
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

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.

2021

Open to Public Inspection

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

Header section containing organization name (HUNTERDON MEDICAL CENTER), address (2100 WESCOTT DRIVE, FLEMINGTON, NJ 08822), employer ID number (22-1537688), and officer information (PATRICK J. GAVIN, MPH, MBA).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue (2020: 262,723,901; 2021: 318,867,031), and expenses (2020: 286,565,074; 2021: 320,098,387).

Part II Signature Block

Sign Here section with two lines for signatures.

Paid Preparer Use Only section with fields for preparer name (SCOTT J MARIANI), firm name (WITHUMSMITH+BROWN, PC), and contact information.

Part III Statement of Program Service Accomplishments

X

1 SEE SCHEDULE O

2 Yes No

3 Yes No

4

4a 281,682,315. NONE 319,204,129.
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

4c

4d

4e ▶ 281,682,315.

Part IV Checklist of Required Schedules

		Yes	No
1	<i>If "Yes,"</i> complete Schedule A.	1	
2	Schedule B, Schedule of Contributors	2	
3	<i>If "Yes,"</i> complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. <i>If "Yes,"</i> complete Schedule C, Part II.	4	
5	<i>If "Yes,"</i> complete Schedule C, Part III	5	
6	<i>If</i> "Yes," complete Schedule D, Part I.	6	
7	<i>If "Yes,"</i> complete Schedule D, Part II.	7	
8	<i>If "Yes,"</i> complete Schedule D, Part III	8	
9	<i>If "Yes,"</i> complete Schedule D, Part IV	9	
10	<i>If "Yes,"</i> complete Schedule D, Part V	10	
11			
a	<i>If "Yes,"</i> complete Schedule D, Part VI	11a	
b		11b	
c		11c	
d		11d	
e		11e	
f		11f	
12a		12a	
		12b	
13		13	
14		14a	
		14b	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20a	
		20b	
21		21	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	<i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	<i>If "Yes," complete Schedule J.</i>	X	
24a	<i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b			X
c			X
d			X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. <i>If "Yes," complete Schedule L, Part I</i>		X
b	<i>If "Yes," complete Schedule L, Part I</i>		X
26	<i>If "Yes," complete Schedule L, Part II.</i>		X
27	<i>If "Yes," complete Schedule L, Part III</i>		X
28			
a	<i>If "Yes," complete Schedule L, Part IV</i>		X
b	<i>If "Yes," complete Schedule L, Part IV</i>	X	
c	<i>If "Yes," complete Schedule L, Part IV</i>		X
29	<i>If "Yes," complete Schedule M</i>		X
30	<i>If "Yes," complete Schedule M</i>		X
31	<i>If "Yes," complete Schedule N, Part I</i>		X
32	<i>If "Yes," complete Schedule N, Part II.</i>		X
33	<i>If "Yes," complete Schedule R, Part I</i>		X
34	<i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a		X	
b	<i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	<i>If "Yes," complete Schedule R, Part VI</i>		X
38	Note:	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	217		
b	NONE		
c		X	

Part V		Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a		2a	3,021		
b				X	
Note:		<i>e-file.</i>			
3a				X	
b				X	
		<i>If "No" to line 3b, provide an explanation on Schedule O</i>			
4a					X
b					
5a					X
b					X
c					
6a					X
b					
7 Organizations that may receive deductible contributions under section 170(c).					
a					X
b					
c					X
d		7d			
e					X
f					X
g					
h					
8 Sponsoring organizations maintaining donor advised funds.					
9 Sponsoring organizations maintaining donor advised funds.					
a					
b					
10 Section 501(c)(7) organizations.					
a		10a			
b		10b			
11 Section 501(c)(12) organizations.					
a		11a			
b		11b			
12a Section 4947(a)(1) non-exempt charitable trusts.					
b		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a					
Note:					
b		13b			
c		13c			
14a					X
b					
		<i>If "No," provide an explanation on Schedule O</i>			
15				X	
16					X
17 Section 501(c)(21) organizations.					

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.

Section A. Governing Body and Management

		Yes	No
1a	.....	
		
b	.....	
2	.....		X
3	.....		X
4	.....		X
5	.....		X
6	.....	X	
7a	.....	X	
b	.....	X	
8	.....	
a	.....	X	
b	.....	X	
9	.....		X

If "Yes," provide the names and addresses on Schedule O.

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

		Yes	No
10a	.....		X
b	.....	
11a	.....	X	
b	.....	
12a	If "No," go to line 13	X	
b	.....	X	
c	..... If "Yes," describe on Schedule O how this was done	X	
13	.....	X	
14	.....	X	
15	.....	
a	.....	X	
b	.....	X	
16a	.....		X
b	.....	
		

Section C. Disclosure

17 ▶ NJ,

18

(explain on Schedule O)

19

20 ▶

HERBERT WHITE 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822

(908) 788-6100

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

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

1a

- current
- current
- current

- former
- former directors or trustees

(A)	(B)	(C)						(D)	(E)	(F)
(1) PATRICK J. GAVIN, MPH, MBA TRUSTEE - PRESIDENT/CEO	50.00 NONE	X	X					1,251,805.	NONE	113,580.
(2) NEIL HUDES SVP, OPERATIONS (TERM 5/1/21)	50.00 NONE			X				873,745.	NONE	19,006.
(3) LAWRENCE N. GRAND EVP/COO (TERM 1/9/21)	50.00 NONE		X					825,940.	NONE	1,352.
(4) VIOLET T. KOCSIS CHIEF HUMAN RESOURCES OFFICER	50.00 NONE			X				527,388.	NONE	77,832.
(5) HERBERT WHITE CFO	50.00 NONE		X					529,537.	NONE	73,660.
(6) DAVID D. SKILLINGE, M.D. VP, MEDICAL PRACTICES	50.00 NONE				X			478,943.	NONE	78,314.
(7) SHEHZANA ASHRAF, M.D. PHYSICIAN	50.00 NONE				X			493,833.	NONE	36,469.
(8) ROBERT G. COATES, M.D. CMO (TERM 7/2/21)	50.00 NONE			X				435,808.	NONE	20,189.
(9) MUHAMMAD S. YUSUF, M.D. PHYSICIAN	50.00 NONE				X			365,347.	NONE	31,787.
(10) THERESA M. MISKIMEN, M.D. PHYSICIAN	50.00 NONE				X			360,508.	NONE	35,402.
(11) DEVI SURAPANANI, M.D. PHYSICIAN	50.00 NONE				X			346,931.	NONE	15,840.
(12) JASON VANDIVER CHIEF MARKETING/COMM OFFICER	50.00 NONE			X				306,428.	NONE	47,810.
(13) EDMUND SIY CHIEF INFORMATION OFFICER	50.00 NONE			X				308,281.	NONE	20,467.
(14) MARY JO LOUGHLIN, RN SVP PAT CARE/CNO (EFF 5/2/21)	50.00 NONE			X				262,031.	NONE	52,201.

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

(A)	(B)	(C)						(D)	(E)	(F)
(15) THOMAS PERCELLO FORMER OFFICER	50.00 NONE						X	229,338.	NONE	15,563.
(16) PATRICIA STEINGALL, RN VP, PATIENT CARE (TERM 6/1/21)	50.00 NONE			X				231,267.	NONE	13,591.
(17) MARTIN E. KLEIN, M.D. CMO (EFF 7/4/21)	50.00 NONE			X				133,759.	NONE	29,550.
(18) ELLEN F. LOCKER CHAIR - TRUSTEE	1.00 NONE	X	X					NONE	NONE	NONE
(19) CASEY KOLLER VICE CHAIR - TRUSTEE	1.00 NONE	X	X					NONE	NONE	NONE
(20) K.C. RONDELLO, M.D., M.P.H. SECRETARY - TRUSTEE	1.00 NONE	X	X					NONE	NONE	NONE
(21) SUZANNE SCHWANDA TREASURER - TRUSTEE	1.00 NONE	X	X					NONE	NONE	NONE
(22) KATHRYN HAMILTON, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(23) CAROL HARDING TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(24) WALTER LAPICKI, D.O. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(25) JAMES LYNCH TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								7,960,889.	NONE	682,613.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								7,960,889.	NONE	682,613.

2 ▶ 234

	Yes	No
3 former If "Yes," complete Schedule J for such individual		
4 individual. If "Yes," complete Schedule J for such		
5 person If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

(A)	(B)	(C)

2 ▶

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

(A)	(B)	(C)						(D)	(E)	(F)
(26) JACK NAHAMA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(27) ROSEANN PELUSO NGUYEN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(28) RICK ROSENTHAL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(29) CHARLES SCAMMELL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(30) RUBEN DARIOS TABORDA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(31) GREY WARNER TRUSTEE	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 ▶

	Yes	No
3 former If "Yes," complete Schedule J for such individual	X	
4 individual	X	
5 If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

(A)	(B)	(C)
SEE SCHEDULE O		

2 ▶ 70

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)	
Contributions, Gifts, Grants and Other Similar Amounts	1a		1a					
	b		1b					
	c		1c					
	d		1d	2,410,981.				
	e		1e	3,625,510.				
	f		1f	158,067.				
	g							
	h	Total.			6,194,558.			
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	541900	300,332,953.	300,332,953.	NONE	
b		STATE OF NJ CHARITY SUBSIDY	541900	680,769.	680,769.			
c		HEALTH AND WELLNESS	713940	572,186.	572,186.			
d		OTHER HEALTHCARE RELATED REVENUE	541900	17,281,123.	17,281,123.			
e								
f						NONE		
g		Total.			318,867,031.			
Other Revenue	3			9,440,963.			9,440,963.	
	4			NONE				
	5			NONE				
	6a	6a	461,118.					
	b	6b	840,775.					
	c	6c	-379,657.	NONE				
	d				-379,657.		-379,657.	
	7a	7a	12,272,574.	7,233.				
	b	7b						
	c	7c	12,272,574.	7,233.				
	d				12,279,807.		12,279,807.	
	8a	8a		NONE				
	b	8b		NONE				
	c				NONE			
	9a	9a		NONE				
b	9b		NONE					
c				NONE				
10a	10a		NONE					
b	10b		NONE					
c				NONE				
Miscellaneous Revenue	11a	CHILD CARE	624410	518,613.		337,098.	181,515.	
	b	CAFETERIA	722320	538,932.			538,932.	
	c	VENDING MACHINE	722320	16,355.			16,355.	
	d							
	e	Total.			1,073,900.			
12	Total revenue.			347,476,602.	318,867,031.	337,098.	22,077,915.	

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).

..... <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A)	(B)	(C)	(D)
1	NONE			
2	NONE			
3	NONE			
4	NONE			
5	6,155,227.	5,724,361.	430,866.	
6	NONE			
7	153,274,096.	142,544,909.	10,729,187.	
8	5,871,262.	5,460,274.	410,988.	
9	12,120,381.	11,271,954.	848,427.	
10	16,384,444.	15,237,533.	1,146,911.	
11 a	1,222,322.	983,969.	238,353.	
11 b	3,401,584.	2,739,745.	661,839.	
11 c	293,863.	235,090.	58,773.	
11 d	105,556.	84,445.	21,111.	
11 e	NONE			
11 f	NONE			
11 g	10,149,448.	8,170,306.	1,979,142.	
12	1,922,834.	1,547,881.	374,953.	
13	5,740,460.	4,621,070.	1,119,390.	
14	NONE			
15	NONE			
16	10,883,653.	8,761,341.	2,122,312.	
17	NONE			
18	NONE			
19	825,486.	664,516.	160,970.	
20	3,581,566.	2,883,161.	698,405.	
21	NONE			
22	16,022,329.	12,897,975.	3,124,354.	
23	4,194,134.	3,376,278.	817,856.	
24				
a MEDICAL SUPPLIES & OTHER EXP	44,406,913.	35,525,530.	8,881,383.	NONE
b PHYSICIAN FEES	12,248,897.	9,860,362.	2,388,535.	NONE
c MAINTENANCE/SERVICE CONTRACT	11,293,932.	9,091,615.	2,202,317.	NONE
d				
e				
25 Total functional expenses.	320,098,387.	281,682,315.	38,416,072.	NONE
26 Joint costs.				

Part X Balance Sheet

.....

		(A)		(B)
Assets	1	11,192.	1	10,499.
	2	108,025,693.	2	29,216,277.
	3	1,077,413.	3	3,559,811.
	4	37,205,155.	4	39,060,582.
	5			
	6	NONE	5	NONE
	7	NONE	6	NONE
	8	NONE	7	NONE
	9	5,313,694.	8	4,652,429.
	10	5,887,965.	9	7,840,038.
	10a			
		10a 439,738,049.		
	10b	10b 297,660,615.		
	11	145,317,242.	10c	142,077,434.
	12	NONE	11	NONE
	13	NONE	12	NONE
14	141,785,058.	13	218,983,866.	
15	6,736,872.	14	7,617,040.	
16 Total assets.	62,233,693.	15	79,549,083.	
	513,593,977.	16	532,567,059.	
Liabilities	17	43,325,250.	17	55,161,224.
	18	NONE	18	NONE
	19	3,314,089.	19	6,240,702.
	20	112,593,887.	20	108,925,539.
	21	NONE	21	NONE
	22			
	23	NONE	22	NONE
	24	17,384,490.	23	16,866,524.
	25	NONE	24	NONE
	26 Total liabilities.			
		100,714,471.	25	65,077,927.
	277,332,187.	26	252,271,916.	
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	207,735,012.	27	251,542,635.
	28	28,526,778.	28	28,752,508.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29		29	
	30		30	
	31		31	
	32	236,261,790.	32	280,295,143.
33	513,593,977.	33	532,567,059.	

