
**AMENDED FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2021**

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending

Form header section containing organization name (RWJ BARNABAS HEALTH, INC. - SUBORDINATES), address (2 CRESCENT PLACE, OCEANPORT, NJ 07757), EIN (85-1296795), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature, preparer name (SCOTT J MARIANI), firm name (WITHUMSMITH+BROWN, PC), and firm address.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,193,827,541. including grants of \$ 15,748,540.) (Revenue \$ 5,545,557,616.)

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT, EMERGENCY AND VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES. PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,193,827,541.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (228), 1b (187), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

CATHERINE DOWDY, CPA 2 CRESCENT PLACE OCEANPORT, NJ 07757
732-923-8929

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY H. OSTROWSKY TRUSTEE - MMC - RWJBH PRES/CEO	60.00 NONE	X						NONE	16,210,012.	1,133,430.
(2) THOMAS A. BIGA TRST-CMMC-RWJBH PRES HOSP DIV	60.00 NONE	X						NONE	10,367,780.	998,748.
(3) DAVID A. MEBANE, ESQ. SECRETARY - TRUSTEE - CBMC	55.00 NONE	X		X				NONE	5,400,801.	459,834.
(4) ANROY OTTLEY, M.D. PHYSICIAN - JCMC	55.00 NONE					X		2,655,708.	NONE	48,613.
(5) STEPHEN P. ZIENIEWICZ, FACHE TRST-PRES/CEO-CBMC (TERM 10/22)	55.00 NONE	X		X				NONE	2,404,638.	223,133.
(6) FRANK J. VOZOS, M.D., FACS FORMER OFFICER - MMC-SC	55.00 NONE						X	NONE	1,929,494.	545.
(7) WILLIAM S. ARNOLD TRUSTEE - PRES/CEO-RWJUHN	55.00 NONE	X		X				NONE	1,599,188.	237,489.
(8) LORI A. COLINERI FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,671,043.	68,654.
(9) MARTIN S. EVERHART FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,434,881.	259,378.
(10) ROBERT G. IRWIN FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,259,782.	237,583.
(11) DARRELL TERRY PRESIDENT/CEO - NBIMC	55.00 NONE			X				NONE	948,894.	504,942.
(12) PATRICK J. HAUGHEY COO - CBMC	55.00 NONE			X				1,239,787.	NONE	79,587.
(13) JOHN J. GANTNER FORMER OFFICER - RWJUHN	55.00 NONE						X	NONE	1,280,586.	868.
(14) JOSHUA BERSHAD, M.D. FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	1,009,489.	216,199.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL KNECHT FORMER KEY EMPLOYEE - RWJUH	55.00 NONE						X	NONE	989,653.	234,811.
(16) RICHARD FREEMAN TRUSTEE-PRESIDENT/CEO-RWJUHH	55.00 NONE	X		X				NONE	1,011,466.	196,116.
(17) PATRICK M. AHEARN PRESIDENT/CEO - CMC	55.00 NONE			X				NONE	979,980.	203,800.
(18) RICHARD L. DAVIS CFO - NO. REG./PRES/CEO - CBMC	55.00 NONE	X		X				NONE	926,569.	171,915.
(19) WARREN E. MOORE TRST-PRES/CEO - CSH(TERM 6/25)	55.00 NONE	X		X				NONE	935,048.	138,067.
(20) MAUREEN BUENO SVP - RWJUHNB (TERMED 7/2/21)	55.00 NONE					X		1,010,685.	NONE	51,219.
(21) GREGORY ROKOSZ, M.D. SVP - VPMA - CBMC	55.00 NONE				X			836,338.	NONE	156,248.
(22) SHERWIN SCHRAG, M.D. PHYSICIAN - JCMC	55.00 NONE				X			920,435.	NONE	33,053.
(23) ANTHONY CAVA PRES./CEO - RWJUH SOMERSET	55.00 NONE			X				NONE	793,582.	159,441.
(24) ERIC W. CARNEY PRESIDENT/CEO - MMC/MMC-SC	55.00 NONE			X				NONE	749,158.	199,619.
(25) KIRK C. TICE TRUSTEE - PRES./CEO - RWJUHR	55.00 NONE	X		X				NONE	779,974.	168,490.
1b Sub-total								6,662,953.	52,682,018.	6,181,782.
c Total from continuation sheets to Part VII, Section A								13,345,178.	8,506,905.	2,675,123.
d Total (add lines 1b and 1c)								20,008,131.	61,188,923.	8,856,905.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5,491

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) STUART GEFFNER, M.D. TRUSTEE - CBMC	55.00 NONE	X						906,010.	NONE	37,298.
(27) MICHAEL PRILUTSKY TRUSTEE - PRESIDENT/CEO - JCMC	55.00 NONE	X		X				NONE	749,931.	170,839.
(28) MARY ELLEN CLYNE PRESIDENT/CEO - CMMC	55.00 NONE			X				NONE	672,407.	241,107.
(29) NIKOLAS ALEXIADES CFO - SOUTHERN REGION	55.00 NONE			X				NONE	736,679.	148,900.
(30) SERGIO WAXMAN, M.D. DIVISION DIRECTOR MD - NBIMC	55.00 NONE					X		819,746.	NONE	45,930.
(31) ALISON GRANN, M.D. TRUSTEE - CBMC	55.00 NONE	X						826,563.	NONE	8,490.
(32) BRUNO MOLINO, M.D. PHYSICIAN - JCMC	55.00 NONE					X		790,176.	NONE	38,229.
(33) DEANNA SPERLING TRUSTEE-RWJBH BEH. HEALTH CEO	55.00 NONE	X		X				NONE	663,362.	164,430.
(34) MATTHEW J. SCHREIBER, M.D. CMO/COO - NBIMC	55.00 NONE			X				674,059.	NONE	142,451.
(35) DOUGLAS A. ZEHNER CFO - NEWARK AND UNION	55.00 NONE			X				NONE	671,703.	138,539.
(36) GAIL W. KOSYLA SVP/CFO - CENTRAL REGION	55.00 NONE			X				NONE	696,381.	105,494.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DORY B. ALTMANN, M.D. TRUSTEE - RWJUH	55.00 NONE	X					NONE	664,367.	48,355.	
(38) THOMAS HELEOTIS, M.D. VPMA - MMC	55.00 NONE				X		588,696.	NONE	123,719.	
(39) MEIKA TYLESE NEBLETT, M.D. CMO - CMC	55.00 NONE				X		569,303.	NONE	118,520.	
(40) CHARLES CATHCART, M.D. TRUSTEE - NBIMC	55.00 NONE	X					NONE	639,873.	21,397.	
(41) RUSSELL C. LANGAN, M.D. TRUSTEE - CBMC	55.00 NONE	X					585,852.	NONE	11,990.	
(42) FRANK J. MAZZARELLA, M.D. VPMA - CMMC	55.00 NONE				X		484,701.	NONE	93,301.	
(43) CARLA PARKER HOLLIS COO - JCMC	55.00 NONE			X			475,746.	NONE	100,099.	
(44) PHILIP SALERNO, III TRUSTEE - PRES/CDO - CSH FDN.	55.00 NONE	X					538,704.	NONE	32,344.	
(45) MATTHEW B. MCDONALD, M.D. TRUSTEE-VP/CMO/PRES/CEO-CSH	55.00 NONE	X		X			529,185.	NONE	39,470.	
(46) JOSHUA ROSENBLATT, M.D. TRUSTEE; EX-OFFICIO/CAO-NBIMC	55.00 NONE	X					540,452.	NONE	27,820.	
(47) SETH D. ROSENBAUM, M.D. SVP/CMO - RWJUHH	55.00 NONE				X		415,315.	NONE	94,456.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) KENNETH GARAY, M.D. CMO - JCMC	55.00 NONE				X		NONE	460,644.	22,521.	
(49) CHARLES CHIANESE, MBA EVP/COO - CSH	55.00 NONE			X			449,316.	NONE	12,678.	
(50) FRANK DOS SANTOS, M.D. CMO - CMMC	55.00 NONE				X		386,106.	NONE	75,379.	
(51) SALVATORE MOFFA, M.D. VPMA - RWJUH	55.00 NONE				X		381,943.	NONE	79,037.	
(52) DOUGLAS LIVORNESE, M.D. TRUSTEE - MMC	55.00 NONE	X					NONE	439,698.	19,036.	
(53) ARNOLD WILLIAMS, M.D. TRUSTEE - SBBH	55.00 NONE	X					NONE	433,883.	22,500.	
(54) JEFFREY J. HOLT FORMER OFFICER - CMMC	55.00 NONE					X	431,349.	NONE	NONE	
(55) CAROL ASH, D.O. CMO - RWJUHR	55.00 NONE				X		345,445.	NONE	75,398.	
(56) KEVIN M. KRAMER, ESQ. FORMER KEY EMPLOYEE - RWJUH	55.00 NONE					X	NONE	351,799.	45,386.	
(57) JASON VIGLIAROLO COO - SBBH	55.00 NONE			X			NONE	293,430.	64,867.	
(58) RENEE JULIE CABALEIRO, M.D. TRUSTEE - NBIMC	55.00 NONE	X					352,988.	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) JUDY CASTELLANO COLORADO COO/CNO - MMC-SC	55.00 NONE			X				298,332.	NONE	42,519.
(60) ANNA MALIA BECKWITH, M.D. TRUSTEE-SEC. CHIEF NEURO - CSH	55.00 NONE	X						272,640.	NONE	42,904.
(61) STEVEN K. LIBUTTI, M.D. TRUSTEE - RWJUH	55.00 NONE	X						NONE	310,737.	3,338.
(62) MICHELE H. SCHWEERS FORMER OFFICER - MMC	55.00 NONE					X		NONE	250,014.	49,229.
(63) KATHERINE BENTLEY, M.D. TRST-DIR OF PAIN PROGRAM - CSH	55.00 NONE	X						238,865.	NONE	42,409.
(64) ANIL GUPTA, M.D. CMO - MMC-SC	55.00 NONE				X			215,732.	NONE	45,738.
(65) MICHAEL CHEN, M.D. TRUSTEE - RWJUHR	55.00 NONE	X						NONE	254,059.	6,513.
(66) TERESITA C. MEDINA FORMER OFFICER - SBBH	55.00 NONE					X		203,092.	NONE	39,501.
(67) FRANCIS KELLY, M.D. TRUSTEE - CMC (TERMED 2/1/21)	55.00 NONE	X						223,717.	NONE	7,918.
(68) MOHAMMAD JAVED, M.D. TRUSTEE; EX-OFFICIO - JCMC	55.00 NONE	X						206,062.	NONE	NONE
(69) MICHAEL A. MARANO, M.D. TRUSTEE - CBMC	55.00 NONE	X						157,113.	NONE	18,678.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) DAVID KOSTINAS 1ST VICE CHAIR - TRUSTEE - CSH	40.00 NONE	X		X			NONE	132,000.	NONE	
(71) MATHEW CHOLANKERIL, M.D. TRUSTEE; EX-OFFICIO - RWJUHR	55.00 NONE	X					124,067.	NONE	NONE	
(72) RAJESH MOHAN, M.D. CMO - MMC-SC (TERMED 1/31/21)	55.00 NONE				X		107,674.	NONE	3,240.	
(73) JEFFREY C. LEDERMAN, D.O. TRUSTEE; EX-OFFICIO - MMC	25.00 NONE	X					NONE	85,938.	3,121.	
(74) MARTHA GARCIA TRUSTEE - FAMILY FACULTY - CSH	25.00 NONE	X					44,087.	NONE	35.	
(75) MICHAEL ADDIS, M.D. TRUSTEE; EX-OFFICIO - CBMC	25.00 NONE	X					36,923.	NONE	NONE	
(76) ZAFAR ZAMIR, M.D. TRUSTEE - VP - RWJUHH	25.00 NONE	X					36,000.	NONE	NONE	
(77) CARLOS REMOLINA, M.D. TRUSTEE-VP MED STAFF-RWJUHR	25.00 NONE	X					35,000.	NONE	NONE	
(78) SANJAY KUMAR, M.D. TRUSTEE - MMC	25.00 NONE	X					26,000.	NONE	NONE	
(79) JOSEPH ALBANESE, D.O. TRUSTEE - CMC	10.00 NONE	X					19,219.	NONE	NONE	
(80) ARTHUR G. PACIA, M.D. TRUSTEE - RWJUHH	10.00 NONE	X					9,000.	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) FRED TEWELL CHAIR - TRUSTEE - CSH	1.00 NONE	X		X			NONE	NONE	NONE	
(82) JOHN R. BLASI, ESQ. 1ST VICE CHAIR - TRUSTEE - CSH	1.00 NONE	X		X			NONE	NONE	NONE	
(83) CHRISTIANA FOGLIO 2ND VICE CHAIR - TRUSTEE - CSH	1.00 NONE	X		X			NONE	NONE	NONE	
(84) PETER CHEN, JD SECRETARY - TRUSTEE - CSH	1.00 NONE	X		X			NONE	NONE	NONE	
(85) LAWRENCE KRAMER TREASURER - TRUSTEE - CSH	1.00 NONE	X		X			NONE	NONE	NONE	
(86) CELESTE ANDRIOT WOOD TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(87) CHRISSEY BACIA TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(88) SANDRA DESAPIO TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(89) KIM HANEMANN TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(90) CYNTHIA KIRCHNER TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(91) PETER KORN TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) LESLIE LOGAN-TAYLOR TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(93) DANA N. MAURO TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(94) REGINALD L. ROSS TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(95) BARBARA ROTHMAN TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(96) JENNIFER A. SENICK, PH.D. TRUSTEE - CSH	1.00 NONE	X					NONE	NONE	NONE	
(97) PENELOPE E. LATTIMER, PH.D. TRUSTEE - CSH (TERMED 9/1/21)	1.00 NONE	X					NONE	NONE	NONE	
(98) ROBERT GACCIONE CHAIRMAN - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(99) JOSEPH MELONE VICE CHARIMAN - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(100) BRENT N. RUDNICK SECRETARY - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(101) BRIAN STERLING TREASURER - TRUSTEE - CMMC	1.00 NONE	X		X			NONE	NONE	NONE	
(102) ANDREA BARBIER, D.O. TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) WILFREDO CARABALLO TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(104) DANIEL J. GELTRUDE TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(105) ROBERT GIANGERUSO TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(106) NICHOLAS MINOIA TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(107) MEI-MEI TUAN TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(108) GEORGE W. WILLIAMS TRUSTEE - CMMC	1.00 NONE	X					NONE	NONE	NONE	
(109) DONALD JUMP, CPA CHAIRMAN - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(110) GARY V. LOTANO VICE CHAIRMAN - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(111) PETER J. VAN DYKE, ESQ. SECRETARY - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(112) THEODORE GOODING TREASURER - TRUSTEE - CMC	1.00 NONE	X		X			NONE	NONE	NONE	
(113) MICHAEL BELCHER TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) SANJAY BHAGAT, M.D. TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(115) JERRY P. BOISSEAU TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(116) JARROD C. GRASSO TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(117) THOMAS HOURIGAN TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(118) EUGENIA LAWSON TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(119) BARBARA MILES TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(120) MARK MONTENERO TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(121) JUDITH SCHMIDT, R.N. TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(122) RICHARD STANZIONE, ESQ. TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(123) KIMBERLY VEITH TRUSTEE - CMC	1.00 NONE	X					NONE	NONE	NONE	
(124) SANDY S. BROUGHTON TRUSTEE - CMC (TERMED 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) MAURICE B. HILL, JR., DMD TRUSTEE - CMC (TERMED 5/1/21)	1.00 NONE	X						NONE	NONE	NONE
(126) DAVID ROSEN TRUSTEE - CMC (TERMED 5/1/21)	1.00 NONE	X						NONE	NONE	NONE
(127) BRUCE SCHONBRAUN CHAIRMAN - TRUSTEE - CBMC	1.00 NONE	X		X				NONE	NONE	NONE
(128) JOSEPH BIER TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(129) THOMAS CHEN TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(130) CELIA COLBERT TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(131) ALAN GARTEN, M.D. TRUSTEE; EX-OFFICIO - CBMC	1.00 NONE	X						NONE	NONE	NONE
(132) GREGG GOTTSEGEN TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(133) JEFFREY KIGNER TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(134) ROBERT D. MARCUS TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
(135) JOSEPH MAURIELLO TRUSTEE - CBMC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) ANDREA MELCHIORRE TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(137) RAHUL PAWAR, M.D. TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(138) EVAN RATNER TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(139) MICHAEL REKON TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(140) RICHARD RITHOLZ TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(141) RYAN SCHINMAN TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(142) CORI WILF TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(143) TONY WOLK TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(144) KATHRYN ZIZZA TRUSTEE - CBMC	1.00 NONE	X					NONE	NONE	NONE	
(145) JOHN RUSSO, M.D. TRST;EX-OFF-CBMC (TERM 5/6/21)	1.00 NONE	X					NONE	NONE	NONE	
(146) ELENA SANTORO TRST;EX-OFF-CBMC (TERM 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ROBERT E. MARGULIES, ESQ. CHAIRMAN - TRUSTEE - JCMC	1.00 NONE	X		X			NONE	NONE	NONE	
(148) CATHERINE M. CARNEVALE VICE CHAIR - TRUSTEE - JCMC	1.00 NONE	X		X			NONE	NONE	NONE	
(149) MARVIN GLAZERMAN SECRETARY - TRUSTEE - JCMC	1.00 NONE	X		X			NONE	NONE	NONE	
(150) ABEGAIL DOULGAS-JOHNSON TREASURER - TRUSTEE	1.00 NONE	X		X			NONE	NONE	NONE	
(151) ANSAR BATOOL TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(152) JEREMY FARRELL TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(153) THOMAS M. GALLAGHER TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(154) CARLOS LEJNIEKS TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(155) EDGAR MARTINEZ TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(156) W. NEVINS MCCANN, ESQ TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(157) JOHN MINELLA TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
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Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) RICHARD O'NEILL TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(159) JOSEPH A. PANEPINTO, JR. TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(160) VERONICA PARK TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(161) MAUREEN A. SKEA TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(162) SEENA A. STEIN TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(163) KETAIN VYAS TRUSTEE - JCMC	1.00 NONE	X					NONE	NONE	NONE	
(164) ROBERT P. HERRMANN CHAIRMAN - TRUSTEE - MMC	1.00 NONE	X		X			NONE	NONE	NONE	
(165) VICTOR FERLISE, ESQ. VICE CHAIR - TRUSTEE - MMC	1.00 NONE	X		X			NONE	NONE	NONE	
(166) ANN UNTERBERG VICE CHAIR - TRUSTEE - MMC	1.00 NONE	X		X			NONE	NONE	NONE	
(167) FRANK CIESLA, ESQ. SECRETARY - TRUSTEE - MMC	1.00 NONE	X		X			NONE	NONE	NONE	
(168) ANTHONY P. TERRACCIANO TREASURER - TRUSTEE - MMC	1.00 NONE	X		X			NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) RICHARD CROWE TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(170) ANNE EVANS-ESTABROOK TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(171) ALYCE FRANKLIN TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(172) CATHERINE D. FRANZONI TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(173) SEAN GERTNER TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(174) MONIQUE GRIFFITH, PSY.D. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(175) DERRICK T. GRIGGS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(176) JOHN W. HEAVEY TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(177) CLAIRE M. KNOPF TRUSTEE; EX-OFFICIO - MMC	1.00 NONE	X					NONE	NONE	NONE	
(178) H. WOODY KNOPF TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(179) MICHAEL KOKES TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) RABBI AARON KOTLER TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(181) JOSEPH F. LAGROTTERIA, ESQ. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(182) GEORGE LAUFENBERG TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(183) HONORABLE LAWRENCE LAWSON TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(184) ZACHARY LEWIS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(185) YESENIA MADAS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(186) JAMES R. MAIDA TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(187) LAUREN MARRUS TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(188) VALERIE MONTECALVO TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(189) MARY ANNE NAGY TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(190) JOHN PAIK TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) HONORABLE JAMIE PERRI TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(192) ADAM PFEFFER, ESQ. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(193) RONALD J. RICCIO, ESQ. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(194) LOUIS A. RODRIGUEZ, P.E. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(195) ANDREW SAFRAN TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(196) PATRICIA SENSI TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(197) DARSIT SHAH, M.D. TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(198) ROBERT SICKEL TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(199) MARTA SILVERBERG TRUSTEE - MMC	1.00 NONE	X					NONE	NONE	NONE	
(200) ANDREW J. MELNICK TRUSTEE - MMC (TERMED 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
(201) VITO R. NARDELLI, ESQ. TRUSTEE - MMC (TERMED 5/1/21)	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) BETTE UHRMACHER, ESQ. TRUSTEE - MMC (TERMED 5/1/21)	1.00 NONE	X						NONE	NONE	NONE
(203) FRANCIS J. GIANTOMASI CHAIRMAN - TRUSTEE - NBIMC	1.00 NONE	X		X				NONE	NONE	NONE
(204) VAUGHN CROWE VICE CHAIR - TRUSTEE - NBIMC	1.00 NONE	X		X				NONE	NONE	NONE
(205) PATRICK E. HOBBS TREASURER - TRUSTEE - NBIMC	1.00 NONE	X		X				NONE	NONE	NONE
(206) FLEETA J. BARNES TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(207) MARC E. BERSON TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(208) ERIC BRUNDAGE TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(209) NANCY CANTOR, PH.D. TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(210) REV. WILLIAM CHRISTIAN TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(211) LAWRENCE P. GOLDMAN TRUSTEE - NBIMC	1.00 NONE	X						NONE	NONE	NONE
(212) ALAN HELFMAN, M.D. TRUSTEE; EX-OFFICIO - NBIMC	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) WAYNE K. NASH TRUSTEE - NBIMC	1.00 NONE	X					NONE	NONE	NONE	
(214) PAUL V. PROFETA TRUSTEE - NBIMC	1.00 NONE	X					NONE	NONE	NONE	
(215) NORMAN SAMUELS, PH.D. TRUSTEE - NBIMC	1.00 NONE	X					NONE	NONE	NONE	
(216) JOSEPH S. TAYLOR TRUSTEE - NBIMC	1.00 NONE	X					NONE	NONE	NONE	
(217) JACK MORRIS CHAIRMAN - TRUSTEE - RWJUH	1.00 NONE	X		X			NONE	NONE	NONE	
(218) PAUL V. STAHLIN VICE CHAIR - TRUSTEE - RWJUH	1.00 NONE	X		X			NONE	NONE	NONE	
(219) DEFOREST B. SOARIES, JR. SECRETARY - TRUSTEE - RWJUH	1.00 NONE	X		X			NONE	NONE	NONE	
(220) JOHN A. HOFFMAN TREASURER - TRUSTEE - RWJUH	1.00 NONE	X		X			NONE	NONE	NONE	
(221) ROBERT L. BARCHI, M.D., PH.D. TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(222) RONNIE Z. BOCHNER TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(223) ARTHUR JAMES CIFELLI TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) DINA KARMAZIN ELKINS TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(225) PAUL D. HUBERT TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(226) ROBERT L. JOHNSON, M.D. TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(227) LINDA MARMORA TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(228) JO-ANN MENDLES TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(229) CATHERINE OWEN TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(230) LESTER J. OWENS TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(231) CHRISTOPHER J. PALADINO TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(232) JOHN A. PAPA TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(233) SUSAN C. REINHARD, PH.D. TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(234) BRIAN L. STROM, M.D., PH.D. TRUSTEE - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) ROBERT T. ZITO TRUSTEE; EX-OFFICIO - RWJUH	1.00 NONE	X					NONE	NONE	NONE	
(236) WILLIAM J. WALSH, JR. CHAIRMAN - TRUSTEE - RWJUHH	1.00 NONE	X	X				NONE	NONE	NONE	
(237) NINA MELKER VICE CHAIR - TRUSTEE - RWJUHH	1.00 NONE	X	X				NONE	NONE	NONE	
(238) LINDSAY ADAMS-JENKINS TRUSTEE; EX-OFFICIO - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(239) SHARIQ A. AFRIDI TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(240) GREGORY BLAIR TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(241) WESLEY BRIDGES, ESQ. TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(242) PATRICIA A. COSTANTE TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(243) HAROLD FINK TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(244) JAMES M. GRAZIANO TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
(245) RICHARD GREGG, M.D. TRUSTEE - RWJUHH	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
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Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) PETER INVERSO ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(247) SHARON LAMONT ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(248) MARLENE LAO-COLLINS ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(249) RYANE A. MARRONE ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(250) TERRY K. MCEWEN ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(251) MICHAEL PRATICO, JR. ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(252) SHERISE D. RITTER ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(253) WILLIAM M. RUE ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(254) PATRICK RYAN ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(255) CYNTHIA E. VONA, DDS, M.D. ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
(256) ROBIN A. WALTON ----- TRUSTEE - RWJUHH	1.00 ----- NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
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Section B. Independent Contractors

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) DONNA I. MUGAVERO CHAIR - TRUSTEE - RWJUHR	1.00 NONE	X		X			NONE	NONE	NONE	
(258) MICHAEL O. THIEN VICE CHAIR - TRUSTEE - RWJUHR	1.00 NONE	X		X			NONE	NONE	NONE	
(259) BARBARA MARTIN SECRETARY - TRUSTEE - RWJUHR	1.00 NONE	X		X			NONE	NONE	NONE	
(260) DANIEL B. LEPRI TREASURER - TRUSTEE - RWJUHR	1.00 NONE	X		X			NONE	NONE	NONE	
(261) KRYSTAL CANADY TRUSTEE - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
(262) ANU CHAUDHRY, M.D. TRUSTEE; EX-OFFICIO - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
(263) NICHOLAS F. DELMONACO TRUSTEE - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
(264) G. ALLEN GEYER TRUSTEE - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
(265) JOSEPH D. GIBILSCO TRUSTEE - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
(266) ROGER C. GORE TRUSTEE - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
(267) CHRISTINE KLINE TRUSTEE; EX-OFFICIO - RWJUHR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
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Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) JOHN KLINE, M.D. TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(269) RONALD C. KOWALCZYK TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(270) BRIAN P. LEDDY TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(271) LAWRENCE J. NALDI TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(272) MICHAEL NUDO TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(273) STEPHEN A. TIMONI TRUSTEE - RWJUHR	1.00 NONE	X						NONE	NONE	NONE
(274) TERESA WALSH, MSN VICE CHAIR - TRUSTEE - SBBH	1.00 NONE	X		X				NONE	NONE	NONE
(275) ELAINE DASTI, P.E. TRUSTEE - SBBH	1.00 NONE	X						NONE	NONE	NONE
(276) MICHAEL R. STANZIONE, ESQ. TRUSTEE - SBBH	1.00 NONE	X						NONE	NONE	NONE
(277) THOMAS D. KELAHER, ESQ. CHAIR-TRST-SBBH (TERM 2/21/21)	1.00 NONE	X		X				NONE	NONE	NONE
(278) DON SUMMA, CPA TRUSTEE - SBBH (TERMED 3/16/21)	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	684,569.				
	d	Related organizations	1d	16,239,195.				
	e	Government grants (contributions)	1e	201,760,546.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,413,112.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 705,034.				
	h	Total. Add lines 1a-1f			249,097,422.			
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	541900	5,460,182,832.	5,460,182,832.	
b		OTHER HEALTHCARE RELATED REVENUE		541900	68,806,698.	65,653,091.	3,153,607.	
c		RENTAL INCOME FROM AFFILIATES		541900	3,485,183.	3,485,183.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			5,532,474,713.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			3,088,975.	-104.	3,089,079.
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties			NONE			
	6a	Gross rents	(i) Real	17,779,114.				
			(ii) Personal					
	b	Less: rental expenses	6b	6,100,576.				
	c	Rental income or (loss)	6c	11,678,538.	NONE			
	d	Net rental income or (loss)			11,678,538.		11,678,538.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	47,643.	499,015.			
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	47,643.	499,015.			
	d	Net gain or (loss)			546,658.		546,658.	
8a	Gross income from fundraising events (not including \$ 684,569. of contributions reported on line 1c). See Part IV, line 18		407,439.					
			407,439.					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19		35,160.					
			9,111.					
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			26,049.		26,049.		
10a	Gross sales of inventory, less returns and allowances		NONE					
			NONE					
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	CAFETERIA	Business Code	541900	9,041,648.	9,041,648.		
	b	PARKING		541900	3,987,908.	3,987,908.		
	c	GIFT SHOP		541900	53,451.	53,451.		
	d	All other revenue						
	e	Total. Add lines 11a-11d			13,083,007.			
	12	Total revenue. See instructions			5,809,995,362.	5,542,404,113.	3,153,503.	15,340,324.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,449,321.	10,449,321.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,299,219.	5,299,219.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	14,688,665.	13,219,800.	1,468,865.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,969,082,926.	1,772,174,633.	196,908,293.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,522,357.	64,370,121.	7,152,236.	
9 Other employee benefits	152,824,112.	137,541,701.	15,282,411.	
10 Payroll taxes	154,953,072.	139,457,765.	15,495,307.	
11 Fees for services (nonemployees):				
a Management	655,985,654.	590,387,089.	65,598,565.	
b Legal	163,957.	147,561.	16,396.	
c Accounting	NONE			
d Lobbying	139,548.	125,593.	13,955.	
e Professional fundraising services. See Part IV, line 17	512,878.			512,878.
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	305,130,094.	274,617,085.	30,513,009.	
12 Advertising and promotion	1,609,714.	1,448,743.	160,971.	
13 Office expenses	98,414,538.	88,573,084.	9,841,454.	
14 Information technology.	23,555,974.	21,200,377.	2,355,597.	
15 Royalties.	NONE			
16 Occupancy	97,734,902.	87,961,412.	9,773,490.	
17 Travel	764,887.	688,398.	76,489.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	358,724.	322,852.	35,872.	
20 Interest	89,278,132.	80,350,319.	8,927,813.	
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	223,703,876.	201,333,488.	22,370,388.	
23 Insurance	67,469,636.	60,722,672.	6,746,964.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,082,002,811.	973,802,530.	108,200,281.	
b PHYSICIAN FEES & SALARIES	577,932,257.	520,139,031.	57,793,226.	
c REPAIRS & MAINTENANCE	90,153,650.	81,138,285.	9,015,365.	
d OTHER EXPENSES	75,951,624.	68,356,462.	7,595,162.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,769,682,528.	5,193,827,541.	575,342,109.	512,878.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	115,667.	1	109,652.
	2 Savings and temporary cash investments	6,419,108.	2	3,660,620.
	3 Pledges and grants receivable, net	18,070,896.	3	82,530,271.
	4 Accounts receivable, net	528,167,466.	4	594,471,972.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	85,368,814.	8	94,243,876.
	9 Prepaid expenses and deferred charges	36,451,428.	9	41,452,675.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5949997009.		
	b Less: accumulated depreciation	10b 3538741266.		
		2,143,447,434.	10c	2,411,255,743.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	238,983,393.	13	252,086,456.
	14 Intangible assets	6,986,058.	14	6,986,058.
15 Other assets. See Part IV, line 11	4,454,200,162.	15	4,951,861,915.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,518,210,426.	16	8,438,659,238.	
Liabilities	17 Accounts payable and accrued expenses	541,053,162.	17	624,727,368.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	75,330,367.	19	30,606,962.
	20 Tax-exempt bond liabilities	160,808,990.	20	158,299,971.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	198,594,623.	23	191,077,980.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,941,073,288.	25	3,671,775,045.
	26 Total liabilities. Add lines 17 through 25	3,916,860,430.	26	4,676,487,326.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,426,900,680.	27	3,578,568,153.
	28 Net assets with donor restrictions	174,449,316.	28	183,603,759.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,601,349,996.	32	3,762,171,912.
33 Total liabilities and net assets/fund balances	7,518,210,426.	33	8,438,659,238.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,809,995,362.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,769,682,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,312,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,601,349,996.
5	Net unrealized gains (losses) on investments	5	246,651.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	120,262,431.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,762,171,912.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization RWJ BARNABAS HEALTH, INC. - SUBORDINATES	Employer identification number 85-1296795
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization RWJ BARNABAS HEALTH, INC. - SUBORDINATES	Employer identification number 85-1296795
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912...; c If "Yes," enter the amount of any tax incurred by organization managers...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?...

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Blank lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 11

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. BARNABAS HEALTH, INC. PAID INDEPENDENT OUTSIDE LOBBYING FIRMS TO PERFORM LOBBYING EFFORTS ON BEHALF OF RWJBARNABAS HEALTH AND ITS AFFILIATES, INCLUDING ALL AFFILIATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THESE AMOUNTS CAN BE REVIEWED ON THE FORM 990 FILED BY BARNABAS HEALTH, INC., EIN: 22-2405279.

IN ADDITION, THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF THE HOSPITAL ALLIANCE OF NEW JERSEY, THE NEW JERSEY HOSPITAL ASSOCIATION, AND THE AMERICAN HOSPITAL ASSOCIATION WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THIS ALLOCATION AMOUNTED TO \$139,548 IN 2021.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	174,449,316.	164,956,316.	168,160,316.	159,906,574.	145,664,147.
b Contributions				1,905,430.	3,149,635.
c Net investment earnings, gains, and losses	10,525,000.	15,607,000.	227,000.	10,259,836.	18,897,925.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,370,557.	6,114,000.	3,431,000.	3,911,524.	7,805,133.
f Administrative expenses					
g End of year balance	183,603,759.	174,449,316.	164,956,316.	168,160,316.	159,906,574.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 17.5400 %
 - c Term endowment 82.4600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,277,631.		90,277,631.
b Buildings		3074818416.	1662765835.	1,412,052,581.
c Leasehold improvements		67,214,263.	59,833,090.	7,381,173.
d Equipment		2295201306.	1791515308.	503,685,998.
e Other		422,485,393.	24,627,033.	397,858,360.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,411,255,743.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES, CURRENT	4,664,719,910.
(2) OTHER RECEIVABLES	33,783,738.
(3) EST AMTS DUE FROM 3RD PARTY	107,097,425.
(4) DUE FROM CSH FOUNDATION	4,249,617.
(5) SECURITY DEPOSITS	1,036,021.
(6) OTHER ASSETS	8,274,741.
(7) RIGHT OF USE ASSET	132,700,463.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,951,861,915.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	322,336,998.
(3) DUE TO AFFILIATES; CURRENT	24,496,777.
(4) EST AMTS DUE TO 3RD PARTY PAYORS; C	371,716,291.
(5) DUE TO AFFILIATES; NON-CURRENT	33,864,338.
(6) RWJBH OBLIGATED GROUPED LIABILITIES	2,805,092,201.
(7) EST AMTS DUE TO 3RD PARTY PAYORS; N	62,126,483.
(8) ACCRUED INTEREST	52,141,957.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,671,775,045.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V; QUESTION 4

RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 AND THEIR AFFILIATES.

SCHEDULE D, PART X

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. RWJBH ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBH HOSPITALS AND CERTAIN OTHER RWJBH AFFILIATES. THE FOOTNOTE BELOW IS FROM RWJBH'S 2021 AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND REPORTS RWJBH'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE CORPORATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	FINANCIAL VEHICLE	NONE
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		328,086,281.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			328,086,281.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			328,086,281.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I

BARNABAS HEALTH, INC., A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
TAX-EXEMPT ORGANIZATION, ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO
COMMERCIAL PROFESSIONAL INSURANCE CO., LTD., A FINANCIAL VEHICLE,
\$50,678,214; FOR THE BENEFIT OF THE FOLLOWING RWJBARNABAS HEALTH
TAX-EXEMPT HOSPITALS IN THIS GROUP FORM 990.
CHILDREN'S SPECIALIZED HOSPITAL - \$506,009;
CLARA MAASS MEDICAL CENTER - \$3,329,391;
COMMUNITY MEDICAL CENTER - \$4,215,736;
COOPERMAN BARNABAS MEDICAL CENTER - \$9,836,820;
JERSEY CITY MEDICAL CENTER - \$5,041,774;
MONMOUTH MEDICAL CENTER - \$6,515,529;
NEWARK BETH ISRAEL MEDICAL CENTER - \$10,419,615;
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - \$8,688,394;
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON - \$1,212,746;
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY - \$867,495; AND
SAINT BARNABAS BEHAVIORAL HEALTH CENTER - \$44,705.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				172,143.	512,878.	103,977.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, CO, DC, FL, GA, IL,
KY, MD, MA, MN, MS, NV, NJ, NM, NY, ND, OH, OK, OR, SC, UT, WA, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF OUTING (event type)	PRTNRS IN PROG (event type)	16 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	448,800.	172,143.	471,065.	1,092,008.
	2	Less: Contributions	297,211.	24,108.	363,250.	684,569.
	3	Gross income (line 1 minus line 2)	151,589.	148,035.	107,815.	407,439.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	128,370.	148,035.	58,235.	334,640.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,218.		49,581.	72,799.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			35,160.
Direct Expenses	2	Cash prizes		9,111.	9,111.	
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					9,111.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					26,049.

9 Enter the state(s) in which the organization conducts gaming activities: NJ,
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|--------------------------------------|------------|----------|---|
| a The organization's facility | 13a | | % |
| b An outside facility | 13b | 100.0000 | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DIANE REEVES

Address ▶ 2 CRESCENT PLACE OCEANPORT, NJ 07757

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ KELLY GOSS

Gaming manager compensation ▶ \$ NONE

Description of services provided ▶ MANAGES DAY TO DAY OPERATIONS OF RAFFLE

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

COMMUNITY COUNSELING SERVICE CO., LLC

ADDRESS:

527 MADISON AVENUE, 5TH FLOOR
NEW YORK, NY 10022

ACTIVITY :

CAMPAIGN MGMT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 395,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

GAIL P. STONE

ADDRESS:

2932 VAUXHALL ROAD
VAUXHALL, NJ 07088

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 172,143.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 68,166.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 103,977.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES
=====

NAME:

PAMELA RAYVID

ADDRESS:

C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757

ACTIVITY :

GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 49,712.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			163,273,479.	20,845,198.	142,428,281.	2.47
b Medicaid (from Worksheet 3, column a)			1,284,340,912.	980,466,999.	303,873,913.	5.27
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1,447,614,391.	1,001,312,197.	446,302,194.	7.74
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,650,548.	254,512.	15,396,036.	0.27
f Health professions education (from Worksheet 5)			129,224,029.	57,785,275.	71,438,754.	1.24
g Subsidized health services (from Worksheet 6)			179,737,526.	70,543,547.	109,193,979.	1.89
h Research (from Worksheet 7)			2,495,908.		2,495,908.	0.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,507,787.		6,507,787.	0.11
j Total. Other Benefits			333,615,798.	128,583,334.	205,032,464.	3.55
k Total. Add lines 7d and 7j			1,781,230,189.	1,129,895,531.	651,334,658.	11.29

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2021

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	1,063,946,940.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,247,833,125.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-183,886,185.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 13

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-other	Other (describe)	Facility reporting group
1 PSE&G CHILDREN'S SPECIALIZED HOSPITAL 200 SOMERSET STREET NEW BRUNSWICK NJ 08901 WWW.RWJBH.ORG	X		X							1
2 CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE NJ 07109 WWW.RWJBH.ORG	X	X					X			2
3 COMMUNITY MEDICAL CENTER 99 ROUTE 37W TOMS RIVER NJ 08755-6423 WWW.RWJBH.ORG	X	X					X			2
4 COOPERMAN BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON NJ 07039 WWW.RWJBH.ORG	X	X		X			X			2
5 JERSEY CITY MEDICAL CENTER 355 GRAND STRRT JERSEY CITY NJ 07302 WWW.RWJBH.ORG	X	X	X	X			X			2
6 MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH NJ 07740 WWW.RWJBH.COM	X	X	X	X			X			2
7 MONMOUTH MED CTR - SOUTHERN CAMPUS 600 RIVER AVENUE LAKEWOOD NJ 08701 WWW.RWJBH.ORG	X	X					X			2
8 NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK NJ 07112 WWW.RWJBH.ORG	X	X	X	X		X	X		ORGAN TRANS. CENTER, PSYCHIATRIC UNIT, OUTPATIENT CLINICS	2
9 ROBERT WOOD JOHNSON UNIVERSITY HOSP. ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK NJ 08901 WWW.RWJBH.ORG	X	X	X	X			X			2
10 RWJ UNIVERSITY HOSPITAL SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876 WWW.RWJBH.ORG	X	X		X			X			2

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? _____

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-other	Other (describe)	Facility reporting group
1 RWJ UNIVERSITY HOSPITAL HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON NJ 08690 WWW.RWJBH.ORG	X	X					X			2
2 RWJ UNIVERSITY HOSPITAL RAHWAY 865 STONE STREET RAHWAY NJ 07065 WWW.RWJBH.ORG	X	X					X			2
3 SAINT BARNABAS BEHAVIORAL HEALTH 1691 ROUTE 9 TOMS RIVER NJ 08754 WWW.RWJBH.ORG	X									2
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2019</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.RWJBH.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2019</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.RWJBH.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 213

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2019</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.RWJBH.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2019</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.RWJBH.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.RWJBH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.RWJBH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.RWJBH.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.RWJBH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.RWJBH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.RWJBH.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	<input checked="" type="checkbox"/>	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		<input checked="" type="checkbox"/>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		<input checked="" type="checkbox"/>
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group PSE&G CSH (FACILITY REPORT GROUP A)

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group RWJBH (FACILITY REPORTING GROUP B)

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, QUESTION 3J

PSE&G CSH FACILITY REPORTING GROUP A
=====

THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") REVIEWED SPECIAL HEALTHCARE SERVICE GAPS FOR ITS DEFINED POPULATION OF CHILDREN WITH SPECIAL NEEDS.

RWJBH - FACILITY REPORTING GROUP B
=====

THE CHNA REVIEWED SOCIAL DETERMINANTS OF HEALTH, HEALTHCARE UTILIZATION TRENDS AS WELL AS A COMPREHENSIVE REVIEW OF SECONDARY DATA SOURCES FROM A COUNTY AND SERVICE AREA PERSPECTIVE WHERE AVAILABLE; FACILITY-SPECIFIC AND THE FACILITY'S SERVICE AREA-SPECIFIC UTILIZATION (E.G. AVOIDABLE OR AMBULATORY CARE SENSITIVE CONDITION ADMISSIONS AND ED VISITS) WERE EXAMINED; PRIORITIES AND METHODS WERE DESCRIBED; AND IMPACT WAS EXAMINED IN TRENDS OBSERVED FOR HEALTH STATUS INDICATORS. THE CHNA INCLUDED RESULTS FROM A QUALITATIVE SURVEY OF AREA RESIDENTS. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS PROVIDED FURTHER DEPTH AND UNDERSTANDING OF KEY ISSUES.

SCHEDULE H, PART V, SECTION B, QUESTION 4

RWJBH - FACILITY REPORTING GROUP B
=====

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON BOTH COMPLETED THEIR SEPARATE CHNA'S AND MADE WIDELY AVAILABLE AS OF DECEMBER 31, 2021.

SCHEDULE H, PART V, SECTION B, QUESTION 5

PSE&G CSH FACILITY REPORTING GROUP A
=====

A COMPREHENSIVE RESIDENT SURVEY WAS CONDUCTED TO PROVIDE PRIMARY DATA AND COMMUNITY INPUT FOR THE CHNA. THE CHNA WAS FURTHER INFORMED BY A LOCAL OVERSIGHT COMMITTEE THAT INCLUDED COMMUNITY STAKEHOLDERS AND INDIVIDUALS WITH PUBLIC HEALTH EXPERTISE. THE OVERSIGHT COMMITTEE REVIEWED SURVEY RESULTS AND SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SIGNIFICANT HEALTH NEEDS. DETAILS INCLUDING: COMMITTEE MEMBERS; DATA; FINDINGS; AND THE PROCESS ARE CONTAINED IN THE CHNA.

RWJBH - FACILITY REPORTING GROUP B
=====

A COMPREHENSIVE RESIDENT SURVEY WAS CONDUCTED TO PROVIDE PRIMARY DATA AND COMMUNITY INPUT FOR THE CHNA. THE CHNA WAS FURTHER INFORMED BY A LOCAL OVERSIGHT COMMITTEE THAT INCLUDED COMMUNITY STAKEHOLDERS AND INDIVIDUALS WITH PUBLIC HEALTH EXPERTISE. THE OVERSIGHT COMMITTEE REVIEWED SURVEY RESULTS AND SECONDARY DATA AND HEALTH STATUS INDICATORS. WITH THIS EVIDENCE-INFORMED FOUNDATION, THE COMMITTEE IDENTIFIED AND PRIORITIZE SIGNIFICANT HEALTH NEEDS. DETAILS INCLUDING: COMMITTEE MEMBERS; DATA; FINDINGS; AND THE PROCESS ARE CONTAINED IN THE CHNA.

SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B

PSE&G CSH FACILITY REPORTING GROUP A
=====

WHILE THE HOSPITAL HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS CHNA HAD LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

RWJBH - FACILITY REPORTING GROUP B
=====

WHILE THE HOSPITAL HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATES IN A SYSTEMWIDE COMMUNITY HEALTH NEEDS STEERING COMMITTEE FOR ALL MEMBER HOSPITALS. STRATEGIES AND BEST PRACTICES ARE IDENTIFIED AND SHARED AS WELL AS PROGRAM SUPPORT. THE HOSPITAL CONDUCTED ITS CHNA HAD LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL COMMUNITY VOLUNTEERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

WHILE COMMUNITY MEDICAL CENTER HAD ITS OWN CHNA, THE HOSPITAL PARTICIPATED IN THE CHNA DEVELOPMENT AND REVIEW OF COMMUNITY NEEDS WITH ITS AFFILIATE, SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC. D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, A FREESTANDING PSYCHIATRIC HOSPITAL LOCATED IN THE SAME MUNICIPALITY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK CONDUCTED THE CHNA IN COLLABORATION WITH ST. PETER'S UNIVERSITY HOSPITAL, ALSO LOCATED IN NEW BRUNSWICK. THE HOSPITALS CONDUCTED ITS CHNA WITH A LOCAL OVERSIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE PARTICIPANTS HAD LOCAL STAKEHOLDERS INCLUDING YMCA, RUTGERS MEDICAL SCHOOL, PUERTO RICAN ACTION BOARD, NEW AMERICANS PROGRAM OF NEW JERSEY, OFFICE OF AGING, LOCAL HEALTH CENTERS, LIBRARY, NAMI, HEALTH AND HUMAN SERVICES, COMMUNITY VOLUNTEERS AND OTHERS.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET CONDUCTED THE CHNA IN PARTNERSHIP WITH THE HEALTHIER SOMERSET COALITION, A BROAD REPRESENTATIVE STAKEHOLDER GROUP OF NEARLY 50 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERNIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION. COMMITTEE MEMBERSHIP INCLUDED YMCA, LOCAL MUNICIPAL HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, LOCAL EDUCATION, LOCAL MENTAL HEALTH, COMMUNITY PROVIDERS AND OTHERS. THE ASSESSMENT WAS FURTHER INFORMED WITH DIRECT INPUT FROM COMMUNITY MEMBERS THROUGH A COMPREHENSIVE SURVEY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S CHNA WAS CONDUCTED WITH THE GREATER MERCER PUBLIC HEALTH PARTNERSHIP (GMPHP) WHICH IS A COLLABORATION OF HOSPITALS, HEALTH DEPARTMENTS, AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. THE GMPHP MISSION IS TO MEASURABLY IMPROVE THE HEALTH OF RESIDENTS OF THE GREATER MERCER COUNTY COMMUNITY. CORE MEMBERS OF THE GMPHP INCLUDE THE HEALTH DEPARTMENTS, THE MERCER COUNTY DEPARTMENT OF HUMAN SERVICES, AND THE HEALTH CARE INSTITUTIONS OF CAPITAL HEALTH, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON, ST. FRANCIS MEDICAL CENTER, AND ST. LAWRENCE REHABILITATION CENTER. THE HOSPITAL USED THE COALITION AS ITS CHNA OVERNIGHT COMMITTEE TO REVIEW THE HEALTH DATA AND ASSIST IN NEED PRIORITIZATION.

SCHEDULE H, PART V, SECTION B, QUESTIONS 7A, 7B & 7D

PSE&G CSH FACILITY REPORTING GROUP A

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THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM.

THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/ABOUT-US/COMMUNITY-NEEDS-HEALTH-ASSESSMENT-AND-STRATEGIC-/

THE CHNA WAS SHARED AT A COALITION MEETING AND WITH OTHER EXTERNAL MEETINGS.

RWJBH - FACILITY REPORTING GROUP B
=====

THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE ORGANIZATION. THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN ITS WEBSITE:

HTTPS://WWW.RWJBH.ORG/CLARA-MAASS-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/COMMUNITY-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/JERSEY-CITY-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/MONMOUTH-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/MONMOUTH-MEDICAL-CENTER-SOUTHERN-CAMPUS/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/NEWARK-BETH-ISRAEL-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-NEW-BRUNSWICK/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-SOMERSET/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-HAMILTON/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/RWJ-UNIVERSITY-HOSPITAL-RAHWAY/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

HTTPS://WWW.RWJBH.ORG/OUR-LOCATIONS/BEHAVIORAL-HEALTH-CENTER/BARNABAS-HEALTH-BEHAVIORAL-HEALTH-CENTER/

HTTPS://WWW.RWJBH.ORG/SAINT-BARNABAS-MEDICAL-CENTER/ABOUT/COMMUNITY-HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-NEEDS-ASSESSMENT/

IN ADDITION, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK'S CHNA CAN BE ACCESSED AT THE FOLLOWING URL:

HTTPS://HEALTHIERMIDDLESEX.COM/DOCUMENT/2020-2022-COMMUNITY-HEALTH-IMPROVEMENT-PLAN/

IN ADDITION, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET'S CHNA CAN BE ACCESSED AT THE FOLLOWING URL:

HTTPS://WWW.HEALTHIERSOMERSET.ORG/WP-CONTENT/UPLOADS/2022/02/SOMERSET-COUNTY-CHNA-REPORT_NOV-2021FINAL.PDF

THE CHNA WAS SHARED AT A COALITION MEETING AND WITH OTHER EXTERNAL MEETINGS.

SCHEDULE H, PART V, SECTION B, QUESTION 8

PSE&G CSH FACILITY REPORTING GROUP A
=====

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE SYSTEM AND FACILITY STRATEGIC PLAN MAPS TO IMPROVED COMMUNITY HEALTH AND THE CHNA IMPLEMENTATION PLAN. THE CHNA IMPLEMENTATION PLAN INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

RWJBH - FACILITY REPORTING GROUP B
=====

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE SYSTEM AND FACILITY STRATEGIC PLAN MAPS TO IMPROVED COMMUNITY HEALTH AND THE CHNA IMPLEMENTATION PLAN. THE CHNA IMPLEMENTATION PLAN INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

SCHEDULE H, PART V, SECTION B, QUESTION 9

PSE&G CSH FACILITY REPORTING GROUP A
=====

AS A RESULT OF THE COVID-19 PANDEMIC, THE INTERNAL REVENUE SERVICE ISSUED NOTICE 2020-56 WHICH POSTPONED THE DEADLINE FOR PEFORMING ANY CHNA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REQUIREMENT THAT IS DUE TO BE COMPLETED ON OR AFTER APRIL 1, 2020 AND BEFORE DECEMBER 31, 2020. THE ORGANIZATION ADOPTED BY DECEMBER 31, 2020 A WRITTEN IMPLEMENTATION PLAN FOR ITS MOST RECENT CHNA CONDUCTED IN 2019.

RWJBH - FACILITY REPORTING GROUP B
=====

AS A RESULT OF THE COVID-19 PANDEMIC, THE INTERNAL REVENUE SERVICE ISSUED NOTICE 2020-56 WHICH POSTPONED THE DEADLINE FOR PERFORMING ANY CHNA REQUIREMENT THAT IS DUE TO BE COMPLETED ON OR AFTER APRIL 1, 2020 AND BEFORE DECEMBER 31, 2020. THE ORGANIZATION, ADOPTED BY DECEMBER 31, 2020 A WRITTEN IMPLEMENTATION PLAN FOR ITS MOST RECENT CHNA CONDUCTED IN 2019.

AS A RESULT OF ITS MOST RECENT CHNA CONDUCTED IN 2021, BOTH ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ADOPTED THEIR SEPARATE WRITTEN IMPLEMENTATION PLANS BY MAY 15, 2022.

SCHEDULE H, PART V, SECTION B, QUESTION 10

PSE&G CSH FACILITY REPORTING GROUP A
=====

THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM.

THE ORGANIZATION'S IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/ABOUT-US/COMMUNITY-NEEDS-HEALTH-ASSESSMENT-AND-STRATEGIC-/](https://www.rwjbh.org/childrens-specialized-hospital/about-us/community-needs-health-assessment-and-strategic/)

RWJBH - FACILITY REPORTING GROUP B
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THE FOLLOWING ORGANIZATION'S IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK:

[HTTPS://HEALTHIERMIDDLESEX.COM/DOCUMENT/2020-2022-COMMUNITY-HEALTH-IMPROVEMENT-PLAN/](https://healthiermiddlesex.com/document/2020-2022-community-health-improvement-plan/)

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - SOMERSET:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HTTPS://WWW.HEALTHIERSOMERSET.ORG/WP-CONTENT/UPLOADS/2022/02/2022-2024-SOMERSET-COUNTY-CHIP-REPORT_11.30.21.PDF

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON:

HTTPS://HEALTHYMERCER.ORG/WP-CONTENT/UPLOADS/2020/09/HEALTHY-MERCER.PDF

THE FOLLOWING ORGANIZATION'S IMPLEMENTATION STRATEGY ARE ATTACHED TO THIS RETURN:

CLARA MAASS MEDICAL CENTER; COMMUNITY MEDICAL CENTER; COOPERMAN BARNABAS MEDICAL CENTER; JERSEY CITY MEDICAL CENTER; MONMOUTH MEDICAL CENTER; MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS; NEWARK BETH ISRAEL MEDICAL CENTER; ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY AND SAINT BARNABAS BEHAVIORAL HEALTH CENTER.

SCHEDULE H, PART V, SECTION B, QUESTION 11

PSE&G CSH FACILITY REPORTING GROUP A
=====

AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS WERE PRIORITIZED WITH CONSIDERATION OF SERVICE ARRAY OFFERED BY THE FACILITY AND ABILITY TO HAVE AN IMPACT EITHER AS A HOSPITAL OR IN COLLABORATION WITH COMMUNITY PARTNERS. THE IMPROVEMENT PLAN IS MULTIFACETED AND THE HOSPITAL WILL BE WORKING TO ADDRESS BEHAVIORAL AND MENTAL HEALTH NEEDS, TRANSITIONAL SERVICES AND ENHANCED ACCESS. SOME SPECIFIC ACTIONS INCLUDE INCREASING MENTAL HEALTH SERVICES AND INVESTING IN CAPACITY TO EXPAND ACCESS, CREATING AN EMPLOYEE READINESS PROGRAM, AND IMPROVING SERVICE ACCESS POINTS AMONGST OTHER INITIATIVES.

RWJBH - FACILITY REPORTING GROUP B
=====

AS DISCUSSED ABOVE, THE FACILITY CONDUCTED A COMPREHENSIVE ASSESSMENT AND A MYRIAD OF HEALTH NEEDS WERE IDENTIFIED. GIVEN LIMITED RESOURCES, NEEDS WERE PRIORITIZED WITH CONSIDERATION OF SERVICE ARRAY OFFERED BY THE FACILITY AND ABILITY TO HAVE AN IMPACT EITHER AS A HOSPITAL OR IN COLLABORATION WITH COMMUNITY PARTNERS. THE IMPROVEMENT PLAN IS MULTIFACETED AND THE HOSPITAL WILL BE WORKING TO ADDRESS BEHAVIORAL AND MENTAL HEALTH NEEDS, TRANSITIONAL SERVICES AND ENHANCED ACCESS. SOME SPECIFIC ACTIONS INCLUDE INCREASING MENTAL HEALTH SERVICES AND INVESTING IN CAPACITY TO EXPAND ACCESS, CREATING AN EMPLOYEE READINESS PROGRAM, AND IMPROVING SERVICE ACCESS POINTS AMONGST OTHER INITIATIVES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, QUESTION 16

PSE&G CSH FACILITY REPORTING GROUP A
=====

THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE HOME PAGE FOR THE SYSTEM.

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL'S WHICH ARE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/PATIENTS-VISITORS/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION/](https://www.rwjbh.org/childrens-specialized-hospital/patients-visitors/billing-financial-and-insurance-information/)

RWJBH - FACILITY REPORTING GROUP B
=====

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL'S WHICH ARE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.RWJBH.ORG/BILLING/FINANCIAL-RESOURCES/](https://www.rwjbh.org/billing/financial-resources/)

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 126

Name and address	Type of Facility (describe)
1 CSH LTC & OUTPATIENT CARE MOUNTAINSIDE 150 NEW PROVIDENCE ROAD MOUNTAINSIDE NJ 07092	LONG-TERM CARE AND OUTPATIENT CENTER
2 CSH LTC & OUTPATIENT CARE TOMS RIVER 94 STEVENS ROAD TOMS RIVER NJ 08755	LONG-TERM CARE AND OUTPATIENT CENTER
3 CSH OUTPATIENT CENTER AT HAMILTON 3575 QUAKERBRIDGE ROAD HAMILTON NJ 08619	OUTPATIENT CENTER
4 CSH EARLY INTERVENTION TOMS RIVER 316 WASHINGTON STREET TOMS RIVER NJ 08755	EARLY INTERVENTION
5 CSH OUTPATIENT CENTER AT CLIFTON 1135 BROAD STREET CLIFTON NJ 07013	OUTPATIENT CENTER
6 CSH OUTPATIENT CENTER AT TOMS RIVER 368 LAKEHURST ROAD TOMS RIVER NJ 08755	OUTPATIENT CENTER
7 CSH OUTPATIENT CENTER AT NEWARK 182 LYONS AVE NEWARK NJ 07112	OUTPATIENT CENTER
8 CSH OUTPATIENT CENTER AT UNION 2840 MORRIS AVENUE UNION NJ 07083	OUTPATIENT CENTER
9 CSH OUTPATIENT CENTER AT EGG HARBOR 6106 BLACK HORSE PIKE EGG HARBOR TOWNSHIP NJ 08234	OUTPATIENT CENTER
10 CSH OUTPATIENT CENTER AT NEW BRUNSWICK 10 PLUM STREET, 6TH FLOOR NEW BRUNSWICK NJ 08901	OUTPATIENT CENTER

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 CSH OUTPATIENT CENTER AT FANWOOD 313 SOUTH AVENUE FANWOOD NJ 07023	OUTPATIENT CENTER
2 CSH OUTPATIENT CENTER AT WARREN 266 KING GEORGE ROAD WARREN NJ 07059	OUTPATIENT CENTER
3 CSH OUTPATIENT CENTER AT WEST ORANGE 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052	OUTPATIENT CENTER
4 CSH OUTPATIENT CENTER SOMERSET 888 EASTON AVENUE SOMERSET NJ 08873	OUTPATIENT CENTER
5 CSH OUTPATIENT CENTER AT BAYONNE 815 BROADWAY AVENUE BAYONNE NJ 07002	OUTPATIENT CENTER
6 CSH OUTPATIENT CENTER AT JERSEY CITY 1825 JOHN F. KENNEDY BOULEVARD JERSEY CITY NJ 07305	OUTPATIENT CENTER
7 CSH OUTPATIENT CENTER AT EAST BRUNSWICK 629 CRANBURY ROAD EAST BRUNSWICK NJ 08816	OUTPATIENT CENTER
8 CMMC TRANSITIONAL CARE UNIT ONE CLARA MAASS DRIVE BELLEVILLE NJ 07109	LONG TERM CARE SUB-ACUTE FACILITY
9 CMC TRANSITIONAL CARE UNIT 99 HIGHWAY 37 WEST TOMS RIVER NJ 08755	LONG TERM CARE SUB-ACUTE FACILITY
10 ACC - PHYSICAL THERAPY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	PHYSICAL THERAPY

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 NJ CARDIOLOGY ASSOC. - CARDIAC IMAGING 375 MOUNT PLEASANT AVE, STE 201 WEST ORANGE NJ 07052	CARDIAC IMAGING
2 CONSULTANTS IN CARDIOLOGY - CARDIAC IMAG 741 NORTHFIELD AVENUE WEST ORANGE NJ 07052	CARDIAC IMAGING
3 NUCLEAR IMAGING - DR. LENCHUR 776 E 3RD AVENUE ROSELLE NJ 07203	CARDIAC IMAGING
4 ACC - REFRACTIVE/LASIK VISION 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	REFRACTIVE/LASIK VISION
5 ACC - VASCULAR LAB 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	VASCULAR LAB
6 ACC - ECHOCARDIOGRAPHY 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	ECHOCARDIOGRAPHY
7 CARDIAC REHAB 375 MT. PLEASANT AVENUE, STE 301 WEST ORANGE NJ 07052	CARDIAC REHAB
8 OUTREACH PATHOLOGY - SKILLED NURSING 1155 PLEASANT VALLEY WAY WEST ORANGE NJ 07052	PHLEBOTOMY STATION
9 SUMMIT CARDIOLOGY IMAGING PRACTICE 1 SPRINGFIELD AVENUE SUMMIT NJ 07901	CARDIAC IMAGING
10 ACC - HEARING 200 SOUTH ORANGE AVE, STE 221 LIVINGSTON NJ 07039	HEARING

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 NEURO SCIENCE INSTITUTE 200 SOUTH ORANGE AVE, STE 165 LIVINGSTON NJ 07039	OP TESTING
2 ACC - PEDIATRIC PHYSICAL THERAPY 375 MT. PLEASANT AVENUE, STE 1A WEST ORANGE NJ 07052	PEDIATRIC PHYSICAL THERAPY
3 SPEECH THERAPY 101 OLD SHORT HILLS ROAD, STE 201 WEST ORANGE NJ 07052	SPEECH THERAPY
4 OUTREACH PHLEBOTOMY 200 SOUTH ORANGE AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
5 PHYSICAL THERAPY JCC 760 NORTHFIELD AVE, STE 210 WEST ORANGE NJ 07052	PHYSICAL THERAPY
6 CENTER FOR DIABETIC EDUCATION 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039	OUTPATIENT
7 PHYSICAL THERAPY MILBURN 120 MILBURN AVE, STE 206 MILBURN NJ 07041	PHYSICAL THERAPY
8 OUTREACH PATHOLOGY - ATKINS KENT 101 OLD SHORT HILLS ROAD WEST ORANGE NJ 07052	PHLEBOTOMY STATION
9 SLEEP LAB - MILLBURN 96 MILLBURN AVENUE MILLBURN NJ 07041	SLEEP LAB
10 OUTREACH PATHOLOGY - NJCA 375 MOUNT PLEASANT AVENUE WEST ORANGE NJ 07052	PHLEBOTOMY STATION

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 ACC - CELIAC PROGRAM 200 SOUTH ORANGE AVE, STE 116 LIVINGSTON NJ 07039	CELIAC PROGRAM
2 OUTREACH PATHOLOGY - SKILLED NURSING 787 NORTHFIELD AVENUE WEST ORANGE NJ 07052	PHLEBOTOMY STATION
3 OUTREACH PATHOLOGY - CALDWELL 382 BLOOMFIELD AVENUE CALDWELL NJ 07006	PHLEBOTOMY STATION
4 OUTREACH PATHOLOGY - SKILLED NURSING 311 S. LIVINGSTON AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
5 OUTREACH PATHOLOGY - REHAB CENTER 144 GALES DRIVE NEW PROVIDENCE NJ 07974	PHLEBOTOMY STATION
6 OUTREACH PATHOLOGY - SKILLED NURSING 560 BERKELEY AVENUE ORANGE NJ 07050	PHLEBOTOMY STATION
7 OUTREACH PATHOLOGY - ROSELAND 189 EAGLE ROCK AVENUE ROSELAND NJ 07068	PHLEBOTOMY STATION
8 OUTREACH PATHOLOGY - SKILLED NURSING 68 PASSAIC AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION
9 OUTREACH PATHOLOGY - SUBACUTE 348 EAST CEDAR STREET LIVINGSTON NJ 07039	PHLEBOTOMY STATION
10 OUTREACH PATHOLOGY - SKILLED NURSING 369 E. MOUNT PLEASANT AVENUE LIVINGSTON NJ 07039	PHLEBOTOMY STATION

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 OUTREACH PATHOLOGY - SKILLED NURSING 35 COTTAGE STREET BERKLEY HEIGHTS NJ 07922	PHLEBOTOMY STATION
2 OUTREACH PATHOLOGY - SKILLED NURSING 20 SUMMIT STREET WEST ORANGE NJ 07052	PHLEBOTOMY STATION
3 OUTREACH PATHOLOGY - SKILLED NURSING 101 WHIPPANY ROAD WHIPPANY NJ 07981	PHLEBOTOMY STATION
4 OUTREACH PATHOLOGY - REHAB CENTER 51 MADISON AVENUE MADISON NJ 07940	PHLEBOTOMY STATION
5 OUTREACH PATHOLOGY - SUBACUTE 118 PARSONAGE ROAD EDISON NJ 08837	PHLEBOTOMY STATION
6 OUTREACH PATHOLOGY - SKILLED NURSING 200 MAZDABROOK ROAD PARSIPPANY NJ 07054	PHLEBOTOMY STATION
7 ACC - MORAHAN CENTER/HEALTH & WELLNESS 200 SOUTH ORANGE AVE LIVINGSTON NJ 07039	MORAHAN CENTER
8 OUTREACH PATHOLOGY - SUBACUTE 59 BIRCH STREET PATERSON NJ 07522	PHLEBOTOMY STATION
9 OUTREACH PATHOLOGY - SKILLED NURSING 25 FIFTH AVENUE HASKELL NJ 07420	PHLEBOTOMY STATION
10 OUTREACH PATHOLOGY - SUBACUTE 1400 WOODLANDS AVE. PLAINFIELD NJ 07060	PHLEBOTOMY STATION

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 OUTREACH PATHOLOGY - SURGI CENTER 187 MILBURN AVE MILBURN NJ 07041	PHLEBOTOMY STATION
2 OUTREACH PATHOLOGY - SUBACUTE 204 GROVE AVE. CEDAR GROVE NJ 07009	PHLEBOTOMY STATION
3 OUTREACH PATHOLOGY - SUBACUTE 536 RIDGE ROAD CEDAR GROVE NJ 07009	PHLEBOTOMY STATION
4 CORPORATE CARE 101 OLD SHORT HILLS ROAD, SUITE 415 WEST ORANGE NJ 07052	CORPORATE CARE
5 RWJBARNABAS HEALTH AT BAYONNE 319 BROADWAY AT 24TH STREET BAYONNE NJ 07002	SATELLITE EMERGENCY DEPARTMENT
6 JCMC AMBULATORY CARE FACILITY 395 GRAND STREET JERSEY CITY NJ 07302	OUTPATIENT PSYCH CLINIC AND OUTPATIENT REHABILITATION
7 JCMC AMBULATORY CARE FACILITY 377 JERSEY AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE
8 JCMC RADIATION ONCOLOGY 631 GRAND STREET JERSEY CITY NJ 07303	RADIATION ONCOLOGY
9 LIBERTY HEALTH IMAGING CENTER 377 SKINNER MEMORIAL DRIVE JERSEY CITY NJ 07302	IMAGING CENTER
10 JCMC WOMEN'S HEALTH CENTER 116 NEWARK AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 CARDIAC DIAGNOSTIC CENTER AT JERSEY CITY 120 FRANKLIN STREET JERSEY CITY NJ 07302	CARDIAC DIAGNOSTIC
2 JCMC OUTPATIENT INFUSION CENTER 414 GRAND STREET, SUITES 9-13 JERSEY CITY NJ 07302	OUTPATIENT INFUSION
3 CENTER FOR SLEEP DISORDERS AT JCMC 333 GRAND STREET JERSEY CITY NJ 07302	AMBULATORY CARE
4 JERSEY CITY FAMILY HEALTH CENTER 412 SUMMIT AVENUE JERSEY CITY NJ 07302	AMBULATORY CARE
5 JCMC AT GREENVILLE 1825 KENNEDY BOULEVARD JERSEY CITY NJ 07302	OUTPATIENT CLINICS
6 JCMC SPECIALTY CARE CENTER 253 MONMOUTH STREET JERSEY CITY NJ 07302	SPECIALTY CARE
7 JERSEY CITY MEDICAL CENTER 9 NUNDA AVENUE JERSEY CITY NJ 07302	RESIDENTIAL PSYCHIATRIC SERVICES
8 MONMOUTH MEDICAL CENTER 100 STATE HIGHWAY 36 WEST LONG BRANCH NJ 07764	INFUSION AND LAB BLOOD DRAW
9 MONMOUTH MEDICAL CENTER 310 ROUTE 34 COLTS NECK NJ 07722	MAMMOGRAPHY SCREENING
10 MONMOUTH MEDICAL CENTER 1910 HIGHWAY 35 OAKHURST NJ 07755	LAB SERVICES AND RADIOLOGY SERVICES

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 MONMOUTH MEDICAL CENTER 3301 HIGHWAY 66, BLDG B, 1ST FLOOR NEPTUNE NJ 07753	EARLY INTERVENTION SUPPORT SERVICES (PSYCHIATRIC)
2 MONMOUTH MEDICAL CENTER 4013 ROUTE 9 NORTH, SUITE 2A HOWELL NJ 07731	MAMMOGRAPHY SCREENING
3 MONMOUTH MEDICAL CENTER - POLLAK CLINIC 75 NORTH BATH AVENUE LONG BRANCH NJ 07740	OUTPATIENT PSYCHIATRIC SERVICES
4 NBIMC SPECIALTY PHYS PRACTICE BAYONNE 16 EAST 29TH STREET BAYONNE NJ 07002	HOSPITAL BASED, OFF-SITE AMBULATORY CARE FACILITY
5 NBIMC SPECIALTY SERVICES AT EDISON 102 JAMES STREET EDISON NJ 08820	HOSPITAL BASED OFF-SITE AMBULATORY CARE FACILITY
6 RWJUH - NEW BRUNSWICK 195 LITTLE ALBANY STREET NEW BRUNSWICK NJ 08901	OUTPATIENT ONCOLOGY AND LAB SERVICES
7 RWJUH - SOMERSET 30 REHILL AVENUE SOMERVILLE NJ 08876	ONCOLOGY SERVICES
8 RWJUH - NEW BRUNSWICK 141 FRENCH STREET NEW BRUNSWICK NJ 08901	PROTON BEAM & LAB SERVICES
9 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT WOUND CARE
10 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 1ST FLOOR NEW BRUNSWICK NJ 08901	GAMMA

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 RWJUH - NEW BRUNSWICK 48 FRENCH STREET NEW BRUNSWICK NJ 08901	OUTPATIENT WOUND CARE
2 RWJUH - SOMERSET 743 ALEXANDER ROAD, SUITE 2 PRINCETON NJ 08540	PHYSICAL THERAPY
3 RWJUH - SOMERSET 331 U.S HIGHWAY 206, 2ND FLOOR HILLSBOROUGH NJ 08844	SLEEP TESTING
4 RWJUH - SOMERSET TD BANK BALLPARK, 1 PATRIOTS PARK BRIDGEWATER NJ 08807	OUTPATIENT PHYSICAL THERAPY & WELLNESS TRAINING
5 RWJUH - SOMERSET 1 JILL COURT, BLDG. 16, SUITE 20 HILLSBOROUGH NJ 08844	PHYSICAL THERAPY
6 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901	OUTPATIENT SPEECH & AUDIOLOGY
7 RWJUH - NEW BRUNSWICK 100 KIRKPATRICK STREET NEW BRUNSWICK NJ 08901	OUTPATIENT PHYSICAL THERAPY & OUTPATIENT OCCUPATIONAL
8 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT PHYSICAL THERAPY
9 RWJUH - NEW BRUNSWICK 593 CRANBURY ROAD EAST BRUNSWICK NJ 08816	OUTPATIENT PHYSICAL THERAPY & CARDIAC REHAB
10 RWJUH - NEW BRUNSWICK 1044 U.S. HIGHWAY 9 PARLIN NJ 08859	OUTPATIENT PHYSICAL THERAPY

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 8TH FLOOR NEW BRUNSWICK NJ 08901	OCCUPATIONAL HEALTH
2 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT CARDIAC REHAB
3 RWJUH - SOMERSET 295 STATE HIGHWAY 31/202 FLEMINGTON NJ 08822	OUTPATIENT PHYSICAL THERAPY
4 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT OCCUPATIONAL THERAPY
5 RWJUH - NEW BRUNSWICK 111 UNION VALLEY ROAD, SUITE 201A MONROE NJ 08831	OUTPATIENT CARDIAC REHAB & PHYSICAL THERAPY
6 RWJUH - SOMERSET 110 REHILL AVENUE SOMERVILLE NJ 08876	OUTPATIENT SPEECH THERAPY
7 RWJUH - NEW BRUNSWICK 18 CENTRE DRIVE MONROE NJ 08831	OUTPATIENT AUDIOLOGY & LAB SERVICES
8 RWJUH - NEW BRUNSWICK 14 WOODWARD DRIVE, SUITE 1A OLD BRIDGE NJ 08857	OUTPATIENT AUDIOLOGY
9 RWJUH - NEW BRUNSWICK 10 PLUM STREET, 3RD FLOOR NEW BRUNSWICK NJ 08901	LAB SERVICES
10 RWJUH - NEW BRUNSWICK 181 SOMERSET STREET NEW BRUNSWICK NJ 08901	EMPLOYEE HEALTH SERVICES

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 RWJUH - NEW BRUNSWICK 12 STULTS ROAD, SUITE 122 DAYTON NJ 08810	LAB SERVICES
2 RWJUH - NEW BRUNSWICK 557 CRANBURY ROAD, SUITE 22B EAST BRUNSWICK NJ 08816	LAB SERVICES
3 RWJUH - NEW BRUNSWICK 317 GEORGE STREET, SUITE 101 NEW BRUNSWICK NJ 08901	LAB SERVICES
4 RWJUH - NEW BRUNSWICK 125 PATERSON STREET NEW BRUNSWICK NJ 08901	LAB SERVICES
5 RWJUH - NEW BRUNSWICK 331 ROUTE 206, SUITE 2C HILLSBOROUGH NJ 08844	LAB SERVICES
6 RWJUHH CANCER INSTITUTE NEW JERSEY 2525 KLOCKNER ROAD HAMILTON NJ 08690	ONCOLOGY SERVICES
7 RWJUHH CENTER FOR HEALTH & WELLNESS 3100 QUAKERBRIDGE ROAD HAMILTON NJ 08619	REHAB., COMMUNITY EDUCATION & FITNESS CENTER
8 RWJUHH REHAB AT DELAWARE VALLEY PT 123 FRANKLIN CORNER ROAD LAWRENCEVILLE NJ 08648	REHABILITATION FACILITY
9 RWJUHH REHAB AT LAWRENCEVILLE 4152 QUAKERBRIDGE ROAD LAWRENCEVILLE NJ 08648	REHABILITATION FACILITY
10 RWJUHH SLEEP CARE CENTER 1 UNION STREET ROBBINSVILLE NJ 08691	SLEEP CENTER

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Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 RWJUHH DIAGNOSTIC CENTER AT COLUMBUS 1 SHEFFIELD DRIVE MANSFIELD TOWNSHIP NJ 08691	DIAGNOSTIC FACILITY
2 RWJUHH BALANCE AND HEARING CENTER 2 HAMILTON HEALTH PLACE HAMILTON NJ 08690	ENT & REHABILITATION
3 RWJUHH AT EWING 1440 LOWER FERRY ROAD EWING NJ 08618	REHABILITATION FACILITY
4 RWJUHH OCCUPATIONAL HEALTH 2 HAMILTON HEALTH PLACE HAMILTON NJ 08690	OCCUPATIONAL FACILITY
5 RWJUH RAHWAY FITNESS & WELLNESS CENTER 2120 LAMBERTS MILL ROAD SCOTCH PLAINS NJ 07076	PHYSICAL THERAPY
6 RWJUH RAHWAY FITNESS & WELLNESS CENTER 60 COOKE AVENUE CARTERET NJ 07008	PHYSICAL THERAPY
7 	
8 	
9 	
10 	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I

IN ADDITION TO THE NET COMMUNITY BENEFIT COSTS INCURRED BY THE ORGANIZATION AS REPORTED IN SCHEDULE H, PART I, LINE 7; PLEASE REFER TO SCHEDULE O OF THIS FORM 990 FOR THE ORGANIZATION'S NARRATIVE COMMUNITY BENEFIT STATEMENT FOR ADDITIONAL INFORMATION ON HOW THE ORGANIZATION PROMOTES HEALTH AND PROVIDES HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY IN FURTHERANCE OF ITS CHARITABLE TAX-EXEMPT PURPOSES.

