



Affordable health coverage. Quality care.

## DATA FORM FOR COUNTY OPTION HOSPITAL FEE PILOT PROGRAM

Hospital Name \_\_\_\_\_

Facility address(es) within Authorized County \_\_\_\_\_

County \_\_\_\_\_

Medicaid Provider Number \_\_\_\_\_

Medicare Provider Number \_\_\_\_\_

Hospital Parent Company (if applicable) \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Title \_\_\_\_\_

Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_

Email Address \_\_\_\_\_

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

### INSTRUCTIONS

#### DATA FORM FOR COUNTY OPTION HOSPITAL FEE PILOT PROGRAM

If the reporting hospital chooses to use their Medicare cost report as a source document then two or more cost reports may be used to generate this verification.

This form should be submitted with the county's submission of the Fee and Expenditure Report. The data contained within will be used by the State of New Jersey, Department of Human Services and the Centers for Medicare and Medicaid Services (CMS) to design the payment mechanism and to verify and approve the local assessments.

The hospital administrator or officer must attest to the accuracy of the data contained in the form.

The hospital will be required to submit the source material that was used to complete the data fields and as marked on the form. Acceptable sources are the Medicare Cost report, other sourced financials, and/or materials supporting the documents. The State of New Jersey reserves the right to request additional documentation.

Please email any questions you have on completing this form to: [Dmahs.hospcountyfee@dhs.nj.gov](mailto:Dmahs.hospcountyfee@dhs.nj.gov).

## SECTION 1

Complete Column A for inpatient services and Column B for outpatient services.

### Line 1: Total Net Patient Revenue

Include revenue received for inpatient and outpatient services for the state fiscal year period. This amount excludes revenue from other operations such as cafeteria, parking, rent, research and educational activities. This amount also excludes non-operating revenue such as investment income and donations. Include any Medicaid supplemental payments and disproportionate share payments. **Please note that the sum of the inpatient and outpatient net patient revenue (NPR) should be equivalent to the NPR reported on Wksht G-3, Col 1, Line 3 of the Medicare Cost Report.**

### Line 2: Revenue from Distinct Part Hospital-Based Nursing Home Unit

Report revenue that is included in Line 1 received during the period for services provided in a distinct part hospital-based nursing home unit, only. If no such revenue is included in Line 1, enter "0".

### Line 3: Revenue Related to Physicians' Services

Report revenue that is included in Line 1 that is for physician direct care services, only. If no such revenue is included in Line 1, enter "0".

### Line 4: Other Non-Hospital Service-Specific Revenue

Report revenue that is included in Line 1 for other services, such as hospice services, pharmaceutical services, home health services, cafeteria, parking, rent, research and educational activities that are not hospital inpatient and outpatient services. If no such revenue is included in Line 1, enter "0".

### Line 5: Revenue Related to Services Provided at Locations Outside of the County

Report any inpatient and outpatient revenue included in Line 1 that was received for services provided at hospital campuses, clinics or other sites that are not located within the legislatively authorized county per N.J.S.A. 30:4D-7r - 30:4D-7x. If no such revenue is included in Line 1, enter "0".

### Line 6: Total Medicaid Revenue for the Period

Include all Medicaid inpatient and outpatient revenue received for the period including any Medicaid supplemental payments and disproportionate share payments.

### Line 7: Total Medicare Revenue for the Period

Include inpatient and outpatient revenue received for the period from Medicare Parts A, B and C. Include revenue received for the period through the Medicare Advantage Program including IME and DME payments. Include Medicare revenue for DSH, DME, organ acquisition, capital adjustments and allied health services. This amount does not include Medicare co-payments and deductible amounts paid under Medicare Parts A, B or C.

### Line 8: Bad Debt Included In Line 1

Enter any bad debt amounts that were included in Line 1. If no bad debt was included in Line 1, enter "0".

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## SECTION 2

### Line 9: Inpatient Days, Fee-For-Service

Include the number of fee-for-service days, by payer for the fiscal period. 'Other' is all other insurance and self pay. Exclude days that are part of a distinct part hospital-based nursing home unit and days provided in a facility/campus located outside of the county.

### Line 10: Inpatient Days, Managed Care

Include the number of managed care days, by payer for the fiscal period. 'Other' is all other insurance and self pay. Exclude days that are part of a distinct part hospital-based nursing home unit and days provided in a facility/campus located outside of the county.

### Line 11: Discharges, Inpatient Fee-For-Service

Include the number of fee-for-service discharges by payer for the fiscal period. 'Other' is all other insurance and self pay. Exclude days that are part of a distinct part hospital-based nursing home unit and days provided in a facility/campus located outside of the county.

### Line 12: Discharges, Inpatient Managed Care

Include the number of managed care discharges by payer for the fiscal period. 'Other' is all other insurance and self pay. Exclude days that are part of a distinct part hospital-based nursing home unit and days provided in a facility/campus located outside of the county.

### Line 13: Licensed Beds

Total Licensed inpatient beds at end of state fiscal year reporting period.

**SECTION 1**

LINE	REVENUE CATEGORY	Amount Verified From Hospital Records		SOURCE
		INPATIENT (Column A)	OUTPATIENT (Column B)	
1	Total Net Patient Revenue			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
2	Revenue from Distinct Part Hospital-Based Nursing Home Unit, If Included in Line 1			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
3	Revenue Related to Physicians' Services, If Included in Line 1			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
4	Other Non-Hospital Service-Specific Revenue			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
5	Revenue Related to Services Provided at Locations Outside of the County, if included in Line 1			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
6	Total Medicaid Revenue for the Period			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
7	Total Medicare Revenue for the Period			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
8	Bad Debt, if included in Line 1			<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)

**SECTION 2**

LINE	REVENUE CATEGORY	Amount Verified From Hospital Records			SOURCE
		COLUMN A	COLUMN B	COLUMN C	
9	Days, Inpatient Fee-for-Service				<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
10	Days, Inpatient Managed Care				<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
11	Discharges, Inpatient Fee-for-Service				<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
12	Discharges, Inpatient Managed Care				<input type="checkbox"/> Medicare Cost Report Indicate Wksht(s), Line(s)# <input type="text"/> <input type="checkbox"/> Financials <input type="checkbox"/> Other Source Materials (supporting documents)
13	Total Number of Licensed Beds at End of Period				