New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Patient Care Volumes

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Run Date: 10/06/2014

Form B

Inpat. Vol Line #	MSA	PED	OBS	PSA	ICU	CCU	NNI	NBN	SNF	SAC	TRA	Total	Error
1 INPAT	79698	10772	11908	1669	4273	0	1104	5624	0	0	-61891	53157	0
2 SAME	8396	0	0	0	0	0	0	0	0	0	0	8396	0
3 DAYS	156211	12576	21576	7014	5635	0	13146	15058	0	0	0	231216	0
4 LICEN	468	56	77	21	48	0	40	60	0	0	0	770	0
5 MAIN	446	56	77	21	48	0	40	60	0	0	0	748	0
7 DISCH	0	0	0	0	0	0	0	0	0	0	0	53157	

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Other Statistical Data

Run Date: 10/06/2014

Form B5

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Inpatient Statistics By Payer		Admissions	Patient Days
1	Horizon Blue Cross of New Jersey(Indemnity)	10175	37140
2	Other Blue Cross(Indemnity)	997	3484
3	Medicare	14848	80772
4	Medicaid	1598	9991
5	CHAMPUS	26	201
6	HMO	11225	37763
7	Medicare HMO	2427	13963
8	Medicaid HMO	5540	21240
9	Commercial Insurers	609	2469
10	Charity Care	1632	8721
11	Self Pay	2300	8767
12	Other	731	3502
13	Personnal Health	1049	3203
14	Totals (Sum of line 1 to 13)	53157	231216
	Reported Totals On Form B (Less SNF) :	53157	231216
	********* Error Line 14 **********	0	0

Other Statistical Data		Total Amount
15	Cafeteria Average Meal Price	8.1
16	Estimated Annual Free Meals to All Employees	393061
17	Estimated Annual Free Meals to All Students	36886
18	Estimated Annual Free Meals to All Others	22928

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Run Date: 10/06/2014

2013 Submitted Patient Care Volumes

Form B6

Outpatient Volume	SameDay Surgery	EMR Visits	OHS Visits	CLN Visits	O/P DIA Visits	Priv Refer	SameDay Psych	O/P Surgery	Home DIA	MICU	Other MICU	Reported Total	Calculated Total	Error
1 HORBLCR	3455	14653	0	10104	0	451281	0	531	0	791	1	480816	480816	0
2 OTHBLCR	165	1623	0	660	0	41811	0	45	0	66	1	44371	44371	0
3 MEDCARE	4196	7437	0	94	0	664738	0	1259	0	4223	1	681948	681948	0
4 MEDCAID	82	1364	0	69	0	30499	0	1	0	79	1	32095	32095	0
5 CHAMP	1	1	0	1	0	0	0	0	0	0	1	4	4	0
6 HMO	3702	15636	0	7980	0	488302	0	516	0	865	1	517002	517002	0
7 MCAREHMO	740	1677	0	19	0	86492	0	135	0	546	1	89610	89610	0
8 MCAIDHMO	329	17075	0	8376	0	236531	0	42	0	436	0	262789	262789	0
9 COMMINSU	165	1236	0	339	0	112551	0	27	0	73	1	114392	114392	0
10 CHARCARE	411	3338	0	19	0	126427	0	13	0	6	1	130215	130215	0
11 SELFPAY	82	13926	0	176	0	145990	0	35	0	1358	1	161568	161568	0
12 OTHER	1563	2243	0	0	0	35587	0	154	0	171	0	39718	39718	0
13 PERSHLTH	1235	2157	0	697	0	245261	0	247	0	39	0	249636	249636	0
14 TOTALS	16126	82366	0	28534	0	2665470	0	3005	0	8653	10	2804164	2804164	0
** *Error Line 14*	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
15 GROSS	16126	103965	0	28534	0	2665470	0	3005	0	8653	10	2825763	2825763	**0**
16 ADMITTED	0	21599	0	0	0	0	0	0	0	0	0	21599	21599	**0**
17 VISITS	16126	82366	0	28534	0	2665470	0	3005	0	8653	10	2804164	2804164	**0**
***Error Total Line 15-16=17*	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
18 PRIMARY		54171												
19 NON-PRIMARY		28195												
***Error EMR Line 17 - (18 + 19)*		0												
***Error Line 14-17*	0	0	0	0	0	0	0	0	0	0	0	0		

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Actual Cost Center Data (In Thousands)

Run Date: 10/06/2014

Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
MSA	1821462	0	0	62355	0	0	3624	4132	716	688	657	604	71568	0	34.23	0.00	0.00
PED	222593	0	0	7920	0	0	626	0	139	69	0	0	8754	0	35.58	0.00	0.00
OBS	312128	0	0	11112	0	0	1059	5	100	74	0	0	12350	0	35.60	0.00	0.00
PSA	68525	0	0	2442	0	0	36	1	4	13	0	0	2496	0	35.64	0.00	0.00
ICU	320044	0	0	12851	0	0	1399	0	159	108	0	0	14517	0	40.15	0.00	0.00
CCU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
NNI	191898	0	0	8619	0	0	667	1	33	226	0	0	9546	0	44.91	0.00	0.00
NBN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
SNF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
SAC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
CLN	376226	89629	1170	14008	7577	117	747	2585	262	271	412	16412	9567	0	37.23	84.54	100.00
EMR	484846	82470	8920	14881	11718	892	1549	6	230	227	33	6471	23065	0	30.69	142.09	100.00
OHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
ANS	24779	1342	0	533	124	0	902	0	526	390	0	0	2475	0	21.51	92.40	0.00
BBK	113512	0	0	3657	0	0	16947	9	152	44	0	0	20809	0	32.22	0.00	0.00
CCA	122305	18986	400	4785	2178	40	31405	14	1842	1632	0	1	41895	0	39.12	114.72	100.00
CSS	105948	0	0	2162	0	0	284	3	176	82	0	0	2707	0	20.41	0.00	0.00
MSS	0	0	0	0	0	0	54917	0	0	0	0	0	54917	0	0.00	0.00	0.00
DEL	190403	0	0	8106	0	0	670	0	338	102	0	0	9216	0	42.57	0.00	0.00
DIA	46027	0	0	1984	0	0	1543	12	177	208	0	0	3924	0	43.11	0.00	0.00
EDG	219625	8263	0	6952	1169	0	634	83	463	449	0	432	9318	0	31.65	141.47	0.00
LAB	466793	9389	160	14497	919	16	9551	7203	1976	406	101	155	34514	0	31.06	97.88	100.00
NMD	29596	0	0	1219	0	0	1990	1	21	656	0	0	3887	0	41.19	0.00	0.00
ORR	802164	0	0	33807	0	0	34478	158	4921	2651	55	269	75801	0	42.14	0.00	0.00

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Hospital Number: 0001

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Actual Cost Center Data (In Thousands)

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Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
OPM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
PHM	313580	0	0	13111	0	0	1137	2169	0	62	601	3887	13193	0	41.81	0.00	0.00
DRU	0	0	0	0	0	0	118737	0	0	0	0	0	118737	0	0.00	0.00	0.00
PHT	154341	9477	80	5985	1339	8	94	18	43	133	0	6	7614	0	38.78	141.29	100.00
RAD	475729	10502	0	15743	1947	0	2206	109	4795	3050	407	16	28241	0	33.09	185.39	0.00
RSP	230587	1762	0	8681	372	0	1824	6	242	323	140	0	11588	0	37.65	211.12	0.00
THR	728369	36411	60410	28520	7737	6041	5802	3133	8268	2467	1986	2252	61702	0	39.16	212.49	100.00
PHY	314994	329494	13690	3883	48176	1369	252	0	5354	201	0	12856	46379	0	12.33	146.21	100.00
RSD	82221	22439	353766	2748	3563	20234	160	0	3763	118	48	0	30634	0	33.42	158.79	57.20
A&G	950551	0	0	79923	0	0	13425	12706	24819	5000	11872	17100	130645	0	84.08	0.00	0.00
DTY	424475	0	0	8249	0	0	7683	65	747	148	0	0	16892	0	19.43	0.00	0.00
FIS	736972	0	0	21916	0	0	1036	9895	13085	6138	1248	0	53318	0	29.74	0.00	0.00
HKP	517902	0	0	8262	0	0	989	2532	434	37	0	27	12227	0	15.95	0.00	0.00
L&L	49447	0	0	828	0	0	542	0	693	25	0	0	2088	0	16.75	0.00	0.00
MAL	0	0	0	0	0	0	0	0	5149	0	0	0	5149	0	0.00	0.00	0.00
MRD	287949	0	0	8609	0	0	63	3457	-21	87	43	0	12238	0	29.90	0.00	0.00
OGS	565034	0	0	15683	0	0	1155	1803	2952	962	228	20	22763	0	27.76	0.00	0.00
PCC	180081	8154	20	7920	381	2	56	1083	2123	29	0	0	11594	0	43.98	46.73	100.00
PLT	118478	0	0	4474	0	0	737	1927	2384	2015	0	0	11537	0	37.76	0.00	0.00
BLD	0	0	0	0	0	0	0	0	0	24493	0	0	24493	0	0.00	0.00	0.00
UTC	0	0	0	0	0	0	0	0	16391	0	0	0	16391	0	0.00	0.00	0.00
EDR	99121	0	0	4658	0	0	458	119	469	246	47	0	5997	0	46.99	0.00	0.00
INT	0	0	0	0	0	0	0	0	0	27880	0	44	27836	0	0.00	0.00	0.00
LFB	0	0	0	0	0	0	0	0	50625	0	0	153	50472	0	0.00	0.00	0.00