SCHEDULE H, PART I, LINE 3C

RWJBH - FACILITY REPORTING GROUP B

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THE INCOME BASED CRITERIA USED TO DETERMINE ELIGIBILITY IS PER NEW JERSEY ADMINISTRATIVE CODE 10:52 SUB CHAPTERS 11, 12 AND 13, AND BASED UPON THE 2021 POVERTY GUIDELINES (DEPARTMENT OF HEALTH AND SENIOR SERVICES).

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FEDERAL POVERTY GUIDELINES ARE INCLUDED IN THE CRITERIA FOR DETERMINING
ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I, QUESTION 7

WORKSHEETS 2 AND 3 WERE USED TO CALCULATE THE COST TO CHARGE RATIO FOR
FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID. ALL OTHER COSTS WERE
EITHER OBTAINED FROM THE HOSPITAL'S COST ACCOUNTING, COST REPORTING OR
GENERAL LEDGER SYSTEMS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, QUESTION 7B

CERTAIN HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 PARTNERED WITH ESSEX, HUDSON, MERCER AND MIDDLESEX COUNTIES AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO HOSPITAL USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM DURING 2021 TOTALED APPROXIMATELY \$102M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM DURING 2021 TOTALED APPROXIMATELY \$40M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, VARIOUS HOSPITAL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 RECEIVED QUALITY IMPROVEMENT PROGRAM - NEW JERSEY ("QIP-NJ") FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM QIP-NJ PROGRAM DURING 2021 TOTALED

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

APPROXIMATELY \$70M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B;

DIRECT OFFSETTING MEDICAID REVENUE. IF THE HOSPITAL ORGANIZATIONS

INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 DID NOT RECEIVE THESE

ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE

H, PART I; LINE 7K WOULD BE \$783,575,306 AND THE NET COMMUNITY BENEFIT

PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 13.58%.

SCHEDULE H, PART I, QUESTION 7G

THE ORGANIZATION HAS INCLUDED WITHIN SUBSIDIZED HEALTH SERVICES VARIOUS SERVICES BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED. A SERVICE MEETS AN IDENTIFIED COMMUNITY NEED BECAUSE IT WAS IDENTIFIED IN ONE OF ITS MOST RECENT CHNA'S OR IDENTIFIED THROUGH OTHER MEANS AND THE ORGANIZATION REASONABLY FEELS THAT IF THE ORGANIZATION NO LONGER OFFERED THE SERVICE:

(1) THE SERVICE WOULD BE UNAVAILABLE IN THE COMMUNITY; (2) THE

COMMUNITY'S CAPACITY TO PROVIDE THE SERVICE WOULD BE BELOW THE

COMMUNITY'S NEED; OR (3) THE SERVICE WOULD BECOME THE RESPONSIBILITY OF

GOVERNMENT OR ANOTHER TAX-EXEMPT ORGANIZATION. SUBSIDIZED HEALTH SERVICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INCLUDE FUNDING TO SUPPORT CERTAIN PROFESSIONAL PHYSICIAN SERVICES AND VARIOUS OTHER HOSPITAL AND HEALTHCARE SYSTEM PROGRAMS IN ACCORDANCE WITH THE ABOVE CRITERIA. IN ADDITION, NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THE FACILITY IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE. THIS IS ACCOMPLISHED THROUGH A WIDE ARRAY OF ACTIVITIES AND SERVICES, INCLUDING, BUT NOT LIMITED, TO:

- SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS,
- VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS,
- PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE CAUSES AND TREATMENT OF HEALTH CONCERNS,
- THE PROVISION OF EDUCATIONAL MATERIALS AND SPONSORING HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROVIDERS [PRESENTATIONS ARE OFTEN PROVIDED BY PHYSICIANS, NURSES AND

OTHER HEALTHCARE PROFESSIONALS],

- PARTICIPATION IN COMMUNITY HEALTH FAIRS,

- SERVING ON THE BOARDS OF MANY LOCAL NOT FOR-PROFIT ORGANIZATIONS AND

PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION), AND

- PROFESSIONAL EDUCATION.

PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE

ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND OUR RESPONSE TO SCHEDULE

H, PART VI, QUESTION 6 SUMMARY OF ALL ENTITIES WHICH COMPRISE RWJBARNABAS

HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION A; QUESTION 1

HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 ("STATEMENT 15") PROVIDES GUIDELINES FOR DISTINGUISHING CHARITY CARE FROM BAD DEBT EXPENSE. STATEMENT 15 REQUIRES THAT CHARITY CARE IS NOT RECOGNIZED AS RECEIVABLE OR REVENUE IN THE FINANCIAL STATEMENTS. STATEMENT 15 FURTHER EXPLAINS THAT SELF-PAY PATIENTS THAT DO HAVE A REASONABLE LIKELIHOOD OF PAYMENT SHOULD BE REPORTED AS CHARITY CARE AND NOT BAD DEBT EXPENSE. THE HOSPITAL GENERALLY FOLLOWS THE GUIDELINES OUTLINED IN STATEMENT 15. IN ADDITION, THE HOSPITAL FOLLOWS THE STATE OF NEW JERSEY GUIDELINES IN DETERMINING CHARITY CARE ELIGIBILITY. IN CERTAIN INSTANCES, IT IS UNLIKELY THAT UNINSURED PATIENTS WILL PAY FOR THE SERVICES RENDERED, BUT THEY DO NOT QUALIFY FOR THE STATE'S CHARITY CARE PROGRAM BECAUSE OF LACK OF PATIENT COOPERATION OR OTHER REASONS. THE HOSPITAL PURSUES COLLECTION OF THESE AMOUNTS AND UNPAID BALANCES ARE REPORTED AS BAD DEBT EXPENSE. UNDER STATEMENT 15, THESE AMOUNTS WOULD BE RECORDED AS CHARITY CARE RATHER THAN BAD DEBT EXPENSE AND THIS IS THE RATIONALE FOR OUR RESPONSE: "NO".

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION A; QUESTIONS 2, 3 & 4

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS INTERNAL FINANCIAL STATEMENTS.

RWJBARNABAS HEALTH ("RWJBH") AND ITS AFFILIATES, INCLUDING ITS HOSPITALS AND SUBSIDIARIES, PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 2 (PAGES 8 THROUGH 11) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE SYSTEM'S REVENUE RECOGNITION.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2021 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE

("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

PSE&G CSH FACILITY REPORTING GROUP A
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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE AGAINST REVENUE.

IT IS THE POLICY OF CHILDREN'S SPECIALIZED HOSPITAL TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. CHILDREN'S SPECIALIZED HOSPITAL WILL EXHAUST ALL OPPORTUNITIES FOR INSURANCE PAYMENTS BEFORE BILLING ANY PATIENT ("GUARANTOR") FOR SERVICES PROVIDED

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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BY THE HOSPITAL. THE EXCEPTIONS TO THAT POLICY ARE PATIENT RESPONSIBILITY AMOUNTS THAT ARE KNOWN AT THE TIME OF SERVICE. PAYMENTS FOR THOSE AMOUNTS ARE EXPECTED TO BE PAID BY THE PATIENT AT THE TIME OF SERVICE ASSUMING THERE IS NO SECONDARY INSURANCE COVERAGE. IN THE EVENT A PATIENT RESPONSIBILITY IS IDENTIFIED BY THE PATIENT'S INSURANCE CARRIER AFTER THE SERVICES ARE PROVIDED, THE PATIENT WILL BE BILLED THE AMOUNT IDENTIFIED AS THE PATIENT'S RESPONSIBILITY BY THE CARRIER. AGAIN, IN SITUATIONS WHERE SECONDARY OR TERTIARY COVERAGE EXISTS THOSE AMOUNTS WILL BE BILLED PRIOR TO THE GUARANTOR.

ALL IDENTIFIED INSURANCE CARRIERS WILL BE BILLED (ELECTRONICALLY IF POSSIBLE) AND PAYMENTS PURSUED FROM THOSE CARRIERS. FINANCIAL ASSISTANCE WILL BE OFFERED TO PATIENTS CONSISTENT WITH THE FINANCIAL ASSISTANCE POLICY. PATIENT'S ACCOUNTS WILL BE UPDATED TO REFLECT FINANCIAL ASSISTANCE ELIGIBILITY.

PATIENTS WILL NOT BE BILLED ANY BALANCES UNTIL THE POINT AT WHICH ALL INSURANCE OPPORTUNITIES HAVE BEEN EXHAUSTED. THE AMOUNT BILLED TO THE

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PATIENT (GUARANTOR) SHOULD BE CONSISTENT WITH THE INSURANCE EXPLANATION OF BENEFITS "PATIENT RESPONSIBILITY" AND BE NET OF ANY FINANCIAL ASSISTANCE AWARDED.

BILLING STATEMENTS WILL BE SENT OUT EVERY 21 DAYS FOR NO LESS THAN 120 DAYS FROM THE FIRST SUCH STATEMENT. BILLS THAT REMAIN UNPAID AFTER 120 DAYS WILL BE REFERRED TO A COLLECTION AGENCY. NORMAL COLLECTIONS EFFORTS WILL BE PURSUED BUT FURTHER COLLECTION ACTIONS WILL BE SUBJECT TO APPROVAL BY THE DIRECTOR OF PATIENT ACCOUNTS ON A CASE BY CASE BASIS.

ANY PATIENT OVERPAYMENTS RECOGNIZED BY THE HOSPITAL RESULTANT FROM RETROSPECTIVE FINANCIAL ASSISTANCE ELIGIBILITY WILL BE REFUNDED AS SOON AS REASONABLY POSSIBLE.

RWJBH - FACILITY REPORTING GROUP B
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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT

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EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF THE RWJBARNABAS HEALTH ("RWJBH") BUSINESS OFFICE, AND ALL ITS HOSPITAL AFFILIATES, TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. FOR ACCOUNTS DETERMINED TO BE "SELF-PAY" AND/OR ACCOUNTS WITH BALANCE AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES: SENDING THREE STATEMENTS, A MINIMUM OF ONE PRE-COLLECTION LETTER/TELEPHONE CONTACT FOR ANY ACCOUNT OVER \$5,000.00 OR AT THE DISCRETION OF THE ACCOUNT REPRESENTATIVE AND/OR SUPERVISOR.

THE FACILITY ALSO HAS A CHARITY CARE ACCESS POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS. IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE. PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A RESOURCE ADVISOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEED TO COMPLETE A

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CHARITY CARE APPLICATION. PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE FINANCIALLY COUNSELED FOR ALL OTHER OPTIONS. QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS.

AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS:

- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SSI;
- FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM; AND,
- FINANCIAL ARRANGEMENTS INCLUDING:
 1. CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD); OR
 2. FLEXIBLE PAYMENT PLANS.

IN ADDITION TO THE ABOVE OPTIONS, THE FACILITY HAS ESTABLISHED A SELF-PAY

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ASSISTANCE PROGRAM FOR OUR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR
 MEDICAID OR THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM. THE
 SELF-PAY ASSISTANCE PROGRAM RATES ARE REFLECTIVE OF MEDICARE
 REIMBURSEMENT, AS REQUIRED BY THE STATE OF NEW JERSEY.

SCHEDULE H, PART VI; QUESTION 2

PSE&G CSH FACILITY REPORTING GROUP A

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IN ADDITION TO THE INTERNAL REVENUE CODE §501(R) COMMUNITY HEALTH NEEDS
 ASSESSMENT INFORMATION OUTLINED IN FORM 990, SCHEDULE H, PART V, SECTION
 B, RWJBARNABAS HEALTH CONDUCTS A REVIEW OF KEY MARKET FACTORS FOR CSH
 ANNUALLY WHICH INCLUDES:

- A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY
 SERVICES (E.G. CARDIOLOGY, OBSTETRICS, GYNECOLOGY, UROLOGY, ETC.) FOR
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- HEALTHCARE SERVICE ESTIMATES FOR INPATIENT AND OUTPATIENT SERVICES;

- ASSESSMENT OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION;

- COMMUNITY HEALTH STATUS DATA; AND

- A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES (HEALTH RESEARCH AND EDUCATION TRUST OF NEW JERSEY, UNITED FOR ALICE, KIDS COUNT, COUNTY HEALTH RANKINGS, NEW JERSEY STATE HEALTH ASSESSMENT DATA, SEER CANCER INCIDENCE AND MORTALITY, TO NAME A FEW SOURCES OF SECONDARY DATA).

RWJBARNABAS HEALTH CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) EVERY THREE TO FIVE YEARS. THE STUDY USES GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN SERVICE. THESE STUDIES INFORM MEDICAL STAFF DEVELOPMENT AND

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RECRUITMENT NEEDS AT THE HOSPITALS TO ASSURE RESPONSIVENESS TO THE SPECIFIC IDENTIFIED NEEDS OF THE COMMUNITY AND TO ASSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

CSH REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, CSH PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. AS PART OF RWJBARNABAS HEALTH, CSH WORKS WITH AN ARRAY OF SERVICE PROVIDERS TO SUPPORT A FULL SERVICE CONTINUUM OF CARE FOR ITS COMMUNITIES.

CSH IS ACTIVE IN THEIR RESPECTIVE COMMUNITIES WITH LOCAL MUNICIPALITIES AND COMMUNITY-BASED ORGANIZATIONS. FOR EXAMPLE, CSH CAMP CHATTERBOX, WORKS WITH CAMP OAKHURST IN MONMOUTH COUNTY, NEW JERSEY TO SPONSOR A WEEKLONG OVERNIGHT CAMP FOR CHILDREN AND YOUNG ADULTS, AGES 5-22, WHO USE SYNTHESIZED AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) DEVICES. CHATTERBOX OFFERS TWO UNIQUE PROGRAMS - A FAMILY PROGRAM FOR CHILDREN

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AGES 5-14 AND AN INDEPENDENCE AND SELF-ADVOCACY PROGRAM FOR TEENS AND YOUNG ADULTS AGES 15-22. ALL CAMPERS MUST BE ABLE TO PARTICIPATE IN THE PROGRAM WITHOUT REQUIRING ONE-ON-ONE BEHAVIORAL SUPPORT. CAMP CHATTERBOX USES THE FACILITIES OF CAMP OAKHURST IN MONMOUTH COUNTY, NJ. CSH ALSO PARTNERS WITH THE WILKES-BARRE FAMILY YMCA PARTNER TO PROVIDE A FULLY MAIN-STREAMED, OVERNIGHT CAMP EXPERIENCE AT CAMP KRESGE IN WHITE HAVEN, PA NEAR THE POCONO MOUNTAINS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

COVID 19 PRESENTED UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES AND REQUIRED THE HOSPITAL TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. CSH AND RWJBARNABAS HEALTH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS TO MEET THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS.

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SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE CHANGES;
- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION;
- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND EXTERNAL PARTIES;
- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS;
- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE OXIMETERS, ETC.) WERE ESTABLISHED;

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- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO

DEAL WITH SHORTAGES;

- ADDRESSED NEW STAFF WORK FLOWS AND SPACE LIMITATIONS INCLUSIVE OF

INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS;

- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO

PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL

ASPECTS OF OPERATIONS;

- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART

PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN

PHYSICAL VISITS WERE NOT POSSIBLE;

- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE

AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE AND

ISOLATION CAPACITY;

- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH

NEED AREAS;

- CONTINUED IMPLEMENTATION OF NEW TREATMENT, THERAPIES AND PROGRAMS;

- EXPANDED LABORATORY AND TESTING CAPACITY;

- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID

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TESTING SITES;

- DEVELOPMENT OF COMMUNITY-BASED NETWORK OF COVID VACCINATION SITES; AND
- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

CSH AND RWJBARNABAS HEALTH REMAIN ENGAGED WITH THE CONTINUING WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS AND ACADEMIC ENVIRONMENTS AS RESTRICTIONS CONTINUE TO BE LIFTED. THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY AND ISOLATION. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS UNDERWAY INCLUDES A RESIDENT SURVEY CONDUCTED IN 2021 OF MORE THAN 5,000 PARTICIPANTS. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL AS GENERAL COMMUNITY NEEDS. THE HOSPITAL AND RWJBARNABAS WILL WORK TO PRIORITIZE AND ADDRESS CHANGING NEEDS AND MITIGATE DISPARITIES THAT ARE EVIDENCED.

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RWJBH - FACILITY REPORTING GROUP B

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- A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (E.G. CARDIOLOGY, OBSTETRICS, GYNECOLOGY, UROLOGY, ETC.) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS;
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- A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES (HEALTH RESEARCH AND EDUCATION TRUST OF NEW JERSEY, UNITED FOR ALICE, KIDS COUNT, COUNTY HEALTH RANKINGS, NEW JERSEY STATE HEALTH ASSESSMENT DATA, SEER CANCER INCIDENCE AND MORTALITY, TO NAME A FEW SOURCES OF SECONDARY DATA).

RWJBARNABAS HEALTH CONDUCTS AN EXTENSIVE SERVICE AREA POPULATION PHYSICIAN NEED STUDY (BY PRIMARY CARE AND PHYSICIAN SPECIALTY) EVERY THREE TO FIVE YEARS. THE STUDY USES GENERALLY ACCEPTED PHYSICIAN TO POPULATION RATIOS ADJUSTED FOR LOCAL COMMUNITY POPULATION TO IDENTIFY GAPS IN SERVICE. THESE STUDIES INFORM MEDICAL STAFF DEVELOPMENT AND RECRUITMENT NEEDS AT THE HOSPITALS TO ASSURE RESPONSIVENESS TO THE SPECIFIC IDENTIFIED NEEDS OF THE COMMUNITY AND TO ASSURE ACCESS TO PHYSICIAN PROVIDER SERVICES.

CMMC REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, PARTICIPATES AND WORKS WITH MANY LOCAL AND

Part VI Supplemental Information

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RWJUH-NEW BRUNSWICK REVIEWS PATIENT SURVEYS AND COMMENTS TO UNDERSTAND PATIENT AND FAMILY CONCERNS. FURTHER, RWJUH-NEW BRUNSWICK PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, AND SUPPORTING LOCAL HEALTH PROMOTIONS. RWJUH-NEW BRUNSWICK ALSO PARTICIPATES WITH COLLABORATIVE ORGANIZATIONS FOR COMPREHENSIVE COMMUNITY HEALTH PLANNING EFFORTS. RWJUH-NEW BRUNSWICK CO-PARTNERS HEALTHIER MIDDLESEX, A DIVERSE, MULTI-SECTOR, COMMUNITY-FOCUSED CONSORTIUM COMPRISED OF A WIDE VARIETY OF STAKEHOLDERS INCLUDING COMMUNITY-BASED ORGANIZATIONS, HEALTH DEPARTMENT PERSONNEL, ACADEMIC INSTITUTIONS AND HOSPITAL REPRESENTATIVES. THE COALITION IS RESPONSIBLE FOR GUIDING, PARTICIPATING IN, AND PROVIDING

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FEEDBACK ON ALL ASPECTS OF THE ASSESSMENT AND PLANNING PROCESS FOR THE CHNA AND THE RESPONSIVE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). PARTNERS PROVIDED INPUT ON THE COMMUNITY HEALTH NEEDS ASSESSMENT, PARTICIPATED IN PLANNING SESSIONS, AND GAVE CONTINUOUS FEEDBACK ON DRAFT PLAN COMPONENTS.

RWJUH-SOMERSET WAS THE CONVENING ORGANIZATION AND PARTICIPATES WITH THE HEALTHIER SOMERSET COALITION ("HSC"), A BROADLY REPRESENTATIVE STAKEHOLDER GROUP OF OVER 100 ORGANIZATIONS THAT INCLUDED HEALTH DEPARTMENT LEADERS, HOSPITAL REPRESENTATIVES, AND COMMUNITY-BASED ORGANIZATION LEADERS. THIS COALITION WAS RESPONSIBLE FOR GUIDING, PARTICIPATING IN, AND PROVIDING FEEDBACK ON ALL ASPECTS OF ASSESSMENT AND PLANNING FOR THE SOMERSET COUNTY CHIP.

BOTH HOSPITALS ARE ACTIVE IN THEIR RESPECTIVE COMMUNITIES WITH LOCAL MUNICIPALITIES AND COMMUNITY-BASED ORGANIZATIONS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

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FAMILY CONCERNS. FURTHER, SBBH PARTICIPATES AND WORKS WITH MANY LOCAL ORGANIZATIONS ON HEALTH ISSUES INCLUDING: DISCUSSING AND PRIORITIZING NEEDS, COORDINATING SERVICES, PROVIDING EDUCATION AND SPECIALTY KNOWLEDGE, SUPPORTING LOCAL HEALTH PROMOTIONS. SBBH ALSO WORKS WITH OCEAN COUNTY HEALTH DEPARTMENT TO PLAN AND IMPLEMENT A LOCAL NEEDS ASSESSMENT/HEALTH STATUS APPROXIMATELY EVERY FIVE YEARS. THESE COMMUNITY TOUCH POINTS PROVIDE THE HOSPITAL WITH VALUABLE EXTERNAL INSIGHTS REGARDING COMMUNITY NEED.

COVID 19 PRESENTED UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES AND REQUIRED THE HOSPITAL TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. THE HOSPITALS AND RWJBARNABAS HEALTH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS TO MEET THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS.

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SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE CHANGES;
- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION;
- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND EXTERNAL PARTIES;
- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS;
- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE OXIMETERS, ETC.) WERE ESTABLISHED;

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- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO

DEAL WITH SHORTAGES;

- ADDRESSED NEW STAFF WORK FLOWS AND SPACE LIMITATIONS INCLUSIVE OF

INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS;

- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO

PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL

ASPECTS OF OPERATIONS;

- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART

PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN

PHYSICAL VISITS WERE NOT POSSIBLE;

- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE

AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE AND

ISOLATION CAPACITY;

- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH

NEED AREAS;

- CONTINUED IMPLEMENTATION OF NEW TREATMENT, THERAPIES AND PROGRAMS;

- EXPANDED LABORATORY AND TESTING CAPACITY;

- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID

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TESTING SITES;

- DEVELOPMENT OF COMMUNITY-BASED NETWORK OF COVID VACCINATION SITES; AND
- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

THE HOSPITALS AND RWJBARNABAS HEALTH REMAINS ENGAGED WITH THE CONTINUING WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS AND ACADEMIC ENVIRONMENTS AS RESTRICTIONS CONTINUE TO BE LIFTED. THE COSTS OF THE PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY AND ISOLATION. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS UNDERWAY INCLUDES A RESIDENT SURVEY CONDUCTED IN 2021 OF MORE THAN 5,000 PARTICIPANTS. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL AS GENERAL COMMUNITY NEEDS. THE HOSPITAL AND RWJBARNABAS WILL WORK TO PRIORITIZE AND ADDRESS CHANGING NEEDS AND MITIGATE DISPARITIES THAT ARE EVIDENCED.

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SCHEDULE H, PART VI; QUESTION 3

PSE&G CSH FACILITY REPORTING GROUP A

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THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY PUBLICIZING VARIOUS DOCUMENTS. THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

- THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY AND APPLICATION ARE AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

HTTPS://WWW.RWJBH.ORG/CHILDRENS-SPECIALIZED-HOSPITAL/PATIENTS-VISITORS/BILLING-FINANCIAL-AND-INSURANCE-INFORMATION/HOSPITAL-BENEFIT-FUND-AND-APPLICATION/

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- PAPER COPIES OF THE CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND POLICY AND APPLICATION ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE AT THE PATIENT ACCESS SERVICES DEPARTMENT WITHIN THE HOSPITAL;
AND

- SIGNS OR DISPLAYS INFORMING PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE CONSPICUOUSLY POSTED IN PUBLIC LOCATIONS OF THE HOSPITAL.

RWJBH - FACILITY REPORTING GROUP B

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CHARITY CARE SIGNAGE IS POSTED IN ALL PATIENT REGISTRATION AREAS IN ENGLISH AND SPANISH. CHARITY CARE NOTICE OF FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH THEIR GENERAL CONSENT.

PATIENTS ARE REFERRED TO A FINANCIAL COUNSELOR IF THEY REQUIRE ASSISTANCE. LETTERS ARE MAILED TO SELF-PAY PATIENTS ADVISING THEM OF

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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FINANCIAL ASSISTANCE PROGRAMS.

SCHEDULE H, PART VI; QUESTION 4

PSE&G CSH FACILITY REPORTING GROUP A

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CSH DRAWS PATIENTS ACROSS THE REGION AND OPERATES AT 12 DIFFERENT LOCATIONS IN 9 COUNTIES IN NEW JERSEY. ITS INPATIENT HOSPITAL FOR COMPREHENSIVE REHAB SERVICES IS LOCATED IN NEW BRUNSWICK, NJ. LONG TERM CARE SERVICES ARE PROVIDED IN TOMS RIVER, NJ AS WELL AS MOUNTAINSIDE, IN UNION COUNTY.

CSH IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES

Part VI Supplemental Information

Provide the following information.

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BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY,
THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS
NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN
AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE
STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS
THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES
THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF CITY CULTURE PRE-COVID, MANY CHALLENGES EXIST FOR
RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED
COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS
TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF
73% MINORITY AND 31.3% OF RESIDENTS ARE FOREIGN BORN. OVER 53.2% OF
RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT
HOME. OVER 36.1% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND OVER 19%
OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE WHILE 31.9% OF THE
POPULATION IS ON PUBLIC INSURANCE, OF WHICH ONLY 7.9% IS MEDICARE.

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TOMS RIVER, IS THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT. THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020 CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME INCREASE IN STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH.

THE 2020 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 19% MINORITY PRESENCE, 8.4% ARE FOREIGN BORN AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF

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PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE POVERTY LEVEL AND 7.1% LACK HEALTH INSURANCE. APPROXIMATELY 34.3% HAVE PUBLIC HEALTH INSURANCE; 13.8% MEDICAID AND AN ESTIMATED 20.5% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION.

THE CONTRAST OF NEW BRUNSWICK AND TOMS RIVER REFLECTS THE DIVERSE COMMUNITIES SERVED BY CSH. CSH IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE COMPRISED NEARLY 18% OF ITS REVENUE MIX IN 2021. ITS PATIENT MIX WAS 72% MINORITY GROUPS.

RWJBH - FACILITY REPORTING GROUP B

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CMC IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE

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BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL
SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND
HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO
2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL
COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST
POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020
CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION
GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME
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2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA
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THE 2020 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 19% MINORITY PRESENCE,
8.4% ARE FOREIGN BORN AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER
SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF
PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.3% OF THE TOMS

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RIVER POPULATION IS LIVING BELOW THE POVERTY LEVEL AND 7.1% LACK HEALTH INSURANCE. APPROXIMATELY 34.3% HAVE PUBLIC HEALTH INSURANCE; 13.8% MEDICAID AND AN ESTIMATED 20.5% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION.

CMC SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. CMC SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 61.3% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 23.5% OF PATIENTS.

CMMC IS LOCATED IN THE TOWN OF BELLEVILLE, ESSEX COUNTY. CMMC SERVES A BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS. CMMC'S SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC AND BERGEN COUNTIES. CMMC'S SERVICE AREA

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INCLUDES ITS HOME TOWN OF BELLEVILLE AND THE NORTH WARD/ IRONBOUND SECTIONS OF NEWARK, WHICH CONTAINS A LARGE MIX OF LATINO AND ITALIAN-AMERICAN POPULATIONS. APPROXIMATELY 31-33% OF THE BELLEVILLE AND NEWARK POPULATIONS ARE FOREIGN BORN AND A LARGE MAJORITY OF THE FOREIGN BORN POPULATION COMING FROM THE LATIN AMERICAS. IN BELLEVILLE, OVER 54% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, FOR NEWARK RESIDENTS, THIS ESTIMATE IS NEARLY 50%.

ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY IN NEW JERSEY AND ITS POPULATION GREW 10.2% FROM 2010 TO 2020, THE THIRD HIGHEST COUNTY GROWTH RATE IN THE STATE. BELLEVILLE IS THE 62ND LARGEST MCD IN 2020 AND ALSO IS ESTIMATED TO HAVE GROWN 6.4% SINCE THE 2010 ESTIMATE. NEIGHBORING NEWARK CITY, THE LARGEST CITY IN NEW JERSEY, IS ESTIMATED TO HAVE INCREASED IN POPULATION BY 12.4%. NEWARK AND BELLEVILLE ARE ESTIMATED TO BE COMPRISED OF NEARLY 89% AND 69% MINORITY POPULATION, RESPECTIVELY. THE PERCENT OF PERSONS IN POVERTY ARE INCREASING AND ARE ESTIMATED AT 26.3% AND 11.2% FOR NEWARK AND BELLEVILLE, RESPECTIVELY. PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE IS ESTIMATED AT 18.9% FOR NEWARK AND 12.8% FOR

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BELLEVILLE.

AS A HEALTHCARE PROVIDER TO THE BELLEVILLE AND THE GREATER NEWARK COMMUNITIES, CMMC SERVED MORE THAN 71.6% OF ITS PATIENTS FROM MINORITY POPULATIONS IN 2021. OVER 43% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES AND MEDICARE REPRESENTS AN ADDITIONAL 32.7% OF PATIENTS. PLACES IN THE SERVICE AREA INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED. NEWARK IS ALSO DESIGNATED AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON AND BORDERS WEST ORANGE, WITHIN ESSEX COUNTY, NEW JERSEY. ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY AND THE SECOND MOST DENSELY POPULATED IN NEW JERSEY, AND HAS EXPERIENCED GROWTH IN NUMBERS AT 10.2% FROM 2010 TO 2020. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS, WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED, IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE ZONES - NEWARK, EAST ORANGE, ORANGE AND

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IRVINGTON). NEWARK IS RANKED AS ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN THE STATE. LIVINGSTON, SOUTH ORANGE AND SHORT HILLS HAVE SOME OF THE HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S., AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN-AMERICAN POPULATION.

LIVINGSTON IS THE 75TH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND IS ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020. IT IS COMPRISED OF NEARLY 37% MINORITY POPULATION AND 27% OF PERSONS WERE FOREIGN BORN. NEARLY 34.3% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 2.4% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND LESS THAN 2% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. WEST ORANGE IS ESTIMATED TO HAVE INCREASED 5.7% IN ITS POPULATION AND IS COMPRISED OF 59% MINORITY POPULATION AND 31% OF PERSONS WERE FOREIGN BORN. NEARLY 36% OF ITS POPULATION IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. PERSONS IN POVERTY ARE ESTIMATED AT 6.9% OF THE POPULATION AND 8.9% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO

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LACK HEALTH INSURANCE.

CBMC IS COMMITTED TO SERVICE FOR ITS COMMUNITIES BOTH WITHIN THE INNER CITY AND THE SUBURBAN AREAS, WITH AWARENESS TO THE GROWING ASIAN AND HISPANIC POPULATIONS, AS WELL AS COMMUNITIES OF COLOR WITHIN ITS SERVICE AREA. IN 2021, MINORITIES REPRESENT APPROXIMATELY 54% OF CBMC'S PATIENTS AND MORE THAN 11.4% OF ITS PATIENTS ARE OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MEDICARE REPRESENTS AN ADDITIONAL 37.9% OF PATIENTS.

JCMC IS LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY, AND COMPRISES OVER 40% OF THE COUNTY'S POPULATION IN 2020, ESTIMATED TO HAVE GROWN OVER 44,800 PEOPLE FROM 2010 TO 2020. HUDSON COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE SINCE 2010, ADDING OVER 90,500 PEOPLE. JERSEY CITY WAS THE SECOND MOST POPULOUS CITY IN NEW JERSEY IN 2021 (CENSUS BUREAU ESTIMATES) AND HAD THE HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS FROM 2010 TO 2020. FOUR HUDSON COUNTY INCORPORATED PLACES ARE IN THE TOP 10 PLACES OF GROWTH IN NEW JERSEY FROM 2010 TO 2020, WITH A FIFTH TOWN IN

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11TH. THE CENSUS BUREAU'S 2020 COUNT SHOWS JERSEY CITY'S POPULATION AS OVER 66% MINORITY AND NEARLY 43% FOREIGN-BORN. OVER 15% OF PERSONS IN THE CITY ARE ESTIMATED TO BE IN POVERTY CONTRASTED TO THE COUNTY AT 13% AND STATE AT 9.4%. FURTHER, 11.35% OF PERSONS UNDER 65 IN JERSEY CITY ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE WITH AN ADDITIONAL 22.7% ON MEDICAID AND MEANS TESTED INSURANCE AND 4.2% ON MEDICARE ONLY.

WITH A LOCATION ACROSS THE RIVER FROM NEW YORK CITY, JERSEY CITY HAS A FAST-EXPANDING SKYLINE AND ITS RAPID REVITALIZATION OF THE CITY IS SUPPORTED BY AN INTEGRATED TRANSPORTATION SYSTEM INCLUDING A PORT OF ENTRY WITH MILES OF WATERFRONT AND SIGNIFICANT RAIL CONNECTIONS. JERSEY CITY'S ECONOMIC SPHERE IS ONE OF THE FASTEST-GROWING AS MORE FORTUNE-500 CORPORATIONS SUCH AS CHASE MANHATTAN BANK, LEHMAN BROTHERS, MERRILL LYNCH, CHARLES SCHWAB, CONTINUE TO BRING THEIR BUSINESSES TO THE AREA. JERSEY CITY INCLUDES MOST OF ELLIS ISLAND AND IT HAS ONE OF THE MOST DIVERSE POPULATIONS IN THE UNITED STATES, AND IS HOST TO AN ARRAY OF ETHNICITIES AND CULTURES INCLUDING COMMUNITIES OF JEWISH, ITALIAN, CUBAN, FILIPINO, POLISH, INDIAN, IRISH, PUERTO RICAN, DOMINICAN, AFRICAN, ARAB,

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND ASIAN DESCENT. ACCORDING THE CENSUS COMMUNITY SURVEY, OVER 52% OF THE POPULATION AGED 5 AND OLDER IS ESTIMATED TO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

JCMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. HUDSON COUNTY HAS AREAS OF HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES. HOUSEHOLDS IN THE ECONOMIC CENSUS REFLECT LOWER MEDIAN AND MEAN HOUSEHOLD INCOMES IN JERSEY CITY THAN IN THE COUNTY, AND THE COUNTY IS LESS THAN THE STATE. JCMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 84% MINORITY REPRESENTATION AND OVER 44% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 23% OF THE INPATIENTS BY PAYER CLASSIFICATION.

MMC IS LOCATED IN LONG BRANCH, MONMOUTH COUNTY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE, AND IS IN CLOSE PROXIMITY TO NEW

Part VI Supplemental Information

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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

YORK CITY WITH THE SIXTH LARGEST TOTAL POPULATION IN THE STATE ACCORDING TO 2020 CENSUS. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH-AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 74TH LARGEST MCD LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP (MEDICALLY UNDERSERVED AREA/POPULATION) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING AT THE 10TH HIGHEST GROWTH BETWEEN 2020 AND 2021.

LONG BRANCH IS OVER 44% MINORITY PRESENCE WITH OVER 29% OF POPULATIONS FOREIGN BORN. OVER 39% OF POPULATIONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 18% OF PERSONS ARE ESTIMATED TO BE IN POVERTY WITH NEARLY 23% OF PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE. NEARLY 43% HAVE PUBLIC INSURANCE, 17.2 PERCENT OF WHICH IS MEDICARE.

BETWEEN THE RESIDENTS AND THE SUMMERTIME SHORE VISITORS, MMC IS COMMITTED TO SERVICE ITS DIVERSE PATIENT POPULATION WITH OVER 36% OF ITS PATIENTS

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMPRISED OF MINORITY/RACE ETHNICITY GROUPS AND ABOUT 29% OF PATIENTS IN UNDERINSURED AND UNINSURED PAYER GROUPS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 31% OF PATIENTS SERVED.

MMSC IS LOCATED IN LAKEWOOD TOWNSHIP, OCEAN COUNTY. LAKEWOOD HAS BEEN IDENTIFIED AS ONE OF THE FASTEST-GROWING TOWNSHIPS IN NEW JERSEY DURING THE PAST DECADE (WITH 45% GROWTH) AND IS RANKED THE 4TH MOST POPULOUS MCD IN THE STATE ACCORDING TO 2021 CENSUS ESTIMATES. THE LOCATION OF MMSC IS WITHIN A DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. LAKEWOOD TOWNSHIP IS ALSO ONE OF THE HUBS OF ORTHODOX JUDAISM AND IS HOME TO ONE OF THE LARGEST YESHIVAS IN THE WORLD. THE LARGE ORTHODOX POPULATION COMPRISES NEARLY HALF OF THE TOWNSHIP'S POPULATION.

FIFTEEN PERCENT (15%) OF LAKEWOOD IS COMPRISED OF MINORITY POPULATIONS. OVER 9% OF PERSONS ARE FOREIGN BORN AND 23.9% OF PERSONS AGED 5 AND OLDER

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 25% OF LAKEWOOD PERSONS ARE ESTIMATED TO BE IN POVERTY AND OVER 6% OF PERSONS UNDER AGED 65 ARE WITHOUT HEALTH INSURANCE WHILE 62.5% OF PERSONS HAVE PUBLIC INSURANCE (4.7% BEING MEDICARE).

OCEAN COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE IN TERMS OF GEOGRAPHIC SIZE AND HAS THE FIFTH LARGEST TOTAL POPULATION SIZE IN THE STATE. SENIORS AGED 65 AND OLDER COMPRISE OVER 22% OF THE COUNTY'S POPULATION. THE STATE AND US PERCENTAGE FOR SENIORS IS AROUND 16%.

MMCSC IS COMMITTED TO ITS SERVICE OF ITS DIVERSE COMMUNITIES IN THE COUNTY, WITH A PROPORTIONALLY HIGHER MIX OF ELDERLY AND UNINSURED/ UNDERINSURED. AS A RESULT, IN 2021, MMCSC'S PATIENTS WERE COMPRISED OF 25% MINORITY POPULATIONS AND NEARLY 33% OF PATIENTS ARE OF UNDERINSURED/UNINSURED PAYOR CATEGORIES. MEDICARE COMPRISES AN ADDITIONAL 42% OF PATIENTS' PAYER CLASSIFICATION.

NBIMC IS LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IS THE 66TH LARGEST INCORPORATED PLACE IN THE UNITED STATES ACCORDING TO 2021 CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE STATE'S MOST DIVERSE, CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 3RD HIGHEST INCREASE IN POPULATION NUMBERS OF MCD/TOWNSHIPS, WITH 12.2% GROWTH FROM 2010 TO 2020. IT IS HOME TO A MAJOR INTERNATIONAL AIRPORT, CONNECTS TO MAJOR ROADWAYS AND ADJACENT TO MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC IS A MAJOR REFERRAL TREATMENT CENTER TO VARIOUS DIVERSE COMMUNITIES, WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY BEING PREDOMINANTLY MINORITY. NEWARK IS SURROUNDED BY RESIDENTIAL SUBURBS TO THE WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH.

NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND STATE DESIGNATION AS MEDICALLY UNDERINSURED AND NEWARK IS AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. NEWARK HAS HIGH UNEMPLOYMENT AND POVERTY RATIOS COMPARED TO STATE AND LOCAL AVERAGES; OVER 26% OF PERSONS WERE ESTIMATED TO BE IN POVERTY ACCORDING TO 2020 CENSUS. NEARLY 32% OF

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PERSONS ARE FOREIGN BORN AND 89% OF NEWARK'S POPULATION IS MINORITY.

NEARLY 50% OF PERSONS AGED 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF PERSONS UNDER THE AGE OF 65 LACK HEALTH INSURANCE AND 50.6% HAVE PUBLIC INSURANCE, OF WHICH 13.1% IS MEDICARE. THE POPULATION IN NEWARK IS YOUNGER WITH ONLY 10.6% OF THE POPULATION AGED 65 OR OLDER, CONTRASTED WITH NEARLY 14.2% FOR THE COUNTY AND 16.9% FOR THE STATE.

NBIMC IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF NEARLY 94% MINORITY REPRESENTATION AND OVER 56% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 21% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. THE 5-BLOCK DOWNTOWN AREA CONTAINS NEARLY 50 RESTAURANTS AND THREE DISTINCT THEATERS - THE AFRICAN AMERICAN-FOCUSED CROSSROADS THEATRE, GEORGE STREET PLAYHOUSE AND THE STATE THEATER OF NEW JERSEY FOR CONCERTS AND SPECIAL EVENTS - AS WELL AS THE AMERICAN REPERTORY BALLET, THAT ALSO PERFORM AT VARIOUS VENUES THROUGHOUT THE STATE.

DESPITE THE VIBRANCY OF CITY CULTURE PRE-COVID, MANY CHALLENGES EXIST FOR RESIDENTS RESIDING IN NEW BRUNSWICK. THERE ARE 12 DESIGNATED COMPREHENSIVE HEALTH CENTERS IN MIDDLESEX COUNTY AND A NUMBER OF CENSUS TRACTS WITH MUA/MUP DESIGNATION. THE GROWING POPULATION IS COMPRISED OF 73% MINORITY AND 31.3% OF RESIDENTS ARE FOREIGN BORN. OVER 53.2% OF RESIDENTS AGED FIVE AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 36.1% OF PERSONS ARE ESTIMATED TO BE IN POVERTY AND OVER 19% OF PERSONS UNDER AGE 65 ARE WITHOUT HEALTH INSURANCE WHILE 31.9% OF THE POPULATION IS ON PUBLIC INSURANCE, OF WHICH ONLY 7.9% IS MEDICARE.

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RWJUH NEW BRUNSWICK IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS INNER CITY COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 51.6% MINORITY REPRESENTATION AND OVER 21% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 23.9% OF THE PATIENTS BY PAYER CLASSIFICATION.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 5TH LARGEST POPULATION GROWTH FROM 2010 TO 2020. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES, AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE.

SOMERVILLE HAS A LEVEL OF AFFLUENCE YET HAS 5.7% OF PERSONS ARE ESTIMATED TO BE IN POVERTY. THE POPULATION IS COMPRISED OF 48.9% MINORITY AND

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25.4% OF RESIDENTS ARE FOREIGN BORN. OVER 33.7% OF PERSONS AGED 5 OR OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 8% OF PERSONS UNDER AGE 65 ARE ESTIMATED TO NOT HAVE HEALTH INSURANCE AND 16.7% HAVE PUBLIC INSURANCE INCLUDING 11.8% MEDICARE.

RWJUH SOMERSET IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 48% MINORITY REPRESENTATION AND NEARLY 16% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 38.8% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJ HAMILTON IS LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. THE TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE STATE'S CAPITAL. MERCER COUNTY HAS THE 12TH LARGEST POPULATION SIZE AND HAD THE 7TH LARGEST ESTIMATED GROWTH OF COUNTIES IN NEW JERSEY FROM 2010 TO 2020. TRENTON IS NEW JERSEY'S 10TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 9TH LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%,

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RESPECTIVELY. HAMILTON TOWNSHIP HAS OVER 40 SQUARE MILES, MORE THAN 64 PUBLIC PARKS AND PLAYGROUNDS AND ACRES OF PRESERVED OPEN SPACE. LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. THE TOWN IS ALSO IN CLOSE PROXIMITY TO DESTINATIONS SUCH AS SIX FLAG GREAT ADVENTURE, AND QUAIN TOWNTOWN PRINCETON.

MAJOR ROADWAYS PROVIDE EASY ACCESS TO HAMILTON, INCLUDING THE NEW JERSEY TURNPIKE, INTERSTATE HIGHWAYS 195 AND 295, U.S. HIGHWAYS 130 AND 206 AND STATE HIGHWAYS 33 AND 29, WHILE THE HAMILTON TRAIN STATION OFFERS CONVENIENT RAIL ACCESS TO NEW YORK CITY ALONG THE NJ TRANSIT'S NORTHEAST CORRIDOR LINE.

HAMILTON TOWNSHIP HAS A LEVEL OF AFFLUENCE YET 7% OF THE POPULATION IS ESTIMATED TO BE IN POVERTY. OVER 36% OF THE POPULATION IS COMPRISED OF MINORITIES AND NEARLY 17% OF THE RESIDENTS WERE FOREIGN BORN. NEARLY 23% OF PERSONS OVER AGE 5 SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. APPROXIMATELY 7% OF THE RESIDENTS UNDER 65 YEARS HAD NO HEALTH INSURANCE.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HAMILTON POPULATION HAD 27.6% OF THE POPULATION WITH PUBLIC INSURANCE, OF WHICH 21.7% WERE MEDICARE COVERAGE. NEIGHBORING TRENTON IS COMPRISED OF NEARLY 87% MINORITY AND 22.6% OF THE POPULATION IS ESTIMATED TO BE FOREIGN BORN. TRENTON HAS 39% OF THE RESIDENTS AGED FIVE AN OLDER SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 27% ARE ESTIMATED TO BE IN POVERTY AND OVER 16.8% OF PERSONS AGED UNDER 65 ARE LACKING INSURANCE. APPROXIMATELY 58.1% OF THE TRENTON POPULATION IS ESTIMATED TO BE ON PUBLIC INSURANCE, WITH 16% OF WHICH WAS MEDICARE.

RWJ HAMILTON IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 44% MINORITY REPRESENTATION AND 14.5% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2021. MEDICARE REPRESENTS AN ADDITIONAL 46.7% OF THE INPATIENTS BY PAYER CLASSIFICATION.

RWJ RAHWAY IS LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. RAHWAY CITY IS THE

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81ST LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST
CENSUS PERIOD.

RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME OF THE LENNI LENAPE
NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION ALONG THE MAJOR
STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND PHILADELPHIA,
PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS THROUGH THE CITY,
ALSO AIDED THE CITY'S COMMERCIAL GROWTH.

IMMIGRANTS FROM BRITAIN, IRELAND AND GERMANY STREAMED INTO WHAT WAS THEN
RAHWAY TOWNSHIP IN THE 1850S AND RAHWAY BECAME INCORPORATED AS A CITY ON
APRIL 19, 1858. THE CITY BECAME HOME TO DOZENS OF MAJOR MANUFACTURERS,
INCLUDING THE REGINA MUSIC BOX COMPANY, WHEATENA, MERSHON BROS. AND MERCK
& CO., AND EXPERIENCED HARDSHIPS WITH THE DECLINE IN INDUSTRY AFTER WORLD
WAR II.

RAHWAY CITY IS THE 28TH LARGEST INCORPORATED PLACE IN NEW JERSEY WITH A
MINORITY PRESENCE OF 67.3%. AROUND 23% OF THE POPULATION IS FOREIGN BORN

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND OVER 35% OF RESIDENTS AGE 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. OVER 7% OF RESIDENTS ARE IN POVERTY AND 10% OF PERSONS UNDER AGE 65 LACK HEALTH INSURANCE. OVER 34% OF RESIDENTS HAVE PUBLIC HEALTH INSURANCE WITH 15.9% COMPRISED OF MEDICARE.

RWJ RAHWAY IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES; SERVING A PATIENT POPULATION COMPRISED OF MORE THAN 33.9% MINORITY REPRESENTATION AND OVER 16.5% UNDERINSURED AND UNINSURED PAYER CLASSIFICATIONS IN 2020. MEDICARE REPRESENTS AN ADDITIONAL 43.5% OF THE PATIENTS BY PAYER CLASSIFICATION.

SBBH IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020 CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME INCREASE IN STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH.

THE 2020 CENSUS ESTIMATES TOMS RIVER CDP TO HAVE A 19% MINORITY PRESENCE, 8.4% ARE FOREIGN BORN AND 10.6% OF POPULATION AGED 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. IT IS ESTIMATED THAT 19% OF PERSONS ARE AGED 65 AND OLDER. IT IS ESTIMATED THAT 7.3% OF THE TOMS RIVER POPULATION IS LIVING BELOW THE POVERTY LEVEL AND 7.1% LACK HEALTH INSURANCE. APPROXIMATELY 34.3% HAVE PUBLIC HEALTH INSURANCE; 13.8% MEDICAID AND AN ESTIMATED 20.5% MEDICARE INSURANCE COVERAGE ALONE OR IN COMBINATION.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 56.4% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 18.1% OF PATIENTS.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND IMPOVERISHED NEIGHBORHOODS LOCATED IN LAKEWOOD. SBBH SERVES A SIGNIFICANT ELDERLY POPULATION. APPROXIMATELY 32% OF INPATIENTS ARE FROM MINORITY CATEGORIES. SBBH SERVES A PAYER MIX OF APPROXIMATELY 79% GOVERNMENT PAYERS (MEDICARE AND MEDICAID, BOTH TRADITIONAL AND MANAGED CARE PLANS).

SBBH OWNS AND OPERATES 40 ACUTE CARE PSYCHIATRIC BEDS AND MANAGES AN

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADDITIONAL 60 PSYCHIATRIC BEDS FOR ITS SYSTEM AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS.

SCHEDULE H, PART VI; QUESTION 5

OUR DEDICATION TO SERVING THE PEOPLE OF NEW JERSEY EXTENDS FAR BEYOND THE CARE PROVIDED WITHIN THE WALLS OF OUR HEALTH FACILITIES. WE SUPPORT PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES AND PROVIDE ACCESS TO SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE. WE ARE COMMITTED TO THE ONGOING IMPROVEMENT OF THE HEALTH, QUALITY OF LIFE, AND VITALITY OF OUR COMMUNITIES. WE STRIVE TO BRING THE BEST HEALTHCARE TO MEET THE EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY - WHETHER THAT BE ENHANCING THE COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING COMMUNITY HEALTH THROUGH LOCAL PROGRAMS AND EDUCATION.

THIS MISSION OF HEALTH AND WELLNESS IS EXEMPLIFIED AS RWJBARNABAS HEALTH, THE LARGEST ACADEMIC HEALTH CARE SYSTEM IN NEW JERSEY OF WHICH CSH IS AN AFFILIATE, LAUNCHED ITS INITIATIVE OF "ENDING RACISM, TOGETHER" IN 2020.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THIS INITIATIVE FOCUSES ON CREATING RACIAL, ETHNIC AND CULTURAL EQUITY, PRIORITIZING THOSE COMMUNITIES THAT ARE MOST DISENFRANCHISED AND EXPERIENCE POOR HEALTH, AND SOCIAL, ECONOMIC, AND EDUCATIONAL OUTCOMES DUE TO THE GENERATIONAL EFFECTS OF RACISM. GOVERNANCE AND LEADERSHIP STRONGLY BELIEVE THAT THIS IS ONE OF OUR MOST IMPORTANT ENDEAVORS THAT WILL BE TRANSFORMATIVE, NOT JUST FOR PEOPLE OF COLOR BUT FOR OUR ENTIRE ENTERPRISE." ENDING RACISM, TOGETHER FOCUSES ON FOUR PRIMARY AREAS: PATIENT CARE, WORKFORCE, COMMUNITY, AND SYSTEM OPERATIONS. USING AN EVIDENCE-BASED APPROACH, EACH AREA INCLUDES QUANTIFIABLE TACTICS TO MEASURE SUCCESS AT THE ORGANIZATIONAL, FACILITY, AND INDIVIDUAL LEVEL. THIS HEALTH EQUITY CHALLENGE WAS FOLLOWED BY A MAJOR INITIATIVE IN 2021 FOCUSED ON FOOD EQUITY.

THE ENDING RACISM, TOGETHER, IS FURTHER SUPPORTED BY RWJBARNABAS HEALTH SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE (SICI) WHICH LEVERAGES RWJBARNABAS HEALTH'S BROAD RANGE OF ASSETS TO ADVANCE A CULTURE OF HEALTH AND IMPROVE THE QUALITY OF LIFE FOR COMMUNITIES THROUGHOUT NEW JERSEY. THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE IS ROOTED IN ENSURING

Part VI Supplemental Information

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HEALTH EQUITY, BY ADVANCING STRATEGIC POLICY CHANGE, COMBINED WITH EVIDENCE BASED AND INNOVATIVE PROGRAMS THAT ADDRESS THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES. THE SOCIAL IMPACT & COMMUNITY INVESTMENT PRACTICE AT RWJBARNABAS HEALTH ALSO SERVES AS A DRIVER OF THE SYSTEM'S ANCHOR MISSION TO HIRE LOCAL, BUY LOCAL, AND INVEST LOCAL.

OTHER COMMUNITY BUILDING ACTIVITIES ARE UNDERTAKEN BY RWJBARNABAS HEALTH TO IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. RWJBARNABAS HEALTH PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS.

Part VI Supplemental Information

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE MAJORITY OF THE BOARD OF TRUSTEES' MEMBERS ARE INDIVIDUALS WITH LOCAL BUSINESSES OR WHO RESIDE IN THE COMMUNITY. HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS OR PROVIDE OTHER FORMS OF SUPPORT SUCH AS FUNDRAISING, ACTIVITY PARTICIPATION AND PROMOTION OF THE CHARITABLE EVENTS AND MISSION. ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES. DIVERSITY IS WELCOMED AND ENCOURAGED FOR RECRUITMENT OF TRUSTEES, PHYSICIANS AND STAFF.

UNDER THE DIRECTIVE OF THE SYSTEM'S FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, TO PURCHASE EQUIPMENT, OR TO ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. ALL OF THESE PURPOSES FOR EXPENDITURE OF SURPLUS FUNDS, IN TURN, BENEFIT THE COMMUNITY. PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND PROVIDES A SUMMARY OF ENTITIES COMPRISING RWJBARNABAS HEALTH. ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND PROVIDES A SUMMARY OF ENTITIES COMPRISING RWJBARNABAS HEALTH.

Part VI Supplemental Information

Provide the following information.

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SCHEDULE H, PART VI; QUESTION 6

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH ("RWJBH"). ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES IN A COST-EFFECTIVE MANNER AND REGARDLESS OF ABILITY TO PAY. RWJBH STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS BY EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION. RWJBH SETS OVERALL POLICY REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED FOR PART I, PART II, AND PART III ARE REFLECTIVE OF THAT POLICY.

RWJ BARNABAS HEALTH, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). RWJ BARNABAS HEALTH, INC. OPERATES AS THE TAX-EXEMPT PARENT ENTITY OF A MULTI-CORPORATE HEALTHCARE SYSTEM. IT WAS CREATED TO COORDINATE, SUPERVISE AND ENSURE THE CONTINUATION AND IMPROVEMENT OF THE

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

QUALITY OF HEALTHCARE SERVICES PROVIDED BY ITS QUALIFYING AFFILIATES TO THE COMMUNITY. RWJ BARNABAS HEALTH, INC. ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY WITHIN THE SYSTEM IS EITHER RWJ BARNABAS HEALTH, INC. OR ANOTHER RWJBH AFFILIATE CONTROLLED OR OWNED BY RWJ BARNABAS HEALTH, INC.

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE RWJBH. ACTIVE HOSPITAL LEGAL ENTITIES INCLUDE CHILDREN'S SPECIALIZED HOSPITAL, CLARA MAASS MEDICAL CENTER, COMMUNITY MEDICAL CENTER, COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY AND SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC. EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

1. EACH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;

2. EACH ACUTE CARE HOSPITAL OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR (EXCEPT SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC.; A BEHAVIORAL HEALTH SPECIALTY HOSPITAL FACILITY AND, ACCORDINGLY, DOES NOT OPERATE AN EMERGENCY ROOM);

3. EACH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF EACH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF RWJ BARNABAS HEALTH, INC. (BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY);

AND

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5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.

AFFILIATED RWJBH ENTITIES ARE AS FOLLOWS:

CHILDREN'S SPECIALIZED HOSPITAL ("CSH") IS A 162-BED LICENSED COMPREHENSIVE PEDIATRIC REHABILITATION HOSPITAL AND PEDIATRIC LONG-TERM CARE FACILITY WITH LOCATIONS IN NEW BRUNSWICK, MOUNTAINSIDE AND TOMS RIVER NEW JERSEY. CSH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CSH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CSH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

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CLARA MAASS MEDICAL CENTER ("CMMC") IS A 469-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN BELLEVILLE, ESSEX COUNTY, NEW JERSEY. CMMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

COMMUNITY MEDICAL CENTER, INC. ("CMC") IS A 592-BED NON-PROFIT HOSPITAL LOCATED IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY. CMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, CMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

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Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COOPERMAN BARNABAS MEDICAL CENTER ("CBMC") IS NEW JERSEY'S OLDEST NON-PROFIT, NON-SECTARIAN ACUTE CARE HOSPITAL, LOCATED IN LIVINGSTON, ESSEX COUNTY, NEW JERSEY. WITH 645 LICENSED BEDS, CBMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, CBMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, SBMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

JERSEY CITY MEDICAL CENTER ("JCMC") IS A 316-BED REGIONAL REFERRAL TEACHING HOSPITAL AND A MAJOR TEACHING AFFILIATE OF THE MOUNT SINAI SCHOOL OF MEDICINE, LOCATED IN JERSEY CITY, HUDSON COUNTY, NEW JERSEY. JCMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, JCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

JCMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE

RULING 69-545.

MONMOUTH MEDICAL CENTER ("MMC") IS COMPRISED OF THE FOLLOWING HOSPITALS:

MONMOUTH MEDICAL CENTER, A 513-BED NON-PROFIT COMMUNITY TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY AND MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS, A 330-BED NON-PROFIT MEDICAL CENTER LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. MMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, MMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, MMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC") IS A 665-BED NON-PROFIT, FULLY ACCREDITED REGIONAL CARE TEACHING HOSPITAL LOCATED IN NEWARK, ESSEX COUNTY, NEW JERSEY. NBIMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AS AN INTERNAL REVENUE CODE SECTION §501(C)(3) TAX-EXEMPT ORGANIZATION.

