	224	2929	214	0	641	1397	942	113	66	40	19	85	7277
	B5-PatientDays	2986	929	17324	1008	0	2746	10119	4744	605	513	148	99	375	41596
	Missing Data Flag														
	PatientDays/Admissions	4.92	4.15	5.91	4.71	.00	4.28	7.24	5.04	5.35	7.77	3.70	5.21	4.41	5.72
0029	B5-Admissions	901	0	4267	764	111	1277	1961	2766	578	179	83	32	107	13026
	B5-PatientDays	4557	0	22978	3733	636	7682	12274	13909	3350	827	303	174	508	70931
	Missing Data Flag														
	PatientDays/Admissions	5.06	.00	5.39	4.89	5.73	6.02	6.26	5.03	5.80	4.62	3.65	5.44	4.75	5.45

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

Hospital	Data Source	Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0031	B5-Admissions	67	7	1335	24	20	418	1123	255	84	57	8	8	0	3406
	B5-PatientDays	329	42	6729	240	65	2272	6320	1753	426	284	29	15	0	18504
	Missing Data Flag														
	PatientDays/Admissions	4.91	6.00	5.04	10.00	3.25	5.44	5.63	6.87	5.07	4.98	3.63	1.88	.00	5.43
0034	B5-Admissions	1075	686	4112	269	11	2536	1390	979	176	40	118	227	0	11619
	B5-PatientDays	3486	2340	20128	1248	25	8672	7966	4775	759	157	478	691	0	50725
	Missing Data Flag														
	PatientDays/Admissions	3.24	3.41	4.89	4.64	2.27	3.42	5.73	4.88	4.31	3.93	4.05	3.04	.00	4.37
0037	B5-Admissions	3	4	1309	24	25	1493	551	549	696	2	95	48	0	4799
	B5-PatientDays	5	7	5576	95	64	4329	2701	1605	1936	10	265	110	0	16703
	Missing Data Flag														
	PatientDays/Admissions	1.67	1.75	4.26	3.96	2.56	2.90	4.90	2.92	2.78	5.00	2.79	2.29	.00	3.48
0038	B5-Admissions	31	0	7763	2424	31	9932	5605	6412	285	749	185	614	618	34649
	B5-PatientDays	224	0	54004	15448	254	48124	39364	36341	1312	3980	616	4026	2871	206564
	Missing Data Flag														
	PatientDays/Admissions	7.23	.00	6.96	6.37	8.19	4.85	7.02	5.67	4.60	5.31	3.33	6.56	4.65	5.96
0040	B5-Admissions	0	252	619	507	12	834	719	1649	310	213	101	21	0	5237
	B5-PatientDays	0	891	4415	1968	44	3121	4550	8156	1172	1225	990	54	0	26586
	Missing Data Flag														
	PatientDays/Admissions	.00	3.54	7.13	3.88	3.67	3.74	6.33	4.95	3.78	5.75	9.80	2.57	.00	5.08
0041	B5-Admissions	709	0	8776	376	22	5945	5823	984	135	172	105	63	263	23373
	B5-PatientDays	2574	0	52728	1731	54	22998	37855	4080	579	753	399	297	840	124888
	Missing Data Flag														
	PatientDays/Admissions	3.63	.00	6.01	4.60	2.45	3.87	6.50	4.15	4.29	4.38	3.80	4.71	3.19	5.34
0044	B5-Admissions	2432	1066	3587	2818	558	2600	3397	4217	1968	365	546	44	487	24085
	B5-PatientDays	6619	2472	14667	6480	1281	5674	14327	11482	5045	1123	1248	105	1183	71706
	Missing Data Flag														
	PatientDays/Admissions	2.72	2.32	4.09	2.30	2.30	2.18	4.22	2.72	2.56	3.08	2.29	2.39	2.43	2.98

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

		Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Personnel Health	Total	
0045	B5-Admissions	14	11	5215	852	0	1930	2801	1236	5626	83	278	57	253	18356
	B5-PatientDays	35	31	24005	3959	0	6403	14568	4268	18625	332	785	214	812	74037
	Missing Data Flag														
	PatientDays/Admissions	2.50	2.82	4.60	4.65	.00	3.32	5.20	3.45	3.31	4.00	2.82	3.75	3.21	4.03
0047	B5-Admissions	1	299	3044	276	88	1025	1246	1618	810	84	72	141	68	8772
	B5-PatientDays	2	956	14656	953	200	3045	7439	5719	2709	298	270	353	160	36760
	Missing Data Flag														
	PatientDays/Admissions	2.00	3.20	4.81	3.45	2.27	2.97	5.97	3.53	3.34	3.55	3.75	2.50	2.35	4.19
0048	B5-Admissions	281	0	4708	737	12	3078	2837	1500	62	350	53	47	183	13848
	B5-PatientDays	1202	0	25683	3083	37	12987	18107	8572	233	1830	160	142	630	72666
	Missing Data Flag														
	PatientDays/Admissions	4.28	.00	5.46	4.18	3.08	4.22	6.38	5.71	3.76	5.23	3.02	3.02	3.44	5.25
0050	B5-Admissions	4	0	2420	439	7	0	1213	1530	3775	0	409	9	0	9806
	B5-PatientDays	6401	0	12190	2263	52	0	6736	9062	7718	0	1704	17	0	46143
	Missing Data Flag														
	PatientDays/Admissions	1600.25	.00	5.04	5.15	7.43	.00	5.55	5.92	2.04	.00	4.17	1.89	.00	4.71
0051	B5-Admissions	2667	1242	5932	664	0	4542	3652	2478	122	269	131	64	297	22060
	B5-PatientDays	11148	4942	33339	3321	0	17652	24280	11258	673	1345	436	291	1041	109726
	Missing Data Flag														
	PatientDays/Admissions	4.18	3.98	5.62	5.00	.00	3.89	6.65	4.54	5.52	5.00	3.33	4.55	3.51	4.97
0052	B5-Admissions	1025	416	7088	685	8	2210	2772	1549	286	99	221	0	240	16599
	B5-PatientDays	4358	1958	46924	2756	23	10730	19163	6843	1657	532	820	0	1023	96787
	Missing Data Flag														
	PatientDays/Admissions	4.25	4.71	6.62	4.02	2.88	4.86	6.91	4.42	5.79	5.37	3.71	.00	4.26	5.83
0054	B5-Admissions	0	4	3047	141	20	1892	1938	2101	875	48	346	17	56	10485
	B5-PatientDays	0	37	15184	744	62	7097	12081	7790	3314	388	1242	66	219	48224
	Missing Data Flag														
	PatientDays/Admissions	.00	9.25	4.98	5.28	3.10	3.75	6.23	3.71	3.79	8.08	3.59	3.88	3.91	4.60

New Jersey Department of Health

Run Date: 07/09/2024

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Run Name: CostCk4

Cost Cross Checks

Form B5

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0057	B5-Admissions	1952	0	4552	876	638	1521	2275	3526	1242	145	141	65	186	17119
	B5-PatientDays	7121	0	22365	3026	2071	6252	14004	12907	4013	527	441	261	666	73654
	Missing Data Flag														
	PatientDays/Admissions	3.65	.00	4.91	3.45	3.25	4.11	6.16	3.66	3.23	3.63	3.13	4.02	3.58	4.30
0058	B5-Admissions	642	0	949	615	0	0	755	4604	643	520	291	50	0	9069
	B5-PatientDays	4252	0	11768	4715	0	0	7163	29522	4328	3390	2509	337	0	67984
	Missing Data Flag														
	PatientDays/Admissions	6.62	.00	12.40	7.67	.00	.00	9.49	6.41	6.73	6.52	8.62	6.74	.00	7.50
0060	B5-Admissions	176	133	1784	49	0	332	1152	470	52	47	14	52	41	4302
	B5-PatientDays	598	462	7734	219	0	1159	4873	2065	147	218	57	263	111	17906
	Missing Data Flag														
	PatientDays/Admissions	3.40	3.47	4.34	4.47	.00	3.49	4.23	4.39	2.83	4.64	4.07	5.06	2.71	4.16
0061	B5-Admissions	425	0	1641	311	122	498	725	1257	255	74	60	15	23	5406
	B5-PatientDays	1670	0	8881	1800	479	2813	3813	7177	1103	211	245	35	121	28348
	Missing Data Flag														
	PatientDays/Admissions	3.93	.00	5.41	5.79	3.93	5.65	5.26	5.71	4.33	2.85	4.08	2.33	5.26	5.24
0069	B5-Admissions	236	0	614	46	54	215	407	367	41	19	54	0	56	2109
	B5-PatientDays	662	0	2916	157	177	617	1947	1047	133	108	354	0	124	8242
	Missing Data Flag														
	PatientDays/Admissions	2.81	.00	4.75	3.41	3.28	2.87	4.78	2.85	3.24	5.68	6.56	.00	2.21	3.91
0070	B5-Admissions	252	0	2833	1861	53	11887	573	4666	755	655	634	432	48	24649
	B5-PatientDays	274	0	16276	7621	135	40981	3432	18046	3017	2584	1912	2518	383	97179
	Missing Data Flag														
	PatientDays/Admissions	1.09	.00	5.75	4.10	2.55	3.45	5.99	3.87	4.00	3.95	3.02	5.83	7.98	3.94
0073	B5-Admissions	2723	1337	9676	1149	74	5981	3884	4950	917	221	430	970	0	32312
	B5-PatientDays	11916	6128	63231	8219	227	29199	28379	24704	5278	1191	2419	4381	0	185272
	Missing Data Flag														
	PatientDays/Admissions	4.38	4.58	6.53	7.15	3.07	4.88	7.31	4.99	5.76	5.39	5.63	4.52	.00	5.73

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

Hospital	Data Source	Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Personnel Health	Other	Total
0074	B5-Admissions	863	0	2526	1060	10	3505	3495	6105	350	673	312	255	196	19350
	B5-PatientDays	2880	0	12513	5060	25	11647	17976	24434	2045	2839	1351	1048	622	82440
	Missing Data Flag														
	PatientDays/Admissions	3.34	.00	4.95	4.77	2.50	3.32	5.14	4.00	5.84	4.22	4.33	4.11	3.17	4.26
0075	B5-Admissions	190	0	2920	1733	8	9833	1361	6712	114	322	135	102	0	23430
	B5-PatientDays	977	0	14282	5685	25	33099	8100	19258	312	1849	543	334	0	84464
	Missing Data Flag														
	PatientDays/Admissions	5.14	.00	4.89	3.28	3.13	3.37	5.95	2.87	2.74	5.74	4.02	3.27	.00	3.60
0076	B5-Admissions	3966	0	6386	1041	55	13681	4945	3921	176	363	246	322	785	35887
	B5-PatientDays	14553	0	45696	6664	163	53282	37336	21891	712	2207	949	2435	2987	188875
	Missing Data Flag														
	PatientDays/Admissions	3.67	.00	7.16	6.40	2.96	3.89	7.55	5.58	4.05	6.08	3.86	7.56	3.81	5.26
0081	B5-Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	B5-PatientDays	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Missing Data Flag														
	PatientDays/Admissions	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
0083	B5-Admissions	146	6	603	369	2	118	1017	1900	119	303	9	26	0	4618
	B5-PatientDays	560	23	3720	1803	3	478	6457	9448	529	1241	25	39	0	24326
	Missing Data Flag														
	PatientDays/Admissions	3.84	3.83	6.17	4.89	1.50	4.05	6.35	4.97	4.45	4.10	2.78	1.50	.00	5.27
0084	B5-Admissions	17	0	2044	422	2	668	1112	1384	39	119	30	2	20	5859
	B5-PatientDays	55	0	13222	1267	29	3930	6808	9273	159	549	227	25	64	35608
	Missing Data Flag														
	PatientDays/Admissions	3.24	.00	6.47	3.00	14.50	5.88	6.12	6.70	4.08	4.61	7.57	12.50	3.20	6.08
0091	B5-Admissions	54	0	567	16	1	16	301	290	63	0	57	0	0	1365
	B5-PatientDays	146	0	2402	145	6	36	1430	1222	193	0	101	4	0	5685
	Missing Data Flag												*****		
	PatientDays/Admissions	2.70	.00	4.24	9.06	6.00	2.25	4.75	4.21	3.06	.00	1.77		.00	4.16