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Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Actual Cost Center Data (In Thousands)

Run Date: 10/06/2014

Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
PEN	0	0	0	0	0	0	0	0	30824	0	0	0	30824	0	0.00	0.00	0.00
PFB	0	0	0	0	0	0	0	0	40607	0	0	0	40607	0	0.00	0.00	0.00
XXX	12148705	628318	438616	451083	87200	28719	319384	53235	225981	81710	17878	60705	1204485	0	37.13	138.78	65.48
Error: Line 51	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**1264.73**	**1913.90**	**922.67**
51	12148705	628318	438616	451083	87200	28719	319384	53235	225981	81710	17878	60705	1204485	0	37.13	138.78	65.48
52	982706	14195	176210	27376	8796	17621	604	419	80797	1126	512	333	136918	0	27.86	619.65	100.00
53	13131411	642513	614826	478459	95996	46340	319988	53654	306778	82836	18390	61038	1341403	0	36.44	149.41	75.37
Error: Line 53	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**101.42**	**907.85**	**240.85**

53	61038	1341403
54		1341403
Error Line 54 (line 53 ExpRec + Total Costs = line 54 Total Cost):		61038
54		1341403
55		1341403
56		0
Error Line 56:		**0**

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3a

		Supplies	*Cont.Serv.*	*Other Exp.*
A&G	1 Telephone Costs	4574	0	0
	2 Outside Collection Costs	0	6019	0
	3 Travel and Conference	0	0	0
	4 Consultants	0	0	0
	5 Other	8851	6687	24819
	6 Total	13425	12706	24819
	**** Total difference error on Line 6*	***0***	***0***	***0***
	Form C amount:	**13425**	**12706**	**24819**
	**** Difference between C3a and C:*	***0***	***0***	***0***
DTY	7 Raw Food Costs	6531	0	0
	8 Other Dietary Supplies	1152	0	0
	9 Total	7683	0	0
	**** Total difference error on Line 9*	***0***	***0***	***0***
	Form C amount:	**7683**	**65**	**747**
	**** Difference between C3a and C:*	***0***	***0***	***0***
LFB	10 FICA - OASDI	0	0	39167
	11 FICA - Medicare	0	0	308
	12 Worker's Compensation	0	0	1743
	13 Unemployment Compensation	0	0	5697
	14 Disability Insurance	0	0	3710
	15 Total	0	0	50625
	**** Total difference error on Line 15*	***0***	***0***	***0***
	Form C amount:	**0**	**0**	**50625**
	**** Difference between C3a and C:*	***0***	***0***	***0***

New Jersey Department of Health

Acute Care Hospitals

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Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3a

		Supplies	*Cont.Serv.*	*Other Exp.*
PFB	16 Medical	0	0	7247
	17 Life and Other Insurance	0	0	215
	18 Other Policy Fringe Benefits	0	0	33145
	19 Total	0	0	40607
	**** Total difference error on Line 19*	*0*	*0*	*0*
	Form C amount:	**0**	**0**	**40607**
	**** Difference between C3a and C:*	*0*	*0*	*0*
UTC	20 Electric	0	0	11042
	21 Fuel Oil	0	0	45
	22 Natural Gas	0	0	4372
	23 Water and Sewage	0	0	932
	24 Disposal Service	0	0	0
	25 Total	0	0	16391
	**** Total difference error on Line 25*	*0*	*0*	*0*
	Form C amount:	**0**	**0**	**16391**
	**** Difference between C3a and C:*	*0*	*0*	*0*

New Jersey Department of Health

Acute Care Hospitals

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Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3b

CTR	*Hours Employ*	*Hours Phys Sal*	*Hours Phys Fees*	*Sal Employ*	*Sal Phys*	*Phys Fee*	*Supply*	*Cont Serv*	*Oth Exp*	*Dep FAC I*	*Lease Cost*	*Exp Rec*	*Totals*	*Error*
FIS														
26	182021	0	0	4332	0	0	422	251	251	0	1	0	5257	**0**
27	188865	0	0	4499	0	0	15	2812	79	0	69	0	7474	**0**
28	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
29	366086	0	0	13085	0	0	599	6832	12755	6138	1178	0	40587	**0**
30	736972	0	0	21916	0	0	1036	9895	13085	6138	1248	0	53318	**0**
Line 30 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
OGS														
31	319284	0	0	6985	0	0	969	780	2300	0	0	20	11014	**0**
32	196661	0	0	6934	0	0	153	387	523	0	0	0	7997	**0**
33	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
34	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
35	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
36	49089	0	0	1764	0	0	33	636	129	962	228	0	3752	**0**
37	565034	0	0	15683	0	0	1155	1803	2952	962	228	20	22763	**0**
Line 37 Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

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Form C3b

CTR	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error
PCC														
38	118213	8154	0	5531	381	0	45	446	1603	0	0	0	8006	0
39	61868	0	20	2389	0	2	11	637	520	29	0	0	3588	0
40	180081	8154	20	7920	381	2	56	1083	2123	29	0	0	11594	0
Line40 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	
PHY														
41	110393	111017	0	1367	16232	0	63	0	540	0	0	12856	5346	0
42	101082	146721	0	827	21453	0	12	0	185	0	0	0	22477	0
43	36143	32829	0	515	4799	0	31	0	490	0	0	0	5835	0
44	67376	38927	13690	1174	5692	1369	146	0	4139	201	0	0	12721	0
45	314994	329494	13690	3883	48176	1369	252	0	5354	201	0	12856	46379	0
Line45 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	

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CTR	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error
EDR														
46	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	74752	0	0	3742	0	0	97	118	469	0	47	0	4473	0
48	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	24369	0	0	916	0	0	361	1	0	246	0	0	1524	0
52	99121	0	0	4658	0	0	458	119	469	246	47	0	5997	0
Line 52 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	
MAL														
53	0	0	0	0	0	0	0	0	309	0	0	0	309	0
54	0	0	0	0	0	0	0	0	4840	0	0	0	4840	0
55	0	0	0	0	0	0	0	0	5149	0	0	0	5149	0
Line 55 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	

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Hospital Number: 0001

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Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
MSA	1821462	0	0	62355	0	0	3624	4132	716	688	657	604	71568	0	34.23	0.00	0.00
PED	222593	0	0	7920	0	0	626	0	139	69	0	0	8754	0	35.58	0.00	0.00
OBS	312128	0	0	11112	0	0	1059	5	100	74	0	0	12350	0	35.60	0.00	0.00
PSA	68525	0	0	2442	0	0	36	1	4	13	0	0	2496	0	35.64	0.00	0.00
ICU	320044	0	0	12851	0	0	1399	0	159	108	0	0	14517	0	40.15	0.00	0.00
CCU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
NNI	191898	0	0	8619	0	0	667	1	33	226	0	0	9546	0	44.91	0.00	0.00
NBN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
SNF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
SAC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
CLN	376226	89629	1170	14008	7577	117	747	2585	262	271	412	16412	9567	0	37.23	84.54	100.00
EMR	484846	82470	8920	14881	11718	892	1549	6	230	227	33	6471	23065	0	30.69	142.09	100.00
OHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
ANS	24779	1342	0	533	124	0	902	0	526	390	0	0	2475	0	21.51	92.40	0.00
BBK	113512	0	0	3657	0	0	16947	9	152	44	0	0	20809	0	32.22	0.00	0.00
CCA	122305	18986	400	4785	2178	40	31405	14	1842	1632	0	1	41895	0	39.12	114.72	100.00
CSS	105948	0	0	2162	0	0	284	3	176	82	0	0	2707	0	20.41	0.00	0.00
MSS	0	0	0	0	0	0	54917	0	0	0	0	0	54917	0	0.00	0.00	0.00
DEL	190403	0	0	8106	0	0	670	0	338	102	0	0	9216	0	42.57	0.00	0.00
DIA	46027	0	0	1984	0	0	1543	12	177	208	0	0	3924	0	43.11	0.00	0.00
EDG	219625	8263	0	6952	1169	0	634	83	463	449	0	432	9318	0	31.65	141.47	0.00
LAB	466793	9389	160	14497	919	16	9551	7203	1976	406	101	155	34514	0	31.06	97.88	100.00
NMD	29596	0	0	1219	0	0	1990	1	21	656	0	0	3887	0	41.19	0.00	0.00
ORR	802164	0	0	33807	0	0	34478	158	4921	2651	55	269	75801	0	42.14	0.00	0.00