Part XI Reconciliation of Net Assets

		<input checked="" type="checkbox"/>
1	.....	1 347,476,602.
2	.....	2 320,098,387.
3	.....	3 27,378,215.
4	.....	4 236,261,790.
5	.....	5 -4,764,193.
6	.....	6
7	.....	7
8	.....	8
9	.....	9 21,419,331.
10	.....	10 280,295,143.

Part XII Financial Statements and Reporting

		<input checked="" type="checkbox"/>	
		Yes	No
1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
2a	.....		X
b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2b	.....	X	
c	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
2c	.....	X	
3a	.....	X	
b	.....	X	

SCHEDULE A
(Form 990)

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.

2021

Open to Public Inspection

Name of the organization

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Reason for Public Charity Status.

- 1 section 170(b)(1)(A)(i).
- 2 section 170(b)(1)(A)(ii).
- 3 section 170(b)(1)(A)(iii).
- 4 section 170(b)(1)(A)(iii).

- 5 section 170(b)(1)(A)(iv).
- 6 section 170(b)(1)(A)(v).
- 7
- 8 section 170(b)(1)(A)(vi).
- 9 section 170(b)(1)(A)(vi).
- 9 section 170(b)(1)(A)(ix).

- 10

- 11 section 509(a)(2).
- 12 section 509(a)(4).
- 12 section 509(a)(1) section 509(a)(2). section 509(a)(3).

 - a Type I.
 - b Type II. You must complete Part IV, Sections A and B.
 - c Type III functionally integrated. You must complete Part IV, Sections A and C.
 - d Type III non-functionally integrated. You must complete Part IV, Sections A, D, and E.
 - e You must complete Part IV, Sections A and D, and Part V.
 - f
 - g

	(i)	(ii)	(iii)	(iv)		(v)	(vi)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support.						
12					12	
13 First 5 years.						

stop here.

Section C. Computation of Public Support Percentage

14		14	%
15		15	%
16a 33 1/3% support test - 2021.			<input type="checkbox"/>
stop here.			
b 33 1/3% support test - 2020.			<input type="checkbox"/>
stop here.			
17a 10%-facts-and-circumstances test - 2021.			
stop here.			
b 10%-facts-and-circumstances test - 2020.			<input type="checkbox"/>
stop here.			
18 Private foundation.			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
b						
c						
8 Public support.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b						
c						
11						
12						
13 Total support.						
14 First 5 years.						

stop here. ▶

Section C. Computation of Public Support Percentage

15	.....	15	
16	.....	16	

Section D. Computation of Investment Income Percentage

17	2021	.....	17	
18	2020	.....	18	

19a 33 1/3% support tests - 2021. stop here. . . ▶

b 33 1/3% support tests - 2020. stop here. ▶

20 Private foundation. ▶

Part IV Supporting Organizations

Section A. All Supporting Organizations

		Yes	No
1	<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	<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	<i>If "Yes," answer lines 3b and 3c below.</i>		
b	<i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	<i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	<i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	<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	<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	<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.		
c	Substitutions only.		
6	<i>If "Yes," provide detail in Part VI.</i>		
7	<i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	<i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	<i>If "Yes," provide detail in Part VI.</i>		
b	<i>If "Yes," provide detail in Part VI.</i>		
c	<i>If "Yes," provide detail in Part VI.</i>		
10a	<i>If "Yes," answer line 10b below.</i>		
b	<i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11			
a			
	11a		
b			
	11b		
c	If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1			
	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.		
	1		
2			
	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.		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1			
	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).		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1			
	If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	1		
2			
	If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3			
	If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

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"/>		
b	<input type="checkbox"/>		
c	<input type="checkbox"/>		
2	Answer lines 2a and 2b below.		
a	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.		
	2a		
b	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.		
	2b		
3	Answer lines 3a and 3b below.		
a	If "Yes" or "No," provide details in Part VI .		
	3a		
b	If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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

1

instructions.

explain in **Part VI** See

Section A - Adjusted Net Income			
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8 Adjusted Net Income	8		
Section B - Minimum Asset Amount			
1			
a	1a		
b	1b		
c	1c		
d Total	1d		
e Discount			
<i>explain in detail in Part VI</i>			
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8 Minimum Asset Amount	8		
Section C - Distributable Amount			
1	1		
2	2		
3	3		
4	4		
5	5		
6 Distributable Amount.	6		
7 <input type="checkbox"/>			

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

Section D - Distributions		Current Year
1		1
2		2
3		3
4		4
5	<i>provide details in Part VI</i>	5
6	<i>describe in Part VI</i>	6
7	Total annual distributions.	7
8	<i>provide details in Part VI</i>	8
9		9
10		10

Section E - Distribution Allocations	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1			
2	<i>explain in Part VI</i>		
3			
a	.....	
b	.....	
c	.....	
d	.....	
e	.....	
f Total			
g			
h			
i			
j			
4			
a			
b			
c			
5	<i>explain in Part VI.</i>		
6	<i>explain in Part VI.</i>		
7 Excess distributions carryover to 2022.			
8			
a	.....	
b	.....	
c	.....	
d	.....	
e	.....	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

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.

2021

Open to Public Inspection

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

-
-
-

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

-
-

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

-

HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
--------------------------	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 _____

2▶ _____

3▶ _____

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

1▶ _____

2▶ _____

3▶ Yes No

4a▶ Yes No

b

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

1▶ _____

2▶ _____

3▶ _____

4 Form 1120-POL▶ Yes No

5

(a)	(b)	(c)	(d)	(e)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

A

B

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a)	(b)
1a	.....	
b	.....	
c	.....	
d	.....	
e	.....	
f	.....	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
g	.....	
h	.....	
i	.....	
j	.....	

Yes 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					
	(a)	(b)	(c)	(d)	(e)
2a					
b					
c					
d					
e					
f					

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)).

	(a)		(b)
	Yes	No	Amount
1			
a		X	
b	X		
c		X	
d		X	
e		X	
f		X	
g		X	
h		X	
i	X		105,556.
j			105,556.
2a		X	
b			
c			
d			

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

	Yes	No
1		
2		
3		

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."

1		1
2	(do not include amounts of political expenses for which the section 527(f) tax was paid).	
a		2a
b		2b
c		2c
3		3
4		
		4
5		5

Part IV Supplemental Information

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 11

THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$9,556 DURING THE YEAR ENDED DECEMBER 31, 2021.

IN ADDITION, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM TO PERFORM LOBBYING EFFORTS ON BEHALF OF THE ORGANIZATION IN THE AMOUNT OF \$96,000 DURING THE YEAR ENDED DECEMBER 31, 2021.

Supplemental Financial Statements

▶ 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.

▶ Attach to Form 990.

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

2021

Open to Public Inspection

Name of the organization HUNTERDON MEDICAL CENTER	Employer identification number 22-1537688
--	--

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

	(a)	(b)
1		
2		
3		
4		
5		
6		<input type="checkbox"/> Yes <input type="checkbox"/> No
7		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

1		
2		<input type="checkbox"/> Yes <input type="checkbox"/> No
a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	▶ _____	
4		▶ _____
5		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	▶ _____	
7	▶ _____	
8	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1a	
b	
(i) ▶ _____
(ii) ▶ _____
2	
a ▶ _____
b ▶ _____

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

3

a
 b
 c

d
 e

4

5

..... Yes No

Part IV Escrow and Custodial Arrangements.

1a

..... Yes No

b

c

d

e

f

1c	
1d	
1e	
1f	

2a

..... Yes No

b

Part V Endowment Funds.

	(a)	(b)	(c)	(d)	(e)
1a	26,171,783.	24,750,504.	22,463,213.	23,357,000.	19,274,100.
b					
c	2,508,657.	1,421,249.	2,287,291.	-893,787.	4,082,900.
d					
e					
f					
g	28,680,440.	26,171,753.	24,750,504.	22,463,213.	23,357,000.

2

a

b

c

▶ _____
 ▶ 98.8800
 ▶ 1.1200

3a

(i)

(ii)

b

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4

Part VI Land, Buildings, and Equipment.

	(a)	(b)	(c)	(d)
1a		6,796,849.		6,796,849.
b		166,036,569.	78,031,656.	88,004,913.
c		9,094,937.	4,910,000.	4,184,937.
d		238,041,721.	208,096,340.	29,945,381.
e		19,767,973.	6,622,619.	13,145,354.
Total.				142,077,434.

(Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

(a)	(b)	(c)
(1)		
(2)		
(3) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

(a)	(b)	(c)
(1) SHORT-TERM INVESTMENTS	44,510,414.	FMV
(2) ASSETS WHOSE USE IS LIMITED	1,016,115.	FMV
(3) BOARD DESIGNATED FUNDS	141,246,099.	FMV
(4) DONOR RESTRICTED ASSETS	19,465,061.	FMV
(5) BENEFICIAL INTEREST IN TRUSTS	2,763,255.	FMV
(6) REAL ESTATE HELD INVESTMENT	213,099.	FMV
(7) BEN INT IN HH FOUNDATION	9,595,220.	FMV
(8) INVESTMENT IN JOINT VENTURES	174,603.	FMV
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	218,983,866.	

Part IX Other Assets.

(a)	(b)
(1) DUE FROM AFFILIATES	40,544,280.
(2) OTHER RECEIVABLES	12,737,260.
(3) RIGHT-OF-USE ASSETS	16,258,363.
(4) OTHER ASSETS	10,009,180.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	79,549,083.

Part X Other Liabilities.

1. (a)	(b)
ACCRUED INTEREST PAYABLE	2,486,113.
OTHER LIABILITIES	13,418,298.
EST AMTS DUE TO 3RD PARTY; NC	19,347,716.
MALPRACTICE LIABILITY	372,000.
PENSION BENEFIT LIABILITY	29,453,800.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	65,077,927.

2.

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

1									1
2									
a						2a			
b						2b			
c						2c			
d						2d			
e	2a	2d							2e
3	2e	1							3
4									
a						4a			
b						4b			
c	4a	4b							4c
5		3	4c.	(This must equal Form 990, Part I, line 12.)					5

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

1									1
2									
a						2a			
b						2b			
c						2c			
d						2d			
e	2a	2d							2e
3	2e	1							3
4									
a						4a			
b						4b			
c	4a	4b							4c
5		3	4c.	(This must equal Form 990, Part I, line 18.)					5

Part XIII Supplemental 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 ORGANIZATION AND ITS AFFILIATES.

SCHEDULE D, PART X

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM'S PARENT ENTITY IS HUNTERDON HEALTHCARE SYSTEM, INC. HUNTERDON HEALTHCARE SYSTEM, INC. ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THIS ORGANIZATION. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE AUDITED 2021 CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE CONSOLIDATED LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740).

HHS, THE MEDICAL CENTER, HRCH AND THE FOUNDATION, EXCEPT FOR THE AFFILIATES MENTIONED BELOW, ARE TAX EXEMPT NOT-FOR-PROFIT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE IRC. ACCORDINGLY, THESE ORGANIZATIONS ARE NOT SUBJECT TO INCOME TAXES ON INCOME GENERATING ACTIVITIES THAT ARE SUBSTANTIALLY RELATED TO THEIR TAX-EXEMPT PURPOSES OR THAT ARE STATUTORILY EXCLUDED FROM INCOME TAX FOR ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3). THEREFORE, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES IS REQUIRED. THE FEDERAL TAX EXEMPT ORGANIZATION BUSINESS INCOME

Part XIII Supplemental Information *(continued)*

TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR YEARS BEFORE 2017.

THE SYSTEM RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED.

**SCHEDULE H
(Form 990)**

Hospitals

▶ 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.