PURSUANT TO ITS CHARITABLE PURPOSES, NBIMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, NBIMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ("RWJUH") IS COMPRISED OF THE FOLLOWING HOSPITALS: ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, A 610-BED NON-PROFIT ACADEMIC MEDICAL CENTER LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET, A 355-BED ACUTE CARE AND TEACHING HOSPITAL LOCATED IN SOMERVILLE, SOMERSET COUNTY, NEW JERSEY. RWJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUH OPERATES CONSISTENTLY WITH THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON ("RWJUHH") IS A 280-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN HAMILTON, MERCER COUNTY, NEW JERSEY. RWJUHH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, RWJUHH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUHR") IS A LICENSED 251-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. RWJUHR IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, RWJUHR PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MOREOVER, RWJUHR OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., D/B/A BARNABAS HEALTH BEHAVIORAL HEALTH CENTER, IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. SAINT BARNABAS BEHAVIORAL HEALTH CENTER (WITH KIMBALL BEHAVIORAL HEALTH SERVICES) CONSTITUTES A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY IN OCEAN COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES INPATIENT, PARTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. BARNABAS HEALTH BEHAVIORAL HEALTH CENTER IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION FOR HEALTHCARE ORGANIZATIONS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORPORATION F/K/A MEDICAL CENTER STAFFING SERVICES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CENTER STATE HEALTH GROUP, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION AND SUPPORTS THE HEALTH CARE SYSTEM.

BARNABAS HEALTH, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION PROVIDES VARIOUS CORPORATE MANAGEMENT SERVICES TO ALL AFFILIATES WITHIN THE HEALTH CARE SYSTEM.

BARNABAS HEALTH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM;
 PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY
 NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY
 MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION
 OR ABILITY TO PAY. IN ADDITION, BY PRACTICING MEDICINE, ENGAGING IN
 MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS IN
 NEW JERSEY, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL
 SERVICE PHYSICIAN PRACTICE PLANS OF THE RWJBARNABAS HEALTH TEACHING
 HOSPITALS AND IS AN INTEGRAL PART OF THESE INSTITUTIONS.

CENTER STATE HEALTH GROUP, INC. IS AN ORGANIZATION RECOGNIZED BY THE
 INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ
 BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND
 MEDICAL CENTERS.

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES, INC., IS AN ORGANIZATION

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC., A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT ALSO PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CLARA MAASS FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF CLARA MAASS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

COMMUNITY MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF COMMUNITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

DOCTORS' CENTER MANAGEMENT CORP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND
MEDICAL CENTERS.

LAKEVIEW CHILD CARE CENTER, INC. IS AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(2). THE ORGANIZATION PROVIDES HIGH-QUALITY CARE OPERATING
UNDER THE MONTESSORI METHOD AND PHILOSOPHY FOR THE EMPLOYEES OF ROBERT
WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON. IN ADDITION, THE CENTER HAS
A DROP OFF PROGRAM AND BABY-SITTING PROGRAM USED BY PARENTS WHO MUST GO
TO THE HOSPITAL FOR OUTPATIENT PROCEDURES.

THE JERSEY CITY MEDICAL CENTER FOUNDATION IS AN ORGANIZATION RECOGNIZED
BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL
REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO
INTERNAL REVENUE CODE §509(A)(2). THROUGH FUNDRAISING ACTIVITIES THE
ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF
JERSEY CITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3)

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MEGA CARE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS LOCATED IN UNION, UNION COUNTY, NEW JERSEY. THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATION IS ACTING AS A MEMBER OF VNA HEALTH GROUP OF NEW JERSEY, LLC WHICH PROVIDES MEDICALLY NECESSARY HOME HEALTH AND HOSPICE CARE TO ALL INDIVIDUALS.

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION PROVIDES CLINICAL SERVICES, EDUCATION AND TRAINING IN CONJUNCTION WITH MONMOUTH MEDICAL CENTER'S MEDICAL RESIDENCY TEACHING PROGRAM.

MONMOUTH MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

NEW BRUNSWICK AFFILIATED HOSPITALS, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A JOINT VENTURE BETWEEN ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND SAINT PETER'S UNIVERSITY HOSPITAL; AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
ORIGIN OR ABILITY TO PAY.

OPPORTUNITY PROJECT, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(1). THE ORGANIZATION'S GOAL IS TO EMPOWER PEOPLE WITH
ACQUIRED HEAD INJURIES TO ACHIEVE IMPROVED SELF-ESTEEM,
SELF-DETERMINATION, CONTINUED PERSONAL GROWTH, INDEPENDENCE AND
ATTAINMENT OF THEIR FULL POTENTIAL BY ESTABLISHING A PLACE AND DEVELOPING
PROGRAMS THROUGH A COLLABORATIVE PARTNERSHIP AMONGST PEOPLE WITH HEAD
INJURIES, FAMILY MEMBERS, STAFF AND THE COMMUNITY.

ROBERT WOOD JOHNSON VISITING NURSES, INC. IS AN ORGANIZATION RECOGNIZED
BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL
REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO
INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION SUPPORTS THE
CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNIVERSITY HOSPITAL, INC.; A RELATED INTERNAL REVENUE CODE §501(C)(3)
TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE
SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF
RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

RWJBH MEDICAL GROUP, P.C. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE HEALTH CARE SYSTEM;
PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION
OR ABILITY TO PAY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH
ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND
IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

ROBERT WOOD JOHNSON HEALTH NETWORK, INC. IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND OTHER AFFILIATES IN THE HEALTH CARE SYSTEM.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SAINT BARNABAS HEALTH CARE SYSTEM FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF RWJBARNABAS HEALTH.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SAINT BARNABAS OUTPATIENT CENTERS IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). SAINT BARNABAS OUTPATIENT CENTERS IS ONE OF THE NATION'S MOST SOPHISTICATED AMBULATORY HEALTHCARE FACILITIES--PROVIDING THE HIGHEST QUALITY MEDICAL CARE IN AN ENVIRONMENT DESIGNED TO SET A NEW STANDARD FOR PATIENT SATISFACTION. THE ORGANIZATION PROVIDES VARIOUS TYPES OF MEDICALLY NECESSARY OUTPATIENT MEDICAL AND SURGICAL SPECIALTY SERVICES, INCLUDING AMBULATORY SURGERY AND WOMEN'S GYNECOLOGICAL SURGERY, RENAL DIALYSIS SERVICES, IMAGING SERVICES, DIABETES SERVICES AND ENDOCRINOLOGY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATION OF COOPERMAN BARNABAS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, AND IS PRIMARILY RESPONSIBLE FOR THE MANAGEMENT AND OPERATION OF RENTAL SPACE FOR VARIOUS AFFILIATES OF RWJBARNABAS HEALTH.

SANDY HOOK FRIENDS OF SAINT BARNABAS BURN FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE SAINT BARNABAS BURN UNIT AT COOPERMAN BARNABAS MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

SOMERSET HEALTHCARE FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS
 THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ROBERT WOOD JOHNSON
 UNIVERSITY HOSPITAL (SOMERSET CAMPUS); A RELATED INTERNAL REVENUE CODE
 §501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY
 HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
 REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY
 AND OTHER NOT FOR-PROFIT ORGANIZATIONS, CHARITABLE PROGRAMS AND
 ACTIVITIES.

UNITED RESCUE AT JERSEY CITY, INC. IS AN ORGANIZATION RECOGNIZED BY THE
 INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(3).

UNIVERSITY PHYSICIAN ASSOCIATES OF NJ IS AN ORGANIZATION RECOGNIZED BY
 THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF RWJ BARNABAS HEALTH, INC. AND THE RWJBARNABAS HEALTH SYSTEM HOSPITALS AND MEDICAL CENTERS.

VNA HEALTH GROUP OF NEW JERSEY, LLC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

THE SYSTEM ALSO INCLUDES ADDITIONAL NOT-FOR-PROFIT ENTITIES THAT ARE RECOGNIZED AS INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATIONS BUT ARE CURRENTLY INACTIVE. THESE ENTITIES INCLUDE THE FOLLOWING:

- GREENVILLE HOSPITAL;

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- IRVINGTON HOSPITAL FOUNDATION, INC.;

- LIBERTY RIVERSIDE HEALTHCARE;

- NEW MARGARET HAGUE CENTER WOMEN'S JERSEY MEDICAL CENTER OB/GYN; AND

- SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER, INC.

OTHER RWJBARNABAS HEALTH LEGAL ENTITIES INCLUDE THE FOLLOWING:

AVENEL ISELIN MEDICAL GROUP, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

BARNABAS ON TIME HOLDINGS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS ROBERT WOOD JOHNSON HEALTH NETWORK, INC. THIS ORGANIZATION PROVIDES EMERGENCY TRANSPORTATION SERVICES FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

CARE STATION MSO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS LIVINGSTON SERVICES CORPORATION. THIS ORGANIZATION ENGAGES IN NON-CLINICAL HEALTHCARE SERVICES.

CENTRAL JERSEY ACO, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC. THIS ORGANIZATION IS CURRENTLY INACTIVE.

CENTER STATE MANAGEMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE RELATED BUSINESS ACTIVITIES.

COMMERCIAL PROFESSIONAL INSURANCE COMPANY, LTD, A CONTROLLED FOREIGN CORPORATION OF COOPERMAN BARNABAS MEDICAL CENTER. THE ORGANIZATION WAS FORMED AND OPERATES SOLELY IN BERMUDA WITH NO U.S ACTIVITIES OR PRESENCE.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CREST PHYSICAL THERAPY SERVICES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

CSH VENTURES, INC. IS AN ENTITY WHOSE SOLE MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THE ORGANIZATION WAS FORMED TO PROVIDE PEDIATRIC REHABILITATION CONSULTING AND TRAINING SERVICES INTERNATIONALLY.

HAMILTON ENDOSCOPY & SURGERY CENTER, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES.

HUDSON MD GROUP, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

HEALTH CARE FACILITIES MANAGEMENT, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES ENGINEERING, PLANT OPERATIONS AND MATERIALS MANAGEMENT SERVICES PRIMARILY TO RWJBH ENTITIES.

INNOVATIVE PURCHASING CONCEPTS, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBERS ARE THE RWJBH HOSPITALS. THIS ORGANIZATION ENGAGES IN GROUP PURCHASING ACTIVITY.

JAG-ONE HOLDINGS, L.P. IS A LIMITED PARTNERSHIP WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES.

JERSEY ASC VENTURES, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

LIVINGSTON INFUSION CARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES HOME INFUSION AND DIALYSIS SERVICES TO INDIVIDUALS.

LIVINGSTON SERVICES CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS BARNABAS HEALTH, INC. THIS ENTITY ENGAGES IN VARIOUS HEALTHCARE BUSINESS ACTIVITIES.

LSC PHARMACY SERVICES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION OPERATES A PHARMACY FOR THE EMPLOYEES OF RWJBH ENTITIES AND OTHER ACTIVITIES.

MAJOR INVESTIGATIONS, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ORGANIZATION PROVIDES SECURITY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVICES PRIMARILY TO RWJBH ENTITIES AND OTHERS. THE ORGANIZATION

CONDUCTS BACKGROUND CHECKS AND OTHER INVESTIGATORY SERVICES.

MEDEMERGE, LLC IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

NEW JERSEY HEALTH CARE SYSTEM, INC. IS AN INACTIVE ENTITY.

NEW JERSEY IMAGING NETWORK, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH, INC. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

PREDICTIVE HEALTH SOLUTIONS, L.L.C. IS A LIMITED LIABILITY COMPANY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS CHILDREN'S SPECIALIZED HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES.

RWJBH ASSOCIATES 2, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS BARNABAS HEALTH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

RWJ MEDICAL SERVICES ORGANIZATION AT HAMILTON IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

R.W.J. MEDICAL ASSOCIATES, P.A., IS AN ENTITY WHOSE NOMINEE SOLE SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THE ORGANIZATION IS LOCATED IN NEW BRUNSWICK, MIDDLESEX COUNTY, NEW JERSEY. THIS ORGANIZATION ENGAGES IN

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE
BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE
HEALTH CARE SYSTEM.

RWJ PHYSICIAN ENTERPRISE, P.A. IS AN ENTITY WHOSE NOMINEE SOLE
SHAREHOLDER IS A LICENSED MD HOLDING SHARES FOR THE BENEFIT OF ROBERT
WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ORGANIZATION ENGAGES IN HEALTHCARE
SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE
COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE
SYSTEM.

RWJ-REGENT, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A
PARTNERSHIP FOR TAX PURPOSES, FORMED IN THE STATE OF NEW JERSEY AND
OPERATES AN AMBULATORY SURGERY CENTER. THIS ORGANIZATION ENGAGES IN
HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE
BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE
HEALTH CARE SYSTEM.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RWJ-REGENT II, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES, FORMED IN THE STATE OF NEW JERSEY AND OPERATES AN AMBULATORY SURGERY CENTER. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

RWJ SURGERY CENTER, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. THIS ENTITY PROVIDES MEDICAL SERVICES TO INDIVIDUALS. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

SBC MANAGEMENT CORPORATION IS AN ENTITY, WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THE ENTITY IS CURRENTLY INACTIVE.

SHC ENTERPRISES, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SHREWSBURY DIAGNOSTIC IMAGING, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

SOMERSET PEDIATRIC GROUP, L.L.C. IS A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE RWJBH MEMBER IS RWJBH MEDICAL GROUP, P.C. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

SOMERSET REALTY GROUP, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS SHC ENTERPRISES, INC. THIS ENTITY PROVIDES REAL ESTATE SERVICES.

VISION HEALTHCARE, INC. IS AN ENTITY WHOSE SOLE SHAREHOLDER IS LIVINGSTON SERVICES CORPORATION. THIS ENTITY CONDUCTS VARIOUS HEALTHCARE BUSINESS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ACTIVITIES.

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW JERSEY.

THE STATE OF NEW JERSEY HAS GOVERNMENTAL PUBLIC HEALTH PARTNERSHIPS (GPHP) WHICH ARE REGIONAL FORUMS THAT BRING TOGETHER LOCAL HEALTH OFFICIALS TO IDENTIFY, PLAN, AND ORGANIZE REGIONAL LOCAL HEALTH RESOURCES. GPHPS HAVE TAKEN THE LEAD IN STRATEGIC, COMMUNITY HEALTH PLANNING, ENGAGING HOSPITALS, COMMUNITY SERVICE PROVIDERS, LOCAL BUSINESSES AND MANY OTHER PARTNERS.

THE STATE SHARES COMMUNITY HEALTH ASSESSMENTS (CHAS), COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS), AND COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS) WHICH IDENTIFY HIGH PRIORITY PUBLIC HEALTH NEEDS AND OUTLINE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IMPLEMENTATION PLANS FOR EACH OF THE IDENTIFIED PRIORITY ISSUES TO HELP

INFORM THE PUBLIC AND KEY STAKEHOLDERS. THE SHARED PLANS CAN BE FOUND AT

THE FOLLOWING WEB ADDRESS:

[HTTPS://WWW.NJ.GOV/HEALTH/HEALTHYNJ/2030/COMMUNITY-PLANS.](https://www.nj.gov/health/healthynj/2030/community-plans)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AHAVAS TZEDAKAH, INC. 816 FOREST AVENUE LAKEWOOD, NJ 08701	22-3719783	501(C)(3)	100,000.				SPONSORSHIP
(2) BIG BROTHERS BIG SISTERS OF COASTAL AND NOR 305 BOND STREET ASBURY PARK, NJ 07704	22-2115416	501(C)(3)	7,500.				SPONSORSHIP
(3) BOYS GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVE ASBURY PARK, NJ 07712	21-0694373	501(C)(3)	7,500.				SPONSORSHIP
(4) BROOKDALE COMMUNITY COLLEGE 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	22-1849485	GOV. ORG	10,275.				SPONSORSHIP
(5) GIRL SCOUTS OF THE JERSEY SHORE, INC. 1405 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753	21-0731966	501(C)(3)	13,000.				SPONSORSHIP
(6) KIMBALL MEDICAL CENTER DENTAL STAFF 600 RIVER AVENUE LAKEWOOD, NJ 08701	21-0634989	501(C)(3)	15,000.				SPONSORSHIP
(7) LAKEWOOD RESOURCE & REFERRAL CTR 1771 MADISON AVE LAKEWOOD, NJ 08701	20-1324142	501(C)(3)	9,517,680.				SPONSORSHIP
(8) LATINO AMERICAN ASSOCIATION OF MONMOUTH P.O. BOX 357 LONG BRANCH, NJ 07740	22-3591810	501(C)(3)	5,750.				SPONSORSHIP
(9) MONMOUTH COUNTY SPCA WALL STREET EATONTOWN, NJ 07724	21-0679893	501(C)(3)	10,000.				SPONSORSHIP
(10) MONMOUTH UNIVERSITY OFFICE OF THE BURSAR NEWARK, NJ 07191	21-0634584	501(C)(3)	12,500.				SPONSORSHIP
(11) PHILLIPPINE NURSES ASSOCIATION OF NJ 90 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	22-2139162	501(C)(6)	6,500.				SPONSORSHIP
(12) RAHWAY FIRST AID EMERGENCY SQUAD, INC. 905 STONE STREET RAHWAY, NJ 07065	23-7107761	501(C)(3)	49,500.				SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 17

3 Enter total number of other organizations listed in the line 1 table ▶ 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCAN ADULT EDUCATION CENTER 180 HIGHWAY 35 SOUTH EATONTOWN, NJ 07724	22-3178757	501(C)(3)	6,000.				SPONSORSHIP
(2) T. THOMAS FORTUNE FOUNDATION 94 DRS JAMES PARKER BLVD.	81-5308319	501(C)(3)	25,000.				SPONSORSHIP
(3) THE VALERIE FUND 2101 MILBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	12,000.				SPONSORSHIP
(4) TIGGER HOUSE P.O. BOX 276 RED BANK, NJ 07701	46-4331523	501(C)(3)	11,000.				SPONSORSHIP
(5) TOWNSHIP OF BELLEVILLE MUNICIPAL BUILDING BELLEVILLE, NJ 07109	22-6001645	GOVT. ORG	10,500.				SPONSORSHIP
(6) VINCENT MASTRO MONTESSORI ACADEMY 35 WHITE ROAD SHREWSBURY, NJ 07702	22-3535655	501(C)(3)	8,600.				SPONSORSHIP
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I; QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL AND HUMAN RESOURCES DEPARTMENT PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Employer identification number

85-1296795

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY H. OSTROWSKY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 TRUSTEE - MMC - RWJBH PRES/CEO	(ii)	2,242,530.	2,103,603.	11,863,879.	1,113,654.	19,776.	17,343,442.	4,625,073.
THOMAS A. BIGA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 TRST-CMMC-RWJBH PRES HOSP DIV	(ii)	1,778,046.	1,158,400.	7,431,334.	979,178.	19,570.	11,366,528.	6,694,164.
DAVID A. MEBANE, ESQ.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 SECRETARY - TRUSTEE - CBMC	(ii)	763,868.	434,200.	4,202,733.	429,965.	29,869.	5,860,635.	2,873,648.
ANROY OTTLEY, M.D.	(i)	476,066.	2,178,832.	810.	21,602.	27,011.	2,704,321.	NONE
4 PHYSICIAN - JCMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN P. ZIENIEWICZ,	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 TRST-PRES/CEO-CBMC(TERM 10/22)	(ii)	1,550,166.	328,000.	526,472.	211,253.	11,880.	2,627,771.	225,596.
FRANK J. VOZOS, M.D.,	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 FORMER OFFICER - MMC-SC	(ii)	12,822.	324,600.	1,592,072.	390.	155.	1,930,039.	397,957.
WILLIAM S. ARNOLD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 TRUSTEE - PRES/CEO-RWJUHN	(ii)	1,016,731.	470,000.	112,457.	235,905.	1,584.	1,836,677.	NONE
LORI A. COLINERI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 FORMER KEY EMPLOYEE - RWJUH	(ii)	1,261,715.	191,000.	218,328.	66,791.	1,863.	1,739,697.	130,000.
MARTIN S. EVERHART	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 FORMER KEY EMPLOYEE - RWJUH	(ii)	818,774.	342,400.	273,707.	249,430.	9,948.	1,694,259.	227,917.
ROBERT G. IRWIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 FORMER KEY EMPLOYEE - RWJUH	(ii)	711,422.	296,000.	252,360.	218,050.	19,533.	1,497,365.	210,000.
DARRELL TERRY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 PRESIDENT/CEO - NBIMC	(ii)	668,781.	242,900.	37,213.	477,138.	27,804.	1,453,836.	NONE
PATRICK J. HAUGHEY	(i)	824,233.	37,520.	378,034.	66,801.	12,786.	1,319,374.	179,058.
12 COO - CBMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN J. GANTNER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 FORMER OFFICER - RWJUHN	(ii)	19,840.	810,000.	450,746.	635.	233.	1,281,454.	355,000.
JOSHUA BERSHAD, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 FORMER KEY EMPLOYEE - RWJUH	(ii)	564,189.	270,000.	175,300.	187,850.	28,349.	1,225,688.	169,000.
MICHAEL KNECHT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 FORMER KEY EMPLOYEE - RWJUH	(ii)	550,035.	273,900.	165,718.	205,685.	29,126.	1,224,464.	158,000.
RICHARD FREEMAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 TRUSTEE-PRESIDENT/CEO-RWJUHH	(ii)	591,406.	228,000.	192,060.	175,546.	20,570.	1,207,582.	165,600.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK M. AHEARN PRESIDENT/CEO - CMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	571,380.	204,000.	204,600.	182,550.	21,250.	1,183,780.	160,800.
2 RICHARD L. DAVIS CFO - NO. REG./PRES/CEO - CBMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	749,639.	77,417.	99,513.	139,163.	32,752.	1,098,484.	89,613.
3 WARREN E. MOORE TRST-PRES/CEO - CSH(TERM 6/25)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	333,604.	276,480.	324,964.	133,671.	4,396.	1,073,115.	243,443.
4 MAUREEN BUENO SVP - RWJHNB (TERMED 7/2/21)	(i)	258,779.	166,533.	585,373.	51,219.	NONE	1,061,904.	70,000.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 GREGORY ROKOSZ, M.D. SVP - VPMA - CBMC	(i)	571,067.	131,222.	134,049.	136,714.	19,534.	992,586.	91,689.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 SHERWIN SCHRAG, M.D. PHYSICIAN - JCMC	(i)	457,406.	462,219.	810.	9,002.	24,051.	953,488.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 ANTHONY CAVA PRES./CEO - RWJH SOMERSET	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	472,906.	145,000.	175,676.	139,871.	19,570.	953,023.	128,996.
8 ERIC W. CARNEY PRESIDENT/CEO - MMC/MMC-SC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	590,868.	150,000.	8,290.	171,750.	27,869.	948,777.	NONE
9 KIRK C. TICE TRUSTEE - PRES./CEO - RWJHR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	486,041.	140,000.	153,933.	138,871.	29,619.	948,464.	127,996.
10 STUART GEFFNER, M.D. TRUSTEE - CBMC	(i)	784,189.	99,999.	21,822.	5,800.	31,498.	943,308.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 MICHAEL PRILUTSKY TRUSTEE - PRESIDENT/CEO - JCMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	558,191.	172,500.	19,240.	160,375.	10,464.	920,770.	NONE
12 MARY ELLEN CLYNE PRESIDENT/CEO - CMMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	524,631.	131,220.	16,556.	219,304.	21,803.	913,514.	NONE
13 NIKOLAS ALEXIADES CFO - SOUTHERN REGION	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	591,023.	117,300.	28,356.	117,801.	31,099.	885,579.	NONE
14 SERGIO WAXMAN, M.D. DIVISION DIRECTOR MD - NBIMC	(i)	739,424.	78,000.	2,322.	18,675.	27,255.	865,676.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 ALISON GRANN, M.D. TRUSTEE - CBMC	(i)	676,493.	147,748.	2,322.	4,962.	3,528.	835,053.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 BRUNO MOLINO, M.D. PHYSICIAN - JCMC	(i)	589,697.	199,237.	1,242.	10,218.	28,011.	828,405.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DEANNA SPERLING 1 TRUSTEE-RWJBH BEH. HEALTH CEO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	357,590.	179,900.	125,872.	145,126.	19,304.	827,792.	105,976.
MATTHEW J. SCHREIBER, 2 CMO/COO - NBIMC	(i)	567,419.	83,000.	23,640.	113,325.	29,126.	816,510.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOUGLAS A. ZEHNER 3 CFO - NEWARK AND UNION	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	544,282.	88,481.	38,940.	108,822.	29,717.	810,242.	NONE
GAIL W. KOSYLA 4 SVP/CFO - CENTRAL REGION	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	584,808.	100,233.	11,340.	103,910.	1,584.	801,875.	NONE
DORY B. ALTMANN, M.D. 5 TRUSTEE - RWJUH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	608,297.	NONE	56,070.	18,119.	30,236.	712,722.	NONE
THOMAS HELEOTIS, M.D. 6 VPMA - MMC	(i)	452,550.	47,813.	88,333.	92,672.	31,047.	712,415.	70,922.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MEIKA TYLESE NEBLETT, 7 CMO - CMC	(i)	491,603.	75,000.	2,700.	98,129.	20,391.	687,823.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHARLES CATHCART, M.D. 8 TRUSTEE - NBIMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	540,859.	89,985.	9,029.	20,040.	1,357.	661,270.	NONE
RUSSELL C. LANGAN, M.D 9 TRUSTEE - CBMC	(i)	445,312.	140,000.	540.	2,900.	9,090.	597,842.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANK J. MAZZARELLA, M 10 VPMA - CMMC	(i)	377,245.	21,982.	85,474.	83,207.	10,094.	578,002.	60,642.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARLA PARKER HOLLIS 11 COO - JCMC	(i)	356,602.	110,400.	8,744.	76,969.	23,130.	575,845.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHILIP SALERNO, III 12 TRUSTEE - PRES/CDO - CSH FDN.	(i)	394,334.	117,616.	26,754.	11,600.	20,744.	571,048.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW B. MCDONALD, M 13 TRUSTEE-VP/CMO/PRES/CEO-CSH	(i)	452,842.	61,238.	15,105.	8,700.	30,770.	568,655.	8,670.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSHUA ROSENBLATT, M.D 14 TRUSTEE; EX-OFFICIO/CAO-NBIMC	(i)	506,340.	NONE	34,112.	24,650.	3,170.	568,272.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SETH D. ROSENBAUM, M.D 15 SVP/CMO - RWJUHH	(i)	354,282.	39,755.	21,278.	66,319.	28,137.	509,771.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENNETH GARAY, M.D. 16 CMO - JCMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	455,691.	NONE	4,953.	2,175.	20,346.	483,165.	NONE

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES CHIANESE, MBA 1 EVP/COO - CSH	(i)	322,481.	60,142.	66,693.	11,600.	1,078.	461,994.	43,687.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANK DOS SANTOS, M.D. 2 CMO - CMMC	(i)	383,176.	NONE	2,930.	47,708.	27,671.	461,485.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SALVATORE MOFFA, M.D. 3 VPMA - RWJUH	(i)	344,752.	28,875.	8,316.	68,966.	10,071.	460,980.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOUGLAS LIVORNESE, M.D. 4 TRUSTEE - MMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	418,055.	NONE	21,643.	2,402.	16,634.	458,734.	NONE
ARNOLD WILLIAMS, M.D. 5 TRUSTEE - SBBH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	413,843.	NONE	20,040.	13,869.	8,631.	456,383.	NONE
JEFFREY J. HOLT 6 FORMER OFFICER - CMMC	(i)	13,221.	NONE	418,128.	NONE	NONE	431,349.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROL ASH, D.O. 7 CMO - RWJUHR	(i)	316,039.	24,375.	5,031.	58,106.	17,292.	420,843.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN M. KRAMER, ESQ. 8 FORMER KEY EMPLOYEE - RWJUH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	275,989.	75,000.	810.	15,784.	29,602.	397,185.	NONE
JASON VIGLIAROLO 9 COO - SBBH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	249,423.	42,660.	1,347.	63,853.	1,014.	358,297.	NONE
RENEE JULIE CABALEIRO, 10 TRUSTEE - NBIMC	(i)	352,988.	NONE	NONE	NONE	NONE	352,988.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUDY CASTELLANO COLORA 11 COO/CNO - MMC-SC	(i)	247,169.	47,138.	4,025.	12,705.	29,814.	340,851.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNA MALIA BECKWITH, M 12 TRUSTEE-SEC. CHIEF NEURO - CSH	(i)	245,358.	26,742.	540.	7,875.	35,029.	315,544.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN K. LIBUTTI, M.D. 13 TRUSTEE - RWJUH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	306,000.	NONE	4,737.	2,138.	1,200.	314,075.	NONE
MICHELE H. SCHWEERS 14 FORMER OFFICER - MMC	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	186,918.	60,000.	3,096.	19,402.	29,827.	299,243.	NONE
KATHERINE BENTLEY, M.D. 15 TRST-DIR OF PAIN PROGRAM - CSH	(i)	221,757.	14,250.	2,858.	7,159.	35,250.	281,274.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANIL GUPTA, M.D. 16 CMO - MMC-SC	(i)	211,689.	NONE	4,043.	29,351.	16,387.	261,470.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL CHEN, M.D. 1 TRUSTEE - RWJUHR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	249,653.	NONE	4,406.	NONE	6,513.	260,572.	NONE
TERESITA C. MEDINA 2 FORMER OFFICER - SBBH	(i)	188,308.	6,737.	8,047.	18,294.	21,207.	242,593.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANCIS KELLY, M.D. 3 TRUSTEE - CMC (TERMED 2/1/21)	(i)	223,717.	NONE	NONE	7,918.	NONE	231,635.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MOHAMMAD JAVED, M.D. 4 TRUSTEE; EX-OFFICIO - JCMC	(i)	206,062.	NONE	NONE	NONE	NONE	206,062.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL A. MARANO, M.D. 5 TRUSTEE - CBMC	(i)	152,983.	NONE	4,130.	NONE	18,678.	175,791.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAJESH MOHAN, M.D. 6 CMO - MMC-SC (TERMED 1/31/21)	(i)	37,259.	61,215.	9,200.	3,240.	NONE	110,914.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J

RWJ BARNABAS HEALTH HAS A ROBUST AND VIGOROUS PROCESS RELATING TO THE ESTABLISHMENT, REVIEW AND APPROVAL OF COMPENSATION AND BENEFITS ("TOTAL COMPENSATION") FOR MEMBERS OF THE SENIOR MANAGEMENT TEAM THROUGHOUT THE SYSTEM. THIS PROCESS IS DESIGNED TO ENSURE THE SYSTEM PAYS EACH INDIVIDUAL REASONABLE AND FAIR MARKET VALUE TOTAL COMPENSATION CONSISTENT WITH IRS PROCEDURES AND GUIDELINES.

RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE RWJ BARNABAS HEALTH TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THESE THREE FACTORS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I; QUESTION 3

THE ORGANIZATION PAID FOR HEALTH CLUB DUES FOR CERTAIN EMPLOYEES. THE HEALTH CLUB DUES ARE TREATED AS TAXABLE WAGES AND ARE INCLUDED ON EACH INDIVIDUAL'S RESPECTIVE 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CHARLES CHIANESE, MBA, \$500 AND MATTHEW B. MCDONALD, M.D., \$500.

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE DURING CALENDAR YEAR 2021 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JEFFREY J. HOLT, \$350,000 AND MAUREEN BUENO, \$242,719.

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2, BOX 1, AS FEDERAL TAXABLE WAGES ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO., THE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EMPLOYER'S THIRD-PARTY ADMINISTRATOR OF THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). THE SERP WAS TERMINATED AND FIDELITY MADE A DISTRIBUTION OF THE ENTIRE BALANCE TO EACH PARTICIPANT. THIS AMOUNT INCLUDED EMPLOYER CONTRIBUTIONS PREVIOUSLY TAXED ON FORM W-2, BOX 5, FOR MEDICARE WAGE PURPOSES (AND REPORTED ON PRIOR YEARS FORMS 990) AND ACCOUNT EARNINGS. ACCORDINGLY, THE AMOUNTS OUTLINED HEREIN ARE ALSO INCLUDED IN SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN: BARRY H. OSTROWSKY, \$10,615,775; THOMAS A. BIGA, \$6,223,954 AND DAVID A. MEBANE, ESQ., \$3,750,513.

THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTINGS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: BARRY H. OSTROWSKY, \$1,146,250; THOMAS A. BIGA, \$1,176,000; DAVID A. MEBANE, ESQ., \$433,500; STEPHEN P. ZIENIEWICZ, FACHE, \$396,703; FRANK J. VOZOS, M.D., FACS, \$1,461,721; LORI A.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COLINERI, \$215,259; MARTIN S. EVERHART, \$258,947; ROBERT G. IRWIN,
\$210,000; PATRICK J. HAUGHEY, \$353,242; JOHN J. GANTNER, \$358,487; JOSHUA
BERSHAD, M.D., \$169,000; MICHAEL KNECHT, \$158,000; RICHARD FREEMAN,
\$165,600; PATRICK M. AHEARN, \$160,800; RICHARD L. DAVIS, \$89,613; WARREN
E. MOORE, \$243,443; MAUREEN BUENO, \$337,890; GREGORY ROKOSZ, M.D.,
\$91,689; ANTHONY CAVA, \$128,996; KIRK C. TICE, \$127,996; DEANNA SPERLING,
\$105,976; THOMAS HELEOTIS, M.D., \$70,922; FRANK J. MAZZARELLA, M.D.,
\$60,642; MATTHEW B. MCDONALD, M.D., \$8,670; CHARLES CHIANESE, MBA,
\$43,687 AND JEFFREY J. HOLT, \$68,128.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING
INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE
SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE
SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE
INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE
AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2021 FORM
W-2, BOX 5, AS TAXABLE MEDICARE WAGES: BARRY H. OSTROWSKY, \$1,088,401;
THOMAS A. BIGA, \$954,528; DAVID A. MEBANE, ESQ., \$405,315; STEPHEN P.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ZIENIEWICZ, FACHE, \$198,930; WILLIAM S. ARNOLD, \$213,000; LORI A. COLINERI, \$59,450; MARTIN S. EVERHART, \$233,480; ROBERT G. IRWIN, \$199,200; DARRELL TERRY, \$452,592; PATRICK J. HAUGHEY, \$56,878; JOSHUA BERSHAD, M.D., \$169,000; MICHAEL KNECHT, \$198,435; RICHARD FREEMAN, \$165,600; PATRICK M. AHEARN, \$160,800; RICHARD L. DAVIS, \$126,113; WARREN E. MOORE, \$122,796; MAUREEN BUENO, \$41,973; GREGORY ROKOSZ, M.D., \$109,683; ANTHONY CAVA, \$128,996; ERIC W. CARNEY, \$150,000; KIRK C. TICE, \$127,996; MICHAEL PRILUTSKY, \$149,500; MARY ELLEN CLYNE, \$194,654; NIKOLAS ALEXIADES, \$107,595; DEANNA SPERLING, \$105,976; MATTHEW J. SCHREIBER, M.D., \$102,450; DOUGLAS A. ZEHNER, \$95,772; GAIL W. KOSYLA, \$93,035; THOMAS HELEOTIS, M.D., \$70,922; MEIKA TYLESE NEBLETT, M.D., \$86,250; FRANK J. MAZZARELLA, M.D., \$60,642; CARLA PARKER HOLLIS, \$71,760; SETH D. ROSENBAUM, M.D., \$63,419; FRANK DOS SANTOS, M.D., \$45,000; SALVATORE MOFFA, M.D., \$56,831; CAROL ASH, D.O., \$52,406 AND JASON VIGLIAROLO, \$41,955.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2021 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

SCHEDULE J, PART II, COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE AMOUNTS REPORTED ON PRIOR YEARS' FORMS 990 IN SCHEDULE J, PART II, EITHER IN COLUMN (B)(III) AS FORM W-2, BOX 5, TAXABLE MEDICARE WAGES OR IN COLUMN (C) AS NON-TAXABLE UNVESTED DEFERRED COMPENSATION THAT IS NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization: **RWJ BARNABAS HEALTH, INC. - SUBORDINATES** Employer identification number: **85-1296795**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JERALD M. MAZZARELLA	FAMILY MEMBER OF KEY EE	39,037.	CLARA MAASS MED CTR EMPLOYEE		X
(2) SHERYL LEE MCGINLEY	FAMILY MEMBER OF CMC TRST	94,048.	COMMUNITY MEDICAL CTR EMPLOYEE		X
(3) SHARON A. OTT	FAMILY MEMBER OF CMC TRST	18,258.	COMMUNITY MEDICAL CTR EMPLOYEE		X
(4) ERIN CARLY WINKELS	FAMILY MEMBER OF KEY EE	94,804.	MONMOUTH MEDICAL CTR EMPLOYEE		X
(5) KENNETH S. TERRY	FAMILY MEMBER OF OFFICER	16,401.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(6) AJ TERRY - PURYEAR	FAMILY MEMBER OF OFFICER	52,278.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(7) GABRIELLE TERRY	FAMILY MEMBER OF OFFICER	40,205.	NEWARK BETH ISRAEL MC EMPLOYEE		X
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	705,034.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

JSA

1E1298 1.000

6188VH U600

0340880 - AMENDED

224

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I; QUESTION 32A

THE ORGANIZATION HIRES INDEPENDENT THIRD-PARTIES TO SELL NON-CASH CONTRIBUTIONS IT RECEIVES; IF THE ORGANIZATION DECIDES NOT TO RETAIN THE ITEM(S). THE ORGANIZATION PAYS FAIR MARKET VALUE RATES AND COMMISSIONS IN THESE INSTANCES. FOR ANY GIFTS OF STOCK THE ORGANIZATION'S POLICY IS TO SELL IT IMMEDIATELY FOLLOWING RECEIPT.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Inspection**

Employer identification number

85-1296795

CORE FORM, PAGE 1, SECTION B; AMENDED RETURN

THE FORM 990 IS BEING AMENDED TO REFLECT AN INCREASE TO BOTH MEDICAID
REVENUE AND MEDICAID COSTS ON SCHEDULE H, PART I; LINE 7B.

CORE FORM, PART I, LINE 9; PROGRAM SERVICE REVENUE

OUTLINED BELOW IS THE PROGRAM SERVICE REVENUE IN THE AMOUNT OF
\$5,532,474,713 REFLECTED ON CORE FORM, PART I, LINE 9, BY ORGANIZATION
INCLUDED IN THIS CONSOLIDATED GROUP FORM 990:

- CHILDREN'S SPECIALIZED HOSPITAL (FEID: 22-1487148)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$145,777,623

- CLARA MAASS MEDICAL CENTER (FEID: 22-1500556)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$320,945,223

- COMMUNITY MEDICAL CENTER (FEID: 22-3452306)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$444,744,528

- COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440)

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$990,086,612

- JERSEY CITY MEDICAL CENTER (FEID: 22-2783298)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$418,844,675

- MONMOUTH MEDICAL CENTER (FEID: 22-3452412)

(INCLUDES MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$573,021,197

- NEWARK BETH ISRAEL MEDICAL CENTER (FEID: 22-3452311)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$635,940,010

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243)

(INCLUDES ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$1,678,190,666

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON (FEID: 21-0634572)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$191,590,809

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY (FEID: 22-1487305)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$122,017,489

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER (FEID: 22-2977312)

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

PROGRAM SERVICE REVENUE - \$11,315,881

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RWJBARNABAS HEALTH, INC. ("RWJBH") IS A NOT-FOR-PROFIT HEALTHCARE

ORGANIZATION WITH CORPORATE OFFICES IN WEST ORANGE, NEW JERSEY. RWJBH IS

THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE-RELATED ORGANIZATIONS,

THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES. THE INTERNAL REVENUE

SERVICE ("IRS") HAS RECOGNIZED RWJBH AS BEING A TAX-EXEMPT ORGANIZATION

UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).

RWJBH WAS FORMED WITH THE MERGER OF BARNABAS HEALTH INC. ("BH"), THE

PARENT OF THE BARNABAS HEALTH SYSTEM ("BARNABAS HEALTH"), AND ROBERT WOOD

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

JOHNSON HEALTH CARE CORPORATION ("RWJHCC"), THE PARENT OF THE FORMER ROBERT WOOD JOHNSON HEALTH SYSTEM ("RWJHS"). THE DEFINITIVE AGREEMENT SIGNED ON JULY 14, 2015, OUTLINED THE COMBINATION OF THESE TWO LEADING HEALTH SYSTEMS AND CREATED THE LARGEST AND MOST COMPREHENSIVE HEALTH CARE DELIVERY SYSTEM IN THE STATE OF NEW JERSEY AND ONE OF THE LARGEST IN THE NATION. THE TRANSACTION (HEREINAFTER REFERRED TO AS THE "MERGER") SUCCESSFULLY COMPLETED FEDERAL AND STATE REVIEW IN MARCH 2016, AND THE TRANSACTION CLOSED OPERATIONALLY ON APRIL 1, 2016.

THE BACKGROUND OF BH INCLUDES ITS FORMATION IN JUNE 1996, WHEN SIX NEW JERSEY HOSPITALS AND THEIR AFFILIATES JOINED SAINT BARNABAS MEDICAL CENTER (RECENTLY RENAMED COOPERMAN BARNABAS MEDICAL CENTER) AND UNION HOSPITAL ("UNION"), WHICH HAD AFFILIATED IN 1993. THE SIX HOSPITALS INCLUDED: COMMUNITY MEDICAL CENTER, INC. AND KIMBALL MEDICAL CENTER, INC., WHICH HAD AFFILIATED IN 1993 TO FORM THE COMMUNITY/KIMBALL HEALTH CARE SYSTEM; NEWARK BETH ISRAEL MEDICAL CENTER, INC. AND IRVINGTON GENERAL HOSPITAL, INC. ("IRVINGTON"), AFFILIATES OF EACH OTHER SINCE 1991; MONMOUTH MEDICAL CENTER, INC.; AND WAYNE GENERAL HOSPITAL CORP. ("WAYNE"). IN JANUARY 1997, WEST HUDSON HOSPITAL ASSOCIATION, INC. ("WEST HUDSON") JOINED BARNABAS HEALTH, FOLLOWED BY CLARA MAASS MEDICAL CENTER IN DECEMBER 1997. BARNABAS HEALTH SUBSEQUENTLY DIVESTED WAYNE, CLOSED WEST HUDSON, IRVINGTON, AND UNION AND CONSOLIDATED THEIR OPERATIONS INTO OTHER SYSTEM FACILITIES. MOST RECENTLY, JERSEY CITY MEDICAL CENTER JOINED BH IN 2014.

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THE BACKGROUND OF RWJHCC INCLUDES ITS 1984 FORMATION TO PROMOTE, SUPPORT AND FURTHER THE CHARITABLE PURPOSES OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AND OTHER AFFILIATED AND RELATED NON-PROFIT HEALTH CARE ORGANIZATIONS. RWJHS THEN EXPANDED TO INCLUDE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY, CHILDREN'S SPECIALIZED HOSPITAL, SOMERSET MEDICAL CENTER, AND OTHER HEALTH CARE RELATED VENTURES.

NOW RWJBH IS THE MOST COMPREHENSIVE MULTI-HOSPITAL SYSTEM IN NEW JERSEY AND CONTINUES TO PROVIDE SUBSTANTIAL COMMUNITY BENEFIT AS WAS PREVIOUSLY PROVIDED BY ITS FORMATIVE HEALTH SYSTEMS, BH AND RWJHCC. RWJBH ENTITIES PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, RWJBH ENTITIES PROVIDE HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. RWJBH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY.

RWJBH IS ONE OF NEW JERSEY'S LARGEST PRIVATE EMPLOYERS - WITH APPROXIMATELY 35,000 EMPLOYEES, NEARLY 7,400 INDIVIDUAL PHYSICIANS ON THE COMBINED MEDICAL STAFFS (OF WHICH, IN EXCESS OF 1,600 ARE EMPLOYED), AND OVER 1,000 RESIDENTS AND INTERNS. RWJBH ROUTINELY CAPTURES NATIONAL AWARDS FOR OUTSTANDING QUALITY AND SAFETY. THE COMBINED SYSTEM HAS ANNUAL

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OPERATING REVENUES IN EXCESS OF \$6.6 BILLION. IN THE 2021 CONTINUING PANDEMIC YEAR, RWJBH TREATED MORE THAN TWO MILLION PATIENTS WITH OVER 192,500 INPATIENT ADMISSIONS INCLUDING APPROXIMATELY 12,300 PEDIATRIC ADMISSION, AROUND 650,400 EMERGENCY DEPARTMENT VISITS, AND OVER 28,200 NEWBORN AND NEONATAL ADMISSIONS. RWJBH'S COMPOSITION INCLUDES 11 ACUTE CARE HOSPITALS, THREE ACUTE CARE STATE DESIGNATED CHILDREN'S HOSPITALS, A LEADING PEDIATRIC REHABILITATION HOSPITAL, A FREESTANDING ACUTE BEHAVIORAL HEALTH HOSPITAL, A CLINICALLY INTEGRATED NETWORK OF AMBULATORY CARE CENTERS, TWO TRAUMA CENTERS, A SATELLITE EMERGENCY DEPARTMENT, GERIATRIC CENTERS, THE STATE'S LARGEST BEHAVIORAL HEALTH NETWORK, AMBULATORY SURGERY CENTERS, COMPREHENSIVE HOME CARE AND HOSPICE PROGRAMS, FITNESS AND WELLNESS CENTERS, RETAIL PHARMACY SERVICES, MEDICAL GROUPS, DIAGNOSTIC IMAGING CENTERS, A CLINICALLY INTEGRATED NETWORK AND COLLABORATIVE ACCOUNTABLE CARE ORGANIZATION.

RWJBH - CREATED WITH A STRONG FOUNDATION OF SHARED CULTURES AND CORE VALUES - PROVIDES OPPORTUNITY TO IMPROVE THE HEALTH AND PROMOTE WELLNESS OF COMMUNITIES THROUGHOUT NEW JERSEY. THE SYSTEM'S GEOGRAPHIC COVERAGE SPANS THE GREATER HUDSON, ESSEX, UNION, MIDDLESEX, MERCER, SOMERSET, MONMOUTH, AND OCEAN COUNTIES AND ENCOMPASSES THE POPULATION CENTERS OF THE STATE SERVING IN EXCESS OF FIVE MILLION RESIDENTS. THROUGH SHARING OF RESOURCES, BEST PRACTICES, AS WELL AS ECONOMIES GAINED THROUGH CONSOLIDATION OF SUPPORT SERVICES, RWJBH PROMOTES THE HIGHEST QUALITY HEALTHCARE DELIVERY AND GREATER LEVELS OF EFFICIENCY.

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IN 2018, RWJBH ANNOUNCED WITH RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, THE OFFICIAL LAUNCH OF THEIR PUBLIC-PRIVATE PARTNERSHIP TO JOINTLY OPERATE A WORLD-CLASS ACADEMIC HEALTH SYSTEM DEDICATED TO LIFE-CHANGING RESEARCH, CLINICAL TRAINING OF TOMORROW'S WORKFORCE, AND HIGH-QUALITY HEALTHCARE FOR ALL. THIS PLANNED COLLABORATION REPRESENTS A SIGNIFICANT STEP FORWARD TO IMPROVE ACCESS TO CARE AND REDUCE THE HEALTH DISPARITIES THAT IMPACT OUR STATE. THE PARTIES HAVE A SHARED BELIEF THAT WHILE BOTH ORGANIZATIONS ARE STRONG LEADERS IN OUR RESPECTIVE FIELDS, TOGETHER THEY ARE BETTER POISED TO TRANSFORM HEALTH CARE IN NEW JERSEY AND DRIVE INNOVATIONS THAT WILL IMPROVE OUTCOMES ACROSS THE COUNTRY. THE COLLABORATION ALSO ALIGNS EDUCATION, RESEARCH, AND CLINICAL ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. BY WORKING TOGETHER, THESE TWO HIGHER EDUCATION AND HEALTH CARE INDUSTRY LEADERS WILL ENHANCE RESEARCH, MEDICAL AND HEALTH PROFESSIONAL EDUCATION, IMPROVE ACCESS TO CARE, AND REDUCE HEALTH DISPARITIES IN NEW JERSEY.

AS OF JULY 1, 2020, THE CLINICAL SERVICES PROVIDED WITHIN RUTGERS UNIVERSITY'S ROBERT WOOD JOHNSON MEDICAL SCHOOL IN THE NEW BRUNSWICK REGION AND THE RWJBARNABAS HEALTH MEDICAL GROUP PRACTICES WERE FURTHER INTEGRATED THROUGH THE EXECUTION OF AN INTEGRATED PRACTICE AGREEMENT (IPA). THIS SIGNIFICANT MILESTONE CREATES ONE OF THE LARGEST INTEGRATED HEALTH SYSTEMS IN THE COUNTRY AND IS A FOUNDATIONAL COMPONENT OF ACHIEVING THE PROMISES OF VALUE-BASED POPULATION HEALTH SERVICES.

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THE DEVELOPMENT OF A STRONG, COLLABORATIVE NETWORK POSITIONED RWJBARNABAS HEALTH ALONG WITH ITS HOSPITAL AFFILIATES TO EFFECTIVELY ADDRESS THE UNIQUE HEALTH AND PUBLIC SAFETY CHALLENGES OF COVID 19 AND REQUIRED RWJBH TO ADDRESS AN ARRAY OF NEW ISSUES AND OTHERS THAT WERE EXACERBATED BY THE PANDEMIC. RWJBH WORKED TO DEVELOP THE INFORMATION AND FACILITY CAPACITY INFRASTRUCTURE TO EFFECTIVELY COMMUNICATE AND CARE FOR THE RISING NUMBER OF CASES AND THE DISRUPTIONS THAT PRESENTED FOR OPERATIONS IN MEETING THE ROUTINE AND EMERGENT CARE NEEDS OF OUR COMMUNITIES. TO BE SUCCESSFUL, THE HOSPITAL HAD TO COMMAND A NEW LEVEL OF INTERACTION AND COLLABORATION WITH COMMUNITY AND GOVERNMENT STAKEHOLDERS AS WELL AS INTERNAL STAFF AND PROVIDERS.

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SOME OF THE ACTIONS UNDERTAKEN INCLUDED:

- ROUTINE CALLS WERE ESTABLISHED WITH KEY INTERNAL ADMINISTRATIVE AND INTERDISCIPLINARY CLINICAL CARE LEADERSHIP TO DRIVE EFFECTIVE IDENTIFICATION OF ISSUES AND COMMUNICATION OF POLICY AND NEEDED PRACTICE CHANGES.
- ROUTINE CALLS WERE HELD WITH THE STATE DEPARTMENT OF HEALTH AND WITH THE REGIONAL NETWORKS THAT WERE FORMED TO SUPPORT DATA AND INFORMATION COLLECTION AND PROVIDE AN ADDITIONAL CHANNEL OF COMMUNICATION.
- PROVIDED CLINICAL EXPERTISE (MEDICAL, PHARMACY, INFECTION CONTROL, ETC.) TO SUPPORT ELEVATION OF BEST INFORMATION TO MULTIPLE INTERNAL AND EXTERNAL PARTIES.

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- INCREASED COMMUNICATION THROUGH MULTIPLE PLATFORMS WITH TRUSTEES, STAFF, PHYSICIANS, COMMUNITY PARTNERS AND OTHERS.
- DETAILED INVENTORY ACCOUNTING AND REGIONAL DISTRIBUTION AND STORAGE CAPACITIES OF TESTING SUPPLIES AND OTHER EQUIPMENT (VENTILATORS, PULSE OXIMETERS, ETC.) WERE ESTABLISHED.
- ESTABLISHED NEW CONNECTIONS FOR PPE PROCUREMENT AND STAFF AGENCIES TO DEAL WITH SHORTAGES.
- ADDRESSED NEW STAFF WORKFLOWS AND SPACE LIMITATIONS INCLUSIVE OF INCREASED REMOTE ACCESS FOR STAFF SUPPORT FUNCTIONS.
- DEVELOPED PROTOCOLS AND POLICIES TO SUPPORT NEW PROCESSES AND TO PROMOTE REDUCTION OF INFECTION RISK AND PERSON TOUCH POINTS FOR ALL ASPECTS OF OPERATIONS.
- INVESTING IN AND USING NEW TELECOMMUNICATION DEVICES (IPADS, SMART PHONES, ETC.) FOR PATIENTS TO INTERACT WITH FAMILY AND LOVED ONES WHEN PHYSICAL VISITS WERE NOT POSSIBLE.
- REALIGNED SERVICES TO SELECT SITES OF SERVICES TO BEST CONFIGURE CARE AND OPERATIONS INCLUDING INCREASED TELEHEALTH, INTENSIVE CARE, AND ISOLATION CAPACITY.
- CHANGED STAFF RECRUITMENT AND DEPLOYMENT TO EFFECTIVELY ADDRESS HIGH NEED AREAS.
- CONTINUED IMPLEMENTATION OF NEW TREATMENT THERAPIES AND SERVICES.
- EXPANDED LABORATORY AND TESTING CAPACITY.
- DEVELOPMENT OF EXTENSIVE HOSPITAL AND COMMUNITY-BASED NETWORK OF COVID TESTING SITES.
- DEVELOPMENT OF MULTI-SPECIALTY POST COVID RECOVERY SERVICES AND

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PROGRAMS.

- DEVELOPMENT OF COMMUNITY-BASED AND REGIONAL NETWORK OF COVID
VACCINATION SITES; AND,

- CONTINUED REVIEW, STUDY AND UNDERSTANDING OF NEEDS AND THE GLARING
DISPARITIES THAT WERE EVIDENCED BY COVID'S IMPACT.

RWJBARNABAS HEALTH AND ITS AFFILIATES REMAIN ENGAGED WITH THE CONTINUING
WORK TO SUPPORT THE RE-EMERGENCE OF THE SOCIAL, BUSINESS, AND ACADEMIC
ENVIRONMENTS AS RESTRICTIONS CONTINUE TO BE LIFTED. THE COSTS OF THE
PANDEMIC WERE FELT MOST ACUTELY BY THE NUMBERS OF LIVES LOST AND THE
LIVES ALTERED BY THE PANDEMIC AND ITS DISRUPTIONS INCLUDING THE LOSS OF
HOUSING AND EMPLOYMENT, LINGERING HEALTH EFFECTS AND INCREASED ANXIETY
AND ISOLATION. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS UNDERWAY
INCLUDES A RESIDENT SURVEY CONDUCTED IN 2021 OF MORE THAN 5,000
PARTICIPANTS. THE SURVEY WAS INCLUSIVE OF QUESTIONS TO HELP UNDERSTAND
THE IMPACTS AND CONCERNS TO OUR COMMUNITIES AS PRESENTED BY COVID AS WELL
AS GENERAL COMMUNITY NEEDS. THE HOSPITAL AND RWJBARNABAS WILL WORK TO
PRIORITIZE AND ADDRESS CHANGING NEEDS AND MITIGATE DISPARITIES THAT ARE
EVIDENCED.

HOSPITALS' CONFORMANCE WITH IRS REVENUE RULING 69-545

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HOSPITALS IN RWJBH ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS")
AS INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS.

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PURSUANT TO ITS CHARITABLE PURPOSES, THE HOSPITALS PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, GENDER IDENTITY, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, OUR HOSPITALS OPERATE CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE, AND MEDICAID PATIENTS.
2. OPERATING ACTIVE EMERGENCY DEPARTMENTS FOR ALL PERSONS THAT ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.
3. MAINTAINING OPEN MEDICAL STAFFS, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS.
4. CONTROL POSITIONED WITH HOSPITAL BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF RWJBARNABAS HEALTH, INC., AND ALL THE BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE REPRESENTED COMMUNITIES; AND
5. USING SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES/EQUIPMENT AND ADVANCE AND IMPROVE MEDICAL CARE, PROGRAMS AND ACTIVITIES THROUGH PATIENT CARE AND MEDICAL TRAINING, EDUCATION, AND RESEARCH.

THE OPERATIONS OF OUR HOSPITALS AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE

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PROVISION OF SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF THE FACILITIES ARE FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATIONS INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

RWJBH VISION AND MISSION

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OUR VISION FOR TRANSFORMING HEALTH CARE IS TO SERVE AS AN INNOVATIVE RESOURCE FOR OUR COMMUNITIES TO WHICH PEOPLE TURN FOR SOCIAL, HUMAN AND HEALTH SERVICES, AS WELL AS THE HIGHEST QUALITY, CULTURALLY COMPETENT CLINICAL CARE AND A SUPERIOR EXPERIENCE WITHIN OUR EXPANDING OUTPATIENT PROGRAMS, HOSPITALS, AND COMMUNITY-BASED PROGRAMS.

AT RWJBARNABAS HEALTH, OUR MISSION AND OBLIGATION REACH BEYOND HELPING PEOPLE WHEN THEY ARE SICK AND EXTEND TO KEEPING PEOPLE WELL AND BUILDING HEALTHY COMMUNITIES. WE BELIEVE THAT TEAMING UP WITH PARTNER ORGANIZATIONS AND COMMUNITY PARTNERSHIPS ALLOWS US TO LEVERAGE OUR INDIVIDUAL STRENGTHS TO WORK COLLECTIVELY TO COMBAT DISEASE AND PROMOTE WELLNESS IN OUR REGION---TRULY MAKING OUR COMMUNITIES HEALTHIER.

RWJBARNABAS HEALTH'S STRATEGIC PRIORITIES INCLUDE: PREPARING FOR POPULATION MANAGEMENT AND TO MAXIMIZE ECONOMIES OF SCALE; EXPANDING OUTPATIENT SERVICES; DEVELOPING A STRONG PHYSICIAN ALIGNMENT;

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TAKING FINANCIAL RESPONSIBILITY AND CLINICAL ACCOUNTABILITY FOR THE
POPULATIONS WE SERVE; AND REENGINEERING OUR FACILITIES AND SERVICES TO
DELIVER CARE FOR THE FUTURE.

TOGETHER, AS THE STATE'S MOST COMPREHENSIVE ACADEMIC HEALTH SYSTEM,
RWJBARNABAS HEALTH IS A STRONGER ORGANIZATION AND IS BETTER POSITIONED TO
ACHIEVE OUR VISION OF IMPROVING THE HEALTH OF THE POPULATIONS WE SERVE
THROUGHOUT NEW JERSEY. BY INTEGRATING OUR SYSTEMS, WE HAVE CREATED A
STATEWIDE NETWORK SPANNING NEW JERSEY AND COVERING OVER 5 MILLION
RESIDENTS IN OUR CORE SERVICE AREAS. THIS MEANS WE WILL HAVE THE
TREMENDOUS OPPORTUNITY TO REACH MORE THAN HALF THE STATE'S POPULATION
WITH HIGH-QUALITY, CULTURALLY COMPETENT CARE.

AS ONE INTEGRATED HEALTH SYSTEM, RWJBARNABAS HEALTH WILL:

- ADVANCE THE OVERALL HEALTH OF THE POPULATIONS WE SERVE.
- CONTINUOUSLY IMPROVE THE QUALITY OF CARE WE PROVIDE.
- COLLABORATE WITH PHYSICIANS FOR A CLOSELY COORDINATED CONTINUUM OF
CARE.
- CONTRIBUTE TO THE LOCAL, REGIONAL, AND STATE ECONOMIES BY REMAINING A
MAJOR EMPLOYER IN OUR COMMUNITIES.
- FOCUS ON THE WELL-BEING OF THE DIVERSE COMMUNITIES WE SERVE WITH A
CONTINUED COMMITMENT TO HIGH-QUALITY, CULTURALLY COMPETENT CARE.
- FOSTER AND SUPPORT A MISSION OF ACADEMIC EXCELLENCE, INCLUDING A
COMMITMENT TO LEADING-EDGE RESEARCH AND CLINICAL TRIALS AND TEACHING THE

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NEXT GENERATION OF HEALTH CARE WORKERS; AND

- INNOVATE AND TRANSFORM SERVICES TO EFFICIENTLY AND EFFECTIVELY BEST

MEET THE NEEDS OF THE POPULATIONS WE SERVE.

ENDING RACISM TOGETHER

OUR DEDICATION TO SERVING THE PEOPLE OF NEW JERSEY EXTENDS FAR BEYOND THE
CARE PROVIDED WITHIN THE WALLS OF OUR HEALTH FACILITIES. WE SUPPORT
PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES AND PROVIDE
ACCESS TO SERVICES THAT WOULD OTHERWISE BE UNAVAILABLE. WE ARE COMMITTED
TO THE ONGOING IMPROVEMENT OF THE HEALTH, QUALITY OF LIFE, AND VITALITY
OF OUR COMMUNITIES. WE STRIVE TO BRING THE BEST HEALTHCARE TO MEET THE
EVOLVING NEEDS OF RESIDENTS IN NEW JERSEY - WHETHER THAT BE ENHANCING THE
COORDINATION FOR TREATING COMPLEX HEALTH CONDITIONS OR IMPROVING
COMMUNITY HEALTH THROUGH LOCAL PROGRAMS AND EDUCATION.

THIS MISSION OF HEALTH AND WELLNESS IS EXEMPLIFIED AS RWJBARNABAS HEALTH,
THE LARGEST ACADEMIC HEALTH CARE SYSTEM IN NEW JERSEY BY THE NOVEMBER
2020, LAUNCH OF ITS INITIATIVE, 'ENDING RACISM TOGETHER.' THE PANDEMIC,
PAIRED WITH THE RECENT CIVIL INJUSTICES, HAVE SHONE A LIGHT SO BRIGHT ON
INEQUITY AND SYSTEMIC RACISM THAT WE, LIKE MANY ACROSS THE NATION,
RECOGNIZE THE NEED TO DO MORE AND RWJBH DEMONSTRATES ITS COMMITMENT TO
BECOME AN ANTIRACIST ORGANIZATION.

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HOSPITAL AFFILIATES PARTICIPATE IN THIS INITIATIVE FOCUSED ON CREATING RACIAL, ETHNIC, AND CULTURAL EQUITY, PRIORITIZING THOSE COMMUNITIES THAT ARE MOST DISENFRANCHISED AND EXPERIENCE POOR HEALTH, AND SOCIAL, ECONOMIC, AND EDUCATIONAL OUTCOMES DUE TO THE GENERATIONAL EFFECTS OF RACISM. GOVERNANCE AND LEADERSHIP STRONGLY BELIEVE THAT THIS IS ONE OF OUR MOST IMPORTANT ENDEAVORS THAT WILL BE TRANSFORMATIVE, NOT JUST FOR PEOPLE OF COLOR BUT FOR OUR ENTIRE ENTERPRISE. "ENDING RACISM, TOGETHER" FOCUSES ON FOUR PRIMARY AREAS: PATIENT CARE, WORKFORCE, COMMUNITY, AND SYSTEM OPERATIONS. USING AN EVIDENCE-BASED APPROACH, EACH AREA INCLUDES QUANTIFIABLE TACTICS TO MEASURE SUCCESS AT THE ORGANIZATIONAL, FACILITY, AND INDIVIDUAL LEVEL. THE HEALTH EQUITY CHALLENGE WAS FOLLOWED BY A MAJOR INITIATIVE IN 2021 FOCUSED ON FOOD EQUITY.

RECOGNIZING THE FRACTURED SOCIETY AND PUBLIC HEALTH DISPARITY CRISIS OF RACISM, RWJBH HAS BEEN A LEADER IN THE COUNTRY AS WE HAVE WORKED TOWARDS DIVERSITY, EQUITY, AND INCLUSION. WE HAVE MADE STRIDES IN ADDRESSING DIVERSITY IN OUR BOARD APPOINTMENTS, REVIEWING OUR HIRING PRACTICES, CREATING DIVERSITY COUNCILS ACROSS THE SYSTEM, PROVIDING CULTURAL COMPETENCY TRAINING, AND CELEBRATING THE BEAUTY IN OUR CULTURAL DIFFERENCES THROUGH THE WORK OF OUR DIVERSITY, EQUITY, AND INCLUSION TEAM. ADDITIONALLY, WE HAVE WORKED TO CREATE SUSTAINABLE, POLICY-LED IMPACT BY HIRING INDIVIDUALS WHO RESIDE WITHIN VULNERABLE COMMUNITIES, INVESTING IN THE COMMUNITIES THAT WE SERVE, ALTERING PROCUREMENT POLICIES FOR DIVERSE AND WOMEN-OWNED VENDORS TO STIMULATE LOCAL ECONOMIES, AS WELL AS, ACTIVELY ADDRESSING SOCIAL DETERMINANTS OF HEALTH AT THE COMMUNITY

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LEVEL THROUGH THE WORK OF THE SOCIAL IMPACT AND COMMUNITY INVESTMENT
PRACTICE.

SOCIAL IMPACT AND COMMUNITY INVESTMENT

RWJBH LAUNCHED IN 2017 A NEW "SOCIAL IMPACT AND COMMUNITY INVESTMENT
PRACTICE" OR "SICI" TO HELP SUPPORT THE MORE FRAGILE COMMUNITIES, TO
AVERT ILLNESS AND TO MAKE POSITIVE LIFESTYLE CHOICES. WHILE THIS ENDEAVOR
TO ELICIT TRUE CHANGE WILL TAKE YEARS TO ACCOMPLISH, RWJBH IS COMMITTED
TO PRODUCE A POSITIVE CHANGE FOR THE COMMUNITIES IT SERVES.

THIS ORGANIZATIONAL PILLAR INITIATIVE LEVERAGES THE SYSTEM'S RANGE OF
ASSETS TO ADVANCE A CULTURE OF HEALTH AND LIFT THE QUALITY OF LIFE IN NEW
JERSEY COMMUNITIES. WITH A PROGRAMMATIC EMPHASIS ON ENSURING HEALTH
EQUITY, THE PRACTICE SPEARHEADS INNOVATIVE, COLLABORATIVE SOCIAL IMPACT
AND EXTERNAL AFFAIRS INITIATIVES THAT ADDRESS THE SOCIAL, ECONOMIC, AND
ENVIRONMENTAL CONDITIONS THAT HAVE A SIGNIFICANT IMPACT ON HEALTH
OUTCOMES.

RWJBH RECOGNIZES THAT COLLABORATION AND PARTNERSHIP ARE THE CORNERSTONE
TO SUCCESSFULLY TRANSFORMING TO IMPACT COMMUNITY HEALTH STATUS IN A
MEANINGFUL AND SIGNIFICANT WAY. ONE INITIATIVE TO SUPPORT LOCAL HIRING IN
BETTER-PAYING JOBS, RWJBH, AND ITS LOCAL HOSPITAL, NEWARK BETH ISRAEL
MEDICAL CENTER, PARTNERED WITH THE CITY OF NEWARK TO OFFER CLASSES THAT

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TEACH LOCAL RESIDENTS "SOFT SKILLS" SUCH AS GAINING THE MATH KNOWLEDGE
NEEDED TO PASS REQUIRED TESTS FOR LOCAL UTILITY COMPANY JOBS. OTHER
INITIATIVES FOCUS ON SUPPORTING LOCAL BUSINESSES, INCREASING FOOD/HOUSING
SECURITY, AND ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH BARRIERS.

THE FIVE INTERVENTION AREAS IDENTIFIED BY SICI ARE:

1. EDUCATION, INCLUDING EARLY CHILDHOOD DEVELOPMENT, FAMILY HEALTH
LITERACY AND PARENTING EDUCATION.
2. ECONOMIC STABILITY, INCLUDING FOOD SECURITY AND YOUTH WORKFORCE
DEVELOPMENT.
3. NEIGHBORHOOD AND BUILT ENVIRONMENT INCLUDING HOMELESSNESS PREVENTION,
VIOLENCE PREVENTION AND SOBER LIVING
4. GLOBAL HEALTH INCLUDING BOTH INTERNATIONAL AND DOMESTIC OUTREACH
5. EMPLOYEE ENGAGEMENT AND VOLUNTEERISM, INCLUDING SKILLS-BASED
VOLUNTEERISM AND SERVICE RALLIES.