New Jersey Department of Health

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Run Name: CostCk4

Cost Cross Checks

Form B5

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0092	B5-Admissions	436	140	2203	711	29	287	2645	2414	341	529	319	302	40	10396
	B5-PatientDays	2205	778	13200	4445	156	1418	15274	13639	1893	2852	1430	1800	178	59268
	Missing Data Flag														
	PatientDays/Admissions	5.06	5.56	5.99	6.25	5.38	4.94	5.77	5.65	5.55	5.39	4.48	5.96	4.45	5.70
0096	B5-Admissions	259	100	896	427	4	150	1663	1639	344	343	26	0	0	5851
	B5-PatientDays	915	339	4542	2041	10	578	7961	6723	1333	1343	72	0	0	25857
	Missing Data Flag														
	PatientDays/Admissions	3.53	3.39	5.07	4.78	2.50	3.85	4.79	4.10	3.88	3.92	2.77	.00	.00	4.42
0108	B5-Admissions	1256	658	5565	1169	15	4183	3129	3310	261	197	836	403	0	20982
	B5-PatientDays	4996	2392	35411	4473	45	18996	21323	15107	1387	2333	2961	1264	0	110688
	Missing Data Flag														
	PatientDays/Admissions	3.98	3.64	6.36	3.83	3.00	4.54	6.81	4.56	5.31	11.84	3.54	3.14	.00	5.28
0110	B5-Admissions	274	0	2480	125	4	928	2174	642	41	118	14	113	41	6954
	B5-PatientDays	1089	0	11317	684	6	3508	11179	2652	113	449	74	733	163	31967
	Missing Data Flag														
	PatientDays/Admissions	3.97	.00	4.56	5.47	1.50	3.78	5.14	4.13	2.76	3.81	5.29	6.49	3.98	4.60
0111	B5-Admissions	1858	158	5967	545	105	4041	334	1360	0	175	264	69	169	15045
	B5-PatientDays	6315	541	28454	1862	455	5788	15129	6009	0	745	876	303	584	67061
	Missing Data Flag														
	PatientDays/Admissions	3.40	3.42	4.77	3.42	4.33	1.43	45.30	4.42	.00	4.26	3.32	4.39	3.46	4.46
0112	B5-Admissions	351	217	2931	110	1	988	1374	765	98	13	76	77	0	7001
	B5-PatientDays	1368	877	15267	746	1	4231	8091	3522	449	58	328	234	0	35172
	Missing Data Flag														
	PatientDays/Admissions	3.90	4.04	5.21	6.78	1.00	4.28	5.89	4.60	4.58	4.46	4.32	3.04	.00	5.02
0113	B5-Admissions	561	196	3660	218	23	1042	1859	1014	123	46	80	0	120	8942
	B5-PatientDays	1663	560	16410	768	72	3571	8855	3619	492	188	217	0	297	36712
	Missing Data Flag														
	PatientDays/Admissions	2.96	2.86	4.48	3.52	3.13	3.43	4.76	3.57	4.00	4.09	2.71	.00	2.48	4.11

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0115	B5-Admissions	255	86	1701	72	0	299	910	262	39	45	19	18	22	3728
	B5-PatientDays	1059	293	8412	437	0	1168	5479	1445	270	246	49	134	74	19066
	Missing Data Flag														
	PatientDays/Admissions	4.15	3.41	4.95	6.07	.00	3.91	6.02	5.52	6.92	5.47	2.58	7.44	3.36	5.11
0116	B5-Admissions	424	30	2215	142	2	290	1593	1137	546	215	38	0	80	6712
	B5-PatientDays	1462	87	10848	535	1	891	7638	4009	2063	707	92	0	177	28510
	Missing Data Flag														
	PatientDays/Admissions	3.45	2.90	4.90	3.77	.50	3.07	4.79	3.53	3.78	3.29	2.42	.00	2.21	4.25
0118	B5-Admissions	354	46	522	64	2	99	243	396	985	25	85	607	12	3440
	B5-PatientDays	1172	202	3242	319	8	369	1486	1493	2968	152	275	1447	31	13164
	Missing Data Flag														
	PatientDays/Admissions	3.31	4.39	6.21	4.98	4.00	3.73	6.12	3.77	3.01	6.08	3.24	2.38	2.58	3.83
0119	B5-Admissions	668	122	1759	2298	15	665	2711	6992	753	1464	632	669	0	18748
	B5-PatientDays	4081	617	12897	11980	45	4411	20058	39601	5033	7061	2398	6022	0	114204
	Missing Data Flag														
	PatientDays/Admissions	6.11	5.06	7.33	5.21	3.00	6.63	7.40	5.66	6.68	4.82	3.79	9.00	.00	6.09
0221	B5-Admissions	5619	0	6208	754	572	4203	2416	4453	4281	120	103	86	665	29480
	B5-PatientDays	19476	0	27953	3877	2154	15487	13402	17102	13959	399	288	310	1988	116395
	Missing Data Flag														
	PatientDays/Admissions	3.47	.00	4.50	5.14	3.77	3.68	5.55	3.84	3.26	3.33	2.80	3.60	2.99	3.95
0224	B5-Admissions	732	0	3663	140	112	702	1457	642	396	25	14	15	104	8002
	B5-PatientDays	3308	0	17869	855	465	3690	9357	2903	1615	79	30	89	347	40607
	Missing Data Flag														
	PatientDays/Admissions	4.52	.00	4.88	6.11	4.15	5.26	6.42	4.52	4.08	3.16	2.14	5.93	3.34	5.07
0324	B5-Admissions	1374	0	4271	1249	312	1229	3108	4372	308	161	560	0	195	17139
	B5-PatientDays	6233	0	25905	7455	1816	6041	21176	21751	1496	1284	2100	0	680	95937
	Missing Data Flag														
	PatientDays/Admissions	4.54	.00	6.07	5.97	5.82	4.92	6.81	4.98	4.86	7.98	3.75	.00	3.49	5.60

New Jersey Department of Health

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Acute Care Hospitals - 2023 Submitted

Run Name: CostCk4

Cost Cross Checks

Form B5

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0391	B5-Admissions	480	30	974	761	10	1166	742	2398	76	101	212	0	104	7054
	B5-PatientDays	1698	105	5617	3321	47	4976	4091	9285	324	436	762	0	321	30983
	Missing Data Flag														
	PatientDays/Admissions	3.54	3.50	5.77	4.36	4.70	4.27	5.51	3.87	4.26	4.32	3.59	.00	3.09	4.39
0392	B5-Admissions	546	68	2292	127	2	776	1270	568	78	13	76	0	49	5865
	B5-PatientDays	2063	210	11541	599	4	2998	6543	2629	377	71	252	0	171	27458
	Missing Data Flag														
	PatientDays/Admissions	3.78	3.09	5.04	4.72	2.00	3.86	5.15	4.63	4.83	5.46	3.32	.00	3.49	4.68
0502	B5-Admissions	133	0	1360	85	10	0	764	349	682	0	241	7	0	3631
	B5-PatientDays	1311	0	6800	615	5	0	4011	1845	1539	0	923	24	0	17073
	Missing Data Flag														
	PatientDays/Admissions	9.86	.00	5.00	7.24	.50	.00	5.25	5.29	2.26	.00	3.83	3.43	.00	4.70
0641	B5-Admissions	2580	0	4938	852	574	1003	2928	3454	115	220	202	206	0	17072
	B5-PatientDays	10425	0	26215	3319	2724	4038	15974	17121	428	1173	828	828	0	83073
	Missing Data Flag														
	PatientDays/Admissions	4.04	.00	5.31	3.90	4.75	4.03	5.46	4.96	3.72	5.33	4.10	4.02	.00	4.87
0642	B5-Admissions	925	0	2416	236	271	308	1841	2196	62	256	164	496	0	9171
	B5-PatientDays	3541	0	12495	1000	1546	1202	9364	9584	269	1342	607	2492	0	43442
	Missing Data Flag														
	PatientDays/Admissions	3.83	.00	5.17	4.24	5.70	3.90	5.09	4.36	4.34	5.24	3.70	5.02	.00	4.74
0861	B5-Admissions	846	560	4872	187	36	1366	3287	2364	86	70	100	35	242	14051
	B5-PatientDays	3110	1980	23992	1128	103	5097	16748	8989	295	336	399	88	1068	63333
	Missing Data Flag														
	PatientDays/Admissions	3.68	3.54	4.92	6.03	2.86	3.73	5.10	3.80	3.43	4.80	3.99	2.51	4.41	4.51
0862	B5-Admissions	332	246	2695	160	15	641	1555	1156	65	65	76	39	82	7127
	B5-PatientDays	1613	1074	13663	1100	50	2749	8313	7301	242	279	339	164	280	37167
	Missing Data Flag														
	PatientDays/Admissions	4.86	4.37	5.07	6.88	3.33	4.29	5.35	6.32	3.72	4.29	4.46	4.21	3.41	5.21

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Run Name: CostCk4

Cost Cross Checks

Form B5

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0863	B5-Admissions	234	168	1976	135	5	484	1510	1122	37	83	102	9	68	5933
	B5-PatientDays	762	634	8863	670	17	1685	7643	4078	148	463	350	39	222	25574
	Missing Data Flag														
	PatientDays/Admissions	3.26	3.77	4.49	4.96	3.40	3.48	5.06	3.63	4.00	5.58	3.43	4.33	3.26	4.31
1069	B5-Admissions	1603	0	3835	263	174	1915	2639	2200	281	40	94	0	200	13244
	B5-PatientDays	5613	0	20740	1115	1114	6329	16063	8375	1346	249	325	0	567	61836
	Missing Data Flag														
	PatientDays/Admissions	3.50	.00	5.41	4.24	6.40	3.30	6.09	3.81	4.79	6.23	3.46	.00	2.84	4.67
1169	B5-Admissions	35	0	214	22	1	30	126	100	4	0	16	0	0	548
	B5-PatientDays	79	0	820	97	4	108	563	471	3	0	49	0	0	2194
	Missing Data Flag														
	PatientDays/Admissions	2.26	.00	3.83	4.41	4.00	3.60	4.47	4.71	.75	.00	3.06	.00	.00	4.00
	Total/B5-Admissions	65956	16771	253189	48955	4886	173725	152568	173713	42018	17841	15213	8822	9962	983619
	Total/B5-PatientDays	272654	65496	1409981	237770	20757	680288	964515	820723	166332	91820	56392	46019	33689	4866436

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5a

Cost Cross Checks

Form E6,E7

Hospital	Data Source	Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0012	OP Rev/E6 Line 1	2866	70717	439098	3423	0	391932	181982	48568	154272	7700	13533	61346		1375437
	OP Rev/E7Col L-(J+K)	2866	70717	439098	3423	0	391932	181982	48568	154272	7700	13533	0	61346	1375437
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0014	OP Rev/E6 Line 1	258418	176670	628374	24224	28414	343125	552836	689335	81126	37734	20525	98832		2939613
	OP Rev/E7Col L-(J+K)	258418	176670	628374	24224	28414	343125	552836	689335	81126	37734	20525	98832	0	2939613
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0015	OP Rev/E6 Line 1	555059	230138	1138274	26261	0	830926	625413	336923	23771	39677	54089	193051		4053582
	OP Rev/E7Col L-(J+K)	555059	230138	1138274	26261	0	830926	625413	336923	23771	39677	54089	39032	154019	4053582
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0016	OP Rev/E6 Line 1	0	33683	114121	60718	4838	191324	249499	422833	63800	170048	125020	10743		1446627
	OP Rev/E7Col L-(J+K)	0	33683	114121	60718	4838	191324	249499	422833	63800	170048	125020	10743	0	1446627
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0017	OP Rev/E6 Line 1	132971	47025	216579	4848	0	155883	157210	114472	5175	2730	14913	35433		887239
	OP Rev/E7Col L-(J+K)	132971	47025	216579	4848	0	155883	157210	114472	5175	2730	14913	11432	24001	887239
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0019	OP Rev/E6 Line 1	84324	7031	104615	55756	782	44355	157521	312936	70395	116525	70791	41211		1066242
	OP Rev/E7Col L-(J+K)	84324	7031	104615	55756	782	44355	157521	312936	70395	116525	70791	0	41211	1066242
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0021	OP Rev/E6 Line 1	0	0	0	0	0	0	0	0	0	0	0	0		0
	OP Rev/E7Col L-(J+K)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0024	OP Rev/E6 Line 1	13826	0	63618	5059	33	129804	70740	93342	4830	4488	39757	18274		443771
	OP Rev/E7Col L-(J+K)	13826	0	63618	5059	33	129804	70740	93342	4830	4488	39757	8995	9279	443771
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0025	OP Rev/E6 Line 1	0	31478	160036	14231	3960	174466	168856	228947	54559	25002	48636	47683		957854
	OP Rev/E7Col L-(J+K)	0	31478	160036	14231	3960	174466	168856	228947	54559	25001	48636	47684	0	957854
	Error - Diff	0	0	0	0	0	0	0	0	0	1	0	-1		0

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5a

Cost Cross Checks

Form E6,E7

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0081	OP Rev/E6 Line 1	0	0	0	0	0	0	0	0	0	0	0	0		0
	OP Rev/E7Col L-(J+K)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0083	OP Rev/E6 Line 1	8710	1263	10652	2225	28	5136	21314	30346	10434	4519	2908	35347		132882
	OP Rev/E7Col L-(J+K)	8710	1263	10652	2225	28	5136	21314	30346	10434	4519	2908	35347	0	132882
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0084	OP Rev/E6 Line 1	1627	0	69995	6820	55	56208	46840	75240	7009	14325	27667	7117		312903
	OP Rev/E7Col L-(J+K)	1627	0	69995	6820	55	56208	46840	75240	7009	14325	27667	7117	0	312903
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0091	OP Rev/E6 Line 1	17700	0	32109	2135	0	22627	21638	48166	1656	3026	6588	0		155645
	OP Rev/E7Col L-(J+K)	17700	0	32109	2135	0	22627	21638	48166	1656	3026	6588	0	0	155645
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0092	OP Rev/E6 Line 1	106910	32338	257004	104263	10922	67367	348877	622989	146449	336090	295341	121475		2450025
	OP Rev/E7Col L-(J+K)	106910	32338	257004	104262	10923	70866	348877	622989	146449	336091	295341	117975	0	2450025
	Error - Diff	0	0	0	1	-1	-3499	0	0	0	-1	0	3500		0
0096	OP Rev/E6 Line 1	27159	7596	46826	9090	209	14160	81137	120820	32162	17334	22176	4		378673
	OP Rev/E7Col L-(J+K)	27159	7596	46826	9090	209	14160	81137	120820	32162	17334	22176	4	0	378673
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0108	OP Rev/E6 Line 1	107262	54479	280448	14246	1056	291394	176349	219526	37376	6503	63690	65646		1317975
	OP Rev/E7Col L-(J+K)	107262	54479	280449	14246	1056	291394	176350	219525	37376	6507	63689	65642	0	1317975
	Error - Diff	0	0	-1	0	0	0	-1	1	0	-4	1	4		0
0110	OP Rev/E6 Line 1	49558	0	126129	3794	2756	155000	167449	102333	4603	13374	17867	24566		667429
	OP Rev/E7Col L-(J+K)	49558	0	126129	3794	2756	155000	167449	102333	4603	13374	17867	13390	11176	667429
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0111	OP Rev/E6 Line 1	113584	10564	157000	3328	2492	92540	86271	61338	0	9016	17644	30420		584197
	OP Rev/E7Col L-(J+K)	113584	10564	157002	3327	2491	92540	86271	61338	0	9017	17643	13166	17254	584197
	Error - Diff	0	0	-2	1	1	0	0	0	0	-1	1	0		0