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Run Date: 10/06/2014

Hospital Number: 0001

Actual Cost Center Data (In Thousands)

Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
OPM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00
PHM	313580	0	0	13111	0	0	1137	2169	0	62	601	3887	13193	0	41.81	0.00	0.00
DRU	0	0	0	0	0	0	118737	0	0	0	0	0	118737	0	0.00	0.00	0.00
PHT	154341	9477	80	5985	1339	8	94	18	43	133	0	6	7614	0	38.78	141.29	100.00
RAD	475729	10502	0	15743	1947	0	2206	109	4795	3050	407	16	28241	0	33.09	185.39	0.00
RSP	230587	1762	0	8681	372	0	1824	6	242	323	140	0	11588	0	37.65	211.12	0.00
THR	728369	36411	60410	28520	7737	6041	5802	3133	8268	2467	1986	2252	61702	0	39.16	212.49	100.00
PHY	314994	329494	13690	3883	48176	1369	252	0	5354	201	0	12856	46379	0	12.33	146.21	100.00
RSD	82221	22439	353766	2748	3563	20234	160	0	3763	118	48	0	30634	0	33.42	158.79	57.20
A&G	950551	0	0	79923	0	0	13425	12706	24819	5000	11872	17100	130645	0	84.08	0.00	0.00
DTY	424475	0	0	8249	0	0	7683	65	747	148	0	0	16892	0	19.43	0.00	0.00
FIS	736972	0	0	21916	0	0	1036	9895	13085	6138	1248	0	53318	0	29.74	0.00	0.00
HKP	517902	0	0	8262	0	0	989	2532	434	37	0	27	12227	0	15.95	0.00	0.00
L&L	49447	0	0	828	0	0	542	0	693	25	0	0	2088	0	16.75	0.00	0.00
MAL	0	0	0	0	0	0	0	0	5149	0	0	0	5149	0	0.00	0.00	0.00
MRD	287949	0	0	8609	0	0	63	3457	-21	87	43	0	12238	0	29.90	0.00	0.00
OGS	565034	0	0	15683	0	0	1155	1803	2952	962	228	20	22763	0	27.76	0.00	0.00
PCC	180081	8154	20	7920	381	2	56	1083	2123	29	0	0	11594	0	43.98	46.73	100.00
PLT	118478	0	0	4474	0	0	737	1927	2384	2015	0	0	11537	0	37.76	0.00	0.00
BLD	0	0	0	0	0	0	0	0	0	24493	0	0	24493	0	0.00	0.00	0.00
UTC	0	0	0	0	0	0	0	0	16391	0	0	0	16391	0	0.00	0.00	0.00
EDR	99121	0	0	4658	0	0	458	119	469	246	47	0	5997	0	46.99	0.00	0.00
INT	0	0	0	0	0	0	0	0	0	27880	0	44	27836	0	0.00	0.00	0.00
LFB	0	0	0	0	0	0	0	0	50625	0	0	153	50472	0	0.00	0.00	0.00

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Actual Cost Center Data (In Thousands)

Run Date: 10/06/2014

Form C

Cost Ctr	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error	EmpSal /Hour	PhySal /Hour	PhyFee /Hour
PEN	0	0	0	0	0	0	0	0	30824	0	0	0	30824	0	0.00	0.00	0.00
PFB	0	0	0	0	0	0	0	0	40607	0	0	0	40607	0	0.00	0.00	0.00
XXX	12148705	628318	438616	451083	87200	28719	319384	53235	225981	81710	17878	60705	1204485	0	37.13	138.78	65.48
Error: Line 51	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**1264.73**	**1913.90**	**922.67**
51	12148705	628318	438616	451083	87200	28719	319384	53235	225981	81710	17878	60705	1204485	0	37.13	138.78	65.48
52	982706	14195	176210	27376	8796	17621	604	419	80797	1126	512	333	136918	0	27.86	619.65	100.00
53	13131411	642513	614826	478459	95996	46340	319988	53654	306778	82836	18390	61038	1341403	0	36.44	149.41	75.37
Error: Line 53	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**101.42**	**907.85**	**240.85**

53	61038	1341403
54		1341403
Error Line 54 (line 53 ExpRec + Total Costs = line 54 Total Cost):		61038
54		1341403
55		1341403
56		0
Error Line 56:		**0**

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3a

			Supplies	*Cont.Serv.*	*Other Exp.*
A&G	1	Telephone Costs	4574	0	0
	2	Outside Collection Costs	0	6019	0
	3	Travel and Conference	0	0	0
	4	Consultants	0	0	0
	5	Other	8851	6687	24819
	6	Total	13425	12706	24819
		**** Total difference error on Line 6*	*0*	*0*	*0*
		Form C amount:	**13425**	**12706**	**24819**
		**** Difference between C3a and C:*	*0*	*0*	*0*
DTY	7	Raw Food Costs	6531	0	0
	8	Other Dietary Supplies	1152	0	0
	9	Total	7683	0	0
		**** Total difference error on Line 9*	*0*	*0*	*0*
		Form C amount:	**7683**	**65**	**747**
		**** Difference between C3a and C:*	*0*	*0*	*0*
LFB	10	FICA - OASDI	0	0	39167
	11	FICA - Medicare	0	0	308
	12	Worker's Compensation	0	0	1743
	13	Unemployment Compensation	0	0	5697
	14	Disability Insurance	0	0	3710
	15	Total	0	0	50625
		**** Total difference error on Line 15*	*0*	*0*	*0*
		Form C amount:	**0**	**0**	**50625**
		**** Difference between C3a and C:*	*0*	*0*	*0*

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3a

		Supplies	*Cont.Serv.*	*Other Exp.*
PFB	16 Medical	0	0	7247
	17 Life and Other Insurance	0	0	215
	18 Other Policy Fringe Benefits	0	0	33145
	19 Total	0	0	40607
	**** Total difference error on Line 19*	***0***	***0***	***0***
	Form C amount:	**0**	**0**	**40607**
	**** Difference between C3a and C:*	***0***	***0***	***0***
UTC	20 Electric	0	0	11042
	21 Fuel Oil	0	0	45
	22 Natural Gas	0	0	4372
	23 Water and Sewage	0	0	932
	24 Disposal Service	0	0	0
	25 Total	0	0	16391
	**** Total difference error on Line 25*	***0***	***0***	***0***
	Form C amount:	**0**	**0**	**16391**
	**** Difference between C3a and C:*	***0***	***0***	***0***

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3b

CTR	*Hours Employ*	*Hours Phys Sal*	*Hours Phys Fees*	*Sal Employ*	*Sal Phys*	*Phys Fee*	*Supply*	*Cont Serv*	*Oth Exp*	*Dep FAC I*	*Lease Cost*	*Exp Rec*	*Totals*	*Error*
FIS														
26	182021	0	0	4332	0	0	422	251	251	0	1	0	5257	0
27	188865	0	0	4499	0	0	15	2812	79	0	69	0	7474	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	366086	0	0	13085	0	0	599	6832	12755	6138	1178	0	40587	0
30	736972	0	0	21916	0	0	1036	9895	13085	6138	1248	0	53318	0
Line30 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	
OGS														
31	319284	0	0	6985	0	0	969	780	2300	0	0	20	11014	0
32	196661	0	0	6934	0	0	153	387	523	0	0	0	7997	0
33	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	49089	0	0	1764	0	0	33	636	129	962	228	0	3752	0
37	565034	0	0	15683	0	0	1155	1803	2952	962	228	20	22763	0
Line37 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3b

CTR	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error
PCC														
38	118213	8154	0	5531	381	0	45	446	1603	0	0	0	8006	0
39	61868	0	20	2389	0	2	11	637	520	29	0	0	3588	0
40	180081	8154	20	7920	381	2	56	1083	2123	29	0	0	11594	0
Line 40 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	
PHY														
41	110393	111017	0	1367	16232	0	63	0	540	0	0	12856	5346	0
42	101082	146721	0	827	21453	0	12	0	185	0	0	0	22477	0
43	36143	32829	0	515	4799	0	31	0	490	0	0	0	5835	0
44	67376	38927	13690	1174	5692	1369	146	0	4139	201	0	0	12721	0
45	314994	329494	13690	3883	48176	1369	252	0	5354	201	0	12856	46379	0
Line 45 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Form C3b