AS PART OF THE MISSION TO CREATE HEALTHIER COMMUNITIES, RWJBH'S SICI
LAUNCHED ITS FOOD HUBS INITIATIVE IN 2020. THE FOOD HUBS IS A
COLLABORATIVE UNDERTAKING OF LOCAL NONPROFITS, BUSINESSES, AND FARMERS
WORKING TO ELIMINATE FOOD INSECURITY IN KEY AREAS IN NEW JERSEY. WITH
DIFFERENT PILOT LOCATIONS ACROSS NEWARK AND NEW BRUNSWICK, EACH HUB
OPERATES ON A COMMUNITY LEVEL TO EXPAND FOOD ACCESS, CREATE, AND IMPROVE
DISTRIBUTION CHANNELS WITH LOCAL FARMERS, AND EDUCATE RESIDENTS ON THE
ROLE OF NUTRITION AND HEALTHY EATING IN OVERALL HEALTH OUTCOMES. THE
INITIATIVE IS FUNDED BY A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION,

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AS WELL AS THROUGH PRIVATE DONATIONS, AND WILL EVENTUALLY BE IMPLEMENTED
IN OTHER LOCATIONS ACROSS THE STATE.

THE HUBS WERE CHOSEN FOR THEIR CURRENT INFRASTRUCTURE AND WORK IN THE
URBAN FARMING AND THE FOOD INSECURITY SPACE. THE GOAL IS TO CREATE A HUB
THAT WILL PROVIDE ACCESS TO HEALTHY FOOD BY CREATING A DISTRIBUTION
CHANNEL FOR ALL FARMERS IN NEW JERSEY IN ADDITION TO PROVIDING NUTRITION
EDUCATION. THE SITES HAVE OR ARE WORKING TOWARDS BUILDING THE NEEDED
COMPONENTS THAT DEFINE A RWJBH "HUB." THESE COMPONENTS INCLUDE GROWING
SPACE FOR BOTH HYDROPONICS OR TRADITIONAL FARMING; AMPLE STORAGE AND
REFRIGERATION; TEACHING KITCHENS EQUIPPED WITH COOKING FACILITIES
ACCESSIBLE TO MOST RESIDENTS AND/OR THOSE ENTERING CULINARY ARTS AND FOOD
SERVICE; AND RETAIL FARMERS MARKET SPACE.

THE SOCIAL IMPACT AND COMMUNITY INVESTMENT PRACTICE EMPLOYS ACTION
RESEARCH TO CONTINUALLY EVALUATE THE EFFECTIVENESS OF OUR WORK AND
INITIATIVES. THE RESEARCH FEEDBACK LOOP PROVIDES THE PRACTICE AND THE
SYSTEM WITH A CONTINUAL INFORMATION RESOURCE THAT SERVES TO FACILITATE
LEARNING AND INTERVENTIONS IMPROVEMENTS. IN THE END, WE ARE LOOKING FOR
IMPROVED HEALTH AS WELL AS IMPROVEMENTS IN THE SOCIAL, ECONOMIC, AND
ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO HEALTH.

THE HEALTHCARE ANCHOR NETWORK

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RWJBARNABAS HEALTH'S STRATEGIC PILLAR FOCUSED ON SOCIAL IMPACT AND COMMUNITY INVESTMENT LED TO BECOMING A FOUNDING MEMBER OF THE HEALTHCARE ANCHOR NETWORK ALONG WITH ADVOCATE HEALTH CARE, CATHOLIC HEALTH INITIATIVES, DIGNITY HEALTH, HENRY FORD HEALTH SYSTEM, KAISER PERMANENTE, PROMEDICA, PROVIDENCE ST. JOSEPH HEALTH, RUSH UNIVERSITY MEDICAL CENTER, TRINITY HEALTH, AND UMASS MEMORIAL HEALTH CARE. TODAY, MORE THAN 45 HOSPITALS AND HEALTH SYSTEMS ARE NETWORK MEMBERS.

THIS NETWORK WAS FORMED IN DECEMBER 2016, WHEN LEADERS FROM 40 HEALTH SYSTEMS ACROSS THE U.S. GATHERED IN WASHINGTON, DC TO EXPLORE HOW THEIR SYSTEMS COULD MORE FULLY HARNESS THEIR ECONOMIC POWER TO INCLUSIVELY AND SUSTAINABLY BENEFIT THE LONG-TERM HEALTH AND WELL-BEING OF THE COMMUNITIES THEY SERVE. THIS CONVENING LED TO THE LAUNCH OF THE HEALTHCARE ANCHOR NETWORK IN MAY 2017, REPRESENTING A CRITICAL MILESTONE IN MOBILIZING THE HEALTHCARE SECTOR TOWARDS ACTION AND COLLABORATION.

THE HEALTHCARE ANCHOR NETWORK HELPS PARTICIPANTS TO MORE RAPIDLY AND EFFECTIVELY ADVANCE AN ANCHOR MISSION APPROACH WITHIN THEIR HEALTH INSTITUTIONS, THE COMMUNITIES THEY SERVE, AND ACROSS THE HEALTHCARE SECTOR. THE LONG-TERM GOAL OF THE NETWORK IS TO REACH A CRITICAL MASS OF HEALTH SYSTEMS ADOPTING AS AN INSTITUTIONAL PRIORITY TO IMPROVE COMMUNITY HEALTH AND WELL-BEING BY LEVERAGING ALL THEIR ASSETS, INCLUDING HIRING, PURCHASING, AND INVESTMENT FOR EQUITABLE, LOCAL ECONOMIC IMPACT. BY DOING SO, WE CAN POWERFULLY IMPACT THE UPSTREAM DETERMINANTS OF HEALTH AND HELP BUILD INCLUSIVE AND SUSTAINABLE LOCAL ECONOMIES.

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THE ANCHOR NETWORK IS SUPPORTED THROUGH A BACKBONE ORGANIZATION (THE
DEMOCRACY COLLABORATIVE, WITH SUPPORT FROM CO-CREATIVE CONSULTING). ON
NOVEMBER 6, 2019 - FOURTEEN HOSPITALS AND HEALTH SYSTEMS, INCLUDING
RWJBARNABAS HEALTH, ANNOUNCED A COMMITMENT OF OVER \$700 MILLION FOR
PLACE-BASED INVESTING TO CREATE STRONG AND HEALTHY COMMUNITIES. THESE
INSTITUTIONS INCLUDE NATIONAL AND REGIONAL HEALTH SYSTEMS AND SOME OF THE
LARGEST PRIVATE SECTOR EMPLOYERS IN THEIR STATES AND REGIONS.

LEADING MEDICAL AND HEALTH SERVICES

=====

RWJBARNABAS HEALTH, AS A LEADING HEALTH, EDUCATION, RESEARCH, AND
WELLNESS PROVIDER, IS ABLE TO EXTEND ACCESS TO THE MANY NATIONALLY AND
REGIONALLY RECOGNIZED SERVICES AND FACILITIES TO ITS COMMUNITIES
INCLUDING A FEW LISTED IN THE FOLLOWING SECTION.

- NEW JERSEY'S ONLY CERTIFIED BURN TREATMENT FACILITY AND ONE OF THE
LARGEST IN THE U.S. THAT TREATS MORE THAN 400 PATIENTS ANNUALLY.
- COMPREHENSIVE CARDIAC SURGERY SERVICES FOR ADULTS AND CHILDREN
INCLUDING THE STATE'S OLDEST AND MOST EXPERIENCED HEART TRANSPLANT
PROGRAM AT NEWARK BETH ISRAEL MEDICAL CENTER THAT HAS PERFORMED OVER
1,100 HEART TRANSPLANTS. THIS HEART CENTER ALONG WITH ITS AFFILIATE
PROGRAMS AT COOPERMAN BARNABAS MEDICAL CENTER, ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL, AND JERSEY CITY MEDICAL CENTER HEART THE HEART

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CENTERS PERFORMED NEARLY 2,000 OPEN HEART PROCEDURES AND OVER 100
TRANSPLANTS/VADS IN 2021.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- LEADING REGIONAL KIDNEY TRANSPLANT CENTERS INCLUDING A CENTER THAT RANKS IN THE TOP 4 OF 240 CENTERS IN THE NATION BY THE 2021 NUMBER OF LIVING DONOR TRANSPLANT VOLUMES AND THE 5TH LARGEST TRANSPLANT CENTER IN THE U.S. -- THE PROGRAM PERFORMED THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD.
- NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM.
- LEVEL I AND LEVEL II TRAUMA CENTERS AND THE STATE'S ONLY PEDIATRIC TRAUMA CENTER.
- VALERIE FUND CHILDREN'S CENTERS FOR CANCER AND BLOOD DISORDERS.
- THE INSTITUTE FOR REPRODUCTIVE MEDICINE AND SCIENCE.
- NATIONALLY RECOGNIZED GERIATRIC SERVICES.
- AS THE LARGEST EMERGENCY MEDICAL SERVICES (EMS) PROVIDER IN THE STATE, THE SYSTEM-WIDE EMS DIVISION FOR THE RWJBARNABAS HEALTH INCLUDES RWJ MOBILE HEALTH SERVICES (NEW BRUNSWICK, SOMERSET, AND HAMILTON), RAHWAY MICU, AND JERSEY CITY MEDICAL CENTER EMS. THE MOBILE HEALTH PROGRAM ALSO INCLUDES A GROWING TRAINING CENTER WITH OVER 100 FULL-TIME AND PER DIEM EDUCATION STAFF. THE STAFF IS COMPRISED OF SUBJECT MATTER EXPERTS FROM A DIVERSE GROUP OF PROFESSIONAL FROM EMTS, PARAMEDICS, TACTICAL PARAMEDICS, DIVE MEDICS, FLIGHT PARAMEDICS, FLIGHT NURSES, PHYSICIANS, PHYSICIAN ASSISTANTS, REGISTERED NURSES, LAW ENFORCEMENT OFFICERS, EMERGENCY PREPAREDNESS, AND FIRE-FIGHTERS. EMTS AND PARAMEDICS ALSO SUPPLEMENT THE

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EDUCATION STAFF, CONNECTING THE CLASSROOM TO THE CURRENT PRACTICE IN THE FIELD. THE TRAINING CENTER HAS A PARAMEDIC PROGRAM THAT IS ACCREDITED BY THE COMMITTEE ON ACCREDITATION OF EDUCATIONAL PROGRAMS FOR THE EMERGENCY MEDICAL SERVICES PROFESSIONS. THE TRAINING CENTER CREDENTIALS APPROXIMATELY 500 NEW EMTS EACH YEAR.

- COMPREHENSIVE CANCER SERVICES AND RESEARCH; PROVIDING STATE-OF-THE ART TREATMENT INCLUDING:

- THE FLAGSHIP HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY ("CINJ"), NEW JERSEY'S ONLY NATIONAL CANCER INSTITUTE ("NCI") DESIGNATED COMPREHENSIVE CANCER CENTER AND ONE OF ONLY 51 NCI DESIGNATED CENTERS IN THE NATION; WITH CINJ PROVIDING MANY OF THE SEMINAL DISCOVERIES LEADING TO CHECKPOINT INHIBITOR THERAPY, OR DISCOVERIES LEADING TO CAR T-CELL THERAPY, OR DISCOVERIES LEADING TO SORT OF MOLECULARLY TARGETED THERAPIES OR PRECISION MEDICINE.

- THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER AND A REGIONAL BREAST SURGICAL PROGRAM OF WOMEN PHYSICIANS.

- COMPREHENSIVE BREAST CENTER AT THE BARNABAS HEALTH AMBULATORY CARE CENTER; HIGHEST NUMBER OF MAMMOGRAMS AND BREAST IMAGING EXAMS ANNUALLY IN THE REGION AND ONE OF THE HIGHEST IN THE U.S; AND

- ADVANCED RADIATION ONCOLOGY TREATMENT INCLUDING PROTON THERAPY, CYBERKNIFE, GAMMAKNIFE, AND TOMOTHERAPY.

- RENOWNED NEUROLOGY AND NEUROSURGERY PROGRAMS INCLUDING A SPECIALIZED EPILEPSY CENTER DESIGNATED LEVEL 4 FOR ADULTS AND CHILDREN; TWO

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STATE-ACCREDITED COMPREHENSIVE STROKE CENTERS AND NINE STATE-ACCREDITED
PRIMARY STROKE CENTERS.

- COMPREHENSIVE WOMEN'S AND CHILDREN'S SERVICES, INCLUDING:

- THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER,
CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER;
THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL AND THE BRISTOL-MYERS SQUIBB
CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; AND

- FIVE REGIONAL PERINATAL CENTERS WITH THE HIGHEST LEVEL NEONATAL
INTENSIVE CARE UNITS AND THREE COMMUNITY PERINATAL CENTERS WITH
INTERMEDIATE NEONATAL SERVICES.

- SKILLED NURSING FACILITIES.

- A COMPREHENSIVE AMBULATORY CARE NETWORK OF PHYSICIAN SERVICES,
AMBULATORY SURGERY CENTERS, IMAGING CENTERS, FITNESS AND WELLNESS
CENTERS, SPORT PERFORMANCE CENTERS, RETAIL PHARMACIES, URGENT CARE
CENTERS, HOME HEALTH AND HOSPICE SERVICES.

THROUGH ENHANCED SYNERGIES, RWJBARNABAS HEALTH IS DEVELOPING ADDITIONAL
"CENTERS OF EXCELLENCE" AND SERVICES TO IMPROVE SERVICES, PROMOTE
WELLNESS AND ENHANCE PERFORMANCE EXCELLENCE. RWJBARNABAS HEALTH AND
RUTGERS UNIVERSITY OPENED A NEW MULTI-SPORT TRAINING FACILITY IN
SEPTEMBER 2019. THE RWJBARNABAS HEALTH ATHLETIC PERFORMANCE CENTER IS A
307,000-SQUARE FOOT, FOUR STORY, STATE-OF-THE- FACILITY HOUSING A HIGHLY
SOPHISTICATED SPORTS MEDICINE TREATMENT AND REHABILITATION CENTER. IT IS

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THE PROMISE OF THE NEW AND UNIQUE PARTNERSHIP TO BRING WORLD-CLASS SPORTS
MEDICINE TO RUTGERS ATHLETES, STUDENTS AND FACULTY, AND THE COMMUNITIES
THROUGHOUT NEW JERSEY. THROUGH THIS PARTNERSHIP, RWJBARNABAS HEALTH IS
THE EXCLUSIVE HEALTHCARE PROVIDER FOR RUTGERS UNIVERSITY AND RUTGERS
ATHLETICS. THE VISION FOR RWJBARNABAS HEALTH IS TO FORMULATE A
BEST-IN-CLASS SPORTS MEDICINE AND ORTHOPEDICS PROGRAM WITH THE GOAL OF
REPLICATING THIS MODEL AT OTHER SATELLITE LOCATIONS IN NEW JERSEY.

IN JUNE 2021, RUTGERS CANCER INSTITUTE OF NEW JERSEY (CINJ), THE STATE'S
ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CENTER, BROKE
GROUND ON A \$750 MILLION, 12-STORY BUILDING, TO BE KNOWN AS THE JACK AND
SHERYL MORRIS CANCER CENTER. THIS NEW FACILITY, WILL BE A FREESTANDING,
DEDICATED CANCER PAVILION WILL OFFER MEDICAL, SURGICAL, RADIATION, AND
IMMUNO-ONCOLOGY SERVICES IN ONE LOCATION, GIVING CLINICIANS, NAVIGATORS,
RESEARCH STAFF, AND SUPPORT TEAMS EASY ACCESS TO EACH ANOTHER AND, MORE
IMPORTANTLY, TO PATIENTS. THE PAVILION IS CONNECTED TO ROBERT WOOD
JOHNSON UNIVERSITY HOSPITAL AND IS FURTHER EVIDENCE OF THE PARTNERSHIP OF
RUTGERS AND RWJBARNABAS JOURNEY TO ENHANCE INNOVATIVE CLINICAL SERVICES,
TRAINING, AND RESEARCH.

GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS

THE GRADUATE MEDICAL EDUCATION (GME) PROGRAMS WITHIN RWJBH ARE SPONSORED
RUTGERS HEALTH (RUTGERS BIOMEDICAL AND HEALTH SCIENCES), A UNIT OF

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RUTGERS UNIVERSITY. GME TAKES PLACE AT COMMUNITY MEDICAL CENTER,
COOPERMAN BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER, MONMOUTH
MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, ROBERT WOOD JOHNSON
SOMERSET AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL. RESIDENCIES AND
FELLOWSHIPS IN A WIDE VARIETY OF SPECIALTIES AND SUBSPECIALTIES ARE
OFFERED AND CLINICAL RESEARCH AND PUBLIC HEALTH INITIATIVES ARE ALSO AN
INTEGRAL PART OF OUR EDUCATION MISSION.

FOR GRADUATE MEDICAL EDUCATION, OUR EIGHT TEACHING HOSPITALS HOST MORE
THAN 1000 RESIDENTS AND FELLOWS IN SPECIALTY TRAINING. RESIDENTS TRAIN IN
PROGRAMS IN MOST MAJOR SPECIALTIES AND SUBSPECIALTIES INCLUDING, BUT NOT
LIMITED TO, INTERNAL MEDICINE, PEDIATRICS, COMBINED INTERNAL
MEDICINE/PEDIATRICS, FAMILY MEDICINE, OBSTETRICS/GYNECOLOGY, GENERAL
SURGERY, ACUTE CARE SURGERY, ORTHOPEDIC SURGERY, NEUROSURGERY,
DIAGNOSTIC RADIOLOGY, ANESTHESIOLOGY, PATHOLOGY, DENTISTRY, PODIATRIC
SURGERY, EMERGENCY MEDICINE, OTOLARYNGOLOGY/HEAD AND NECK SURGERY,
RADIATION ONCOLOGY, PSYCHIATRY, PLASTIC SURGERY, ORAL MAXILLOFACIAL
SURGERY, OPHTHALMOLOGY, UROLOGY, AND VASCULAR SURGERY RESIDENCY. FELLOWS
TRAIN IN PROGRAMS IN THE FOLLOWING SUBSPECIALTIES: NEPHROLOGY,
HEMATOLOGY/ONCOLOGY, CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, CARDIAC
ELECTROPHYSIOLOGY, ADVANCED HEART FAILURE AND TRANSPLANTATION,
GASTROENTEROLOGY, ENDOCRINOLOGY, NEUROLOGY, HEPATOLOGY, RHEUMATOLOGY,
GERIATRICS, PULMONARY/CRITICAL CARE MEDICINE, SURGICAL CRITICAL CARE,
INFECTIOUS DISEASES, VASCULAR SURGERY FELLOWSHIP, MAMMOGRAPHY, PEDIATRIC
EMERGENCY MEDICINE, EMS AND DISASTER PLANNING, EMERGENCY MEDICINE

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ULTRASOUND, CARDIOTHORACIC SURGERY, BREAST SURGERY, MATERNAL FETAL
MEDICINE, NEONATOLOGY, INTERVENTIONAL RADIOLOGY, PAIN MANAGEMENT,
PEDIATRIC DENTISTRY, AND CHILD AND ADOLESCENT PSYCHIATRY. IT SHOULD BE
NOTED THAT FELLOWSHIPS ARE SPECIALTY TRAINING PROGRAMS BEYOND THE CORE
RESIDENCY PROGRAM.

EACH RESIDENCY PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR
GRADUATE MEDICAL EDUCATION, THE AMERICAN DENTAL ASSOCIATION, OR THE
COUNCIL ON PODIATRIC MEDICAL EDUCATION, AS RELEVANT. WHILE WE ACKNOWLEDGE
OUR OBLIGATION TO THESE YOUNG PROFESSIONALS WHO HAVE CHOSEN TO COME TO
RWJBH FOR THIS SEGMENT OF THEIR EDUCATION, WE ALSO RECOGNIZE THEIR
IMPORTANT CONTRIBUTION TO PATIENT CARE AND THE OVERSIGHT THAT NEEDS TO BE
ASSURED SO THAT PATIENTS RECEIVE APPROPRIATE CARE UNDER THE SUPERVISION
OF EXPERIENCED ATTENDING PHYSICIANS.

DURING 2020, MANY OF THE EDUCATIONAL PROGRAMS WERE IMPACTED BY THE
PANDEMIC AND REQUIRED THE IMPLEMENTATION OF THE ACGME EXISTING
EXTRAORDINARY CIRCUMSTANCES POLICY (ACGME POLICY 21.0) TO ACCOMMODATE THE
NEED FOR ALL PHYSICIANS, INCLUDING RESIDENTS AND FELLOWS, TO CARE FOR
PATIENTS TO THE BEST OF THEIR ABILITY DURING THE PANDEMIC. THESE
CIRCUMSTANCES, AS THEY EVOLVED, REQUIRED RWJBH INSTITUTIONS AND THEIR
PARTICIPATING SITES TO FUNCTION DURING PEAK PANDEMIC TIMES AS "STAGE 3",
WHERE ROUTINE CARE EDUCATION AND DELIVERY WAS RECONFIGURED TO FOCUS
PRIMARILY ON PATIENT CARE. THE AMOUNT OF TIME AND ASSISTANCE PROVIDED BY
OUR RESIDENTS AND FELLOWS DURING THESE EXTRAORDINARY TIMES WAS A

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TESTAMENT TO THE CALIBER AND SERVICE MINDSET OF INDIVIDUALS PARTICIPATING
IN THESE PROGRAMS. THIS UNPARALLELED SUPPORT CONTINUED THROUGH 2021.

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UNDERGRADUATE MEDICAL EDUCATION

AT THE UNDERGRADUATE LEVEL FOR 2021, WE HAD MAJOR AFFILIATIONS WITH TWO
MEDICAL SCHOOLS. THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR MEDICAL
STUDENTS FROM RUTGERS-NEW JERSEY MEDICAL SCHOOL (NEWARK, NJ) AS WELL AS
RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. CLINICAL RESEARCH AND PUBLIC
HEALTH INITIATIVES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION. THE
MEDICAL STUDENTS OBTAIN TRAINING FOR BOTH REQUIRED AND ELECTIVE ROTATIONS
IN OUR FACILITIES.

THE SYSTEM ALSO ACCEPTS STUDENTS FROM OTHER MEDICAL SCHOOLS FOR ELECTIVE
ROTATIONS.

CONTINUING MEDICAL EDUCATION

HIGHEST QUALITY MEDICAL EDUCATION AND CONTINUING EDUCATION IS FELT TO
RESULT IN HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR
PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE
POSSIBLE.

CONTINUING MEDICAL EDUCATION ("CME") ACTIVITIES ARE CONDUCTED THROUGHOUT
THE SYSTEM, WITH OUR HOSPITALS EITHER ACCREDITED BY THE MEDICAL SOCIETY

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OF NEW JERSEY OR PARTNERING WITH RUTGERS BIOMEDICAL AND HEALTH SCIENCES
TO OFFER CATEGORY 1 AMA-PRA CME TO THE PHYSICIANS IN THE COMMUNITY.

OTHER EDUCATION AND TRAINING PROGRAMS

RWJBH BELIEVES THAT THE HIGHEST QUALITY CLINICAL EDUCATION RESULTS IN THE
HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE
MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE. IN
ADDITION TO EDUCATION AND TRAINING PROGRAMS FOR PHYSICIANS, WE ALSO
PARTNER WITH SCHOOLS TO ADVANCE THE EDUCATION AND TRAINING OF OTHER
HEALTH CARE PROFESSIONALS. THERE ARE A LARGE NUMBER OF PROFESSIONAL
TRAINING AND EDUCATION PROGRAMS FOR OTHER CLINICAL PERSONNEL INCLUDING
NURSES, PHYSICIAN ASSISTANTS, PHARMACISTS, PHYSICAL THERAPISTS, SPEECH
THERAPISTS, OCCUPATIONAL THERAPISTS, RADIOLOGY TECHS, DIAGNOSTIC MEDICAL
SONOGRAPHERS, RADIATION THERAPY TECHS, EMTS AND PARAMEDICS, RESPIRATORY
TECHS, CLINICAL LABORATORY TECHNICIANS, DIETICIANS AND NUTRITION, HEALTH
INFORMATION MANAGERS, AND MEDICAL TECHS. OUR ADVANCED CLINICAL PROGRAMS
(E.G., BURN, TRANSPLANT) ALSO HOST STUDENTS FROM A VARIETY OF CLINICAL
DISCIPLINES AS WELL AS PROFESSIONALS ALREADY IN PRACTICE ADVANCING THEIR
SKILLS.

AFFILIATION HISTORY RUTGERS-NEW JERSEY MEDICAL SCHOOL

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK HAS AN AFFILIATION

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AGREEMENT WITH RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY AND IS THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL. AS A RESULT OF THIS AGREEMENT, THE HOSPITAL IS STRUCTURED AS AN ACADEMIC MEDICAL CENTER AND HAS AN EXPANDED MISSION TO INCLUDE NOT ONLY COMMUNITY SERVICE, BUT ALSO CLINICAL RESEARCH AND THE EDUCATION AND TRAINING OF HEALTHCARE PROVIDERS. IN ADDITION, THE HOSPITAL'S STATUS AS AN ACADEMIC MEDICAL CENTER HAS RESULTED IN A SIGNIFICANT INCREASE IN ITS SERVICE AREA, THE DEVELOPMENT OF TERTIARY AND QUATERNARY PROGRAMS, AND MULTIPLE AFFILIATIONS WITH LOCAL HOSPITALS AND INSTITUTIONS OF HIGHER EDUCATION.

IN JANUARY 2008, THE BH ENTERED INTO A NEW AGREEMENT WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY IN NEW JERSEY - NEW JERSEY MEDICAL SCHOOL ("UMDNJ-NJMS") IN NEW JERSEY TO FORM A COMPREHENSIVE ACADEMIC AFFILIATION AND STRATEGIC ALLIANCE, THEREBY CREATING AN AFFILIATION INCLUDING TWO OF NEW JERSEY'S ACADEMIC AND PROVIDER SYSTEMS. COOPERMAN BARNABAS MEDICAL CENTER (PREVIOUSLY KNOWN AS SAINT BARNABAS MEDICAL CENTER) AND NEWARK BETH ISRAEL MEDICAL CENTER BECAME MAJOR TEACHING AFFILIATES OF UMDNJ-NJMS AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PARTICIPATED IN A NUMBER OF UMDNJ-NJMS-SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS. MEMBERS OF THE FACULTY FROM UMDNJ-NJMS HAVE PARTICIPATED IN BH'S EDUCATIONAL PROGRAMS AS WELL. IN ADDITION, THE TWO SYSTEMS EVALUATE A NUMBER OF JOINT PROGRAM DEVELOPMENT INITIATIVES. THE SYSTEM BELIEVED THAT THE AFFILIATION WITH THE UMDNJ-NJMS AND ITS SUBSTANTIAL PROGRAMS IN CLINICAL RESEARCH AND BASIC SCIENTIFIC

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INVESTIGATION STRENGTHENED ITS MEDICAL EDUCATION AND RESEARCH ACTIVITIES.

AS A RESULT OF THE NEW JERSEY MEDICAL AND HEALTH SCIENCES EDUCATION
RESTRUCTURING ACT, ON JULY 1, 2013, MOST SCHOOLS AND UNITS OF THE
UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ), TRANSFERRED
TO RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, INCLUDING THE NEW JERSEY
MEDICAL SCHOOL AND ROBERT WOOD JOHNSON MEDICAL SCHOOL. BH, NOW
RWJBARNABAS HEALTH, CONTINUES ITS MEDICAL EDUCATION RELATIONSHIP WITH
BOTH RUTGERS MEDICAL SCHOOLS. THE UNIVERSITY HOSPITAL ("UH") IN NEWARK
WAS SPUN OFF AS A FREESTANDING INSTITUTION WITH ITS OWN BOARD OF
DIRECTORS. IN 2013, BH ENTERED INTO A CONSULTATIVE SERVICE AGREEMENT WITH
UH AND WORKED FOR A MORE COLLABORATIVE AND EFFECTIVE SYSTEM OF CARE TO
SERVE THE GREATER NEWARK COMMUNITIES FOR THREE YEARS.

WITH ITS PRIVATE-PUBLIC PARTNERSHIP WITH RUTGERS UNIVERSITY, RWJBARNABAS
HEALTH NOW CLOSELY ALIGNS WITH RUTGERS' EDUCATION, RESEARCH, AND CLINICAL
ACTIVITIES, INCLUDING THOSE AT THE RUTGERS CANCER INSTITUTE OF NEW JERSEY
AND RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE. THIS PARTNERSHIP CREATES
THE STATE'S LARGEST ACADEMIC HEALTHCARE SYSTEM DEDICATED TO PROVIDING
HIGH-QUALITY PATIENT CARE, LEADING-EDGE RESEARCH, AND WORLD-CLASS HEALTH
AND MEDICAL EDUCATION, FURTHER ADVANCING OUR MISSION OF PROVIDING
HIGH-QUALITY HEALTHCARE IN NEW JERSEY.

RWJBARNABAS HEALTH QUALITY

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AT RWJBARNABAS HEALTH, WE ARE ON A CONTINUING JOURNEY TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO), UNITING OUR HEALTH SYSTEM IN A CULTURE OF SAFETY TO ACHIEVE TOP-TIER CLINICAL OUTCOMES AND TO DELIVER THE HIGHEST QUALITY CARE AND SAFEST EXPERIENCE FOR OUR PATIENTS, COMMUNITIES, AND WORKFORCE.

THIS QUEST, WHICH WE REFER TO AS "SAFETY TOGETHER", IS A COMPREHENSIVE PROCESS TO IMPROVE OUR RELIABILITY, BUILDING UPON OUR PAST SUCCESSES IN SAFETY AND QUALITY, AND USING NEW TOOLS AND BEHAVIORS TO ENSURE THE HEALTH OF OUR PATIENTS AND THE COMMUNITIES WE SERVE. SAFETY AND RELIABILITY ARE EVERYONE'S RESPONSIBILITY, NOT JUST THAT OF STAFF WHO ARE DIRECTLY INVOLVED IN PATIENT CARE. EACH INDIVIDUAL IS EXPECTED TO USE OUR STANDARDIZED ERROR PREVENTION TOOLS AND INCORPORATE THEM INTO OUR DAY-TO-DAY TASKS. DELIVERING "SAFETY TOGETHER" WILL NOT ONLY HAVE POSITIVE IMPACTS ON SAFETY, BUT ENHANCES OUR QUALITY; PATIENT, PHYSICIAN, AND EMPLOYEE SATISFACTION; AND OVERALL OPERATIONAL PERFORMANCE.

QUALITY IS A PILLAR OF RWJBARNABAS HEALTH'S STRATEGIC PLAN AND IS NOT ONLY CRITICAL TO OUR ORGANIZATION'S SUCCESS BUT TO CREATING AND MAINTAINING HEALTHY COMMUNITIES THROUGHOUT NEW JERSEY. AT RWJBARNABAS HEALTH, WE WILL NEVER STOP IMPROVING THE PATIENT SAFETY CULTURE AT OUR FACILITIES. DAY IN AND DAY OUT, OUR HOSPITALS UNITE IN PATIENT SAFETY. WE ARE CONSTANTLY STRENGTHENING OUR COMMITMENT TO EXCELLENCE AND STRIVING TO IMPROVE PATIENT OUTCOMES THROUGH FOCUSING ON IMPORTANT TOPICS SUCH AS

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HAND WASHING AND SEPSIS, AS WELL AS ANNUAL INITIATIVES INCLUDING PARTICIPATION IN THE SAFETY ATTITUDE QUESTIONNAIRE SURVEY AND NATIONAL PATIENT SAFETY WEEK.

"I AM QUALITY" IS OUR PROMISE AND OUR PERSONAL COMMITMENT TO DELIVER THE BEST CARE TO OUR PATIENTS, EACH AND EVERY DAY. NO MATTER WHICH RWJBARNABAS HEALTH FACILITY OUR PATIENTS VISIT, FROM OUR HIGHLY RANKED ACUTE CARE HOSPITALS TO OUR STATE-OF-THE-ART OUTPATIENT CENTERS AND SPECIALTY CARE FACILITIES, THEY WILL DISCOVER A BRAND OF HEALTHCARE THAT MAKES THEM FEEL GOOD. ALONG WITH LEADING EDGE MEDICAL TREATMENTS, THEY WILL EXPERIENCE A TEAM EFFORT AND A SINCERE COMMITMENT TO GIVING THEM AND THEIR FAMILY THE ATTENTION THEY DESERVE. "I AM QUALITY" MEANS GUARANTEED EXCELLENCE.

TO HELP EACH STAFF MEMBER DELIVER QUALITY HEALTHCARE, WE EDUCATE AND APPLY THE LATEST AND BEST PRACTICES SO OUR PATIENTS AND THEIR FAMILY CAN BENEFIT FROM THE HIGHEST LEVEL OF CARE-EVEN IN THE SMALLEST DETAILS.

FOCUS AREAS INCLUDE:

- MEETING AND EXCEEDING INDUSTRY STANDARDS. ASSURING THAT OUR INSTITUTIONAL POLICIES AND PROCEDURES COMPLY WITH, AND OFTEN EXCEED ALL NECESSARY LAWS AND GENERALLY ACCEPTED HEALTHCARE STANDARDS.
- PROVIDING SAFE CARE. MAINTAIN STRINGENT SYSTEMS FOR ENSURING APPROPRIATE CARE AND MEDICAL ACCURACY, AND DRIVE PATIENT SAFETY THROUGH

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THE USE OF PROTOCOLS.

- CLINICAL EXCELLENCE. ANALYZING AND IMPROVING OUR CARE TO ASSURE THAT WE
ARE APPLYING BEST PRACTICES.

- CLINICAL RESOURCE MANAGEMENT. MANAGING RESOURCES TO DELIVER CARE
EFFECTIVELY AND EFFICIENTLY.

- RESPECTFUL CARE. RESPECTING AN INDIVIDUAL'S AND FAMILY'S VALUES AND
CUSTOMS ALLOWS US TO HONOR THEIR NEEDS AND CHOICES.

EMPLOYEES AND PROVIDERS ARE ENCOURAGED TO FOLLOW THREE GUIDING
PRINCIPLES: (1) TO BE COMMITTED, (2) TO BE RESPONSIBLE, AND (3) TO BE
QUALITY IN ALL IT MEANS TO OUR PATIENTS. THE SYSTEM PROMOTES BEST
PRACTICE AND ENCOURAGES INNOVATIONS THROUGH QUALITY AND PERFORMANCE
COUNCILS, TRAINING AND EDUCATION AND HOLDING QUALITY FAIRS THROUGHOUT THE
ENTERPRISE.

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PATIENT SATISFACTION

THE FUNCTION OF PATIENT SATISFACTION/EXPERIENCE IS ACTIVE IN EACH OF THE
RWJBH HOSPITALS - A DEPARTMENT OF PATIENT SATISFACTION WAS A FIRST IN NEW
JERSEY WHEN IT WAS CREATED AND INTRODUCED AT COOPERMAN BARNABAS MEDICAL
CENTER (PREVIOUSLY NAMED SAINT BARNABAS MEDICAL CENTER). THE PATIENT
SATISFACTION TEAM ENSURES HANDS-ON RESPONSIVENESS TO PATIENTS AND THEIR
FAMILIES, AND PROVIDES A FORUM WHERE PATIENTS, FAMILIES AND COMMUNITY
MEMBERS CAN OPENLY COMMUNICATE THEIR IDEAS. CONSTANT EVALUATION OF AND

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ATTENTION TO PATIENTS' OPINIONS THROUGH FORMALIZED SURVEYS HELP RWJBH IDENTIFY AREAS OF STRENGTH AND THE AREAS WHERE THERE CAN BE IMPROVEMENT. RWJBH IS COMMITTED TO FULFILLING OUR ETHICAL OBLIGATION TO PROVIDE THE FINEST HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES, AND A POSITIVE, FULFILLING WORK ENVIRONMENT FOR OUR PHYSICIANS AND EMPLOYEES.

PROFESSIONAL PRACTICE MODELS AND SYSTEM CARE COLLABORATION

NURSING:

NURSING BELIEVES IT IS ESSENTIAL TO HAVE A STRUCTURED FORUM FOR STAFF NURSES SO THEY CAN PARTICIPATE IN THE DEVELOPMENT OF POLICIES, PROCEDURES, AND STANDARDS OF CARE. BECAUSE OF THIS, NURSING'S VOICE HAS NEVER BEEN STRONGER THROUGHOUT RWJBARNABAS HEALTH.

OUR SYSTEMWIDE SHARED GOVERNANCE AND PROFESSIONAL NURSE PRACTICE COUNCIL (PNPC) ASSURES THAT STAFF NURSES ARE A PART OF DECISIONS WHICH AFFECT THEIR CLINICAL PRACTICE. PROVIDED IN THESE LINKS ARE JUST A SAMPLING OF SOME OF THE GREAT WORK THAT IS BEING DONE. PNPC IS AN APPROVING BODY FOR EVIDENCE BASED PROFESSIONAL NURSING PRACTICE TO ENSURE ALIGNMENT OF BEST PRACTICES THROUGHOUT THE SYSTEM, SUPPORTS INTEGRATION OF CLINICAL INITIATIVES AND FACILITATES IMPROVEMENTS TO NURSING PRACTICE WITHIN SPECIALTY AREAS ACROSS HOSPITAL SITES. THE COUNCIL SUPPORTS THE MISSION AND VISION OF RWJBH, EXCELLENCE IN PATIENT AND FAMILY CENTERED CARE FOR

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OPTIMAL PATIENT OUTCOMES. IN ADDITION, OUR HOSPITALS OPERATE
FACILITY-BASED COUNCILS TO ASSURE INCLUSION OF STAFF VOICES AT INDIVIDUAL
FACILITIES.

MANY CARE COLLABORATIVES HAVE BEEN FORMED TO SUPPORT INCLUSIVE TEAMWORK,
PROMOTE PERFORMANCE IMPROVEMENT, SHARED "BEST" PRACTICES, BENCHMARKING,
EDUCATION, AND RESEARCH. SOME OF THESE ACTIVITIES STRETCH OUT IN
PARTNERSHIP WITH OTHER SYSTEMS AND PROVIDERS. A FEW OF THE COLLABORATIVE
WORKS INCLUDE:

- CHILD LIFE AND CREATIVE ARTS COLLABORATIVE
- THE MULTI-ORGANIZATIONAL 2019-2020 COHORT OF SERIOUS ILLNESS CARE
IMPLEMENTATION COLLABORATIVE OFFERED BY ARIADNE LABS IN PARTNERSHIP WITH
THE CENTER TO ADVANCE PALLIATIVE CARE AND VITALTALK
- THE ADVANCING HEALTH EQUITY LEARNING COLLABORATIVE, SUPPORTED BY THE
ROBERT WOOD JOHNSON FOUNDATION WILL INVEST \$3.4 MILLION IN A TWO-YEAR
INITIATIVE THAT BRINGS TOGETHER PUBLIC AND PRIVATE-SECTOR HEALTH CARE
ENTITIES IN PARTNERSHIP WITH THE INSTITUTE FOR MEDICAID INNOVATION AND
THE CENTER FOR HEALTH CARE STRATEGIES TO FOCUS ON INTEGRATING PAYMENT AND
HEALTH CARE DELIVERY REFORM EFFORTS TO REDUCE RACIAL DISPARITIES IN
MATERNAL AND INFANT HEALTH CARE.
- THE SAFER CHILDBIRTH CITIES INITIATIVE SUPPORTED BY MERCK TO FOSTER
LOCAL SOLUTIONS THAT HELP CITIES BECOME SAFER PLACES TO GIVE BIRTH, AND
IS PART OF ITS GLOBAL INITIATIVE, "MERCK FOR MOTHERS." THIS IS PART OF
MERCK'S PROJECTS IN NINE CITIES ACROSS THE COUNTRY, INCLUDING NEWARK, NEW
JERSEY, TO HELP END PREVENTABLE MATERNAL DEATHS.

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- THE RWJBH PHYSICIAN ADVISOR TEAM, A COLLABORATIVE PARTNERSHIP WITH LOCAL AND CORPORATE ADMINISTRATION, THE MEDICAL STAFF, AND CASE MANAGEMENT DEPARTMENT LEADERSHIP, PROVIDING A COMPREHENSIVE CLINICAL RESOURCE MANAGEMENT PROGRAM THAT INCLUDES UTILIZATION MANAGEMENT, PROGRESSION OF CARE MANAGEMENT, SOCIAL WORK SERVICES, AND COMPLEX DISCHARGE PLANNING.

- THE EMERGENCY AND HOSPITALIST COLLABORATIVE FOCUSED ON EFFECTIVE CARE DELIVERY, IMPROVEMENT AND SHARED BEST PRACTICE IS COMPRISED OF MEDICAL, NURSING AND HOSPITALIST DIRECTORS.

- THE INFECTIOUS DISEASE AND THE PHARMACY INFORMATICS COLLABORATIVES ARE PART OF THE PHARMACY ENTERPRISE. THESE CONTENT EXPERT GROUPS DEVELOP ALL OF THE RECOMMENDATIONS FOR THE BEST PRACTICES FOR THEIR RESPECTIVE DISCIPLINES IN ORDER FOR THE PHARMACY COUNCIL STRUCTURE TO ENDORSE AND ADOPT.

RWJBARNABAS HEALTH AND SPECIAL CORPORATE PARTNERSHIPS

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RWJBARNABAS HEALTH, IN ADDITION TO COMMUNITY AND ORGANIZATIONAL COLLABORATION AND AFFILIATIONS, HAS FORMED RELATIONSHIPS THROUGH ITS CORPORATE PARTNERSHIP PROGRAM TO PROVIDE AN EXPANDED PLATFORM FROM WHICH TO IMPROVE THE HEALTH AND WELL-BEING OF NEW JERSEY COMMUNITIES. DURING THESE EXTRAORDINARY TIMES, MANY OF OUR PARTNERS WORKED COLLABORATIVELY TO SUPPORT FRONT LINE STAFF AND REINFORCE NEEDED MESSAGING FOR OUR SHARED COMMUNITIES.

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THESE PARTNERS INCLUDE, BUT ARE NOT LIMITED TO:

NEW JERSEY DEVILS AND THE PRUDENTIAL CENTER

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF THE NEW JERSEY
DEVILS AND THE PRUDENTIAL CENTER, THE HOME OF THE NEW JERSEY DEVILS AND
HOSTS ALMOST 200 EVENTS ANNUALLY, CONSISTING OF FAMILY SHOWS, COLLEGE
BASKETBALL GAMES AND CONCERTS.

RWJBH PARTNERS WITH THE DEVILS ON ALL OF THEIR GRASSROOTS PROGRAMS AS A
WAY TO SUPPORT OUR MISSION OF BUILDING HEALTHIER COMMUNITIES. THESE
PROGRAMS ARE A PART OF OUR COMMITMENT TO HEALTH, WELLNESS AND LIVING AN
ACTIVE AND HEALTHY LIFESTYLE.

RUTGERS UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF RUTGERS
ATHLETICS AND A PROUD SUPPORTER OF RUTGERS UNIVERSITY. RWJBH WORKS
CLOSELY WITH RUTGERS TO SUPPORT THE ATHLETIC TRAINING AND SPORTS MEDICINE
NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH HEALTH AND
WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

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NEW YORK YANKEES RADIO NETWORK

RWJBARNABAS HEALTH IS A PREMIER PARTNER OF THE NEW YORK YANKEES RADIO NETWORK, WHICH AIRS YANKEE GAMES ON WFAN-AM. THROUGH THIS PARTNERSHIP, RWJBH AIRS A WEEKLY HEALTH MINUTE AND REGULARLY CELEBRATES GREAT WORK BY COMMUNITY LEADERS WITH A "CIVIC HERO" SALUTE SEGMENT. RWJBH HAS ALSO WORKED WITH CBS ECOMEDIA ON SEVERAL COMMUNITY-BASED PROJECTS.

SPECIAL OLYMPICS NEW JERSEY

RWJBARNABAS HEALTH IS A PREMIER PARTNER AND HEALTHY COMMUNITIES PARTNER FOR SPECIAL OLYMPICS NEW JERSEY. SPECIAL OLYMPICS NEW JERSEY IS A NOT-FOR-PROFIT ORGANIZATION THAT OFFERS SPORTS TRAINING AND ATHLETIC COMPETITION TO CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES. RWJBH SUPPORTS ALL SPECIAL OLYMPICS ATHLETES THROUGH PHYSICIAN SUPPORT, FREE MEDICAL SCREENINGS, ONGOING EDUCATION PROGRAMS AND STAFFING FOR THE MOBILE VEHICLE THAT TRAVELS THE STATE PROVIDING MEDICAL SERVICES TO ATHLETES.

SETON HALL UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF SETON HALL

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ATHLETICS AND A PROUD SUPPORTER OF SETON HALL UNIVERSITY.

RWJBH WORKS CLOSELY WITH SETON HALL TO SUPPORT THE ATHLETIC TRAINING AND
SPORTS MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY
WITH HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

PRINCETON UNIVERSITY

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF PRINCETON
ATHLETICS AND A PROUD SUPPORTER OF PRINCETON UNIVERSITY. RWJBH WORKS
CLOSELY WITH PRINCETON TO SUPPORT THE ATHLETIC TRAINING AND SPORTS
MEDICINE NEEDS OF ALL VARSITY ATHLETES AND PROVIDES THE UNIVERSITY WITH
HEALTH AND WELLNESS EDUCATION AND OTHER COMMUNITY-BASED SERVICES.

MONMOUTH UNIVERSITY

RWJBARNABAS HEALTH IS A PROUD SUPPORTER OF MONMOUTH UNIVERSITY ATHLETICS.
RWJBH WORKS CLOSELY WITH MONMOUTH TO SUPPORT ALL ATHLETES AND PROVIDES
THE UNIVERSITY WITH HEALTH AND WELLNESS EDUCATION AND OTHER
COMMUNITY-BASED SERVICES.

LAKEWOOD BLUECLAWS

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RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE LAKEWOOD BLUECLAWS, A MINOR LEAGUE AFFILIATE OF THE PHILADELPHIA PHILLIES. THE MONMOUTH MEDICAL CENTER CHAMPIONS CLUB IS A POPULAR DESTINATION FOR GROUPS ATTENDING BLUECLAWS GAMES. RWJBH HOSTS SEVERAL MOVIE NIGHTS ON THE FIELD EACH YEAR DURING THE SUMMER MONTHS

SOMERSET PATRIOTS

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PROVIDER OF THE SOMERSET PATRIOTS, AN INDEPENDENT MINOR LEAGUE BASEBALL TEAM THAT PLAYS IN SOMERSET COUNTY. RWJBH PROVIDES ALL OF THE ATHLETIC TRAINING AND SPORTS PERFORMANCE COVERAGE FOR THE TEAM.

TRENTON THUNDER

RWJBARNABAS HEALTH IS AN OFFICIAL PARTNER OF THE TRENTON THUNDER, AN AFFILIATE OF THE NEW YORK YANKEES. THE THUNDER IS RECOGNIZED AS THE "NATIONS BEST FRANCHISE" FOR PROVIDING AN OUTSTANDING AND UNIQUE FAN EXPERIENCE WHILE CONDUCTING UNPRECEDENTED COMMUNITY OUTREACH. TOGETHER WITH RWJBH, THE THUNDER DELIVERS HEALTH LIFESTYLE INFORMATION TO THE RESIDENTS OF MERCER COUNTY VIA HEALTH SCREENINGS, EDUCATIONAL OPPORTUNITIES, AND SOCIAL MESSAGING.

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ASBURY PARK MUSIC AND FILM FESTIVAL

RWJBH, MONMOUTH MEDICAL CENTER, AND THE ASBURY PARK MUSIC FOUNDATION
SHARE THE COMMON GOAL OF EMPOWERING OUR COMMUNITIES TO CONNECT, ACT, AND
THRIVE. IN 2016, RWJBARNABAS HEALTH'S MONMOUTH MEDICAL CENTER BECAME THE
FOUNDING PARTNER OF THE ASBURY MUSIC AND FILM FESTIVAL, A ONE-OF-A-KIND
FESTIVAL THAT CELEBRATES THE ROLE OF MUSIC AND FILM. BY PROVIDING MUSIC
EDUCATION, INSTRUMENTS AND SOCIAL CONNECTION OPPORTUNITIES THROUGH THE
ASBURY PARK MUSIC FOUNDATION, THE FESTIVAL BENEFITS THE UNDERSERVED
CHILDREN IN ASBURY PARK; ONE THE MOST CHALLENGED YOUTH COMMUNITIES IN THE
COUNTRY.

SOMA FILM FESTIVAL

RWJBARNABAS HEALTH'S COOPERMAN BARNABAS MEDICAL CENTER IS THE PRESENTING
PARTNER OF THE SOMA FILM FESTIVAL, WHICH TAKES PLACE IN THE COMMUNITIES
OF SOUTH ORANGE AND MAPLEWOOD NEW JERSEY. THE SOMA FILM FESTIVAL
SHOWCASES NEW, ENTERTAINING, AND INNOVATIVE FILMS FROM LOCAL, STUDENT,
DOMESTIC, AND INTERNATIONAL FILMS.

CENTRAL JERSEY JAZZ FESTIVAL

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RWJBARNABAS HEALTH'S ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS THE PRESENTING PARTNER OF THE CENTRAL JERSEY JAZZ FESTIVAL. THIS THREE-DAY, THREE CITY FREE MUSIC FESTIVAL, WITH EVENTS IN FLEMINGTON, NEW BRUNSWICK, AND SOMERVILLE, IS OPEN TO THE PUBLIC AND DRAWS APPROXIMATELY 12,000 JAZZ LOVERS TO THE REGION EVERY YEAR.

MONTCLAIR JAZZ FESTIVAL

RWJBARNABAS HEALTH'S CLARA MAASS MEDICAL CENTER IS A PROUD PARTNER OF THE MONTCLAIR JAZZ FESTIVAL WHICH SUPPORTS ARTS, MUSIC, AND THE COMMUNITY. THIS FREE ANNUAL EVENT TAKES PLACE ON THE BEAUTIFUL 17-ACRES NISHUANE PARK IN MONTCLAIR'S SOUTH END.

NEW JERSEY HALL OF FAME

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE NEW JERSEY HALL OF FAME AND SPONSORS THE NEW JERSEY HALL OF FAME MOBILE MUSEUM. THIS MOBILE MUSEUM TRAVELS THE STATE TO SCHOOLS, FESTIVALS, AND EVENTS TO OFFER A MULTIMEDIA EXHIBITION CREATED AROUND THE THEME-"MAKE A DIFFERENCE." THROUGH IMAGES, ARTIFACTS, FILM, AND A SUITE OF INTERACTIVE ELEMENTS, VISITORS CAN EXPLORE THE WAYS THAT HALL OF FAME INDUCTEES HAVE CHANGED THE STATE AND THE WORLD.

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NJPAC

RWJBARNABAS HEALTH IS PROUD TO PARTNER WITH THE NEW JERSEY PERFORMING
ARTS CENTER (NJPAC) IN NEWARK. NJPAC IS THE CENTERPIECE OF NEWARK FOR
MUSIC AND THE ARTS. EACH SUMMER, NJPAC, HORIZON, AND RWJBH PRESENT
"SOUNDS OF THE CITY" A FREE OUTDOOR SUMMER CONCERT SERIES ATTRACTING
THOUSANDS TO DOWNTOWN NEWARK.

CITIBIKE

RWJBARNABAS HEALTH'S JERSEY CITY MEDICAL CENTER IS A FOUNDING PARTNER OF
CITI BIKE JERSEY CITY. THIS PARTNERSHIP ALLOWS FOR THE JERSEY CITY
COMMUNITY TO HAVE ACCESS TO AN ALTERNATIVE, HEALTHIER, MEANS OF
TRANSPORTATION. THERE IS A CITI BIKE STATION ON THE JERSEY CITY MEDICAL
CENTER'S CAMPUS THAT OFFERS EMPLOYEES ACCESS. THESE STATIONS ARE
CONNECTED TO AND CAN ALSO BE USED TO TRAVEL AROUND NEW YORK CITY.

NEW JERSEY GOLF FOUNDATION

RWJBARNABAS HEALTH IS A PROUD SUPPORTER OF THE NEW JERSEY GOLF
FOUNDATION. THE NEW JERSEY GOLF FOUNDATION IS THE CHARITABLE ARM OF THE

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NEW JERSEY SECTION, PGA OF AMERICA. RWJBH IS A PRESENTING PARTNER OF PGA HOPE (HELPING OUR PATRIOTS EVERYWHERE), A GOLF PROGRAM FOR ALL MILITARY VETERANS DESIGNED TO ENHANCE THEIR REHABILITATION AND ASSIMILATION BACK INTO SOCIETY. RWJBH SUPPORTS THIS PROGRAM AND TEACHES THESE VETERANS NUTRITION AND WELLNESS FACTS TO HELP THEM LEAD A HEALTHY LIFESTYLE.

THE NOVO NORDISK NEW JERSEY MARATHON

RWJBARNABAS HEALTH IS A PROUD PARTNER OF THE NOVO NORDISK NEW JERSEY MARATHON AND HOSTS OF THE "RWJBARNABAS HEALTH FAMILY FESTIVAL, 5K, AND KID'S RACES." WE PROVIDE HEALTH, NUTRITION, AND SAFETY TIPS TO ALL RUNNERS. EACH YEAR MORE THAN 150 RWJBH EMPLOYEES RUN IN THE RACE, WHILE 50+ EMPLOYEES VOLUNTEER. PHYSICIANS AND EMERGENCY MEDICAL SERVICES FROM MONMOUTH MEDICAL CENTER ARE AT THE RACE TO ATTEND AND CARE FOR THE RUNNERS.

PUREBASKETBALL

RWJBARNABAS HEALTH IS THE OFFICIAL HEALTHCARE PARTNER OF PUREBASKETBALL, AN AAU COMMUNITY BASKETBALL PROGRAM THAT INCLUDES ONE GIRLS TEAMS (AGES 13-UNDER), AND TWO BOYS TEAMS (AGES 13-UNDER AND 16-UNDER). RWJBH WORKS CLOSELY WITH PUREBASKETBALL TO SUPPORT THE ATHLETIC TRAINING AND HEALTH NEEDS OF ALL THEIR ATHLETES WHILE PROVIDING THESE ATHLETES HEALTH AND

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WELLNESS EDUCATION.

PHIL SIMMS NORTH-SOUTH HIGH SCHOOL ALL-STAR FOOTBALL CLASSIC

RWJBARNABAS HEALTH AND THE PHIL SIMMS NORTH-SOUTH HIGH SCHOOL ALL-STAR FOOTBALL CLASSIC, WHICH SHOWCASES THE TOP 80 HIGH SCHOOL FOOTBALL PLAYERS IN NEW JERSEY, HAVE A LONGSTANDING RELATIONSHIP. RWJBH EDUCATES THE ATHLETES ON THE IMPORTANCE OF NUTRITION, CONDITIONING, AND INJURY PREVENTION AND SUPPORTS THE GAMES "LEADERS FOR LIFE" PROGRAM, WHICH HELPS DEVELOP YOUNG ATHLETES FROM UNDERSERVED COMMUNITIES.

DAVID DIEHL

RWJBARNABAS HEALTH PARTNERS WITH RETIRED NEW YORK GIANTS OFFENSIVE LINEMAN AND TWO-TIME SUPER BOWL CHAMPION, DAVID DIEHL TO EXTEND HIS MESSAGE OF HEALTH, WELLNESS, AND PREVENTATIVE SCREENINGS THROUGHOUT THE STATE OF NEW JERSEY. DAVID IS A SPOKESPERSON FOR THE MATTHEW J. MORAHAN III HEALTH ASSESSMENT CENTER FOR ATHLETES, WHERE HE HELPS RAISE AWARENESS ABOUT CONCUSSIONS AND HEART SCREENINGS. DAVID ALSO HOSTS A GOLF OUTING WITH CLARA MAASS MEDICAL CENTER, WHICH HELPS RAISE FUNDS FOR THE PROGRAMS AND SERVICES AT THE HOSPITAL.

GEORGE ST. PLAYHOUSE

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RWJBARNABAS HEALTH PARTNERS WITH GEORGE ST. PLAYHOUSE LOCATED IN NEW
BRUNSWICK. GEORGE ST. PLAYHOUSE IS A WELL-RESPECTED PERFORMING ARTS
CENTER. THEY PUT ON NUMEROUS PRODUCTIONS EACH YEAR THAT ADDRESS TOPICS
SUCH AS HEALTH AND WELLNESS, CLIMATE CHANGE AND RESPECT. RWJBARNABAS
HELPS BY ASSISTING WITH MEDICAL ASSISTANCE FOR ACTORS TO EDUCATING ABOUT
HEALTHY LIFE CHOICES AND WELLNESS, WHICH RELATES TO SOME OF THEIR
PRODUCTIONS.

PROPELIFY

RWJBARNABAS HEALTH PARTNERS WITH PROPELIFY LOCATED IN HOBOKEN. THE
PROPELIFY FESTIVAL IS AN INNOVATION AND TECHNOLOGY FESTIVAL. RWJBH
PARTNERS TO PROMOTE INNOVATION AND TECHNOLOGY THAT CAN BE USED IN
MEDICINE. FOR EXAMPLE, OUR APPLIEDVR DEVICES SUCH AS OUR SAMSUNG GEAR
VR/OCULUS DEVICES HELP TREAT PAIN, ANXIETY, OPIOID ADDICTION, ETC.

CURE INSURANCE ARENA

RWJBARNABAS HEALTH PARTNERS WITH THE CURE INSURANCE ARENA, FORMALLY KNOWN
AS THE SUN BANK CENTER IN TRENTON. THIS ARENA HOSTS SPORTING EVENTS,
SHOWS, AND CONCERTS. RWJBARNABAS PROVIDES ON-SITE EMS AND EMERGENCY

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MEDICAL SERVICES FOR ALL OF THEIR EVENTS, SHOWS AND ACTIVITIES, ETC. WE
ALSO PROVIDE ADVERTISING AT EVENTS.

BAYONNE SOCCER

RWJBARNABAS HEALTH PARTNERS WITH BAYONNE SOCCER LOCATED IN BAYONNE, NEW
JERSEY. BAYONNE YOUTH SOCCER ASSOCIATION PROMOTES SOCCER WHILE
INCORPORATING EVENTS AS WELL. RWJBARNABAS SPONSORS THEIR EVENTS SUCH AS
THE BOO CLASSIC FAMILY FEST AND THE SPRING BUDDY BALL SOCCER PROGRAM.

NJ REPERTORY

RWJBARNABAS HEALTH PARTNERS WITH NJ REPERTORY LOCATED IN LONG BRANCH. THE
NJ REPERTORY IS A NON-PROFIT THEATRE THAT STRIVES TO MAKE AN IMPACT WITH
THEIR NEW PLAYS. GABOR BARABAS WAS A NEUROLOGIST AT OUR MONMOUTH MEDICAL
CENTER IN YEARS PAST. DR. BARABAS AND HIS WIFE STARTED THE "ALL ABOUT
EVE" FESTIVAL. RWJBARNABAS SPONSORS THE "ALL ABOUT EVE" FESTIVAL.

NEW JERSEY SOCCER ASSOCIATION

RWJBARNABAS HEALTH PARTNERS WITH NEW JERSEY SOCCER ASSOCIATION LOCATED IN
TRENTON. THE NJ SOCCER ASSOCIATION IS THE OLDEST MEMBER OF THE U.S.

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SOCCER FEDERATION AND IS FOCUSED ON SOCCER PLAYERS ABOVE THE AGE OF 19.

BOTH MEN AND WOMEN PLAY RECREATIONALLY OR COMPETITIVELY. RWJBARNABAS

SPONSORS THEIR RED CARPET AS WELL AS THE VIDEOS PRODUCED FOR THE WINNING

TEAMS FOR THEIR ANNUAL AWARDS DINNER.

SIX FLAGS GREAT ADVENTURE & SAFARI

SIX FLAGS GREAT ADVENTURE, RWJBARNABAS HEALTH AND THE RUTGERS CANCER

INSTITUTE OF NEW JERSEY HAVE JOINED FORCES TO FIGHT CANCER AND CELEBRATE

SURVIVORSHIP WITH THE UNVEILING OF COASTERS FOR CANCER - THE FIRST ROLLER

COASTER WRAPPED IN THE HANDPRINTS OF CANCER SURVIVORS AND SUPPORTERS.

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SKY BLUE FC

RWJBARNABAS HEALTH, SERVES AS AN "OFFICIAL PARTNER" AND THE "OFFICIAL

HEALTHCARE PROVIDER" OF SKY BLUE FC WHICH IS THE NEW JERSEY-BASED

NATIONAL WOMEN'S SOCCER LEAGUE FRANCHISE. THIS MULTI-FACETED PARTNERSHIP

ALIGNS WITH RWJBARNABAS HEALTH'S MISSION TO ADVANCE HEALTH CARE WHILE

PROMOTING HEALTH AND WELLNESS INITIATIVES AND EDUCATION IN COMMUNITIES

SERVED ACROSS THE STATE. AS THE ONLY WOMEN'S PROFESSIONAL SOCCER TEAM IN

NEW JERSEY, SKY BLUE FC HAS COMPETED IN THE NATIONAL WOMEN'S SOCCER

LEAGUE SINCE 2013.

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THROUGH THIS PARTNERSHIP, RWJBARNABAS HEALTH AND SKY BLUE FC WILL JOINTLY
DEVELOP A COMMUNITY OUTREACH PROGRAM TO BETTER EDUCATE DIVERSE AUDIENCES,
INCLUDING YOUTH ATHLETES AND WOMEN, ON THE IMPORTANCE OF PROPER
NUTRITION, MAXIMIZING SPORTS PERFORMANCE AND HEALTHY HABITS.

BAYONNE ARTS FESTIVAL

RWJBARNABAS HEALTH PARTNERS WITH THE BAYONNE ARTS FESTIVAL. THE BAYONNE
ARTS FESTIVAL CELEBRATES THE CULTURE OF BAYONNE THROUGH THE ARTS AND
MUSIC.

AWARDS, ACCREDITATIONS AND HONORS

=====

RWJBARNABAS HEALTH AND ITS AFFILIATES ARE RECOGNIZED AS A LEADING
ACADEMIC HEALTH CARE DELIVERY SYSTEM, AS AN EMPLOYER AND AS AN
ORGANIZATION IMPROVING THE HEALTH OF OUR COMMUNITIES. SOME OF THESE
RECOGNITIONS INCLUDE, AMONG OTHERS:

- SPECIAL RECOGNITION FOR HEROISM --RWJBARNABAS HEALTH'S PATIENT
EXPERIENCE TEAM WAS AWARDED SPECIAL RECOGNITION FOR HEROISM DURING THE
PANDEMIC BY THE LEAPFROG GROUP, AN INDEPENDENT NATIONAL WATCHDOG
ORGANIZATION OF EMPLOYERS AND OTHER PURCHASERS FOCUSED ON HEALTHCARE
SAFETY AND QUALITY.

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- LEAPFROG SAFETY SCORES - THE SPRING 2022 SCORES RECOGNIZED TWO OF THE ACUTE CARE FACILITIES AS RECEIVING AN "A" GRADE, SEVEN RECEIVED A "B" GRADE. MONMOUTH MEDICAL CENTER IN LONG BRANCH IS THE ONLY ONE IN THE REGION TO HAVE ACHIEVED 15 STRAIGHT "A" RATINGS SINCE THE PROGRAM'S INCEPTION.
- LEAPFROG TOP HOSPITALS - MONMOUTH MEDICAL CENTER WAS RECOGNIZED BY THE LEAPFROG GROUP AS A 2021 TOP TEACHING HOSPITAL.
- FORBES BEST-IN-STATE - IN 2021, FOR THE SECOND CONSECUTIVE YEAR, THE CORPORATION HAS BEEN RECOGNIZED BY FORBES AS AMERICA'S BEST-IN-STATE EMPLOYER. THIS PRESTIGIOUS AWARD IS PRESENTED BY FORBES AND STATISTA INC., THE WORLD-LEADING STATISTICS PORTAL AND INDUSTRY RANKING PROVIDER.
- TOP PLACES TO WORK IN HEALTHCARE - FOR THE SECOND CONSECUTIVE YEAR, THE CORPORATION HAS BEEN NAMED ONE OF THE TOP 150 PLACES TO WORK IN HEALTHCARE BY BECKER'S HOSPITAL REVIEW, INCLUDING RECOGNITION FOR WOMEN'S HEALTH PROGRAMS. IN APRIL, 2021, RWJBH WAS NAMED A BEST PLACE TO WORK IN NEW JERSEY BY THE NJ ADVANCE MEDIA/STAR LEDGER - THE STATE'S LARGEST NEWS OUTLET. RWJBARNABAS HEALTH WAS IN THE TOP 10 OF N.J. TOP WORKPLACES IN 2021, AS DETERMINED BY EMPLOYEE ENGAGEMENT PLATFORM, ENERGAGE, IN PARTNERSHIP WITH NJ.COM AND JERSEY'S BEST.
- LGBTQ HEALTHCARE EQUALITY - HEALTHCARE EQUALITY INDEX (HEI) DESIGNATION
- ALL RWJBARNABAS HEALTH FACILITIES HAVE BEEN DESIGNATED IN 2022 AS "LEADERS IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF AMERICA'S LARGEST CIVIL RIGHTS

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ORGANIZATION WORKING TO ACHIEVE EQUALITY FOR LESBIAN, GAY, BISEXUAL,
TRANSGENDER, AND QUEER PEOPLE. THE DISTINGUISHED HONOR OF BEING SELECTED
AS "HEALTHCARE EQUALITY LEADERS" WAS BASED ON THE HRC FOUNDATION'S ANNUAL
HEALTHCARE EQUALITY INDEX (HEI), THE NATION'S LEADING BENCHMARKING
ASSESSMENT OF HEALTHCARE FACILITIES IDENTIFYING HEALTHCARE INSTITUTIONS
THAT ARE LEADERS IN EFFORTS TO OFFER EQUITABLE CARE TO LGBTQ+ PATIENTS BY
EVALUATING INCLUSIVE POLICIES AND PRACTICES RELATED TO LGBTQ PATIENTS,
VISITORS, AND EMPLOYEES.

- GARDEN STATE EQUALITY - IN 2021, THE CORPORATION WAS HONORED BY GARDEN
STATE EQUALITY, THE LARGEST LGBTQ ADVOCACY ORGANIZATION IN NEW JERSEY,
WITH THE CORPORATE RESPONSIBILITY AWARD, BASED ON THE SYSTEM'S COMMITMENT
TO PROVIDING CULTURALLY SENSITIVE, COMPASSIONATE, AND INCLUSIVE CARE FOR
THE LGBTQ COMMUNITY THROUGH ONGOING INITIATIVES.

- GHX ORGANIZATION - RWJBH WAS NAMED A 2021 GHX "BEST 50" ORGANIZATION.
EARNING THIS RECOGNITION DEMONSTRATES OUR ORGANIZATION'S COMMITMENT TO A
SUPPLY CHAIN STRATEGY THAT REMOVES WASTE, DRIVES EFFICIENCIES AND, AS A
RESULT, RAISES THE QUALITY OF PATIENT CARE DELIVERED.

