PROVIDER-RELATED DONATIONS AND HEALTH CARE RELATED TAXES, FEES AND ASSESSMENTS RECEIVED UNDER PUBLIC HEALTH LAW 102-334 BY

New York State Department of Health

(Print or type name of agency)

For the Quarter Ended

DECEMBER 31,2021

CODE	NAME OF TAX/ASSESSMENT PROGRAM	ST. CITE	PROVIDER/SERVICE CLASS (42 CFR)	AMOUNT
1	Bad Debt and Charity Care and Capital Statewide Pool Assessment	PHL 2807-c(18)	Inpatient Hospital Services	114,067,212.81
1	Bad Debt and Charity Care Regional Allowance	PHL 2807-c(14) & (16)	Inpatient Hospital Services	0.00
1	Patient Services Payments	РНL 2807-ј	Inpatient Hospital Services	500,414,374.38
1	Patient Services Payments	PHL 2807-j	Outpatient Hospital Services	465,611,570.88
1	Patient Services Payments	РНL 2807-ј	Ambulatory Surgical Center Services	17,386,943.93
1	Patient Services Payments	РНL 2807-ј	Diagnostic and Treatment Centers	19,946,983.80
1	Patient Services Payments	РНL 2807-ј	Clinical Laboratories	0.00
1	Patient Services Payments	PHL 2807-s	Inpatient Hospital Services	813,002.00
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (6.0%)	120,801,662.54
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (5.0%)	16,866.02
1	Health Facility Cash Assessment Program	PHL 2807-d	Inpatient Hospital Services (.35%)	69,323,045.00
1	Health Facility Cash Assessment Program	PHL 3614-a & b	Home Health Care Services (.35%)	1,349,614.00

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CODE	NAME OF TAX/ASSESSMENT PROGRAM	ST. CITE	PROVIDER/SERVICE CLASS (42 CFR)	Amount
1	Health Facility Cash Assessment Program	PHL 3614-a & b	LT Home Health Care Services (.35%)	7,118.00
5	Health Facility Cash Assessment Program	Social Services Law 367-i	Personal Care Providers (.35%)	1,687,549.32
1	Health Facility Cash Assessment Program	Section 90 of Part H of Chapter 59 of the Laws of 2011	LT Home Health Care Services (.7%)	0.00
1	Health Facility Cash Assessment Program	Section 90 of Part H of Chapter 59 of the Laws of 2011	Nursing Facility Services (.8%)	16,106,220.21
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.4%)	1,515.45
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.2%)	0.00
1	Hospital Quality Contribution Report	PHL 2807-d-1	Inpatient Hospital Services (1.6%)	13,594,144.00
	Total			1,341,127,822.34

I certify that this report represents a true and accurate statement of actual cash revenues collected by the above agency during the quarter described above.

Dated: ______ Signature: ______ Title:

Codes: 1 - Permissible