CTR	Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error
EDR														
46	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	74752	0	0	3742	0	0	97	118	469	0	47	0	4473	0
48	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	24369	0	0	916	0	0	361	1	0	246	0	0	1524	0
52	99121	0	0	4658	0	0	458	119	469	246	47	0	5997	0
Line 52 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	
MAL														
53	0	0	0	0	0	0	0	0	309	0	0	0	309	0
54	0	0	0	0	0	0	0	0	4840	0	0	0	4840	0
55	0	0	0	0	0	0	0	0	5149	0	0	0	5149	0
Line 55 Error:	0	0	0	0	0	0	0	0	0	0	0	0	0	

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Ce

Hospital Number: 0001

2013 Submitted

Other Cost Details (In Thousands)

Run Date: 10/06/2014

Form C3c

CTR		Hours Employ	Hours Phys Sal	Hours Phys Fees	Sal Employ	Sal Phys	Phys Fee	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals
FIS	C3 Form:	736972	0	0	21916	0	0	1036	9895	13085	6138	1248	0	53318
	C Form:	736972	0	0	21916	0	0	1036	9895	13085	6138	1248	0	53318
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
OGS	C3 Form:	565034	0	0	15683	0	0	1155	1803	2952	962	228	20	22763
	C Form:	565034	0	0	15683	0	0	1155	1803	2952	962	228	20	22763
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
PCC	C3 Form:	180081	8154	20	7920	381	2	56	1083	2123	29	0	0	11594
	C Form:	180081	8154	20	7920	381	2	56	1083	2123	29	0	0	11594
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
PHY	C3 Form:	314994	329494	13690	3883	48176	1369	252	0	5354	201	0	12856	46379
	C Form:	314994	329494	13690	3883	48176	1369	252	0	5354	201	0	12856	46379
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
EDR	C3 Form:	99121	0	0	4658	0	0	458	119	469	246	47	0	5997
	C Form:	99121	0	0	4658	0	0	458	119	469	246	47	0	5997
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0
MAL	C3 Form:	0	0	0	0	0	0	0	0	5149	0	0	0	5149
	C Form:	0	0	0	0	0	0	0	0	5149	0	0	0	5149
	**Error:	0	0	0	0	0	0	0	0	0	0	0	0	0

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Items Not Included As Expense Recovery

(In Thousands)

Run Date: 10/06/2014

Form C5

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

New Jersey Department of Health

Run Date: 10/06/2014

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted
Details On Inpatient (CIP)
(Costs In Thousands)

Form C6

Inpatient Care:	Hours Employ	Sal Employ	Supply	Cont Serv	Oth Exp	Dep FAC I	Lease Cost	Exp Rec	Totals	Error
1 Registered Nursing Services	2490335	98078	0	0	0	0	0	0	98078	0
2 Licensed Practical Nursing	3007	89	0	0	0	0	0	0	89	0
3 Nursing Attendants	437412	7028	0	0	0	0	0	0	7028	0
4 Unit Clerical Services	5896	104	7411	4139	1151	1178	657	604	14036	0
5 Total Inpatient	2936650	105299	7411	4139	1151	1178	657	604	119231	0
Calculated Total lines 1-4 Form C6:	2936650	105299	7411	4139	1151	1178	657	604	119231	
***Error Line 5:*	0	0	0	0	0	0	0	0	0	
Calculated Total lines 1-8 Form C:	2936650	105299	7411	4139	1151	1178	657	604	119231	
***Error btw Form C6 /C calculated totals:*	0	0	0	0	0	0	0	0	0	

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center — *2013 Submitted* — **Run Date: 10/06/2014**

Hospital Number: 0001 — *Information For Capital Facilities Allowance (CFA)* — **Form D3**

Building Life

1	Total Plant Square Feet Related to Patient Care	899900
2	Acquisition Cost(Include Cost of Fixed Equipment)	702474000
3	Accumulated Depreciation(staight Line)	332964000
4	Net Book Value (Line 2 Minus Line 3)	**369510000**
5	Portion Not Depreciated (Line 4 Divided by Line 2)	**.526**
6	Remaining Life (35.0 x Line 5)	**18.41**

Capital Cash Requirements		Reporting Year Actuals	Prospective Year Forecast
7	Principal Payment-Long Term Debt (Excl. "Balloons")	26017	46693
8	Portion of Line 7 Attributable to M. M. E.	-6869	-12327
9	Interest Expence-Long Term Debt	23062	25963
10	Portion of Line 9 Attributable to M. M. E.	-6231	-6854
11	Rental & Operating Lease-Bldg. & Fixed Equipment	0	0
12	Other Required Debt Service Payments	0	0
13	"Balloon" Payments	0	0
14	Interest Income Reported as Exp. Recovery on Form C	0	0
15	Capital Cash Requirements(Line 7 through 14)	35979	53475
	Calculated Total From Line 7 to 14:	**35979**	**53475**

Fixed Plant Depreciation

16	Straight Line Depreciation-Bldg & Fixed Equip.	24493	26942

Other Capital Information

17	Early Extinguishment of Debt Losses	0	0

New Jersey Department of Health

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Acute Care Hospitals

2013 Submitted

Patient Care Gross Revenue (In Thousands)

Form E

		A	B	C	D	E	F	G	H	I	J	K	L		
	Ctr	*Inpatient*	*SameDay Surgery*	*EMR Service*	*OffSite Hea Ser*	*Clinics*	*Out Pat Dial Tr*	*Private Refer*	*Skilled Nur Fac*	*SameDay Psych*	*O/P Surgery*	*Home DIA*	*Reported Total*	*Calculated Total*	*Error*
1	MSA	1300078	304	0	0	0	0	0	0	0	0	0	1300382	1300382	0
2	PED	120704	0	0	0	0	0	0	0	0	0	0	120704	120704	0
3	OBS	183243	32	0	0	0	0	0	0	0	0	0	183275	183275	0
4	PSA	32888	0	0	0	0	0	0	0	0	0	0	32888	32888	0
5	ICU	199977	54	0	0	0	0	0	0	0	0	0	200031	200031	0
6	CCU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	NNI	128533	0	0	0	0	0	0	0	0	0	0	128533	128533	0
8	NBN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	SNF	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	SAC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CLN	0	0	99	0	258	0	51917	0	12	17	0	52303	52303	0
12	EMR	120618	1096	29346	0	119	0	23951	0	5	8	0	175143	175143	0
13	OHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	ANS	5149	5337	0	0	3	0	509	0	0	0	0	10998	10998	0
15	BBK	54807	829	198	0	108	0	21758	0	5	7	0	77712	77712	0
16	CCA	99323	9	106	0	478	0	96157	0	21	32	0	196126	196126	0
17	MSS	545	85	0	0	0	0	0	0	0	0	0	630	630	0
18	DEL	83067	9	1646	0	0	0	15	0	0	0	0	84737	84737	0
19	DIA	10199	5	0	0	603	0	121301	0	27	40	0	132175	132175	0
20	EDG	123124	728	772	0	590	0	118816	0	26	39	0	244095	244095	0

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Patient Care Gross Revenue (In Thousands)

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Form E

Ctr	A Inpatient	B SameDay Surgery	C EMR Service	D OffSite Hea Ser	E Clinics	F Out Pat Dial Tr	G Private Refer	H Skilled Nur Fac	I SameDay Psych	J O/P Surgery	K Home DIA	L Reported Total	Calculated Total	Error
21 LAB	146896	10359	4793	0	642	0	129166	0	28	43	0	291927	291927	0
22 NMD	4659	126	20	0	120	0	24210	0	5	8	0	29148	29148	0
23 ORR	457567	262807	102	0	252	0	50826	0	11	17	0	771582	771582	0
24 OPM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 DRU	154411	5262	942	0	1806	0	317243	0	80	120	0	479864	479864	0
26 PHT	22082	348	8	0	161	0	32362	0	7	11	0	54979	54979	0
27 RAD	179300	3890	19500	0	1521	0	306234	0	67	101	0	510613	510613	0
28 RSP	120359	204	348	0	90	0	18043	0	4	6	0	139054	139054	0
29 THR	9996	2319	4	0	1408	0	214655	0	62	93	0	228537	228537	0
30 XXX	3557525	293803	57884	0	8159	0	1527163	0	360	542	0	5445436	5445436	0
Sum of Line 1-29	3557525	293803	57884	0	8159	0	1527163	0	360	542	0	5445436		
Difference btwn Sum and line 30	0	0	0	0	0	0	0	0	0	0	0	0		
30 XXX	3557525	293803	57884	0	8159	0	1527163	0	360	542	0	5445436	5445436	0
31 SVS	12079	13607	3	0	89	0	188894	0	4	6	0	214682	214682	0
32 MIC	1	2	72800	0	0	0	0	0	0	0	0	72803	72803	0
33 TOT	3569605	307412	130687	0	8248	0	1716057	0	364	548	0	5732921	5732921	0
Sum of Line 30-32:	3569605	307412	130687	0	8248	0	1716057	0	364	548	0	5732921		
Difference btwn Sum and line 33	0	0	0	0	0	0	0	0	0	0	0	0		

