

NEW JERSEY ACUTE CARE HOSPITALS

Hospital: _____

2024 COST REPORTS

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

COST CENTER DATA

Do not change any preprinted wording on this form.

Cost Center			Hours (Whole Numbers (1, 2))			Costs (\$000's)									MSA			
			A	B	C	D	E		F	G	H	I	J	K		L	M	
			Employee	Phys. Salaries	Phys. Fees	Salaries (2)		Phys. Fees (2)	Supplies (3)	Contract Services	Other Expense	Dep.&Fac Int. (4)	Lease Costs	Expense Rec. (5)		TOTAL COSTS		
Employee	Phys.																	
1	MSA	Med/Surg Acute Care Units		////////	////////		////////	////////										MSA
2	PED	Pediatric Acute Care Units		////////	////////		////////	////////										PED
3	OBS	Obstetric Acute Care Units		////////	////////		////////	////////										OBS
4	PSA	Psych. Acute Care Units		////////	////////		////////	////////										PSA
5	ICU	Intensive Care Units (6)		////////	////////		////////	////////										ICU
6	CCU	Coronary Care Units		////////	////////		////////	////////										CCU
7	NNI	Neo-Natal Int. Care Units		////////	////////		////////	////////										NNI
8	NBN	Newborn Nursery		////////	////////		////////	////////										NBN
9	SNF	Skilled Nursing Facility		////////	////////		////////	////////										SNF
10	SAC	Sub Acute Care		////////	////////		////////	////////										SAC
11	CLN	Clinics																CLN
12	EMR	Emergency Room																EMR
13	OHS	Off-site Health Services																OHS
14	ANS	Anesthesiology																ANS
15	BBK	Blood Bank (7)																BBK
16	CCA	Cardiac Catheterization																CCA
17	CSS	Central Sterile Supply		////////	////////		////////	////////										CSS
18	MSS	Med/Surg Supplies Sold (8)	////////	////////	////////	////////	////////	////////		////////	////////	////////	////////	////////				MSS
19	DEL	Delivery Room/Labor Room		////////	////////		////////	////////										DEL
20	DIA	Dialysis (9)																DIA
21	EDG	Electrodiagnosis																EDG
22	LAB	Laboratory																LAB
23	NMD	Nuclear Medicine																NMD
24	ORR	Operating & Recovery Room		////////	////////		////////	////////										ORR
25	OPM	Other Physical Medicine																OPM
26	PHM	Pharmacy		////////	////////		////////	////////										PHM
27	DRU	Drugs Sold to Patients	////////	////////	////////	////////	////////	////////		////////	////////	////////	////////	////////				DRU
28	PHT	Physical Therapy																PHT
29	RAD	Radiology																RAD
30	RSP	Respiratory Therapy																RSP
31	THR	Therapeutic Radiology																THR
32	PHY	Physicians Coverage (6)								////////								PHY
33	RSD	Residents								////////								RSD
34	A&G	Administrative & General (10)		////////	////////		////////	////////										A&G
35	DTY	Dietary		////////	////////		////////	////////										DTY
36	FIS	Fiscal		////////	////////		////////	////////										FIS

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			A	B	C	D	E	F	G	H	I	J	K	L		M	
			Employee	Phys. Salaries	Phys. Fees	Salaries (2)		Phys. Fees (2)	Supplies (3)	Contract Services	Other Expense	Dep.&Fac Int. (4)	Lease Costs	Expense Rec. (5)		TOTAL COSTS	
Employee	Phys.																
37	HKP	Housekeeping		////////	////////		////////	////////									HKP
38	L&L	Laundry and Linen		////////	////////		////////	////////									L&L
39	MAL	Malpractice Insurance	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////	////////				MAL
40	MRD	Medical Records		////////	////////		////////	////////									MRD
41	OGS	Other General Services		////////	////////		////////	////////									OGS
42	PCC	Patient Care Coordination															PCC
43	PLT	Plant		////////	////////		////////	////////									PLT
44	BLD	Building & Fixed Equipment	////////	////////	////////	////////	////////	////////	////////	////////	(11)						BLD
45	UTC	Utilities	////////	////////	////////	////////	////////	////////	////////		////////	////////					UTC
46	EDR	Education and Research															EDR
47	INT	Interest	////////	////////	////////	////////	////////	////////	////////	////////	(12)		////////				INT
48	LFB	Legal Fringe Benefits	////////	////////	////////	////////	////////	////////	////////	////////		////////	////////				LFB
49	PEN	Pensions	////////	////////	////////	////////	////////	////////	////////	////////		////////	////////				PEN
50	PFB	Policy Fringe Benefits	////////	////////	////////	////////	////////	////////	////////	////////		////////	////////				PFB

51	Subtotal (13)																
52	Reconciling Items (C-4 Totals)																
53	Total Institution (Lines 51 & 52)																

54	Total Operational Costs	(A) (Total Institution Cost Plus Expense Recovery Reported on Line 53) ----->	
55	Total Operational Cost Per Audited Financial)	----->	
56	Difference (Line 54 minus 55) (B)	(B) (Attach an itemized detailed description if Line 56 is other than zero.) ----->	

- (1) FTE = 2080 hours per annum.
- (2) Hours must be reported if salaries or fees are reported and vice versa.
- (3) Supplies, net of supplies sold to patients.
- (4) Report Major Moveable Equipment Depreciation Expense.
- (5) This Column should include only the expense recoveries associated with other operating income and should equal C-5, Line 20, Revenue Column. Report all grant income offsets related to C Form costs.
- (6) Report Burn Care non-physician costs in ICU and physician costs in PHY Provide detailed listing.
- (7) Report Blood Processing Costs in Blood Bank Contract Services.
- (8) Report Pacemakers in the MSS Cost Center.
- (9) Report total costs inclusive of inpatient and outpatient.
- (10) Report Outside Collection Costs in Contract Service Column in A&G Cost Center.
- (11) Report Building and Fixed Equipment Depreciation Expense.
- (12) Include short-term interest in the Interest Cost Center in the Other Expense Column.
- (13) Report Rebundled Service Costs in the above using cost centers, Lines 1 through 31, and not in Reconciling Items Form C-4 or Line 51.