2021
Open to Public Inspection

Name of the organization: **HUNTERDON MEDICAL CENTER** Employer identification number: **22-1537688**

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2			
	<input checked="" type="checkbox"/>		
3			
a	free	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	discounted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	500.0000		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>

7	(a)	(b)	(c)	(d)	(e)	(f)
Financial Assistance and Means-Tested Government Programs						
a			5,403,542.	371,010.	5,032,532.	1.57
b			39,900,348.	26,555,224.	13,345,124.	4.17
c						
d Total.			45,303,890.	26,926,234.	18,377,656.	5.74
Other Benefits						
e			1,063,645.	NONE	1,063,645.	0.33
f			3,759,493.	2,122,826.	1,636,667.	0.51
g			18,629,080.	3,342,713.	15,286,367.	4.78
h						
i						
j Total.			23,452,218.	5,465,539.	17,986,679.	5.62
k Total.			68,756,108.	32,391,773.	36,364,335.	11.36

Part II Community Building Activities

	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	.....		X	
2	.....	2 17,800,382.		
3	.....	3 1,780,038.		
4				
Section B. Medicare				
5	.....	5 60,387,906.		
6	.....	6 68,905,678.		
7	.....	7 -8,517,772.		
8				
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
Section C. Collection Practices				
9a	.....		X	
b	.....		X	

Part IV Management Companies and Joint Ventures

	(a)	(b)	(c)	(d)	(e)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

1																			
1 HUNTERDON MEDICAL CENTER	11	00	1																
2100 WESCOTT DRIVE																			
FLEMINGTON NJ 08822																			
WWW.HUNTERDONHEALTH.ORG	X	X		X				X											
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

Name of hospital facility or letter of facility reporting group HUNTERDON MEDICAL CENTER

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

Community Health Needs Assessment		Yes	No
1	.....		X
2	.....		X
3	.....	X	
a	<input checked="" type="checkbox"/>		
b	<input checked="" type="checkbox"/>		
c	<input checked="" type="checkbox"/>		
d	<input checked="" type="checkbox"/>		
e	<input checked="" type="checkbox"/>		
f	<input checked="" type="checkbox"/>		
g	<input checked="" type="checkbox"/>		
h	<input checked="" type="checkbox"/>		
i	<input checked="" type="checkbox"/>		
j	<input type="checkbox"/>		
4	<u>19</u>		
5	.....	X	
6a	.....		X
b	.....	X	
7	.....	X	
a	<input checked="" type="checkbox"/> <u>WWW.HUNTERDONHEALTH.ORG</u>		
b	<input checked="" type="checkbox"/> <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/>		
d	<input type="checkbox"/>		
8	.....	X	
9	<u>19</u>		
10	.....	X	
a	<u>WWW.HUNTERDONHEALTH.ORG</u>		
b	.....	
11			
12a	.....		X
b	.....	
c			
\$			

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HUNTERDON MEDICAL CENTER

		Yes	No
13		X	
a	<input checked="" type="checkbox"/>		
	<u>500.0000</u>		
	<u>200.0000</u>		
b	<input type="checkbox"/>		
c	<input checked="" type="checkbox"/>		
d	<input checked="" type="checkbox"/>		
e	<input checked="" type="checkbox"/>		
f	<input checked="" type="checkbox"/>		
g	<input type="checkbox"/>		
h	<input type="checkbox"/>		
14	.....	X	
15	.....	X	
a	<input checked="" type="checkbox"/>		
b	<input checked="" type="checkbox"/>		
c	<input checked="" type="checkbox"/>		
d	<input type="checkbox"/>		
e	<input type="checkbox"/>		
16	.....	X	
a	<input checked="" type="checkbox"/>		
b	<input checked="" type="checkbox"/>		
c	<input checked="" type="checkbox"/>		
d	<input checked="" type="checkbox"/>		
e	<input checked="" type="checkbox"/>		
f	<input checked="" type="checkbox"/>		
g	<input checked="" type="checkbox"/>		
h	<input checked="" type="checkbox"/>		
i	<input checked="" type="checkbox"/>		
j	<input type="checkbox"/>		
	<u>WWW.HUNTERDONHEALTH.ORG</u>		
	<u>WWW.HUNTERDONHEALTH.ORG</u>		
	<u>WWW.HUNTERDONHEALTH.ORG</u>		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group HUNTERDON MEDICAL CENTER

		Yes	No
17	.....	17	X
18			
a	<input type="checkbox"/>		
b	<input type="checkbox"/>		
c	<input type="checkbox"/>		
d	<input type="checkbox"/>		
e	<input type="checkbox"/>		
f	<input checked="" type="checkbox"/>		
19	.....	19	X
a	<input type="checkbox"/>		
b	<input type="checkbox"/>		
c	<input type="checkbox"/>		
d	<input type="checkbox"/>		
e	<input type="checkbox"/>		
20			
a	<input checked="" type="checkbox"/>		
b	<input checked="" type="checkbox"/>		
c	<input checked="" type="checkbox"/>		
d	<input checked="" type="checkbox"/>		
e	<input type="checkbox"/>		
f	<input type="checkbox"/>		

Policy Relating to Emergency Medical Care

21	.....	21	X
a	<input type="checkbox"/>		
b	<input type="checkbox"/>		
c	<input type="checkbox"/>		
d	<input type="checkbox"/>		

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 HUNTERDON MEDICAL CENTER

		Yes	No
22			
a	<input type="checkbox"/>		
b	<input checked="" type="checkbox"/>		
c	<input type="checkbox"/>		
d	<input type="checkbox"/>		
23	.....	23	X
24	.....	24	X

Part V Facility Information *(continued)***Section C. Supplemental Information for Part V, Section B.**

SCHEDULE H, PART V, SECTION B, QUESTIONS 5 AND 6B

THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH IS A COUNTY-WIDE INITIATIVE THAT INVOLVES MORE THAN 70 COMMUNITY SERVICE PROVIDERS, AGENCIES AND ORGANIZATIONS SHARING A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. SINCE ITS INCEPTION IN 1995, THIS HEALTHIER COMMUNITY INITIATIVE HAS LED THE COMPLETION OF 4 COUNTY-LEVEL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEYS. THEY HAVE GIVEN VITAL INPUT INTO THE 2019 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). THE MEMBERS OF THE HUNTERDON COUNTY PARTNERSHIP FOR HEALTH INCLUDE:

- ALZHEIMER'S ASSOCIATION
- AMERICA'S GROW A ROW
- AMERICAN HEART ASSOCIATION
- ANDERSON HOUSE
- BIOMEDICAL SCIENCES ACADEMY
- CANCER COALITION OF HUNTERDON AND MERCER
- CATHOLIC DIOCESE OF METUCHEN
- CENTRAL JERSEY FAMILY HEALTH CONSORTIUM
- CERTIFIED FITNESS FOR SPECIAL NEEDS
- CLINTON PUBLIC SCHOOL
- COUNTY DIVISION OF PUBLIC HEALTH NURSING & EDUCATION
- COUNTY DIVISION OF SENIOR, DISABILITIES & VETERANS SERVICES
- COUNTY MEDICAL RESERVE CORPS
- DELAWARE VALLEY FAMILY HEALTH CENTER
- DELAWARE VALLEY REGIONAL HIGH SCHOOL
- FAMILY PROMISE
- FISHERMAN'S MARK
- FLEMINGTON AREA FOOD PANTRY
- FLEMINGTON JEWISH COMMUNITY CENTER
- FOOTHILL ACRES
- FRANCIS A. DESMARES ELEMENTARY SCHOOL
- GO HUNTERDON
- HAMPTON PUBLIC SCHOOL
- HABITAT FOR HUMANITY
- HCMAP
- HP PARTIAL CARE
- HEALTH VILLAGE RETIREMENT COMMUNITY
- HUNTERDON CARDIOVASCULAR ASSOCIATES
- HUNTERDON CARE CENTER
- HUNTERDON CENTRAL REGIONAL HIGH SCHOOL
- HUNTERDON COUNTY DEPARTMENT OF HUMAN SERVICES
- HUNTERDON COUNTY CHAMBER OF COMMERCE
- HUNTERDON COUNTY DIVISION OF HEALTH
- HUNTERDON COUNTY DIVISION OF PARKS & RECREATION
- HUNTERDON COUNTY ECONOMIC DEVELOPMENT

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- HUNTERDON COUNTY FREEHOLDER
 - HUNTERDON COUNTY MEDICAL ACCESS PARTNERSHIP
 - HUNTERDON COUNTY MEDICAL RESERVE CORPS
 - HUNTERDON COUNTY OFFICE OF THE PROSECUTOR
 - HUNTERDON COUNTY RESIDENTS
 - HUNTERDON COUNTY SCHOOL NURSES ASSOCIATION
 - HUNTERDON COUNTY SUPERINTENDENTS ASSOCIATION
 - HUNTERDON COUNTY VOCATIONAL SCHOOL DISTRICT
 - HUNTERDON COUNTY YMCA
 - HUNTERDON DRUG AWARENESS PROGRAM
 - HUNTERDON HEALTHCARE FOUNDATION
 - HUNTERDON HEALTHCARE PARTNERS
 - HUNTERDON HEALTHCARE SYSTEM
 - HUNTERDON HELPLINE
 - HUNTERDON MEDICAL CENTER
 - HUNTERDON PEDIATRIC ASSOCIATES
 - HUNTERDON PREPARATORY SCHOOL
 - HUNTERDON REGIONAL COMMUNITY HEALTH
 - KINGWOOD SCHOOL
 - LATINO ACCESS COALITION
 - NEW JERSEY CANCER EDUCATION AND EARLY DETECTION
 - NEW JERSEY DEPARTMENT OF EDUCATION
 - NEW JERSEY HEALTH INITIATIVES
 - NIGHTINGALE NJ, INC.
 - NJ DOH
 - NJ SNAP-ED
 - NORTH HUNTERDON REGIONAL HIGH SCHOOL
 - NORWESCAP
 - ONE VOICE
 - PHILLIPS BARBER FAMILY HEALTH CENTER
 - PHYSICAL THERAPY AT ST. LUKE'S (CLINTON)
 - POLYTECH VOCATIONAL SCHOOL DISTRICT
 - PREVENTION RESOURCES
 - RARITAN VALLEY COMMUNITY COLLEGE
 - READINGTON TOWNSHIP BOARD OF HEALTH
 - RIGHT AT HOME
 - ROLLING HILLS CARE CENTER
 - RUTGERS COOPERATIVE EXTENSION SERVICES
 - SAFE COMMUNITIES COALITION OF HUNTERDON AND SOMERSET COUNTY
 - SAFE IN HUNTERDON
 - SALVATION ARMY OF HUNTERDON COUNTY
 - SHOPRITE OF HUNTERDON COUNTY
 - TEMPLO INTERNACIONAL DE RESTAURACION
 - TOWN OF CLINTON
 - UNITED WAY OF HUNTERDON COUNTY
 - VALLEY CREST FARM
 - ZUFALL HEALTH

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

IN ADDITION, OUR CLINICAL LIAISON, A BS, BSN PREPARED REGISTERED NURSE WHO HAS WORKED IN COMMUNITY HEALTH IMPROVEMENT FOR OVER 10 YEARS FACILITATED OUR FOCUS GROUPS AND STAKEHOLDER MEETING TO DISCUSS TRENDS AFFECTING THE HEALTH OF OUR RESIDENTS OVER THE NEXT THREE TO FIVE YEARS. WE UTILIZED OUR POPULATION HEALTH TEAM AND THE HUNTERDON COUNTY HEALTH OFFICER FOR SOME OF THE PROCESS AS WELL AS THE MANY ORGANIZATIONS REPRESENTED IN THE PARTNERSHIP FOR HEALTH.

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

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.HUNTERDONHEALTH.ORG/SITES/DEFAULT/FILES/2022-08/COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENT.PDF](https://www.hunterdonhealth.org/sites/default/files/2022-08/community%20health%20needs%20assessment.pdf)

THE CHNA IS LISTED ON THE HOSPITAL'S WEBSITE. IN ADDITION, THE HOSPITAL FACILITY MAKES ITS CHNA REPORT AVAILABLE TO THE PUBLIC VIA THE PARTNERSHIP FOR HEALTH WEBSITE.

[HTTPS://PARTNERSHIPFORHEALTH.HUNTERDONHEALTHCARE.ORG/REPORTS/](https://partnershipforhealth.hunterdonhealthcare.org/reports/)

SCHEDULE H, PART V, SECTION B, QUESTION 8

THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS IDENTIFIED AND DEVELOPED A COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) TO ADDRESS THESE PRIORITY HEALTH NEED AREAS. THE CHNA INFORMS THE FACILITY'S STRATEGIC PLANNING WHICH INCORPORATES ELEMENTS FROM THE CHIP IN ITS STRATEGIES TO MEET ITS GOAL OF IMPROVED COMMUNITY HEALTH. THE CHIP ALSO INCLUDES RESOURCES, ACTIONS AND GOALS (MEASURABLE).

SCHEDULE H, PART V, SECTION B, QUESTION 10

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

[HTTPS://WWW.HUNTERDONHEALTH.ORG/SITES/DEFAULT/FILES/2022-08/COMMUNITY%20HEALTH%20IMPROVEMENT%20PLAN.PDF](https://www.hunterdonhealth.org/sites/default/files/2022-08/Community%20Health%20Improvement%20Plan.pdf)

SCHEDULE H, PART V, SECTION B, QUESTION 11

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 COLLABORATE.

FOCUS ON HEALTHY WEIGHT:

GOAL: INCREASE THE NUMBER OF HUNTERDON COUNTY RESIDENTS WITHIN A HEALTHY WEIGHT RANGE AS DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION.

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVE THEIR BMI MEASUREMENT AND A PLAN FOR ACHIEVING HEALTHIER WEIGHT, BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF ADULTS (18 AND OVER) IN OUR PRIMARY CARE PRACTICES, WITH A BMI IN THE HEALTHY WEIGHT RANGE BY .5 PERCENTAGE POINTS FROM 2019 TO 2022.
3. INCREASE DOCUMENTATION (AND THEREFORE AWARENESS) OF "FOOD INSECURITY" IN THE ELECTRONIC HEALTH RECORD (NEXTGEN) IN THE PRIMARY CARE SETTING, FOR PATIENTS 65 AND ABOVE BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF ADULTS, AGES 30-65 WITH PRE-DIABETES WHO HAVE A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN).
2. PERCENTAGE OF ADULTS (18 AND OVER) WITH A BMI WITHIN THE NORMAL RANGE (BETWEEN 18.5 AND 24.9) IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES ELECTRONIC HEALTH RECORDS (NEXTGEN).
3. FOOD INSECURITY ASSESSMENT DOCUMENTED IN ELECTRONIC HEALTH RECORD (NEXTGEN), FOR PATIENTS 65 AND ABOVE.