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Allocation Staistics Matrix

Form E3

Line#	Cost Center	CSS	PHM	DTY	HKP	L and L	MRD	PCC	EDR	PLT
1	MSA	1001754	0	688566	9983	1495324	56	29	26	154464
2	PED	129552	0	0	805	116361	0	2	4	27777
3	OBS	189567	0	0	808	203237	0	2	3	42501
4	PSA	2269	0	22783	318	39086	1	0	1	7075
5	ICU	425033	0	28464	1274	227621	4	3	4	19282
6	CCU	0	0	11216	0	0	1	0	0	0
7	NNI	208552	0	0	159	97204	1	1	2	18376
8	NBN	0	0	0	159	0	9	0	0	0
9	SNF	0	0	0	0	0	0	0	0	0
10	SAC	0	0	0	0	0	0	0	0	0
11	CLN	271117	0	0	918	146119	10	3	4	57890
12	EMR	350178	0	0	964	628153	14	5	6	17548
13	OHS	3950	0	0	14	0	0	0	1	913
14	ANS	738987	0	0	0	0	0	0	0	0
15	BBK	6154	0	0	20	0	0	1	2	4366
16	CCA	419270	0	0	327	31280	0	1	1	14459
17	CSS	0	0	0	6	486374	0	1	0	2824
18	MSS	25548850	0	0	0	0	0	0	0	0
19	DEL	450343	0	0	478	483295	0	1	2	20122
20	DIA	314421	0	0	199	68242	0	1	2	21980
21	EDG	56055	0	0	136	102942	0	2	3	37519
22	LAB	22746	0	0	347	0	0	3	4	33118
23	NMD	7371	0	0	9	28633	0	0	0	0
24	ORR	18024277	0	0	57	641970	4	6	8	90375
25	OPM	0	0	0	0	0	0	0	0	0
26	PHM	15994	0	0	202	1011	0	2	4	13664
27	DRU	0	95472758	0	0	0	0	0	0	0

New Jersey Department of Health

Acute Care Hospitals

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Allocation Staistics Matrix

Form E3

Line#	Cost Center	CSS	PHM	DTY	HKP	L and L	MRD	PCC	EDR	PLT
28	PHT	45353	0	0	148	120111	0	1	2	21604
29	RAD	1276458	0	0	1257	298976	0	4	6	72652
30	RSP	29848	0	0	31	2886	0	2	3	7631
31	THR	503364	0	0	614	93330	0	5	6	104315
32	PHY	0	0	0	94	4659	0	0	0	37149
33	RSD	0	0	0	94	4659	0	0	0	18766
34	A&G	0	0	0	1274	26690	0	6	2	190825
35	DTY	0	0	0	114	0	0	0	0	52774
36	FIS	0	0	0	270	1875	0	0	0	49289
37	HKP	0	0	0	972	0	0	0	0	4765
38	L&L	0	0	0	11	61129	0	0	0	5695
39	MRD	0	0	0	0	0	0	0	0	0
40	OGS	0	0	0	188	0	0	0	0	8353
41	PCC	0	0	0	68	29337	0	0	0	20792
42	PLT	0	0	0	20	0	0	2	1	3691
43	EDR	317	0	0	11	0	0	1	0	51037
44	SUB	50041780	95472758	751029	22349	5440504	100	84	97	1233591
***Error Line 44:**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
44	SUB	50041780	95472758	751029	22349	5440504	100	84	97	1233591
45	SPC	0	0	0	128	0	0	6	3	41820
46	MCU	1387	0	0	267	0	0	10	0	2978
47	TOT	50043167	95472758	751029	22744	5440504	100	100	100	1278389
***Error Line 47:**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Deductions From Gross Revenue (In Thousands)

Run Date: 10/06/2014

Form E4

	Allowance And Adjustments	TOTAL	SNF	SERV	MICU	NETOT	ERROR
1	Gross Revenue from Patient Care	5732921	0	166991	72803	5493127	0
	Allowances And Adjustments						
2	Allowances and Adjustments-Prior Year	0	0	0	0	0	0
3	Current Year Allowances - Incl. Medicare C/Y	3969428	0	1	0	3969427	0
4	Other Uncompensated Care Subsidy (Medicare)	0	0	0	0	0	0
5	Other Subsidies (Excl.Amts. On Lines 4 & 18)	0	0	0	0	0	0
6	Prompt Payment Discount	930	0	0	0	930	0
7	Personnel Health Allowances	13998	0	0	0	13998	0
8	Courtesy Adjustments	79547	0	0	0	79547	0
9	Other Administrative Adjustments	-1023	0	0	0	-1023	0
10	Total Allowances and Adjustments (Line 2 to 9)	4062880	0	1	0	4062879	0
	****Error on Line 10 ****	0	0	0	0	0	
	Medical Denials						
11	Medical Denials	9670	0	0	0	9670	0
12	Nursing Home Placement	438	0	0	0	438	0
13	Total (Lines 11 and 12)	10108	0	0	0	10108	0
	****Error on Line 13 ****	0	0	0	0	0	
	Uncompensated Care						
14	Charity Care	268297	0	0	662	267635	0
15	Grants and Payments for Indigency	0	0	0	0	0	0
16	Bad Debt Provision	114523	0	0	50942	63581	0
17	Bad Debt Recoveries	-25691	0	0	0	-25691	0
18	Charity Care Subsidy	-14240	0	0	0	-14240	0
19	Total Uncomp. Care (Lines 14 to 18)	342889	0	0	51604	291285	0
	****Error on Line 19 ****	0	0	0	0	0	
20	Total Deductions from Gross Revenue (Lines 10+13+19)	4415877	0	1	51604	4364272	0
	****Error on Line 20 ****	0	0	0	0	0	

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Net Inpatient Revenue (In Thousands)

Run Date: 10/06/2014

Form E5

Line#	Horizon BlueCross	OthBlu Cross	M'Care TitleXVIII	M'Caid TitleXIX	CHAMPUS	HMO	M'Care HMO	M'Caid HMO	Comm Ins	Charity Care	SelfPay	Others	Total	Error
1	620736	79837	1375385	90130	2251	648555	96886	204338	135441	122467	124695	104495	3605216	0
Allowances And Adjustments														
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	563178	72434	1247851	81772	1764	588417	87902	185390	122882	111112	113132	0	3175834	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	6999	0	0	0	6999	0
8	0	0	0	0	0	0	0	0	0	0	54092	0	54092	0
9	0	0	0	0	0	0	0	0	0	0	-818	0	-818	0
10	563178	72434	1247851	81772	1764	588417	87902	185390	129881	111112	166406	0	3236107	0
ErrLine 10	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Medical Denials														
11	566	73	1255	82	0	592	88	186	124	112	114	0	3192	0
12	63	1	26	2	0	252	44	40	0	0	0	0	428	0
13	629	74	1281	84	0	844	132	226	124	112	114	0	3620	0
ErrLine 13	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Uncompensated Care														
14	0	0	0	0	0	0	0	0	0	185107	0	0	185107	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	44	0	0	0	0	0	36175	0	36219	0
17	0	0	0	0	0	0	0	0	0	0	-19011	0	-19011	0
18	0	0	0	0	0	0	0	0	0	-14240	0	0	-14240	0
19	0	0	0	0	44	0	0	0	0	170867	17164	0	188075	0
ErrLine 19	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
20	563807	72508	1249132	81856	1808	589261	88034	185616	130005	282091	183684	0	3427802	0
ErrLine 20	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

New Jersey Department of Health

Acute Care Hospitals

Hospital: Hackensack University Medical Center

Hospital Number: 0001

2013 Submitted

Net Outpatient Revenue (In Thousands)