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Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5a

Cost Cross Checks

Form E6,E7

Hospital	Data Source	Horizon Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0112	OP Rev/E6 Line 1	38140	28317	113779	2839	212	90644	51170	71951	14914	480	13499	18315		444260
	OP Rev/E7Col L-(J+K)	38140	28316	113781	2838	212	90644	51170	71951	14914	480	13499	18315	0	444260
	Error - Diff	0	1	-2	1	0	0	0	0	0	0	0	0		0
0113	OP Rev/E6 Line 1	58873	21055	211138	2864	1866	80395	105432	75500	16885	2331	10801	22002		609142
	OP Rev/E7Col L-(J+K)	58873	21055	211137	2864	1866	80395	105432	75499	16885	2331	10801	22004	0	609142
	Error - Diff	0	0	1	0	0	0	0	1	0	0	0	-2		0
0115	OP Rev/E6 Line 1	58205	24537	127509	5546	0	76818	85607	49486	5176	2156	8924	23531		467495
	OP Rev/E7Col L-(J+K)	58205	24537	127509	5546	0	76818	85607	49486	5176	2156	8924	7729	15802	467495
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0116	OP Rev/E6 Line 1	40185	3053	46078	4458	430	21798	45388	97207	25453	6785	16607	14461		321903
	OP Rev/E7Col L-(J+K)	40185	3053	46078	4458	430	21798	45388	97207	25453	6785	16607	0	14461	321903
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0118	OP Rev/E6 Line 1	91286	9760	42530	1880	780	26464	34735	94551	278688	1285	17351	133603		732913
	OP Rev/E7Col L-(J+K)	91286	9760	42530	1880	780	26464	34735	94551	278688	1285	17351	126511	7092	732913
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0119	OP Rev/E6 Line 1	51932	7386	86454	32245	674	50993	147216	419797	47413	127505	129966	28098		1129679
	OP Rev/E7Col L-(J+K)	52294	7320	87567	32461	535	39351	152919	439866	45898	127451	115606	28411	0	1129679
	Error - Diff	-362	66	-1113	-216	139	11642	-5703	-20069	1515	54	14360	-313		0
0221	OP Rev/E6 Line 1	416310	0	498998	46352	32385	345690	285311	515369	268752	20359	30721	114839		2575086
	OP Rev/E7Col L-(J+K)	416309	0	498998	46352	32385	345690	285312	515369	268752	20359	30721	36806	78033	2575086
	Error - Diff	1	0	0	0	0	0	-1	0	0	0	0	0		0
0224	OP Rev/E6 Line 1	80139	0	127238	4446	6388	66697	95933	56832	54673	2573	4795	23074		522788
	OP Rev/E7Col L-(J+K)	80139	0	127238	4446	6388	66697	95933	56832	54673	2573	4795	8595	14479	522788
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0324	OP Rev/E6 Line 1	158392	0	161956	73184	12003	127127	202944	231309	23186	14103	14111	36360		1054675
	OP Rev/E7Col L-(J+K)	158391	0	161952	73183	12003	127126	202967	231308	23185	14102	14098	0	36360	1054675
	Error - Diff	1	0	4	1	0	1	-23	1	1	1	13	0		0

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Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5a

Cost Cross Checks

Form E6,E7

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0391	OP Rev/E6 Line 1	28551	3038	23074	10680	260	54033	27395	108217	11404	4383	29223	11633		311891
	OP Rev/E7Col L-(J+K)	28552	3038	23073	10680	260	54032	27395	108217	11404	4384	29223	0	11633	311891
	Error - Diff	-1	0	1	0	0	1	0	0	0	-1	0	0		0
0392	OP Rev/E6 Line 1	47013	5326	64720	2004	657	61327	38378	44769	9831	537	11772	12806		299140
	OP Rev/E7Col L-(J+K)	47014	5325	64719	2004	657	61326	38378	44770	9831	537	11771	0	12808	299140
	Error - Diff	-1	1	1	0	0	1	0	-1	0	0	1	-2		0
0502	OP Rev/E6 Line 1	18118	0	31509	2816	272	0	17608	17866	22525	0	12301	1158		124173
	OP Rev/E7Col L-(J+K)	18119	0	31509	2816	271	0	17610	17866	22525	0	12301	1156	0	124173
	Error - Diff	-1	0	0	0	1	0	-2	0	0	0	0	2		0
0641	OP Rev/E6 Line 1	219037	0	274834	21172	14642	57505	164624	142067	19069	23843	16917	35616		989326
	OP Rev/E7Col L-(J+K)	219037	0	274834	21172	14643	57504	164624	142067	19070	23842	16917	35616	0	989326
	Error - Diff	0	0	0	0	-1	1	0	0	-1	1	0	0		0
0642	OP Rev/E6 Line 1	105325	0	94645	17683	7300	22296	77080	178490	7432	25515	28601	29016		593383
	OP Rev/E7Col L-(J+K)	105325	0	94645	17682	7299	22297	77081	178489	7432	25516	28601	29016	0	593383
	Error - Diff	0	0	0	1	1	-1	-1	1	0	-1	0	0		0
0861	OP Rev/E6 Line 1	85606	47866	169290	5310	1787	119463	170314	134891	13861	931	10681	34084		794084
	OP Rev/E7Col L-(J+K)	85606	47866	169290	5310	1787	119463	170314	134891	13861	931	10681	5918	28166	794084
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
0862	OP Rev/E6 Line 1	47478	31784	88133	4923	1757	79163	85371	96080	10426	488	16191	27531		489325
	OP Rev/E7Col L-(J+K)	47478	31784	88133	4923	1757	79163	85371	96080	10426	489	16191	9230	18300	489325
	Error - Diff	0	0	0	0	0	0	0	0	0	-1	0	1		0
0863	OP Rev/E6 Line 1	22046	13614	48251	4651	627	37706	53753	83826	5194	620	10035	8480		288803
	OP Rev/E7Col L-(J+K)	22046	13614	48251	4651	627	37706	53753	83826	5194	620	10035	1402	7078	288803
	Error - Diff	0	0	0	0	0	0	0	0	0	0	0	0		0
1069	OP Rev/E6 Line 1	132190	0	178899	9305	7407	132554	162575	121544	24369	1730	8580	22359		801512
	OP Rev/E7Col L-(J+K)	132189	0	178899	9306	7408	132553	162575	121544	24369	1730	8580	0	22359	801512
	Error - Diff	1	0	0	-1	-1	1	0	0	0	0	0	0		0

New Jersey Department of Health**Run Date: 07/09/2024****Acute Care Hospitals - 2023 Submitted****Run Name: CostCk5a****Cost Cross Checks****Form E6,E7**

<i>Hospital</i>	<i>Data Source</i>	<i>Horizon Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
1169	OP Rev/E6 Line 1	2505	0	4378	1116	184	2192	4718	6872	569	3	1004	8		23549
	OP Rev/E7Col L-(J+K)	2505	0	4378	1117	183	2191	4717	6874	569	3	1004	0	8	23549
	Error - Diff	0	0	0	-1	1	1	1	-2	0	0	0	0		0
	Total/E6 Line 1	6649797	1960175	15603938	1540390	372146	12732283	12226822	13597157	4845885	2304504	3100797	2684237		77618131
	Total/E7Col L-(J+K)	6632961	1793711	15725398	1536257	372021	13020580	12129801	13466065	4777050	2309229	2971811	1412605	1470642	77618131

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0001	B6-Output Vol % of Total	12.66	1.39	19.22	1.03	0.00	22.66	7.92	16.39	5.05	1.98	4.05	0.00	7.66	100.00
	E6-Output Rev Line 1 % of Total	12.80	5.98	23.26	0.68	0.00	16.48	13.37	15.97	6.71	1.60	3.16	0.00	0.00	100.00
	Difference	-0.14	-4.59	-4.05	0.35	0.00	6.18	-5.45	0.42	-1.66	0.38	0.90	0.00	7.66	0.00
0002	B6-Output Vol % of Total	0.31	0.00	5.17	4.90	0.00	18.55	11.94	43.47	0.50	5.65	6.56	0.57	2.39	100.00
	E6-Output Rev Line 1 % of Total	0.33	0.00	7.52	3.27	0.00	20.15	15.41	37.25	0.51	5.08	8.07	2.40	0.00	100.00
	Difference	-0.03	0.00	-2.35	1.62	0.00	-1.61	-3.47	6.22	-0.01	0.56	-1.51	-1.82	2.39	0.00
0003	B6-Output Vol % of Total	9.35	0.15	6.99	5.52	0.00	13.82	6.90	33.07	2.99	5.80	13.93	0.14	1.36	100.00
	E6-Output Rev Line 1 % of Total	10.00	0.17	8.85	2.95	0.00	15.63	9.17	30.28	4.40	5.33	10.94	2.28	0.00	100.00
	Difference	-0.65	-0.01	-1.86	2.56	0.00	-1.81	-2.28	2.79	-1.40	0.46	2.99	-2.14	1.36	0.00
0005	B6-Output Vol % of Total	6.73	5.52	26.86	4.06	0.22	25.40	15.70	6.01	1.59	3.32	1.42	1.15	2.04	100.00
	E6-Output Rev Line 1 % of Total	6.71	6.02	23.93	1.56	0.41	27.72	17.50	8.19	1.92	1.84	1.01	3.17	0.00	100.00
	Difference	0.02	-0.50	2.93	2.49	-0.20	-2.33	-1.80	-2.19	-0.34	1.48	0.41	-2.03	2.04	0.00
0006	B6-Output Vol % of Total	6.53	2.20	13.11	13.34	0.05	0.53	16.43	22.31	13.86	6.60	5.04	0.00	0.00	100.00
	E6-Output Rev Line 1 % of Total	7.11	3.30	13.95	3.59	0.11	0.91	20.48	25.25	16.28	3.42	5.60	0.00	0.00	100.00
	Difference	-0.59	-1.09	-0.84	9.75	-0.07	-0.38	-4.05	-2.93	-2.42	3.18	-0.56	0.00	0.00	0.00
0008	B6-Output Vol % of Total	0.05	1.77	35.10	0.31	0.10	22.21	11.85	14.03	1.99	0.79	2.58	1.44	7.79	100.00
	E6-Output Rev Line 1 % of Total	0.12	1.88	24.37	0.32	0.08	29.22	17.82	16.50	2.28	0.67	5.80	0.94	0.00	100.00
	Difference	-0.07	-0.11	10.73	-0.01	0.02	-7.01	-5.98	-2.47	-0.29	0.12	-3.22	0.50	7.79	0.00
0009	B6-Output Vol % of Total	2.31	0.00	10.10	4.77	0.04	19.64	13.78	32.97	0.57	2.57	10.09	1.52	1.64	100.00
	E6-Output Rev Line 1 % of Total	2.68	0.00	9.65	1.79	0.05	23.67	16.52	28.87	0.76	2.08	11.67	2.26	0.00	100.00
	Difference	-0.37	0.00	0.45	2.98	-0.01	-4.03	-2.74	4.10	-0.19	0.49	-1.58	-0.74	1.64	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0010	B6-Outpat Vol % of Total	18.31	0.00	26.09	0.48	0.00	25.15	10.85	5.22	2.62	1.71	5.39	0.00	4.17	100.00
	E6-Outpat Rev Line 1 % of Total	20.54	0.00	24.56	0.60	0.00	27.50	13.02	4.51	3.19	1.23	2.44	2.41	0.00	100.00
	Difference	-2.23	0.00	1.53	-0.11	0.00	-2.35	-2.16	0.71	-0.57	0.48	2.95	-2.41	4.17	0.00
0011	B6-Outpat Vol % of Total	4.63	10.14	47.87	0.87	1.36	4.85	15.19	11.25	1.42	0.26	0.61	0.00	1.55	100.00
	E6-Outpat Rev Line 1 % of Total	8.85	4.54	38.98	1.34	2.29	6.32	11.99	15.11	6.33	0.30	2.42	1.52	0.00	100.00
	Difference	-4.22	5.60	8.89	-0.48	-0.93	-1.46	3.20	-3.86	-4.91	-0.05	-1.81	-1.52	1.55	0.00
0012	B6-Outpat Vol % of Total	0.10	5.04	33.50	0.39	0.00	26.84	13.76	3.47	10.51	0.82	0.90	0.00	4.66	100.00
	E6-Outpat Rev Line 1 % of Total	0.21	5.14	31.92	0.25	0.00	28.50	13.23	3.53	11.22	0.56	0.98	4.46	0.00	100.00
	Difference	-0.11	-0.10	1.58	0.14	0.00	-1.66	0.53	-0.06	-0.70	0.26	-0.08	-4.46	4.66	0.00
0014	B6-Outpat Vol % of Total	7.33	5.76	19.52	1.18	0.76	10.79	14.60	27.57	2.93	1.82	1.26	6.48	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	8.79	6.01	21.38	0.82	0.97	11.67	18.81	23.45	2.76	1.28	0.70	3.36	0.00	100.00
	Difference	-1.46	-0.25	-1.86	0.35	-0.20	-0.88	-4.20	4.12	0.17	0.54	0.56	3.12	0.00	0.00
0015	B6-Outpat Vol % of Total	13.69	5.68	28.08	0.65	0.00	20.50	15.43	8.31	0.59	0.98	1.33	0.96	3.80	100.00
	E6-Outpat Rev Line 1 % of Total	13.69	5.68	28.08	0.65	0.00	20.50	15.43	8.31	0.59	0.98	1.33	4.76	0.00	100.00
	Difference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3.80	3.80	0.00
0016	B6-Outpat Vol % of Total	0.00	1.48	5.68	9.08	0.39	11.79	12.44	25.18	3.82	19.72	8.95	1.47	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	0.00	2.33	7.89	4.20	0.33	13.23	17.25	29.23	4.41	11.75	8.64	0.74	0.00	100.00
	Difference	0.00	-0.85	-2.21	4.89	0.06	-1.43	-4.81	-4.05	-0.59	7.96	0.31	0.73	0.00	0.00
0017	B6-Outpat Vol % of Total	14.99	5.30	24.41	0.55	0.00	17.57	17.72	12.90	0.58	0.31	1.68	1.29	2.71	100.00
	E6-Outpat Rev Line 1 % of Total	14.99	5.30	24.41	0.55	0.00	17.57	17.72	12.90	0.58	0.31	1.68	3.99	0.00	100.00
	Difference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2.71	2.71	0.00

