

**NEW JERSEY ACUTE CARE HOSPITALS
2024 COST REPORTS**

OTHER STATISTICAL DATA (EXCLUDING SNF)

Hospital: _____

Hospital Number: |_____| |_____| |_____| |_____|

B-5

INPATIENT STATISTICS BY PAYER ⁽¹⁾ (Do Not Combine Payer Categories)		A	B
		ADMISSIONS	PATIENT DAYS
1	Horizon Blue Cross of New Jersey (Indemnity)		
2	Other Blue Cross (Indemnity)		
3	Medicare ⁽²⁾		
4	Medicaid ⁽²⁾		
5	CHAMPUS		
6	HMO		
7	Medicare HMO		
8	Medicaid HMO		
9	Commercial Insurers ⁽³⁾		
10	Charity Care		
11	Self Pay		
12	Others (Identify) ⁽⁴⁾		
13	Personnel Health ⁽⁵⁾		
14	TOTALS – Form B Totals Less SNF (Col. L MINUS Col. I)		

OTHER STATISTICAL DATA

15	Cafeteria Average Meal Price	
16	Estimated Annual Free Meals to All Employees	
17	Estimated Annual Free Meals to All Students	
18	Estimated Annual Free Meals to All Others	

⁽¹⁾ Do not combine lines. Data should be reported for every line.

⁽²⁾ Do not include HMO admissions or patient days on lines 3 and 4.

⁽³⁾ Include indemnity (other than Blue Cross), and non-HMO managed care (e.g., preferred provider organizations; non-HMO point-of-service plans) on line 9.

⁽⁴⁾ If more than one payer, provide detail by payer on separate schedule. Include other government.

⁽⁵⁾ Hospital employees whose entire medical expenses have been paid by the hospital.