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI MEASUREMENT. 2019 - 15.79% AND 2021

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- 15.98%.

2. PERCENTAGE OF ADULTS AGES 18 AND OVER IN OUR PRIMARY CARE PRACTICES WITH A BMI IN HEALTHY WEIGHT RANGE. 2019 - 37.22% AND 2021 - 36.97%.

3. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE WHO HAVE DOCUMENTATION (AND THEREFORE AWARENESS) OF "FOOD INSECURITY" IN THE ELECTRONIC HEALTH RECORD (NEXTGEN) IN THE PRIMARY CARE SETTING . 2019 - 58.08% AND 2021 - 50.44%.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL IN 2017-2018 THE PREVALENCE OF OBESITY INCREASED FROM 30.5% TO 42.4% AND THE PREVALENCE OF SEVERE OBESITY INCREASED FROM 4.7% TO 9.2%. NUMBERS IN NEW JERSEY ARE SLIGHTLY BETTER THAN THE NATIONAL AVERAGE HOWEVER NOT BY MUCH. WE KNOW THAT OBESITY RELATED CONDITIONS SUCH AS DIABETES; HEART DISEASE AND CANCER CAN HAVE DEVASTATING EFFECTS ON SOMEONE'S LIFE AND COSTS OUR COUNTRY TRILLIONS OF DOLLARS. HUNTERDON HEALTHCARE CONTINUES TO TAKE A MULTI-INITIATIVE APPROACH TO HELP OUR PATIENTS OBTAIN AND MAINTAIN A HEALTHY WEIGHT AS WE KNOW THAT WHAT WORKS FOR SOME, MAY NOT WORK FOR OTHERS. PRIOR TO THE PANDEMIC WE DID SEE A SMALL BUT POSITIVE UPTICK IN THE NUMBER OF PATIENTS IN OUR ELECTRONIC HEALTH RECORD THAT HAD A BMI IN THE HEALTHY WEIGHT RANGE FROM 2016 TO 2019. HOWEVER IN 2020 WE EXPERIENCED A SLIGHT REGRESSION OF THIS TREND DUE TO THE IMPACT OF THE PANDEMIC. THERE WAS A DECREASE IN THE NUMBER OF PATIENTS SCHEDULING THEIR ANNUAL WELLNESS VISITS DUE TO THE STATE MANDATED SHUTDOWN AND FEARS OF ENTERING A MEDICAL FACILITY- THIS HAS IMPROVED BUT NOT BACK TO PRE-PANDEMIC LEVELS. INITIATIVES IN OUR PHYSICIAN PRACTICES AND WITH OUR COMMUNITY PARTNERSHIPS ARE STILL TRYING TO REVERSE THIS TREND. OUR PRACTICES CONTINUE TO PUT MANY MEASURES IN PLACE TO REDUCE EXPOSURE TO COVID AND PROVIDE A SAFE ENVIRONMENT FOR OUR PATIENTS TO RETURN TO THEIR MEDICAL HOME. SANITIZER STATIONS ARE ABUNDANTLY AVAILABLE TO PATIENTS THROUGHOUT OUR PRACTICES. SIGNS MANDATE WEARING MASKS WITHIN ALL OF OUR FACILITIES. CAPACITY IN WAITING AREAS HAS BEEN GREATLY REDUCED TO ALLOW FOR SOCIAL DISTANCING AND IN MANY CASES PATIENTS WAIT IN THEIR CARS UNTIL CALLED INTO THE PROVIDER'S OFFICE. PATIENT PORTAL MESSAGES REMIND PATIENTS OF THE IMPORTANCE OF AN ANNUAL WELLNESS CHECK. PATIENT NAVIGATORS CALL OUR HIGH RISK PATIENTS DIRECTLY TO REMIND THEM OF FOLLOW UP APPOINTMENTS. SIGNS ABOUND REMINDING OUR PATIENTS, STAFF & VISITORS ABOUT HAND HYGIENE, SOCIAL DISTANCING, PROPER MASK USE AND ENCOURAGING VACCINATION WHEN AVAILABLE. HHS WORKS CLOSELY WITH THE HUNTERDON COUNTY HEALTH DEPARTMENT AND OUR OWN INTERNAL INFECTION CONTROL TEAM TO TRACK LOCAL COVID COMMUNITY SPREAD AND SET IN PLACE PRACTICES TO KEEP STAFF AND PATIENTS SAFE.

ANOTHER AREA OF FOCUS IS FOOD INSECURITY. WE HAVE SEEN A TREMENDOUS RISE IN THE USE OF COMMUNITY FOOD PANTRIES AND OTHER FOOD RESOURCES. WE WORK IN COLLABORATION WITH THESE AGENCIES TO COMMUNICATE THE NEED FOR DONATIONS AND ALSO TO CONNECT OUR PATIENTS AND COMMUNITY MEMBERS TO FOOD. WE SUPPORT MANY LOCAL INITIATIVES TO INCREASE PRODUCE DISTRIBUTIONS AT

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THESE AGENCIES. WE HAVE WORKED CLOSELY WITH ORGANIZATIONS SUCH AS AMERICA'S GROW-A-ROW, A LOCAL NON-PROFIT FARM THAT PROVIDES FRESH PRODUCE TO LOW-INCOME FAMILIES. BY CONNECTING THEM TO ORGANIZATIONS SUPPORTING LOW-INCOME FAMILIES WE CAN HELP COORDINATE DISTRIBUTION CHANNELS AND WIDEN THE AVAILABILITY OF PRODUCE. WE KNOW THAT A DIET RICH IN FRUITS AND VEGETABLES IS ESSENTIAL FOR BETTER HEALTH AND WEIGHT MANAGEMENT. ALONG WITH THE PRODUCE COMES EDUCATION ABOUT WHY IT IS IMPORTANT TO INCLUDE PRODUCE IN ONE'S DIET. WHEN POSSIBLE WE TRY TO ENCOURAGE RESIDENTS TO VISIT THE FARM AND TAKE PART IN THE GLEANING. WE HAVE FOUND THAT CONNECTING PEOPLE TO WHERE THE FOOD COMES FROM HELPS TO GET THEM MORE EXCITED ABOUT EATING IT.

OUR HUNTERDON HEALTHCARE POPULATION HEALTH TEAM CONTINUES TO STRESS THE IMPORTANCE OF EACH PATIENT BEING SCREENED FOR UNHEALTHY WEIGHT. OUR PHYSICIAN PRACTICES RECEIVE MONTHLY QUALITY METRIC REPORTS THAT SHOW HOW THEY ARE PERFORMING FOR CAPTURING BMI AND PROVIDING A PLAN TO THOSE WHO ARE OUTSIDE OF THE CDC RECOMMENDED HEALTHY WEIGHT RANGES. IN 2019 THE PERCENTAGE OF PATIENTS AGES 30-65 IN OUR PRIMARY CARE PRACTICES WITH PRE-DIABETES, WHO RECEIVED THEIR BMI AND PLAN FOR ACHIEVING HEALTHIER WEIGHT, WAS 68.60% HOWEVER 2020 DIPPED SLIGHTLY TO 67.61%.

THE IMPACT OF COVID-19 REDUCED THE NUMBER OF PATIENTS SEEKING IN-PERSON PREVENTIVE CARE. SLOWLY PATIENTS ARE STARTING TO RETURN. WE WILL CONTINUE TO WORK TO BRING PATIENTS BACK TO THEIR HEALTHCARE PROVIDERS FOR SCREENINGS AND WELLNESS VISITS. THOSE WHO ARE OBESE ARE MORE PRONE TO CHRONIC DISEASE AND CERTAIN CANCERS AND ACCORDING TO THE CDC THEY ARE ALSO MORE AT RISK OF SEVERE ILLNESS FROM COVID-19 AND INFLUENZA. WORKING WITH OUR PATIENTS TO OBTAIN A HEALTHY WEIGHT WILL CONTINUE TO BE A PRIORITY. THE POPULATION HEALTH TEAM ALSO FORMED AN EXPLORATORY COMMITTEE TO LOOK AT PROMOTION OF HEALTHY MOVEMENT IN PATIENT POPULATION AS ANOTHER APPROACH TO HELP PATIENTS ACHIEVE HEALTHIER WEIGHT GOALS.

THE CENTER FOR NUTRITION AND DIABETES MANAGEMENT, PART OF THE HUNTERDON HEALTHCARE SYSTEM, PROVIDES DIABETES AND NUTRITION EDUCATION TO PATIENTS WITH ANY TYPE OF DIABETES (TYPE 1, TYPE 2, LADA, MODY, GESTATIONAL DIABETES). APPROXIMATELY 85-90% OF PEOPLE WITH DIABETES ARE OVERWEIGHT OR OBESE. IN 2021, 740 PATIENTS WITH DIABETES ATTENDED AT LEAST 1 BUT UP TO 5 APPOINTMENTS WITH A DIABETES NURSE EDUCATOR AND/OR A REGISTERED DIETITIAN. OF THESE PATIENTS 73% LOST OR MAINTAINED WEIGHT: LOST (58%), MAINTAINED (15%) POST EDUCATION. THE CENTER FOR NUTRITION AND DIABETES ALSO PROVIDES NUTRITION EDUCATION FOR PATIENTS WITH A DIAGNOSIS OF PRE-DIABETES. IN 2021, 63 PEOPLE WITH PRE-DIABETES WERE EDUCATED ON LIFESTYLE MODIFICATION TO MANAGE WEIGHT AND INCREASE PHYSICAL ACTIVITY. ADDITIONALLY, OUR CENTER PROVIDES NUTRITION EDUCATION FOR WEIGHT MANAGEMENT TO ADULTS AND CHILDREN WITHOUT DIABETES WHO ARE OVERWEIGHT OR OBESE. IN 2021, 104 ADULTS WORKED WITH A REGISTERED DIETITIAN ONE ON ONE FOR WEIGHT MANAGEMENT AND 51 CHILDREN RECEIVED NUTRITION COUNSELING FOR PEDIATRIC WEIGHT MANAGEMENT WITH A REGISTERED DIETITIAN. DUE TO COVID-19,

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WE WERE AGAIN UNABLE TO HOLD OUR COMMUNITY WEIGHT LOSS GROUPS.

BARRIERS TO INCREASING USAGE OF OUR DIABETES AND NUTRITION EXPERTS CONTINUE, INCLUDING: LACK OF INSURANCE, HIGH DEDUCTIBLES AND THE USE OF THE INTERNET VERSUS EDUCATORS FOR INFORMATION. AS IN 2020, COVID-19 IMPACTED OUR PATIENT VOLUME RESULTING IN LESS TOTAL PATIENT APPOINTMENTS FOR 2021. WE HAVE CONTINUED TO OFFER VIRTUAL VISITS IN 2021. THROUGHOUT 2021 APPROXIMATELY 20-35% OF OUR PATIENTS ARE ELECTING TO USE VIRTUAL VISITS. WE HAVE BEGUN A COLLABORATION WITH HUNTERDON HEALTH AND WELLNESS CENTERS AND CENTER FOR HEALTHY WEIGHT AND WILL BE STARTING AN 8-WEEK PROGRAM FOR HEALTHY LIFESTYLE AND WEIGHT MANAGEMENT. WE WILL ALSO BE RE-STARTING IN-PERSON CLASSES IN MARCH 2022.

OBESITY/OVERWEIGHT CONTINUES TO BE A CHALLENGE IN HUNTERDON COUNTY AND IN THE COUNTRY AT LARGE. HOWEVER, THE REALITY IS THAT IT IS NOT SOLELY OUR WEIGHT THAT FACTORS INTO HEALTH OUTCOMES. IT IS THE CHOICES WE MAKE ON A DAILY BASIS- TO EAT HEALTHY (OR NOT), TO MOVE OUR BODIES (OR NOT), TO GET ADEQUATE SLEEP (OR NOT), TO MANAGE OUR STRESS (OR NOT), TO SMOKE AND DRINK EXCESSIVELY (OR NOT) AND OTHER LIFESTYLE CHOICES THAT WILL DETERMINE MUCH OF OUR HEALTH STATUS. MOVING FORWARD IN 2022, WORKING BOTH WITHIN OUR INTERNAL HOSPITAL SYSTEM AND IN THE COMMUNITY THROUGH THE PARTNERSHIP FOR HEALTH WE WILL NOT JUST WORK TOWARD REDUCING OBESITY THROUGHOUT OUR SERVICE AREA BUT EDUCATE OUR PATIENTS AND RESIDENTS ABOUT THE IMPORTANCE OF A HEALTHY LIFESTYLE.

