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

SEPTEMBER 30, 2022

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	111,242,649.00
1	Bad Debt and Charity Care Regional Allowance	PHL 2807-c(14) & (16)	Inpatient Hospital Services	0.00
1	Patient Services Payments	PHL 2807-j	Inpatient Hospital Services	559,875,291.48
1	Patient Services Payments	PHL 2807-j	Outpatient Hospital Services	468,125,307.79
1	Patient Services Payments	PHL 2807-j	Ambulatory Surgical Center Services	18,960,437.31
1	Patient Services Payments	PHL 2807-j	Diagnostic and Treatment Centers	24,485,241.31
1	Patient Services Payments	PHL 2807-j	Clinical Laboratories	0.00
1	Patient Services Payments	PHL 2807-s	Inpatient Hospital Services	891,922.00
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (6.0%)	127,844,477.30
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%)	73,034,904.00
1	Health Facility Cash Assessment Program	PHL 3614-a & b	Home Health Care Services (.35%)	1,495,240.01

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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%)	6,652.00
5	Health Facility Cash Assessment Program	Social Services Law 367-i	Personal Care Providers (.35%)	1,707,791.15
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%)	17,045,288.89
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.4%)	0.00
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%)	14,773,507.00
	Total			1,419,505,575.26

I certify that this report represen	ts a true and accurate statement of actual cash reve	nues collected by the above agency during the quarter described above.
Dated:	Signature:	_Title:

Codes: 1 – Permissible