- CHIME HEALTHCARE'S MOST WIRED - THE CORPORATION CONTINUES TO BE NAMED
AMONG THE MOST WIRED FOR ITS USE OF INFORMATION TECHNOLOGY (IT) TO BETTER
THE PATIENT EXPERIENCE. ALL ACUTE CARE FACILITIES WITHIN THE ORGANIZATION
WERE AWARDED CERTIFICATION PERFORMANCE EXCELLENCE LEVELS OF EIGHT AND
ABOVE. HOSPITALS AND HEALTH SYSTEMS AT THE FOREFRONT OF USING IT TO
IMPROVE THE DELIVERY OF CARE HAVE MAXIMIZED THE BENEFITS OF FOUNDATIONAL

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85-1296795

TECHNOLOGIES AND ARE EMBRACING NEW TECHNOLOGIES THAT SUPPORT POPULATION
MANAGEMENT AND VALUE-BASED CARE.

- NEWSWEEK MAGAZINE - NAMED NEWARK BETH ISRAEL MEDICAL CENTER WAS NAMED
ONE OF THE WORLD'S BEST HOSPITALS AND RWJUH WAS NAMED A BEST MATERNITY
CARE HOSPITAL. IN ADDITION, CHILDREN'S SPECIALIZED HOSPITAL HAS BEEN
RECOGNIZED ON NEWSWEEK'S LIST OF WORLD'S BEST SPECIALIZED HOSPITALS AND
RWJUH ALSO RECEIVED NEWSWEEK AMERICA'S BEST AWARD FOR AMBULATORY SURGERY
CENTERS (RANKED IN NJ) IN 2022. THIS PRESTIGIOUS AWARD IS PRESENTED BY
NEWSWEEK AND STATISTA INC., THE WORLD-LEADING STATISTICS PORTAL AND
INDUSTRY RANKING PROVIDER, BASED ON QUALITY OF CARE, PERFORMANCE DATA AND
PEER RECOMMENDATIONS, RELATIVE TO IN-STATE COMPETITION.

- NCI-DESIGNATED COMPREHENSIVE CANCER CENTER - CINJ IS THE STATE'S ONLY
NCI-DESIGNATED COMPREHENSIVE CANCER CENTER. CINJ IS UNIVERSALLY
RECOGNIZED FOR ITS CLINICAL AND SCIENTIFIC RESEARCH LEADERSHIP.
NCI-DESIGNATED CANCER CENTERS ARE A GROUP OF 50 CANCER RESEARCH
INSTITUTIONS IN THE UNITED STATES SUPPORTED BY THE NATIONAL CANCER
INSTITUTE.

- CEO CANCER GOLD STANDARD EMPLOYER - THE CORPORATION HAS BEEN ACCREDITED
AS A CEO CANCER GOLD STANDARD EMPLOYER. THIS PRESTIGIOUS AWARD RECOGNIZES
THE CORPORATION FOR ITS DEDICATION AND COMMITMENT TO MAINTAINING A HIGH
STANDARD OF EXCELLENCE IN CANCER PREVENTION, EARLY DETECTION AND QUALITY
CARE FOR ITS EMPLOYEES AND THEIR FAMILIES.

- COMMISSION ON CANCER ACCREDITED PROGRAM - THE AMERICAN COLLEGE OF
SURGEONS' COMMISSION ON CANCER HAS RATED RWJUH NEW BRUNSWICK AND NEWARK

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BETH ISRAEL AMONG THE NATION'S BEST COMPREHENSIVE CANCER CENTERS.

- NATIONAL QUALITY MEASURES FOR BREAST CENTERS (NQBC) - THE JACQUELINE M. WILENTZ BREAST CENTER WAS CERTIFIED AS A QUALITY BREAST CENTER OF EXCELLENCE, THE HIGHEST CERTIFICATION LEVEL OFFERED BY THE NQBC. ADDITIONALLY, THE CENTER HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY'S COMMISSION ON QUALITY AND SAFETY AND THE COMMISSION ON BREAST IMAGING.

- 100 GREAT HOSPITALS IN AMERICA - IN 2020, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IN NEW BRUNSWICK WAS NAMED TO THIS LIST, DEVELOPED BY BECKER'S HEALTHCARE, WHICH RECOGNIZES FACILITIES FOR EXCELLENCE IN CLINICAL CARE, PATIENT OUTCOMES, AND STAFF AND PHYSICIAN SATISFACTION.

- U.S. NEWS & WORLD REPORT - THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL WAS NAMED FOR THE SIXTH TIME AS ONE OF THE NATION'S BEST CHILDREN'S HOSPITALS IN 2019-2020 - RECOGNIZED FOR UROLOGY. OTHER NATIONAL, REGIONAL AND NEW JERSEY RECOGNITION WAS RECEIVED WIDELY BY THE CORPORATION'S HOSPITALS IN A GREAT RANGE OF SPECIALTIES IN 2020-2021.

- GOLD SEAL OF APPROVAL - VARIOUS AFFILIATES OF THE CORPORATION HAVE RECEIVED THE GOLD SEAL OF APPROVAL BY THE JOINT COMMISSION FOR VARIOUS PROGRAMS INCLUDING JOINT REPLACEMENT, DISEASE-SPECIFIC CERTIFICATIONS IN ACUTE CORONARY SYNDROME, CARDIAC REHABILITATION, HEART FAILURE, ADVANCED

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CERTIFICATION IN PALLIATIVE CARE, BARIATRIC SURGERY, AND STROKE PROGRAM.

- MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER - SIX AFFILIATES OF THE CORPORATION HAVE RECEIVED MAGNET DESIGNATION, WHICH RECOGNIZES ORGANIZATIONS FOR CREATING AND SUSTAINING AN ENVIRONMENT OF NURSING EXCELLENCE WHERE COLLABORATIVE WORKING RELATIONSHIPS ARE FOSTERED AMONG DIFFERENT DEPARTMENTS AND DISCIPLINES. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON RECEIVED ITS FIRST MAGNET DESIGNATION IN APRIL 2021, AND IN JUNE, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IN NEW BRUNSWICK ACHIEVED ITS SIXTH MAGNET DESIGNATION - MAKING IT ONE OF ONLY SEVEN INSTITUTIONS GLOBALLY TO ACHIEVE THIS LENGTH OF DISTINCTION.

- NICHE - SEVERAL OF OUR FACILITIES HAVE BEEN RECOGNIZED AS A NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS) HOSPITAL.

- PROTECTING THE PATIENT - VOICE OF THE CUSTOMER AWARD - NUANCE HEALTHCARE HAS RECOGNIZED CERTAIN RWJBH AFFILIATES FOR A REDUCTION OF HOSPITAL ACQUIRED CONDITIONS BY 73% AND BEING JOINT COMMISSION TOP PERFORMERS FOR NATIONAL QUALITY MEASURES.

- AMERICAN HEART ASSOCIATION - SEVERAL OF OUR HOSPITALS HAVE RECEIVED RECOGNITION FOR HEART FAILURE AND/OR STROKE SERVICES BY THE AMERICAN HEART ASSOCIATION.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- NCQA RECOGNITION - RWJBARNABAS HEALTH MEDICAL GROUP HAS SOLIDIFIED ITS

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COMMITMENT TO PROVIDE THE HIGHEST QUALITY HEALTH CARE AND ACCESS TO OUR PATIENTS THROUGH THE ACHIEVEMENT OF NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) PATIENT-CENTERED MEDICAL HOME RECOGNITION FOR SEVERAL OF OUR PRACTICES. THE NCQA PATIENT-CENTERED MEDICAL HOME STANDARDS EMPHASIZE THE USE OF SYSTEMATIC, PATIENT-CENTERED, COORDINATED CARE THAT SUPPORTS ACCESS, COMMUNICATION, AND PATIENT INVOLVEMENT.

- EMERGENCY MEDICAL SERVICES (EMS) TRIPLE ACCREDITATION - JCMC'S EMS SERVICE IS THE FIRST IN THE U.S. TO EARN TRIPLE ACCREDITATION IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

- METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) ACCREDITATION - SIX RWJBH FACILITIES ARE ACCREDITED AS COMPREHENSIVE CENTERS FOR BARIATRIC AND METABOLIC SURGERY OF THE AMERICAN COLLEGE OF SURGEONS.

- DET NORSKE VERITAS (DNV) ACCREDITATION - JCMC RECEIVED DNV REACCREDITATION. AS A WORLD-LEADING CERTIFICATION BODY WITH OBJECTIVES TO SAFEGUARD LIFE, PROPERTY, AND THE ENVIRONMENT, DNV IS COMMITTED TO SUPPORTING THE DEVELOPMENT AND CONTINUAL IMPROVEMENT OF HEALTHCARE QUALITY AND PATIENT SAFETY IN HEALTHCARE ORGANIZATIONS.

- NEW JERSEY DEPARTMENT OF HEALTH - THE NJ DEPARTMENT OF HEALTH AWARDED FOUR OF RWJBH FACILITIES GOLD FOR THEIR ANTIMICROBIAL STEWARDSHIP PROGRAMS.

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- LOWN INSTITUTE - NEWARK BETH ISRAEL MEDICAL CENTER HAS BEEN NAMED MOST RACIALLY INCLUSIVE BY THE LOWN INSTITUTE; A NONPARTISAN HEALTHCARE THINK TANK IN MAY 2021. NEWARK BETH ISRAEL MEDICAL CENTER RANKS FOURTH ON THE LIST NATIONALLY AND IS THE ONLY HOSPITAL IN NEW JERSEY TO RANK AMONG THE NATION'S TOP TEN. THE LOWN INSTITUTE HOSPITAL INDEX RANKS RWJBARNABAS HEALTH AN "A" AND AS 14TH HIGHEST OF 304 HEALTH CARE SYSTEMS IN THE PROVISION OF COMMUNITY BENEFIT. FURTHER, RWJBH IS RANKED AN "A" AND 48 OF 304 FOR EQUITY.

RWJBH'S COMMITMENT TO QUALITY AND SERVICE HAS RESULTED IN MANY AWARDS AND RECOGNITIONS FOR THE SYSTEM AND ITS CENTERS. THESE INCLUDE, BUT ARE NOT LIMITED, TO THE FOLLOWING SELECTIONS OF A FEW BY HOSPITAL IN THE FOLLOWING SECTION THAT ALSO PROVIDES A BRIEF DESCRIPTION. IN THE MIDST OF THE PANDEMIC, OUR FACILITIES CONTINUED TO ADDRESS THE HEALTH CARE NEEDS AND DEMANDS PRESENTED IN ADDITION TO THOSE EXACERBATED BY THE PANDEMIC.

CHILDREN'S SPECIALIZED HOSPITAL ("CSH")

CHILDREN'S SPECIALIZED HOSPITAL IS THE NATION'S LEADING PROVIDER OF INPATIENT AND OUTPATIENT CARE FOR CHILDREN AND YOUNG ADULTS FROM BIRTH TO 21 YEARS OF AGE FACING SPECIAL HEALTHCARE CHALLENGES - FROM CHRONIC ILLNESSES AND COMPLEX PHYSICAL DISABILITIES LIKE BRAIN AND SPINAL CORD INJURIES, TO DEVELOPMENTAL AND BEHAVIORAL ISSUES LIKE AUTISM AND MENTAL HEALTH. AT 13 DIFFERENT NEW JERSEY LOCATIONS, OUR PEDIATRIC SPECIALISTS

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PARTNER WITH FAMILIES TO MAKE OUR MANY INNOVATIVE THERAPIES AND MEDICAL TREATMENTS MORE PERSONALIZED AND EFFECTIVE SO EACH CHILD CAN REACH THEIR FULL POTENTIAL. DURING 2021, CSH CARED FOR APPROXIMATELY 115 PATIENTS DAILY AND PROVIDED OVER 182,000 VISITS OF EARLY INTERVENTION, PHYSICIAN, AND OUTPATIENT SERVICES. CSH IS COMMITTED TO PROVIDING QUALITY AND COMPASSIONATE CARE TO ITS COMMUNITIES. UNDERINSURED AND MEDICARE COMPRISED NEARLY 18% OF ITS REVENUE MIX IN 2021. ITS PATIENT MIX WAS 72% MINORITY GROUPS.

CSH IS ACCREDITED BY THE JOINT COMMISSION AND THE RECIPIENT OF MANY ACCREDITATIONS, AWARDS, AND RECOGNITIONS; INCLUDING, BUT NOT LIMITED TO:

- LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH AS A COMPREHENSIVE REHABILITATION HOSPITAL; PEDIATRIC LONG TERM CARE FACILITY AND FOR MULTIPLE HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY - PRIMARY CARE AND PHYSICAL THERAPY.

- LICENSED BY NEW JERSEY DEPARTMENT OF HUMAN SERVICES FOR OUTPATIENT MENTAL HEALTH SERVICES.

- CERTIFIED BY MEDICAID, MEDICARE, AND SPECIAL CHILD HEALTH SERVICES.

- SPECIAL NEEDS PRIMARY CARE AT CSH WAS THE FIRST SPECIAL NEEDS PEDIATRIC PRACTICE IN NEW JERSEY TO RECEIVE A PATIENT-CENTERED MEDICAL HOME (PCMH) DESIGNATION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), THE

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MOST WIDELY ADOPTED MODEL FOR RECOGNIZING PCMH STANDARDS.

- FIRST PEDIATRIC HOSPITAL IN NEW JERSEY TO HAVE A FULL-TIME THERAPY DOG.

- AWARDED A \$600K GRANT FROM SPARK (SIMONS FOUNDATION POWERING AUTISM RESEARCH FOR KNOWLEDGE) WHICH IS A LANDMARK AUTISM RESEARCH INITIATIVE FOCUSED ON ADVANCING THE UNDERSTANDING OF AUTISM TO HELP IMPROVE LIVES. THROUGH THIS GRANT, WE WILL BE RECRUITING, ENGAGING, AND RETAINING A COMMUNITY OF INDIVIDUALS AFFECTED BY AUTISM AND THEIR FAMILIES, ASKING THEM TO SHARE MEDICAL AND GENETIC INFORMATION WITH SCIENTISTS. THIS DATA WILL HELP OUR RESEARCHERS TO ADVANCE THE GENETIC UNDERSTANDING OF AUTISM AND PROVIDE MEANINGFUL INFORMATION AND RESOURCES TO PARTICIPANTS.

- LAUNCHED THE NEW JERSEY AUTISM CENTER OF EXCELLENCE (NJACE) ALONG WITH RUTGERS UNIVERSITY. THIS IS A STATEWIDE INNOVATIVE, COMPREHENSIVE, AND COLLABORATIVE NETWORK TO PROMOTE QUALITY RESEARCH, PROFESSIONAL TRAINING AND BUILD PUBLIC AWARENESS AIMED TO IMPROVE THE LIVES OF INDIVIDUALS WITH ASD ACROSS THE LIFESPAN.

CLARA MAASS MEDICAL CENTER ("CMMC")

CMMC IS A 492-LICENSED BED ACUTE COMMUNITY HOSPITAL INCLUDING 20 SUBACUTE BEDS PROVIDING SERVICES TO MORE THAN 15,000 INPATIENTS AND OVER 1,700 BIRTHS IN 2021. THE HOSPITAL ALSO PROVIDED NEARLY 119,000 OUTPATIENT

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VISITS AND OVER 72,400 EMERGENCY DEPARTMENT VISITS. CMMC IS LOCATED IN THE TOWN OF BELLEVILLE, ESSEX COUNTY. CMMC SERVES A BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS. CMMC SERVES A BROAD RANGE OF COMMUNITIES IN URBAN AND SUBURBAN SETTINGS WITH CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS AND ITS SERVICE AREA EXTENDS TO NEIGHBORING HUDSON, PASSAIC, AND BERGEN COUNTIES. COMMITTED TO THE HEALTH AND WELLNESS OF ITS COMMUNITY, THE CENTER OF EXCELLENCE FOR LATINO HEALTH AT CLARA MAASS MEDICAL CENTER WAS ESTABLISHED IN 2016 TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH WITHIN THE LOCAL HISPANIC COMMUNITY.

THE MEDICAL CENTER IS RECOGNIZED NATIONALLY FOR EXCELLENT PERFORMANCE IN QUALITY AND PATIENT SAFETY BY HEALTHGRADES AND IS A FIVE-STAR RECIPIENT IN APPENDECTOMY, BARIATRIC SURGERY, CARDIAC SERVICES, GASTROINTESTINAL, GYNECOLOGIC SURGERY, LABOR AND DELIVERY, OBSTETRICS AND GYNECOLOGY, AND ORTHOPEDICS. U.S. NEWS AND WORLD REPORT HAS LISTED CMMC AMONG ITS HIGH PERFORMING HOSPITALS FOR HEART FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD). A TWELVE-TIME RECIPIENT OF THE "A" HOSPITAL SAFETY SCORE FROM THE LEAPFROG GROUP, THE MEDICAL CENTER HAS BEEN CERTIFIED BY THE JOINT COMMISSION IN DISEASE-SPECIFIC PROGRAMS IN ACUTE CORONARY SYNDROME, HEART FAILURE, CARDIAC REHABILITATION, AND ELECTIVE HIP AND KNEE REPLACEMENT.

CLARA MAASS MEDICAL CENTER IS A FULLY ACCREDITED HOSPITAL AND THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO,

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THE FOLLOWING:

- HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD (2020) RECOGNIZING AS TOP
IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY PREVENTING
INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE COMPLICATIONS.

- RECIPIENT OF THE HEALTHGRADES EXCELLENCE AWARD AND SUPERIOR SERVICE
AWARD SIX YEARS IN A ROW FOR OBSTETRICS AND GYNECOLOGY, LABOR, AND
DELIVERY (2016-2021) AND BARIATRIC SURGERY EXCELLENCE AWARD (2020-2021).

- 2022 HEALTHGRADES RATING OF SAFETY AS BETTER THAN EXPECTED FROM
ACCIDENTAL CUT, PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

- 2022 HEALTHGRADES ACHIEVEMENTS INCLUDES BETTER THAN EXPECTED
PERFORMANCE FOR ORTHOPEDICS HIP FRACTURE TREATMENT FOR 16 YEARS IN A ROW
(2007-2022); OVERALL BARIATRIC SURGERY FOR 6 YEARS IN A ROW (2017-2022);
AND VAGINAL DELIVERY AND C-SECTION DELIVERY FOR 6 YEARS IN A ROW
(2016-2021).

- U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR
CONGESTIVE HEART FAILURE, KIDNEY FAILURE AND CHRONIC OBSTRUCTIVE
PULMONARY DISORDER.

- DESIGNATION AS AN LGBTQ HEALTHCARE EQUALITY LEADER FROM THE HUMAN
RIGHTS CAMPAIGN FOUNDATION, 2018-2022.

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- GRADE 'B' SCORES IN HOSPITAL SAFETY AND QUALITY BY THE LEAPFROG GROUP.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND
WAS IN TOP 10 HOSPITALS IN THE STATE.

- GOLD SEAL OF APPROVAL RECEIVED FROM THE JOINT COMMISSION WITH
DISEASE-SPECIFIC CERTIFICATION IN ACUTE CORONARY SYNDROME, CARDIAC
REHABILITATION, HEART FAILURE, JOINT REPLACEMENT (HIP AND KNEE) AND
ADVANCED CERTIFICATION IN PALLIATIVE CARE.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

- EARNED AN OVERALL FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND
MEDICAID SERVICES FOR ITS TRANSITIONAL CARE UNIT.

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- PLATINUM RECOGNITION FROM THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION DONATION CAMPAIGN WORKPLACE PARTNERSHIP FOR LIFE HOSPITAL
CAMPAIGN FOR INCREASED ORGAN DONATION EFFORTS, 2018-2020.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM

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CHIME IN 2021.

- EARNED DESIGNATION AS A BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE
AMERICAN COLLEGE OF SURGEONS.

- PRIMARY STROKE CENTER AS DESIGNATED BY THE NEW JERSEY DEPARTMENT OF
HEALTH.

- EARNED THE 2019 BRONZE STEWARD RECOGNITION AT THE STATEWIDE
ANTIMICROBIAL STEWARDSHIP COLLABORATIVE CONFERENCE BY THE NEW JERSEY
DEPARTMENT OF HEALTH (NJDOH).

- RECEIVED NICHE (NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS)
DESIGNATION IN RECOGNITION OF OUR COMMITMENT TO PATIENT CENTERED CARE FOR
OLDER ADULT PATIENTS.

COMMUNITY MEDICAL CENTER ("CMC")

CMC IS A GENERAL ACUTE CARE TEACHING HOSPITAL LOCATED IN TOMS RIVER,
OCEAN COUNTY, NEW JERSEY. ITS SERVICE AREA INCLUDES NEARLY 649,000
RESIDENTS. CMC IS COMPRISED OF 617 LICENSED BEDS INCLUDING 25
TRANSITIONAL CARE (SKILLED NURSING) BEDS. CMC SERVES BOTH SUBURBAN AND
SEMI-RURAL COMMUNITIES INCLUDING SHORE TOWNS AND THE LOWER-INCOME
MUNICIPALITIES OF MANCHESTER AND TOMS RIVER SOUTH. CMC SERVES A

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SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 61.3% OF CMC'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF CMC'S PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 23.5% OF PATIENTS. DURING 2021, CMC SERVICED OVER 23,600 INPATIENTS, DELIVERED OVER 2,250 BABIES, PROVIDED NEARLY 211,000 OUTPATIENT VISITS FOR DIAGNOSTIC AND TREATMENT SERVICES INCLUDING APPROXIMATELY 66,800 EMERGENCY DEPARTMENT VISITS.

CMC HAS JOINT COMMISSION TRIENNIAL RE-ACCREDITATION FOR HOSPITALS AND HAS BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE.

- JOINT COMMISSION GOLD SEAL OF APPROVAL FOR STROKE PROGRAM, TOTAL JOINT REPLACEMENT-HIP AND TOTAL JOINT REPLACEMENT-KNEE.

- DESIGNATED PRIMARY STROKE CENTER WITH NEW JERSEY DEPARTMENT OF HEALTH.

- RECEIVED A LEAPFROG SAFETY GRADE OF "A" IN SPRING 2021.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

- THE CANCER CENTER HAS BEEN ACCREDITED BY THE COMMISSION ON CANCER OF

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THE AMERICAN COLLEGE OF SURGEONS SINCE 1986 AND RECOGNIZED AS A BARIATRIC
SURGERY CENTER.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX AND WAS IN TOP 10
HOSPITALS IN THE STATE FOR INCLUSIVITY AND PATIENT SAFETY.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

- U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR THREE
PROCEDURES: DIABETES, STROKE AND CHRONIC OBSTRUCTIVE PULMONARY DISORDER.

- SRC EXCELLENCE IN ROBOTIC SURGERY ACCREDITED AS A CENTER OF EXCELLENCE
IN ROBOTIC SURGERY BY THE SURGICAL REVIEW CORPORATION, A NONPROFIT,
PATIENT SAFETY ORGANIZATION THAT DEVELOPS AND ADMINISTERS BEST-IN-CLASS
ACCREDITATION PROGRAMS FOR MEDICAL PROFESSIONALS, SURGEONS, HOSPITALS,
AND FREESTANDING OUTPATIENT FACILITIES THROUGHOUT THE WORLD.

COOPERMAN BARNABAS MEDICAL CENTER ("CBMC")

IN SEPTEMBER 2021, SAINT BARNABAS MEDICAL CENTER ANNOUNCED THAT THE
HOSPITAL WILL BE RENAMED THE COOPERMAN BARNABAS MEDICAL CENTER (CBMC) IN

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HONOR OF DONORS LEON AND TOBY COOPERMAN. THE HOSPITAL WANTED TO HONOR AND
RECOGNIZE THE COOPERMAN FAMILY FOUNDATION \$100 MILLION DONATION -THE
LARGEST MONETARY CONTRIBUTION EVER PROVIDED TO A HOSPITAL IN NEW JERSEY--
IN SUPPORT OF ITS HEALTHCARE INITIATIVES.

CBMC IS LOCATED IN THE TOWN OF LIVINGSTON, WITHIN ESSEX COUNTY, NEW
JERSEY. LIVINGSTON IS THE 75TH LARGEST MCD/TOWNSHIP IN NEW JERSEY AND IS
ESTIMATED TO HAVE INCREASED 6.9% IN ITS POPULATION FROM 2010 TO 2020.
ESSEX COUNTY IS THE THIRD LARGEST POPULOUS COUNTY AND THE SECOND MOST
DENSELY POPULATED IN NEW JERSEY AND HAS EXPERIENCED GROWTH IN NUMBERS AT
10.2% FROM 2010 TO 2020. THERE ARE 22 MUNICIPALITIES IN ESSEX COUNTY WITH
THE WESTERN PARTS ENCOMPASSING MORE AFFLUENT AND SUBURBAN POPULATIONS,
WHILE THE EASTERN REGION OF THE COUNTY CONTAINS MORE URBANIZED,
IMPOVERISHED INNER CITY COMMUNITIES (FOUR DESIGNATED URBAN ENTERPRISE
ZONES - NEWARK, EAST ORANGE, ORANGE, AND IRVINGTON). NEWARK IS RANKED AS
ONE OF THE POOREST PLACES IN THE COUNTY AND IS LOCATED LESS THAN TEN
MILES FROM ESSEX FELLS WHICH HAS ONE OF THE HIGHEST PER CAPITA INCOMES IN
THE STATE. LIVINGSTON, SOUTH ORANGE, AND SHORT HILLS HAVE SOME OF THE
HIGHEST PERCENTAGE OF JEWISH POPULATIONS FOR MUNICIPALITIES IN THE U.S.,
AND BELLEVILLE AND BLOOMFIELD MAINTAIN A STRONG ITALIAN AMERICAN
POPULATION.

THE 597-BED TEACHING INSTITUTION CARED FOR NEARLY 33,000 INPATIENTS AND
OVER 81,300 EMERGENCY DEPARTMENT ADULT AND PEDIATRIC PATIENTS DURING
2021. THE HOSPITAL DELIVERED OVER 6,500 BABIES FOR MOTHERS COMING FROM

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NEARLY EVERY COUNTY IN THE STATE. CBMC ALSO SERVED APPROXIMATELY 283,000
OUTPATIENT VISITS.

CBMC IS ACCREDITED BY THE JOINT COMMISSION HAS EARNED MANY CERTIFICATIONS
AND ACCREDITATIONS AND BEEN THE RECIPIENT OF NUMEROUS AWARDS AND HONORS
INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- ADVANCED CERTIFICATION FOR ITS STROKE CENTER AND FOR ADVANCED
PALLIATIVE CARE; CORE CERTIFICATION FOR ACUTE CORONARY SYNDROME, CARDIAC
REHABILITATION, HEART FAILURE, HIP REPLACEMENT AND KNEE REPLACEMENT.

- HEALTHGRADES 2022 AMERICA'S 250 BEST HOSPITALT RECIPIENT AND 100 BEST
CARDIAC CARET (2022, 2021, 2020) AND AMERICA'S 100 BEST HOSPITALS FOR
GASTROINTESTINAL SURGERYT (2022, 2021) AND AMERICA'S 100 BEST HOSPITALS
FOR PULMONARY CARE AWARDT (2022).

- RECOGNIZED BY HEALTHGRADES AS PERFORMING BETTER THAN EXPECTED FOR HEART
FAILURE, 30-DAY SEPSIS MORTALITY, BOWEL OBSTRUCTION MORTALITY, 30-DAY
MORTALITY FOR COLORECTAL SURGERIES, UPPER GASTROINTESTINAL SURGERY
MORTALITY, VAGINAL DELIVERIES, STROKE 30-DAY MORTALITY, CHRONIC
OBSTRUCTIVE PULMONARY DISEASE 30-DAY MORTALITY, AND PNEUMONIA MORTALITY.

- U.S. NEWS & WORLD REPORT CONFERS CBMC AS A BEST REGIONAL HOSPITAL AND
NOTES HIGH PERFORMANCE FOR COLON CANCER SURGERY, HEART ATTACK, HEART
FAILURE, DIABETES, KIDNEY FAILURE, STROKE, AND PNEUMONIA.

- MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR

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NURSING EXCELLENCE.

- RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CIVIL RIGHTS ORGANIZATION, FOR FOUR CONSECUTIVE YEARS.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

- LOWN INSTITUTE RANKED CBMC AN ("A") FOR COST EFFICIENCY AND FOR CLINICAL OUTCOMES.

- THREE-YEAR APPROVAL FOR THE CANCER CENTER FROM THE AMERICAN COLLEGE OF SURGEONS (ACS) COMMISSION ON CANCER. AN ACS ACCREDITED COMPREHENSIVE BARIATRIC SURGERY CENTER INCLUSIVE OF ADOLESCENT SERVICES AND AN ACCREDITED BREAST CENTER.

- DESIGNATED LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS

- AMERICAN BURN ASSOCIATION IN CONJUNCTION WITH THE AMERICAN COLLEGE OF SURGEONS BURN CENTER VERIFICATION.

- JOINT COMMISSION GOLD SEAL OF APPROVAL FOR ACUTE CORONARY SYNDROME (ASC), HEART FAILURE, CARDIAC REHABILITATION, PRIMARY STROKE, TOTAL HIP REPLACEMENT AND TOTAL KNEE REPLACEMENT.

- QRCR CERTIFIED BY THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE.

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- CARDIAC REHABILITATION PROGRAM ACCREDITED/CERTIFIED BY THE AMERICAN
ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.

- LABORATORY AND PATHOLOGY SERVICES ACCREDITED/CERTIFIED BY THE COLLEGE
OF AMERICAN PATHOLOGISTS; LABORATORY TRANSFUSION SERVICES
ACCREDITED/CERTIFIED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS.

- RADIATION ONCOLOGY SERVICES ACCREDITED/CERTIFIED BY THE AMERICAN
COLLEGE OF RADIOLOGY AND THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

JERSEY CITY MEDICAL CENTER ("JCMC")

JERSEY CITY MEDICAL CENTER IS 348- BED LICENSED GENERAL ACUTE CARE
HOSPITAL LOCATED IN JERSEY CITY, THE POPULATION CENTER OF HUDSON COUNTY,
AND COMPRISES OVER 40% OF THE COUNTY'S POPULATION IN 2020 AND IS
ESTIMATED TO HAVE GROWN OVER 44,800 PEOPLE FROM 2010 TO 2020. HUDSON
COUNTY IS ESTIMATED TO HAVE THE LARGEST POPULATION GROWTH IN THE STATE
SINCE 2010, ADDING OVER 90,500 PEOPLE. JERSEY CITY WAS THE SECOND MOST
POPULOUS CITY IN NEW JERSEY IN 2021 (CENSUS BUREAU ESTIMATES) AND HAD THE
HIGHEST INCREASE IN POPULATION NUMBERS OF NEW JERSEY'S PLACES AND TOWNS
FROM 2010 TO 2020. JERSEY CITY IS THE SECOND MOST POPULOUS CITY IN NEW
JERSEY ACCORDING TO THE 2020 CENSUS. IN 2021, JCMC ADMITTED NEARLY 16,000
INPATIENTS AND PROVIDED AROUND 201,000 OUTPATIENT VISITS WITH MORE THAN

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81,100 EMERGENCY DEPARTMENT VISITS. THE HOSPITAL DELIVERED NEARLY 2,000
BABIES.

JCMC IS A DNV (WHICH STANDS FOR DET NORSKE VERITAS) FULLY ACCREDITED
HOSPITAL AND HAS BEEN RECOGNIZED FOR ITS EXCELLENCE IN PROVIDING CARE AND
SUPPORT FOR THE HEALTH AND WELLNESS OF OUR COMMUNITY. DNV IS RECOGNIZED
BY MEDICARE FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (NIAHO)
HOSPITAL ACCREDITATION PROGRAM. THE FOLLOWING IS A LISTING OF AWARDS AND
DESIGNATIONS RECENTLY RECEIVED BY THE JERSEY CITY MEDICAL CENTER IN
RECOGNITION OF ITS SERVICE TO THE COMMUNITY.

- THE HOSPITAL WAS CERTIFIED BY DNV GL - WITH ISO 9001 CERTIFICATION IN
RECOGNITION OF THE HOSPITAL'S QUALITY PROGRAM AND FOR INPATIENT AND
OUTPATIENT SERVICES.

- RECEIVED DNV PRIMARY STROKE CENTER CERTIFICATION, AFFIRMING THE
HOSPITAL'S READINESS TO HANDLE A FULL RANGE OF STROKE-RELATED MEDICAL
PROBLEMS. ALSO DESIGNATED BY THE STATE AS A PRIMARY STROKE CENTER.

- THE ORTHOPEDIC CENTER AT JCMC WAS RECOGNIZED AS A DNV GL HEALTHCARE
CERTIFIED HIP & KNEE REPLACEMENT PROGRAM, VALIDATING THE HOSPITAL'S
EXCELLENCE ACROSS THE SPECTRUM OF HIP AND KNEE REPLACEMENT CARE, FROM
DIAGNOSIS TO TREATMENT, REHABILITATION, EDUCATION, AND OUTCOMES.

- RECEIVED THE MAGNET HOSPITAL DESIGNATION FOR FOUR CONSECUTIVE TIMES,

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MEETING RIGOROUS STANDARDS FOR NURSING EXCELLENCE.

- HEALTHGRADES GYNECOLOGIC SURGERY EXCELLENCE AWARDT FOR 2021, 2020,
2019.

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING EXCESSIVE BRUISING OR
BLEEDING AS A CONSEQUENCE OF A PROCEDURE OR SURGERY.

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR C-SECTIONS, GYN
PROCEDURES AND HYSTERECTOMIES, AND HIP REPLACEMENTS.

- AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER ACCREDITED SITE AND A
VERIFIED TRAUMA CENTER (LEVEL 2).

- DESIGNATED AS LGBTQ HEALTHCARE EQUALITY LEADER IN 2014 AND
RE-DESIGNATED EVERY YEAR, MOST RECENTLY IN 2022, BY THE HUMAN RIGHTS
CAMPAIGN (HRC) FOUNDATION.

- RANKED AS "HIGH PERFORMING" IN TREATMENT OF KIDNEY FAILURE BY U.S. NEWS
& WORLD REPORT, PRIOR RECOGNITION FOR HEART FAILURE AND CHRONIC
OBSTRUCTIVE PULMONARY DISEASE.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

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- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND
WAS IN TOP 10 HOSPITALS IN THE STATE.

- THE LEAPFROG GROUP HAS AWARDED JCMC A 'B' GRADING FOR QUALITY AND
PATIENT SAFETY; WAS NAMED A TOP TEACHING HOSPITAL BY LEAPFROG GROUP IN
2017.

- U.S. NEWS & WORLD REPORT, NAMED AS A HIGH PERFORMING HOSPITAL FOR FIVE
CONDITIONS: HEART ATTACK, HEART FAILURE, DIABETES, KIDNEY FAILURE AND
CHRONIC OBSTRUCTIVE PULMONARY DISORDER.

- RECIPIENT OF THE AMERICAN HEALTH ASSOCIATION (AHA)/AMERICAN STROKE
ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY
ACHIEVEMENT AWARD AND HONOR ROLE ELITE FOR HIGHER ACHIEVEMENT OF STROKE
TREATMENT TIME.

- OPERATED THE FIRST EMS SERVICE IN THE U.S. TO EARN TRIPLE ACCREDITATION
IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE.

MONMOUTH MEDICAL CENTER ("MMC") AND MONMOUTH MEDICAL CENTER-SOUTHERN
CAMPUS ("MMC-SC")

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MMC IS A 514-BED TEACHING HOSPITAL LOCATED IN LONG BRANCH, MONMOUTH COUNTY, NEW JERSEY. MONMOUTH COUNTY IS THE NORTHERNMOST COUNTY ON THE JERSEY SHORE AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE SIXTH LARGEST TOTAL POPULATION IN THE STATE ACCORDING TO 2020 CENSUS. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE. LONG BRANCH CITY IS THE 74TH LARGEST MCD LOCATION IN THE STATE AND HAS BEEN DESIGNATED AS A MUA/MUP (MEDICALLY UNDERSERVED AREA/POPULATION) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. CONTINUED GROWTH IS ESTIMATED FOR THE CITY WITH CENSUS ESTIMATES PLACING AT THE 10TH HIGHEST GROWTH BETWEEN 2020 AND 2021.

THE INSTITUTION PROVIDES A BROAD SPECTRUM OF SERVICES, SERVING THE LIFESPAN RANGING FROM HIGH-RISK NEONATOLOGY TO GERIATRIC CARE. ADMISSIONS TOTAL OVER 22,600 ANNUALLY, INCLUDING OVER 6,200 BIRTHS, AND APPROXIMATELY NEARLY 197,600 OUTPATIENT VISITS AND OVER 45,100 EMERGENCY VISITS. MMC SERVES A DIVERSE COMMUNITY WITH AND IS LOCATED IN THE NORTHERNMOST COUNTY ON THE JERSEY SHORE AND IS IN CLOSE PROXIMITY TO NEW YORK CITY WITH THE FIFTH LARGEST TOTAL POPULATION IN THE STATE. MONMOUTH COUNTY IS HOME TO IMMIGRANT POPULATIONS OF ITALIAN, GERMAN AND POLISH, WITH A LARGE IRISH AMERICAN POPULATION AND A RAPIDLY GROWING ASIAN PRESENCE.

MMC, A FULLY ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH CARE PROVIDER, IS

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THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED
TO, THE FOLLOWING:

- EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE
CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR HIP AND KNEE JOINT
REPLACEMENT AND SPINE SURGERY.
- MAGNET RECOGNITION FOR NURSING PROFESSIONALISM, TEAMWORK, AND
SUPERIORITY IN PATIENT CARE. WITH THIS CREDENTIAL, MMC JOINED THE GLOBAL
COMMUNITY OF ORGANIZATIONS RECOGNIZED BY MAGNET. CURRENTLY, JUST 509 U.S.
HEALTH CARE ORGANIZATIONS OUT OF MORE THAN 6,300 U.S. HOSPITALS HAVE
ACHIEVED MAGNET RECOGNITION.
- PTAP ACCREDITATION BY THE AMERICAN NURSES CREDENTIALING CENTER'S
COMMISSION ON ACCREDITATION IN PRACTICE TRANSITION PROGRAMS REVIEWED
MMC'S APPLICATION FOR ACCREDITATION AS A PRACTICE TRANSITION PROGRAM THE
HOSPITAL'S NEW GRADUATE RESIDENCY PROGRAM WAS AWARDED ACCREDITATION WITH
DISTINCTION, THE HIGHEST RECOGNITION AWARDED BY THE AMERICAN NURSES
CREDENTIALING CENTER'S ACCREDITATION PROGRAM.
- ACCREDITED BY THE FORUM FOR SHARED GOVERNANCE JOINING THE 90+
ORGANIZATIONS INTERNATIONALLY WHO STRIVE TO ELEVATE NURSING WITHIN THEIR
ORGANIZATIONS.
- HEALTHGRADES LABOR AND DELIVERY EXCELLENCE AWARD (2021, 2020, 2019) AND

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OBSTETRICS AND GYNECOLOGY EXCELLENCE AWARDT (2021, 2020, 2019).

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING ACCIDENTAL CUT,
PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR VAGINAL DELIVERIES,
HIP FRACTURE TREATMENT AND KNEE REPLACEMENTS.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED
FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

- NAMED ON NEWSWEEK LIST OF WORLD'S BEST HOSPITALS, AMONGST 2,200
HOSPITALS WORLDWIDE.

- CONSISTENTLY EARNS GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG
GROUP; RECOGNIZED FOR THE THIRD TIME AS A TOP TEACHING HOSPITAL IN 2021.

- ONE OF THE EIGHT HOSPITALS IN NEW JERSEY TO RECEIVE A 4-STAR RATING-THE
HIGHEST RATING IN THE STATE-FROM THE CENTERS FOR MEDICARE AND MEDICAID
SERVICES.

- LGBTQ HEALTHCARE EQUALITY LEADER IN LGBTQ HEALTHCARE EQUALITY.

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- DESIGNATED AS A COMPREHENSIVE CANCER PROGRAM AND BARIATRIC SURGERY
CENTER BY THE AMERICAN COLLEGE OF SURGEONS.

- NAMED A 2020 GUARDIAN OF EXCELLENCE AWARD WINNER BY PRESS GANEY. THE
GUARDIAN OF EXCELLENCE AWARD RECOGNIZES TOP-PERFORMING HEALTH CARE
ORGANIZATIONS THAT HAVE ACHIEVED THE 95TH PERCENTILE OR ABOVE FOR
PERFORMANCE IN PATIENT EXPERIENCE.

- A TOP NEW JERSEY HOSPITALS IN THE U.S. NEWS & WORLD REPORT RANKINGS.
RECOGNIZED AS HIGH PERFORMER FOR KIDNEY FAILURE, CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, AND HEART FAILURE.

- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR COMMUNITY BENEFIT AND
FOR PATIENT SAFETY (WAS IN TOP 10 HOSPITALS IN THE STATE).

- DESIGNATED AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS)
HOSPITAL.

- JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER IS THE FIRST IN THE
REGION TO BE DESIGNATED A CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE,
THE HIGHEST RECOGNITION ATTAINABLE FROM THE NATIONAL QUALITY MEASURES FOR
BREAST CENTERS AND IS A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF
AMERICA'S BEST BREAST CENTERS FOR FIVE CONSECUTIVE YEARS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- SLEEP DISORDERS CENTER IS THE FIRST FACILITY IN MONMOUTH COUNTY TO EARN

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ACCREDITATION FROM THE AMERICAN ACADEMY OF SLEEP MEDICINE.

- AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES HEART FAILURE GOLD PLUS QUALITY ACHIEVEMENT AWARD.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021

MMC-SC IS A 241-BED FULLY ACCREDITED ACUTE CARE HOSPITAL LOCATED IN LAKEWOOD, OCEAN COUNTY, NEW JERSEY. LAKEWOOD HAS BEEN IDENTIFIED AS ONE OF THE FASTEST-GROWING TOWNSHIPS IN NEW JERSEY DURING THE PAST DECADE (WITH 45% GROWTH) AND IS RANKED THE 4TH MOST POPULOUS MCD IN THE STATE ACCORDING TO 2021 CENSUS ESTIMATES. THE LOCATION OF MMCSC IS WITHIN A DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (MUA/MUP) BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA) BRANCH OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND AN URBAN ENTERPRISE ZONE (UEZ) BY THE STATE OF NEW JERSEY. MMC-SC SERVES A DIVERSE URBAN POPULATION INCLUDING A PROPORTIONATELY HIGHER MIX OF ELDERLY AND UNINSURED/UNDERINSURED COMMUNITIES. DURING 2021, MMC-SC SERVICED OVER 5,400 INPATIENTS, NEARLY OVER 64,000 OUTPATIENT VISITS WITH OVER 26,200 EMERGENCY VISITS.

MMC-SC'S LAKEWOOD CAMPUS IS ACCREDITED BY THE JOINT COMMISSION AND HAS ALSO BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

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- EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR CHEST PAIN AND HEART FAILURE.
- HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR PACEMAKER PROCEDURES.
- RECEIVED AN "A" FROM THE LOWN HOSPITAL INDEX FOR EQUITY AND COMMUNITY BENEFIT.
- LGBTQ HEALTHCARE EQUALITY LEADER IN LGBTQ HEALTHCARE EQUALITY.
- EARNED A GRADE "B" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP.
- DESIGNATION AS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDER) HOSPITAL.
- RECOGNITION AS A MENTOR HOSPITAL BY THE NEW JERSEY HOSPITAL ENGAGEMENT NETWORK (HEN).
- NJ SHARING NETWORK PLATINUM LEVEL RECOGNITION FOR INCREASING ENROLLMENT IN THE NEW JERSEY STATE DONOR REGISTRY AND SPREADING THE LIFE-SAVING MESSAGE OF ORGAN AND TISSUE DONATION.

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- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC")

NEWARK BETH ISRAEL MEDICAL CENTER ("NBIMC"), A 667-BED TEACHING HOSPITAL
ESTABLISHED IN 1901, PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO ITS
LOCAL COMMUNITIES AND IS A MAJOR REFERRAL AND TREATMENT CENTER FOR
PATIENTS THROUGHOUT THE NORTHERN NEW JERSEY METROPOLITAN AREA. NBIMC IS
LOCATED IN THE CITY OF NEWARK, THE SEAT OF ESSEX COUNTY. NEWARK IS THE
66TH LARGEST INCORPORATED PLACE IN THE UNITED STATES ACCORDING TO 2021
CENSUS ESTIMATES AND IT IS NEW JERSEY'S LARGEST, AND AMONGST THE STATE'S
MOST DIVERSE, CITIES. NEWARK IS ESTIMATED TO HAVE HAD THE 3RD HIGHEST
INCREASE IN POPULATION NUMBERS OF MCD/TOWNSHIPS, WITH 12.2% GROWTH FROM
2010 TO 2020. NBIMC SERVES AREAS THAT INCLUDE MUA/MUP DESIGNATIONS AND
STATE DESIGNATION AS MEDICALLY UNDERINSURED AND AN URBAN ENTERPRISE ZONE
(UEZ) BY THE STATE OF NEW JERSEY. NEWARK IS HOME TO A MAJOR
INTERNATIONAL AIRPORT AND CONNECTS TO MAJOR ROADWAYS AND IS ADJACENT TO
MAJOR SHIPPING YARDS. DUE TO THE NATURE OF ITS LOCATION, NBIMC SERVES
DIVERSE COMMUNITIES WITH THE MAJORITY OF THE RACIAL MAKEUP OF THE CITY
BEING PREDOMINANTLY MINORITY AND SURROUNDED BY RESIDENTIAL SUBURBS TO THE
WEST, DENSE URBAN AREAS TO BOTH THE SOUTH AND EAST, AND MIDDLE-CLASS
RESIDENTIAL SUBURBS AND INDUSTRIAL AREAS TO THE NORTH. IN 2021, NBIMC HAD

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OVER 18,700 INPATIENT ADMISSIONS, AROUND 2,500 BIRTHS, OVER 263,000
OUTPATIENT CASES AND OVER 82,900 EMERGENCY VISITS.

NBIMC, A JOINT COMMISSION ACCREDITED HOSPITAL AND BEHAVIORAL HEALTH
PROVIDER, IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT
NOT LIMITED TO, THE FOLLOWING:

- CERTIFIED BY THE JOINT COMMISSION DISEASE SPECIFIC CARE ADVANCED
CERTIFICATION AS A PRIMARY STROKE CENTER AND A VENTRICULAR ASSIST DEVICE
PROGRAM.
- CERTIFIED BY JOINT COMMISSION AS CORE PROGRAM IN HEART FAILURE.
- NEWARK BETH ISRAEL MEDICAL CENTER HAS BEEN NAMED ONE OF THE 2019, 2020,
AND 2021 WORLD'S BEST HOSPITALS BY NEWSWEEK MAGAZINE.
- LEAPFROG "A" GRADE FOR SAFETY AND QUALITY SPRING 2021.
- NICHE EXEMPLAR HOSPITAL DESIGNATION INDICATES A HOSPITAL'S COMMITMENT
TO ELDER CARE EXCELLENCE.
- HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD (2021, 2020) INDICATING
TOP IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY
PREVENTING INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE
COMPLICATIONS

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- HEALTHGRADES AS HIGHER PERFORMING FOR CARDIAC DEFIBRILLATOR PROCEDURES,
VAGINAL AND C-SECTION DELIVERIES.

- HEALTHGRADES RECOGNITION FOR SAFETY AS TO PREVENTING THE FOLLOWING:
COLLAPSED LUNG DUE TO A PROCEDURE OR SURGERY IN OR AROUND THE CHEST;
EXCESSIVE BRUISING OR BLEEDING AS A CONSEQUENCE OF A PROCEDURE OR
SURGERY; AND RESPIRATORY FAILURE FOLLOWING SURGERY.

- AN LGBTQ HEALTHCARE EQUALITY INDEX LEADER DESIGNATION BY THE HUMAN
RIGHTS CAMPAIGN (HRC) FOUNDATION (2017-2021).

- NEW JERSEY DESIGNATED PRIMARY STROKE CENTER BY THE NEW JERSEY
DEPARTMENT OF HEALTH AND SENIOR SERVICES.

- NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) EXEMPLAR HOSPITAL
DESIGNATION. 2015-2021.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL
ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM
CHIME IN 2021.

- LOWN INSTITUTE RANKED IN STATE'S TOP 10 AND AN ("A") FOR SOCIAL
RESPONSIBILITY, COMMUNITY BENEFIT, INCLUSIVITY.

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- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- ACCREDITATION FOR THE COHEN CANCER CENTER AT NBIMC BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER.

- AMERICAN HEART ASSOCIATION - GUIDELINES GOLD AWARD FOR RESUSCITATION AND RECOGNIZED FOR PRIMARY STROKE CERTIFICATION.

- USNEWS & WORLD REPORT: RATED HIGH PERFORMING FOR TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND HEART FAILURE 2016; CARDIOLOGY AND HEART SURGERY 2020; PULMONOLOGY AND LUNG SURGERY 2020; BEST HOSPITALS IN THE NEW JERSEY AND METRO AREA - CANCER, CARDIOLOGY & HEART SURGERY, DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY & GI SURGERY, NEPHROLOGY, NEUROLOGY & NEUROSURGERY 2014-2015.

- AMERICAN COLLEGE OF RADIOLOGY - DIAGNOSTIC IMAGING CENTER OF EXCELLENCE; DIAGNOSTIC IMAGING CENTER OF EXCELLENCE; DESIGNATED LUNG CANCER SCREENING CENTER; AND DESIGNATED LUNG CANCER SCREENING CENTER.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET (RWJUH-NEW BRUNSWICK AND RWJUH-SOMERSET)

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RWJUH IS A 947-LICENSED BED ACADEMIC MEDICAL CENTER WITH CAMPUSES IN NEW BRUNSWICK AND SOMERVILLE, NJ. THIS ENTITY WAS CREATED THROUGH THE SUCCESSFUL MERGER BETWEEN RWJUH AND SOMERSET MEDICAL CENTER IN THE YEAR 2014.

RWJUH-NEW BRUNSWICK IS LOCATED IN NEW BRUNSWICK, THE POPULATION CENTER OF MIDDLESEX COUNTY. ACCORDING TO CENSUS BUREAU ESTIMATES, MIDDLESEX COUNTY IS THE SECOND LARGEST COUNTY IN NEW JERSEY AND IS ESTIMATED TO HAVE HAD THE SIXTH LARGEST GROWTH IN RESIDENTS FROM 2010 TO 2020. NEW BRUNSWICK IS THE LARGEST CITY IN THE COUNTY. NEW BRUNSWICK'S EXTENSIVE HISTORY DATES BACK TO PRE-REVOLUTIONARY TIMES AND IT IS THE HOME OF RUTGERS UNIVERSITY, THE STATE UNIVERSITY OF NEW JERSEY. DURING 2021, THE HOSPITAL'S NEW BRUNSWICK CAMPUS HAD NEARLY 32,800 INPATIENT ADMISSIONS, OVER 3,000 BIRTHS AND OVER 86,300 HOSPITAL EMERGENCY DEPARTMENT VISITS FOR BOTH ADULT AND PEDIATRIC DEPARTMENTS. TOTAL OUTPATIENT CASES WERE OVER 398,600.

RWJUH-SOMERSET IS LOCATED SOMERVILLE, THE COUNTY SEAT OF SOMERSET COUNTY, NEW JERSEY. SOMERSET COUNTY, THE 13TH LARGEST COUNTY, HAD THE 5TH LARGEST POPULATION GROWTH FROM 2010 TO 2020. SOMERSET COUNTY IS ONE OF AMERICA'S OLDEST COUNTIES AND WAS FIRST SETTLED IN 1681. MOST OF THE EARLY RESIDENTS WERE DUTCH. IN THE 1960S, TOWNSHIPS THAT WERE ONCE EXCLUSIVELY AGRICULTURAL WERE QUICKLY TRANSFORMED INTO SUBURBAN COMMUNITIES. THE AREA

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GROWTH WAS AIDED BY THE DEVELOPMENT OF A VERY STRONG PHARMACEUTICAL AND TECHNOLOGY PRESENCE. ON THE SOMERSET CAMPUS, THERE WERE OVER NEARLY 14,100 INPATIENT ADMISSIONS, NEARLY 45,000 EMERGENCY DEPARTMENT VISITS AND NEARLY 900 BIRTHS. TOTAL OUTPATIENT VISITS EXCEEDED 116,400 DURING 2021.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES HAVE EARNED SIGNIFICANT NATIONAL RECOGNITION FOR CLINICAL QUALITY AND PATIENT SAFETY, INCLUDING BUT NOT LIMITED TO:

- BOTH HOSPITALS ARE FULLY ACCREDITED BY THE JOINT COMMISSION. RWJUH-NEW BRUNSWICK HAS ADVANCED CERTIFICATION FOR ADVANCED COMPREHENSIVE STROKE CENTER AND FOR VENTRICULAR ASSIST DEVICE. IT HAS CORE CERTIFICATION FOR BARIATRIC SURGERY, SPINE SURGERY, HIP REPLACEMENT AND KNEE REPLACEMENT. RWJUH-SOMERSET ALSO IS ACCREDITED FOR BEHAVIORAL HEALTH CARE AND HUMAN SERVICES. SOMERSET ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER AND CORE CERTIFICATION FOR ACUTE MYOCARDIAL INFARCTION, HIP REPLACEMENT AND KNEE REPLACEMENT.

- THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES HAVE DESIGNATED THE NEW BRUNSWICK CAMPUS AS A COMPREHENSIVE STROKE CENTER AND THE SOMERSET CAMPUS AS A PRIMARY STROKE CENTER.

- BOTH HOSPITALS HAVE ACHIEVED THE PRESTIGIOUS MAGNET AWARD FOR NURSING EXCELLENCE.

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- RANKED AS A REGIONAL BEST HOSPITAL BY U.S. NEWS & WORLD REPORT, RWJUH-NEW BRUNSWICK WAS RECOGNIZED AS "HIGH-PERFORMING" IN TWO ADULT SPECIALTIES AND TEN ADULT CONDITIONS AND PROCEDURES, THESE ARE COLON CANCER SURGERY, LUNG CANCER SURGERY, HEART ATTACK, HEART BYPASS SURGERY, HEART FAILURE, DIABETES, KIDNEY FAILURE, STROKE, HIP REPLACEMENT AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE. RWJUH-SOMERSET WAS RECOGNIZED AS "HIGH-PERFORMING" FOR HEART FAILURE, DIABETES, KIDNEY FAILURE, STROKE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

- RWJUH WAS NAMED TO NEWSWEEK'S 2021 LIST OF BEST MATERNITY CARE HOSPITALS, IN RECOGNITION OF THE EXCEPTIONAL CARE WE PROVIDE TO MOTHERS, NEWBORNS AND THEIR FAMILIES.

- RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES BARIATRIC SURGERY EXCELLENCE AWARDT (2022, 2021, 2020) AND AMERICA'S 100 BEST HOSPITALS FOR PROSTATE SURGERY AWARDT (2020). RWJUH-SOMERSET RECEIVED THE PATIENT SAFETY EXCELLENCE AWARDT (2021) AND GYNECOLOGIC SURGERY EXCELLENCE AWARDT (2021, 2020, 2019).

- RWJUH-NEW BRUNSWICK RECEIVED HEALTHGRADES SAFETY RECOGNITION FOR SAFETY AS TO PREVENTING THE FOLLOWING: RESPIRATORY FAILURE FOLLOWING SURGERY.

- HEALTHGRADES RECOGNIZED RWJUH-NEW BRUNSWICK AS HIGHER PERFORMING FOR BARIATRIC SURGERY, VAGINAL DELIVERY AND HIP FRACTURE TREATMENT.

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RWJUH-SOMERSET WAS RECOGNIZED AS BETTER THAN EXPECTED FOR PACEMAKER PROCEDURES, BOWEL OBSTRUCTION 30-DAY MORTALITY, HYSTERECTOMY, C-SECTION AND VAGINAL DELIVERY,

- RWJUH - SOMERSET HAS RECEIVED AN "A" PATIENT SAFETY GRADE FROM THE LEAPFROG GROUP FOR BOTH THE SPRING AND FALL 2021 SCORES.

- LOWN INSTITUTE RANKED RWJUH-SOMERSET AN ("A") FOR COST EFFICIENCY.

- BOTH HOSPITALS ARE RECOGNIZED AS A "LEADER IN LGBTQ HEALTHCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN (HRC) FOUNDATION, THE EDUCATIONAL ARM OF THE COUNTRY'S LARGEST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CIVIL RIGHTS ORGANIZATION, FOR FOUR CONSECUTIVE YEARS.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- BOTH HOSPITALS HAVE NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL DESIGNATION.

- NAMED TO THE 'MOST WIRED HOSPITALS' LIST BY THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM. ACHIEVED LEVEL 9 MOST WIRED RECOGNITION FROM CHIME IN 2021.

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- THE AMERICAN COLLEGE OF SURGEONS' (ACS) DESIGNATES RWJUH-NEW BRUNSWICK TRAUMA CENTER FOR THE HIGHEST ADULT LEVEL I AND AS A LEVEL II PEDIATRIC TRAUMA CENTER. THE BARIATRIC SURGERY CENTER IS DESIGNATED AS A COMPREHENSIVE.

- THE ACS COMMISSION ON CANCER (COC) HAS RATED RWJUH-NEW BRUNSWICK AMONG THE NATION'S BEST COMPREHENSIVE CANCER CENTERS; BOTH HOSPITALS' CANCER CENTERS HAVE COC DESIGNATIONS.

- RWJUH-NEW BRUNSWICK'S COMPREHENSIVE STROKE CENTER HAS EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD AND ITS STROKE ELITE PLUS HONOR ROLL AWARD - TWO OF THE HIGHEST HONORS THAT A CENTER CAN RECEIVE FROM THE ORGANIZATION FOR EXCEPTIONAL STROKE CARE. IT IS ALSO RECEIVES HONORS FOR ITS HEART FAILURE PROGRAM. RWJUH-SOMERSET ALSO HAS GOLD PLUS ACHIEVEMENT FOR ITS STROKE CENTER AND HONOR ROLL FOR ITS STROKE AND HEART FAILURE PROGRAM.

- TOP DOCTORS -- NUMEROUS RWJUH PHYSICIANS CONSISTENTLY APPEAR IN RANKINGS FOR "BEST DOCTORS" IN PUBLICATIONS INCLUDING NEW YORK MAGAZINE AND NEW JERSEY MONTHLY. IN FACT, RWJUH HAS CONSISTENTLY HAD THE MOST OR CLOSE TO THE HIGHEST NUMBER OF DOCTORS RECOGNIZED ON THE LIST. THE DATA USED TO COMPILE THIS LIST COMES FROM CASTLE CONNOLLY'S ANNUAL "BEST DOCTORS" PUBLICATION, WHICH USES A PEER REVIEW PROCESS TO NOMINATE AND

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SELECT THE TOP PHYSICIANS IN THE NEW YORK AREA. CRITERIA FOR NOMINATION AND SELECTION INCLUDE NOT ONLY PROFESSIONAL QUALIFICATIONS AND REPUTATION BUT ALSO SKILLS IN DEALING WITH PATIENTS, SUCH AS LISTENING, INSTILLING TRUST, AND SHOWING EMPATHY.

- COLLEGE OF AMERICAN PATHOLOGISTS -- BOTH CAMPUSES OF RWJUH'S LABORATORY SERVICES ARE ACCREDITED BY THE COMMISSION ON LABORATORY ACCREDITATION OF THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), BASED ON THE RESULTS OF ITS ON-SITE INSPECTION. RWJUH IS ONE OF MORE THAN 6,000 CAP-ACCREDITED LABORATORIES NATIONWIDE. THE CAP LABORATORY ACCREDITATION PROGRAM, BEGUN IN THE EARLY 1960S, IS RECOGNIZED BY THE FEDERAL GOVERNMENT AS BEING EQUAL TO OR MORE STRINGENT THAN THE GOVERNMENT'S OWN INSPECTION. RWJUH'S LABORATORY WAS CONGRATULATED FOR "EXCELLENCE OF THE SERVICES BEING PROVIDED."

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - HAMILTON ("RWJUH HAMILTON")

RWJUH HAMILTON, A 248-BED GENERAL ACUTE CARE HOSPITAL, IS LOCATED ON A 67-ACRE CAMPUS ADJACENT TO HAMILTON'S VETERANS PARK IN HAMILTON, NEW JERSEY IN MERCER COUNTY. THE TOWNSHIP IS LOCATED IMMEDIATELY EAST OF THE HISTORIC CITY OF TRENTON, THE STATE'S CAPITAL. MERCER COUNTY HAS THE 12TH LARGEST POPULATION SIZE AND HAD THE 7TH LARGEST ESTIMATED GROWTH OF COUNTIES IN NEW JERSEY FROM 2010 TO 2020. TRENTON IS NEW JERSEY'S 10TH LARGEST MCD/TOWNSHIP BY POPULATION SIZE, AND HAMILTON TOWNSHIP IS THE 9TH

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LARGEST. BOTH HAMILTON TOWNSHIP AND TRENTON HAD POPULATION GROWTH FROM 2010 TO 2020, 4.1% AND 7%, RESPECTIVELY. LOCATED IN CENTRAL NEW JERSEY, HAMILTON TOWNSHIP ENJOYS A PRIME LOCATION THAT IS WITHIN AN HOUR'S DRIVE OF NEW YORK CITY, PHILADELPHIA, AND THE JERSEY SHORE. IN 2021, THE HOSPITAL HAD OVER 6,000 ADMISSIONS, AROUND 31,300 EMERGENCY ROOM VISITS. TOTAL OUTPATIENT CASES WERE OVER 96,300.

RWJUH HAMILTON IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

- EARNED JOINT COMMISSION ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER AND CORE DISEASE-SPECIFIC CERTIFICATION FOR SPINE SURGERY, HIP AND KNEE JOINT REPLACEMENT.

- LEAPFROG SAFETY GRADE "A" IN FALL 2021.

- PLATINUM RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

- RECEIVED AMERICAN COLLEGE OF SURGEONS DESIGNATION AS A CANCER CENTER AND A COMPREHENSIVE BARIATRIC SURGERY CENTER.

- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING PRESSURE SORES OR BED

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SORES ACQUIRED IN THE HOSPITAL.

- RANKED AS "HIGH PERFORMING" IN TREATMENT OF HEART FAILURE, KIDNEY
FAILURE AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE BY U.S. NEWS & WORLD
REPORT.

- GOLD RECOGNITION PARTNERSHIP FOR LIFE HOSPITAL CAMPAIGN, RECOGNIZED FOR
RAISING ORGAN AND TISSUE DONATION AWARENESS 2021-2022. RECOGNITION BY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND
SERVICES ADMINISTRATION (HRSA).

- MAGNET HOSPITAL RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING
CENTER (ANCC).

- THE FIRST OF TWO NEW JERSEY HOSPITALS TO RECEIVE THE MALCOLM BALDRIGE
NATIONAL QUALITY AWARD, FOR QUALITY AND PERFORMANCE EXCELLENCE PRESENTED
BY THE PRESIDENT OF THE UNITED STATES.

- NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL
DESIGNATION.

- LOWN INSTITUTE RANKED ("A") FOR COMMUNITY BENEFIT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY ("RWJUH RAHWAY")

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RWJUH RAHWAY IS LICENSED FOR 241 BEDS AND IS LOCATED IN RAHWAY, UNION COUNTY, NEW JERSEY. UNION COUNTY IS THE 7TH LARGEST COUNTY IN THE STATE, AND IT EXPERIENCED THE FOURTH LARGEST POPULATION GROWTH RATE FROM 2010 TO 2020. RAHWAY CITY IS THE 81ST LARGEST MCD/TOWNSHIP IN NEW JERSEY AND GREW BY 8% OVER THE PAST CENSUS PERIOD. RAHWAY AND THE SURROUNDING AREA WERE ONCE THE HOME OF THE LENNI LENAPE NATIVE AMERICANS AND IT GREW DUE TO ITS LOCATION ALONG THE MAJOR STAGECOACH AND RAILROAD LINES BETWEEN NEW YORK CITY AND PHILADELPHIA, PENNSYLVANIA. THE NAVIGABLE RAHWAY RIVER, WHICH FLOWS THROUGH THE CITY, ALSO AIDED THE CITY'S COMMERCIAL GROWTH. IN 2021, RWJUH RAHWAY PROVIDED CARE FOR OVER 5,100 INPATIENTS AND AROUND 31,700 EMERGENCY ROOM VISITS AND OVER 54,000 OUTPATIENT CASES.

RWJUH RAHWAY IS JOINT COMMISSION ACCREDITED AND IS A PROUD RECIPIENT OF NUMEROUS LOCAL, STATE, AND NATIONAL LEVEL AWARDS AND RECOGNITIONS.

- FULLY ACCREDITED BY THE JOINT COMMISSION.

- LEAPFROG SAFETY GRADE "A" FALL 2021 AND FOR SPRING 2022.

- HOSPITALS & HEALTH NETWORKS IN PARTNERSHIP WITH THE AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM AND THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) - MOST WIRED HOSPITAL

- LOWN INSTITUTE RANKED ("A") FOR PATIENT SAFETY.

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- HEALTHGRADES SAFETY RECOGNITION FOR PREVENTING ACCIDENTAL CUT,
PUNCTURE, PERFORATION, OR HEMORRHAGE DURING MEDICAL CARE.

 - HEALTHGRADES BETTER THAN EXPECTED PERFORMANCE FOR APPENDECTOMY
COMPLICATIONS, AND STROKE MORTALITY, HIP FRACTURE TREATMENT AND HIP
REPLACEMENT.

 - C-SECTIONS, GYN PROCEDURES AND HYSTERECTOMIES, AND HIP REPLACEMENTS.

 - NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL
DESIGNATION.

 - DIABETES PROGRAM CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION.

 - PRIMARY STROKE CENTER, NEW JERSEY DEPARTMENT OF HEALTH.

 - AMERICAN HEART/STROKE ASSOCIATION - GET WITH THE GUIDELINES GOLD AWARD
FOR STROKE; AND

 - AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE EMS GOLD AWARD FOR HEART
ATTACK TREATMENT AWARDED TO MOBILE INTENSIVE CARE UNIT.

 - SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH")
-

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SBBH IS A FREESTANDING 100-BED ACUTE CARE PSYCHIATRIC FACILITY PROVIDING INPATIENT, AND INTENSIVE OUTPATIENT PROGRAMS FOR ADULTS AND OLDER ADULTS DIAGNOSED WITH PSYCHIATRIC AND DUAL DISORDERS. SBBH IS THE LICENSED OPERATOR OF 40 OF THESE BEDS AND MANAGES THE OTHER 60 BEDS FOR ITS AFFILIATE, MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, FORMERLY KNOWN AS KIMBALL MEDICAL CENTER.

SBBH'S MODERN FACILITY IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY, AND IS SET ON 16 LOVELY WOODED ACRES IN TOMS RIVER, OCEAN COUNTY, NEW JERSEY OFFERING A SAFE, PRIVATE, AND COMFORTABLE ENVIRONMENT THAT IS AN IDEAL SETTING FOR HEALING. SBBH IS LOCATED IN TOMS RIVER, THE COUNTY SEAT OF OCEAN COUNTY. OCEAN COUNTY IS HOME TO ONE-THIRD OF THE JERSEY SHORE, BORDERING THE ATLANTIC OCEAN IN THE SOUTHERN PART OF NEW JERSEY, A PRIME DESTINATION FOR LARGE BEACH POPULATIONS, FISHERMAN AND BOATERS, WHICH PLACES ADDITIONAL SEASONAL DEMANDS ON THE HOSPITAL'S EMERGENCY DEPARTMENT.