THE HUNTERDON HEALTHCARE SYSTEM SUPPORTS THE PARTNERSHIP FOR HEALTH (PFH), A COUNTY-WIDE HEALTH COALITION OF OVER 70 MULTI-SECTOR ORGANIZATIONS INCLUDING: SCHOOLS, PUBLIC HEALTH, BUSINESS, FAITH-BASED, NON-PROFIT, HEALTHCARE, LAW ENFORCEMENT, GOVERNMENT AND RESIDENTS OF THE COUNTY. THEY SHARE A COMMON INTEREST IN PROMOTING AND IMPROVING THE HEALTH, WELL-BEING AND QUALITY OF LIFE OF HUNTERDON COUNTY RESIDENTS. IN 2019 HUNTERDON HEALTHCARE ALONG WITH OUR COMMUNITY PARTNERS CONDUCTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND WROTE THE 2020-2022 COMMUNITY HEALTH IMPROVEMENT PLAN.

THE PFH ORGANIZED ACTION TEAMS FOCUSED ON THE FOLLOWING AREAS: HEALTHY LIFESTYLE, MENTAL HEALTH, SUBSTANCE MISUSE/ABUSE, AGING RELATED ISSUES. A FIFTH CATEGORY IS OVERARCHING; ECONOMIC WELLBEING. EQUITY IS ALSO AN OVERARCHING GOAL AND INTEGRATED INTO ALL OF OUR WORK. THESE FOCUS AREAS WERE IDENTIFIED AS NEEDS IN HUNTERDON COUNTY AND OUR ENTIRE SERVICE AREA.

TEAMS ARE MADE UP OF COMMUNITY ORGANIZATIONS AND RESIDENTS WHO MEET MONTHLY AND PRIORITIZE THESE AREAS OF NEED. THE FULL PARTNERSHIP MEETS QUARTERLY TO REVIEW THE WORK OF THE TEAMS AND PROVIDE FEEDBACK.

THE HEALTHY LIFESTYLE ACTION TEAM CONTINUES TO FOCUS ON INITIATIVES THAT ATTEMPT TO DRIVE OUR RESIDENTS TO MAKE HEALTHY LIFESTYLE CHOICES. OUR "FAMILY MEALS" CAMPAIGN IS ONGOING AND PROMOTES THE MANY BENEFITS OF SITTING DOWN TO A HEALTHY MEAL WITH OUR LOVED ONES. ACCORDING TO THE

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FAMILY MEAL PROJECT BY HARVARD UNIVERSITY, REGULAR FAMILY MEALS CAN LEAD TO THE KINDS OF BEHAVIORS THAT PARENTS WANT FOR THEIR CHILDREN: HIGHER GRADE-POINT AVERAGES, RESILIENCE, AND SELF-ESTEEM. ADDITIONALLY, FAMILY MEALS ARE LINKED TO LOWER RATES OF SUBSTANCE MISUSE, TEEN PREGNANCY, EATING DISORDERS, AND DEPRESSION. IN 2020 WE BEGAN A COLLABORATIVE PROJECT WITH THE FLEMINGTON AREA FOOD PANTRY, AMERICA'S GROW-A-ROW AND OUR LOCAL FAMILY-OWNED SHOPRITE CHAIN. SEVENTY-FIVE FAMILIES WHO ARE PATRONS OF THE FOOD PANTRY RECEIVE A BAG OF GROCERIES TO MAKE A COMPLETE MEAL EVERY MONTH. THEY ALSO RECEIVE A LINK TO A VIDEO DEMONSTRATING HOW TO PREPARE THE MEAL AND HOW TO ALTER THE RECIPE BASED ON PREFERENCE AND HEALTH NEEDS. THIS PROGRAM HAS HELPED TO ENCOURAGE FAMILIES TO COOK TOGETHER CREATING FAMILY BONDS AND INCREASING CONSUMPTION OF NUTRIENT RICH FOODS. DUE TO THE SUCCESS OF THIS PROGRAM AND THE POSITIVE FEEDBACK FROM THE FAMILIES WE ARE WORKING WITH, WE WERE ABLE TO SUPPORT THE CONTINUATION OF THIS PROGRAM. WE'VE RECEIVED LETTERS AND PHOTOS OF FAMILIES COOKING TOGETHER, CHILDREN TRYING NEW VEGETABLES AND THANKS FOR BRINGING HEALTHY FOOD INTO HOMES OF LOW-INCOME FAMILIES. WE PROVIDE RELEVANT HEALTH INFORMATION AND ASSESS WHETHER OR NOT THE PARTICIPANTS HAVE A HEALTHCARE PROVIDER AND IF NOT, REFER APPROPRIATELY.

THIS YEAR THE FOCUS OF OUR HEALTHY HUNTERDON WORKFORCE INITIATIVE SHIFTED TO MEET THE NEEDS OF OUR BUSINESS COMMUNITY. WHILE WE ALWAYS WORK TO PROMOTE A CULTURE OF HEALTH IN THE WORKPLACE, OUR BUSINESSES WERE SUFFERING FROM PANDEMIC RELATED ISSUES. THEY NEEDED REGULAR COVID UPDATES AS THE REGULATIONS FOR MASKING, VACCINATION, SOCIAL DISTANCING AND RETURN TO WORK GUIDELINES WERE EVER EVOLVING. THIS WAS PARTICULARLY HARD FOR OUR SMALL BUSINESSES THAT DON'T HAVE THE RESOURCES TO RESEARCH AND ROLL OUT CHANGES AS EASILY AS LARGER ORGANIZATIONS- MANY OF WHO EMPLOYEE OUR LOW-INCOME EARNERS. WE PULLED TOGETHER A TEAM OF EXPERTS THAT INCLUDED THE CHIEF MEDICAL OFFICER OF HUNTERDON HEALTHCARE PARTNERS, OUR HUNTERDON COUNTY HEALTH OFFICER AND A LOCAL BUSINESS ATTORNEY. WE HOSTED VIRTUAL COVID UPDATE PRESENTATIONS THAT FOCUSED SPECIFICALLY ON WHAT BUSINESSES NEEDED TO KNOW IN ORDER TO OPERATE SAFELY.

ANOTHER CHALLENGE FOR OUR BUSINESS COMMUNITY WAS AND CONTINUES TO BE DIFFICULTY FINDING AND MAINTAINING A WORKFORCE. THE STRESS OF THE PANDEMIC AND HEALTH CONCERNS PUSHED MANY EMPLOYEES TO ACCELERATE THEIR RETIREMENT TIMELINE. PEOPLE WERE REEVALUATING THEIR PRIORITIES AND THE IMPORTANCE OF TIME WITH FAMILY WAS ONE THING WE HEARD OVER AND OVER AGAIN. CHILDCARE WAS ANOTHER ISSUE THAT AFFECTED SOME PEOPLE. WITH MANY SCHOOLS STILL VIRTUAL OR HYBRID IN 2021, SOME PARENTS CHOSE TO HAVE ONE PARENT LEAVE THE WORKFORCE, OR REDUCE THEIR HOURS. ANOTHER FACTOR WAS THE GOVERNMENT ASSISTANCE PROGRAMS THAT PROVIDED HELP WITH HOUSING, FOOD AND OTHER NECESSITIES. WHILE THESE PROVIDED NEEDED SUPPORT THEY ALSO REDUCED THE NEED FOR SOME PEOPLE TO WORK OR DELAYED RETURN TO WORK. HUNTERDON HEALTHCARE WORKED TO REDUCE SOME OF THESE BARRIERS BOTH WITHIN THEIR OWN WORKFORCE AND THROUGH OUR COMMUNITY PARTNERS. THROUGHOUT THE PANDEMIC THOSE WHO COULD WORK FROM HOME WERE ENCOURAGED TO DO SO. THIS HELPED

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EMPLOYEES LIMIT THEIR EXPOSURE TO COVID BUT IT ALSO GAVE EMPLOYEES THE FLEXIBILITY TO TAKE CARE OF THEIR FAMILIES WHILE MAINTAINING THEIR JOBS. DEPENDING ON ONE'S POSITION, FLEXIBLE WORK SCHEDULES AND VIRTUAL PLATFORMS COULD BE INSTITUTED TO KEEP PEOPLE WORKING AND PRODUCTIVE. THE HEALTHY HUNTERDON WORKFORCE INITIATIVE SHARED THESE IDEAS AND OTHERS TO HELP BUSINESSES WITH OBTAINING AND RETAINING WORKERS. WE ALSO WORKED WITH OUR PARTNERS TO CONNECT WORKERS TO JOBS. THIS IS A CHALLENGE THAT IS ONGOING AND WE CONTINUE TO BRAINSTORM IDEAS. PEOPLE NEED A SOURCE OF INCOME TO SURVIVE AND THRIVE- IT'S PARAMOUNT TO BEING ABLE TO LIVE A HEALTHY LIFESTYLE.

SUBSTANCE ABUSE:

GOAL: REDUCE THE PREVALENCE AND INCIDENCE OF SUBSTANCE ABUSE IN HUNTERDON COUNTY

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE ELECTRONIC HEALTH RECORD (EHR) USING THE NEW JERSEY RX MONITORING PROGRAM, TO 96% FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 18 AND ABOVE IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS (3 OR MORE PRESCRIPTIONS FOR AN OPIOID FOR OVER 20 PILLS EACH WITHIN THE LAST 12 MONTHS) WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT, TO 92% FROM 2019 TO 2022.
3. INCREASE THE PERCENTAGE OF PATIENTS AGE 13 AND OVER IN THE PRIMARY CARE SETTING BEING SCREENED FOR "VAPING" BY 10 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING WITH CHRONIC OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE HUNTERDON HEALTHCARE EHR (NEXTGEN) USING THE NEW JERSEY RX MONITORING PROGRAM.
2. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT IN THE EHR (NEXTGEN).
3. PERCENTAGE OF PATIENTS IN THE PRIMARY CARE SETTING IN WHICH THE PROVIDER SCREENED FOR VAPING IN THE HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS, IN THE PRIMARY CARE SETTING WITH CHRONIC

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OPIOID PRESCRIPTIONS IN WHICH THE PHYSICIAN HAS DOCUMENTED IN THE EHR USING THE NJ RX MONITORING PROGRAM. 2019 - 89.26% AND 2021 - 93.56%.

2. PERCENTAGE OF PATIENTS 18 & OVER, IN THE PRIMARY CARE SETTING WITH A SIGNED CONTROLLED SUBSTANCE AGREEMENT. 2019 - 89.52% AND 2021 - 92.15%.

3. PERCENTAGE OF PATIENTS AGE 13 & OVER, IN THE PRIMARY CARE SETTING SCREENED FOR VAPING. 2019 - 23.79% AND 2021 - 63.73%.

THE HUNTERDON HEALTHCARE POPULATION HEALTH TEAM CONTINUES TO WORK WITH THE PHYSICIAN PRACTICES TO PUT MANY MEASURES IN PLACE TO REDUCE THE USE AND MISUSE OF OPIOIDS. PATIENTS WHO ARE CHRONIC OPIOID USERS, DEFINED AS 3 OR MORE PRESCRIPTIONS FOR AN OPIOID FOR OVER 20 PILLS EACH WITHIN THE LAST 12 MONTHS, MUST SIGN A CONTROLLED SUBSTANCES AGREEMENT. THE PHYSICIAN REVIEWS THE DANGERS OF OPIOID USE, ALTERNATIVES TO OPIOIDS AND PROPER DISPOSAL AND WE PROMOTE NATIONAL DEA TAKEBACK DAY. THIS DATA IS TRACKED IN THE EHR AND EACH PRACTICE RECEIVES A DASHBOARD WITH METRICS DEFINING THEIR PRESCRIBING PATTERNS AND COMPARES THEM TO OTHER PRACTICES IN OUR HEALTHCARE SYSTEM. METRICS INCLUDE USE OF THE NEW JERSEY PRESCRIPTION MONITORING PROGRAM. A PATIENT REGISTRY IS PROVIDED MONTHLY TO PRACTICES THAT IDENTIFY ANY PATIENT WHERE CHECKING THE NJ PMP PROGRAM HAS NOT BEEN DOCUMENTED IN THE ELECTRONIC HEALTH RECORD. A TOOLKIT WAS CREATED THAT PROVIDES RESOURCES ON ALTERNATIVES TO OPIOIDS FOR PAIN MANAGEMENT. THE RUTGER'S OPIOID ABUSE TOOLKIT INCLUDES NON-PHARMACOLOGIC TREATMENT OPTIONS.

SUBSTANCE ABUSE HAS LONG BEEN ON THE RADAR OF THE PARTNERSHIP FOR HEALTH BECAUSE OF THE UNFORTUNATE INCIDENCE OF SUBSTANCE MISUSE IN OUR COUNTY-ALCOHOL AND HEROIN BEING AMONG THE TOP TWO THAT PEOPLE WERE ADMITTED TO TREATMENT FOR ACCORDING TO NJ STATE MONITORING SYSTEMS (NJ-SAMS). THE PARTNERSHIP FOR HEALTH DRUG-FREE TASKFORCE REPORTS QUARTERLY TO THE FULL PFH MEMBERSHIP. THEY REPORT ON DRUG AND ALCOHOL ACTIVITY IN THE COUNTY, AND UPDATE THE MEMBERS ON TRENDS IN MISUSE AND PREVENTION STRATEGIES. THEY HAVE HOSTED NARCAN TRAININGS THROUGHOUT OUR SERVICE AREA FOR HEALTHCARE WORKERS AND THE COMMUNITY. THE HUNTERDON HEALTHCARE FOUNDATION PROVIDES NARCAN TO LAW ENFORCEMENT AGENCIES THROUGHOUT HUNTERDON.