Run Date: 10/06/2014

Form E6

Line#	Horizon BlueCross	OthBlu Cross	M'Care TitleXVIII	M'Caid TitleXIX	CHAMPUS	HMO	M'Care HMO	M'Caid HMO	Comm Ins	Charity Care	SelfPay	Others	Total	Error
1	397387	48066	566235	38829	348	428695	64041	135067	154619	67066	92053	-104495	1887911	0
Allowances And Adjustments														
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	158252	19142	225492	15463	293	170720	25503	53788	61574	26708	36658	0	793593	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	930	0	0	0	930	0
7	0	0	0	0	0	0	0	0	6999	0	0	0	6999	0
8	0	0	0	0	0	0	0	0	0	0	25455	0	25455	0
9	0	0	0	0	0	0	0	0	0	0	-205	0	-205	0
10	158252	19142	225492	15463	293	170720	25503	53788	69503	26708	61908	0	826772	0
ErrLine 10	0	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Denials														
11	1292	156	1842	126	0	1394	208	439	503	218	300	0	6478	0
12	2	0	1	0	0	5	1	1	0	0	0	0	10	0
13	1294	156	1843	126	0	1399	209	440	503	218	300	0	6488	0
ErrLine 13	0	0	0	0	0	0	0	0	0	0	0	0	0	
Uncompensated Care														
14	0	0	0	0	0	0	0	0	0	82528	0	0	82528	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	15	0	0	0	0	0	27347	0	27362	0
17	0	0	0	0	0	0	0	0	0	0	-6680	0	-6680	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	15	0	0	0	0	82528	20667	0	103210	0
ErrLine 19	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	159546	19298	227335	15589	308	172119	25712	54228	70006	109454	82875	0	936470	0
ErrLine 20	0	0	0	0	0	0	0	0	0	0	0	0	0	

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Outpatient Gross Revenus(In Thousands)

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Run Date: 10/06/2014

Form E7

	Payer	A SameDay Surgery	B EMR Visits	C OHS Visits	D CLN Visits	E O/P DIA Visits	F Priv Refer	G SameDay Psych	H O/P Surgery	I Home DIA	J MICU	K Other MICU	L Reported Total	Error
1	Horizon	3644	16520	0	5649	0	343637	0	598	0	0	8264	378312	0
2	Other B	446	2702	0	744	0	44030	0	85	0	0	885	48892	0
3	Medica	3293	9947	0	0	0	476923	0	955	0	0	37863	528981	0
4	Medicai	88	1360	0	4150	0	33158	0	2	0	0	1074	39832	0
5	CHAM	28	216	0	97	0	0	0	0	0	0	99	440	0
6	HMO	3017	18636	0	6732	0	399140	0	538	0	0	9416	437479	0
7	Medica	411	1428	0	0	0	61708	0	157	0	0	5044	68748	0
8	Medicai	238	12405	0	1426	0	120730	0	16	0	0	0	134815	0
9	Comm	49	1009	0	318	0	153191	0	7	0	0	677	155251	0
10	Charity	0	2433	0	14	0	64608	0	16	0	0	105	67176	0
11	Self Pa	49	10778	0	408	0	80173	0	4	0	0	9375	100787	0
12	Other	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Person	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Totals	11263	77434	0	19538	0	1777298	0	2378	0	0	72802	1960713	0
	Error:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

Form E Line 30 Columns B+C+D+E+F+G+I+J+K :	1887911	*Form E Line 32 Columns B+C :*	72802
Form E7 Line 14 Columns A+B+C+D+E+F+G+H+I :	1887911	*Form E7 Line 14 Columns J+K :*	72802

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Summary Of Medical Professional Budget Component

Form H2

Line	*Program*	A/B *Accr*	D *Phy Hrs*	E *Phy Sal (000'S)*	F *Dir Hrs*	G *Dir Sal (000'S)*	H *PGY1*	I *PGY2*	J *PGY3*
1	Allergy/Immunology		4001	205	839	46	.0	.0	.0
2	Anesthesiology		993	91	208	20	1.1	1.4	2.6
3	Colon/Rectal Surgery		0	0	0	0	.0	.0	.0
4	Dermatology		1989	473	417	105	.0	.0	.0
5	Emergency Medicine		97678	8901	20471	1500	.0	.0	.0
6	Family Practice		2564	232	537	52	.0	.0	.0
7	Geriatrics		0	0	0	0	.0	.0	.0
8	Internal Medicine		75452	9182	15813	2038	15.1	9.8	15.3
9	Cardiovascular		117142	22533	26767	5000	.0	.0	.3
10	Critical Care		474	531	99	118	.0	.0	.0
11	Endocrinology/Metabolism		234	21	49	5	.0	.0	.0
12	Gastroenterology		0	0	0	0	.0	.0	.0
13	Hematology/Oncology		11793	2049	2472	455	.0	.0	.0
14	Infectious Diseases		7675	502	1608	112	.0	.0	.0
15	Nephrology		11826	1487	2478	330	.0	.0	.0
16	Pulmonary Disease		2215	326	464	72	.0	.0	.0
17	Rheumatology		0	0	0	0	.0	.0	.0
18	Combined Med./Pediatrics		0	0	0	0	.0	.0	.0
19	Neurology		1122	313	235	70	.0	.0	.0
20	Obstetrics/Gynecology		31781	3965	6600	880	2.2	2.5	2.2
21	Ophthalmology		7478	246	1567	55	.0	.0	.0
22	Orthopedics		4679	987	981	219	.0	.0	.0

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Summary Of Medical Professional Budget Component

Form H2

Line	K *PGY4*	L *PGY5*	M *PGY6*	N *Total*	*Error (H–M)-N*	O *Res Hrs*	P *Res Sal (000'S)*	Q *TotalHrs*	R *Total Sal (000'S)*	*Error (E+G+ P-R)*	*Error (D+F+O-Q)*
1	.0	.0	.0	.0	.0	0	0	4840	251	0	0
2	4.5	.0	.0	9.6	.0	19852	1100	21053	1211	0	0
3	.0	.0	.0	.0	.0	0	0	0	0	0	0
4	.0	.0	.0	.0	.0	0	0	2406	578	0	0
5	.0	.0	.0	.0	.0	0	0	118149	10401	0	0
6	.0	.0	.0	.0	.0	0	0	3101	284	0	0
7	1.5	.0	.0	1.5	.0	3079	171	3079	171	0	0
8	2.0	.0	.0	42.2	.0	87833	4869	179098	16089	0	0
9	.3	.2	2.2	3.0	.0	6300	349	150209	27882	0	0
10	.0	.0	.0	.0	.0	0	0	573	649	0	0
11	.0	.0	.0	.0	.0	0	0	283	26	0	0
12	.0	.0	1.4	1.4	.0	2836	157	2836	157	0	0
13	.0	.0	.0	.0	.0	0	0	14265	2504	0	0
14	.5	1.4	.0	1.9	.0	3816	212	13099	826	0	0
15	.1	.9	.6	1.6	.0	3338	185	17642	2002	0	0
16	.4	1.3	1.7	3.4	.0	6999	388	9678	786	0	0
17	.0	.0	.0	.0	.0	0	0	0	0	0	0
18	.0	.0	.0	.0	.0	0	0	0	0	0	0
19	.0	.0	.0	.0	.0	0	0	1357	383	0	0
20	4.8	.0	.0	11.7	.0	24469	1356	62850	6201	0	0
21	.0	.0	.0	.0	.0	0	0	9045	301	0	0
22	.0	.0	.0	.0	.0	0	0	5660	1206	0	0

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Summary Of Medical Professional Budget Component

Run Date: 10/06/2014

Form H2

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Line	Program	A/B Accr	D Phy Hrs	E Phy Sal (000'S)	F Dir Hrs	G Dir Sal (000'S)	H PGY1	I PGY2	J PGY3
23	Otolaryngology		3474	115	728	26	.0	.0	.0
24	Pathology		760	133	159	30	.0	1.2	.0
25	Pediatrics		106864	11691	22396	2594	.6	1.0	.8
26	Neonatal Perinatal Medicine		26537	3521	5561	781	6.6	8.5	5.1
27	Physical Medicine/Rehab.		0	0	0	0	.0	.0	.0
28	Plastic Surgery		3183	727	667	161	.0	.0	.0
29	Preventive Med./Occup. Med.		0	0	0	0	.0	.0	.0
30	Psychiatry		24857	2195	5209	487	1.5	2.1	1.2
31	Diagnostic Radiology		1092	81	229	18	.0	.0	.0
32	Nuclear Radiology		0	0	0	0	.0	.0	.0
33	Radiation Oncology		935	177	196	39	.0	.0	.0
34	Surgery		17021	4368	3567	969	9.5	2.9	2.7
35	Neurosurgery		670	197	140	44	.6	.3	.7
36	Vascular Surgery		0	0	0	0	.0	.0	.0
37	Thoracic Surgery		2927	715	613	159	.0	.0	.0
38	Urology		15022	2726	3148	605	.9	.0	.3
39	Transitional		3973	1014	833	225	.0	.0	.0
40	Dentistry/General		416	133	87	33	21.5	.0	.0
41	Oral Surgery		0	0	0	0	.0	.0	.0
42	Podiatry		0	0	0	0	.0	.2	.7
43	Other		14353	0	850	0	.0	.0	.0
44	Total		601180	79837	125988	17248	59.6	29.9	31.9