New Jersey Department of Health**Run Date: 07/09/2024****Acute Care Hospitals - 2023 Submitted****Run Name: CostCk5b****Cost Cross Checks****Form B6,E6**

<i>Hospital</i>	<i>Data Source</i>	<i>NJ Blue Cross</i>	<i>Other Blue Cross</i>	<i>Medi care</i>	<i>Medi caid</i>	<i>Champus</i>	<i>HMO</i>	<i>Medicare HMO</i>	<i>Medicaid HMO</i>	<i>Comm Ins</i>	<i>Charity Care</i>	<i>Self Pay</i>	<i>Other</i>	<i>Personnel Health</i>	<i>Total</i>
0019	B6-Outpat Vol % of Total	6.58	0.36	6.28	11.29	0.06	3.53	9.90	29.29	4.50	16.17	7.43	0.00	4.60	100.00
	E6-Outpat Rev Line 1 % of Total	7.91	0.66	9.81	5.23	0.07	4.16	14.77	29.35	6.60	10.93	6.64	3.87	0.00	100.00
	Difference	-1.33	-0.30	-3.53	6.06	-0.02	-0.63	-4.87	-0.06	-2.10	5.24	0.79	-3.87	4.60	0.00
0021	B6-Outpat Vol % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
	E6-Outpat Rev Line 1 % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	0.00	#Num!
	Difference	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!
0024	B6-Outpat Vol % of Total	3.12	0.00	13.25	1.01	0.01	27.85	15.36	23.91	1.09	1.11	7.54	2.24	3.49	100.00
	E6-Outpat Rev Line 1 % of Total	3.12	0.00	14.34	1.14	0.01	29.25	15.94	21.03	1.09	1.01	8.96	4.12	0.00	100.00
	Difference	0.00	0.00	-1.09	-0.13	0.01	-1.40	-0.58	2.87	0.00	0.10	-1.42	-1.88	3.49	0.00
0025	B6-Outpat Vol % of Total	0.00	3.34	16.56	1.14	0.35	20.04	18.17	23.70	5.00	2.01	7.85	1.83	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	0.00	3.29	16.71	1.49	0.41	18.21	17.63	23.90	5.70	2.61	5.08	4.98	0.00	100.00
	Difference	0.00	0.05	-0.14	-0.34	-0.07	1.83	0.55	-0.20	-0.70	-0.60	2.77	-3.15	0.00	0.00
0027	B6-Outpat Vol % of Total	5.49	0.52	9.17	27.05	0.02	6.10	10.47	15.46	3.05	11.07	6.68	4.08	0.84	100.00
	E6-Outpat Rev Line 1 % of Total	7.88	0.94	11.21	7.15	0.01	6.36	18.38	20.80	7.11	8.88	10.31	0.95	0.00	100.00
	Difference	-2.39	-0.42	-2.03	19.90	0.01	-0.27	-7.91	-5.34	-4.06	2.19	-3.63	3.12	0.84	0.00
0028	B6-Outpat Vol % of Total	13.82	5.50	30.27	1.68	0.00	13.22	15.51	12.11	1.07	0.17	1.81	1.80	3.04	100.00
	E6-Outpat Rev Line 1 % of Total	13.82	5.51	30.27	1.68	0.00	13.22	15.51	12.11	1.07	0.17	1.81	4.84	0.00	100.00
	Difference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3.04	3.04	0.00
0029	B6-Outpat Vol % of Total	10.70	0.00	20.77	1.78	0.70	12.68	12.22	22.74	6.67	3.93	1.46	0.64	5.72	100.00
	E6-Outpat Rev Line 1 % of Total	10.57	0.00	24.76	1.22	0.73	12.08	16.55	20.42	6.28	2.37	1.68	3.33	0.00	100.00
	Difference	0.13	0.00	-3.99	0.56	-0.03	0.60	-4.33	2.32	0.38	1.56	-0.23	-2.69	5.72	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0031	B6-Outpat Vol % of Total	1.20	2.92	32.34	0.29	1.75	19.07	28.82	7.68	2.26	2.12	0.58	0.97	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	1.20	2.92	32.34	0.29	1.75	19.07	28.82	7.68	2.26	2.12	0.58	0.97	0.00	100.00
	Difference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0034	B6-Outpat Vol % of Total	10.09	5.54	27.13	1.63	0.06	22.08	9.49	9.52	3.26	1.14	3.00	7.07	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	10.61	5.94	30.30	0.82	0.04	22.60	11.97	7.52	2.30	0.58	2.32	5.00	0.00	100.00
	Difference	-0.53	-0.40	-3.17	0.81	0.01	-0.52	-2.48	2.00	0.96	0.56	0.69	2.07	0.00	0.00
0037	B6-Outpat Vol % of Total	0.03	0.13	21.00	0.26	0.41	34.64	10.71	7.45	19.14	0.04	3.94	2.24	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	0.04	0.30	23.40	0.23	0.28	31.67	14.34	6.56	16.93	0.06	3.68	2.52	0.00	100.00
	Difference	-0.01	-0.17	-2.40	0.04	0.13	2.97	-3.63	0.90	2.21	-0.02	0.27	-0.28	0.00	0.00
0038	B6-Outpat Vol % of Total	0.08	0.00	13.59	1.78	0.01	32.33	12.86	22.83	1.27	5.30	5.96	1.44	2.57	100.00
	E6-Outpat Rev Line 1 % of Total	0.09	0.00	18.24	1.47	0.01	32.60	14.27	20.02	1.33	3.75	4.77	3.46	0.00	100.00
	Difference	-0.02	0.00	-4.65	0.31	0.00	-0.27	-1.42	2.81	-0.06	1.55	1.20	-2.02	2.57	0.00
0040	B6-Outpat Vol % of Total	0.00	2.10	5.22	8.87	0.13	11.78	8.77	25.60	4.11	25.19	7.24	0.99	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	0.00	3.57	8.61	4.52	0.14	14.51	11.37	27.69	5.42	14.79	8.15	1.25	0.00	100.00
	Difference	0.00	-1.47	-3.39	4.35	-0.01	-2.73	-2.60	-2.09	-1.31	10.40	-0.90	-0.26	0.00	0.00
0041	B6-Outpat Vol % of Total	4.03	0.00	6.34	16.68	0.29	20.62	15.95	22.89	3.05	0.60	5.46	0.93	3.15	100.00
	E6-Outpat Rev Line 1 % of Total	3.93	0.00	9.26	20.23	0.21	19.80	23.03	15.30	1.71	0.76	3.44	2.35	0.00	100.00
	Difference	0.10	0.00	-2.92	-3.55	0.08	0.83	-7.07	7.59	1.34	-0.16	2.03	-1.41	3.15	0.00
0044	B6-Outpat Vol % of Total	13.34	3.36	17.42	0.81	1.40	7.72	21.79	11.40	7.37	2.57	3.38	0.54	8.91	100.00
	E6-Outpat Rev Line 1 % of Total	14.09	3.76	16.69	1.01	2.17	9.06	20.08	14.31	8.30	3.25	2.48	4.80	0.00	100.00
	Difference	-0.76	-0.40	0.73	-0.20	-0.77	-1.34	1.71	-2.91	-0.93	-0.68	0.91	-4.26	8.91	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0045	B6-Outpat Vol % of Total	0.12	0.09	18.01	0.41	0.00	9.65	14.77	18.53	33.05	0.92	1.86	0.15	2.44	100.00
	E6-Outpat Rev Line 1 % of Total	0.93	0.47	24.58	1.42	0.00	8.77	16.57	14.23	27.11	1.17	2.72	2.01	0.00	100.00
	Difference	-0.81	-0.39	-6.57	-1.01	0.00	0.88	-1.81	4.30	5.94	-0.25	-0.87	-1.86	2.44	0.00
0047	B6-Outpat Vol % of Total	0.01	3.78	23.84	1.13	0.83	13.27	13.21	24.10	10.00	1.19	3.21	1.64	3.79	100.00
	E6-Outpat Rev Line 1 % of Total	0.01	3.76	23.86	0.72	0.63	13.19	16.45	20.80	11.94	0.50	3.62	4.52	0.00	100.00
	Difference	0.00	0.02	-0.02	0.41	0.19	0.08	-3.24	3.29	-1.94	0.69	-0.41	-2.87	3.79	0.00
0048	B6-Outpat Vol % of Total	3.52	0.00	21.48	0.85	0.07	33.05	18.21	11.26	0.87	3.22	1.48	2.20	3.78	100.00
	E6-Outpat Rev Line 1 % of Total	3.62	0.00	19.37	1.34	0.08	33.90	17.16	12.39	0.90	2.60	3.91	4.73	0.00	100.00
	Difference	-0.10	0.00	2.11	-0.48	-0.01	-0.85	1.04	-1.13	-0.02	0.63	-2.44	-2.53	3.78	0.00
0050	B6-Outpat Vol % of Total	11.40	0.00	19.65	18.45	0.05	0.00	9.35	5.92	16.65	0.00	5.55	12.97	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	17.24	0.00	26.68	4.61	0.27	0.00	14.02	10.07	23.42	0.00	2.98	0.71	0.00	100.00
	Difference	-5.84	0.00	-7.03	13.85	-0.22	0.00	-4.67	-4.15	-6.78	0.00	2.57	12.26	0.00	0.00
0051	B6-Outpat Vol % of Total	13.75	5.50	24.07	0.75	0.00	19.12	18.83	11.90	0.44	0.77	1.72	0.65	2.49	100.00
	E6-Outpat Rev Line 1 % of Total	13.75	5.50	24.07	0.75	0.00	19.12	18.83	11.90	0.44	0.77	1.72	3.14	0.00	100.00
	Difference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2.49	2.49	0.00
0052	B6-Outpat Vol % of Total	9.49	3.38	32.29	1.00	0.14	15.66	13.53	10.43	3.05	2.47	0.62	7.94	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	9.33	3.76	34.22	0.76	0.12	14.32	15.21	9.65	3.00	0.58	3.99	5.07	0.00	100.00
	Difference	0.16	-0.38	-1.93	0.24	0.02	1.34	-1.68	0.78	0.06	1.89	-3.37	2.88	0.00	0.00
0054	B6-Outpat Vol % of Total	0.00	0.11	27.96	1.07	0.11	33.38	10.33	16.39	4.21	0.54	2.95	0.85	2.09	100.00
	E6-Outpat Rev Line 1 % of Total	0.00	0.05	22.19	0.82	0.14	26.01	19.22	14.90	11.81	0.16	3.12	1.57	0.00	100.00
	Difference	0.00	0.06	5.77	0.25	-0.03	7.37	-8.89	1.50	-7.60	0.38	-0.17	-0.72	2.09	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0057	B6-Outpat Vol % of Total	11.64	0.00	23.56	1.12	2.64	14.56	18.34	12.83	7.46	2.63	0.71	0.65	3.87	100.00
	E6-Outpat Rev Line 1 % of Total	14.57	0.00	18.31	1.23	3.46	13.74	15.96	17.23	8.66	1.32	1.13	4.38	0.00	100.00
	Difference	-2.93	0.00	5.24	-0.10	-0.82	0.82	2.38	-4.40	-1.20	1.31	-0.42	-3.73	3.87	0.00
0058	B6-Outpat Vol % of Total	3.69	0.00	7.78	15.05	0.00	0.00	2.74	16.42	4.60	42.65	1.78	5.28	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	4.08	0.00	7.69	13.23	0.00	0.00	3.08	17.00	5.22	40.89	2.32	6.49	0.00	100.00
	Difference	-0.38	0.00	0.09	1.82	0.00	0.00	-0.34	-0.57	-0.62	1.76	-0.54	-1.21	0.00	0.00
0060	B6-Outpat Vol % of Total	9.12	6.02	27.25	0.35	0.32	16.93	16.79	13.66	2.26	0.34	1.75	2.09	3.12	100.00
	E6-Outpat Rev Line 1 % of Total	9.08	8.63	27.16	0.57	0.41	13.23	17.18	14.52	2.62	0.56	1.78	4.27	0.00	100.00
	Difference	0.04	-2.61	0.09	-0.22	-0.09	3.71	-0.39	-0.87	-0.35	-0.22	-0.03	-2.19	3.12	0.00