THE CENSUS BUREAU COUNTS EVIDENCE OCEAN COUNTY AS HAVING THE SECOND HIGHEST PERCENTAGE INCREASE (10.5%) IN POPULATION NUMBERS FROM 2010 TO 2020, AND IT HAD THE SECOND LARGEST HIGHEST INCREASE IN NUMBER FOR ALL COUNTIES IN THE STATE. TOMS RIVER TOWNSHIP IS RANKED THE 8TH MOST POPULOUS SUBCOUNTY/TOWNSHIP AREA IN THE STATE ACCORDING TO THE 2020 CENSUS AND 2021 ESTIMATES. WHILE THERE WAS AN ESTIMATED 4.6% POPULATION GROWTH ESTIMATED BETWEEN THE 2010 AND 2020 (THE 27TH HIGHEST VOLUME

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INCREASE IN STATE), AND AN ESTIMATED 1.6% INCREASE FROM 2020 TO 2021 (THE 2ND HIGHEST INCREASE), THE DAMAGE BROUGHT BY HURRICANE SANDY TO THE AREA LIMITS HOUSING AND POPULATION GROWTH.

SBBH SERVES BOTH SUBURBAN AND SEMI-RURAL COMMUNITIES INCLUDING THE SHORE COMMUNITIES AND LOWER-INCOME MUNICIPALITIES OF MANCHESTER AND SOUTH TOMS RIVER. SBBH SERVES A SIGNIFICANT PROPORTION OF ELDERLY - 2020 CENSUS ESTIMATES THAT 22.4% OF THE COUNTY POPULATION IS AGED 65 AND OLDER AS OPPOSED TO 16.9% FOR THE STATE. IN 2021, 56.4% OF SBBH'S PATIENT ADMISSIONS WERE COMPRISED OF A MEDICARE PAYER. FURTHER, NEARLY 12.9% OF THE PAYER MIX WAS COMPRISED OF UNDERINSURED AND UNINSURED PAYER CATEGORIES. MINORITIES COMPRISED OVER 18.1% OF PATIENTS.

SBBH IS ACCREDITED BY THE JOINT COMMISSION, AN INDEPENDENT ORGANIZATION WHICH ACCREDITS AND CERTIFIES HEALTH ORGANIZATIONS BASED ON QUALITY AND PERFORMANCE STANDARDS. THE CENTER IS A 2017 NATIONAL WINNER OF THE PRESTIGIOUS PRESS GANEY GUARDIAN OF EXCELLENCE AWARD.

SBBH, THROUGH THE INSTITUTE FOR PREVENTION AND RECOVERY, LED RWJBH TO ACHIEVE THE CEO CANCER GOLD STANDARD FOR RWJBH AND ITS HOSPITAL FACILITIES. THE CEO CANCER GOLD STANDARD ACCREDITATION IS BASED UPON A SERIES OF CANCER-RELATED RECOMMENDATIONS TO FIGHT CANCER IN WORKPLACES IN THE UNITED STATES. THE GOLD STANDARD IS A COMPREHENSIVE PROGRAM THAT CALLS FOR COMPANIES TO EVALUATE THEIR HEALTH BENEFITS AND CORPORATE CULTURE AND TAKE EXTENSIVE, CONCRETE ACTIONS IN FIVE KEY AREAS OF HEALTH

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AND WELLNESS:

- PREVENTION.
- SCREENING.
- CANCER CLINICAL TRIALS.
- QUALITY TREATMENT AND SURVIVORSHIP; AND
- HEALTH EDUCATION AND HEALTH PROMOTION.

THE INSTITUTE FOR PREVENTION AND RECOVERY HAS RECEIVED MULTIPLE GRANTS IN
 RECOGNITION OF ITS COMPREHENSIVE WELLNESS SERVICES TO ADDRESS THE SOCIAL
 AND EMOTIONAL NEEDS OF INDIVIDUALS, CHILDREN, FAMILIES, AND
 PROFESSIONALS. ITS DART PREVENTION COALITION WAS RECOGNIZED AS A 2018
 COALITION OF THE YEAR BY CADCA, A NATIONAL AWARD.

RWJBARNABAS HEALTH SERVICES

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NEW COVID RECOVERY SERVICES:

SINCE THE BEGINNING OF THE PANDEMIC, WE HAVE CARED FOR THOUSANDS OF
 PATIENTS DIAGNOSED WITH COVID-19. AS IT IS A NOVEL AND EXTREMELY COMPLEX
 VIRUS, THE HEALTHCARE COMMUNITY IS JUST LEARNING ABOUT ITS LONG-TERM
 EFFECTS. WHILE THE MAJORITY OF PEOPLE WHO HAVE HAD CORONAVIRUS (COVID-19)
 RECOVER COMPLETELY, THERE IS A POPULATION OF SURVIVORS WHO SUFFER FROM
 LINGERING SIDE EFFECTS. THEIR COVID RECOVERY TIME SEEMS TO LAST LONGER

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THAN OTHERS'. THESE INDIVIDUALS ARE SOMETIMES CALLED "LONG-HAULERS," AND
THEIR SYMPTOMS INTERFERE WITH THEIR ABILITY TO RECOVER AND RETURN TO
THEIR PRIOR LIFE AND ACTIVITIES.

RWJBARNABAS HEALTH HAS CREATED COVID-19 REHABILITATION PROGRAMS TO HELP
PEOPLE MANAGE WHAT HAVE BEEN CALLED "POST-COVID CONDITIONS" OR "LONG
COVID." ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION
(CDC), COMMON LONG-COVID SYMPTOMS INCLUDE:

- FATIGUE
- SHORTNESS OF BREATH
- COUGH
- JOINT PAIN
- CHEST PAIN
- DIFFICULTY THINKING AND CONCENTRATING (BRAIN FOG)
- DEPRESSION
- MUSCLE PAIN
- HEADACHE
- INTERMITTENT FEVER AND A FAST-BEATING HEART (HEART PALPITATIONS)
- LESS COMMON BUT MORE SERIOUS LONG-TERM COMPLICATIONS THAT CAN PREVENT A
FULL RECOVERY FROM COVID-19 INCLUDE:

- INFLAMMATION OF THE HEART MUSCLE
- LUNG FUNCTION ABNORMALITIES
- ACUTE KIDNEY INJURY

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- DERMATOLOGIC ISSUES (RASHES, HAIR LOSS)
- SMELL AND TASTE PROBLEMS
- SLEEP ISSUES
- MEMORY PROBLEMS
- PSYCHIATRIC PROBLEMS (DEPRESSION, ANXIETY, MOOD CHANGES)

COVID RECOVERY SERVICES HAVE BEEN DEVELOPED AND INCLUDE MULTIDISCIPLINARY TEAM OF DOCTORS AND REHABILITATION EXPERTS WORKING TOGETHER TO REDUCE OR ELIMINATE LINGERING SYMPTOMS IN PEOPLE WHO HAVE POST-COVID CONDITIONS. PATIENTS ARE ASSESSED AND LINKED WITH EXPERTS IN SPECIALTIES SUCH AS CARDIOLOGY, PULMONOLOGY, NEUROLOGY, PHYSICAL THERAPY, SPEECH THERAPY, BEHAVIORAL THERAPY, AND MORE. OUR PROVIDERS OFFER ACCESS TO A CONTINUUM OF CARE, INCLUDING ADDITIONAL OUTPATIENT TESTING, RADIOLOGY, OR PRESCRIPTION MEDICATION. PROGRAMS HAVE BEEN DEVELOPED FOR BOTH ADULTS AND PEDIATRICS.

PHYSICIAN-LED COMPREHENSIVE ACADEMIC PROGRAMS ARE AVAILABLE AT:

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, NEW BRUNSWICK, NJ - POST-COVID RECOVERY PROGRAM
- COOPERMAN BARNABAS MEDICAL CENTER, LIVINGSTON, NJ - ADULT - POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM
- COOPERMAN BARNABAS MEDICAL CENTER, LIVINGSTON, NJ - PEDIATRIC - PEDIATRIC POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM

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- PHYSICIAN CARE AND REHABILITATION SERVICES ARE OFFERED AT CHILDREN'S SPECIALIZED HOSPITAL - PEDIATRIC POST-COVID CARE IS OFFERED THROUGH VARIOUS DEPARTMENTS DEPENDING ON THE NEED.
- CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER, NEWARK, NJ - PEDIATRIC POST-COVID COMPREHENSIVE ASSESSMENT RECOVERY AND EVALUATION (CARE) PROGRAM
- MONMOUTH MEDICAL CENTER, LONG BRANCH, NJ - PULMONARY REHABILITATION POST-COVID RECOVERY PROGRAM

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS, LAKEWOOD, NJ - POST-COVID RECOVERY PROGRAM
- NEWARK BETH ISRAEL MEDICAL CENTER, NEWARK, NJ - COVID-19 RECOVERY CLINIC
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, HAMILTON, NJ - POST-COVID RECOVERY PROGRAM
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, RAHWAY, NJ - POST-COVID RECOVERY PROGRAM
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, SOMERSET, NJ - POST-COVID CARE EXERCISE PROGRAM AND SPEECH SERVICES

RWJBARNABAS HEALTH PARTICIPATES IN CLINICAL TRIALS TO OFFER THE LATEST TREATMENTS TO OUR PATIENTS. AS PART OF A PREMIER ACADEMIC MEDICAL INSTITUTION, OUR WORK CAN INFORM THE MEDICAL RESEARCH COMMUNITY TO AID IN DEVELOPING MORE EFFECTIVE TREATMENTS FOR COVID-19.

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DEVELOPMENT OF PROGRAMS TO MEET THE CHANGING HEALTH NEEDS OF THE
COMMUNITY IS JUST ONE PART OF THE MULTIPLE WAYS RWJBH PROVIDES COMMUNITY
AND SOCIAL BENEFIT. RWJBH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT WITH A
VAST ARRAY OF HEALTH AND WELLNESS PROVIDERS THROUGHOUT THE STATE OF NEW
JERSEY. ITS ACUTE CARE HOSPITAL NETWORK INCLUDES THE FOLLOWING HOSPITALS
INCLUDING GENERAL ACUTE CARE HOSPITALS, A PSYCHIATRIC HOSPITAL, AND A
CHILDREN'S COMPREHENSIVE REHABILITATION HOSPITAL.

1. CHILDREN'S SPECIALIZED HOSPITAL
2. CLARA MASS MEDICAL CENTER
3. COMMUNITY MEDICAL CENTER
4. COOPERMAN BARNABAS MEDICAL CENTER
5. JERSEY CITY MEDICAL CENTER
6. MONMOUTH MEDICAL CENTER, SOUTHERN CAMPUS
7. MONMOUTH MEDICAL CENTER
8. NEWARK BETH ISRAEL MEDICAL CENTER
9. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL NEW BRUNSWICK
10. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET
11. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON
12. ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY
13. SAINT BARNABAS BEHAVIORAL HEALTH CENTER

EACH GENERAL ACUTE HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

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1. PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES IN A
NON-DISCRIMINATORY MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR,
CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY, INCLUDING CHARITY CARE,
SELF-PAY, MEDICARE, AND MEDICAID PATIENTS.

2. OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN
24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR.

3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL
QUALIFIED PHYSICIANS.

4. CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE
BOARD OF TRUSTEES OF RWJ BARNABAS HEALTH, INC.; THE TAX-EXEMPT PARENT
ORGANIZATION OF RWJBH. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC
LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY.

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND,
AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS, AND
ACTIVITIES.

THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED
ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT
THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND
THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO
THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING

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SERVED OTHER THAN INCIDENTALLY.

THE PANDEMIC PRESENTED UNIQUE CHALLENGES AND RWJBARNABAS HEALTH INCLUDING
OUR HOSPITALS, OUTPATIENT CENTERS AND MEDICAL GROUP PRACTICES. RWJBH
WORKED AND CONTINUES TO WORK WITH GUIDANCE FROM THE NEW JERSEY DEPARTMENT
OF HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AND REGIONAL
AND LOCAL HEALTH AGENCIES TO ADDRESS THIS SERIOUS PUBLIC HEALTH ISSUE.

FOR RWJBH, AS A HIGH RELIABILITY ORGANIZATION, SAFETY COMES FIRST AND IS
EMBEDDED IN EVERYTHING WE DO. WITH THE SAFETY OF OUR PATIENTS AND TEAM
MEMBERS AT THE FOREFRONT, WE ARE TAKING THE APPROPRIATE PRECAUTIONS AND
USING BEST PRACTICES TO CONTINUE TO ENSURE THE HIGHEST QUALITY CARE,
PROTECTION, SUPPORT, AND COMFORT FOR ALL OF OUR PATIENTS. PROGRAMS AND
SERVICES ADJUSTED TO ASSURE ACCESS WAS SUSTAINED AND CARE WAS DELIVERED
AS OUR COMMUNITIES BEGAN REBALANCING FROM A SUSTAINED PUBLIC HEALTH
CRISIS.

SELECT "CENTERS OF EXCELLENCE" FOR RWJBARNABAS HEALTH HOSPITALS

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THE PANDEMIC RESULTED IN A CHALLENGING YEAR OF SERVICE WITH TIMES OF
PRIORITIZATION AND RESPONSE TO PUBLIC HEALTH EMERGENT PROTOCOLS INCLUDING
DISRUPTION OF ELECTIVE SERVICES. STAFF MET THE MANY CHALLENGES AND WORKED
TO ASSURE THE RESPECTIVE COMMUNITY HEALTH NEEDS WERE ADDRESSED. THE
CENTERS OF EXCELLENCE FOR THE HOSPITALS INCLUDE A WIDE ARRAY OF

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SPECIALIZED SERVICES. ONLY A FEW ARE PROVIDED IN THE FOLLOWING SECTION.

CHILDREN'S SPECIALIZED HOSPITAL

CSH'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE
NOT LIMITED TO, THE FOLLOWING:

- INPATIENT PROGRAMS

INPATIENT SERVICES ARE LICENSED FOR 68 COMPREHENSIVE REHABILITATION BEDS
AND 72 PEDIATRIC LONG-TERM CARE BEDS THAT ARE IN OPERATION. INPATIENT
REHABILITATION CARE PROVIDED INCLUDES MEDICAL AND NURSING CARE,
COMPREHENSIVE THERAPY SERVICES, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL
SERVICES, ACADEMICS, SOCIAL SERVICES, AND NUTRITIONAL SERVICES. INCLUDED
IN THE THERAPY SERVICES ARE PHYSICAL THERAPY, HYDROTHERAPY,
REHABILITATION TECHNOLOGY, AUGMENTATIVE COMMUNICATION, OCCUPATIONAL
THERAPY, ACTIVITIES OF DAILY LIVING, SPEECH AND AUDIOLOGY, RESPIRATORY
THERAPY, RECREATIONAL THERAPY, AND CHILD LIFE. THESE CSH SERVICES ARE
PROVIDED TO ALLOW THE CHILDREN TO ATTAIN THEIR GREATEST POTENTIAL -
MEDICALLY, SOCIALLY, ACADEMICALLY, AND EMOTIONALLY. THEIR FAMILIES ARE
PROVIDED WITH SUPPORT AND EDUCATIONAL SERVICES TO ENSURE THEIR CHILD CAN
RETURN TO THEIR HOME AND COMMUNITY. OUR LONG-TERM CARE CENTERS, LOCATED
IN MOUNTAINSIDE AND TOMS RIVER, NJ ARE SKILLED NURSING FACILITIES
PROVIDING 24-HOUR NURSING CARE TO THE MEDICALLY INVOLVED PATIENT. WE HAVE

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46 LICENSED BEDS IN MOUNTAINSIDE AND ONE WAIVER BED AND 26 LICENSED BEDS
IN TOMS RIVER. OUR LONG-TERM CARE PATIENTS RECEIVE RESPIRATORY AND
NUTRITIONAL SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, AS WELL AS
RECREATIONAL AND CHILD LIFE SERVICES. SOME OF THE PATIENTS ATTEND AN
ON-SITE SCHOOL WHILE OTHERS ARE TRANSPORTED TO COMMUNITY SCHOOLS.

- BRAIN INJURY

HELPING A CHILD RECOVER FROM A BRAIN INJURY PRESENTS COMPLEX CHALLENGES.
WHILE THE CHILD NEEDS HELP IN RECOVERING FROM HIS INJURIES, HE ALSO IS
STILL DEVELOPING PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY. THE BRAIN
INJURY PROGRAM AT CSH MEETS THESE CHALLENGES AND THE UNIQUE NEEDS OF
CHILDREN BY PROVIDING INNOVATIVE, EXPERT, AND LOVING CARE FOR THE PATIENT
WITH A BRAIN INJURY ON HIS OR HER ROAD TO INDEPENDENCE. THE BRAIN INJURY
PROGRAM, WHICH WAS ESTABLISHED IN 1981, IS DESIGNED TO MEET THE NEEDS OF
BRAIN-INJURED, AGE-APPROPRIATE PATIENTS, AT ALL LEVELS OF COGNITIVE
AWARENESS.

THE REHABILITATION PROCESS IS THE FOUNDATION FOR LONG TERM RECOVERY.
CHILDREN ARE BEST TREATED BY PEDIATRIC SPECIALISTS IN AN ENVIRONMENT
ESPECIALLY GEARED TO THEIR NEEDS. CSH PROVIDES SPECIALIZED CARE FOR EACH
CHILD'S UNIQUE NEEDS DURING THEIR RECOVERY IN A COMPREHENSIVE MEDICAL AND
REHABILITATION SETTING. A FULL CONTINUUM OF CARE FROM COMA TO RE-ENTRY TO
THE COMMUNITY IS PROVIDED FOR EACH CHILD.

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THE BRAIN INJURY PROGRAM IS GEARED TOWARD MAXIMAL PROGRESS THROUGH REHABILITATION WHILE EMPHASIZING THE ACHIEVEMENT OF NORMAL PEDIATRIC DEVELOPMENTAL MILESTONES. CSH'S PROFESSIONAL STAFF, WHO ARE EXPERIENCED WITH BRAIN INJURIES AND THE DEVELOPMENTAL NEEDS OF CHILDREN, INCORPORATE EACH CHILD AND FAMILY WITHIN THE REHABILITATION TEAM TO ENCOURAGE OPTIMAL PROGRESS.

EACH CHILD'S INDIVIDUALIZED PROGRAM FOCUSES ON THEIR MEDICAL, PHYSICAL, COGNITIVE, AND PSYCHOSOCIAL NEEDS. IN ADDITION TO INDIVIDUAL THERAPY, GROUP THERAPY PROVIDES COMPREHENSIVE STRUCTURED STIMULATION SESSIONS FOR PATIENTS IN ORDER TO ENHANCE AND ACCELERATE AROUSAL, ALERTNESS, ORIENTATION, AND SOCIALIZATION.

THE BRAIN INJURY PROGRAM ADDRESSES:

- MEDICAL MANAGEMENT.
- SPECIALIZED NURSING CARE.
- PHYSICAL THERAPY.
- OCCUPATIONAL THERAPY.
- SPEECH THERAPY.
- AUDITORY EVALUATION.
- COGNITIVE STATUS.
- NUTRITIONAL STATUS.
- FAMILY SUPPORT.
- CASE MANAGEMENT.

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- PSYCHOLOGICAL STATUS.
- CORTICAL FUNCTIONING; AND
- RE-ENTRY TO HOME, SCHOOL, AND COMMUNITY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ONE OUTPATIENT COMPONENT OF THE BRAIN INJURY PROGRAM IS THE NEURO-REHABILITATION PROGRAM. THE NEURO-REHABILITATION GROUP PROGRAM IS AN INTENSIVE TREATMENT PROGRAM FOR CHILDREN AND ADOLESCENTS WHO HAVE SUSTAINED A TRAUMATIC BRAIN INJURY, OR WHO ARE EXPERIENCING COGNITIVE DYSFUNCTION AS A RESULT OF NEUROLOGICAL OR OTHER CHRONIC ILLNESS. THIS FAMILY-CENTERED PROGRAM PROVIDES THERAPEUTIC INTERVENTIONS DESIGNED TO HELP CHILDREN AND ADOLESCENTS REGAIN COGNITIVE SKILLS AND LEARN COMPENSATORY STRATEGIES THAT ARE NEEDED FOR SCHOOL AND SOCIAL FUNCTIONING. THE PROGRAM ALSO ADDRESSES MOTOR IMPAIRMENTS THAT MAY ACCOMPANY ACQUIRED BRAIN INJURY OR ILLNESS. THE GROUP PROGRAM IS DELIVERED PRIMARILY IN SMALL GROUP SETTINGS. INDIVIDUAL PHYSICAL, OCCUPATIONAL, SPEECH THERAPIES AND NEUROPSYCHOLOGY MAY ALSO BE PROVIDED AS INDICATED. INVOLVEMENT IN THE GROUP PROGRAM PREPARES THE YOUNGSTER FOR RETURN TO A LARGER GROUP SETTING, USUALLY SCHOOL, AND PROVIDES HIM OR HER WITH IMPROVED SKILLS FOR PEER INTERACTION AND SOCIALIZATION. CHILDREN MAY ALSO BE SEEN THROUGH THE NEURO-REHABILITATION INDIVIDUAL PROGRAM. CHILDREN IN THE INDIVIDUAL PROGRAM ARE INVOLVED IN SCHOOL AND COMMUNITY ACTIVITIES BUT REQUIRE ADDITIONAL INTERVENTION TO BETTER REGAIN OR DEVELOP COMPENSATORY SKILLS TO IMPROVE OR MAINTAIN AGE-APPROPRIATE WAYS OF THINKING AND BEHAVING.

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- SPINAL CORD PROGRAM

THE SPINAL CORD PROGRAM PROVIDES INTENSIVE AND COMPREHENSIVE REHABILITATION SERVICES FOR CHILDREN AND ADOLESCENTS WITH ACQUIRED AND CONGENITAL SPINAL CORD PROBLEMS. THE PROGRAM TREATS PATIENTS WITH ALL LEVELS OF PEDIATRIC SPINAL CORD DYSFUNCTION, FROM THE CHILD DEPENDENT ON A VENTILATOR TO THE INDIVIDUAL WITH THE LOWEST LEVEL OF SPINAL CORD INJURY.

PATIENTS ARE PROVIDED WITH AN AGGRESSIVE REHABILITATION TREATMENT PROGRAM COUPLED WITH COMPREHENSIVE MEDICAL AND NURSING CARE. THE PROGRAM'S TEAM APPROACH RESULTS IN A COORDINATED TREATMENT PLAN DESIGNED TO MEET THE COMPLEX NEEDS OF EACH PATIENT AND HIS OR HER FAMILY.

WHILE AN EMPHASIS IS PLACED ON ACHIEVING NORMAL DEVELOPMENTAL MILESTONES, THE TREATMENT PLAN TAKES INTO ACCOUNT THE PATIENT'S LEVEL OF INJURY, AGE, AND DEVELOPMENTAL ABILITIES IN CREATING REALISTIC EXPECTATIONS FOR PERFORMING ACTIVITIES.

THE TEAM IS ADEPT AT DEVELOPING TREATMENT PLANS TO ACCOMMODATE PATIENTS WITH HIGH SPINAL CORD INJURIES (TETRAPLEGIA & QUADRIPLÉGIA) WHO REQUIRE A TREMENDOUS AMOUNT OF SUPPORT, SPECIAL EQUIPMENT, AND VENTILATOR ASSISTANCE, AS WELL AS THOSE PATIENTS WITH LOW LEVEL SPINAL CORD INJURIES (PARAPLEGIA) WHO CAN GAIN VIRTUAL INDEPENDENCE.

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INTENSIVE MEDICAL NEEDS CAN BE SAFELY ACCOMMODATED AT CSH BY VIRTUE OF THE EXTENSIVE MEDICAL COVERAGE PROVIDED TO THE PATIENTS. PATIENTS WITH TRACHEOSTOMIES, SPECIAL FEEDING NEEDS, AND INTRAVENOUS AND CENTRAL LINES, FOR EXAMPLE, CAN BE MANAGED WHILE RECEIVING THE NECESSARY REHABILITATION THERAPY.

FAMILIES AND PATIENTS ARE INTEGRALLY INVOLVED IN THE COMPREHENSIVE TREATMENT PLANNING. FAMILIES AND PATIENTS ALSO RECEIVE INSTRUCTION FROM THE STAFF IN OVERALL CARE AND THE USE OF SPECIAL EQUIPMENT. THE TEAM THOROUGHLY EDUCATES THE PATIENT AND HIS OR HER FAMILY REGARDING THE PHYSICAL CONSEQUENCES OF A SPINAL CORD INJURY AND THE REQUIRED CARE AND TREATMENT.

SOME OF THE DIAGNOSTIC AND SPECIAL SERVICES AVAILABLE TO PATIENTS IN THE SPINAL CORD PROGRAM INCLUDE:

- ELECTRODIAGNOSTIC TESTING.
- VENTILATOR ASSISTANCE PROGRAM.
- A FULL RANGE OF DIAGNOSTIC UROLOGIC TESTING.
- REFERRAL FOR BACLOFEN PUMP PLACEMENT.
- ORTHOTICS AND PROSTHETICS.
- REHABILITATION TECHNOLOGY SERVICES INCLUDING:
 - SEATING AND POSITIONING.
 - MOBILITY AND ENVIRONMENTAL ACCESS.

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- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION; AND
- COMPUTER ACCESS.

CSH ANNOUNCED A PARTNERSHIP WITH OPPORTUNITY PROJECT, INC. IN MAY 2019. OPPORTUNITY PROJECT CLUBHOUSE IS A UNIQUE PROGRAM CREATED BY AND FOR ADULTS WITH BRAIN INJURIES WHO ARE SEEKING THE NEXT STEP IN THEIR JOURNEY OF RECOVERY. OPPORTUNITY PROJECT, A COMMISSION FOR ACCREDITATION OF REHABILITATION FACILITIES (CARF) ACCREDITED ORGANIZATION, HAS SERVED OVER 600 MEMBERS AFFECTED BY BRAIN INJURY AND THEIR FAMILIES, PROVIDING MEMBERS WITH THE OPPORTUNITY TO BUILD COGNITIVE SKILLS, VOCATIONAL SKILLS, SELF-ESTEEM, AND CONFIDENCE IN THEIR ABILITY TO ACCOMPLISH PRODUCTIVE ACTIVITIES. THEY PROVIDE AN ENVIRONMENT OF SUPPORT, CHALLENGE AND CHOICES THAT CREATE INDEPENDENCE AND PRODUCTIVITY IN THEIR MEMBERS. THROUGH THE WORK ENVIRONMENT IN THE CLUBHOUSE, MEMBERS EXPLORE THEIR STRENGTHS, ABILITIES, AND INTERESTS SO THAT THEY CAN ESTABLISH AND ATTAIN THEIR INDIVIDUAL GOALS. THE ULTIMATE GOAL IS FULL INTEGRATION BACK INTO FAMILY, WORK, AND COMMUNITY.

THIS PARTNERSHIP WILL PROVIDE SIGNIFICANT BENEFITS FOR BOTH ORGANIZATIONS, CREATING AN ALIGNED STRUCTURE, LEVERAGING MISSIONS, VISIONS, AND STRENGTHS, AND SUPPORTING STRATEGIC DIRECTIONS. IT WILL ALSO ENSURE OPPORTUNITY PROJECT'S CONTINUED EXPANSION AND STREAMLINE THE TRANSITION OF SERVICES OFFERED AT CSH FOR YOUNG ADULTS WITH BRAIN INJURY INTO ADULTHOOD.

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FOR CHILDREN'S SPECIALIZED HOSPITAL, THIS PARTNERSHIP PROVIDES A POINT OF ENTRY INTO THE ADULT SERVICE MARKET FOR PEOPLE WITH SPECIAL HEALTHCARE NEEDS. THERE IS NOW AN OPPORTUNITY TO ADDRESS CHALLENGES ASSOCIATED WITH CHILD-TO-ADULT TRANSITIONS WHEN IT COMES TO PROGRAMS, SERVICES, CARE, AND COMMUNITY INTEGRATION FOR THESE YOUNG ADULTS. TRANSITIONAL NEEDS WERE IDENTIFIED AS A PRIORITY NEED IN CSH'S LAST COMMUNITY HEALTH NEEDS ASSESSMENT.

CLARA MAASS MEDICAL CENTER

- THE JOINT & SPINE INSTITUTE

THE JOINT & SPINE INSTITUTE IS LOCATED ON A DEDICATED UNIT WITHIN THE HOSPITAL. SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY. FEATURES OF THE PROGRAM INCLUDE: NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF JOINT PATIENTS; PRIVATE AND SEMI-PRIVATE ROOMS; EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE; FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS; A JOINT TEAM WHO COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING; A COMPREHENSIVE PATIENT GUIDE TO FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND; COORDINATED AFTER-CARE PROGRAM; REUNION LUNCHEONS FOR FORMER PATIENTS AND COACHES; NEWSLETTERS TO PROVIDE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE; AND PUBLIC

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EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

- THE CANCER CENTER

CMMC HAS A STATE-OF-THE-ART CANCER CENTER THAT OFFERS COMPREHENSIVE SERVICES TO CANCER PATIENTS IN ONE CONVENIENT LOCATION INSIDE THE CONTINUING CARE BUILDING. THE CENTER'S MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF CANCER PATIENTS USES THE EXPERTISE OF MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, SURGICAL ONCOLOGISTS, SPECIALIZED NURSES, DIETICIANS, SOCIAL WORKERS, AND PATHOLOGISTS. OUR BOARD-CERTIFIED ONCOLOGISTS AND SUB-SPECIALISTS HAVE EXTENSIVE TRAINING AND CREDENTIALS FROM DISTINGUISHED FACILITIES ACROSS THE COUNTRY AND OFFER OUR PATIENTS ACCESS TO THE LATEST DRUGS, RESEARCH, AND CLINICAL TRIALS.

IN THE CANCER CENTER, PATIENT NAVIGATORS MEET WITH PATIENTS AND WALK THEM THROUGH EACH STEP OF THEIR TREATMENT PLAN, FROM MEETING WITH PHYSICIANS TO ATTENDING SUPPORT GROUPS. A VARIETY OF COMPLIMENTARY SERVICES ARE OFFERED TO COMPLEMENT MEDICAL TREATMENT INCLUDING: NUTRITIONAL COUNSELING, PSYCHOLOGICAL COUNSELING, PALLIATIVE CARE, SUPPORT GROUPS, PAIN MANAGEMENT, REIKI, AND A DROP-IN BEREAVEMENT GROUP THAT MEETS WEEKLY.

THE OUTPATIENT INFUSION CENTER, LOCATED IN THE SAME BUILDING AS THE CANCER CENTER, IS STAFFED BY AN EXPERIENCED AND COMPASSIONATE TEAM OF ONCOLOGY NURSES, SOCIAL WORKERS, AND SUPPORT STAFF. IN ADDITION, A

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SPECIALIZED NURSE EDUCATOR IS ON STAFF TO PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES. THE UNIT HAS AN EDUCATION RESOURCE AREA FOR PATIENTS AND THEIR FAMILIES.

DOWNSTAIRS, THE CMMC RADIATION ONCOLOGY DEPARTMENT OFFERS PATIENTS A FULL ARRAY OF SERVICES INCLUDING INTENSITY MODULATED RADIATION THERAPY ("IMRT") AND IMAGE GUIDED RADIATION THERAPY ("IGRT"), MAMMOSITE BRACHYTHERAPY FOR BREAST CANCER, HIGH DOSE RATE RADIOTHERAPY AND RADIOACTIVE SEED IMPLANTS FOR PROSTATE CANCER. STATE-OF-THE-ART EQUIPMENT ENABLES PHYSICIANS TO MAP OUT PRECISE TREATMENT SITES WITH MILLIMETER ACCURACY, TREATING THE CANCER WHILE SPARING NORMAL TISSUE. THE RADIATION ONCOLOGY DEPARTMENT WAS THE FIRST FACILITY IN NEW JERSEY TO OBTAIN NATIONAL ACCREDITATION BY THE AMERICAN COLLEGE OF RADIATION ONCOLOGY.

DIAGNOSTIC ONCOLOGY SERVICES INCLUDE CLOSED AND OPEN MRI, CT SCAN, PET/CT, ULTRASONOGRAPHY, EARLY DETECTION SCREENINGS, AND STEREOTACTIC AND CT-GUIDED BIOPSY. OUR GOAL IS TO OFFER AN ARRAY OF SERVICES ON THE PATH TO WELLNESS, IN ONE CONVENIENT LOCATION, TO LESSEN THE STRESS ON OUR CANCER PATIENTS AND THEIR FAMILIES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- DIAGNOSTIC AND INTERVENTIONAL CARDIAC SERVICES

THE MOST TECHNOLOGICALLY ADVANCED EQUIPMENT IS USED TO ACCURATELY AND QUICKLY DIAGNOSE AND CONFIRM SUSPECTED CORONARY DISEASE. CMMC IS A LICENSED ADULT CARDIAC CATHETERIZATION FACILITY, WHICH ALLOWS

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CARDIOLOGISTS TO COORDINATE ALL ASPECTS OF TESTING THAT MAY CONTRIBUTE TO DECISIONS REGARDING MEDICAL MANAGEMENT OR CARDIOVASCULAR SURGERY REFERRAL FOR HEART DISEASE. TESTS INCLUDE ROUTINE EKGS, 24-HOUR HOLTER MONITORING, VASCULAR STUDIES, 2D ECHO WITH DOPPLER & COLOR FLOW, STRESS ECHOCARDIOGRAMS, NUCLEAR STRESS TESTING AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY. CMMC IS HOME TO A STATE-OF-THE-ART CARDIOVASCULAR INTERVENTIONAL SUITE WHICH INCLUDES TWO PROCEDURE ROOMS. BOTH EMERGENT AND ELECTIVE ANGIOPLASTY ARE OFFERED (ONE OF ONLY 12 HOSPITALS IN THE STATE THAT WAS APPROVED TO PERFORM ELECTIVE ANGIOPLASTY IN THE C-PORT-E STUDY LED BY JOHNS HOPKINS UNIVERSITY).

A SUPERVISED EXERCISE/EDUCATION PROGRAM ASSISTING INDIVIDUALS WHO HAVE OR HAVE HAD A HEART ATTACK, STABLE ANGINA, VALVE SURGERY, CORONARY ARTERY BYPASS, CONGESTIVE HEART FAILURE, PACEMAKER, OR HEART TRANSPLANT IS ALSO OFFERED. THE PROGRAM STRIVES TO PROVIDE EACH PARTICIPANT WITH IMPROVEMENT IN CARDIOVASCULAR FITNESS, RISK FACTOR REDUCTION, LIFESTYLE MODIFICATION AND INCREASED CONFIDENCE TO PARTICIPATE IN SAFE DAILY ACTIVITIES.

PATIENTS AND FAMILIES ARE PROVIDED WITH EDUCATION REGARDING RECOGNITION, PREVENTION, AND TREATMENT OF CARDIOVASCULAR DISEASE.

- THE EYE SURGERY CENTER

ALL OPHTHALMOLOGISTS AND SURGEONS AT THE EYE SURGERY CENTER ARE BOARD-CERTIFIED AND SPECIALIZE IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF EYE PROBLEMS, DISEASES, AND INJURIES. CMMC EYE CARE EXPERTS WORK

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TOGETHER TO PROVIDE COMPREHENSIVE OPHTHALMIC CARE IN EVERY AREA OF EYE
DISORDERS AND TREAT PATIENTS OF ALL AGES-FROM INFANTS TO SENIORS.
STATE-OF-THE ART EQUIPMENT AND DEDICATED OPHTHALMOLOGY SUITES ENSURE THE
DELIVERANCE OF THE MOST ADVANCED QUALITY EYE CARE.

CMMC PERFORMS THE MOST HOSPITAL EYE PROCEDURES IN THE STATE OF NEW JERSEY
AND IS ALSO THE FIRST HOSPITAL IN NEW JERSEY TO OFFER TRABECTOME, A
LEADING-EDGE TREATMENT FOR GLAUCOMA.

COMMUNITY MEDICAL CENTER

CMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE
NOT LIMITED TO, THE FOLLOWING:

- J. PHILLIP CITTA REGIONAL CANCER CENTER

CMC OFFERS A DEDICATED INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY
CENTER, INFUSION CENTER AND A FULL RANGE OF SUPPORT GROUPS AND SERVICES
FOR PATIENTS AND THEIR FAMILIES. CMC'S DEDICATED STAFF OF PHYSICIANS,
NURSES AND ALLIED HEALTH PROFESSIONALS ADDRESS THE NEEDS OF PATIENTS AND
FAMILIES FACING A CANCER DIAGNOSIS AND TREATMENT. THE CANCER PROGRAM IS
NATIONALLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE
OF SURGEONS. PROGRAMS AND SERVICES OF THIS CENTER INCLUDE:

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- MEDICAL ONCOLOGY: A MULTIDISCIPLINARY TEAM APPROACH ENSURES THE PHYSICAL AND PSYCHOSOCIAL NEEDS OF PATIENTS, AND THEIR FAMILIES ARE ADDRESSED. THE TEAM INCLUDES BOARD CERTIFIED PHYSICIANS, ONCOLOGY CERTIFIED NURSES, LICENSED CLINICAL SOCIAL WORKERS, CASE MANAGERS, DIETICIANS AND HOME CARE PROFESSIONALS WORKING TOGETHER TO PROVIDE HIGH QUALITY CARE IN BOTH THE INPATIENT AND OUTPATIENT SETTINGS.

- RADIATION ONCOLOGY: FROM SOPHISTICATED RAPID ARC LINEAR ACCELERATOR TO THE CYBERKNIFE, THE DEPARTMENT OF RADIATION ONCOLOGY OFFERS THE HIGHEST STANDARD OF CARE AND IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY. THE RADIATION ONCOLOGY TEAM CONSISTS OF BOARD-CERTIFIED RADIATION ONCOLOGISTS AND PHYSICISTS, NURSES WHO SPECIALIZE IN ONCOLOGY, REGISTERED RADIATION THERAPISTS, AND LICENSED CLINICAL SOCIAL WORKERS.

- THE BREAST CARE PROGRAM IS A UNIQUE PROGRAM PROVIDING WOMEN WHO UNDERGO SURGERY FOR BREAST CANCER WITH EDUCATION, SUPPORT, AND REFERRAL INFORMATION. BEFORE SURGERY, A WOMAN MAY MEET WITH A SPECIALLY TRAINED NURSE CONSULTANT WHO EDUCATES HER ABOUT WHAT SHE CAN EXPECT DURING HER SURGERY, POST-OPERATIVELY, AND THROUGHOUT HER RECOVERY AND TREATMENT. THE NURSE NAVIGATOR WORKS WITH THE SURGEON, NURSE, CASE MANAGER AND SOCIAL WORKER TO PROVIDE THE WOMAN WITH INDIVIDUALIZED CARE.

- THE GYNECOLOGIC ONCOLOGY PROGRAM AT THE J. PHILLIP CITTA REGIONAL CANCER CENTER AT CMC IS DEDICATED TO ADDRESSING THE INDIVIDUAL NEEDS OF EACH PATIENT IN A CARING AND SUPPORTIVE ENVIRONMENT. OUR GYNECOLOGIC

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ONCOLOGISTS WORK WITH PRIMARY CARE AND OB/GYNS TO ASSURE A CONTINUITY OF CARE DURING A PATIENT'S TREATMENT. CMC OFFERS ROBOTIC SURGERY, AN EFFECTIVE SURGICAL OPTION FOR THE TREATMENT OF MANY FEMALE REPRODUCTIVE CANCERS INCLUDING EARLY-STAGE CANCERS OF THE CERVIX, ENDOMETRIUM, UTERUS, AND OVARY. OUR GYNECOLOGIC ONCOLOGISTS ARE AMONG THE MOST EXPERIENCED IN THE REGION IN ROBOTIC HYSTERECTOMY, AN ADVANCED SURGICAL PROCEDURE WITH BENEFITS INCLUDING LESS PAIN AND BLOOD LOSS, FEWER INFECTIONS, AND A SIGNIFICANTLY SHORTER RECOVERY TIME. ADDITIONALLY, WE OFFER REMOTE AFTER LOADING HIGH-DOSE RATE (HDR) INTRACAVITARY BRACHYTHERAPY. THIS OUTPATIENT PROCEDURE DRAMATICALLY REDUCES A WOMAN'S HOSPITAL STAY FROM SEVERAL DAYS TO SEVERAL HOURS.

- NEURO-ONCOLOGY: CMC OFFERS AN INTENSIVE AND COMPREHENSIVE APPROACH TO THE CARE OF PATIENTS WITH TUMORS OF THE CENTRAL NERVOUS SYSTEM. UTILIZING THE LATEST TECHNOLOGIES AND MEDICAL ADVANCES, A FULL SPECTRUM OF NEURO-ONCOLOGIC SERVICES ARE PROVIDED TO TREAT BENIGN AND MALIGNANT TUMORS ORIGINATING IN THE BRAIN AND SPINAL CORD, AS WELL AS NEUROLOGICAL COMPLICATIONS OF CANCER THAT HAS SPREAD TO OTHER REGIONS OF THE BODY.

- SURGICAL ONCOLOGY: THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS THE SPECIALIZED DISCIPLINE OF SURGICAL ONCOLOGY IN VARIOUS FORMS, DEPENDING ON THE EXTENT OF THE CANCER. WHEN THE CANCER HAS NOT YET SPREAD TO OTHER PARTS OF THE BODY, THE SIMPLE REMOVAL OF A SMALL TUMOR OFFERS THE GREATEST CHANCE FOR A CURE.

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- OUTPATIENT INFUSION CENTER: DESIGNED FOR PATIENT COMFORT AND CONVENIENCE, THE OUTPATIENT INFUSION CENTER PROVIDES A FULL RANGE OF INTRAVENOUS PROCEDURES FOR CANCER TREATMENT, INCLUDING CHEMOTHERAPY, TRANSFUSIONS OF BLOOD AND BLOOD PRODUCTS, THERAPEUTIC PHLEBOTOMY, AND ANTIBIOTIC INFUSIONS. THE CENTER'S STAFF IS COMMITTED TO PROVIDING QUALITY INFUSION CARE AND EXCELLENCE IN SERVICE, KEEPING ABREAST OF CURRENT DEVELOPMENTS AND TRENDS IN THE FIELD OF INFUSION THERAPY.

- ONCOLOGY DATA CENTER: THE ONCOLOGY DATA CENTER/TUMOR REGISTRY PROVIDES ESSENTIAL RESEARCH AND INFORMATION. DATA IS PROVIDED AS MANDATED TO THE NEW JERSEY DEPARTMENT OF HEALTH AS WELL AS THE NATIONAL CANCER DATA BASE. DATA OBTAINED FROM THE REGISTRY IS USED TO ANALYZE VARIOUS TREATMENT PROGRAMS AND FOR USE IN CANCER RESEARCH, MEDICAL EDUCATION, FUNDING APPLICATIONS AND MEDICAL PUBLICATIONS.

- ONCOLOGY RESEARCH: THE J. PHILLIP CITTA CANCER CENTER PROVIDES PATIENTS ACCESS TO NATIONAL AND REGIONAL CLINICAL RESEARCH STUDIES. THE AVAILABILITY OF THESE STUDIES IN THE TREATMENT OF CANCER, CHEMOPREVENTION, AND SUPPORTIVE CARE ALLOWS PATIENTS THE OPTION TO PARTICIPATE IN THE LATEST TREATMENT OPTIONS INCLUDING INVESTIGATIONAL DRUGS; RWJBARNABAS HEALTH AND COMMUNITY MEDICAL CENTER, IN PARTNERSHIP WITH RUTGERS CANCER INSTITUTE OF NEW JERSEY-THE STATE'S ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER-PROVIDE CLOSE-TO HOME ACCESS TO THE LATEST TREATMENT AND CLINICAL TRIALS.

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- ONCOLOGY PATIENT NAVIGATORS: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THE J. PHILLIP CITTA REGIONAL CANCER CENTER OFFERS A PATIENT NAVIGATOR PROGRAM FREE OF CHARGE TO ALL CANCER PATIENTS RECEIVING ONCOLOGY SERVICES AT CMC. SINCE CANCER IS A COMPLEX DISEASE THAT IMPACTS A PERSON'S LIFE IN SO MANY WAYS, THE PROGRAM IS DESIGNED TO GUIDE PATIENTS AND CAREGIVERS AS THEY FACE THE PSYCHOLOGICAL, EMOTIONAL, AND FINANCIAL CHALLENGES THAT CANCER BRINGS. PATIENTS ARE PROVIDED WITH INDIVIDUALIZED INFORMATION AND SERVICES TO HELP THEM NAVIGATE THEIR WAY THROUGH THE HEALTHCARE SYSTEM ALONG THEIR CANCER JOURNEY - FROM DIAGNOSIS AND TREATMENT THROUGH TO RECOVERY AND SURVIVORSHIP. CMC "NAVIGATORS" HELP PEOPLE FACING CANCER BY PROVIDING INFORMATION ON CANCER AND TREATMENT OPTIONS, COMMUNITY RESOURCES, AND REFERRALS TO APPROPRIATE AGENCIES AND PERSONS, AMONG A HOST OF OTHER AREAS OF ASSISTANCE. IN ADDITION, BREAST, LUNG, AND SURVIVORSHIP NAVIGATORS ARE AVAILABLE TO PROVIDE PATIENTS WITH CANCER THE SUPPORT, EDUCATION, AND RESOURCES THEY NEED TO FIGHT THEIR DISEASE.

- COMPLEMENTARY SERVICES - CMC PROVIDES SEVERAL COMPLEMENTARY SERVICES INCLUDING MASSAGE THERAPY PROVIDED BY CERTIFIED MASSAGE THERAPISTS, RELAXATION TRAINING, AND GUIDED IMAGERY BY SOCIAL WORKERS, PET THERAPY, ART THERAPY PROGRAMS AND REIKI - THERAPEUTIC TOUCH TO REDUCE STRESS AND PROMOTE RELAXATION - BY CERTIFIED REIKI THERAPISTS; AND

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- SUPPORT SERVICES - SUPPORTIVE COUNSELING, PASTORAL CARE SERVICES, EDUCATION, NUTRITION COUNSELING, PAIN MANAGEMENT, REFERRAL SERVICES AND

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SUPPORT GROUPS ARE ALL AVAILABLE FOR PATIENTS AND FAMILIES. SOCIAL SERVICES SUCH AS FREE TRANSPORTATION (APPROXIMATELY 2,500 ROUND TRIPS ANNUALLY), WIGS AND PROSTHETIC DEVICES, FINANCIAL AND DISABILITY ASSISTANCE, AND HOME CARE ARE ALSO AVAILABLE.

- FIRST MOMENTS MATERNITY SERVICES

THE MATERNITY PROGRAM SPECIALIZES IN A TOTAL CONCEPT OF CARE FOR MOTHERS AND THEIR BABIES, WHERE ADVANCED TECHNOLOGY AND TRAINING ARE ENHANCED BY THE HUMAN TOUCH OF DEDICATED HEALTHCARE PROFESSIONALS. THE UNIT IS STAFFED BY HIGHLY SKILLED PHYSICIANS, MIDWIVES, AND NURSES. IN ADDITION, ALL OF CMC'S NURSES ARE CERTIFIED IN NEONATAL RESUSCITATION AND LACTATION RESOURCE TRAINED. THE MODERN STATE-OF-THE-ART UNIT OFFERS MOMS-TO-BE THE MOST ADVANCED MATERNAL AND CHILD HEALTH TECHNOLOGY, INCLUDING 24/7 NEONATAL COVERAGE, IN A COMFORTABLE AND SAFE ENVIRONMENT. THE LABOR-DELIVERY RECOVERY AND POSTPARTUM ROOMS COMBINE THE LATEST TECHNOLOGY WITH A SOOTHING HOME-LIKE DECOR. THE UNIT ALSO INCLUDES A SPECIAL CARE NURSERY STAFFED BY A NEONATOLOGIST AND CERTIFIED NEONATAL NURSES TO CARE FOR BABIES WITH SPECIAL NEEDS, AND A FULLY EQUIPPED OPERATING SUITE FOR CESAREAN BIRTHS OR HIGH-RISK VAGINAL DELIVERIES.

- EXTENSIVE CHILDBIRTH PREPARATION AND INFANT CARE CLASSES.

- COMPREHENSIVE PARENTING SUPPORT AND EDUCATION.

- COMPREHENSIVE PRE- AND POSTNATAL CARE.

- SPECIALLY DESIGNED LABOR-DELIVERY-RECOVERY ROOMS WITH JACUZZIS.

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- 24-HOUR ANESTHESIA AND PAIN MANAGEMENT THERAPIES.
- SUPERIOR LACTATION EDUCATION AND SUPPORT.
- SPECIAL CARE NURSERY.
- 24-HOUR NEONATAL COVERAGE.
- LEVEL II SPECIAL CARE NURSERY FOR PREMATURE NEWBORNS.
- FAMILY-CENTERED CARE; AND
- ALL PRIVATE ROOMS AND BATHS WITH SHOWERS.

- THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE AT CMC BRINGS TOGETHER A HIGHLY SKILLED INTERDISCIPLINARY GROUP OF SPECIALISTS TO PROVIDE THE HIGHEST QUALITY ADVANCED CARE TO PREVENT, DIAGNOSE AND TREAT DISEASES OF THE BRAIN, THE SPINAL CORD, AND THE PERIPHERAL NERVOUS SYSTEM 24 HOURS A DAY, 365 DAYS A YEAR. A MULTI-DISCIPLINARY TEAM OF NURSES, THERAPISTS, ORTHOPEDIC AND NEUROSURGEONS WORK TO PROVIDE A COMPREHENSIVE PLANNED COURSE OF TREATMENT WITH ACTIVE INVOLVEMENT OF THE PATIENT IN THEIR TREATMENT AND RECOVERY. THE INSTITUTE COMBINES THE EXTENSIVE MEDICAL EXPERIENCE AND COMPASSION OF OUR SPECIALISTS WITH CMC'S STATE-OF-THE-ART TECHNOLOGY TO TREAT STROKE, EPILEPSY, AND OTHER NEUROLOGIC CONDITIONS.

THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE OFFERS COMPREHENSIVE CARE IN SPECIALIZED AREAS DEDICATED TO THE CARE OF PATIENTS WITH A VARIETY OF NEUROLOGIC CONDITIONS:

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- NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE ROOM AND PRE-AND POST-PROCEDURAL CARE AREAS.
- NEUROSCIENCE ACUTE CARE INPATIENT UNIT.
- NEURO-INTENSIVE CARE.
- OPERATING SUITES WITH SPECIALIZED TECHNOLOGY.
- RADIATION ONCOLOGY DEPARTMENT WITH A CYBERKNIFE AND HIGHLY SOPHISTICATED RAPID ARC LINEAR ACCELERATOR; AND
- ACCREDITED AS A JOINT COMMISSION AND NJ DEPARTMENT OF HEALTH STROKE CENTER.

THE INSTITUTE COMPLEMENTS THE SPECIALTY SERVICES OFFERED BY THE HOSPITAL INCLUDING:

- VIDEO-EEG AND NEURO IMAGING SERVICES WITH SPECIALLY TRAINED AND HIGHLY EXPERIENCED SEIZURE DIAGNOSTICS AND EEG INTERPRETATION.
- NEUROIMAGING INCLUDING HIGH-RESOLUTION MRI AND PET WHOLE-BODY IMAGING.
- NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE.
- CENTER FOR SLEEP DISORDERS.
- NEUROPHYSIOLOGY.
- REHABILITATION SPECIALISTS.
- PAIN MANAGEMENT.
- EPILEPSY CENTER AND PEDIATRIC/ADOLESCENT CONCUSSION PROGRAM; AND
- NEUROSCIENCE RESEARCH.

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COOPERMAN BARNABAS MEDICAL CENTER

CBMC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE, BUT
ARE NOT LIMITED TO, THE FOLLOWING:

- THE CANCER CENTER

TOP TIER CANCER CARE IS CHARACTERIZED BY PATIENT CENTRIC,
MULTIDISCIPLINARY, SPECIALIZED CARE, DELIVERED IN A COMPASSIONATE MANNER.
THE CANCER CENTER AT COOPERMAN BARNABAS MEDICAL CENTER STRIVES TO OFFER
HOPE WHERE OTHERS MIGHT FIND IT LOST. WE HARNESS THE POWERS OF NOVEL
CANCER THERAPIES COUPLED WITH DEDICATED PHYSICIANS WHO SPECIALIZE IN
SPECIFIC TYPES OF CANCER. WITH ADVANCES IN UNDERSTANDING THE GENETIC
MAKEUP OF CANCER WE ARE ABLE TO OFFER PATIENTS PERSONALIZED TREATMENT
PLANS. WE CURRENTLY HAVE 13 DISEASE SITE SPECIFIC TUMOR BOARDS WHERE NEW
AND COMPLEX CASES ARE PRESENTED TO TEAMS OF SPECIALISTS INCLUDING MEDICAL
ONCOLOGISTS, SURGICAL ONCOLOGISTS, RADIATION ONCOLOGISTS,
GASTROENTEROLOGISTS, INTERVENTIONAL RADIOLOGISTS, PATHOLOGISTS, NURSES,
GENETIC COUNSELORS, NUTRITIONISTS, AND SOCIAL WORKERS. FOLLOWING A
THOROUGH REVIEW OF EACH PATIENT'S CASE, INDIVIDUALIZED CANCER TREATMENT
PLANS ARE CREATED TO ENSURE OUR PATIENTS ARE RECEIVING THE MOST ADVANCED
AND EFFECTIVE CARE.

RWJBARNABAS HEALTH AND COOPERMAN BARNABAS MEDICAL CENTER IN PARTNERSHIP

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WITH THE RUTGERS CANCER INSTITUTE OF NEW JERSEY - THE STATE'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER - BRINGS A WORLD CLASS TEAM OF RESEARCHERS AND SPECIALISTS TO FIGHT ALONGSIDE YOU, PROVIDING CLOSE-TO-HOME ACCESS TO THE LATEST TREATMENTS AND CLINICAL TRIALS. THE BEST CANCER CARE IS NOT DELIVERED IN A SILO; THEREFORE, WE STRESS COLLABORATION AND AN INTEGRATED CANCER PROGRAM. WE ARE WELL EQUIPPED TO INDIVIDUALIZE A PATIENT'S CARE AND OFFER THEM ACCESS TO CLINICAL TRIALS THROUGH OUR INSTITUTION, THE RUTGERS CANCER INSTITUTE OF NEW JERSEY, THE BIG TEN CANCER RESEARCH CONSORTIUM, THE UCLA TRIO NETWORK, AND OTHER NATIONAL COOPERATIVE GROUPS.

THE LUNG CANCER INSTITUTE AT CBMC PARTNERS WITH OUR COMMUNITY TO OFFER EDUCATION, SCREENING, AND DIAGNOSTIC TOOLS TO DETECT AND TREAT LUNG CANCER. EACH YEAR, MORE PEOPLE DIE OF LUNG CANCER THAN COLON, BREAST AND PROSTATE CANCER COMBINED. AS THE LEADING CAUSE OF CANCER DEATH IN US, LUNG CANCER IS MOST CURABLE WHEN DIAGNOSED AT AN EARLY STAGE. IN HIGH-RISK PEOPLE, LUNG CANCER DEATHS DROP BY 20 PERCENT WHEN CANCER IS IDENTIFIED EARLY USING A LOW-DOSE SPIRAL CT COMPARED WITH INDIVIDUALS RECEIVING A CHEST X-RAY. THE LUNG CANCER INSTITUTE JOINED THE INTERNATIONAL EARLY LUNG CANCER ACTION PROGRAM TO PROVIDE A FREE LOW-DOSE CT SCREENING PROGRAM FOR INDIVIDUALS WHO ARE AT HIGH RISK FOR DEVELOPING LUNG CANCER TO IDENTIFY ABNORMALITIES EARLIER. OUR MEDICAL STAFF IS COMMITTED TO OFFERING THE MOST UP-TO-DATE TREATMENTS AVAILABLE; AS SUCH, CBMC IS ACTIVE IN CLINICAL RESEARCH PROGRAMS, INCLUDING NATIONAL CANCER INSTITUTE AND PHARMACEUTICAL-SPONSORED PROTOCOLS.

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CBMC HAS BUILT AN INFRASTRUCTURE AROUND PATIENT CENTRIC CARE AND HAS DEVELOPED A ROBUST PATIENT NAVIGATION NETWORK. TO ENHANCE OUR PATIENT'S EXPERIENCE, OUR PATIENT NAVIGATORS SERVE AS A SINGLE POINT OF CONTACT TO HELP PATIENTS FROM THEIR INITIAL DIAGNOSIS THROUGHOUT THEIR TREATMENT AND INTO SURVIVORSHIP. OUR NAVIGATORS GUIDE PATIENTS THROUGH THEIR JOURNEYS TO ENSURE THEY RECEIVE THE BEST CARE THAT EXCEEDS THEIR EXPECTATIONS. ALL OF OUR CANCER PATIENTS ARE PROVIDED WITH A PATIENT NAVIGATOR TO ENSURE THAT ALL CANCER CARE IS COORDINATED AND TO PREVENT AVOIDABLE DELAYS.

OUR ONCOLOGY CARE TEAM IS COMMITTED TO YOUR OVERALL WELL-BEING INCLUDING MEDICAL, EMOTIONAL, AND EDUCATIONAL NEEDS. WHAT IS MOST UNIQUE ABOUT SEEKING TREATMENT AT COOPERMAN BARNABAS MEDICAL CENTER IS THE COMBINATION OF ADVANCED EXPERT CARE WITH UNPARALLELED SUPPORT, COMMITMENT, AND UNSURPASSED COMPASSION.

AMONG THE SERVICES OFFERED ARE:

- DEDICATED ONCOLOGY NAVIGATOR PROVIDE SUPPORT AND HELP ONCOLOGY PATIENTS "NAVIGATE" THE MEDICAL CENTER.
- EXTENSIVE FREE PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT SERVICES ARE AVAILABLE OFFERING INDIVIDUAL COUNSELING, SUPPORT GROUPS, ART THERAPY, WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING, AND NUTRITIONAL GUIDANCE.
- CANCER GENETICS COUNSELING SERVICES.

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- PET THERAPY.
- COMFORT CART THROUGH COMFORT PROJECTS 360.
- A STATE-OF-THE-ART OUTPATIENT CHEMOTHERAPY TREATMENT FACILITY WITH PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVATE CONSULTATION ROOMS AND NUMEROUS OTHER AMENITIES.
- THE RENAL AND PANCREAS TRANSPLANT DIVISION

THE RWJBARNABAS HEALTH RENAL AND PANCREAS DIVISION, LOCATED AT CBMC IS ONE OF THE LARGEST PROGRAMS IN THE UNITED STATES, WITH OVER 150 KIDNEY TRANSPLANTS PERFORMED IN 2021 AND OVER 6,400 OVER THE YEARS. CBMC IS RANKS IN THE TEN LARGEST ADULT KIDNEY TRANSPLANT VOLUME OF CENTERS IN THE NATION. THE PROGRAMS PROVIDE DECEASED AS WELL AS LIVING DONOR TRANSPLANTATION INCLUDING LIVING RELATED DONORS OR EMOTIONALLY RELATED DONORS AND ALTRUISTIC LIVING DONATION WHEN FAMILY MEMBERS ARE UNABLE TO DONATE. IN 2021, CBMC PERFORMED THE 4TH HIGHEST NUMBER OF LIVING DONOR TRANSPLANTS THAN ANY OTHER PROGRAM IN THE US.

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IN 1995, BARNABAS HEALTH BEGAN ITS SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM. SINCE 1968, THE RENAL TRANSPLANT DIVISION HAS PERFORMED MEDICAL FIRST KIDNEY TRANSPLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY TRANSPLANT RECIPIENT IN NEW JERSEY AND THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD.

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THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY, INCLUDING NEPHRITIC SYNDROME AND HYPERTENSION UP TO AND INCLUDING END STAGE RENAL DISEASE. THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL AND NEPHROLOGICAL PROBLEMS.

- THE CBMC NEUROLOGY AND NEUROSURGERY INSTITUTE

THE CBMC NEUROLOGY AND NEUROSURGERY INSTITUTE IS DEDICATED TO DIAGNOSING AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND CHILDREN. AN UNPRECEDENTED TEAM OF EXPERTS LEADS THE PROGRAMS OF THE INSTITUTE AND OFFER THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY DEDICATED TO THE MEDICAL, SURGICAL, AND PSYCHOLOGICAL TREATMENT OF NEUROLOGIC DISORDERS. SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH EPILEPSY, MEMORY DISORDERS, MOVEMENT DISORDERS AND OTHER NEUROLOGIC DISORDERS RESULTING FROM AN INJURY OR ACCIDENT. COMPREHENSIVE CARE IS ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HYPERACTIVITY AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT DISORDERS.

THE INSTITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS USE SOPHISTICATED DIAGNOSTIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTIVE TREATMENT. INNOVATIVE SURGICAL AND DRUG THERAPIES ARE OFFERED TO HELP INDIVIDUALS WITH EPILEPSY

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ACHIEVE THE BEST POSSIBLE SEIZURE CONTROL. THIS INCLUDES THE PARTICIPATION IN CLINICAL TRIALS TO IDENTIFY CUTTING EDGE THERAPIES THAT CAN IMPROVE THE LIVES OF OUR PATIENTS.

THE COMPREHENSIVE EPILEPSY CENTERS HAVE BEEN NAMED A LEVEL 4 SPECIALIZED EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS ("NAEC"), THE LEVEL 4 DESIGNATION IS THE HIGHEST GIVEN BY THE NAEC AND IDENTIFIES THOSE CENTERS THAT OFFER THE BROADEST RANGE OF COMPLEX MEDICAL AND SURGICAL TREATMENTS FOR EPILEPSY.

CBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER AND JOINT COMMISSION CERTIFIED FOR PRIMARY STROKE. THE STROKE CENTER OFFERS THE LATEST TREATMENT FOR STROKE INCLUDING COMPLEX NEURO INTERVENTIONS. THE CENTER, AS PART OF ITS MISSION, PROVIDES STROKE AND PREVENTION EDUCATION TO THE COMMUNITY AND TO OTHER HEALTHCARE.

THE STROKE PROGRAM STAFF CONDUCT OUTREACH AND EDUCATION ACTIVITIES AND FOCUS ON POPULATIONS AT HIGHER RISK OF STROKE. EDUCATION PROGRAMS REVIEW AND REINFORCE STROKE WARNING SIGNS AND THE IMPORTANCE OF CALLING FOR IMMEDIATE MEDICAL HELP AT THE FIRST SIGN OF STROKE. THE TEAM CONDUCTS A STROKE RISK AWARENESS PROGRAMS INCLUDING ON-SITE BLOOD PRESSURE AND CHOLESTEROL SCREENING. REFERRALS FOR CARE ARE FACILITATED FOR THOSE WHOSE RISK AWARENESS SURVEY AND BLOOD PRESSURE/CHOLESTEROL READINGS SUGGEST HIGHER-THAN-AVERAGE CHANCE OF STROKE.

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- RWJBH HEART CENTERS AT CBMC

CBMC IS A REGIONAL CARDIAC SURGERY CENTER AND PART OF RWJBARNABAS HEALTH HEART CENTERS, LOCATED ACROSS NEW JERSEY, WHICH HAVE INTEGRATED DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES INTO ONE COMPREHENSIVE PROGRAM THAT OFFERS A FULL RANGE OF ADVANCED CARDIAC SERVICES FOR ADULTS AND CHILDREN INCLUDING DIAGNOSIS, IMAGING, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, AND THE MANAGEMENT OF HEART FAILURE.

AN EXPERIENCED TEAM IS PIONEERING NEW THERAPIES AND THE CLINICAL USE OF THE LATEST MECHANICAL ASSIST DEVICES THAT IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH CONGENITAL HEART DEFECTS AND HEART DISEASE. THEY PARTICIPATE IN CARDIAC RESEARCH TRIALS THAT OFFER PATIENTS ACCESS TO BREAKTHROUGH THERAPIES. THE RWJBH HEART CENTERS CONTINUE TO LEAD THE WAY IN OFFERING MINIMALLY INVASIVE PROCEDURES AND CATHETER-BASED ALTERNATIVES TO OPEN HEART SURGERY INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") PROCEDURES, ALL FORMS OF ANGIOPLASTY/STENT PROCEDURES. ADVANCED ELECTROPHYSIOLOGY STUDIES OFFER SOPHISTICATED DIAGNOSIS AND TREATMENT OF HEART RHYTHM DISTURBANCES IN ADULTS AND CHILDREN.

- REGIONAL PERINATAL CENTER

IN 2021, CBMC DELIVERED OVER 6,500 BABIES AND IS RECOGNIZED AS A TOP HOSPITAL FOR HIGH-RISK PREGNANCIES. CBMC'S LEVEL III REGIONAL PERINATAL CENTER, THE HIGHEST DESIGNATION IN THE STATE, OFFERS THE MOST ADVANCED

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INTENSIVE CARE FOR PREMATURE AND ILL NEWBORNS. OUR 56-BED NEONATAL INTENSIVE/INTERMEDIATE CARE UNIT ("NICU") IS ONE OF ONLY A FEW IN THE NATION WITH THE LOWEST RATE OF CHRONIC LUNG DISEASE, A COMMON COMPLICATION FOR EXTREMELY LOW BIRTH-WEIGHT INFANTS. THE NICU OFFERS THE LATEST TREATMENTS AND MODALITIES IN THE FIELD TO PROVIDE THE MOST ADVANCED CARE FOR MORE THAN 2000 PREMATURE AND ILL NEWBORNS IN 2020. YEAR. THE CBMC NICU HAS ONE OF THE BEST INFANT SURVIVAL RATES AMONG NEONATAL INTENSIVE CARE UNITS IN THE NATION.

CBMC ALSO OFFERS EXTENSIVE CHILDBIRTH AND FAMILY PREPARATION CLASSES. THE MEMBERS OF THE DIVISION OF MATERNAL FETAL MEDICINE ASSIST OBSTETRICIANS IN THE TRI-STATE AREA IN THE CARE OF HIGH-RISK PATIENTS AND RECEIVE HIGH RISK TRANSFERS FROM OTHER COMMUNITY HOSPITALS. THEY ALSO EDUCATE THE MEDICAL CENTER'S MANY OBSTETRICAL RESIDENTS.

OPENED IN 2011, THE REGIONAL SIMULATION CENTER AT CBMC PROVIDES VALUABLE CLINICAL TRAINING AND EDUCATION FOR PHYSICIANS, NURSES, RESIDENTS, MEDICAL STUDENTS, AND COURSES ARE OPEN TO PRACTITIONERS THROUGHOUT THE TRI-STATE AREA REGARDLESS OF AFFILIATION.

THE GOAL OF THE CENTER IS TO ELEVATE PATIENT CARE, IMPROVE CLINICAL PERFORMANCE AND ENHANCE MATERNAL/CHILD HEALTH OUTCOMES IN THE REGION BY PROVIDING ACCESS TO STATE OF THE ART EDUCATION. SIMULATION ENHANCES THE CURRENT EDUCATIONAL OFFERINGS AT CBMC BY PROVIDING AN EXPERIENTIAL LEARNING ENVIRONMENT WHERE CLINICIANS CAN PRACTICE AND LEARN A VARIETY OF

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TECHNICAL AND BEHAVIORAL SKILLS.

- THE JOINT AND SPINE INSTITUTE

THE JOINT AND SPINE INSTITUTE OFFERS DEDICATED BEDS WITHIN THE HOSPITAL.

SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY

RETURN HOME AFTER A THREE-NIGHT STAY.