New Jersey Department of Health

Run Date: 10/06/2014

Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Hospital Number: 0001

Summary Of Medical Professional Budget Component

Form H2

Line	K PGY4	L PGY5	M PGY6	N Total	Error (H–M)-N	O Res Hrs	P Res Sal (000'S)	Q TotalHrs	R Total Sal (000'S)	Error (E+G+ P-R)	Error (D+F+O-Q)
23	.0	.0	.0	.0	.0	0	0	4202	141	0	0
24	1.0	.0	.0	2.2	.0	4570	253	5489	416	0	0
25	1.6	.0	.0	4.0	.0	8175	453	137435	14738	0	0
26	1.3	.4	.0	21.9	.0	45584	2527	77682	6829	0	0
27	1.2	.7	.6	2.5	.0	5182	287	5182	287	0	0
28	.0	.0	.0	.0	.0	0	0	3850	888	0	0
29	.0	.8	.0	.8	.0	1695	94	1695	94	0	0
30	1.8	.0	.0	6.6	.0	13607	754	43673	3436	0	0
31	.0	.0	.0	.0	.0	0	0	1321	99	0	0
32	.0	.0	.0	.0	.0	0	0	0	0	0	0
33	.0	.0	.0	.0	.0	0	0	1131	216	0	0
34	2.8	3.7	.0	21.6	.0	44804	2483	65392	7820	0	0
35	.0	.0	.0	1.6	.0	3418	189	4228	430	0	0
36	.0	.9	.0	.9	.0	1892	105	1892	105	0	0
37	.0	.0	.0	.0	.0	0	0	3540	874	0	0
38	1.6	.0	.0	2.8	.0	5842	324	24012	3655	0	0
39	.0	.0	.0	.0	.0	0	0	4806	1125	114	0
40	.0	.0	.0	21.5	.0	44623	2473	45126	2639	0	0
41	.0	.0	.0	.0	.0	0	0	0	0	0	0
42	.0	.0	.0	.9	.0	1852	105	1852	105	0	0
43	.0	.0	.0	.0	.0	0	0	15203	0	0	0
44	25.4	10.3	6.5	163.6	.0	339766	18834	1066934	115919	0	0

New Jersey Department of Health

Run Date: 10/06/2014

Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Hospital Number: 0001

Summary Of Medical Professional Budget Component

Form H2

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

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Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Hospital Number: 0001

Summary Of Medical Professional Budget Component

Form H2

	K	L	M	N	*Error*	O	P	Q	R	*Error*	*Error*
Line	*PGY4*	*PGY5*	*PGY6*	*Total*	*(H--M)-N*	*Res Hrs*	*Res Sal (000'S)*	*TotalHrs*	*Total Sal (000'S)*	*(E+G+ P-R)*	*(D+F+O-Q)*
	.0	.0	.0	.0		0	0	0	-114		

New Jersey Department of Health

Run Date: 10/06/2014

Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Hospital Number: 0001

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
1	Cash	117599	0	0	117599	0
2	Marketable Securities	352326	0	0	352326	0
3	Patients' Accounts Receivable	214765	0	0	214765	0
4	Less: Allowance for Bad Debt	53741	0	0	53741	0
5	Less: Contractual Allowances	0	0	0	0	0
6	Net Patients' Accounts Receivable (Line 3 - 4 - 5)	161024	0	0	161024	0
	**** Error Line 6 ****	0	0	0	0	
7	Estimated Amount Due from Third Party Payers	0	0	0	0	0
8	Due from Affiliates	10828	0	0	10828	0
9	Due from Other Funds	0	0	0	0	0
10	Other Receivables	35169	0	0	35169	0
11	Inventories	29133	0	0	29133	0
12	Prepaid Expenses and Deposits	12724	0	0	12724	0
13	Funds Held by Trustee and Whose Use is Limited by Bond Indenture Agreement	31363	0	0	31363	0
14	Recoveries of Loss on Early Extinguishment of Debt	0	0	0	0	0
15	Other Current Assets	0	0	0	0	0
16	Total Current Assets (Sum Lines 1 + 2 + 6 through 15)	750166	0	0	750166	0
	**** Error Line 16 ****	0	0	0	0	
17	Land	6412	0	0	6412	0
18	Land Improvements	5889	0	0	5889	0
19	Buildings	606035	0	0	606035	0
20	Leasehold Improvements	8603	0	0	8603	0

New Jersey Department of Health

Acute Care Hospitals

2013 Submitted

Balance Sheet (In Thousands)

Run Date: 10/06/2014

Hospital: Hackensack University Medical Center

Hospital Number: 0001

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
21	Fixed Equipment	90551	0	0	90551	0
22	Major Moveable Equipment	523936	0	0	523936	0
23	Minor Equipment	361	0	0	361	0
24	Capitalized Leases	0	0	0	0	0
25	Construction in Progress	35113	0	0	35113	0
26	Total Property, Plant and Equipment (Sum Line 17 through 25)	1276900	0	0	1276900	0
	*** *Error Line 26* ***	0	0	0	0	
27	Land Improvements	4326	0	0	4326	0
28	Buildings	264565	0	0	264565	0
29	Leasehold Improvements	5571	0	0	5571	0
30	Fixed Equipment	64073	0	0	64073	0
31	Major Moveable Equipment	390070	0	0	390070	0
32	Minor Equipment	149	0	0	149	0
33	Capitalized Leases	0	0	0	0	0
34	Total Accumulated Depreciation (Sum Line 27 through 33)	728754	0	0	728754	0
	*** *Error Line 34* ***	0	0	0	0	
35	Net Property, Plant, and Equipment (Line 26 - Line 34)	548146	0	0	548146	0
	*** *Error Line 35* ***	0	0	0	0	
36	Deferred Financing Costs (Net of Accumulated Amortization)	8589	0	0	8589	0
37	Net Pledges Receivable	0	0	0	0	0
38	Estimated Amount Due from Third Party Payers	0	0	0	0	0
39	Due from Affiliates	2082	0	0	2082	0

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Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Hospital Number: 0001

Balance Sheet (In Thousands)

Form L1

Line	Description	Unrestricted	Temporarily Restricted	Permanently Restricted	Total AllFunds	Error
40	Due from Other Funds	39936	0	0	39936	0
41	Board Designated Funds	124446	0	0	124446	0
42	All Other Investments	95145	0	0	95145	0
43	Funds Held by Trustee Under Bond Indenture Agreement	0	0	0	0	0
44	Recovery of Loss on Early Extinguishment of Debt (Net of Current Portion)	0	0	0	0	0
45	Other Non-Current Assets	20155	0	0	20155	0
46	Total Non-Current Assets (Sum Line 36 through 45)	290353	0	0	290353	0
	*** *Error Line 46* ***	0	0	0	0	
47	Total Assets (Sum Line 16 + 35 +46)	1588665	0	0	1588665	0
	*** *Error Line 47* ***	0	0	0	0	
48	Current Portion of Long Term Debt	16836	0	0	16836	0
49	Notes and Loans Payable (Current Portion)	25925	0	0	25925	0
50	Demand Notes Payable	0	0	0	0	0
51	Current Installment of Capital Lease Obligations	0	0	0	0	0
52	Accounts Payable - Trade	73796	0	0	73796	0
53	Accounts Payable - Other	24737	0	0	24737	0
54	Payroll Taxes Payable	0	0	0	0	0
55	Construction Cost Payable	0	0	0	0	0
56	Accrued Compensation and Related Liabilities	38417	0	0	38417	0
57	Accrued Pension Liability (Current Portion)	0	0	0	0	0
58	Other Accrued Expenses	18681	0	0	18681	0
59	Deferred Revenue	0	0	0	0	0

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Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

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Balance Sheet (In Thousands)

Form L1

Line	Description	Unrestricted	Temporarily Restricted	Permanently Restricted	Total AllFunds	Error
60	Estimated Amount Due to Third Party Payers	-1605	0	0	-1605	0
61	Advances from Third Party Payers	0	0	0	0	0
62	Due to Affiliates	14714	0	0	14714	0
63	Due to Other Funds	0	0	0	0	0
64	Other Current Liabilities	0	0	0	0	0
65	Total Current Liabilities(Sum Line 48 through 64)	211501	0	0	211501	0
	*** *Error Line 65* ***	0	0	0	0	
66	Long Term Debt (Net of Current Portion)	460678	0	0	460678	0
67	Notes and Loans Payable (Net of Current Portion)	163471	0	0	163471	0
68	Lease Obligations (Net of Current Portion)	0	0	0	0	0
69	Deferred Revenue	0	0	0	0	0
70	Accrued Malpractice Costs	0	0	0	0	0
71	Accrued Pension Liability (Net of Current Portion)	5258	0	0	5258	0
72	Estimated Amount Due to Third Party Payers	32888	0	0	32888	0
73	Due to Affiliated	3647	0	0	3647	0
74	Due to Other Funds	0	0	0	0	0
75	Other Liabilities	36000	0	0	36000	0
76	Total Non-Current Liabilities (Sum Line 66 through 75)	701942	0	0	701942	0
	*** *Error Line 76* ***	0	0	0	0	
77	Total Liabilities (Sum Line 65 + 76)	913443	0	0	913443	0
	*** *Error Line 77* ***	0	0	0	0	
78	Net Assets	675222	0	0	675222	0