0061	B6-Outpat Vol % of Total	12.41	0.00	13.77	1.46	2.60	17.43	14.59	16.39	7.15	4.71	1.14	0.85	7.49	100.00
	E6-Outpat Rev Line 1 % of Total	12.17	0.00	13.80	2.02	1.67	14.69	14.07	23.37	7.01	2.33	3.49	5.38	0.00	100.00
	Difference	0.25	0.00	-0.03	-0.56	0.93	2.74	0.52	-6.98	0.14	2.38	-2.35	-4.53	7.49	0.00
0069	B6-Outpat Vol % of Total	15.11	0.00	20.85	5.24	0.86	11.31	18.24	17.69	2.59	0.91	3.05	0.00	4.16	100.00
	E6-Outpat Rev Line 1 % of Total	15.69	0.00	18.86	5.45	0.94	12.51	19.79	17.28	3.31	0.99	2.55	2.63	0.00	100.00
	Difference	-0.58	0.00	1.99	-0.21	-0.09	-1.20	-1.55	0.41	-0.72	-0.08	0.50	-2.63	4.16	0.00
0070	B6-Outpat Vol % of Total	14.76	0.00	14.19	13.78	0.08	13.68	7.32	20.46	2.24	10.60	2.75	0.14	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	0.04	0.00	12.16	5.68	0.13	33.15	7.64	23.96	2.57	9.30	5.06	0.32	0.00	100.00
	Difference	14.71	0.00	2.03	8.10	-0.05	-19.47	-0.32	-3.50	-0.32	1.30	-2.31	-0.17	0.00	0.00
0073	B6-Outpat Vol % of Total	8.72	3.44	21.83	2.76	0.16	16.14	9.07	16.67	3.45	5.46	3.57	8.73	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	10.68	4.39	26.20	1.23	0.19	17.47	12.49	13.08	2.29	1.83	4.88	5.27	0.00	100.00
	Difference	-1.95	-0.95	-4.37	1.52	-0.03	-1.33	-3.43	3.59	1.17	3.63	-1.31	3.45	0.00	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0074	B6-Outpat Vol % of Total	4.21	0.00	7.84	13.71	0.05	16.13	9.74	34.76	1.37	4.30	5.78	0.60	1.51	100.00
	E6-Outpat Rev Line 1 % of Total	5.21	0.00	7.65	4.37	0.10	20.01	13.36	34.15	2.19	3.86	7.20	1.90	0.00	100.00
	Difference	-1.01	0.00	0.19	9.34	-0.05	-3.88	-3.61	0.61	-0.82	0.43	-1.42	-1.30	1.51	0.00
0075	B6-Outpat Vol % of Total	1.12	0.00	8.31	4.97	0.05	40.35	8.52	13.29	0.88	2.76	18.98	0.68	0.09	100.00
	E6-Outpat Rev Line 1 % of Total	1.26	0.00	8.97	2.58	0.03	40.48	11.52	10.09	0.76	2.99	20.51	0.82	0.00	100.00
	Difference	-0.14	0.00	-0.66	2.40	0.02	-0.12	-2.99	3.20	0.12	-0.23	-1.54	-0.14	0.09	0.00
0076	B6-Outpat Vol % of Total	6.98	0.00	18.61	0.72	0.08	23.96	14.03	14.18	0.38	5.99	3.84	8.98	2.26	100.00
	E6-Outpat Rev Line 1 % of Total	9.79	0.00	17.36	0.69	0.10	32.30	15.70	13.64	0.50	1.15	4.13	4.64	0.00	100.00
	Difference	-2.81	0.00	1.25	0.03	-0.02	-8.35	-1.67	0.54	-0.12	4.83	-0.29	4.34	2.26	0.00
0081	B6-Outpat Vol % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
	E6-Outpat Rev Line 1 % of Total	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	0.00	#Num!
	Difference	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!	#Type!
0083	B6-Outpat Vol % of Total	4.53	0.61	7.05	14.04	0.06	5.11	14.42	37.33	4.78	4.69	5.66	1.74	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	6.55	0.95	8.02	1.67	0.02	3.87	16.04	22.84	7.85	3.40	2.19	26.60	0.00	100.00
	Difference	-2.02	-0.34	-0.97	12.36	0.03	1.24	-1.62	14.49	-3.08	1.29	3.47	-24.86	0.00	0.00
0084	B6-Outpat Vol % of Total	0.43	0.00	15.26	1.85	0.07	15.97	11.00	32.66	2.85	4.33	11.94	0.98	2.67	100.00
	E6-Outpat Rev Line 1 % of Total	0.52	0.00	22.37	2.18	0.02	17.96	14.97	24.05	2.24	4.58	8.84	2.27	0.00	100.00
	Difference	-0.09	0.00	-7.11	-0.33	0.05	-2.00	-3.97	8.61	0.61	-0.24	3.10	-1.29	2.67	0.00
0091	B6-Outpat Vol % of Total	11.18	0.00	20.15	1.93	0.33	15.93	11.37	31.86	3.40	0.03	3.82	0.00	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	11.37	0.00	20.63	1.37	0.00	14.54	13.90	30.95	1.06	1.94	4.23	0.00	0.00	100.00
	Difference	-0.19	0.00	-0.48	0.56	0.33	1.39	-2.53	0.91	2.34	-1.91	-0.41	0.00	0.00	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0092	B6-Outpat Vol % of Total	4.72	1.38	10.52	2.99	1.22	2.76	16.10	17.62	9.69	16.07	6.54	1.22	9.17	100.00
	E6-Outpat Rev Line 1 % of Total	4.36	1.32	10.49	4.26	0.45	2.75	14.24	25.43	5.98	13.72	12.05	4.96	0.00	100.00
	Difference	0.35	0.06	0.03	-1.26	0.78	0.01	1.86	-7.81	3.71	2.35	-5.51	-3.74	9.17	0.00
0096	B6-Outpat Vol % of Total	5.96	1.59	8.10	1.42	0.12	2.91	16.94	35.71	14.37	6.70	6.17	0.00	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	7.17	2.01	12.37	2.40	0.06	3.74	21.43	31.91	8.49	4.58	5.86	0.00	0.00	100.00
	Difference	-1.21	-0.41	-4.27	-0.98	0.07	-0.83	-4.49	3.81	5.88	2.12	0.31	0.00	0.00	0.00
0108	B6-Outpat Vol % of Total	6.40	3.56	22.88	2.74	0.08	17.54	12.54	16.61	2.88	0.51	8.73	5.54	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	8.14	4.13	21.28	1.08	0.08	22.11	13.38	16.66	2.84	0.49	4.83	4.98	0.00	100.00
	Difference	-1.74	-0.58	1.60	1.66	0.00	-4.57	-0.84	-0.05	0.04	0.02	3.90	0.56	0.00	0.00
0110	B6-Outpat Vol % of Total	8.00	0.00	16.73	0.46	0.37	22.93	21.77	17.25	0.78	2.49	4.22	2.12	2.87	100.00
	E6-Outpat Rev Line 1 % of Total	7.43	0.00	18.90	0.57	0.41	23.22	25.09	15.33	0.69	2.00	2.68	3.68	0.00	100.00
	Difference	0.58	0.00	-2.17	-0.11	-0.05	-0.29	-3.32	1.92	0.10	0.49	1.55	-1.56	2.87	0.00
0111	B6-Outpat Vol % of Total	15.18	1.00	33.96	0.43	0.31	25.31	5.89	7.25	0.00	1.31	2.37	1.90	5.08	100.00
	E6-Outpat Rev Line 1 % of Total	19.44	1.81	26.87	0.57	0.43	15.84	14.77	10.50	0.00	1.54	3.02	5.21	0.00	100.00
	Difference	-4.26	-0.81	7.09	-0.14	-0.12	9.47	-8.88	-3.25	0.00	-0.23	-0.65	-3.31	5.08	0.00
0112	B6-Outpat Vol % of Total	9.19	5.75	26.54	0.62	0.06	19.45	10.89	14.50	3.50	0.36	3.06	6.07	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	8.59	6.37	25.61	0.64	0.05	20.40	11.52	16.20	3.36	0.11	3.04	4.12	0.00	100.00
	Difference	0.61	-0.62	0.93	-0.01	0.01	-0.95	-0.63	-1.69	0.14	0.25	0.02	1.95	0.00	0.00
0113	B6-Outpat Vol % of Total	9.33	3.20	33.27	0.54	0.31	11.64	16.44	14.09	3.09	0.49	2.21	5.38	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	9.66	3.46	34.66	0.47	0.31	13.20	17.31	12.39	2.77	0.38	1.77	3.61	0.00	100.00
	Difference	-0.34	-0.25	-1.39	0.07	0.00	-1.55	-0.87	1.70	0.32	0.11	0.44	1.77	0.00	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0115	B6-Outpat Vol % of Total	12.45	5.25	27.27	1.19	0.00	16.44	18.31	10.58	1.11	0.46	1.91	1.65	3.38	100.00
	E6-Outpat Rev Line 1 % of Total	12.45	5.25	27.27	1.19	0.00	16.43	18.31	10.59	1.11	0.46	1.91	5.03	0.00	100.00
	Difference	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	-3.38	3.38	0.00
0116	B6-Outpat Vol % of Total	12.91	0.88	12.85	1.32	0.13	7.36	11.98	31.85	7.30	1.73	5.85	0.00	5.85	100.00
	E6-Outpat Rev Line 1 % of Total	12.48	0.95	14.31	1.38	0.13	6.77	14.10	30.20	7.91	2.11	5.16	4.49	0.00	100.00
	Difference	0.43	-0.07	-1.47	-0.07	0.00	0.58	-2.12	1.65	-0.61	-0.38	0.70	-4.49	5.85	0.00
0118	B6-Outpat Vol % of Total	11.26	1.22	7.53	0.66	0.11	4.36	6.23	24.76	24.13	0.28	6.52	8.51	4.44	100.00
	E6-Outpat Rev Line 1 % of Total	12.46	1.33	5.80	0.26	0.11	3.61	4.74	12.90	38.02	0.18	2.37	18.23	0.00	100.00
	Difference	-1.19	-0.11	1.73	0.41	0.00	0.75	1.49	11.86	-13.90	0.10	4.15	-9.72	4.44	0.00
0119	B6-Outpat Vol % of Total	5.74	0.48	6.22	3.33	0.04	3.45	11.57	41.43	2.47	13.16	10.51	1.60	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	4.60	0.65	7.65	2.85	0.06	4.51	13.03	37.16	4.20	11.29	11.50	2.49	0.00	100.00
	Difference	1.14	-0.17	-1.43	0.47	-0.02	-1.07	-1.46	4.27	-1.72	1.87	-1.00	-0.88	0.00	0.00
0221	B6-Outpat Vol % of Total	10.53	0.00	25.70	4.51	1.08	11.02	14.81	19.48	6.70	1.10	1.22	1.00	2.85	100.00
	E6-Outpat Rev Line 1 % of Total	16.17	0.00	19.38	1.80	1.26	13.42	11.08	20.01	10.44	0.79	1.19	4.46	0.00	100.00
	Difference	-5.63	0.00	6.32	2.71	-0.17	-2.40	3.73	-0.53	-3.73	0.31	0.03	-3.46	2.85	0.00
0224	B6-Outpat Vol % of Total	13.31	0.00	22.58	0.44	1.51	11.70	19.54	11.18	9.14	0.55	0.75	0.91	8.38	100.00
	E6-Outpat Rev Line 1 % of Total	15.33	0.00	24.34	0.85	1.22	12.76	18.35	10.87	10.46	0.49	0.92	4.41	0.00	100.00
	Difference	-2.02	0.00	-1.75	-0.42	0.29	-1.06	1.19	0.31	-1.32	0.06	-0.16	-3.50	8.38	0.00
0324	B6-Outpat Vol % of Total	13.94	0.00	12.82	9.15	0.77	14.80	13.45	22.53	2.87	1.69	2.90	0.00	5.09	100.00
	E6-Outpat Rev Line 1 % of Total	15.02	0.00	15.36	6.94	1.14	12.05	19.24	21.93	2.20	1.34	1.34	3.45	0.00	100.00
	Difference	-1.08	0.00	-2.54	2.21	-0.37	2.74	-5.80	0.60	0.67	0.35	1.57	-3.45	5.09	0.00