THE PARTNERSHIP FOR HEALTH MENTAL HEALTH ACTION TEAM ALTHOUGH FOCUSED ON GOALS SURROUNDING HEALTHY WEIGHT IS ALSO INVOLVED IN INITIATIVES THAT TEACH STRESS MANAGEMENT AND HEALTHY COPING SKILLS. THESE ARE STRATEGIES THAT MAY PREVENT SUBSTANCE ABUSE AS WELL AS HELP RESIDENTS ADAPT HEALTHY LIFESTYLE CHOICES.

HUNTERDON MEDICAL CENTER/HUNTERDON REGIONAL CANCER CENTER DELIVERED A COMPREHENSIVE PORTFOLIO OF WELLNESS AND PREVENTION INITIATIVES TO THE COMMUNITY. LUNG CANCER IS THE SECOND MOST COMMON CANCER IN BOTH MEN AND WOMEN (NOT COUNTING SKIN CANCER), ACCORDING TO THE AMERICAN CANCER SOCIETY (2019). ABOUT 13% OF ALL NEW CANCERS ARE LUNG CANCERS. EACH

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

YEAR, MORE PEOPLE DIE OF LUNG CANCER THAN OF COLON, BREAST AND PROSTATE CANCERS COMBINED. THE 2016 COUNTY HEALTH RANKINGS REPORTS AN ADULT SMOKING RATE OF 13% FOR HUNTERDON COUNTY. IN SUPPORT OF THE 2021 GREAT AMERICAN SMOKEOUT CAMPAIGN THE LUNG CANCER PREVENTION WORKGROUP PROVIDED AN INFORMATIONAL PORTAL BLAST TO ALL ACTIVE FAMILY PRACTICES IN THE HUNTERDON HEALTHCARE SYSTEM; THIS REACHED 6,415 PATIENTS ABOVE THE AGE OF 18 WHO USE TOBACCO PRODUCTS PROVIDING SUPPORT AND RESOURCES FOR SMOKING CESSATION.

EDUCATIONAL PROGRAMMING WAS DELIVERED THROUGHOUT THE YEAR REACHING OVER 200 COMMUNITY MEMBERS WITH IMPORTANT HEALTH INFORMATION ON WELLNESS, DISEASE PREVENTION AND HOW LIFESTYLE CHOICES AND EARLY DETECTION CAN CONTRIBUTE TO IMPROVED HEALTH OUTCOMES. A TOTAL OF 17 PROGRAMS WERE DELIVERED FEATURING EXPERTS IN THE FIELD VOLUNTEERING THEIR TIME TO ADDRESS TOPICS RANGING FROM NUTRITION, EMOTIONAL WELLNESS AND PHYSICAL FITNESS TO PAIN MANAGEMENT, WOMEN'S/MEN'S HEALTH AND PATIENT ADVOCACY. ALL PROGRAMS WERE WELL RECEIVED AND ACHIEVED KNOWLEDGE CHANGE, AWARENESS OF RESOURCES/SCREENING GUIDELINES, AND AN UNDERSTANDING OF HOW LIFESTYLE CHOICES AND GENETICS IMPACT HEALTH OUTCOMES.

MENTAL HEALTH:

GOAL: INCREASE THE NUMBER OF HUNTERDON COUNTY RESIDENTS BEING ASSESSED FOR BEHAVIORAL HEALTH TREATMENT SERVICES.

MEASURE:

1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND IF POSITIVE HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS, BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF ADOLESCENT PATIENTS, AGE 12-19 IN THE PEDIATRIC AND PRIMARY CARE SETTING WITH DEPRESSION SCREEN AND PLAN BY 5 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).
2. PERCENTAGE OF PATIENTS AGE 12-19 IN THE PEDIATRIC AND PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

OUTCOME DATA:

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION AND HAVE A PLAN TO ADDRESS DEPRESSION WITHIN THE LAST 12 MONTHS. 2019 - 77.47% AND 2021 - 77.22%.

2. PERCENTAGE OF PATIENTS AGE 12-19 IN THE PRIMARY CARE SETTING WHO HAVE BEEN SCREENED FOR DEPRESSION. 2019 - 67.35% AND 2021 - 71.95%.

PATIENTS WHO STRUGGLE WITH THEIR MENTAL HEALTH OFTEN HAVE PROBLEMS WITH THEIR PHYSICAL HEALTH AS WELL. MENTAL HEALTH MUST BE ADDRESSED IN EACH PATIENT SO THAT WE PROVIDE A COMPREHENSIVE ASSESSMENT. THE HUNTERDON HEALTHCARE POPULATION HEALTH TEAM IS WORKING TO BRING AWARENESS TO MENTAL HEALTH AND TRACKING SCREENING METRICS. WORKING CLOSELY WITH THE PHYSICIAN PRACTICES, WE WERE ABLE TO INCREASE OUR DEPRESSION SCREENING OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING FROM 47.22% IN 2016 TO 77.22%. OUR 2019 WAS SLIGHTLY HIGHER AT 77.47% HOWEVER MANY OF OUR METRICS WERE IMPACTED BY THE PANDEMIC AND THE PATIENTS DELAYING ANNUAL EXAMS. THIS METRIC WILL CONTINUE TO BE TRACKED AND MONTHLY REPORTS WILL BE SENT TO INDIVIDUAL PRACTICES SO THAT THEY CAN MONITOR THEIR SUCCESS.

THE MENTAL HEALTH ACTION TEAM CONTINUED TO FOCUS ON STRESS AS A SIGNIFICANT FACTOR IMPACTING EMOTIONAL WELLNESS IN 2021 ESPECIALLY RELATED TO THE PANDEMIC. PEOPLE WHO DEVELOP COPING SKILLS AND KNOW HOW TO MANAGE STRESS WILL BE LESS LIKELY TO TURN TO UNHEALTHY COPING STRATEGIES LIKE DRUGS OR OVEREATING. THEY WILL ALSO EXPERIENCE FEWER INCIDENCES OF DEPRESSION AND ANXIETY WHICH UNFORTUNATELY CAN BE BROUGHT ON BY A CRISIS SUCH AS THIS PANDEMIC. THESE ARE SKILLS THAT WILL BE BENEFICIAL THROUGHOUT THE ENTIRE LIFESPAN. MONTHLY ARTICLES WERE SUBMITTED TO MUNICIPAL NEWSLETTERS TO PROVIDE STRATEGIES FOR STRESS REDUCTION AND HOW TO IDENTIFY WHEN TO SEEK TREATMENT. THE TEAM ALSO PROVIDED MESSAGING ON THE IMPORTANCE OF A SELF-CARE PLAN. IN AUGUST OF 2021 THEY WORKED WITH GROW-A-ROW TO HOST HEALTHY HARVEST AN EVENT FOR YOUNG ADULTS THAT FEATURED A MINDFULNESS LESSON PRIOR TO PARTICIPATION IN A CORN HARVEST WITH OTHER ORGANIZATIONS.

MEMBERS OF THE MENTAL HEALTH ACTION TEAM NOTED THE INCREASED NEED FOR BEHAVIORAL HEALTH SERVICES DURING THE PANDEMIC AND MANY MEMBERS STRUGGLED THEMSELVES WITH WORKLOAD AND SELF-CARE. DESPITE THESE CHALLENGES THE TEAM CONTINUED TO MEET PROVIDING CRITICAL SUPPORT TO EACH OTHER AND IDENTIFYING KEY AREAS FOR FOCUS FOR THE FUTURE.

AGING RELATED ISSUES:

GOAL: INCREASE THE NUMBER OF SENIOR (AGE 65+) HUNTERDON COUNTY RESIDENTS RECEIVING AN ANNUAL PHYSICAL AND COGNITIVE ASSESSMENT.

MEASURE:

Part V Facility Information *(continued)***Section C. Supplemental Information for Part V, Section B.**

1. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS, BY 4 PERCENTAGE POINTS FROM 2019 TO 2022.
2. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO HAVE HAD A COGNITIVE ASSESSMENT (MINI-COG) AT LEAST ONCE WITHIN THE LAST 12 MONTHS, BY 3 PERCENTAGE POINTS FROM 2019 TO 2022.
3. INCREASE THE PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WITH A FALLS RISK ASSESSMENT BY 3 PERCENTAGE POINTS FROM 2019 TO 2022.

DATA SOURCE:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).
2. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A COGNITIVE ASSESSMENT (MINI-COG) WITHIN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).
3. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS IN HUNTERDON HEALTHCARE PRIMARY CARE PHYSICIAN PRACTICES EHR (NEXTGEN).

OUTCOME DATA:

1. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO SEEK PREVENTIVE CARE WITHIN THE LAST 12 MONTHS. 2019 - 66.08% AND 2021 - 66.88%.
2. PERCENTAGE OF PATIENTS AGE 65 AND ABOVE WHO RECEIVED A MINI-COG IN THE PRIMARY CARE SETTING IN THE LAST 12 MONTHS. 2019 - 72.41% AND 2021 - 83.57%.
3. PERCENTAGE OF PATIENTS, AGE 65 AND ABOVE IN THE PRIMARY CARE SETTING WHO RECEIVED A FALLS RISK ASSESSMENT IN THE LAST 12 MONTHS. 2019 - 74.68% AND 2021 - 78.06%.

MONTHLY PATIENT OUTREACH LISTS ARE PROVIDED TO PRACTICES DENOTING PATIENTS WHO ARE OVERDUE FOR A WELLNESS VISIT. POPULATION HEALTH PLANNERS ROUTINELY MAKE CALLS TO ENCOURAGE PATIENTS TO TAKE ADVANTAGE OF THEIR WELLNESS VISIT BENEFIT. THEY CAN ALSO SCHEDULE PATIENTS FOR THEIR WELLNESS VISITS IN SOME PRACTICES. MORE PRACTICES NOW HAVE AN EXTENDED SCHEDULING THAT ALLOWS FOR WELLNESS VISITS TO BE SCHEDULED FOR THE NEXT YEAR CREATING AN OPTIMAL WORKFLOW FOR BOTH THE PATIENT AND THE PRACTICE.

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

PATIENTS WHO ARE 65 AND ABOVE OR WHO HAVE CONDITIONS THAT PUT THEM AT HIGH RISK FOR FALLS ARE EVALUATED. IN ADDITION TO THE PRIMARY CARE EVALUATION, OUR OUT-PATIENT PHYSICAL THERAPY DEPARTMENTS CAN DO A NO-COST ASSESSMENT TO SEE WHETHER SOMEONE SHOULD SEEK ADDITIONAL THERAPY OR SEE A PHYSICIAN ABOUT THEIR MOBILITY ISSUES. THESE ASSESSMENTS CAN BE SELF-REFERRED AND ARE AVAILABLE TO ANYONE WHO WANTS TO BE EVALUATED. PATIENTS CAN ALSO BE REFERRED TO COMMUNITY RESOURCES TO INCREASE THEIR PHYSICAL ACTIVITY LEVEL AS CORE STRENGTH AFFECTS BALANCE AND EXERCISE IS ESSENTIAL TO OVERALL HEALTH.

THE MINI-COG IS A QUICK SCREENING TOOL THAT CAN INCREASE DETECTION OF COGNITIVE IMPAIRMENT IN OLDER ADULTS. ALTHOUGH IT DOES NOT SUBSTITUTE FOR A COMPLETE DIAGNOSTIC WORK-UP, IT IS HELPFUL IN IDENTIFYING THE NEED FOR FURTHER ASSESSMENT. IF A PATIENT'S SCREENING INDICATES THE NEED FOR FURTHER ASSESSMENT, THEY CAN BE REFERRED TO OUR CENTER FOR HEALTHY AGING. THE MATURING INTEGRATED BEHAVIORAL HEALTH PROGRAM IN PRIMARY CARE PRACTICES PROVIDES COUNSELING WITHIN THE PRIMARY CARE SETTING FOR INDIVIDUALS SCREENING POSITIVE FOR DEPRESSION. THE DECREASE IN WELLNESS VISITS DUE TO THE SHUTDOWN AND FEAR OF THE PANDEMIC HAS LED TO A SLIGHT DECLINE IN OUR DATA. IN-PERSON VISITS CONTINUE TO INCREASE AND WE WILL WORK TO ENCOURAGE THIS TREND.

THE HUNTERDON NJ CANCER EDUCATION AND EARLY DETECTION (NJCEED) GRANT PROGRAM STAFF AT THE HUNTERDON REGIONAL CANCER CENTER WAS ABLE TO ENROLL UNINSURED AND UNDERINSURED ELIGIBLE RESIDENTS TO GET FREE BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCER ANNUAL SCREENINGS THROUGHOUT 2021. THROUGH THE COLLABORATION WITH HUNTERDON HEALTHCARE PARTNERS AND HUNTERDON HEALTHCARE PRIMARY CARE PROVIDERS, UNINSURED AND ELIGIBLE POPULATIONS WERE IDENTIFIED THROUGH A QUERY OF PATIENT ELECTRONIC MEDICAL RECORDS VIA THE ELECTRONIC HEALTH SYSTEM (NEXTGEN) AT TEN FAMILY CARE PRACTICES, AS WELL AS FROM REFERRALS FROM PRIMARY CARE PROVIDERS, GYNECOLOGISTS, AND NJCEED ANNUAL SCREENINGS REMINDER CARDS. THE CEED PROGRAM CONTINUES TO BE AN ESSENTIAL MEANS TO CONNECT OUR LATINO POPULATION WITH ACCESS TO VITAL CANCER SCREENINGS. OUR SPANISH-SPEAKING COORDINATOR IS WELL-KNOWN AND TRUSTED IN THIS COMMUNITY.