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Acute Care Hospitals

Hospital: Hackensack University Medical Center

2013 Submitted

Hospital Number: 0001

Balance Sheet (In Thousands)

Form L1

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
79	Total Liabilities and Net Assets (Sum Line 77 + 78)	1588665	0	0	1588665	0
	**** Error Line 79 ****	0	0	0	0	

New Jersey Department of Health

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Acute Care Hospitals - 2013 Submitted

Hospital: Hackensack University Medical Center

(In Thousands)

Hospital Number: 0001

Statement Of Operations for Year Ended 12/31/2013

Form L3

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
1	Gross Inpatient Revenue	3569605	0	0	3569605	0
2	Gross Outpatient Revenue	2163316	0	0	2163316	0
3	Total Gross Patient Service Revenue (Sum Line 1 + 2)	5732921	0	0	5732921	0
	**** Error Line 3 ****	0			0	
4	Contractual Adjustments - Current Year	3969428	0	0	3969428	0
5	Contractual Adjustments - Contractual Adjustments - Prior Years	0	0	0	0	0
6	Charity Care	268297	0	0	268297	0
7	Other Deductions	89320	0	0	89320	0
8	Total Deductions From Revenue (Sum Line 4 through 7)	4327045	0	0	4327045	0
	**** Error Line 8 ****	0			0	
9	Net Patient Service Revenue (Line 3 - 8)	1405876	0	0	1405876	0
	**** Error Line 9 ****	0			0	
10	Other Revenue, Sales and Services - Not Patient Care (1)	61036	0	0	61036	0
11	Assets Released From Restrictions	0	0	0	0	0
12	Investment Income	0	0	0	0	0
13	Gifts and Contributions	0	0	0	0	0
14	Other (Specify:)	-88832	0	0	-88832	0
15	Total Revenues, Gains and Other Support (Sum Line 9 through 14)	1378080	0	0	1378080	0
	**** Error Line 15 ****	0			0	
16	Salaries and Wages	574455	0	0	574455	0
17	Fringe Benefits	122056	0	0	122056	0
18	Contracted Physician Services	46340	0	0	46340	0
19	Utilities	16391	0	0	16391	0
20	Other Outside Contract Services	53654	0	0	53654	0
21	Supplies and Other Expenses	349434	0	0	349434	0
22	Insurance - Professional Liability	5149	0	0	5149	0
23	Insurance - Other	0	0	0	0	0

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Acute Care Hospitals - 2013 Submitted

Hospital: Hackensack University Medical Center

(In Thousands)

Hospital Number: 0001

Statement Of Operations for Year Ended 12/31/2013

Form L3

Line	*Description*	*Unrestricted*	*Temporarily Restricted*	*Permanently Restricted*	*Total AllFunds*	*Error*
24	Depreciation - Building, Leasehold Improvements, Fixed Equipment	20480	0	0	20480	0
25	Depreciation - Major Moveable, Minor Equipment	95137	0	0	95137	0
26	Depreciation - Capitalized Leases	0	0	0	0	0
27	Amortization	0	0	0	0	0
28	Lease/Rental Cost	18390	0	0	18390	0
29	Interest - Capital Debt	0	0	0	0	0
30	Interest - Working Capital	27880	0	0	27880	0
31	Provision for Bad Debt (Net of Recoveries)	0	0	0	0	0
32	Other Expenses	12037	0	0	12037	0
33	Total Operating Expenses (Sum Line 16 through 32)	1341403	0	0	1341403	0
	*** *Error Line 33* ***	0			0	
34	Operating Income (Line 15 minus Line 33)	36677	0	0	36677	0
	*** *Error Line 34* ***	0			0	
35	Investment Income	34997	0	0	34997	0
36	Gifts and Contributions	0	0	0	0	0
37	Other (Specify):	121944	0	0	121944	0
38	Other (Specify):	3979	0	0	3979	0
39	Subtotal (Sum of Lines 35 through 38)	160920	0	0	160920	0
	*** *Error Line 39* ***	0	0	0	0	
40	Extraordinary Gain/Loss on Early Extinguishment of Debt	0	0	0	0	0
41	Other Extraordinary Items	0	0	0	0	0
42	Transfers To/From Affiliates	0	0	0	0	0
43	Direct Fund Expenditures	0	0	0	0	0
44	Interfund Transfers	0	0	0	0	0
45	Increase in Net Assets (Lines 34 + 39 through 44 for column A only)	197597	0	0	197597	0
	*** *Error Line 45* ***	0	0	0	0	
46	Net Assets, Beginning of Year	477444	0	0	477444	0

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Acute Care Hospitals - 2013 Submitted

Hospital: Hackensack University Medical Center

(In Thousands)

Hospital Number: 0001

Statement Of Operations for Year Ended 12/31/2013

Form L3

Line	Description	Unrestricted	Temporarily Restricted	Permanently Restricted	Total AllFunds	Error
47	Net Assets, End of Year (Lines 45 + 46)	675041	0	0	675041	0
	*** Error Line 47 ***	0	0	0	0	

New Jersey Department of Health

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Acute Care Hospitals - 2013 Submitted

Hospital: Hackensack University Medical Center

(In Thousands)

Hospital Number: 0001

Statement Of All Funds Cash Flow for Year End 12/31/2013

Form L4

Line	Description	#Error Amount
1	Changes in Net Assets (All Funds) (1)	197778
2	Depreciation and Amortization	55978
3	Provision for Bad Debt	89015
4	Transfers to (From) Affiliates	0
5	Increase (Decrease) in Extraordinary Items (Specify):	0
6	(Increase) Decrease in Accounts Receivable	-91656
7	(Increase) Decrease in Inventories, Prepaid Expenses & Deposits, Other Receivables	-5929
8	Increase (Decrease) in New Due To/From Third Part Payors	1888
9	Increase (Decrease) in Accounts Payable, Accrued Expenses and Tax Liabilities	14988
10	Increase (Decrease) in Deferred Revenue	0
11	Increase (Decrease) in Accrued Malpractice Costs	-3240
12	Increase (Decrease) in Pension Liability	-281161
13	Increase (Decrease) in Other	-34129
14	Cash Flows From Operation Activities (Sum Line 2 through 13)	-254246
	*** *Error Line 14* ***	**0**
15	Net Cash Provided (Used) by Operating Activities (Line 1 + 14)	-56468
	*** *Error Line 15* ***	**0**
16	Proceeds from Sale of Property, Plant, and Equipment	0
17	Acquisition of Property, Plant, and Equipment	-59557
18	Donated Property, Plant, and Equipment	0
19	Decrease (Increase) in Funds Whose Use is Limited	0
20	Decrease (Increase) in Amounts Due To/From Affiliates	0
21	Change in Construction in Progress	0

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Acute Care Hospitals - 2013 Submitted

Hospital: Hackensack University Medical Center

(In Thousands)

Hospital Number: 0001

Statement Of All Funds Cash Flow for Year End 12/31/2013

Form L4

Line	Description	#Error Amount
22	Decrease (Increase) in Amounts die To/From Other Funds	0
23	Other Investment Activities	-88186
24	Net Cash Provided by (Used In) Investing Activities (Sum Line 16 through 23)	-147743
	*** Error Line 24 ***	0
25	Increase (Decrease) in Notes and Loans Payable	175000
26	Increase (Decrease) in Long Term Debt	-38839
27	Increase (Decrease) in Capital Lease Obligations	0
28	Addition to Deferred Financing Costs	-1227
29	Contributions for Restricted Funds	3979
30	Transfers From (To) Affiliates	-3893
31	Other Financing Activities (Specify):	0
32	Other Financing Activities (Specify):	0
33	Net Cash Provided by (Used In) Financing Activities (Sum Line 25 through 32)	135020
	*** Error Line 33 ***	0
34	Net Increase (Decrease) in Cash (Sum Line 15 + 24 + 33)	-69191
	*** Error Line 34 ***	0
35	Cash, Beginning Year	186790
36	Cash, End of Year (Sum Line 34 + 35)	117599
	*** Error Line 36 ***	0