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0391	B6-Outpat Vol % of Total	8.34	0.99	6.63	3.39	0.10	11.97	11.82	37.48	2.59	2.52	9.26	0.00	4.91	100.00
	E6-Outpat Rev Line 1 % of Total	9.15	0.97	7.40	3.42	0.08	17.32	8.78	34.70	3.66	1.41	9.37	3.73	0.00	100.00
	Difference	-0.82	0.02	-0.77	-0.04	0.02	-5.36	3.04	2.78	-1.06	1.12	-0.11	-3.73	4.91	0.00
0392	B6-Outpat Vol % of Total	14.86	1.89	20.30	0.91	0.19	17.04	12.71	16.81	3.09	0.46	4.23	0.00	7.51	100.00
	E6-Outpat Rev Line 1 % of Total	15.72	1.78	21.64	0.67	0.22	20.50	12.83	14.97	3.29	0.18	3.94	4.28	0.00	100.00
	Difference	-0.85	0.11	-1.33	0.24	-0.03	-3.46	-0.12	1.85	-0.20	0.28	0.29	-4.28	7.51	0.00
0502	B6-Outpat Vol % of Total	7.58	0.00	12.27	0.94	0.15	0.00	6.73	12.68	14.71	0.00	8.34	36.60	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	14.59	0.00	25.38	2.27	0.22	0.00	14.18	14.39	18.14	0.00	9.91	0.93	0.00	100.00
	Difference	-7.01	0.00	-13.11	-1.32	-0.07	0.00	-7.45	-1.71	-3.43	0.00	-1.56	35.67	0.00	0.00
0641	B6-Outpat Vol % of Total	20.43	0.00	17.90	1.89	1.95	7.34	15.01	22.80	0.99	3.20	6.54	1.96	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	22.14	0.00	27.78	2.14	1.48	5.81	16.64	14.36	1.93	2.41	1.71	3.60	0.00	100.00
	Difference	-1.71	0.00	-9.88	-0.25	0.47	1.53	-1.63	8.44	-0.94	0.79	4.83	-1.64	0.00	0.00
0642	B6-Outpat Vol % of Total	7.48	0.00	10.18	2.56	0.65	2.47	9.20	24.75	0.39	4.83	5.83	31.64	0.00	100.00
	E6-Outpat Rev Line 1 % of Total	17.75	0.00	15.95	2.98	1.23	3.76	12.99	30.08	1.25	4.30	4.82	4.89	0.00	100.00
	Difference	-10.27	0.00	-5.77	-0.42	-0.58	-1.28	-3.79	-5.33	-0.86	0.53	1.01	26.75	0.00	0.00
0861	B6-Outpat Vol % of Total	8.84	5.50	24.25	1.08	0.30	12.96	15.88	20.68	1.55	0.11	1.56	0.54	6.74	100.00
	E6-Outpat Rev Line 1 % of Total	10.78	6.03	21.32	0.67	0.23	15.04	21.45	16.99	1.75	0.12	1.35	4.29	0.00	100.00
	Difference	-1.94	-0.53	2.94	0.41	0.07	-2.08	-5.57	3.70	-0.20	0.00	0.22	-3.75	6.74	0.00
0862	B6-Outpat Vol % of Total	8.89	6.43	17.07	1.17	0.38	15.44	14.29	23.63	1.69	0.11	2.86	0.89	7.14	100.00
	E6-Outpat Rev Line 1 % of Total	9.70	6.50	18.01	1.01	0.36	16.18	17.45	19.64	2.13	0.10	3.31	5.63	0.00	100.00
	Difference	-0.81	-0.07	-0.94	0.16	0.02	-0.73	-3.16	3.99	-0.44	0.01	-0.44	-4.73	7.14	0.00

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk5b

Cost Cross Checks

Form B6,E6

Hospital	Data Source	NJ Blue Cross	Other Blue Cross	Medi care	Medi caid	Champus	HMO	Medicare HMO	Medicaid HMO	Comm Ins	Charity Care	Self Pay	Other	Personnel Health	Total
0863	B6-Outpat Vol % of Total	5.90	3.93	20.13	1.94	0.23	10.31	13.85	31.45	1.52	0.20	3.81	0.54	6.19	100.00
	E6-Outpat Rev Line 1 % of Total	7.63	4.71	16.71	1.61	0.22	13.06	18.61	29.03	1.80	0.21	3.47	2.94	0.00	100.00
	Difference	-1.74	-0.78	3.42	0.33	0.01	-2.75	-4.77	2.42	-0.27	-0.02	0.34	-2.39	6.19	0.00
1069	B6-Outpat Vol % of Total	18.65	0.00	17.55	1.18	0.77	18.82	14.30	17.03	3.51	0.27	1.68	0.00	6.24	100.00
	E6-Outpat Rev Line 1 % of Total	16.49	0.00	22.32	1.16	0.92	16.54	20.28	15.16	3.04	0.22	1.07	2.79	0.00	100.00
	Difference	2.15	0.00	-4.77	0.02	-0.15	2.28	-5.98	1.86	0.47	0.05	0.61	-2.79	6.24	0.00
1169	B6-Outpat Vol % of Total	10.91	0.00	19.99	3.49	0.46	10.55	16.53	30.18	3.05	0.01	4.76	0.00	0.06	100.00
	E6-Outpat Rev Line 1 % of Total	10.64	0.00	18.59	4.74	0.78	9.31	20.03	29.18	2.42	0.01	4.26	0.03	0.00	100.00
	Difference	0.28	0.00	1.39	-1.25	-0.32	1.24	-3.50	1.00	0.64	0.00	0.50	-0.03	0.06	0.00
TOTAL	B6-Outpat Vol % of Total	6.88	1.84	19.23	3.38	0.34	14.26	13.83	18.12	9.45	3.90	3.58	2.02	3.18	100.00
	E6-Outpat Rev Line 1 % of Total	8.57	2.53	20.10	1.98	0.48	16.40	15.75	17.52	6.24	2.97	3.99	3.46	0.00	100.00
	Difference	-1.69	-0.68	-0.88	1.40	-0.14	-2.15	-1.92	0.60	3.21	0.93	-0.42	-1.44	3.18	0.00

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Run Date: 07/09/2024

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

[illegible]

Form E4,E5,E6

[illegible]

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New Jersey Department of Health

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Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

Form E4,E5,E6

[illegible]

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

New Jersey Department of Health
Acute Care Hospitals - 2023 Submitted

Run Date: 07/09/2024

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

Run Date: 07/09/2024

Form E4,E5,E6

Cost Cross Checks

[illegible]

New Jersey Department of Health
Acute Care Hospitals - 2023 Submitted

Run Date: 07/09/2024

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

[illegible]

[illegible]

[illegible]

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Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

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[illegible]

New Jersey Department of Health
Acute Care Hospitals - 2023 Submitted

Run Date: 07/09/2024

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

[illegible]

Form E4,E5,E6

[illegible]

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Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

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Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

[illegible]

[illegible]

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9	Line 10
0863	E5 Col M Line 1 - 20	397150	371642	0	0	0	0	0	0	0	371642
	E6 Col M Line 1 - 20	288803	228323	0	0	0	0	0	0	0	228323
	E5+E6 Col M Line 1 - 20	685953	599965	0	0	0	0	0	0	0	599965
	E4 Col E Line 1 - 20	685953	599965	0	0	0	0	0	0	0	599965
	Error - Diff	0	0	0	0	0	0	0	0	0	0
1069	E5 Col M Line 1 - 20	966523	0	720313	0	-3526	0	8925	0	0	725712
	E6 Col M Line 1 - 20	801512	0	583553	0	0	0	21990	0	0	605543
	E5+E6 Col M Line 1 - 20	1768035	0	1303866	0	-3526	0	30915	0	0	1331255
	E4 Col E Line 1 - 20	1768035	0	1303866	0	-3526	0	30915	0	0	1331255
	Error - Diff	0	0	0	0	0	0	0	0	0	0
1169	E5 Col M Line 1 - 20	27722	0	22831	0	0	0	0	0	0	22831
	E6 Col M Line 1 - 20	23549	0	17566	0	0	0	3	0	0	17569
	E5+E6 Col M Line 1 - 20	51271	0	40397	0	0	0	3	0	0	40400
	E4 Col E Line 1 - 20	51271	0	40397	0	0	0	3	0	0	40400
	Error - Diff	0	0	0	0	0	0	0	0	0	0
Total	E5 Col M Line 1 - 20	91583059	1828450	66479706	-829	-250329	77571	316697	2722488	343128	71516882
	E6 Col M Line 1 - 20	77618131	1207014	55605296	-574	-140151	96296	894683	2779378	203017	60644959
	E5+E6 Col M Line 1 - 20	169201190	3035464	122085002	-1403	-390480	173867	1211380	5501866	546145	132161841
	E4 Col E Line 1 - 20	169201190	3035464	122085003	-1403	-390482	173857	1211380	5501866	539327	132155012
	Error - Diff	0	0	-1	0	2	10	0	0	6818	6829

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Run Name: CostCk6a

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 11	Line 12	Line 13	Line 14	Line 15	Line 16	Line 17	Line 18	Line 19	Line 20
0863	E5 Col M Line 1 - 20	0	0	0	0	0	1585	-44	0	1541	373183
	E6 Col M Line 1 - 20	0	0	0	0	0	2256	-143	0	2113	230436
	E5+E6 Col M Line 1 - 20	0	0	0	0	0	3841	-187	0	3654	603619
	E4 Col E Line 1 - 20	0	0	0	0	0	3841	-187	0	3654	603619
	Error - Diff	0	0	0	0	0	0	0	0	0	0
1069	E5 Col M Line 1 - 20	6312	0	6312	8216	0	0	0	-226	7990	740014
	E6 Col M Line 1 - 20	1315	0	1315	10918	0	0	0	0	10918	617776
	E5+E6 Col M Line 1 - 20	7627	0	7627	19134	0	0	0	-226	18908	1357790
	E4 Col E Line 1 - 20	7627	0	7627	19134	0	0	0	-226	18908	1357790
	Error - Diff	0	0	0	0	0	0	0	0	0	0
1169	E5 Col M Line 1 - 20	11	0	11	329	0	0	0	-1	328	23170
	E6 Col M Line 1 - 20	52	0	52	389	0	0	0	0	389	18010
	E5+E6 Col M Line 1 - 20	63	0	63	718	0	0	0	-1	717	41180
	E4 Col E Line 1 - 20	63	0	63	718	0	0	0	-1	717	41180
	Error - Diff	0	0	0	0	0	0	0	0	0	0
Total	E5 Col M Line 1 - 20	180723	1138	181861	1808807	0	811845	-163123	-232160	2225369	73924112
	E6 Col M Line 1 - 20	262655	0	262655	2246721	-1	1045870	-147164	-194232	2951194	63858808
	E5+E6 Col M Line 1 - 20	443378	1138	444516	4055528	-1	1857715	-310287	-426392	5176563	137782920
	E4 Col E Line 1 - 20	443378	1140	444518	4055528	-1	1857717	-310287	-426392	5176565	137776095
	Error - Diff	0	-2	-2	0	0	-2	0	0	-2	6825

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Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0001	E5 Col M	4509529		3012701		1496828	
	E6 Col M	3562622		2674114		888508	
	E5+E6 Col M	8072151		5686815		2385336	
	E4 Col E	8072151		5686815		2385336	
	Error if E5+E6 not = E4	0		0		0	
0002	E5 Col M	2157274		1648237		509037	
	E6 Col M	976763		821621		155142	
	E5+E6 Col M	3134037		2469858		664179	
	E4 Col E	3134037		2469858		664179	
	Error if E5+E6 not = E4	0		0		0	
0003	E5 Col M	460475		268070		192405	
	E6 Col M	484000		477182		6818	
	E5+E6 Col M	944475		745252		199223	
	E4 Col E	944475		745252		199223	
	Error if E5+E6 not = E4	0		0		0	
0005	E5 Col M	427939		316962		110977	
	E6 Col M	634530		459844		174686	
	E5+E6 Col M	1062469		776806		285663	
	E4 Col E	1062469		776806		285663	
	Error if E5+E6 not = E4	0		0		0	
0006	E5 Col M	459174		356636		102538	
	E6 Col M	337570		279738		57832	
	E5+E6 Col M	796744		636374		160370	
	E4 Col E	796744		636374		160370	
	Error if E5+E6 not = E4	0		0		0	
0008	E5 Col M	643232		474283		168949	
	E6 Col M	1209511		871680		337831	
	E5+E6 Col M	1852743		1345963		506780	
	E4 Col E	1852743		1345963		506780	
	Error if E5+E6 not = E4	0		0		0	
0009	E5 Col M	1031056		812318		218738	
	E6 Col M	746052		611275		134777	
	E5+E6 Col M	1777108		1423593		353515	
	E4 Col E	1777108		1423593		353515	
	Error if E5+E6 not = E4	0		0		0	