FEATURES OF THE PROGRAM INCLUDE:

- NURSES, THERAPISTS, AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE
OF JOINT PATIENTS.

- PRIVATE AND SEMI-PRIVATE ROOMS.

- EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE.

- FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY
PROCESS.

- GROUP LUNCHESES WITH PATIENTS, THEIR COACHES, AND OTHERS IN THE PROGRAM.

- A JOINT TEAM THAT COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE
PLANNING.

- A COMPREHENSIVE PATIENT GUIDE FOR PATIENTS TO FOLLOW FROM SIX WEEKS
PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND.

- COORDINATED AFTER-CARE PROGRAM.

- NEWSLETTERS TO UPDATE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND
JOINT CARE; AND

- PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN.

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- THE BURN CENTER OF NEW JERSEY

THE BURN CENTER IS THE ONLY STATE-CERTIFIED BURN TREATMENT FACILITY IN NEW JERSEY AND ONE OF THE LARGEST IN NORTH AMERICA WITH 12 INTENSIVE CARE BEDS AND AN 18-BED STEP-DOWN UNIT FOR LESS CRITICALLY INJURED AND IMPROVED STATUS PATIENTS. THE BURN CENTER PROVIDES EXPERT CARE FOR PATIENTS OF ALL AGES. THE BURN CENTER ALSO MEETS THE VERIFICATION CRITERIA OF THE AMERICAN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS TO PROVIDE OPTIMAL CARE FOR BURN PATIENTS. THE BURN CENTER IS EQUIPPED TO TREAT PEDIATRIC THROUGH GERIATRIC BURN PATIENTS WITH A FULL RANGE OF SPECIALIZED SERVICES, INCLUDING A DEDICATED OUTPATIENT DEPARTMENT WHERE INDIVIDUALS WITH SMALL OR MINOR BURNS RECEIVE TREATMENT AND DISCHARGED PATIENTS RETURN FOR FOLLOW-UP CARE. OVER 450 ADULT AND CHILDREN ARE TREATED AS INPATIENTS ANNUALLY.

JERSEY CITY MEDICAL CENTER

- THE CRISTIE KERR WOMEN'S HEALTH CENTER

THE CRISTIE KERR WOMEN'S HEALTH CENTER OPENED IN 2010 OFFERING IMAGING AND OTHER DIAGNOSTIC SERVICES TO WOMEN IN OUR COMMUNITY. THE CENTER OFFERS BREAST CANCER SCREENING PROGRAMS INCLUDING MAMMOGRAMS AND EDUCATION TO WOMEN IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY. THE

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CENTER IS THE FIRST FULL-SERVICE FACILITY IN HUDSON COUNTY TO PROVIDE
DETECTION, HEALING, SUPPORT, AND RECOVERY SERVICES.

- FANNIE E. RIPPEL FOUNDATION HEART INSTITUTE ("THE INSTITUTE")

THE INSTITUTE FEATURES STATE-OF-THE-ART DIAGNOSTIC TECHNOLOGY TO PROVIDE
EXEMPLARY OUTPATIENT CARDIAC CARE. THE INSTITUTE PROVIDES TWO HIGH-RISK
CARDIAC CATHETERIZATION LABORATORIES, A SINGLE PLANE AND A
THREE-DIMENSIONAL BI-PLANE ALONG WITH OTHER CRITICALLY IMPORTANT
DIAGNOSTIC TECHNOLOGY. THE MEDICAL CENTER IS THE REGION'S "HIGH-RISK"
DESTINATION FOR PATIENTS WITH THE MOST COMPREHENSIVE CARDIAC CENTER IN
HUDSON COUNTY.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

JCMC IS HUDSON COUNTY'S ONLY FULL-SERVICE HEART HOSPITAL. CARDIAC
SERVICES PROVIDED INCLUDE ANGIOPLASTY, DIAGNOSTIC CARDIAC
CATHETERIZATION, INTRAVASCULAR ULTRASOUND, PACEMAKER & IMPLANTABLE
CARDIOVERTER DEFIBRILLATOR THERAPY, MINIMALLY INVASIVE VEIN HARVESTING
AND CARDIAC ARTERY BYPASS GRAFT, THORACIC AND ABDOMINAL AORTIC ANEURYSM
REPAIR, MITRAL AND AORTIC VALVE REPAIR AND REPLACEMENT,
ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR PROCEDURES, INCLUDING ENDOVASCULAR
PROCEDURES AND CARDIAC ABLATION.

- PORT AUTHORITY HEROES OF SEPTEMBER 11 TRAUMA CENTER

THIS REGIONAL TRAUMA CENTER IS THE STATE-DESIGNATED LEVEL II TRAUMA

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CENTER FOR HUDSON COUNTY. IN ADDITION TO SERVING THE GROWING COMMUNITIES OF JERSEY CITY, THE SERVICE AREA INCLUDES HUDSON COUNTY, NEW JERSEY WATERWAYS, NEW JERSEY TURNPIKE, THE HOLLAND AND LINCOLN TUNNELS, AND LIBERTY STATE PARK. THE TRAUMA CENTER PROVIDES 24-HOUR TRAUMA SURGERY FOR ADULTS AND CHILDREN. THE CENTER HAS BEEN ACTIVE IN ALL REGIONAL DISASTERS INCLUDING THE 1993 AND 2001 WORLD TRADE CENTER BOMBINGS, THE "MIRACLE ON THE HUDSON" PLANE LANDING, SEVERAL TRAIN DERAILMENTS, AND VARIOUS HAZMAT INCIDENTS. IN ADDITION, THE HOSPITAL IS A STATE DESIGNATED PRIMARY STROKE CENTER.

- THE ORTHOPEDIC INSTITUTE AT JERSEY CITY MEDICAL CENTER

THE ORTHOPEDIC INSTITUTE OFFERS AN EXPANSIVE ARRAY OF ORTHOPEDIC SERVICES, FROM TOTAL JOINT REPLACEMENT AND SURGERY TO SPORTS MEDICINE AND REHABILITATION. THIS UNIQUE PROGRAM BRINGS TOGETHER A MULTI-DISCIPLINARY TEAM OF PHYSICIANS, NURSES, THERAPISTS, AND TECHNICIANS WITH THE GOAL OF PROVIDING SEAMLESS COORDINATED CARE. FURTHER, THERE IS A JOINT CARE COORDINATOR WHO WORKS WITH PATIENTS HAVING JOINT REPLACEMENTS AND PROVIDES EDUCATION CLASSES PRIOR TO YOUR SURGERY THAT BETTER PREPARES PATIENTS AND THEIR FAMILIES FOR THE PROCEDURE. JERSEY CITY MEDICAL CENTER HAS BEEN RECOGNIZED AS A DNV GL HEALTHCARE PROGRAM.

- THE NEONATAL INTENSIVE CARE UNIT AT JERSEY CITY MEDICAL CENTER

JCMC HAS A LEVEL III NICU AND IS THE REGION'S ONLY STATE-DESIGNATED

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"PERINATAL CENTER," ACCEPTING AND PROVIDING TREATMENT TO INFANTS
SUFFERING FROM EXTREME PREMATURITY, SEVERE RESPIRATORY DISTRESS AND
FEEDING ISSUES DURING THE FIRST 28 DAYS OF LIFE.

- OUTPATIENT SERVICES

JCMC OPERATES AN AMBULATORY CARE CENTER ADJACENT TO THE HOSPITAL AS WELL
AS TWO SATELLITE CLINICS TO ENSURE ACCESS FOR THOSE MOST IN NEED. OUR
OUTPATIENT SERVICES OFFERINGS INCLUDE OBSTETRICS AND GYNECOLOGY,
OPHTHALMOLOGY, DENTAL, PHYSICAL AND SPEECH THERAPY, AND AUDIOLOGY. WE
PROVIDE NEEDED OUTPATIENTS SERVICES TO SPECIAL NEEDS POPULATIONS IN OUR
COMMUNITY INCLUDING THE HOMELESS AND ADULTS AND CHILDREN REQUIRING
BEHAVIORAL HEALTH SERVICES, HIV/AIDS PATIENTS, AND THOSE IN NEED OF
DIALYSIS. JCMC IS THE REGIONAL PSYCHIATRIC REFERRAL CENTER PROVIDING
CRISIS INTERVENTION AND EVALUATION, VOLUNTARY AND INVOLUNTARY INPATIENT
SERVICES, COMMUNITY PSYCHIATRIC OUTREACH SERVICES, AND A FULL SPECTRUM OF
OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES.

MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS

MMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE
NOT LIMITED TO, THE FOLLOWING:

- THE UNTERBERG CHILDREN'S HOSPITAL AT MMC ("CHILDREN'S HOSPITAL")

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THE CHILDREN'S HOSPITAL OFFERS THE COMMUNITY RENOWNED MEDICAL EXPERTISE IN THE CARE OF CHILDREN THAT ONLY A LEADING ACADEMIC MEDICAL CENTER CAN PROVIDE. THE CHILDREN'S HOSPITAL HAS 140 PEDIATRIC SPECIALISTS WHO CONCENTRATE IN 26 FIELDS OF MEDICINE. THE ORGANIZATION PROVIDES SPECIALIZED PEDIATRIC CARE, OFFERING A 54-BED REGIONAL PERINATAL CENTER WITH LEVEL III NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY PROGRAM IN CHILDREN'S CRISIS INTERVENTION SERVICES AND SUBSPECIALTY PEDIATRIC CARE IN AREAS SUCH AS CARDIOLOGY, GASTROENTEROLOGY, SURGERY, AND ORTHOPEDICS.

IN ADDITION, A HOST OF OUTPATIENT SERVICES FOR CHILDREN ARE OFFERED, INCLUDING: A PEDIATRIC NEUROLOGY PROGRAM, PEDIATRIC MEDICAL DAY STAY UNIT, THE REGIONAL CLEFT PALATE CENTER, AND A PEDIATRIC SUBSPECIALTY CENTER IN OCEAN COUNTY FOR CHILDREN WHO REQUIRE SPECIALTY CARE IN THE AREAS OF GASTROENTEROLOGY, ENDOCRINOLOGY, AND PULMONOLOGY.

- PSYCHIATRIC CENTERS/PROGRAM

MMC HAS THE LARGEST PSYCHIATRIC PROGRAM IN MONMOUTH COUNTY, WITH A TOTAL OF 44 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS AND 19 BEDS IN ITS INPATIENT CHILDREN'S CRISIS INTERVENTION SERVICE, WHERE CHILDREN AND ADOLESCENTS WITH ACUTE EMOTIONAL, BEHAVIORAL, OR PSYCHIATRIC PROBLEMS ARE TREATED. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR MONMOUTH COUNTY. MMC ALSO OFFERS PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT PROGRAMS,

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TRADITIONAL OUTPATIENT CARE AND AN EARLY INTERVENTION SUPPORT SERVICES
PROGRAM ("EISS").

- THE JACQUELINE M. WILENTZ COMPREHENSIVE BREAST CENTER

COMMITTED TO MEETING THE BREAST HEALTH CARE NEEDS OF ALL WOMEN, THE
BREAST CENTER IS THE REGION'S LEADER IN PROVIDING THE MOST ADVANCED ARRAY
OF BREAST HEALTH SERVICES THROUGH A MULTIDISCIPLINARY TEAM DEDICATED TO
THE BREAST HEALTH NEEDS OF ALL WOMEN. MMC PROVIDES A COMFORTABLE AND
SUPPORTIVE SETTING IN WHICH ALL OUTPATIENT BREAST HEALTHCARE SERVICES ARE
FOUND IN ONE CONVENIENT LOCATION. MMC TAKES A COORDINATED APPROACH TO
BREAST CARE INCLUDING BOTH WELL CARE AND CANCER CARE. MMC IS HERE FOR
WOMEN WHO SEEK ANNUAL BREAST EVALUATION AND FOR THOSE WOMEN DIAGNOSED
WITH BREAST CANCER OR BENIGN BREAST DISEASE.

SEVERAL OF MMC'S SERVICES ARE SPECIFICALLY FOR WOMEN DIAGNOSED WITH
BREAST CANCER, INCLUDING: AN OUTPATIENT CHEMOTHERAPY SUITE, PSYCHOSOCIAL
COUNSELING AND REHABILITATION SERVICES, BREAST CANCER SUPPORT GROUPS,
BREAST CONSERVATION SURGERY AND PATIENT NAVIGATORS. THESE QUALIFIED
EXPERTS REPRESENT MANY MEDICAL DISCIPLINES, WORKING TOGETHER TO PROVIDE
WOMEN WITH DIAGNOSTIC, TREATMENT, SURGICAL, PSYCHOSOCIAL SUPPORT, AND
EDUCATION AND REHABILITATION SERVICES.

MMC'S STATE-OF-THE-ART FACILITY OFFERS THE LATEST IN MEDICAL EQUIPMENT,
TECHNOLOGY, AND SERVICES, INCLUDING:

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- ANNUAL PHYSICAL BREAST EXAMINATIONS, MAMMOGRAPHY, AND DIAGNOSTIC SERVICE, HEADED BY A DEDICATED BREAST RADIOLOGIST WHO OVERSEES A STAFF OF HIGHLY TRAINED TECHNOLOGISTS.

- CONSULTATIONS AND SECOND OPINIONS (SURGERY, MEDICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, PLASTIC SURGERY, AND RADIATION THERAPY), BREAST CANCER HIGH RISK PROGRAM, STEREOTACTIC BIOPSY SYSTEM, TOMOSYNTHESIS, COMPUTER-AIDED DETECTION ("ICAD") MAMMOGRAPHY, BREAST-SPECIFIC GAMMA IMAGING, BREAST MRI, AUTOMATED WHOLE-BREAST ULTRASOUND, HIGH-RESOLUTION BREAST ULTRASOUND, ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY, DEXA SCANNING, CLINICAL RESEARCH AND A BREAST INFORMATION CENTER; AND

- SATELLITE LOCATIONS IN COLTS NECK, HOWELL, AND LAKEWOOD TO OFFER WOMEN CONVENIENT ACCESS TO SCREENING AND DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND, GENETIC TESTING, AND BONE DENSITY TESTING.

- LEON HESS CANCER CENTER

MMC STANDS AT THE FOREFRONT OF PROVIDING THE MOST EXTENSIVE ARRAY OF HIGHLY ADVANCED CANCER SERVICES, DELIVERED BY A MULTIDISCIPLINARY TEAM OF SPECIALISTS IN A CARING AND SUPPORTIVE ENVIRONMENT. FOR DECADES, MMC'S LEADERSHIP ROLE IN ONCOLOGY SERVICES HAS BEEN BROADENED THROUGH THE ONGOING EXPANSION OF STATE-OF-THE-ART PROGRAMS AND TECHNOLOGIES OFFERED IN ALL AREAS OF CANCER PREVENTION, DETECTION, AND TREATMENT. THE LEON HESS CANCER CENTER AT MMC BRINGS TOGETHER A HOST OF SPECIALISTS AND A VAST ARRAY OF SERVICES UNDER ONE ROOF, MAKING CARE MORE CONVENIENT,

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EFFICIENT, AND EFFECTIVE. IT FEATURES COMPREHENSIVE MULTIDISCIPLINARY
MEDICAL SERVICES THAT ARE LED BY TEAMS OF MAJOR PHYSICIAN SPECIALISTS
INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY.

TOGETHER, THESE CANCER SPECIALISTS, IN CONSULTATION WITH EACH PATIENT'S
PRIMARY CARE PHYSICIAN AND IN CONJUNCTION WITH THE HOSPITAL'S CANCER CARE
MANAGEMENT TEAM, WORK TO CREATE THE MOST APPROPRIATE AND EFFECTIVE PLAN
OF TREATMENT. MMC IS ACCREDITED AT THE HIGHEST DESIGNATION BY THE
COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS AS A "TEACHING
HOSPITAL AND CANCER CENTER".

- THE CRANMER AMBULATORY SURGERY CENTER

THE CENTER PROVIDES A FULL SPECTRUM OF SAME-DAY SURGICAL SERVICES USING
THE MOST MODERN TECHNOLOGY AVAILABLE. THE FACILITY INCLUDES FOUR
FULL-SERVICE OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS AND A
THREE-TIERED GRADUATED RECOVERY AREA, RESPECTING THE INDIVIDUAL NEEDS OF
ADULT AND PEDIATRIC PATIENTS.

THE ONE-STORY, 19,000-SQUARE-FOOT BUILDING IS EQUIPPED TO PERFORM ALL
TYPES OF SAME-DAY SURGICAL PROCEDURES, INCLUDING ARTHROSCOPIC,
LAPAROSCOPIC AND LASER TECHNIQUES. EVERY ASPECT OF THE CENTER HAS BEEN
DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS
AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE.

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- THE EISENBERG FAMILY CENTER

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MMC DELIVERS AROUND 6,000 BABIES ANNUALLY - THE MOST IN MONMOUTH AND OCEAN COUNTIES - AND HAS BUILT ONE OF THE SAFEST OBSTETRICAL PROGRAMS IN THE NATION, MAINTAINING ONE OF THE LOWEST C-SECTION RATES IN THE NATION. THE VAST MAJORITY OF THE MORE THAN 50 OBSTETRICIAN/GYNECOLOGISTS WHO SERVE AS ATTENDING PHYSICIANS ON MMC'S MEDICAL STAFF ARE BOARD CERTIFIED OR ELIGIBLE IN THE DISCIPLINE. MANY ALSO HOLD CERTIFICATION IN SUCH SPECIALTIES AS MATERNAL-FETAL MEDICINE (PERINATOLOGY), REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, URO-GYNECOLOGY, AND GYNECOLOGIC ONCOLOGY. IN ADDITION, MMC'S SKILLED AND DEDICATED NURSING STAFF IS TRAINED TO ASSIST MOTHERS AND THEIR CHILDBIRTH PARTNERS DURING LABOR AND DELIVERY AND TO INSTRUCT NEW PARENTS AND OTHER FAMILY MEMBERS IN NEWBORN CARE.

- THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS

THE CENTER PROVIDES COMPREHENSIVE MEDICAL SERVICES TO CHILDREN WITH CHILDHOOD CANCERS SUCH AS LEUKEMIA, LYMPHOMAS AND NEUROBLASTOMAS, AND BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA AND WHITE CELL ABNORMALITIES. CHILDREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND OTHER CANCERS ARE TREATED ACCORDING TO THE MOST ADVANCED THERAPEUTIC PROTOCOLS. PATIENTS RECEIVE TREATMENT ON AN OUTPATIENT BASIS FROM A TEAM OF SPECIALISTS, INCLUDING PEDIATRIC HEMATOLOGISTS/ONCOLOGISTS, SURGEONS, RADIOLOGISTS, NURSES, SOCIAL WORKERS, COUNSELORS, AND CHILD LIFE SPECIALISTS. AMONG THE VALERIE FUND'S SERVICES IS RED BLOOD CELL

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APHERESIS - A SOPHISTICATED EXCHANGE/TRANSFUSION OF RED BLOOD CELLS FOR PATIENTS WITH SICKLE CELL DISEASE.

MMC IS ONE OF EIGHT HOSPITALS IN THE TRI-STATE AREA THAT IS PART OF THE VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY.

- ROBOTIC SURGERY PROGRAM

MMC CREATED THE REGION'S FIRST ROBOTIC SURGERY PROGRAM WITH THE DA VINCI S SURGICAL SYSTEM. THE SYSTEM COMBINES COMPUTER AND ROBOTIC TECHNOLOGIES WITH THE SKILLS OF MMC'S SURGEONS TO CREATE A NEW CATEGORY OF SURGICAL TREATMENT, MAKING IT POSSIBLE TO PERFORM MORE TECHNICALLY DEMANDING SURGERIES, SUCH AS PROSTATECTOMY, USING A MINIMALLY INVASIVE APPROACH. MMC OFFERS ROBOTIC SURGERY FOR THE REMOVAL OF A VARIETY OF CANCEROUS TUMORS AS WELL AS FOR BENIGN CONDITIONS. THE ROBOTIC SURGERY SYSTEM OFFERS PATIENTS BETTER OUTCOMES, LESS PAIN, LESS SCARRING, LESS BLOOD LOSS, SHORTER HOSPITAL STAYS AND A QUICKER RETURN TO NORMAL ACTIVITIES THAN CONVENTIONAL SURGERY.

FIRST HOSPITAL IN CENTRAL AND SOUTHERN NEW JERSEY TO INTRODUCE MAKO ROBOTIC-ASSISTED TOTAL AND PARTIAL KNEE AND HIP REPLACEMENT SURGERY. MAKO SURGERY IS PERFORMED USING A SURGEON-CONTROLLED ROBOTIC ARM SYSTEM THAT ENABLES ACCURATE ALIGNMENT AND PLACEMENT OF IMPLANTS.

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MMC-SC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE,
BUT ARE NOT LIMITED TO, THE FOLLOWING:

- THE JAMES & SHARON MAIDA GERIATRICS INSTITUTE

MMC-SC HAS LONG BEEN A LEADER IN GERIATRIC MEDICINE, WHICH SPECIFICALLY
ADDRESSES THE UNIQUE CARE NEEDS OF OLDER ADULTS. OUR ONE-OF-A-KIND JAMES
AND SHARON MAIDA GERIATRICS INSTITUTE PROVIDES INTEGRATED INPATIENT AND
OUTPATIENT GERIATRIC SERVICES FOR PATIENTS 65 AND OLDER IN ONE CONVENIENT
LOCATION. IN ADDITION, OUR GERIATRICIANS - PHYSICIANS SPECIALIZING IN THE
MEDICAL CARE OF THE ELDERLY - HAVE A FULL UNDERSTANDING OF THE WIDE RANGE
OF PHYSICAL, MENTAL, MEDICAL, SOCIAL, AND SPIRITUAL ISSUES THAT OLDER
ADULTS CAN FACE.

WITH OUR MANY INTERLINKED SERVICES, THE EXPERTS AT THE GERIATRICS
INSTITUTE PROVIDE INDIVIDUALIZED CARE RECOMMENDATIONS TO ENSURE THAT
PATIENTS RECEIVE THE SPECIAL CARE THEY REQUIRE, WITHOUT INTERFERING WITH
THEIR INDEPENDENCE. AND OUR GERIATRIC TEAM WORKS CLOSELY WITH YOU OR YOUR
LOVED ONE'S PRIMARY CARE PHYSICIAN TO MAKE SURE THAT ALL PATIENT AND
FAMILY NEEDS ARE MET. WITH THE EXPERT TREATMENT AVAILABLE AT OUR
STATE-OF-THE-ART OUTPATIENT PRACTICE, OLDER ADULTS CAN LIVE THE FULLEST
LIFE POSSIBLE.

OUR MULTIDISCIPLINARY TEAM ALSO INCLUDES NURSES, SOCIAL WORKERS,
NUTRITIONISTS, PHARMACISTS, HEALTH EDUCATORS, PHYSICAL THERAPISTS,

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OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND AUDIOLOGISTS, ALL WHO
SPECIALIZE IN THE CARE OF SENIORS AND ARE AVAILABLE TO ACCOMMODATE THE
NEEDS OF PATIENTS AS THEY TRANSITION FROM INPATIENT TO OUTPATIENT CARE.

COMPLEMENTING THE GERIATRICS INSTITUTE ARE THE GERIATRIC EMERGENCY
MEDICINE (GEM) UNIT, CREATED TO MEET THE MORE COMPLEX NEEDS OF SENIORS IN
EMERGENCY CARE, THE ACUTE CARE FOR ELDERLY (ACE) UNIT, AN INPATIENT UNIT
UTILIZING AN INTERDISCIPLINARY APPROACH TO COLLABORATIVELY DEVELOP A
PATIENT-CENTERED CARE PLAN, AND THE BETTER HEALTH PROGRAM, WHICH OFFERS
COURSES AND MORE TO MEN AND WOMEN 55 AND OLDER WHO WANT TO IMPROVE THEIR
HEALTH AND WELL-BEING.

- THE EMERGENCY DEPARTMENT AT MMC-SC

THE EMERGENCY DEPARTMENT UTILIZES THE LATEST IN CARDIAC MONITORING
EQUIPMENT, INCLUDING SPECIAL ROOMS FOR TRAUMA, ORTHOPEDICS,
EAR/NOSE/THROAT, OBSTETRICS/GYNECOLOGY, PEDIATRICS, SUTURING AND
PSYCHIATRIC EMERGENCIES. THE MAIN EMERGENCY DEPARTMENT INCLUDES 30
TREATMENT BAYS AND HAS REVOLUTIONIZED HOW PATIENTS ARE TREATED IN MODERN
HEALTHCARE SETTINGS BY EXPEDITING THE PROCESS WHICH PATIENTS MUST UNDERGO
PRIOR TO RECEIVING MEDICAL TREATMENT. THE STAFF IS FOCUSED ON RESPECTING
THE INDIVIDUAL NEEDS OF ALL ADULT AND PEDIATRIC PATIENTS. MMC-SC IS A
STATE-DESIGNATED PRIMARY STROKE CENTER AND JOINT COMMISSION CERTIFIED
CHEST PAIN CENTER AND HAS OCEAN COUNTY'S ONLY PSYCHIATRIC EMERGENCY
SCREENING PROGRAM.

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MMC-SC'S PEDIATRIC EMERGENCY SERVICES PROGRAM IS STAFFED FULL TIME BY HIGHLY EXPERIENCED, BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS WITH ACCESS TO PEDIATRIC CONSULTATIONS 24 HOURS A DAY WITH ON-SITE DOUBLE BOARD-CERTIFIED NEONATOLOGISTS/PEDIATRICIANS AND AN ON-CALL BOARD CERTIFIED PEDIATRICIAN. WHEN NECESSARY, CONSULTATIONS WITH PEDIATRIC SUBSPECIALISTS ARE COORDINATED WITH THE MEDICAL STAFF AT THE UNTERBERG CHILDREN'S HOSPITAL AT MMC. ADDITIONALLY, INFANTS AND CHILDREN REQUIRING MORE SPECIALIZED CARE ARE TRANSPORTED TO THE CHILDREN'S HOSPITAL, IF AND WHEN NECESSARY. MMC-SC'S CHILD-FRIENDLY PEDIATRIC-DESIGNATED TREATMENT AREA IN THE EMERGENCY DEPARTMENT OFFERS A PEDIATRIC PLAYROOM WITH GAMES, TOYS AND BOOKS AND COLORFULLY DECORATED TREATMENT ROOMS EQUIPPED WITH TV AND DVD PLAYER.

EVERY ASPECT OF MMC-SC'S EMERGENCY DEPARTMENT HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE. THIS HAS LED TO NUMEROUS RECOGNITIONS AND AWARDS FOR PATIENT SATISFACTION AND QUALITY MEDICAL CARE, INCLUDING EXCEPTIONAL TURNAROUND TIME.

- THE CENTER FOR WOUND HEALING

THE WOUND CARE CENTER AT MMC-SC PROVIDES DIAGNOSIS, TREATMENT AND HEALING OF CHRONIC AND HARD-TO-HEAL WOUNDS CAUSED BY A VARIETY OF MEDICAL CONDITIONS INCLUDING DIABETES, TRAUMA, POOR CIRCULATION, BEDRIDDEN,

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SURGICAL COMPLICATIONS, VASCULAR DISEASES, ETC. THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE APPLIES PROVEN WOUND CARE PRACTICES AND ADVANCED CLINICAL APPROACHES INCLUDING HYPERBARIC OXYGEN THERAPY TO HELP HEAL PATIENTS SUFFERING FROM CHRONIC WOUNDS. ADDITIONALLY, OUR CENTER FREQUENTLY PARTICIPATES IN CLINICAL TRIALS UTILIZING THE LATEST WOUND CARE PRODUCTS AVAILABLE.

- PSYCHIATRIC CENTERS/PROGRAM

MMC-SC HAS THE LARGEST PSYCHIATRIC PROGRAM IN OCEAN COUNTY, WITH A TOTAL OF 60 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS LOCATED IN A FREE-STANDING FACILITY IN TOMS RIVER, NJ. IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR OCEAN COUNTY. MMC-SC ALSO OFFERS INTENSIVE OUTPATIENT PROGRAMS AND TRADITIONAL OUTPATIENT CARE.

NEWARK BETH ISRAEL MEDICAL CENTER

NBIMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- HEART TRANSPLANT PROGRAM & HEART FAILURE TREATMENT

THE RENOWNED HEART TRANSPLANT CENTER HAS PERFORMED OVER 1,100 HEART

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TRANSPLANTS. THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS AVAILABLE ANYWHERE IN NEW JERSEY FOR PEOPLE WITH CONGESTIVE HEART FAILURE OR END STAGE CARDIAC DISEASE INCLUDING THE ULTIMATE TREATMENT; ORGAN TRANSPLANTATION. NBIMC'S SHORT AND LONG-TERM SURVIVAL RATES HAVE CONTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES. THE EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER AT THE HOSPITAL AND WITH ITS AFFILIATES. NBIMC IS A DESIGNATED VENTRICULAR ASSIST DEVISE ("VAD") CENTER AND WAS ONE OF THE FIRST IN NJ TO EMPLOY EXTRACORPOREAL MEMBRANE OXYGENATION ("ECMO").

- RWJBARNABAS HEALTH HEART CENTER AT NBIMC

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIATE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY. MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZED AS NATIONAL LEADERS IN THE FIELD OF CARDIOTHORACIC SURGERY AND ARE ADVANCING THE LATEST MINIMALLY INVASIVE TECHNIQUES THAT OFFER PATIENTS FASTER RECOVERY AND FEWER COMPLICATIONS. THE CENTER'S REPUTATION FOR EXCELLENCE HAS MADE THEM EDUCATIONAL RESOURCES FOR CARDIAC SURGEONS THROUGHOUT THE NORTHEAST. SERVICES INCLUDE MINIMALLY INVASIVE CARDIAC SURGERY/ROBOTIC SURGERY, BEATING HEART SURGERY, TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") AND INTEGRATIVE CARDIAC WELLNESS. TO ENSURE EVERYONE WITH HEART DISEASE HAS ACCESS TO THE SPECIALIZED SERVICES, OUR CARDIAC TEAM SEES PATIENTS AT SATELLITE OFFICES THROUGHOUT THE STATE. IN CONJUNCTION WITH ITS AFFILIATES, SAINT BARNABAS MEDICAL CENTER, JERSEY CITY MEDICAL CENTER AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, THE

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HEART CENTERS PERFORMED OVER 2,400 OPEN HEART/TAVR PROCEDURES AND AROUND
115 TRANSPLANTS/VADS IN 2021.

- LUNG TRANSPLANT AND THE CENTER FOR ADVANCED LUNG DISEASE

NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM, THE RWJBARNABAS HEALTH
ADVANCED LUNG DISEASE AND TRANSPLANT PROGRAM AT NBIMC, OFFERS INCREASED
ACCESS TO SINGLE AND DOUBLE LUNG TRANSPLANT AND COMPREHENSIVE TREATMENT
AND MANAGEMENT OF CHRONIC AND COMPLEX LUNG DISEASE. TO-DATE, THE CENTER
HAS ALREADY PERFORMED OVER 190 TRANSPLANTS. THE PROGRAM BRINGS SPECIALTY
SERVICES TO THE STATE IMPROVING THE LIVES OF PEOPLE WITH ADVANCED LUNG
CONDITIONS INCLUDING CHRONIC OBSTRUCTIVE PULMONARY DISEASE ("COPD"),
CYSTIC FIBROSIS, PULMONARY FIBROSIS, AND PULMONARY HYPERTENSION.

WHILE A PRIMARY GOAL OF THE PROGRAM IS TO IDENTIFY SUITABLE CANDIDATES
FOR A TRANSPLANT, THE COMPREHENSIVE MULTIDISCIPLINARY EVALUATION CAN ALSO
BENEFIT PATIENTS WHO ARE NOT TRANSPLANT CANDIDATES. THE PROGRAM OFFERS
COMPLETE EVALUATION AND TREATMENT PLANS FOR PATIENTS WITH LUNG DISEASES
SUCH AS: ASTHMA, CYSTIC FIBROSIS INTERSTITIAL LUNG DISEASES, ALPHA 1
ANTITRYPSIN DEFICIENCY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PULMONARY
FIBROSIS, SARCOIDOSIS, LYMPHANGIOLEIOMYOMATOSIS (LAM), SCLERODERMA,
PULMONARY ALVEOLAR PROTEINOSIS AND PULMONARY HYPERTENSION.

STATE-OF-THE-ART DIAGNOSTIC SERVICES INCLUDE: CT-GUIDED BIOPSY,
NAVIGATIONAL BRONCHOSCOPY, AND ENDOBRONCHIAL ULTRASOUND, BRONCHIAL
THERMOPLASTY, ENDOBRONCHIAL RESECTION OF TUMORS, ENDOBRONCHIAL STENTS,

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AND PLEURAX CATHETER PLACEMENT FOR MALIGNANT PLEURAL EFFUSIONS AND WHOLE
LUNG LAVAGE.

THE CENTER HAS VARIOUS ONGOING CUTTING-EDGE RESEARCH TRIALS HELPING
PATIENTS WITH END-STAGE LUNG DISEASE.

- CHILDREN'S HOSPITAL OF NEW JERSEY ("CHONJ")

CHONJ PROVIDES COMPREHENSIVE HEALTHCARE PROGRAMS AND SERVICES TO CHILDREN
OF ALL AGES. THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED
FACILITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS
WITH THE PHILOSOPHY OF FAMILY CENTERED CARE. PEDIATRIC AND NEONATAL
SERVICES OF CHONJ RANGE FROM PRIMARY/PREVENTIVE CARE SERVICES TO CRITICAL
INTENSIVE AND INTERMEDIATE ACUTE CARE FOR CHILDREN AND NEWBORNS.

NBIMC HAS THE LARGEST PEDIATRIC INTENSIVE CARE UNIT IN THE STATE.
SPECIALTY SERVICES INCLUDE THE CHILDREN'S HEART CENTER PROVIDING THE MOST
COMPREHENSIVE PEDIATRIC CARDIAC AND CARDIAC SURGERY SERVICES IN THE
STATE, NEONATAL INTENSIVE AND INTERMEDIATE CARE, PEDIATRIC EMERGENCY
SERVICES, PULMONARY SERVICES, THE STATE'S ONLY PEDIATRIC ECMO PROVIDER,
PEDIATRIC VIDEO MONITORING UNIT, VALERIE FUND CANCER CENTER, HEMOPHILIA
TREATMENT CENTER, MODERATE SEDATION, ROBOTIC SURGERY, AND THE PRIMARY AND
PHYSICIAN SUBSPECIALTY SERVICES OF THE FAMILY HEALTH CENTER.

FAMILIES EXPERIENCE A WARM, COMFORTING ENVIRONMENT IN WHICH PHYSICIANS,

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NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE
VITAL ROLE OF PARENTS IN THE HEALING PROCESS.

- COMPREHENSIVE HEMOPHILIA TREATMENT CENTER

ONE OF ONLY SIX STATE-DESIGNATED CENTERS IN NEW JERSEY, THE COMPREHENSIVE
HEMOPHILIA TREATMENT CENTER PROVIDES CARE TO BOTH PEDIATRIC AND ADULT
PATIENTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS. THE CENTER
OFFERS COMPLETE EVALUATIONS BY A TEAM OF EXPERTS INCLUDING HEMATOLOGISTS,
NURSES, PSYCHOSOCIAL PROFESSIONALS, AND PHYSICAL THERAPISTS. CONSULTATION
BY INFECTIOUS DISEASE SPECIALISTS, DENTISTS, NUTRITIONISTS,
GASTROENTEROLOGISTS, ORTHOPEDISTS, AND OTHER SPECIALISTS IS PROVIDED AS
NEEDED.

OUR CENTER'S GOAL IS TO PROVIDE THE LATEST ADVANCES IN TREATMENT FOR
PEOPLE WITH HEMOPHILIA, ASSIST IN THE CARE OF THE COMPLICATIONS OF
HEMOPHILIA, AND CONTINUE TO PROVIDE SUPPORT TO PERSONS WITH HEMOPHILIA
AND THEIR FAMILIES WITH THE GOAL OF ACHIEVING A NORMAL LIFESTYLE.

THE CENTER PROVIDES CARE FOR CHILDREN AND ADULTS WITH VON WILLEBRAND
DISEASE AND OTHER BLEEDING DISORDERS. PATIENTS WITH THROMBOSIS (CLOTTING
DISORDER) RECEIVE COMPREHENSIVE TREATMENT AT THE CENTER. WE ALSO
COORDINATE A HOME CARE PROGRAM WHICH ENABLES PERSONS WITH HEMOPHILIA TO
LEAD NORMAL, PRODUCTIVE LIVES. THE HOME CARE PROGRAM ALLOWS FOR IMMEDIATE
TREATMENT, THUS AVOIDING THE DELAY, STRESS, AND COST OF EMERGENCY

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DEPARTMENT CARE. ADULT AND PEDIATRIC INFECTIOUS DISEASE AND
GASTROINTESTINAL SPECIALISTS PROVIDE COMPREHENSIVE CARE FOR HEMOPHILIA
PATIENTS WITH AIDS AND/OR HEPATITIS AND THEIR PARTNERS.

- ROBOTIC SURGERY

ROBOTIC SURGERY IS OFFERED IN MANY SPECIALTIES INCLUDING CARDIAC,
UROLOGY, PEDIATRIC SURGERY, GYNECOLOGY, URO-GYNECOLOGY, AND GENERAL
SURGERY. PERFORMING MINIMALLY INVASIVE PROCEDURES CAN BE LESS TRAUMATIC
TO PATIENTS AND ALLOW FOR QUICKER RECOVERY TIMES. NBIMC ALSO OFFERS
BLOODLESS SURGERY AND CELEBRATED 10 YEARS OF SERVICE IN 2014. THE ROBOTIC
SURGERY PROGRAM AT NBIMC WAS ONE OF THE COUNTRY'S FIRST. HUNDREDS OF
PHYSICIANS IN NEW JERSEY AND AROUND THE WORLD HAVE RECEIVED TRAINING FROM
ROBOTIC SURGEONS AT NBIMC. IN ADDITION, PHYSICIANS AT NBIMC WERE SOME OF
THE FIRST TRAINED IN SINGLE SITE SURGERY.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK AND SOMERSET

RWJUH'S CENTERS OF EXCELLENCE INCLUDE CARDIOVASCULAR CARE FROM MINIMALLY
INVASIVE HEART SURGERY TO TRANSPLANTATION, CANCER CARE, STROKE CARE,
NEUROSCIENCE, JOINT REPLACEMENT, AND WOMEN'S AND CHILDREN'S CARE
INCLUDING THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD
JOHNSON UNIVERSITY HOSPITAL.

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AS THE FLAGSHIP CANCER HOSPITAL OF RUTGERS CANCER INSTITUTE OF NEW JERSEY AND THE PRINCIPAL TEACHING HOSPITAL OF RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL IN NEW BRUNSWICK, RWJUH IS AN INNOVATIVE LEADER IN ADVANCING STATE-OF-THE-ART CARE. A LEVEL 1 TRAUMA CENTER AND THE FIRST PEDIATRIC TRAUMA CENTER IN THE STATE, RWJUH'S NEW BRUNSWICK CAMPUS SERVES AS A NATIONAL RESOURCE IN ITS GROUND-BREAKING APPROACHES TO EMERGENCY PREPAREDNESS.

- RWJUH NEW BRUNSWICK AND SOMERSET HAVE BEEN DESIGNATED AS CENTERS OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY.

- RWJUH SOMERSET WAS THE FIRST IN NEW JERSEY TO OFFER SPECIALIZED PRIMARY MEDICAL CARE SERVICES FOR THE LGBTQIA COMMUNITY, OPENING ITS PROUD FAMILY HEALTH IN 2017.

- RWJUH SOMERSET IS ONE OF ONLY TWO HOSPITALS IN NEW JERSEY TO OFFER AN INPATIENT EATING DISORDERS PROGRAM IN ADDITION TO OFFERING PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT SERVICES.

- RWJUH NEW BRUNSWICK EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL® FOR ITS BARIATRIC SURGERY AND HIP AND KNEE JOINT REPLACEMENT PROGRAMS BY DEMONSTRATING COMPLIANCE WITH THE JOINT COMMISSION'S NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY IN DISEASE-SPECIFIC CARE.

- CARDIOVASCULAR CARE

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY OF PROVIDING COMPREHENSIVE CARDIAC CARE TO THE COMMUNITY. THE

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CARDIOVASCULAR CENTER OF EXCELLENCE AT RWJUH CAN BE DIVIDED INTO THREE COMPONENTS: CARDIAC SERVICES INCLUSIVE OF MEDICAL MANAGEMENT AND TREATMENT; THE LATEST IN CARDIAC SURGICAL INNOVATIONS; AND PROVISION OF COMPREHENSIVE VASCULAR SERVICES. THE GOAL OF THIS CENTER OF EXCELLENCE IS TO PROVIDE HIGH-QUALITY, CUTTING-EDGE SERVICES IN A PROMPT AND EFFICIENT MANNER.

CARDIAC SERVICES RUN THE GAMUT FROM ELECTROCARDIOGRAM (EKG) UP TO AND INCLUDING HEART TRANSPLANTATION INCLUSIVE OF THE ABIOCOR TOTAL ARTIFICIAL HEART. THE FOLLOWING DESCRIBES THE CARDIAC SERVICE LINE BASED ON MEDICAL CARDIOLOGY INCLUSIVE OF NON-INVASIVE AND INVASIVE TECHNOLOGIES.

THE NON-INVASIVE TECHNOLOGIES AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL ON BOTH CAMPUSES INCLUDE EKG, STRESS TESTING, BOTH NUCLEAR AND REGULAR, ECHOCARDIOGRAPHY, BOTH STRESS AND NON-STRESS TESTING. THESE NON-INVASIVE TECHNIQUES PROVIDE INFORMATION NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF HEART DISEASE.

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MEDICALLY INVASIVE CARDIAC PROCEDURES ARE PERFORMED IN THE CARDIAC CATHETERIZATION LABORATORIES. THE HOSPITAL HAS NINE LABORATORIES ACROSS THE TWO CAMPUSES, INCLUSIVE OF TWO ELECTROPHYSIOLOGY (EP) LABORATORIES IN NEW BRUNSWICK. WITHIN THE CARDIAC CATHETERIZATION LABORATORIES, DIAGNOSTIC CARDIAC CATHETERIZATIONS ARE PERFORMED AS WELL AS PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTIES (PTCA). IN ADDITION, IN THE ELECTROPHYSIOLOGY LABS, TREATMENTS FOR ARRHYTHMIAS ARE PERFORMED. THESE

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PROCEDURES ARE DONE THROUGH THE USE OF CATHETERS WHICH ARE POSITIONED WITHIN THE HEART TO MEASURE ITS APPROPRIATE ELECTRICAL ACTIVITY AND VULNERABILITY OF THE HEART TO ABNORMAL RHYTHMS AND RAPID OR SLOW HEARTBEATS. THE RWJUH ROBOTIC MAGNETIC NAVIGATION SYSTEM FOR CARDIAC ABLATIONS IN NEW BRUNSWICK HAS GROWN TO BECOME ONE OF THE MOST ACTIVE LABS IN THE COUNTRY. THESE RHYTHM DISORDERS ARE TREATED IN A VARIETY OF WAYS INCLUSIVE OF THE IMPLANTATION OF PACEMAKER DEVICES. THE OTHER PROCEDURES DONE IN THE CARDIAC CATHETERIZATION LABORATORIES ARE THOSE FOR ENDOVASCULAR PROCEDURES TO TREAT PERIPHERAL ARTERY DISEASE. THE CARDIAC CATHETERIZATION LABORATORIES PERFORM OVER 6,500 PROCEDURES PER YEAR AND ARE AMONGST THE LARGEST AND MOST ACTIVE IN THE STATE OF NEW JERSEY. DURING 2015, WORK WAS COMPLETED ON THE SOMERSET CAMPUS TO ELEVATE AND INTEGRATE THOSE CATH LABS ONTO THE SAME TECHNICAL PLATFORM AS THOSE IN NEW BRUNSWICK.

FROM A CARDIAC SURGICAL PERSPECTIVE, THE HOSPITAL IN NEW BRUNSWICK PERFORMED OVER 1,273 OPEN HEART/TAVR PROCEDURES, INCLUSIVE OF CORONARY ARTERY BYPASS, GRAFTING, MINIMALLY INVASIVE SURGERY FOR REPAIR AND REPLACEMENT OF VALVES, REPAIR OF CONGENITAL ABNORMALITIES IN ADULTS AND SURGICAL TREATMENT OF ATRIAL FIBRILLATION. THE CARDIAC SURGERY DIVISION SIMILARLY PERFORMS HEART TRANSPLANTATION. TO SUPPORT HEART TRANSPLANTATION, THE HOSPITAL ALSO PROVIDES VENTRICULAR ASSIST DEVICES (VAD) WHICH ARE USED AS A BRIDGE TO TRANSPLANTATION. THE VAD PROGRAM AT RWJUH IS ONE OF A HANDFUL OF PROGRAMS NATIONALLY TO BE ACCREDITED BY THE JOINT COMMISSION AS A DESTINATION THERAPY FOR END-STAGE CARDIAC PATIENTS.

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SINCE ITS 2012 APPROVAL AS A SITE TO OFFER TRANSCATHETER AORTIC VALVE REPLACEMENT, DESIGNED FOR PATIENTS TOO ILL TO QUALIFY FOR TRADITIONAL VALVE REPLACEMENT SURGERY, RWJUH HAS INCREASED THE NUMBER OF TAVR CASES PERFORMED AMONG THE MOST ACUTELY ILL CARDIAC PATIENTS.

THE HOSPITAL HAS AN ACTIVE HEART FAILURE AND TRANSPLANT SERVICE. THROUGH THIS TEAM-ORIENTED APPROACH OF MEDICAL CARDIOLOGISTS AND CARDIAC SURGEONS, THE MOST UP-TO-DATE TECHNIQUES ARE DONE AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL INCLUSIVE OF HEART TRANSPLANTS. THE HOSPITAL HAS PERFORMED OVER 200 HEART TRANSPLANTS.

THE HOSPITAL ALSO OFFERS A COMPREHENSIVE CARDIAC REHABILITATION PROGRAM AS A MEANS FOR REHABILITATION FOR PATIENTS WHO HAVE UNDERGONE CERTAIN PROCEDURES OR TREATMENT. THE PROGRAM IS APPROVED BY MEDICARE AND PRIVATE INSURANCE COMPANIES AND IS A BENEFICIAL SERVICE WHERE THE PATIENTS ARE ASSISTED BY THE NURSES AND EXERCISE PHYSIOLOGISTS TO RESUME THEIR ACTIVITIES OF DAILY LIVING.

THE OTHER COMPONENT OF THE CARDIOVASCULAR SERVICE LINE IS VASCULAR SERVICES WHICH ARE PRIMARILY PROVIDED THROUGH THE VASCULAR SURGEONS AND INTERVENTIONAL RADIOLOGISTS. THE TYPES OF PROCEDURES PERFORMED BY THE VASCULAR SURGEONS INCLUDE CAROTID ARTERY SURGERY FOR STROKE PREVENTION, ABDOMINAL AORTIC ANEURYSM (AAA) REPAIRS, THORACIC AORTIC ANEURYSM REPAIRS, RENAL ARTERY REPAIRS, AND ARTERIAL RECONSTRUCTION FOR LOWER EXTREMITIES. THE VASCULAR SURGEONS ARE ALSO PROVIDING ENDOVASCULAR

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THERAPIES. IN ADDITION TO THE SERVICES PROVIDED BY THE VASCULAR SURGEONS,
THE INTERVENTIONAL RADIOLOGISTS PROVIDE MODERN AND COMPLETE DIAGNOSTIC
VASCULAR EXAMINATIONS AS WELL AS ENDOVASCULAR THERAPY. THE VASCULAR TEAM
HAS COLLABORATED WITH THE HOSPITAL'S TRAUMA AND EMERGENCY MEDICINE
DEPARTMENTS TO LAUNCH A NEW CLINICAL PROTOCOL FOR THE MANAGEMENT OF
EMERGENCY AAA CASES.

NON-INVASIVE VASCULAR TESTING IS PROVIDED THROUGH THE VASCULAR
LABORATORY. PROCEDURES INCLUDE BUT ARE NOT LIMITED TO CAROTID ARTERY,
TRANSCRANIAL DOPPLER, AND UPPER AND LOWER EXTREMITY ARTERIAL SCANS.

- CANCER CARE

PROVIDING COMPASSIONATE, HIGH-QUALITY CARE FOR CANCER PATIENTS HAS LONG
BEEN A PRIMARY FOCUS OF BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF
RWJUH.

THE CANCER HOSPITAL AT RWJUH IN NEW BRUNSWICK OFFERS A COMPREHENSIVE
CANCER CARE PROGRAM WITH A CANCER HOSPITAL THAT PROVIDES SAME-DAY
CHEMOTHERAPY, MEDICAL ONCOLOGY, HEMATOLOGY/ONCOLOGY, SURGICAL ONCOLOGY,
BONE MARROW AND RADIATION THERAPY - ALL IN ONE LOCATION. THE
COLLABORATION OF RWJUH SPECIALISTS, PHYSICIANS AND RESEARCHERS ALLOWS
PATIENTS TO RECEIVE THE BENEFITS OF ALL THE LATEST ADVANCES IN CANCER
CARE. TECHNOLOGICAL HIGHLIGHTS OF THE PROGRAM INCLUDE TUMOR MOTION
TRACKING, WHICH ALLOWS FOR GREATER PRECISION IN TREATING TUMORS WITH

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RADIATION, AND THE DA VINCI SURGICAL ROBOT, WHICH OFFERS MINIMALLY
INVASIVE SURGICAL OPTIONS, OFTEN RESULTING IN QUICKER RECOVERY TIME FOR
PATIENTS. RWJUH IS THE FLAGSHIP HOSPITAL OF THE CANCER INSTITUTE OF NEW
JERSEY, THE ONLY NEW JERSEY NATIONAL CANCER INSTITUTE-DESIGNATED
COMPREHENSIVE CANCER CENTERS.

LOCATED ON THE CAMPUS OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
SOMERSET, THE STEEPLECHASE CANCER CENTER PROVIDES COMPREHENSIVE CANCER
SERVICES WITHIN A CALM, COMPASSIONATE, PATIENT-FOCUSED ENVIRONMENT. THE
CANCER CENTER HAS BEEN NATIONALLY RECOGNIZED WITH THE PRESTIGIOUS
OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER OF THE
AMERICAN COLLEGE OF SURGEONS. THE SANOFI US BREAST CARE PROGRAM IS ONE OF
ONLY A SELECT FEW BREAST CARE PROGRAMS IN NEW JERSEY TO ACHIEVE FULL
ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS.
IT HAS ALSO BEEN NAMED A BREAST IMAGING CENTER OF EXCELLENCE BY THE
AMERICAN COLLEGE OF RADIOLOGY. THE STEEPLECHASE CANCER CENTER IS A
CLINICAL RESEARCH AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW
JERSEY.

UNIQUE PROGRAM HIGHLIGHTS INCLUDE:

IN THE SPRING OF 2015, WORK WAS COMPLETED ON THE CREATION OF THE LAURIE
PROTON THERAPY CENTER AT RWJ, ALSO ON THE ROBERT WOOD JOHNSON CAMPUS.
PROTON BEAM THERAPY IS REVOLUTIONARY IN THE TREATMENT OF CERTAIN TYPES OF
CANCER AND IS PARTICULARLY EFFECTIVE IN THE TREATMENT OF SELECTED

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PEDIATRIC CANCERS - SUCH AS THOSE IN THE SPINE AND BRAIN - WHERE THE USE OF TRADITIONAL RADIOTHERAPY MIGHT CAUSE DAMAGE TO FORMING NERVOUS SYSTEM TISSUE. THE ESTABLISHMENT OF THE LAURIE PROTON THERAPY CENTER HAS CREATED ANOTHER DESTINATION THERAPY FOR THE PEOPLE OF OUR REGION.

- RWJUH'S RADIATION ONCOLOGY DEPARTMENT PROVIDES THE LATEST ADVANCES IN RADIOTHERAPY INCLUDING INTENSITY-MODULATED RADIATION THERAPY (IMRT), STEREOTACTIC BODY RADIO THERAPY, TOTAL SKIN ELECTRON BEAM THERAPY, HIGH DOSE RATE AND LOW DOSE RATE BRACHYTHERAPY AND IMAGE-GUIDED RADIATION THERAPY.

- THE GAMMA KNIFE CENTER AT RWJUH LOCATED ON THE HOSPITAL CAMPUS TREATS COMPLEX CANCERS WITH STEREOTACTIC RADIO SURGERY OF THE BRAIN AND SPINE IN WAYS THAT TRADITIONAL SURGERY CANNOT. THE GAMMA KNIFE TECHNOLOGY IS ALSO BEING SUCCESSFULLY USED IN TREATING CONDITIONS OF THE FACIAL NERVOUS SYSTEM AND FOR MALFORMATIONS OF BLOOD VESSELS IN THE BRAIN. THE RWJUH GAMMA KNIFE CENTER PROVIDES THE LATEST TECHNOLOGY IN THE BATTLE AGAINST CANCER.

- RWJUH OFFERS THE STATE'S ONLY ACCREDITED RESIDENCY PROGRAM IN RADIATION ONCOLOGY. THE RESIDENCY PROGRAM SUPPORTS THE PRODUCTION OF ADVANCED CLINICAL AND BASIC SCIENCE RESEARCH THAT SUPPORTS AND ENSURES THE APPROPRIATE APPLICATION OF HIGH-END TECHNOLOGY.

- RWJUH PROVIDES BOTH ADULT AND PEDIATRIC OUTPATIENT CHEMOTHERAPY AND INFUSION SERVICES AND IS ONE OF ONLY 2 BONE MARROW TRANSPLANT CENTERS IN THE STATE AND HAS A BONE MARROW UNIT HOUSED WITHIN THE CANCER HOSPITAL.

- RWJUH PROVIDES ACCESS TO THE EXPERTISE OF THE REGION'S BEST PLASTIC AND

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RECONSTRUCTIVE SURGEONS.

- THE CANCER HOSPITAL OF NEW JERSEY AT RWJUH FOCUSES ON ADDITIONAL
PATIENT NEEDS INCLUDING EDUCATION, PSYCHOLOGICAL, EMOTIONAL, AND
SPIRITUAL SUPPORT.

- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT RWJUH HOUSES A 10-BED
PEDIATRIC HEMATOLOGY/ONCOLOGY UNIT FOR CHILDREN WITH CANCER.

- PATIENTS HAVE ACCESS TO A DEDICATED ONCOLOGY SOCIAL WORKER, AN ONCOLOGY
NUTRITIONIST, CHAPLAIN AND NUMEROUS OTHER SUPPORT GROUPS.

- IN THE CANCER HOSPITAL, ALL ROOMS ARE PRIVATE WITH HOTEL-STYLE
AMENITIES SUCH AS A TV, REFRIGERATOR, AND IN-SERVICE DINING, AS WELL AS
SLEEPING ACCOMMODATIONS FOR FAMILY MEMBERS.

- WOMEN'S AND CHILDREN'S SERVICES.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BOTH THE NEW BRUNSWICK AND SOMERSET CAMPUSES OF RWJUH HAVE A LONG HISTORY
OF PROVIDING COMPREHENSIVE CARE TO WOMEN AND CHILDREN IN OUR DIVERSE
COMMUNITIES. THE REGIONAL PERINATAL CENTER AT ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL OFFERS THE HIGHEST LEVEL OF OBSTETRIC AND NEONATAL
SERVICES IN NEW JERSEY. A FULL RANGE OF SPECIALIZED CARE IS OFFERED,
INCLUDING: PRE-CONCEPTION COUNSELING FOR WOMEN DIAGNOSED WITH A CHRONIC
CONDITION BEFORE PREGNANCY; COUNSELING FOR COUPLES WITH HIGH RISK FACTORS
FOR GENETIC PROBLEMS; MEETING THE ADVANCED CARE NEEDS OF WOMEN WITH
MEDICAL PROBLEMS SUCH AS EPILEPSY, RENAL TRANSPLANT, HIV POSITIVE OR
CARDIOVASCULAR DISEASE; CARE FOR PREGNANT WOMEN WITH MULTIPLES OR A
PREVIOUS PRETERM INFANT; AND, EVEN PROVIDING SECOND OPINIONS FOR PREGNANT
WOMEN SEEKING THIS OPTION.

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RWJUH'S LABOR AND DELIVERY UNIT OFFERS PATIENTS WELL-APPOINTED ROOMS THAT ARE LARGER AND REDESIGNED TO CREATE A WARM, PATIENT-FOCUSED ENVIRONMENT. THE HOSPITAL RENOVATED AND ADDED BOTH ANTE-PARTUM AND POST-PARTUM ROOMS AND BEDS, WHICH NOW GIVES US 31 ANTE- AND POST-PARTUM BEDS, AS WELL AS 12 LABOR AND DELIVERY ROOMS. ADDITIONALLY, THERE IS EASIER ACCESS FROM THE LABOR AND DELIVERY AREA TO THE NEONATAL INTENSIVE CARE UNIT IF NEWBORNS REQUIRE HIGHLY SPECIALIZED CRITICAL CARE.

DURING 2021, MORE THAN 3,000 BIRTHS WERE RECORDED AT THE REGIONAL PERINATAL CENTER IN NEW BRUNSWICK AND NEARLY 900 BIRTHS WERE NOTED ON THE SOMERSET CAMPUS.

PROGRAM HIGHLIGHTS INCLUDE:

- THE STATE'S MOST ADVANCED PROGRAM FOR EVALUATING AND PREVENTING PRE-TERM BIRTHS AND PREGNANCY LOSS.
- A COMPREHENSIVE OBSTETRICAL UNIT IN NEW BRUNSWICK, WHICH INCLUDES STATE-OF-THE-ART, LABOR AND DELIVERY ROOMS, AN ANTE-PARTUM LOFT FOR OBSTETRIC EMERGENCIES, A FOUR-BED RECOVERY UNIT AND THREE OPERATING ROOMS.
- A TOTAL OF 32 PRIVATE ANTE-PARTUM AND POST-PARTUM ROOMS FOR MATERNITY CARE WITH HOTEL-LIKE AMENITIES.
- STATE-OF-THE-ART CENTRAL FETAL SURVEILLANCE MONITORS WITH REMOTE ACCESS, AND AN EXPANDED NURSES' STATION WITH A PHYSICIAN DICTATION AREA.

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- REMOTE ACCESS FOR FETAL SURVEILLANCE AVAILABLE TO SMART PHONE, OFFICE, AND HOME.
- MATERNAL-FETAL MEDICINE SPECIALISTS AVAILABLE 24/7 WITH A FULL-TEAM COMPRISED OF FELLOWS, NURSES, SOCIAL WORKERS, NUTRITIONISTS, AND GENETIC COUNSELORS.
- STRONG RELATIONSHIPS WITH THE ADULT MEDICAL INTENSIVE CARE UNIT (MICU) WHICH IS WIRED FOR CENTRAL FETAL MONITORING.
- THE FIRST HOSPITAL IN NEW JERSEY WITH THE COOL-CAP DEVICE FOR NEONATES BORN WITH MODERATE TO SEVERE HYPOXIC-ISCHEMIC ENCEPHALOPATHY (HIE), WHICH CAN CAUSE PERMANENT NEUROLOGIC SEQUELAE.
- TWO NURSERIES EQUIPPED WITH STATE-OF-THE-ART TECHNOLOGY AND A HIGHLY SKILLED STAFF WITH EXPERIENCE IN PHOTOTHERAPY AND IV ANTIBIOTICS.
- A DEDICATED OB ANESTHESIOLOGIST, LACTATION CONSULTANTS ON STAFF SEVEN DAYS A WEEK AND A CERTIFIED CHILD SAFETY PASSENGER TECHNICIAN.

RWJUH SOMERSET RENOVATED ITS MATERNITY UNIT IN 2016 TO ENHANCE THE COMFORT AND QUALITY OF CARE FOR PATIENTS AND THEIR FAMILIES. RENOVATIONS INCLUDED UPDATES TO LABOR AND DELIVERY ROOMS AND POST-PARTUM ROOMS, INCLUDING NEW FURNITURE, FLOORING, PAINT, AND DÉCOR, AS WELL AS ENHANCED SECURITY SYSTEMS. ALL PATIENT ROOMS FEATURE THE GETWELLNETWORK, AN INTERACTIVE PATIENT EDUCATION TELEVISION SYSTEM PROVIDING ACCESS TO THE INTERNET, EMAIL, AND VIDEOS ABOUT HEALTH-RELATED TOPICS DURING A PATIENT'S STAY IN THE HOSPITAL.

RWJUH SOMERSET ALSO PROVIDES A WIDE RANGE OF SERVICES FOR EXPECTANT

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MOTHERS, NEWBORNS, AND THEIR FAMILIES, INCLUDING A LEVEL II INTERMEDIATE CARE NURSERY STAFFED 24/7 BY A BOARD-CERTIFIED NEONATOLOGIST AND SPECIALLY TRAINED NURSES. A BOARD-CERTIFIED OBSTETRICIAN/GYNECOLOGIST AND ANESTHESIOLOGY COVERAGE DEDICATED TO OBSTETRICS IS AVAILABLE 24/7. COUNSELING WITH MATERNAL-FETAL MEDICINE STAFF AND A PERINATOLOGIST IS AVAILABLE AS IS A COMPREHENSIVE DIABETES CENTER THAT OFFERS PREGNANCY AND POST-PARTUM COUNSELING. A FAMILY PRACTICE CENTER PROVIDES PRENATAL AND POST-PARTUM CARE. SERVICES ALSO INCLUDE A LACTATION CONSULTANT FOR INPATIENT AND OUTPATIENT VISITS; POST-PARTUM AND INFANT CARE CLASSES OFFERED DURING A PATIENT'S STAY SO THAT THEY ARE READY FOR DISCHARGE; AND CHILDBIRTH EDUCATION FEATURING A WIDE RANGE OF TOPICS FOR PARENTS, SIBLINGS, AND GRANDPARENTS.

- THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL (BMSCH) AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

THE BRISTOL-MYERS SQUIBB CHILDREN'S HOSPITAL AT ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY, AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER IN 2014, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS. UNIVERSITY HOSPITAL IS AT THE EPICENTER OF A GROWING

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PEDIATRIC ACADEMIC HEALTH CAMPUS THAT PROVIDES THE MOST COMPREHENSIVE CARE FOR CHILDREN IN NEW JERSEY. BMSCH FEATURES SUB-SPECIALISTS IN A FULL RANGE OF PEDIATRICS FROM PEDIATRIC SURGERY, UROLOGY AND CARDIOLOGY TO ONCOLOGY, ORTHOPEDICS, HEMATOLOGY, AND PULMONOLOGY, ALL IN A FAMILY-CENTERED ENVIRONMENT. WITH THE MERGER ACHIEVED EARLIER THIS YEAR, PEDIATRIC PATIENTS OF SOMERSET COUNTY NOW HAVE HEIGHTENED ACCESS TO BMSCH AND THE MANY CLINICAL SPECIALISTS ON THE ACADEMIC CAMPUS.

PROGRAM HIGHLIGHTS INCLUDE:

- THE CENTER FOR ADVANCED PEDIATRIC SURGERY (CAPS), LOCATED ON THE SEVENTH FLOOR OF BMSCH, IS DESIGNED AS A DISTINCT PEDIATRIC OPERATING ROOM SUITE. CAPS PROVIDES THE LATEST IN TECHNOLOGY FOR GENERAL PEDIATRIC SURGEONS AND PEDIATRIC SUB-SPECIALISTS.
- THE STATE'S ONLY DESIGNATED PEDIATRIC TRAUMA CENTER: FOR THE MOST SERIOUSLY INJURED CHILDREN, BMSCH IS A CERTIFIED LEVEL II TRAUMA CENTER, AND PEDIATRIC SURGEONS ARE AVAILABLE TO PERFORM SURGERY AT A MOMENT'S NOTICE. THIS PEDIATRIC TRAUMA CENTER WORKS IN CONCERT WITH THE RWJUH LEVEL 1 TRAUMA CENTER.
- PEDIATRIC EMERGENCY DEPARTMENT: OUR UNIQUE STANDALONE PEDIATRIC EMERGENCY DEPARTMENT, COMPLETELY SEPARATE FROM OUR ADULT EMERGENCY DEPARTMENT, IS SPECIALLY DESIGNED TO MEET THE NEEDS OF CHILDREN AND THEIR FAMILIES WITH SPECIALLY TRAINED ED NURSES, TECHNICIANS, AND BOARD-CERTIFIED DOCTORS.
- THE PEDIATRIC INTENSIVE CARE UNIT (PICU): THE PICU PROVIDES CARE FOR

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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CRITICALLY ILL AND INJURED CHILDREN, INCLUDING ALL OF THE MOST ADVANCED TREATMENT MODALITIES AND ALL ASPECTS OF INVASIVE AND NON-INVASIVE MONITORING, ALONG WITH 24-HOUR-A-DAY CARE FROM PEDIATRIC CRITICAL CARE SPECIALISTS.

- ROBOTIC SURGERY: BMSCH OFFERS THE LATEST IN MINIMALLY INVASIVE PEDIATRIC ROBOTIC SURGERY FOR THE TREATMENT OF SEVERAL UROLOGIC CONDITIONS INCLUDING PYELOPLASTY AND PARTIAL NEPHRECTOMY.

- THE PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM: BMSCH, IN CONJUNCTION WITH THE CANCER INSTITUTE OF NEW JERSEY (CINJ), OFFERS CHILDREN WITH CANCER AND BLOOD DISORDERS THE MOST ADVANCED CARE IN THE STATE. IT INCLUDES A PEDIATRIC BRAIN TUMOR PROGRAM AND A LEUKEMIA/LYMPHOMA PROGRAM.

- THE PEDIATRIC ORTHOPEDIC PROGRAM: THIS PROGRAM PROVIDES COMPLETE PEDIATRIC CARE FOR A WIDE RANGE OF DEVELOPMENTAL, CONGENITAL, POST-TRAUMATIC AND NEUROMUSCULAR CONDITIONS OF THE MUSCULOSKELETAL SYSTEM USING BOTH SURGICAL AND NON-SURGICAL APPROACHES, INCLUDING MINIMALLY INVASIVE TECHNIQUES.

- THE PEDIATRIC PULMONARY PROGRAM: THIS PROGRAM PROVIDES CARE FOR CHILDREN SUFFERING FROM A NUMBER OF RESPIRATORY PROBLEMS INCLUDING CYSTIC FIBROSIS, ASTHMA, TECHNOLOGY DEPENDENCE AND SLEEP DISORDERS.

- NEONATAL INTENSIVE CARE UNIT (NICU): BMSCH IS HOME TO ONE OF THE LARGEST NEONATAL INTENSIVE CARE UNITS (NICU) IN THE STATE AND FEATURES THE MOST UP-TO-DATE TECHNOLOGY DESIGNED TO TREAT THE MOST CRITICALLY ILL NEWBORNS.

- METABOLISM, INFECTIOUS DISEASES AND RHEUMATOLOGY: THESE CENTERS PROVIDE PATIENTS WITH THE MOST EXPANDED SERVICES AVAILABLE.

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- CHILD LIFE PROGRAM: THIS PROGRAM ASSISTS FAMILIES WITH THE ADJUSTMENT TO HOSPITALIZATION, ILLNESS OR INJURY AND TREATMENT.