SKIN CANCER MELANOMA INCIDENCE AND MORTALITY RATES IN HUNTERDON COUNTY ARE SOME OF THE HIGHEST IN NJ AND IMPACT PEOPLE OF ALL AGES. IN 2012, THE MELANOMA INCIDENCE RATE IN HUNTERDON COUNTY WAS 78 OUT OF 100,000, SECOND HIGHEST IN NEW JERSEY. FAIR-SKINNED ENDO-EUROPEANS ACCOUNT FOR GREATER THAN 67% OF THE ETHNICITY OF HUNTERDON COUNTY RESIDENTS. A FREE SPOTME SKIN CANCER SCREENING & EDUCATION EVENT WAS DELIVERED ON OCTOBER 6, 2021 WITH 6 PROVIDER VOLUNTEERS SCREENING 72 COMMUNITY MEMBERS. THE SKIN CANCER SCREENING LEVERAGED THE EXPERTISE OF NURSE NAVIGATORS TO EDUCATE PARTICIPANTS WITH SUSPICIOUS FINDINGS ON THE IMPORTANCE OF FOLLOW-UP WITH THEIR PRIMARY CARE PROVIDER OR DERMATOLOGIST.

EMPLOYEE WELLNESS

Part V Facility Information *(continued)***Section C. Supplemental Information for Part V, Section B.**

OCCUPATIONAL HEALTH HAS DONE A GREAT JOB DOCUMENTING WHETHER OUR EMPLOYEES HAVE A PRIMARY CARE PHYSICIAN AND IN 2021, OVER 99% OF OUR EMPLOYEES HAD A DOCUMENTED PRIMARY DOCTOR. WE KNOW THAT PRIMARY CARE PHYSICIANS HELP US MAINTAIN OUR GENERAL WELLNESS THROUGHOUT THE LIFESPAN THROUGH PREVENTIVE SCREENINGS, VACCINES, AND IDENTIFYING AND TREATING ILLNESS AND CHRONIC DISEASE. BUILDING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN PROVIDES BETTER CONTINUITY OF CARE.

AS AN ACUTE CARE HOSPITAL WITH MORE THAN 40 PHYSICIAN PRACTICES AND SATELLITE LOCATIONS INCLUDING THREE WELLNESS CENTERS, HUNTERDON MEDICAL CENTER SERVES THE HEALTH NEEDS OF NOT ONLY ITS PATIENTS, BUT THOSE OF ITS EMPLOYEES AS WELL. FOR EXAMPLE, HUNTERDON OFFERS EMPLOYEES A POINT-BASED WELLNESS REWARD PROGRAM IN WHICH ELIGIBLE EMPLOYEES CAN RECEIVE BETWEEN \$800 AND \$1,200 IN ANNUAL PREMIUM REDUCTIONS DEPENDING ON THEIR LEVEL OF COVERAGE. HUNTERDON REGULARLY PROMOTES HEALTHY EATING CHOICES AT OUR EMPLOYEE CAFETERIA IN ADDITION TO FRIENDLY WELLNESS COMPETITIONS, SUCH AS "HEALTHY HABITS AT HUNTERDON" TO ENGAGE STAFF IN HEALTHY BEHAVIORS.

OCCUPATIONAL HEALTH IN CONJUNCTION WITH OUR INFECTIOUS DISEASE DIRECTOR PUT MANY THINGS IN PLACE TO MANAGE COVID. EMPLOYEE VACCINE CLINICS WERE SET UP AT THE HOSPITAL TO MAKE VACCINATION EASILY AVAILABLE DURING WORK HOURS. DRIVE UP TESTING STATIONS WERE ESTABLISHED FOR EMPLOYEES EXPERIENCING SYMPTOMS AND DAILY SYMPTOM LOGS WERE KEPT. EMPLOYEES COULD ASK QUESTIONS AND GET ANSWERS THROUGH OUR COMMAND CENTER.

FOOD INSECURITY

HUNTERDON HEALTHCARE IS ADDRESSING FOOD INSECURITY IN SEVERAL WAYS. THE FIRST GOAL WAS TO START COLLECTING FOOD INSECURITY DATA WHICH WE HAVE INCORPORATED INTO OUR ELECTRONIC HEALTH RECORD. PATIENTS ARE ASKED TWO QUESTIONS DEVELOPED BY THE CDC TO SCREEN FOR FOOD INSECURITY. IF A PATIENT HAS A POSITIVE TRIGGER THEY ARE GIVEN A LIST OF FOOD PANTRIES THROUGHOUT THE COUNTY WHERE THEY CAN ACCESS FOOD THROUGHOUT THE YEAR. ALTHOUGH HUNTERDON COUNTY IS KNOWN AS A WEALTHY COUNTY, WE KNOW THAT DISPARITIES EXIST. DATA HELPS US TO LOCALIZE THE AREAS OF GREATEST RISK AND TARGET OUR RESOURCES. COLLECTING THIS DATA HAS LED TO SEVERAL GRANTS TO HELP SUPPORT THOSE IN OUR COMMUNITY SUFFERING FROM FOOD INSECURITY. IN 2021, WE WERE ABLE TO RENEW THESE GRANTS BASED ON OUR POSITIVE IMPACT IN THE COMMUNITY.

IN 2021, HUNTERDON HEALTHCARE AND THE PARTNERSHIP FOR HEALTH CONTINUED TO WORK WITH SCHOOL NURSES THROUGHOUT THE COUNTY TO COORDINATE FOOD EFFORTS. SCHOOLS RECEIVED MORE FEDERAL/STATE FOOD RESOURCES BECAUSE OF THE PANDEMIC SO WE SHIFTED OUR FOCUS TO SUPPORTING FOOD PANTRIES, ORGANIZATIONS PROVIDING MEALS TO HOMEBOUND RESIDENTS AND FOOD DELIVERY SERVICES SUCH AS MEALS ON WHEELS.

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

IN THE EARLY STAGES OF COVID-19 THESE ORGANIZATIONS WERE OVERWHELMED. THEY WERE SERVING UPWARDS OF 30% MORE CLIENTS THAN THEY TYPICALLY SERVE- WE SAW THOSE NUMBERS DECREASE AND THEN INCREASE AGAIN OVER 2021. WORKING TOGETHER WITH OUR COMMUNITY PARTNERS WE WERE ABLE TO ASSIST THESE ORGANIZATIONS BY PROVIDING FOOD, SUPPLIES, PPE AND COORDINATING FOOD DONATIONS. WE ALSO PROVIDED GROCERY STORE GIFT CARDS AFTER HURRICANE IDA DESTROYED OVER 40 HOMES IN THE SOUTHERN PART OF OUR COUNTY. THE PARTNERSHIP FOR HEALTH AND ITS MULTI-SECTOR MEMBERSHIP WAS ABLE TO ACTIVATE OUR COMMUNICATION NETWORK AND PULL TOGETHER NEEDED RESOURCES QUICKLY.

ALTHOUGH THE BACKPACK PROGRAM THAT TYPICALLY SERVES WEEKEND MEALS TO IN-NEED SCHOOL AGE CHILDREN WAS NOT NEEDED WE STILL HAD A GAP IN THE SUMMER. IN 2021 WE AGAIN SUPPORTED THE SUMMER LUNCH PROGRAM THAT SUPPLIES FREE LUNCH TO CHILDREN IN FLEMINGTON BOROUGH WHICH IS A DESIGNATED IN-NEED AREA FOR THIS PROGRAM. WE ASSISTED THE SALVATION ARMY TO RECRUIT VOLUNTEERS AND ALSO CONNECTED THEM TO AMERICA'S GROW-A-ROW TO PROVIDE A BAG OF FRESH PRODUCE TO THOSE FAMILIES WHO NEEDED IT. THESE ITEMS WERE DELIVERED DUE TO THE SPREAD OF COVID-19 AND FAMILIES RELUCTANCE TO SEND THEIR CHILDREN BACK TO AN IN-PERSON PROGRAM. WE ALSO USED THE DELIVERIES TO DISTRIBUTE INFORMATION ABOUT THE VIRUS, SAFETY PRECAUTIONS, AND VACCINE INFORMATION. THESE EFFORTS WILL CONTINUE IN 2021.

HOUSING INSECURITY

HUNTERDON COUNTY IS KNOWN FOR ITS AFFLUENCE HOWEVER WE DO HAVE AREAS OF NEED AND PEOPLE WHO ARE NOT ABLE TO AFFORD THE HIGH COST OF LIVING HERE. THIS IS PARTICULARLY EVIDENT WITH HOUSING. COVID-19 LEFT MANY OF OUR LOWER INCOME RESIDENTS HAVING TO MAKE TOUGH DECISIONS ABOUT PAYING RENT AND UTILITY BILLS OR BUYING FOOD AND PAYING OTHER LIVING EXPENSES. IN 2021, OUR RELATIONSHIPS WITH COMMUNITY PARTNERS HELPED US REFER PEOPLE WHO WERE IN-NEED OF HOUSING SUPPORT TO LOCAL AGENCIES. WE ALSO SOUGHT GRANTS TO ASSIST THESE AGENCIES TO GET UNRESTRICTED FUNDS TO SUPPORT THOSE WHO WERE NOT LOW-INCOME ENOUGH TO QUALIFY FOR FEDERAL OR STATE PROGRAMS BUT WERE AT HIGH RISK FOR LOSING THEIR HOUSING. WE WERE ABLE TO CONNECT THESE RESIDENTS WITH OTHER COMMUNITY RESOURCES FOR FOOD, SUPPLIES, TRANSLATORS, JOB SUPPORT AND MORE.

TRANSPORTATION

PUBLIC TRANSPORTATION OPTIONS WITHIN THE COUNTY ARE VERY LIMITED. THIS MAKES IT DIFFICULT FOR A SIGNIFICANT SEGMENT OF THE COMMUNITY TO ENGAGE IN COMMUNITY ACTIVITIES AND ACCESS SERVICES. LOW-INCOME INDIVIDUALS, SENIOR CITIZENS, PERSONS WITH DISABILITIES AND THOSE THAT ARE OTHERWISE TRANSPORTATION DEPENDENT ARE PARTICULARLY NEGATIVELY IMPACTED.

THE HUNTERDON COUNTY LINK TRANSPORTATION SYSTEM PROVIDES DEVIATED FIXED ROUTE AND DEMAND RESPONSE SERVICE WITHIN HUNTERDON COUNTY; WITH LIMITED

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

CONNECTIONS TO SERVICES OUTSIDE OF THE COUNTY. LINK FARES RANGE FROM \$2.00- \$8.00, WITH DISCOUNTED FARES AVAILABLE FOR ELIGIBLE RIDERS.

RIDERS MUST REQUEST DEMAND RESPONSE SERVICE AT LEAST ONE DAY IN ADVANCE. WAIT TIMES AND RIDE TIMES CAN BE LONG ON THE DEMAND RESPONSE SERVICE, WHICH ARE NOT IDEAL FOR PERSONS WITH DISABILITIES OR SENIOR CITIZENS. THROUGHOUT THE PANDEMIC, THE LINK DID NOT SHUT DOWN BUT LIMITED TRIPS TO MEDICAL LOCATIONS (NOT COVID TESTING SITES), SHOPPING AND EMPLOYMENT. THEY OFFERED 50% CAPACITY ON BOARD VEHICLES AND ALL PERSONS WERE AND STILL ARE REQUIRED TO WEAR A MASK. ANYONE WHO APPEARED SICK WAS ASKED NOT TO TRAVEL. IN JULY 2020, THE GOVERNOR OPENED RIDERSHIP TO 100% CAPACITY FOR PUBLIC TRANSIT. THE LINK IS AVAILABLE TO OUR MAIN CAMPUS AND MANY OF OUR LOCATIONS THROUGHOUT THE COUNTY. WE MAINTAIN LINK BROCHURES THROUGHOUT OUR SYSTEM TO ASSIST PATIENTS WITH THE LINK INFORMATION.

WE WORK CLOSELY WITH GOHUNTERDON, A LOCAL NON-PROFIT TRANSPORTATION MANAGEMENT ASSOCIATION, WHO FACILITATED A PARTNERSHIP BETWEEN HUNTERDON HEALTHCARE AND LYFT IN MARCH 2018 TO DESIGNATE THREE GEO-CODED LOCATIONS AT THE HUNTERDON MEDICAL CENTER CAMPUS (MAIN ENTRANCE, EMERGENCY DEPARTMENT AND DOCTOR'S BUILDING) FOR LYFT PICK UP AND DROP OFFS. LYFT USAGE TO AND FROM HUNTERDON MEDICAL CENTER HAD INCREASED SIGNIFICANTLY IN 2019 HOWEVER WE DID SEE A REDUCTION IN DRIVERS DIRECTLY RELATED TO THE STATE SHUTDOWN AND COVID MANDATES. WE HOPE TO SEE A POSITIVE TREND IN THE NUMBER OF DRIVERS AS WELL AS RIDERSHIP IN 2021 AS THE STATE RE-OPENS AND RECOVERS POST-PANDEMIC. WE WILL CONTINUE TO WORK WITH GOHUNTERDON TO IDENTIFY ADDITIONAL TRANSPORTATION OPTIONS AND OPPORTUNITIES TO SECURE FUNDING TO SUPPORT TRANSPORTATION SERVICE THAT CAN PROVIDE ACCESS TO HEALTHCARE. THIS EFFORT WILL BE ONGOING.

