

NEW JERSEY ACUTE CARE HOSPITALS

2024 COST REPORTS

B-6

Hospital: _____

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

**OUTPATIENT VOLUMES BY PAYER
AND OUTPATIENT AREA**

*Do not change any preprinted
wording on this form.*

Payer ⁽¹⁾		A	B	C	D	E	F	G	H	I	J	K	L
		Same Day Surgery	Emergency Room	Off-Site Health Services	Clinics	Outpat. Dialysis Service	Private Referred	Same Day Psych.	Out-Patient Surgery	Home Dialysis Service	MICU	Other MICU	TOTAL (1)
1	Horizon Blue Cross of N.J. (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												
13	Personnel Health												
14	Totals, Net of Admissions ⁽⁴⁾												

15	Gross Visits/Runs												
16	Admitted												
17	Visits, Net of Admissions ⁽⁴⁾												
18	Primary Care Visits ⁽⁵⁾												
19	Non-Primary Care Visits ⁽⁵⁾												

FOOTNOTES:

- ⁽¹⁾ Lines 1 through 13 are to be reported as net of admissions.
- ⁽²⁾ Do not include HMO outpatient volume data 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⁾ Line 14 should agree with line 17.
- ⁽⁵⁾ Lines 18 and 19, Column B should agree with Line 17, Column B. Emergency room patients categorized as primary care shall be defined as those requiring either minimal, brief or limited service. Non-Primary care patients are those patients requiring intermediate, extended or comprehensive service.