THE NEARBY CHILD HEALTH INSTITUTE OF NEW JERSEY AT RUTGERS RWJMS IS A CENTER FOR BIOMEDICAL RESEARCH AND PEDIATRIC CARE, FEATURING AN AMBULATORY CARE CENTER, RESEARCH LABORATORIES AND OFFICES FOR FACULTY. HERE, SCIENTISTS, RESEARCHERS AND CLINICIANS CONVERGE TO STUDY AND TREAT DISEASES THAT THREATEN CHILDREN. ATTACHED TO BMSCH IS THE PSE&G CHILDREN'S SPECIALIZED HOSPITAL - ANOTHER VALUED MEMBER OF THE RWJBH HEALTH SYSTEM - THE NATION'S LARGEST PROVIDER OF PEDIATRIC REHABILITATION SERVICES FOR CHILDREN. SIMILARLY ADJACENT TO THE BMSCH AND RWJUH CAMPUS ARE TWO IMPORTANT NOT-FOR-PROFIT PARTNERS IN PEDIATRIC HEALTHCARE: THE RONALD MCDONALD HOUSE, WHERE FAMILIES OF SICK CHILDREN CAN LIVE DURING THE CHILD'S HOSPITAL STAY, AND ALSO THE EMBRACE KIDS FOUNDATION, WHICH SUPPORTS FAMILIES OF CHILDREN UNDERGOING CANCER AND OTHER BLOOD DISORDERS.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- LEVEL I TRAUMA CENTER

THE LEVEL I TRAUMA CENTER AT RWJUH IS A REGIONAL LEVEL ONE TRAUMA CENTER. RWJUH IS ONE OF ONLY THREE LEVEL ONE TRAUMA CENTERS DESIGNATED BY THE NEW JERSEY DEPARTMENT OF HEALTH. A LEVEL ONE CENTER IS THE HIGHEST DESIGNATION A HOSPITAL CAN RECEIVE. THE CENTER SEES APPROXIMATELY 2,800 TRAUMA CASES ANNUALLY.

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ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

RWJUH HAMILTON'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE

INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- CENTER OF EXCELLENCE IN METABOLIC AND BARIATRIC SURGERY

THE BARIATRIC SURGERY PROGRAM AT RWJUH HAMILTON OFFERS PATIENTS ADVANCED CLINICAL TREATMENT FOR WEIGHT LOSS, ENABLING THEM TO OVERCOME THE MOST DAMAGING HEALTH EFFECTS OF BEING OVERWEIGHT. THROUGH A TEAM APPROACH, CANDIDATES ARE EVALUATED, AND PRE-EXISTING CONDITIONS ARE TAKEN INTO CONSIDERATION. PATIENTS RECEIVE EDUCATION ON PROCEDURE OPTIONS, RISKS, OUTCOMES, POTENTIAL SIDE EFFECTS, AND LIFESTYLE MODIFICATIONS. PROGRESS IS MONITORED AND STRICT DIETARY AND EXERCISE REGIMENS ARE INSTITUTED. PATIENTS ARE PAIRED WITH CLINICAL PROFESSIONALS, EXERCISE SPECIALISTS, NUTRITIONISTS, AND SUPPORT STAFF TO PROVIDE A FULL CONTINUUM OF SERVICES AND COUNSELING. THE PROGRAM IS RECOGNIZED AS A BARIATRIC SURGERY CENTER OF EXCELLENCE WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY BY THE SURGICAL REVIEW CORPORATION.

- RUTGERS CANCER INSTITUTE OF NEW JERSEY HAMILTON

THE ONCOLOGY PROGRAM INTEGRATES A MEDICAL AND RADIATION ONCOLOGY PRACTICE WITH LEADING ONCOLOGY SPECIALISTS, OUTPATIENT TREATMENT, AND SUPPORT

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SERVICES. AS AN AFFILIATE OF THE RUTGERS CANCER INSTITUTE OF NEW JERSEY
IN NEW BRUNSWICK-THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED CANCER
CENTER IN NEW JERSEY-WE PROVIDE ACCESS TO CANCER RESEARCH AND SCIENTIFIC
ADVANCES FOR THE TREATMENT OF ALL TYPES OF MALIGNANCIES AND BLOOD
DISORDERS. THE PROGRAM IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS'
COMMISSION ON CANCER AND NATIONAL ACCREDITATION PROGRAM FOR BREAST
CENTERS.

LOCATED ON THE HOSPITAL CAMPUS, THE CANCER CENTER PROVIDES ADDED
CONVENIENCE AND COMFORT TO OUR PATIENTS IN A MODERN 18,500-SQUARE-FOOT
BUILDING INTEGRATING ALL OF THE SERVICES NEEDED TO CARE FOR SOMEONE WITH
CANCER:

- DEDICATED SUPPORT SERVICES AND SOCIAL WORKER.
- GENETIC TESTING AND COUNSELING.
- INFUSION AND RADIATION TREATMENT AREAS.
- LABORATORY SERVICES.
- ON-SITE MEDICAL SERVICES.
- ONCOLOGY MEDICAL PRACTICE.
- RESEARCH PROGRAM/CLINICAL TRIALS.
- DEDICATED BREAST CANCER AND LUNG CANCER NAVIGATORS TO HELP OUR PATIENTS
NAVIGATE APPROPRIATELY THROUGH THE COMPLEX TREATMENT; AND
- THROUGH A PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, A "LOOK GOOD,
FEEL BETTER" IMAGE SALON IS OFFERED TO OUR CANCER PATIENTS.

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- DIABETES AND ENDOCRINOLOGY CARE CENTERS

DIABETES AND ENDOCRINOLOGY CARE: OUR DIABETES SELF-MANAGEMENT PROGRAM OFFERS ONE-ON-ONE EDUCATION TO OUR PATIENTS ABOUT THE IMPORTANCE OF SELF-MANAGEMENT AND HOW TO APPLY THE BASIC PRINCIPLES TO THEIR EVERYDAY LIVES. TO DO THIS, WE COMMUNICATE WITH PATIENTS THROUGH INPATIENT CARE, ON AN OUTPATIENT LEVEL AND THROUGH SUPPORT AND CONTINUED EDUCATION. OUR DIABETES SUPPORT GROUP IS A FREE SERVICE FOR THOSE LIVING WITH DIABETES AND THEIR LOVED ONES. WE ALSO OFFER COMMUNITY EDUCATION PROGRAMS HELD AT THE RWJ FITNESS & WELLNESS CENTER. A DIABETES NURSE PRACTITIONER IS ASSIGNED TO MANAGE THE INPATIENT AND OUTPATIENT CARE OF OUR PATIENTS. OUR OUTPATIENT DIABETES PROGRAM IS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION AS A CENTER OF EXCELLENCE SINCE 2002 AND ALSO RECOGNIZED BY THE JOINT COMMISSION.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

- PRIMARY STROKE CENTER

RWJUH RAHWAY IS A STATE-DESIGNATED PRIMARY STROKE CENTER WITH TELEMEDICINE CAPABILITY FOR 24/7 COVERAGE. THIS SERVICE IS SUPPORTED AND CONNECTED BY CO-LOCATED CONTINUUM OF CARE SERVICES, INCLUDING CARE CONNECTION, A 24-BED LICENSED SUBACUTE REHAB UNIT OWNED BY ALARIS HEALTH, AND KINDRED HOSPITAL, A 34-BED LONG TERM ACUTE CARE HOSPITAL FOR

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MEDICALLY COMPLEX PATIENTS WHO NEED INTENSE SPECIALIZED TREATMENT FOR AN
EXTENDED PERIOD OF TIME.

- THE JOINT REPLACEMENT CENTER

THE JOINT REPLACEMENT CENTER AT RWJUH RAHWAY PROVIDES AN EXPERIENCED TEAM
TO PROVIDE PRE-SURGERY AND POST-SURGERY EDUCATION, CLINICAL EXPERTISE,
THERAPY, AND THE INDIVIDUAL SUPPORT. PHYSICAL AND AQUATIC THERAPY CENTERS
ARE LOCATED IN ITS FITNESS CENTERS IN SCOTCH PLAINS AND CARTERET. ALL
SURGEONS ARE BOARD CERTIFIED AND HAVE EXTENSIVE EXPERIENCE IN JOINT
REPLACEMENT AND MINIMALLY INVASIVE TECHNIQUES. THE EXPERIENCED STAFF
CONSISTS OF A JOINT CARE COORDINATOR, SPECIALIZED NURSING CARE, LICENSED
OCCUPATIONAL AND PHYSICAL THERAPISTS, AND CASE MANAGERS TO HELP EACH
PATIENT MAKE THE TRANSITION FROM THE HOSPITAL TO A PAIN FREE, ACTIVE
LIFE.

- THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE

RWJUH RAHWAY PARTNERS WITH RESTORIX HEALTH TO PROVIDE HYPERBARIC
MEDICINE. THE CENTER PROVIDES PATIENTS WITH TREATMENT FOR CHRONIC,
NON-HEALING WOUNDS ASSOCIATED WITH INADEQUATE CIRCULATION, POORLY
FUNCTIONING VEINS, AND IMMOBILITY. NON-HEALING WOUNDS OCCUR MOST
FREQUENTLY IN PEOPLE WITH DIABETES AND POOR CIRCULATION.

THE CENTER OFFERS:

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- COMPRESSION THERAPY.
- DIABETIC FOOT MANAGEMENT.
- BIOLOGIC SKIN SUBSTITUTES.
- EDEMA MANAGEMENT.
- LABS, IMAGING, AND SCANS.
- COORDINATION OF DIETARY.
- DIABETES EDUCATION SERVICES.
- WOUND CARE EDUCATION.
- HYPERBARIC OXYGEN THERAPY.
- OFF-LOADING (TAKING PRESSURE OFF THE WOUND).
- SHARP DEBRIDEMENT (REMOVAL OF DEAD TISSUE).
- SPECIALTY DRESSINGS THAT PROMOTE HEALING.
- AND LIMIT THE POTENTIAL FOR INFECTION.
- TOPICAL PRESCRIPTION MEDICATIONS; AND
- VASCULAR STUDIES.

- CARDIAC HEALTH SERVICES

CARDIAC HEALTH SERVICES AT RWJUH RAHWAY INCLUDE A FULLY CERTIFIED MOBILE INTENSIVE CARE UNIT, A 24/7 EMERGENCY DEPARTMENT WITH BOARD CERTIFIED SPECIALISTS, A STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB AND AN AVERAGE DOOR-TO-BALLOON TIME UNDER 60 MINUTES FOR LIFESAVING ANGIOPLASTY. IT HAS THE FULL RANGE OF CARDIAC DIAGNOSTIC EQUIPMENT. IN ADDITION, THE NICHOLAS QUADREL HEALTHY HEART CENTER OFFERS A COMPREHENSIVE CARDIAC

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REHAB PROGRAM, WITH MEDICALLY SUPERVISED EXERCISE, NUTRITIONAL
COUNSELING, AND SUPPORT. CARDIAC REHAB HAS BEEN SHOWN TO REDUCE THE
CHANCE OF A SECOND CARDIAC EVENT AND IMPROVES STAMINA AND STRENGTH.

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

AT SBBH, OUR MULTIDISCIPLINARY STAFF INCLUDES EXPERIENCED PROFESSIONALS
IN NEARLY EVERY FACET OF BEHAVIORAL HEALTHCARE. THIS ALLOWS US TO PROVIDE
TRULY CUSTOMIZED AND HIGHLY SPECIALIZED TREATMENT TRACKS FOR ADULTS AND
GERIATRIC PATIENTS, AS WELL AS PROGRAMS FOR THE DUALY DIAGNOSED. IN ALL
PROGRAMS, TREATMENT TEAMS ARE CREATED TO MATCH EACH PATIENT'S SPECIFIC
NEEDS AND INCLUDE PROFESSIONALS WHO ARE CERTIFIED IN THEIR AREA OF
EXPERTISE. OUR CLINICALLY INTENSIVE PROGRAMS ARE DESIGNED TO BRING ABOUT
POSITIVE, LASTING CHANGE AND A RAPID RETURN TO HEALTH.

STEPPING STONES - INTENSIVE OUTPATIENT PROGRAM

THE STEPPING STONES INTENSIVE OUTPATIENT PROGRAM IS DESIGNED FOR
INDIVIDUALS WHO REQUIRE TREATMENT THREE TO FIVE DAYS PER WEEK, DEPENDING
ON THEIR NEEDS. THREE AND A HALF HOUR SESSIONS ARE OFFERED MONDAY THROUGH
FRIDAY WITH BOTH MORNING AND AFTERNOON SESSIONS AVAILABLE FOR THE
PATIENT'S CONVENIENCE. SESSIONS CONSIST OF GROUP THERAPY AND WEEKLY
INDIVIDUAL SESSIONS WITH A PSYCHIATRIST, ADVANCED PRACTICE NURSE AND AN
INDIVIDUAL THERAPIST.

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GERIATRIC BEHAVIORAL HEALTH

THE GERIATRIC TREATMENT PROGRAM OFFERS A COMPLETE RANGE OF INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES FOR GERIATRIC PATIENTS. TREATMENTS VARY BASED ON THE SEVERITY OF PROBLEMS, BUT INCLUDE PSYCHOTHERAPY, MEDICATIONS, HOME HEALTHCARE, OUTPATIENT PROGRAMS STRUCTURED FOR MAINTAINING A HIGH LEVEL OF INDEPENDENCE AND HOSPITALIZATION PROVIDING A STRUCTURED THERAPEUTIC APPROACH IN AN APPROPRIATE ENVIRONMENT. PROGRAMS TAKE PLACE IN A SEPARATE UNIT DESIGNED FOR OLDER ADULTS. A GERIATRIC PSYCHIATRIST LEADS ALL TREATMENT TEAMS AND MONITORS THE NUTRITIONAL, PHARMACOLOGICAL AND MEDICAL NEEDS OF EACH PATIENT. THE GERIATRIC PSYCHIATRIST IS IDEALLY SUITED TO ADDRESS THE MENTAL HEALTH NEEDS OF OLDER ADULTS BY TAKING INTO ACCOUNT CO-EXISTING MEDICAL ILLNESSES AND MEDICATIONS, DIETARY NEEDS, FAMILY ISSUES AND SOCIAL CONCERNS AND INTEGRATES THEM INTO A HOLISTIC APPROACH TO TREATMENT.

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INPATIENT ADULT PSYCHIATRIC SERVICES

RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK OFFERS BOTH VOLUNTARY AND INVOLUNTARY INPATIENT UNITS AND INTENSIVE SHORT-TERM CARE FACILITIES WHICH TREAT THE MOST SEVERELY ILL PATIENTS. THERE ARE SPECIALIZED TREATMENT TRACKS IN PLACE THROUGHOUT THE NETWORK FOR MICA PATIENTS AS WELL AS OTHER DUALY DIAGNOSED PATIENTS. SBBH PATIENTS MAY ACCESS INPATIENT SERVICES THROUGH EMERGENCY SERVICES AT NUMEROUS NETWORK SITES,

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THROUGH RWJBARNABAS HEALTH BEHAVIORAL HEALTH NETWORK 24-HOUR ACCESS
CENTER STAFFED BY CLINICIANS TRAINED IN EMERGENCY RESPONSE, OR THROUGH
PROFESSIONAL REFERRAL.

RWJBH OTHER MEDICAL SERVICES

=====

RWJBH PROVIDES AN EXTENSIVE ARRAY OF ADDITIONAL MEDICAL SERVICES THROUGH
ITS SYSTEM WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- AMBULATORY SURGERY CENTER.
- ANESTHESIOLOGY.
- BARIATRIC SURGERY.
- BEHAVIORAL HEALTH NETWORK.
- BLOODLESS MEDICINE AND SURGERY PROGRAM.
- BONE MARROW TRANSPLANT.
- BURN CENTER.
- CANCER PROGRAMS AND SERVICES.
- CARDIAC SERVICES AND HEART TRANSPLANT.
- CELIAC DISEASE PROGRAM.
- CENTER FOR HEALTH AND WELLNESS.
- COLON WELLNESS CENTER.
- COMMUNITY HEALTH.
- COMPREHENSIVE REHABILITATION CENTER.
- CORPORATE CARE.

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- CRANIOFACIAL CENTER.
- CYSTIC FIBROSIS.
- DIABETES CARE.
- DIALYSIS, RENAL.
- EMERGENCY SERVICES.
- EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE.
- FITNESS AND WELLNESS CENTERS.
- GREENHOUSE AND MOBILE GREENHOUSE
- HEALTH ASSESSMENT CENTER FOR ATHLETES.
- HEMOPHILIA AND BLOOD DISORDERS.
- HEMODIALYSIS.
- HOME HEALTH SERVICES.
- HOSPICE AND PALLIATIVE CARE SERVICES.
- IMAGING CENTERS.
- INTERNAL MEDICINE FACULTY PRACTICE.
- INTEGRATIVE MEDICINE CENTER.
- JOINT INSTITUTES.
- JOINT AND SPINE INSTITUTE.
- LASIK REFRACTIVE SURGERY.
- LUNG CENTER - LUNG TRANSPLANT.
- MEDICAL EDUCATION AND CLINICAL RESEARCH.
- MEDICINE SUBSPECIALTIES.
- CENTER FOR MENOPAUSE AND REPRODUCTIVE ENDOCRINE SERVICES.
- MULTIPLE SCLEROSIS COMPREHENSIVE CARE PROGRAM.
- NEONATAL INTENSIVE CARE UNIT.

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- INSTITUTE FOR NEUROLOGY AND NEUROSURGERY.
- NUTRITIONAL COUNSELING SERVICES.
- OBESITY AND WEIGHT MANAGEMENT CENTER.
- OBSTETRICS/GYNECOLOGY.
- OCCUPATIONAL MEDICINE.
- OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER.
- PAIN MANAGEMENT.
- PATHOLOGY SERVICES.
- PEDIATRIC CARDIAC SURGERY.
- PEDIATRICS - GENERAL AND SUBSPECIALTY.
- PEDIATRIC INTENSIVE CARE UNIT.
- PEDIATRIC NEPHROLOGY AND TRANSPLANTATION.
- PEDIATRIC ONCOLOGY.
- PEDIATRIC SPECIALTY CENTER (INCLUDES DEVELOPMENTAL, GENETICS, DIABETES, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASE, AND IMMUNOLOGY, LYME DISEASE AND RHEUMATOLOGY, NEUROLOGY, PULMONOLOGY).
- PERITONEAL DIALYSIS.
- PHYSICAL MEDICINE AND REHABILITATION.
- PHYSICAL AND OCCUPATIONAL THERAPY.
- PLASTIC AND RECONSTRUCTIVE SURGERY.
- PRE-ADMISSION TESTING.
- POST-ACUTE REHABILITATION.
- OUTPATIENT PULMONARY REHABILITATION.
- RADIATION ONCOLOGY.
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- REFRACTIVE SURGERY CENTER.
- REGIONAL CRANIOFACIAL CENTER.
- RENAL TRANSPLANT CENTERS.
- RETAIL PHARMACIES.
- COMPREHENSIVE REHABILITATION CENTER.
- RECOVERY AND PREVENTION SERVICES.
- RESPIRATORY CARE.
- ROBOTIC SURGERY AND MINIMALLY INVASIVE SURGERY.
- SENIOR HEALTH.
- SLEEP DISORDERS CENTER.
- SMOKING CESSATION.
- SPEECH AND HEARING CENTER.
- SPORTS MEDICINE INSTITUTE.
- STROKE, COMPREHENSIVE AND PRIMARY CENTERS.
- SURGERY DEPARTMENT.
- TOBACCO TREATMENT PROGRAM.
- TRANSITIONAL CARE UNITS.
- TRAVEL MEDICINE.
- UROGYNECOLOGY.
- VALERIE FUND CHILDREN'S CENTERS.
- WEIGHT LOSS INSTITUTE.
- WOMEN'S CARDIAC RISK ASSESSMENT.
- WOMEN'S/PARENT HEALTH EDUCATION.
- WOMEN'S CENTER FOR GYNECOLOGICAL SURGERY.
- WOUND CARE CENTERS AND HYPERBARIC MEDICINE; AND

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- VASCULAR CENTER.

SUPPORT GROUPS

RWJBH IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO MEET ALL THE HEALTHCARE NEEDS OF ITS COMMUNITY. IN ADDITION TO THE DIRECT PATIENT CARE PROVIDED BY ITS STAFF, RWJBH MAKES AVAILABLE THE FOLLOWING HEALTHCARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES. SOME OF THESE PROGRAMS ARE:

- AIDS/HIV POSITIVE SUPPORT GROUP.
- BEREAVEMENT SUPPORT GROUP.
- BREASTFEEDING SUPPORT GROUP.
- BREAST HEALTH EDUCATION.
- BURN PEER SUPPORT GROUP.
- CANCER SUPPORT GROUPS AND PROGRAMS.
- CARDIAC REHABILITATION SUPPORT GROUP.
- CHILDREN OF AGING PARENTS SUPPORT GROUP.
- COPING LOW VISION.
- CRANIOFACIAL PARENT EDUCATION AND SUPPORT.
- EPILEPSY PARENT SUPPORT GROUP.
- IMPOTENCE ANONYMOUS.
- INFERTILITY SUPPORT GROUP.

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- LYMPHEDEMA EDUCATION AND SUPPORT GROUP.
- NICU SUPPORT GROUP.
- OSTEOPOROSIS EDUCATION.
- PARENTING INSIGHTS.
- PARKINSON'S DISEASE SUPPORT GROUP.
- PEDIATRIC OUTREACH EDUCATION.
- PERINATAL BEREAVEMENT SUPPORT GROUP.
- REFRACTIVE SURGERY SEMINAR.
- RENAL TRANSPLANT AND DIALYSIS SUPPORT GROUPS AND PROGRAMS.
- RESOLVE.
- THE WELLNESS CONNECTION; AND
- WOMEN'S HEALTH/PARENT EDUCATION.

INSTRUCTIONAL CLASSES AND PROGRAMS

RWJBH OFFERS A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL-BEING. THERE IS A FEE ASSOCIATED WITH SOME OF THESE PROGRAMS. THESE INCLUDE, BUT ARE NOT LIMITED, TO:

- AQUACIZE CLASS.
- CPR: CARDIOPULMONARY RESUSCITATION CLASS.
- FIRST AID PROGRAMS AND FIRST RESPONDERS.
- HEALTHY LIVING AND EATING.
- HIPPO THERAPY: THERAPY FOR CHILDREN ON HORSEBACK.

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- INTEGRATIVE MEDICINE PROGRAMS.
- KARATE FOR CHILDREN WITH SPECIAL NEEDS.
- LEARN PROGRAM FOR WEIGHT CONTROL, KID'S FIT.
- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE.
- SPORTS MEDICINE PROGRAMS.
- STAY FIT; AND
- YOGA CLASS.

CHILDBIRTH PREPARATION AND PARENTING CLASSES

RWJBH OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES. IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT OFFERS SEMINARS ON WOMEN'S HEALTH ISSUES. THE FOLLOWING COURSES AND SERVICES ARE CURRENTLY OFFERED INCLUDE, BUT ARE NOT LIMITED, TO:

- ADOPTIVE PARENTS BABY CARE CONSULTATIONS.
- BREASTFEEDING CLASS.
- BREAST PUMP RENTAL SERVICE.
- DADDY BEEPER RENTAL SERVICE.
- GRANDPARENTING.
- INFANT AND CHILD CPR.
- LAMAZE REFRESHER SERIES.
- MARVELOUS MULTIPLES PROGRAM.

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- MOMS IN MOTION: PRENATAL AND POSTPARTUM EXERCISE.
- PARENTING INSIGHTS.
- PETS AND BABIES' SEMINAR.
- PREPARED CHILDBIRTH SERIES.
- PREPARED CHILDBIRTH/LAMAZE SERIES.
- SIBLING CLASS; AND
- WOMEN'S HEATH SEMINARS.
- SIBLING CLASS; AND
- WOMEN'S HEATH SEMINARS.

CORE FORM, PART I; SUMMARY

THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED ON PAGE 1 OF THIS FORM 990 IS THE TOTAL FOR ALL ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990. OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION:

- CHILDREN'S SPECIALIZED HOSPITAL; 22 VOTING, 16 INDEPENDENT;
- CLARA MAASS MEDICAL CENTER; 12 VOTING, 11 INDEPENDENT;
- COMMUNITY MEDICAL CENTER; 16 VOTING, 14 INDEPENDENT;
- COOPERMAN BARNABAS MEDICAL CENTER; 27 VOTING, 20 INDEPENDENT;
- JERSEY CITY MEDICAL CENTER; 20 VOTING, 17 INDEPENDENT;

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- MONMOUTH MEDICAL CENTER; 40 VOTING, 35 INDEPENDENT;

- NEWARK BETH ISRAEL MEDICAL CENTER; 17 VOTING, 12 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL; 22 VOTING, 19 INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON; 24 VOTING, 21
INDEPENDENT;

- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY; 21 VOTING, 17
INDEPENDENT; AND

- SAINT BARNABAS BEHAVIORAL HEALTH CENTER; 7 VOTING, 5 INDEPENDENT.

CORE FORM, PART VI, SECTION A; QUESTION 2

- CLAIRE M. KNOPF AND HEYWOOD H. KNOPF - FAMILY RELATIONSHIP.

- ADAM PFEFFER, ESQ. AND RAYMOND F. SHEA, JR. ESQ. - BUSINESS
RELATIONSHIP.

- ARTHUR JAMES CIFELLI AND JACK MORRIS - BUSINESS RELATIONSHIP.

- CHRISTINE KLINE AND JOHN A. KLINE, M.D. - FAMILY RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTION 3

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE

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AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES BARNABAS HEALTH, INC. ("BH"). BH IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES THE SYSTEM. BH PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. BH ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO BH IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS.

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ENGAGE SODEXO INCORPORATED AND AFFILIATES ("SODEXO") TO BE AN AGENT OF THE ORGANIZATION AND DELEGATES CONTROL TO SODEXO IN THE MANAGEMENT OF DAILY OPERATIONS OF ITS FOOD & NUTRITION DEPARTMENT. THE SODEXO MANAGEMENT EMPLOYEE FUNCTIONS AND IS RECOGNIZED AS A DEPARTMENT MANAGER WHO PERFORMS IN ACCORDANCE WITH THE ORGANIZATION'S DEPARTMENT MANAGEMENT PRACTICES AND IN ACCORDANCE WITH ITS WRITTEN POLICIES AND PROCEDURES. THE POSITION REPORTS TO AN OFFICER/KEY EMPLOYEE OF THE ORGANIZATION.

CORE FORM, PART VI, SECTION A; QUESTION 4

EFFECTIVE, OCTOBER 14, 2021, SAINT BARNABAS MEDICAL CENTER CHANGED ITS NAME TO COOPERMAN BARNABAS MEDICAL CENTER. THE ORGANIZATION'S CERTIFICATE

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OF INCORPORATION AND BYLAWS WERE AMENDED AND RESTATED TO REFLECT THIS
CHANGE.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

RWJ BARNABAS HEALTH, INC. ("RWJ BH") IS THE SOLE MEMBER OF THE
ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. RWJ BH HAS
THE RIGHT TO ELECT THE MEMBERS OF THESE ORGANIZATION'S BOARD OF TRUSTEES
AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THESE ORGANIZATION'S
BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE HOSPITALS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES
WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY
SYSTEM ("SYSTEM"). RWJ BARNABAS HEALTH, INC. IS THE TAX-EXEMPT PARENT
ENTITY OF THE SYSTEM. THIS FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH
VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES PRIOR TO FILING THE
FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION,
THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY
TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND
FILING PROCESS FOR ALL TAX EXEMPT AFFILIATES WITHIN THE SYSTEM.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION
PROCESS, THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING
("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND
NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990.
THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE HOSPITAL'S
FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING EXECUTIVE VICE

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PRESIDENT OF FINANCE, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER,
SENIOR VICE PRESIDENT OF SYSTEM INTERNAL AUDIT AND VARIOUS OTHER
INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED
IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE
ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S
INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED
QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE
DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY
THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL
REVIEW AND APPROVAL. THEREAFTER THIS FEDERAL FORM 990 WAS PROVIDED IN
ADVANCE TO THE MEMBERS OF THE AUDIT COMMITTEE AND A FEDERAL FORM 990
PRESENTATION WAS MADE BY THE CPA FIRM AND SYSTEM CORPORATE FINANCE TO THE
AUDIT COMMITTEE AT A REGULARLY SCHEDULED AUDIT COMMITTEE MEETING. IN
ADDITION THERE WAS A SPECIAL MEETING HELD TO DISCUSS THIS FEDERAL FORM
990 AND TO REVIEW THE 2021 AND 2020 COMMUNITY BENEFIT INFORMATION WITH AT
LEAST ONE REPRESENTATIVE FROM EACH HOSPITAL CONTAINED IN THIS FEDERAL
FORM 990, A REPRESENTATIVE FROM SYSTEM CORPORATE FINANCE AND A
REPRESENTATIVE FROM THE CPA FIRM. FOLLOWING THESE REVIEWS AND MEETINGS
AND PRIOR TO FILING WITH THE IRS, THE FINAL FEDERAL FORM 990 WAS MADE
AVAILABLE TO EACH VOTING MEMBER OF EACH HOSPITAL'S BOARD OF TRUSTEES (THE
GOVERNING BODY OF EACH HOSPITAL). THE AMENDED FORM 990 WAS PROVIDED TO
THE GOVERNING BODY PRIOR TO BEING FILED WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

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RWJBARNABAS HEALTH HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH IT REGULARLY MONITORS AND ENFORCES COMPLIANCE. THIS CONFLICT OF INTEREST POLICY REQUIRES THAT A CONFLICT OF INTEREST FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES AND KEY EMPLOYEES ANNUALLY. IN A SITUATION IN WHICH A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REFERRED TO THE SYSTEM'S CORPORATE NOMINATING AND GOVERNANCE COMMITTEE WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES WHICH MAY COME BEFORE THE BOARD. AS APPROPRIATE THE COMMITTEE WILL TAKE ACTION TO ADDRESS THE CONFLICT.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES RWJ BARNABAS HEALTH, INC. ("RWJ BH"); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF RWJ BH'S SENIOR MANAGEMENT. THE COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF RWJBARNABAS HEALTH; INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF THE RWJBARNABAS HEALTH HOSPITALS AND MEDICAL CENTERS. THE COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND

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SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

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THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE.

THE COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN RWJ BH SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, WHERE APPLICABLE, ARE REVIEWED ANNUALLY BY THE RWJBARNABAS HEALTH PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM RWJBARNABAS HEALTH'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS

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PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY
DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL
REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION B; QUESTION 16B

RWJBARNABAS HEALTH MAINTAINS A WRITTEN POLICY TO ENSURE THAT ANY JOINT
VENTURE ENTERED INTO BY A RWJBARNABAS HEALTH TAX-EXEMPT ENTITY WITH A
FOR-PROFIT PARTICIPANT IS REVIEWED AND FOLLOWED SO AS TO EVALUATE ITS
PARTICIPATION UNDER APPLICABLE FEDERAL TAX LAW, AND TO ENSURE THAT THE
ORGANIZATION TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS
WITH RESPECT TO SUCH ARRANGEMENTS.

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS
EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:
2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF
THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND
SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN
CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT
OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION
AFTER FILING ITS FORM 990 WITH THE IRS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990, FILED
CERTIFICATES OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND
REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII

CORE FORM, PART VII INCLUDES, AS OF DECEMBER 31, 2021, THE MEMBERS OF THE

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BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE
ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

PLEASE NOTE THAT PETER J. VAN DYKE, ESQ. IS ALSO A MEMBER OF SAINT
BARNABAS BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY
DISCLOSED ONCE ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990
AS A BOARD MEMBER OF COMMUNITY MEDICAL CENTER.

PLEASE NOTE THAT THOMAS A. BIGA IS ALSO A MEMBER OF JERSEY CITY MEDICAL
CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE ON CORE FORM, PART
VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD MEMBER OF CLARA MAASS
MEDICAL CENTER.

PLEASE NOTE THAT ROBERT SICKEL IS ALSO A MEMBER OF SAINT BARNABAS
BEHAVIORAL HEALTH CENTER'S BOARD OF TRUSTEES BUT IS ONLY DISCLOSED ONCE
ON CORE FORM, PART VII OF THIS CONSOLIDATED GROUP FORM 990 AS A BOARD
MEMBER OF MONMOUTH MEDICAL CENTER.

CORE FORM, PART VII AND SCHEDULE J

THE FOLLOWING INDIVIDUALS ARE ALL EMPLOYED IN A SYSTEM CORPORATE ROLE FOR
RWJ BARNABAS HEALTH, INC. THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP
IS WITH BARNABAS HEALTH, INC. (EIN: 22-2405279). BARNABAS HEALTH, INC.
FILED A 2021 FORM 4720 AND REMITTED THE EXCISE TAX BASED ON COMPENSATION
IN EXCESS OF \$1M FOR MSSRS. OSTROWSKY AND BIGA. OTHER INDIVIDUALS
REPORTED IN THIS FORM 990 ALSO HAVE A COMMON LAW EMPLOYER/EMPLOYEE
RELATIONSHIP WITH BARNABAS HEALTH, INC. INCLUDING MSSRS. MEBANE,

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EVERHART, IRWIN, BERSHAD, COLINERI AND KNECHT. THESE INDIVIDUALS ARE INCLUDED IN THIS FORM 990 SOLELY BECAUSE THEY ARE A TRUSTEE OR FORMER KEY EMPLOYEE OF ONE OF THE SUBORDINATES INCLUDED IN THIS GROUP FORM 990.

VARIOUS HOSPITALS INCLUDED IN THIS GROUP FORM 990 FILED SEPARATE FORMS 4720 FOR THEIR RESPECTIVE RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS AND MEDICAL CENTER PRESIDENT/CEO'S. UNDER THE COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP THE FOLLOWING COMPLETED A 2021 FORM 4720 AND REMITTED TAX ON EXCESS EXECUTIVE COMPENSATION FOR THE FOLLOWING INDIVIDUALS ALTHOUGH THESE INDIVIDUALS RECEIVED A 2021 FORM W-2 FROM BARNABAS HEALTH, INC. (FEID: 22-2405279); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

- STEPHEN P. ZIENIEWICZ, FACHE - PRESIDENT/CHIEF EXECUTIVE OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);
- PATRICK J. HAUGHEY - CHIEF OPERATING OFFICER, COOPERMAN BARNABAS MEDICAL CENTER (FEID: 22-1494440);
- FRANK J. VOZOS, M.D., FACS - FORMER CHIEF EXECUTIVE OFFICER, MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS (FEID: 22-3452412);
- WILLIAM S. ARNOLD - PRESIDENT/CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243);
- JOHN J. GANTER - FORMER PRESIDENT/CHIEF EXECUTIVE OFFICER, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243); AND
- MAUREEN BUENO - SENIOR VICE PRESIDENT, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (FEID: 22-1487243).

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ANROY OTTLEY, M.D. IS INCLUDED WITHIN THIS GROUP FORM 990, PART VII. HIS COMMON LAW EMPLOYER WAS NOT REQUIRED TO FILE A FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. OTTLEY BECAUSE HIS COMPENSATION WAS ATTRIBUTABLE TO CLINICAL SERVICES AND THUS EXEMPT FROM EXCISE TAXES AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII AND SCHEDULE J

MICHELE H. SCHWEERS IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS THE VICE PRESIDENT/CHIEF HUMAN RESOURCES OFFICER FOR BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

KEVIN M. KRAMER, ESQ. IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS SENIOR COUNSEL OF BARNABAS HEALTH, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

TERESITA C. MEDINA IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A DIRECTOR FOR CLARA MAASS MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

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THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY BARNABAS HEALTH, INC., WORKING
IN A CORPORATE ROLE FOR RWJBARNABAS HEALTH:

- JOSHUA M. BERSHAD, M.D.;
- LORI A. COLINERI;
- MICHAEL KNECHT;
- MARTIN S. EVERHART; AND
- ROBERT G. IRWIN.

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH; A TAX-EXEMPT
INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES
BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF
TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII
AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS
ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON
THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES
RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED
PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS
A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE
SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE
APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM
990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS
WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY,
PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON

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BEHALF OF RWJBARNABAS HEALTH; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART X; LINE 25

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE MEMBERS OF RWJ BARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES:

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2021A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-1;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-2;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2019B-3;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2017A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2016A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2014A;
- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND

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REFUNDING BONDS SERIES 2012A;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY SERIAL BONDS

SERIES 2019;

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE

BONDS SERIES 2016; AND

- NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY TAXABLE REVENUE

BONDS SERIES 2012.

THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE
ALLOCATED BY BARNABAS HEALTH, INC. TO THE FOLLOWING SYSTEM MEMBER
HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE
RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A DUE
TO RELATED PARTY LIABILITY AND ARE REFLECTED ON THE BALANCE SHEETS OF THE
FOLLOWING SUBSIDIARY ORGANIZATIONS:

- CHILDREN'S SPECIALIZED HOSPITAL, EIN: 22-1487148
- CLARA MAASS MEDICAL CENTER, EIN: 22-1500556
- COMMUNITY MEDICAL CENTER, EIN: 22-3452306
- COOPERMAN BARNABAS MEDICAL CENTER, EIN: 22-1494440
- JERSEY CITY MEDICAL CENTER, EIN: 22-2783298
- MONMOUTH MEDICAL CENTER, EIN: 22-3452412
- NEWARK BETH ISRAEL MEDICAL CENTER, EIN: 22-3452311
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, EIN: 22-1487243
- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON,
EIN: 21-0634572

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- ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY,
EIN: 22-1487305
- SAINT BARNABAS BEHAVIORAL HEALTH CENTER, EIN: 22-2977312
- SAINT BARNABAS REALTY DEVELOPMENT CORPORATION, EIN: 22-2940008

SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE
FORM 990 OF BARNABAS HEALTH, INC., EIN: 22-2405279.

THE ORGANIZATIONS OUTLINED ABOVE WITH THE EXCEPTION OF SAINT BARNABAS
REALTY DEVELOPMENT CORPORATION, FILE A CONSOLIDATED GROUP FORM 990.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
TAX-EXEMPT FOUNDATIONS - (\$786,414);
- NET ASSETS RELEASED FROM RESTRICTION FOR PURCHASES OF PROPERTY AND
EQUIPMENT - \$19,494,350;
- NET ASSETS RELEASED FROM ASSETS WITH DONOR RESTRICTIONS -
(\$11,624,683);
- PENSION ADMINISTRATION COSTS - (\$2,160,337);
- CAPITAL ASSET TRANSFER TO RELATED INTERNAL REVENUE CODE SECTION
501(C)(3) TAX-EXEMPT AFFILIATES - \$85,817,861;
- OTHER CHANGES IN UNRESTRICTED NET ASSETS - \$2,229,514;
- NET CHANGE IN INTEREST IN RESTRICTED NET ASSETS OF UNCONSOLIDATED
FOUNDATIONS - (\$1,456,145);

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- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
- TAX-EXEMPT FOUNDATIONS - UNRESTRICTED - \$10,621,688;
- NET CHANGE IN NET ASSETS RELEASED FROM DONOR RESTRICTIONS - \$9,017,752;
- EQUITY TRANSFER FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
- TAX-EXEMPT FOUNDATIONS - RESTRICTED - \$3,908,820;
- DIVIDEND DISTRIBUTION FROM COMMERCIAL PROFESSIONAL INSURANCE COMPANY,
LTD.; A 100% CONTROLLED FOREIGN CORPORATION - \$5,000,000;
- CAPITAL CONTRIBUTION TO SHREWSBURY DIAGNOSTIC IMAGING, LLC; A LIMITED
LIABILITY COMPANY CONTROLLED BY THIS ORGANIZATION - (\$357,773); AND
- GAIN ON EARLY EXTINGUISHMENT OF DEBT, NET - \$557,798.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE AFFILIATES WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS RWJ BARNABAS HEALTH, INC. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF RWJ BARNABAS HEALTH, INC. AND ALL AFFILIATES WITHIN THE SYSTEM FOR THE YEARS ENDED DECEMBER 31, 2021 AND DECEMBER 31, 2020; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBARNABAS HEALTH HOSPITALS AND CERTAIN OTHER AFFILIATES. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE RWJ BARNABAS HEALTH, INC. AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3

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SCHEDULE B

THE GIFTS, GRANTS AND CONTRIBUTIONS REFLECTED ON SCHEDULE B ARE AMOUNTS RECEIVED BY ALL ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CHILDREN'S SPECIALIZED HOSPITAL ARE REFLECTED IN NUMBERS 1 THROUGH 3.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY CLARA MAASS MEDICAL CENTER ARE REFLECTED IN NUMBERS 4 THROUGH 9.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COMMUNITY MEDICAL CENTER ARE REFLECTED IN NUMBERS 10 THROUGH 15.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY COOPERMAN BARNABAS MEDICAL CENTER ARE REFLECTED IN NUMBERS 16 THROUGH 158.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY JERSEY CITY MEDICAL CENTER ARE REFLECTED IN NUMBERS 159 THROUGH 168.

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GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY MONMOUTH MEDICAL CENTER ARE
REFLECTED IN NUMBERS 169 THROUGH 179.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY NEWARK BETH ISRAEL MEDICAL
CENTER ARE REFLECTED IN NUMBERS 180 THROUGH 208.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL ARE REFLECTED IN NUMBERS 209 THROUGH 218.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL AT HAMILTON ARE REFLECTED IN NUMBERS 219 THROUGH 221.

GIFTS, GRANTS AND CONTRIBUTIONS RECEIVED BY ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY ARE REFLECTED IN NUMBERS 222 THROUGH 240.

SCHEDULE H, PART V; SECTION D

SCHEDULE H, PART V; SECTION D - OTHER HEALTHCARE FACILITIES THAT ARE NOT
LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HOSPITAL FACILITY FOR
THE ENTITIES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 ARE LISTED BY
THE HOSPITAL FACILITY WHICH CONTROLS THE ORGANIZATION AND IN ORDER OF
SIZE FROM LARGEST TO SMALLEST.

CHILDREN'S SPECIALIZED HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE
REFLECTED IN ENTITIES 1-17.

CLARA MAASS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN

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ENTITY 18.

COMMUNITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN

ENTITY 19.

COOPERMAN BARNABAS MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE

REFLECTED IN ENTITIES 20-64.

JERSEY CITY MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN

ENTITIES 65-77.

MONMOUTH MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE REFLECTED IN

ENTITIES 78-83.

NEWARK BETH ISRAEL MEDICAL CENTER'S OTHER HEALTHCARE FACILITIES ARE

REFLECTED IN ENTITIES 84-85.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL'S OTHER HEALTHCARE FACILITIES ARE

REFLECTED IN ENTITIES 86-115.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON'S OTHER HEALTHCARE

FACILITIES ARE REFLECTED IN ENTITIES 116-124.

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY'S OTHER HEALTHCARE

FACILITIES ARE REFLECTED IN ENTITIES 125-126.

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DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS CLARA MAASS MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND CLARA MAASS MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY CLARA MAASS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-1500556.

BELOW IS A LIST OUTLINING THE VARIOUS CLARA MAASS MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

CLARA MAASS MEDICAL CENTER HOUSE	33-1056363
CMMC PROVIDER SERVICES	81-4812623

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS COOPERMAN BARNABAS MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND COOPERMAN BARNABAS MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY COOPERMAN BARNABAS MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-1494440.

BELOW IS A LIST OUTLINING THE VARIOUS COOPERMAN BARNABAS MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

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NICU ASSOCIATES AT SAINT BARNABAS	22-3181029
PEDIATRIC CRITICAL CARE ASSOCIATES AT SAINT BARNABAS	22-3258938
SAINT BARNABAS MULTI SPECIALTY GROUP	22-3551005
MEDICAL ONCOLOGY ASSOCIATES AT SAINT BARNABAS	22-3403774
SBMC DEPARTMENT OF CRITICAL CARE MEDICINE	03-0498041
CANCER SURGERY SERVICES OF SAINT BARNABAS	20-1716316
ASSOCIATES IN TRANSPLANT AND GENERAL SURGERY	20-3128758
SBMC STRESS TEST PANEL	76-0828820
RADIATION ONCOLOGY GROUP AT CBMC	81-2497757
SBMC PROVIDER SERVICES	81-4786011

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS JERSEY CITY MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND JERSEY CITY MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY JERSEY CITY MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-2783298.

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO JERSEY CITY MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT MAY BE OBTAINED UPON REQUEST.

DEPARTMENTAL EIN LISTING

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS MONMOUTH MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND MONMOUTH MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY MONMOUTH MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452412.

BELOW IS A LIST OUTLINING THE VARIOUS MONMOUTH MEDICAL CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS.

MMC PROVIDER SERVICES 81-4837197

IN ADDITION, THIS FORM 990 INCLUDES THE CURRENT YEAR REVENUE AND EXPENSE ACTIVITY AND YEAR END ASSETS AND LIABILITIES OF BOTH THE MEDICAL STAFFS OF MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS.

DEPARTMENTAL EIN LISTING

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS NEWARK BETH ISRAEL MEDICAL CENTER HEALTHCARE RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND NEWARK BETH ISRAEL MEDICAL CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY NEWARK BETH ISRAEL MEDICAL CENTER UTILIZING FEDERAL IDENTIFICATION NUMBERS OTHER THAN 22-3452311.

THE FOLLOWING IS A LIST OUTLINING THE VARIOUS NEWARK BETH ISRAEL MEDICAL

**SCHEDULE O
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Department of the Treasury
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Name of the organization

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND THEIR RESPECTIVE FEDERAL
IDENTIFICATION NUMBERS.

NBIMC DEPARTMENT OF NON-INVASIVE CARDIOLOGY	22-3680276
NBIMC DEPARTMENT OF ONCOLOGY	22-3680355
NBIMC DEPARTMENT OF PATHOLOGY	22-3680343
NBIMC DEPARTMENT OF CARDIOTHORACIC SURGERY	22-3680349
NBIMC DEPARTMENT OF INTERNAL MEDICINE	22-3680346
NBIMC DEPARTMENT OF GERIATRICS	22-3680200
NBIMC DEPARTMENT OF OB/GYN	22-3680351
NBIMC DEPARTMENT OF HEART TRANSPLANT	16-1707383
NBIMC DEPARTMENT OF SURGERY	16-1711394
NBIMC INTERVENTIONAL CARDIOLOGY	01-0828308
NBIMC/TRINITAS PEDIATRIC MEDICAL GROUP	84-1671694
NBIMC ADULT GASTROENTEROLOGY	06-1748860
NEWARK BETH ISRAEL EMERGENCY DEPARTMENT	22-3719160
NBIMC DEPARTMENT OF RADIOLOGY	06-1793948
NBIMC CHONJ PHYSICIAN GROUP	26-2203038
NBI CHILDRENS HOSPITAL	22-3357053
NBIMC PROVIDER SERVICES	81-4857719

PLEASE NOTE THAT THERE ARE VARIOUS EMPLOYED PHYSICIANS THAT REMIT
BILLINGS UNDER THEIR SEPARATE EIN'S DIRECTLY TO NEWARK BETH ISRAEL
MEDICAL CENTER. SUCH PHYSICIAN'S RESPECTIVE NAME AND EMPLOYER
IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS NOT OUTLINED ABOVE BUT

**SCHEDULE O
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Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

MAY BE OBTAINED UPON REQUEST.

IN ADDITION, MONMOUTH MEDICAL CENTER - FACULTY PRACTICE PLAN; A RELATED
INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, UTILIZES
THE IDENTIFICATION NUMBER FOR NBI CHILDRENS HOSPITAL AS ITS PRINCIPAL
IDENTIFICATION NUMBER.

FORM 990, LINE H(B)

FORM 990, LINE H(B) - SUBORDINATES INCLUDED

CHILDREN'S SPECIALIZED HOSPITAL
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757
22-1487148

CLARA MAASS MEDICAL CENTER
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757
22-1500556

COMMUNITY MEDICAL CENTER
C/O CORP. FINANCE, 2 CRESCENT PLACE
OCEANPORT, NJ 07757
22-3452306

**SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

COOPERMAN BARNABAS MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1494440

JERSEY CITY MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2783298

MONMOUTH MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452412

NEWARK BETH ISRAEL MEDICAL CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3452311

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487243

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Open to Public
Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

21-0634572

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1487305

SAINT BARNABAS BEHAVIORAL HEALTH CENTER

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2977312

FORM 990, LINE H(B) - SUBORDINATES NOT INCLUDED

AUXILIARY OF THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-6014339

BARNABAS BAYONNE DEVELOPMENT URBAN RENEWAL CORORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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2021

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Inspection**

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

35-2219655

BARNABAS HEALTH, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2405279

BARNABAS HEALTH MEDICAL GROUP, P.C.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3316007

CENTER STATE HEALTH GROUP, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2939956

CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3343959

CHILDRENS SPECIALIZED HOSPITAL FOUNDATION

150 NEW PROVIDENCE ROAD

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

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**Open to Public
Inspection**

Employer identification number

85-1296795

MOUNTAINSIDE, NJ 07092

13-6844298

CLARA MAASS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2132516

COMMUNITY MEDICAL CENTER AUXILIARY ASSOCIATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

21-0729672

COMMUNITY MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2597592

DOCTORS' CENTER MANAGEMENT CORP

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3175258

GREENVILLE HOSPITAL

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
(Form 990 or 990-EZ)**

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Internal Revenue Service

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

22-0963805

IRVINGTON HOSPITAL FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

23-7025428

LAKEVIEW CHILD CARE CENTER, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2627639

LIBERTY RIVERSIDE HEALTHCARE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3284894

MEGA CARE, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2578561

MONMOUTH MED CNTR - SO. CAMPUS FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
(Form 990 or 990-EZ)**

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

22-2630076

MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3357053

MONMOUTH MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2456079

NEW BRUNSWICK AFFILIATED HOSPITALS

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-1946837

NEW MARGARET HAGUE WOMENS HEALTH INSTITUTE

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3363012

OPPORTUNITY PROJECT, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

22-3242203

ROBERT WOOD JOHNSON VISITING NURSES, INC.

972 SHOPPES BOULEVARD

NORTH BRUNSWICK, NJ 08902

26-3659270

RWJBH MEDICAL GROUP, P.C.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

84-2840311

RWJ BARNABAS HEALTH, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

81-0682747

ROBERT WOOD JOHNSON HEALTH NETWORK, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3420314

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

22-1487243

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY AUXILIARY

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-0012205

SAINT BARNABAS HEALTH CARE SYSTEM FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3769036

SAINT BARNABAS HOSPICE & PALLIATIVE CARE CENTER, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2354659

SAINT BARNABAS OUTPATIENT CENTERS

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2458479

SAINT BARNABAS REALTY DEVELOPMENT CORPORATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
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RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

22-2940008

SANDY HOOK FRNDS OF SAINT BARNABAS BURN FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3236202

SOMERSET HEALTH CARE FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3294408

THE JERSEY CITY MEDICAL CENTER FOUNDATION

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-3113911

THE RWJ UNIVERSITY HOSPITAL FOUNDATION, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2378007

UNITED RESCUE AT JERSEY CITY, INC.

C/O CORP. FINANCE, 2 CRESCENT PLACE

**SCHEDULE O
(Form 990 or 990-EZ)**

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Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

OCEANPORT, NJ 07757

22-2458481

UNIVERSITY PHYSICIAN ASSOCIATES NJ

C/O CORP. FINANCE, 2 CRESCENT PLACE

OCEANPORT, NJ 07757

22-2095812

VNA HEALTH GROUP OF NEW JERSEY, LLC

176 RIVERSIDE AVENUE

RED BANK, NJ 07701

47-4841103

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

RWJBARNABAS HEALTH - AS THE LEADING ACADEMIC HEALTH SYSTEM IN NEW JERSEY - IS ADVANCING INNOVATIVE STRATEGIES IN HIGH QUALITY PATIENT CARE, EDUCATION AND RESEARCH TO ADDRESS BOTH THE CLINICAL AND SOCIAL DETERMINANTS OF HEALTH. THE ENTITIES WORK TOGETHER TO PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, CO,
DC, FL, GA, IL, KY, MD, MA,
MN, MS, NV, NJ, NM, NY, ND, OH, OK, OR,
SC, UT, WA, WI,

Name of the organization

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BARNABAS HEALTH, INC. C/O CORP. FINANCE, 2 CRESCENT PLACE OCEANPORT, NJ 07757	MANAGEMENT	655,966,570.
WM BLANCHARD COMPANY 199 MOUNTAIN AVENUE, P.O. BOX 298 SPRINGFIELD, NJ 07081	CONSTRUCTION	61,128,581.
SODEXO INCORPORATED AND AFFILIATES P.O. BOX 360170 PITTSBURGH, PA 15251-6170	FOOD/MANAGEMENT	34,366,760.
ABBOTT LABORATORIES, INC. 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064	MEDICAL	18,010,068.
QUEST DIAGNOSTICS, INC. 1 INSIGHTS DRIVE CLIFTON, NJ 07012-2355	MEDICAL	16,721,285.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

85-1296795

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTER FOR DISC, INNOV & DEVELOPMENT LLC 84-2897309 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	NONE	NONE	CSH
(2) LIBERTY HEALTHCARE VENTURES, LLC 27-2045146 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	NONE	NONE	JCMC
(3) RWJUH-PLUM STREET, LLC 26-2282746 579A CRANBURY ROAD EAST BRUNSWICK, NJ 08816	REAL ESTATE	NJ	NONE	NONE	RWJUH
(4) RWJ INTEGRATED HEALTHCARE, LLC 81-1271129 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	NONE	NONE	RWJUH
(5) SAINT BARNABAS MANAGEMENT SERVICES, LLC 22-3661568 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	204,418.	52,590.	SBBH
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
AVENEL ISELIN MEDICAL GROUP, L 400 GILL LANE ISELIN, NJ 08830	HEALTH SVCS.	NJ	N/A									
BARNABAS ON TIME HOLDINGS, LLC 135 E. HIGHLAND PARK ROSELLE,	HEALTH SVCS.	NJ	N/A									
CENTRAL JERSEY ACO, LLC 45-546 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
CREST PHYSICAL THERAPY SERVICE 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
HAMILTON ENDO & SURG, LLC 22-3 1235 WHITEHORSE-MERCERVILLE RD	HEALTH SVCS.	NJ	N/A									
HUDSON MD GROUP, LLC 84-192888 443 NORTHFIELD AVE. WEST ORANG	HEALTH SVCS.	NJ	N/A									
INNOVATIVE PURCHASING CONCEPTS C/O CORP FIN. 2 CRESCENT PLACE	INACTIVE	NJ	RWJ BH-SUBS.	RELATED		NONE	266,117.	X		NONE	X	100.0000
JERSEY ASC VENTURES, LLC 47-33 1A BURTON HILLS BLVD NASHVILLE	HEALTH SVCS.	TN	N/A									
LIBERTY/USP SURGERY CENTERS, L 15305 DALLAS PKWY SUITE 1600 L	HEALTH SVCS.	TX	N/A									
MEDEMERGE, LLC 03-0382501 1005 WASHINGTON AVE. GREEN BRO	HEALTH SVCS.	NJ	N/A									

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
NEW JERSEY IMAGING NTKW, LLC 46 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
RWJBH ASSOCIATES 2, LLC 84-286 66 WEST GILBERT STREET RED BAN	HEALTH SVCS.	NJ	N/A									
RWJ-REGENT II, LLC 80-0878969 ONE ROBERT WOOD JOHNSON PLACE	HEALTH SVCS.	NJ	RWJUJH	RELATED		NONE	NONE	X	NONE	X		78.4310
RWJ-REGENT, LLC 45-3853994 10 PLUM STREET, 4TH FLOOR NEW	HEALTH SVCS.	NJ	RWJUJH	RELATED		NONE	NONE	X	NONE	X		80.0000
SHREWSBURY DIAGNOSTIC IMAGING, 1131 BROAD STREET, SUITE 110 S	HEALTH SVCS.	NJ	MMC	RELATED	361,074.	503,574.		X	NONE	X		51.0000
SOMERSET PEDIATRIC GROUP, LLC 575 ROUTE 28, BLDG. 2, STE. 22	HEALTH SVCS.	NJ	N/A									
CARE STATION MSO, LLC 328 WEST ST. GEORGES AVENUE LI	HEALTH SVCS.	NJ	N/A									
JAG-ONE HOLDINGS, LP 85-439527 C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	N/A									
PREDICTIVE HEALTH SOLUTIONS, L C/O CORP FIN. 2 CRESCENT PLACE	HEALTH SVCS.	NJ	CSH	RELATED		NONE	NONE	X	NONE	X		50.1000
ADVANCED GASTROENTEROLOGY GROU 1308 MORRIS AVENUE, SUITE 102	HEALTH SVCS.	NV	N/A									

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
CENTER STATE MANAGEMENT CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2506125 MGMT SVCS.	NJ	N/A	C CORP.				X
CSH VENTURES, INC. 200 SOMERSET STREET NEW BRUNSWICK, NJ 08901	47-2729885 MED. CONSULTING	NJ	N/A	C CORP.	NONE	66,202.	100.0000	X
HEALTH CARE FACILITIES MGT C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3532988 MAINT. SVCS.	NJ	N/A	C CORP.				X
LIVINGSTON INFUSION CARE INC C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3190756 HEALTH SVCS.	NJ	N/A	C CORP.				X
LIVINGSTON SERVICES CORP. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2779395 HEALTH SVCS.	NJ	N/A	C CORP.				X
LSC PHARMACY SERVICES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	45-2552776 PHARMACY SVCS	NJ	N/A	C CORP.				X
MAJOR INVESTIGATIONS, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3040539 SECURITY SVCS	NJ	N/A	C CORP.				X
NJ HEALTH CARE SYSTEM, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3536986 INACTIVE	NJ	N/A	C CORP.				X
RWJ MED SVCS ORG AT HAMILTON C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3454270 HEALTH SVCS.	NJ	N/A	C CORP.				X
RWJ MEDICAL ASSOCIATES, P.A. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3586872 HEALTH SVCS.	NJ	N/A	C CORP.				X

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES NO
RWJ PHYSICIAN ENTERPRISE, P.A. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	45-3967414 HEALTH SVCS.	NJ	N/A	C CORP.				X
RWJ SURGERY CENTER, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3698431 HEALTH SVCS.	NJ	N/A	C CORP.				X
SBC MANAGEMENT CORPORATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3414332 MGMT SVCS.	NJ	N/A	C CORP.				X
SHC ENTERPRISES, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2665595 MGMT SVCS.	NJ	N/A	C CORP.				X
SOMERSET REALTY GROUP, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3269525 REAL ESTATE	NJ	N/A	C CORP.				X
VISION HEALTHCARE, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	20-4285005 INVESTMENT	NJ	N/A	C CORP.				X
CPIC 44 CHURCH STREET , HAMILTON BD HM11	FINANCIAL VEHICLE	BD	N/A	FOREIGN CORP.	64,711,084.	328,086,281.	100.0000	X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BARNABAS HEALTH, INC.	M	655,966,570.	COST
(2) BARNABAS HEALTH, INC.	R	279,010,706.	COST
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V

THE ORGANIZATIONS INCLUDED IN THIS GROUP FORM 990 ARE MEMBERS OF RWJBARNABAS HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THESE ORGANIZATIONS. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THESE ORGANIZATIONS AND OTHER AFFILIATES. THE RWJBARNABAS HEALTH ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
AUXILIARY OF THE RWJUH C/O CORP FIN. 2 CRESCENT PLACE	22-6014339 OCEANPORT, NJ 07757 SUPPORT	NJ	501(C)(3)	509(A)(2)	RWJUH		X
BARNABAS BAYONNE DEV URBAN RENEWAL CORP C/O CORP FIN. 2 CRESCENT PLACE	35-2219655 OCEANPORT, NJ 07757 STAFFING SVCS	NJ	501(C)(3)	509(A)(3)	SBRDC		X
BARNABAS HEALTH, INC. C/O CORP FIN. 2 CRESCENT PLACE	22-2405279 OCEANPORT, NJ 07757 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH		X
BARNABAS HEALTH MEDICAL GROUP, P.C. C/O CORP FIN. 2 CRESCENT PLACE	22-3316007 OCEANPORT, NJ 07757 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	RWJ BH		X
CENTER STATE HEALTH GROUP, INC. C/O CORP FIN. 2 CRESCENT PLACE	22-2939956 OCEANPORT, NJ 07757 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH		X
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC. C/O CORP FIN. 2 CRESCENT PLACE	22-3343959 OCEANPORT, NJ 07757 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	SBBH		X
CHILDRENS SPECIALIZED HOSPITAL FDN. 150 NEW PROVIDENCE ROAD	13-6844298 MOUNTAINSIDE, NJ 07092 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	CSH		X
CLARA MAASS FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE	22-2132516 OCEANPORT, NJ 07757 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH		X
COMMUNITY MEDICAL CENTER AUXILIARY C/O CORP FIN. 2 CRESCENT PLACE	21-0729672 OCEANPORT, NJ 07757 SUPPORT	NJ	501(C)(3)	509(A)(3)	CMC		X
COMMUNITY MEDICAL CENTER FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE	22-2597592 OCEANPORT, NJ 07757 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH		X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
DOCTORS' CENTER MANAGEMENT CORP C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3175258 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH		X
GREENVILLE HOSPITAL C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-0963805 INACTIVE	NJ	501(C)(3)	HOSPITAL	RWJ BH		X
IRVINGTON HOSPITAL FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	23-7025428 INACTIVE	NJ	501(C)(3)	509(A)(3)	RWJ BH		X
LAKEVIEW CHILD CARE CENTER, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2627639 CHILD CARE	NJ	501(C)(3)	509(A)(2)	RWJ BH		X
LIBERTY RIVERSIDE HEALTHCARE C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3284894 INACTIVE	NJ	501(C)(3)	HOSPITAL	RWJ BH		X
MEGA CARE, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2578561 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	CSHG		X
MONMOUTH MED CNTR - SOUTHERN CAMPUS FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2630076 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH		X
MONMOUTH MEDICAL CENTER - FACULTY PRACT. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3357053 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	MMC		X
MONMOUTH MEDICAL CENTER FOUNDATION C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2456079 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH		X
NEW BRUNSWICK AFFILIATED HOSPITALS, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-1946837 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH		X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
NEW MARGARET HAGUE CTR WOMENS JCM OB/GYN 22-3363012 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	JCMC	X
OPPORTUNITY PROJECT, INC. 22-3242203 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	CSH	X
ROBERT WOOD JOHNSON VISITING NURSES, INC 26-3659270 972 SHOPPES BOULEVARD NORTH BRUNSWICK, NJ 08902	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	N/A	X
RWJBH MEDICAL GROUP, P.C. 84-2840311 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
RWJ BARNABAS HEALTH, INC. 81-0682747 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	INACTIVE	NJ	501(C)(3)	509(A)(3)	N/A	X
RWJ HEALTH NETWORK, INC. 22-3420314 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
RWJ UNIV. HOSP. AT HAMILTON FDN., INC. 22-2552329 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
RWJ UNIV. HOSPITAL FOUNDATION, INC. 22-2378007 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
RWJ UNIV. HOSPITAL RAHWAY AUXILIARY 22-0012205 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	SUPPORT	NJ	501(C)(3)	509(A)(2)	RWJUHR	X
SAINT BARNABAS HEALTH CARE SYSTEM FDN. 22-3769036 C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
SAINT BARNABAS HOSPICE AND PALLIATIVE C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2354659 HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
SAINT BARNABAS OUTPATIENT CENTERS C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2458479 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	RWJ BH	X
SAINT BARNABAS REALTY DEVELOPMENT CORP. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2940008 TITLE HLDNG.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
SANDY HOOK FRNDS OF ST BARNABAS BURN FDN C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3236202 FUNDRAISING	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
SOMERSET HEALTH CARE FOUNDATION, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3294408 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH	X
THE JERSEY CITY MEDICAL CENTER FDN. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-3113911 FUNDRAISING	NJ	501(C)(3)	509(A)(2)	RWJ BH	X
UNITED RESCUE AT JERSEY CITY, INC. C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2458481 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	JCMC	X
UNIVERSITY PHYSICIAN ASSOCIATES OF NJ C/O CORP FIN. 2 CRESCENT PLACE OCEANPORT, NJ 07757	22-2095812 HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	RWJ BH	X
VNA HEALTH GROUP OF NEW JERSEY, LLC 176 RIVERSIDE AVENUE RED BANK, NJ 07701	47-4841103 HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	MEGA CARE	X

RENT AND ROYALTY INCOME

Taxpayer's Name RWJ BARNABAS HEALTH, INC. - SUBORDINATES	Identifying Number 85-1296795
--	---

DESCRIPTION OF PROPERTY

RENTAL

	Yes	No	Did you actively participate in the operation of the activity during the tax year?
--	-----	----	--

TYPE OF PROPERTY:

REAL RENTAL INCOME		
OTHER INCOME:		
RENTAL INCOME	17779114.	
TOTAL GROSS INCOME		17779114.

OTHER EXPENSES:		
OTHER EXPENSES	6,100,576.	

DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES		6,100,576.	
TOTAL RENT OR ROYALTY INCOME (LOSS)			11678538.

Less Amount to

Rent or Royalty	_____
Depreciation	_____
Depletion	_____
Investment Interest Expense	_____
Other Expenses	_____
Net Income (Loss) to Others	_____

Net Rent or Royalty Income (Loss) 11678538.

Deductible Rental Loss (if Applicable) _____

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME	17779114.

	17779114.
	=====

OTHER DEDUCTIONS

RENTAL EXPENSES	6,100,576.

	6,100,576.
	=====

RENT AND ROYALTY SUMMARY
 =====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL	17779114.	-----	6,100,576.	11678538.
TOTALS	----- 17779114. =====	----- ----- =====	----- 6,100,576. =====	----- 11678538. =====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2021

Name of estate or trust

Employer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2020 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	47,643.			47,643.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2020 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶				16 47,643.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2021

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions <i>before</i> completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		47,643.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		47,643.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		20
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000	()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21	
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22	
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23	
24	Add lines 22 and 23	24	
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	25	
26	Subtract line 25 from line 24. If zero or less, enter -0-	26	
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	
28	Enter the smaller of the amount on line 21 or \$2,700	28	
29	Enter the smaller of the amount on line 27 or line 28	29	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30	
31	Enter the smaller of line 21 or line 26	31	
32	Subtract line 30 from line 26	32	
33	Enter the smaller of line 21 or \$13,250	33	
34	Add lines 27 and 30	34	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	
36	Enter the smaller of line 32 or line 35	36	
37	Multiply line 36 by 15% (0.15) ▶	37	
38	Enter the amount from line 31	38	
39	Add lines 30 and 36	39	
40	Subtract line 39 from line 38. If zero or less, enter -0-	40	
41	Multiply line 40 by 20% (0.20) ▶	41	
42	Figure the tax on the amount on line 27. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	
43	Add lines 37, 41, and 42	43	
44	Figure the tax on the amount on line 21. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2). ▶	45	

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

RWJ BARNABAS HEALTH, INC. - SUBORDINATES

85-1296795

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS SECURITIES	VARIOUS	VARIOUS	47,643.00				47,643.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				47,643.				47,643.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return RWJ BARNABAS HEALTH, INC. - SUBORDINATES	Identifying number 85-1296795
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
							499,015.
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable.						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16.						17 499,015.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18a
							18b

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20.	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a.	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