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Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0010	E5 Col M	1147050		891532		255518	
	E6 Col M	1552122		1295908		256214	
	E5+E6 Col M	2699172		2187440		511732	
	E4 Col E	2699172		2187440		511732	
	Error if E5+E6 not = E4	0		0		0	
0011	E5 Col M	291246		260199		31047	
	E6 Col M	641036		541680		99356	
	E5+E6 Col M	932282		801879		130403	
	E4 Col E	932282		801879		130403	
	Error if E5+E6 not = E4	0		0		0	
0012	E5 Col M	1888498		1473122		415376	
	E6 Col M	1375437		782178		593259	
	E5+E6 Col M	3263935		2255300		1008635	
	E4 Col E	3263935		2255300		1008635	
	Error if E5+E6 not = E4	0		0		0	
0014	E5 Col M	3484493		2579668		904825	
	E6 Col M	2939613		2235628		703985	
	E5+E6 Col M	6424106		4815296		1608810	
	E4 Col E	6424106		4815286		1608820	
	Error if E5+E6 not = E4	0		10		-10	
0015	E5 Col M	4630016		3562648		1067368	
	E6 Col M	4053582		3277731		775851	
	E5+E6 Col M	8683598		6840379		1843219	
	E4 Col E	8683598		6840379		1843219	
	Error if E5+E6 not = E4	0		0		0	
0016	E5 Col M	1649971		1614756		35215	
	E6 Col M	1446627		1346902		99725	
	E5+E6 Col M	3096598		2961658		134940	
	E4 Col E	3096598		2961658		134940	
	Error if E5+E6 not = E4	0		0		0	
0017	E5 Col M	781683		668201		113482	
	E6 Col M	887239		722693		164546	
	E5+E6 Col M	1668922		1390894		278028	
	E4 Col E	1668922		1390894		278028	
	Error if E5+E6 not = E4	0		0		0	

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Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

<i>Hospital</i>	<i>Data Source</i>	<i>Line 1</i>	<i>Less</i>	<i>Line 20</i>	<i>Equals</i>	<i>Net Revenue</i>	<i>Error if negative</i>
0019	E5 Col M	2374391		1939360		435031	
	E6 Col M	1066242		802760		263482	
	E5+E6 Col M	3440633		2742120		698513	
	E4 Col E	3440633		2742120		698513	
	Error if E5+E6 not = E4	0		0		0	
0021	E5 Col M	0		0		0	
	E6 Col M	0		0		0	
	E5+E6 Col M	0		0		0	
	E4 Col E	0		0		0	
	Error if E5+E6 not = E4	0		0		0	
0024	E5 Col M	518711		445830		72881	
	E6 Col M	443771		386812		56959	
	E5+E6 Col M	962482		832642		129840	
	E4 Col E	962482		832642		129840	
	Error if E5+E6 not = E4	0		0		0	
0025	E5 Col M	1230155		1155176		74979	
	E6 Col M	957854		907636		50218	
	E5+E6 Col M	2188009		2062812		125197	
	E4 Col E	2188009		2062812		125197	
	Error if E5+E6 not = E4	0		0		0	
0027	E5 Col M	661900		521047		140853	
	E6 Col M	776817		652356		124461	
	E5+E6 Col M	1438717		1173403		265314	
	E4 Col E	1438717		1173403		265314	
	Error if E5+E6 not = E4	0		0		0	
0028	E5 Col M	993040		891173		101867	
	E6 Col M	875872		783690		92182	
	E5+E6 Col M	1868912		1674863		194049	
	E4 Col E	1868912		1674863		194049	
	Error if E5+E6 not = E4	0		0		0	
0029	E5 Col M	2179247		1886894		292353	
	E6 Col M	1292188		1110161		182027	
	E5+E6 Col M	3471435		2997055		474380	
	E4 Col E	3471435		2997055		474380	
	Error if E5+E6 not = E4	0		0		0	

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Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0031	E5 Col M	621340		512779		108561	
	E6 Col M	651422		549970		101452	
	E5+E6 Col M	1272762		1062749		210013	
	E4 Col E	1272762		1062749		210013	
	Error if E5+E6 not = E4	0		0		0	
0034	E5 Col M	779368		565537		213831	
	E6 Col M	784152		607267		176885	
	E5+E6 Col M	1563520		1172804		390716	
	E4 Col E	1563520		1172804		390716	
	Error if E5+E6 not = E4	0		0		0	
0037	E5 Col M	285577		208200		77377	
	E6 Col M	265282		193421		71861	
	E5+E6 Col M	550859		401621		149238	
	E4 Col E	550859		401621		149238	
	Error if E5+E6 not = E4	0		0		0	
0038	E5 Col M	5096294		4058319		1037975	
	E6 Col M	2226036		1750030		476006	
	E5+E6 Col M	7322330		5808349		1513981	
	E4 Col E	7322330		5808349		1513981	
	Error if E5+E6 not = E4	0		0		0	
0040	E5 Col M	1018396		1004711		13685	
	E6 Col M	1431954		1370083		61871	
	E5+E6 Col M	2450350		2374794		75556	
	E4 Col E	2450350		2374794		75556	
	Error if E5+E6 not = E4	0		0		0	
0041	E5 Col M	1758637		1457316		301321	
	E6 Col M	901598		708418		193180	
	E5+E6 Col M	2660235		2165734		494501	
	E4 Col E	2660235		2165734		494501	
	Error if E5+E6 not = E4	0		0		0	
0044	E5 Col M	4118825		3821947		296878	
	E6 Col M	4798896		4343392		455504	
	E5+E6 Col M	8917721		8165339		752382	
	E4 Col E	8917721		8165339		752382	
	Error if E5+E6 not = E4	0		0		0	

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Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0045	E5 Col M	1871111		1609438		261673	
	E6 Col M	5458668		4663271		795397	
	E5+E6 Col M	7329779		6272709		1057070	
	E4 Col E	7329779		6272709		1057070	
	Error if E5+E6 not = E4	0		0		0	
0047	E5 Col M	537568		435773		101795	
	E6 Col M	694193		550178		144015	
	E5+E6 Col M	1231761		985951		245810	
	E4 Col E	1231761		985951		245810	
	Error if E5+E6 not = E4	0		0		0	
0048	E5 Col M	1299568		1097601		201967	
	E6 Col M	942997		770236		172761	
	E5+E6 Col M	2242565		1867837		374728	
	E4 Col E	2242565		1867837		374728	
	Error if E5+E6 not = E4	0		0		0	
0050	E5 Col M	570495		363795		206700	
	E6 Col M	316118		319096		-2978	*****
	E5+E6 Col M	886613		682891		203722	
	E4 Col E	886613		676076		210537	
	Error if E5+E6 not = E4	0		6815		-6815	
0051	E5 Col M	1858196		1428691		429505	
	E6 Col M	2452366		1931108		521258	
	E5+E6 Col M	4310562		3359799		950763	
	E4 Col E	4310562		3359799		950763	
	Error if E5+E6 not = E4	0		0		0	
0052	E5 Col M	1380332		1147900		232432	
	E6 Col M	1063945		874686		189259	
	E5+E6 Col M	2444277		2022586		421691	
	E4 Col E	2444277		2022586		421691	
	Error if E5+E6 not = E4	0		0		0	
0054	E5 Col M	665745		504428		161317	
	E6 Col M	752286		570706		181580	
	E5+E6 Col M	1418031		1075134		342897	
	E4 Col E	1418031		1075134		342897	
	Error if E5+E6 not = E4	0		0		0	

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

<i>Hospital</i>	<i>Data Source</i>	<i>Line 1</i>	<i>Less</i>	<i>Line 20</i>	<i>Equals</i>	<i>Net Revenue</i>	<i>Error if negative</i>
0057	E5 Col M	1553442		1330697		222745	
	E6 Col M	1363265		1178111		185154	
	E5+E6 Col M	2916707		2508808		407899	
	E4 Col E	2916707		2508808		407899	
	Error if E5+E6 not = E4	0		0		0	
0058	E5 Col M	452631		389860		62771	
	E6 Col M	155418		133604		21814	
	E5+E6 Col M	608049		523464		84585	
	E4 Col E	608049		523464		84585	
	Error if E5+E6 not = E4	0		0		0	
0060	E5 Col M	462759		421053		41706	
	E6 Col M	1010447		851378		159069	
	E5+E6 Col M	1473206		1272431		200775	
	E4 Col E	1473206		1272431		200775	
	Error if E5+E6 not = E4	0		0		0	
0061	E5 Col M	449069		389368		59701	
	E6 Col M	478985		417909		61076	
	E5+E6 Col M	928054		807277		120777	
	E4 Col E	928054		807277		120777	
	Error if E5+E6 not = E4	0		0		0	
0069	E5 Col M	111397		84688		26709	
	E6 Col M	188238		152808		35430	
	E5+E6 Col M	299635		237496		62139	
	E4 Col E	299635		237496		62139	
	Error if E5+E6 not = E4	0		0		0	
0070	E5 Col M	2232306		1930850		301456	
	E6 Col M	1599476		1363037		236439	
	E5+E6 Col M	3831782		3293887		537895	
	E4 Col E	3831782		3293887		537895	
	Error if E5+E6 not = E4	0		0		0	
0073	E5 Col M	3289553		2439616		849937	
	E6 Col M	1789946		1379291		410655	
	E5+E6 Col M	5079499		3818907		1260592	
	E4 Col E	5079499		3818907		1260592	
	Error if E5+E6 not = E4	0		0		0	

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0074	E5 Col M	1390149		1072578		317571	
	E6 Col M	1028079		833985		194094	
	E5+E6 Col M	2418228		1906563		511665	
	E4 Col E	2418228		1906563		511665	
	Error if E5+E6 not = E4	0		0		0	
0075	E5 Col M	1090255		771165		319090	
	E6 Col M	830856		633145		197711	
	E5+E6 Col M	1921111		1404310		516801	
	E4 Col E	1921111		1404310		516801	
	Error if E5+E6 not = E4	0		0		0	
0076	E5 Col M	3084232		2319965		764267	
	E6 Col M	1601204		1206784		394420	
	E5+E6 Col M	4685436		3526749		1158687	
	E4 Col E	4685436		3526749		1158687	
	Error if E5+E6 not = E4	0		0		0	
0081	E5 Col M	0		0		0	
	E6 Col M	0		0		0	
	E5+E6 Col M	0		0		0	
	E4 Col E	0		0		0	
	Error if E5+E6 not = E4	0		0		0	
0083	E5 Col M	234064		146212		87852	
	E6 Col M	132882		136534		-3652	*****
	E5+E6 Col M	366946		282746		84200	
	E4 Col E	366946		282746		84200	
	Error if E5+E6 not = E4	0		0		0	
0084	E5 Col M	444282		369091		75191	
	E6 Col M	312903		250533		62370	
	E5+E6 Col M	757185		619624		137561	
	E4 Col E	757185		619624		137561	
	Error if E5+E6 not = E4	0		0		0	
0091	E5 Col M	82561		69024		13537	
	E6 Col M	155645		142973		12672	
	E5+E6 Col M	238206		211997		26209	
	E4 Col E	238206		211997		26209	
	Error if E5+E6 not = E4	0		0		0	

New Jersey Department of Health

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Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0092	E5 Col M	3757083		3634905		122178	
	E6 Col M	2450025		2242432		207593	
	E5+E6 Col M	6207108		5877337		329771	
	E4 Col E	6207108		5877337		329771	
	Error if E5+E6 not = E4	0		0		0	
0096	E5 Col M	484535		392088		92447	
	E6 Col M	378673		314597		64076	
	E5+E6 Col M	863208		706685		156523	
	E4 Col E	863208		706685		156523	
	Error if E5+E6 not = E4	0		0		0	
0108	E5 Col M	1897007		1407079		489928	
	E6 Col M	1317975		1206808		111167	
	E5+E6 Col M	3214982		2613887		601095	
	E4 Col E	3214982		2613887		601095	
	Error if E5+E6 not = E4	0		0		0	
0110	E5 Col M	688418		588810		99608	
	E6 Col M	667429		542049		125380	
	E5+E6 Col M	1355847		1130859		224988	
	E4 Col E	1355847		1130859		224988	
	Error if E5+E6 not = E4	0		0		0	
0111	E5 Col M	732485		565745		166740	
	E6 Col M	584197		399778		184419	
	E5+E6 Col M	1316682		965523		351159	
	E4 Col E	1316682		965523		351159	
	Error if E5+E6 not = E4	0		0		0	
0112	E5 Col M	561890		442526		119364	
	E6 Col M	444260		358597		85663	
	E5+E6 Col M	1006150		801123		205027	
	E4 Col E	1006150		801123		205027	
	Error if E5+E6 not = E4	0		0		0	
0113	E5 Col M	593978		473605		120373	
	E6 Col M	609142		478889		130253	
	E5+E6 Col M	1203120		952494		250626	
	E4 Col E	1203120		952494		250626	
	Error if E5+E6 not = E4	0		0		0	

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Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0115	E5 Col M	403323		356175		47148	
	E6 Col M	467495		381045		86450	
	E5+E6 Col M	870818		737220		133598	
	E4 Col E	870818		737220		133598	
	Error if E5+E6 not = E4	0		0		0	
0116	E5 Col M	391500		315561		75939	
	E6 Col M	321903		266269		55634	
	E5+E6 Col M	713403		581830		131573	
	E4 Col E	713403		581830		131573	
	Error if E5+E6 not = E4	0		0		0	
0118	E5 Col M	609807		526807		83000	
	E6 Col M	732913		639840		93073	
	E5+E6 Col M	1342720		1166647		176073	
	E4 Col E	1342720		1166647		176073	
	Error if E5+E6 not = E4	0		0		0	
0119	E5 Col M	2081146		1546845		534301	
	E6 Col M	1129679		962159		167520	
	E5+E6 Col M	3210825		2509004		701821	
	E4 Col E	3210825		2509004		701821	
	Error if E5+E6 not = E4	0		0		0	
0221	E5 Col M	2302537		1901181		401356	
	E6 Col M	2575086		2109903		465183	
	E5+E6 Col M	4877623		4011084		866539	
	E4 Col E	4877623		4011084		866539	
	Error if E5+E6 not = E4	0		0		0	
0224	E5 Col M	972414		851465		120949	
	E6 Col M	522788		460913		61875	
	E5+E6 Col M	1495202		1312378		182824	
	E4 Col E	1495202		1312378		182824	
	Error if E5+E6 not = E4	0		0		0	
0324	E5 Col M	1289392		1006781		282611	
	E6 Col M	1054675		829601		225074	
	E5+E6 Col M	2344067		1836382		507685	
	E4 Col E	2344067		1836382		507685	
	Error if E5+E6 not = E4	0		0		0	

New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted

Run Name: CostCk6b

Cost Cross Checks

Form E4,E5,E6

<i>Hospital</i>	<i>Data Source</i>	<i>Line 1</i>	<i>Less</i>	<i>Line 20</i>	<i>Equals</i>	<i>Net Revenue</i>	<i>Error if negative</i>
0391	E5 Col M	447504		349164		98340	
	E6 Col M	311891		253434		58457	
	E5+E6 Col M	759395		602598		156797	
	E4 Col E	759395		602598		156797	
	Error if E5+E6 not = E4	0		0		0	
0392	E5 Col M	411947		320240		91707	
	E6 Col M	299140		235137		64003	
	E5+E6 Col M	711087		555377		155710	
	E4 Col E	711087		555377		155710	
	Error if E5+E6 not = E4	0		0		0	
0502	E5 Col M	261187		215064		46123	
	E6 Col M	124173		106251		17922	
	E5+E6 Col M	385360		321315		64045	
	E4 Col E	385360		321315		64045	
	Error if E5+E6 not = E4	0		0		0	
0641	E5 Col M	1331770		1039071		292699	
	E6 Col M	989326		771890		217436	
	E5+E6 Col M	2321096		1810961		510135	
	E4 Col E	2321096		1810961		510135	
	Error if E5+E6 not = E4	0		0		0	
0642	E5 Col M	837110		628413		208697	
	E6 Col M	593383		485575		107808	
	E5+E6 Col M	1430493		1113988		316505	
	E4 Col E	1430493		1113988		316505	
	Error if E5+E6 not = E4	0		0		0	
0861	E5 Col M	1220194		970785		249409	
	E6 Col M	794084		633502		160582	
	E5+E6 Col M	2014278		1604287		409991	
	E4 Col E	2014278		1604287		409991	
	Error if E5+E6 not = E4	0		0		0	
0862	E5 Col M	659205		526020		133185	
	E6 Col M	489325		390374		98951	
	E5+E6 Col M	1148530		916394		232136	
	E4 Col E	1148530		916394		232136	
	Error if E5+E6 not = E4	0		0		0	

New Jersey Department of Health**Run Date: 07/09/2024****Acute Care Hospitals - 2023 Submitted****Run Name: CostCk6b****Cost Cross Checks****Form E4,E5,E6**

Hospital	Data Source	Line 1	Less	Line 20	Equals	Net Revenue	Error if negative
0863	E5 Col M	397150		373183		23967	
	E6 Col M	288803		230436		58367	
	E5+E6 Col M	685953		603619		82334	
	E4 Col E	685953		603619		82334	
	Error if E5+E6 not = E4	0		0		0	
1069	E5 Col M	966523		740014		226509	
	E6 Col M	801512		617776		183736	
	E5+E6 Col M	1768035		1357790		410245	
	E4 Col E	1768035		1357790		410245	
	Error if E5+E6 not = E4	0		0		0	
1169	E5 Col M	27722		23170		4552	
	E6 Col M	23549		18010		5539	
	E5+E6 Col M	51271		41180		10091	
	E4 Col E	51271		41180		10091	
	Error if E5+E6 not = E4	0		0		0	
Total	E5 Col M	91583059		73924112		17658947	
	E6 Col M	77618131		63858808		13759323	
	E5+E6 Col M	169201190		137782920		31418270	
	E4 Col E	169201190		137776095		31425095	
	Error if E5+E6 not = E4	0		6825		-6825	

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted**Gross Revenue Cross Checks**

Run Name: CrossCk

(All Costs In Thousands)

Form E,E4,E5,E6

HOSP	E Line 30 Col L	-	E Line 30 Col H	=	E Line 30 Col(L-H)	=	E4 Line 1 Col E	=	E5 Line 1 Col M	+	E6 Line 1 Col M	=	(E5+E6) Line 1 Col M	Error Flag
0001	8072143	-	0	=	8072143	=	8072151	=	4509529	+	3562622	=	8072151	*****
0002	3134037	-	0	=	3134037	=	3134037	=	2157274	+	976763	=	3134037	
0003	944475	-	0	=	944475	=	944475	=	460475	+	484000	=	944475	
0005	1062469	-	0	=	1062469	=	1062469	=	427939	+	634530	=	1062469	
0006	796744	-	0	=	796744	=	796744	=	459174	+	337570	=	796744	
0008	1852743	-	0	=	1852743	=	1852743	=	643232	+	1209511	=	1852743	
0009	1777370	-	262	=	1777108	=	1777108	=	1031056	+	746052	=	1777108	
0010	2699172	-	0	=	2699172	=	2699172	=	1147050	+	1552122	=	2699172	
0011	932282	-	0	=	932282	=	932282	=	291246	+	641036	=	932282	
0012	3263935	-	0	=	3263935	=	3263935	=	1888498	+	1375437	=	3263935	
0014	6424106	-	0	=	6424106	=	6424106	=	3484493	+	2939613	=	6424106	
0015	8683598	-	0	=	8683598	=	8683598	=	4630016	+	4053582	=	8683598	
0016	3096598	-	0	=	3096598	=	3096598	=	1649971	+	1446627	=	3096598	
0017	1668922	-	0	=	1668922	=	1668922	=	781683	+	887239	=	1668922	
0019	3440633	-	0	=	3440633	=	3440633	=	2374391	+	1066242	=	3440633	
0021	0	-	0	=	0	=	0	=	0	+	0	=	0	
0024	962482	-	0	=	962482	=	962482	=	518711	+	443771	=	962482	
0025	2188804	-	795	=	2188009	=	2188009	=	1230155	+	957854	=	2188009	
0027	1464745	-	26028	=	1438717	=	1438717	=	661900	+	776817	=	1438717	
0028	1868912	-	0	=	1868912	=	1868912	=	993040	+	875872	=	1868912	
0029	3471435	-	0	=	3471435	=	3471435	=	2179247	+	1292188	=	3471435	

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted**Gross Revenue Cross Checks**

Run Name: CrossCk

(All Costs In Thousands)

Form E,E4,E5,E6

HOSP	E Line 30 Col L	-	E Line 30 Col H	=	E Line 30 Col(L-H)	=	E4 Line 1 Col E	=	E5 Line 1 Col M	+	E6 Line 1 Col M	=	(E5+E6) Line 1 Col M	Error Flag
0031	1272762	-	0	=	1272762	=	1272762	=	621340	+	651422	=	1272762	
0034	1563520	-	0	=	1563520	=	1563520	=	779368	+	784152	=	1563520	
0037	550859	-	0	=	550859	=	550859	=	285577	+	265282	=	550859	
0038	7322330	-	0	=	7322330	=	7322330	=	5096294	+	2226036	=	7322330	
0040	2518138	-	67788	=	2450350	=	2450350	=	1018396	+	1431954	=	2450350	
0041	2678169	-	17934	=	2660235	=	2660235	=	1758637	+	901598	=	2660235	
0044	8917721	-	0	=	8917721	=	8917721	=	4118825	+	4798896	=	8917721	
0045	7329779	-	0	=	7329779	=	7329779	=	1871111	+	5458668	=	7329779	
0047	1231761	-	0	=	1231761	=	1231761	=	537568	+	694193	=	1231761	
0048	2242565	-	0	=	2242565	=	2242565	=	1299568	+	942997	=	2242565	
0050	886612	-	0	=	886612	=	886613	=	570495	+	316118	=	886613	*****
0051	4310562	-	0	=	4310562	=	4310562	=	1858196	+	2452366	=	4310562	
0052	2444277	-	0	=	2444277	=	2444277	=	1380332	+	1063945	=	2444277	
0054	1418031	-	0	=	1418031	=	1418031	=	665745	+	752286	=	1418031	
0057	2916707	-	0	=	2916707	=	2916707	=	1553442	+	1363265	=	2916707	
0058	938031	-	329982	=	608049	=	608049	=	452631	+	155418	=	608049	
0060	1473206	-	0	=	1473206	=	1473206	=	462759	+	1010447	=	1473206	
0061	928054	-	0	=	928054	=	928054	=	449069	+	478985	=	928054	
0069	299635	-	0	=	299635	=	299635	=	111397	+	188238	=	299635	
0070	3831782	-	0	=	3831782	=	3831782	=	2232306	+	1599476	=	3831782	
0073	5079500	-	0	=	5079500	=	5079499	=	3289553	+	1789946	=	5079499	*****

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted**Gross Revenue Cross Checks**

Run Name: CrossCk

(All Costs In Thousands)

Form E,E4,E5,E6

HOSP	E Line 30 Col L	-	E Line 30 Col H	=	E Line 30 Col(L-H)	=	E4 Line 1 Col E	=	E5 Line 1 Col M	+	E6 Line 1 Col M	=	(E5+E6) Line 1 Col M	Error Flag
0074	2418228	-	0	=	2418228	=	2418228	=	1390149	+	1028079	=	2418228	
0075	1921111	-	0	=	1921111	=	1921111	=	1090255	+	830856	=	1921111	
0076	4685436	-	0	=	4685436	=	4685436	=	3084232	+	1601204	=	4685436	
0081	0	-	0	=	0	=	0	=	0	+	0	=	0	
0083	366946	-	0	=	366946	=	366946	=	234064	+	132882	=	366946	
0084	757185	-	0	=	757185	=	757185	=	444282	+	312903	=	757185	
0091	238206	-	0	=	238206	=	238206	=	82561	+	155645	=	238206	
0092	6207108	-	0	=	6207108	=	6207108	=	3757083	+	2450025	=	6207108	
0096	863208	-	0	=	863208	=	863208	=	484535	+	378673	=	863208	
0108	3214984	-	0	=	3214984	=	3214982	=	1897007	+	1317975	=	3214982	*****
0110	1355847	-	0	=	1355847	=	1355847	=	688418	+	667429	=	1355847	
0111	1316682	-	0	=	1316682	=	1316682	=	732485	+	584197	=	1316682	
0112	1006150	-	0	=	1006150	=	1006150	=	561890	+	444260	=	1006150	
0113	1203120	-	0	=	1203120	=	1203120	=	593978	+	609142	=	1203120	
0115	870818	-	0	=	870818	=	870818	=	403323	+	467495	=	870818	
0116	713403	-	0	=	713403	=	713403	=	391500	+	321903	=	713403	
0118	1342720	-	0	=	1342720	=	1342720	=	609807	+	732913	=	1342720	
0119	3210825	-	0	=	3210825	=	3210825	=	2081146	+	1129679	=	3210825	
0221	4877623	-	0	=	4877623	=	4877623	=	2302537	+	2575086	=	4877623	
0224	1495202	-	0	=	1495202	=	1495202	=	972414	+	522788	=	1495202	
0324	2344067	-	0	=	2344067	=	2344067	=	1289392	+	1054675	=	2344067	

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New Jersey Department of Health

Run Date: 07/09/2024

Acute Care Hospitals - 2023 Submitted**Gross Revenue Cross Checks**

Run Name: CrossCk

(All Costs In Thousands)

Form E,E4,E5,E6

HOSP	E Line 30 Col L	-	E Line 30 Col H	=	E Line 30 Col(L-H)	=	E4 Line 1 Col E	=	E5 Line 1 Col M	+	E6 Line 1 Col M	=	(E5+E6) Line 1 Col M	Error Flag
0391	759395	-	0	=	759395	=	759395	=	447504	+	311891	=	759395	
0392	711087	-	0	=	711087	=	711087	=	411947	+	299140	=	711087	
0502	393957	-	8597	=	385360	=	385360	=	261187	+	124173	=	385360	
0641	2321096	-	0	=	2321096	=	2321096	=	1331770	+	989326	=	2321096	
0642	1430493	-	0	=	1430493	=	1430493	=	837110	+	593383	=	1430493	
0861	2014278	-	0	=	2014278	=	2014278	=	1220194	+	794084	=	2014278	
0862	1148530	-	0	=	1148530	=	1148530	=	659205	+	489325	=	1148530	
0863	685953	-	0	=	685953	=	685953	=	397150	+	288803	=	685953	
1069	1768035	-	0	=	1768035	=	1768035	=	966523	+	801512	=	1768035	
1169	51271	-	0	=	51271	=	51271	=	27722	+	23549	=	51271	
Total:	169652570		451386		169201184		169201190		91583059		77618131		169201190	