COMMUNITY HEALTH COMMITTEE

THE HUNTERDON HEALTHCARE SYSTEM BOARD DEVELOPED A COMMUNITY HEALTH COMMITTEE IN 2020 THAT CONTINUED IN 2021. THE PURPOSE OF THIS COMMITTEE IS TO ENSURE THE HOSPITAL/SYSTEM EXECUTES ITS MISSION AND PROVIDES BENEFIT TO THE COMMUNITIES IT SERVES BASED ON AN ASSESSMENT OF COMMUNITY HEALTH NEEDS AND TO OVERSEE THAT THE ORGANIZATION'S COMMUNITY BENEFIT IS MET. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND RECOMMENDING TO THE HUNTERDON HEALTHCARE SYSTEM BOARD. THE COMMITTEE MEETS QUARTERLY TO REVIEW THE COMMUNITY HEALTH IMPROVEMENT PLAN DASHBOARDS, RECEIVE AN UPDATE ON ALL COMMUNITY BENEFIT ACTIVITIES, AND PROVIDE GUIDANCE AND OVERSIGHT.

COVID-19 COMMUNITY RESPONSE

THE PEOPLE OF HUNTERDON HEALTHCARE HAVE WORKED TIRELESSLY THROUGH THIS PANDEMIC AND CONTINUE TO DO SO BECAUSE THEY ARE TRULY DEDICATED TO THE HEALTH AND WELLBEING OF THE COMMUNITY WE SERVE. VACCINATING OUR EMPLOYEES AND COMMUNITY WAS A PRIORITY IN 2021. BETWEEN JANUARY 2021 AND MARCH OF

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

2022, HUNTERDON HEALTHCARE HAS ORGANIZED AND STAFFED 79 COVID-19 VACCINATION CLINICS. TO DATE WE HAVE ADMINISTERED 43,807 SHOTS TO INDIVIDUALS AGED 5 YEARS AND OLDER. THIS NUMBER INCLUDES CLINICS FOR HUNTERDON HEALTHCARE EMPLOYEES, REGIONAL HEALTHCARE WORKERS, ADULTS, CHILDREN, ADOLESCENTS, AND SEVERAL SPECIALTY CLINICS DESIGNATED FOR CERTAIN UNDERSERVED GROUPS.

FOLLOWING CDC GUIDANCE, HUNTERDON HEALTHCARE ACTIVELY SHARED TESTING CRITERIA AND INSTRUCTIONS TO RECEIVE CARE WITH ITS PATIENTS AND THE COMMUNITY THROUGH THEIR PATIENT PORTALS, SOCIAL MEDIA OUTLETS, WEBSITE (HUNTERDONHEALTHCARE.ORG), AND LOCAL MEDIA PARTNERS. EARLY IN 2021 HUNTERDON HEALTHCARE REOPENED OUR COMMUNITY HOTLINE, MANNED BY REGISTERED NURSES TO ANSWER VACCINE AND COVID RELATED QUESTIONS & LINK RESIDENTS TO VACCINE RESOURCES. PEOPLE WERE FRUSTRATED WITH THE SLOW AVAILABILITY OF THE VACCINE BUT WE CONTINUED EDUCATION SURROUNDING MASKING, SOCIAL DISTANCING AND OTHER PROTECTIVE MEASURES WHILE THEY WAITED TO BECOME ELIGIBLE FOR THE VACCINE.

ONCE AVAILABLE HUNTERDON HEALTHCARE HOSTED LARGE THROUGHPUT VACCINE CLINICS AT OUR HOSPITAL CAMPUS, SOME OF OUR OFF-SITE LOCATIONS AND IN THE COMMUNITY. WE WORKED WITH THE NJDOH TO SCHEDULE A SMALLER CLINIC FOR HOMELESS, VICTIMS OF DOMESTIC VIOLENCE, VETERANS AND OTHER MARGINALIZED GROUPS. IN ADDITION, WE HOSTED A CLINIC FOR SPANISH-SPEAKERS TO MAKE SURE THAT OUR LATINO RESIDENTS FELT COMFORTABLE ACCESSING THE VACCINE. THIS EFFORT WAS MONUMENTAL AND REQUIRED THE EFFORT OF STAFF AND VOLUNTEERS TO MEET THE VACCINE NEEDS OF OUR COMMUNITY.

OUR COMMUNICATION WITH COMMUNITY PARTNERS INCREASED SIGNIFICANTLY THROUGHOUT 2020 AND CONTINUED IN 2021. WE WORKED COLLABORATIVELY WITH THE HUNTERDON COUNTY HEALTH DEPARTMENT WHO WAS AN ESSENTIAL PARTNER THROUGHOUT THE PANDEMIC. WE HOSTED "MEDICAL MONDAYS"- SHORT VIDEO VIGNETTES THAT DISCUSSED RELEVANT COVID RELATED TOPICS. AS THE CENTRAL HUB FOR HEALTH INFORMATION AND RESOURCES IN THE COUNTY THE HOSPITAL CONTINUES TO BE AN IMPORTANT RESOURCE FOR SCHOOLS, NON-PROFITS, HOUSES OF WORSHIP, BUSINESSES AND THE COMMUNITY AS A WHOLE. AS NEW INFORMATION ABOUT COVID, COVID VACCINES AND THE PANDEMIC BECOMES AVAILABLE WE WILL CONTINUE TO BE A RESOURCE FOR OUR COMMUNITY.

SCH H, PART V, SECTB, 2, 3J, 6A, 7D, 13B, 13H, 15E, 16J, 18E, 19E, 20E, 21C, 21D, 23&24

NOT APPLICABLE.

Part V Facility Information *(continued)***Section C. Supplemental Information for Part V, Section B.**

SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B & 16C

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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 WHICH IS INCLUDED IN THE SYSTEM'S WEBSITE:

[HTTPS://WWW.HUNTERDONHEALTH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE](https://www.hunterdonhealth.org/patients-and-visitors/financial-assistance)

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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1	HUNTERDON FAMILY MEDICINE AT RIVERFIELD 1738 ROUTE 31 NORTH, SUITE 203 CLINTON NJ 08809	FAMILY PRACTICE PHYSICIAN
2	HUNTERDON FAMILY PRACTICE & OBSTETRICS 1100 WESCOTT DRIVE, SUITE 101 FLEMINGTON NJ 08822	FAMILY PRACTICE PHYSICIAN
3	HUNTERDON INTERNAL MEDICINE ASSOCIATES 6 SAND HILL ROAD, SUITE 201 FLEMINGTON NJ 08822	INTERNAL MEDICINE
4	HUNTERDON PEDIATRIC ASSOCIATES 1738 ROUTE 31 NORTH, SUITE 201 CLINTON NJ 08809	PEDIATRICS
5	HUNTERDON FAMILY MEDICINE AT CORNERSTONE 9100 WESCOTT DRIVE, SUITE 103 FLEMINGTON NJ 08822	FAMILY PRACTICE
6	HUNTERDON PEDIATRIC ASSOCIATES 6 CLUBHOUSE DRIVE, SUITE 202 WASHINGTON NJ 07882	PEDIATRICS
7	HUNTERDON ADULT HOSPITALIST SERVICES 2100 WESTCOTT DRIVE FLEMINGTON NJ 08822	PHYSICIAN OFFICE
8	HUNTERDON UROLOGICAL ASSOCIATES 1 WESCOTT DRIVE, SUITE 101 FLEMINGTON NJ 08822	UROLOGIST
9	HUNTERDON URGENT CARE 63 CHURCH STREET FLEMINGTON NJ 08822	URGENT CARE CENTER
10	HUNTERDON FAMILY MEDICINE PHILIPS-BARBER 72 ALEXANDER AVENUE LAMBERTVILLE NJ 08530	FAMILY PRACTICE

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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**

1	HUNTERDON FAMILY MEDICINE AT DEL VALLEY 200 FRENCHTOWN ROAD MILFORD NJ 08848	FAMILY HEALTH CENTER
2	CENTER FOR ADVANCED WEIGHT LOSS (CAWL) 1738 ROUTE 31 N, SUITE 214 CLINTON NJ 08809	WEIGHT LOSS
3	ADVANCED GASTROENTEROLOGY & NUTRITION 1100 WESCOTT DRIVE, SUITE 304 FLEMINGTON NJ 08822	GASTROENTEROLOGIST
4	HAWK POINTE 6 CLUBHOUSE DRIVE, SUITE 102 WASHINGTON NJ 07882	PHYSICAL THERAPY
5	CLINTON HEALTH CAMPUS 1738 ROUTE 31 N, SUITE 108 CLINTON NJ 08809	WELLNESS CENTER
6	BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W, SUITE 202 BRIDGEWATER NJ 08807	MICU, EMS
7	HUNTERDON F & S MEDICINE HOPEWELL VALLEY 84 ROUTE 31, SUITE 103 PENNINGTON NJ 08534	FAMILY PRACTICE
8	HUNTERDON BREAST SURGERY CENTER 121 ROUTE 31, SUITE 1200 FLEMINGTON NJ 08822	BREAST SURGERY PRACTICE
9	HUNTERDON PEDIATRICS ASSOCIATES 8 READING ROAD FLEMINGTON NJ 08822	PEDIATRICS
10	HUNTERDON FAMILY MEDICINE AT HIGHLANDS 61 FRONTAGE ROAD HAMPTON NJ 08827	FAMILY HEALTH 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**

1	CENTER FOR ENDOCRINE HEALTH 1738 ROUTE 31 N, SUITE 108 CLINTON NJ 08809	ENDOCRINOLOGIST
2	DIABETES & ENDOCRINE ASSOCIATES 9100 WESCOTT DRIVE, SUITE 101 FLEMINGTON NJ 08822	ENDOCRINOLOGIST
3	BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST, SUITE 204 BRIDGEWATER NJ 08807	PHYSICIAN OFFICE
4	BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 WEST, SUITE 205 BRIDGEWATER NJ 08807	PHYSICIAN OFFICE
5	HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 250 STATE ROUTE 28, SUITE 100 BRIDGEWATER NJ 08807	FAMILY PRACTICE
6	HUNTERDON URGENT CARE 45 ROUTE 206 SOUTH, SUITE F RARITAN NJ 08869	URGENT CARE CENTER
7	HUNTERDON MEDICAL ASSOC. AT WHITEHOUSE 537 US HWY 22 EAST, THIRD FLOOR WHITEHOUSE STATION NJ 08889	FAMILY PRACTICE
8	HUNTERDON FAMILY PRACTICE AT HICKORY RUN 384 COUNTY ROAD, SUITE 513 CALIFON NJ 07830	FAMILY PRACTICE
9	HUNTERDON PEDIATRIC ASSOCIATES 286 ROUTE 206 HILLSBOROUGH NJ 08844	PEDIATRICS
10	HUNTERDON CENTER FOR DERMATOLOGY 63 CHURCH STREET FLEMINGTON NJ 08822	DERMATOLOGIST

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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**

1	HUNTERDON INFECTIOUS DISEASE SPECIALISTS 121 HIGHWAY 31 SOUTH, SUITE 300 FLEMINGTON NJ 08822	INFECTIOUS DISEASE PHYSICIAN
2	HUNTERDON PODIATRIC MEDICINE 1100 WESCOTT DRIVE, SUITE 303 FLEMINGTON NJ 08822	PODIATRIST
3	HAWK POINTE HEALTH CAMPUS 6 CLUBHOUSE DRIVE, SUITE 204 WASHINGTON NJ 07882	PHYSICIAN OFFICE
4	BRIDGEWATER HEALTH CAMPUS 1121 ROUTE 22 W, SUITE 206 BRIDGEWATER NJ 08807	PHYSICIAN OFFICE
5	HUNTERDON PLASTIC SURGERY 63 CHURCH STREET FLEMINGTON NJ 08822	PLASTIC SURGEON
6	HUNTERDON PULMONARY & CRITICAL CARE 6 SAND HILL ROAD, SUITE 202 FLEMINGTON NJ 08822	PULMONOLOGIST
7	HUNTERDON UROLOGICAL ASSOCIATES 1121 ROUTE 22 W, SUITE 202 BRIDGETWATER NJ 08807	UROLOGIST
8	CENTER FOR HEALTH AGING 121 ROUTE 31, SUITE 1000 FLEMINGTON NJ 08822	INTERNAL MEDICINE
9	HUNTERDON PALLIATIVE CARE 121 ROUTE 31, SUITE 1000 FLEMINGTON NJ 08822	PAIN MANAGEMENT PHYSICIAN
10	HUNTERDON FAMILY MEDICINE AT BRIDGEWATER 1251 US HIGHWAY 22 BRIDGEWATER NJ 08807	FAMILY PRACTICE

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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**

1 HUNTERDON PEDIATRICS ASSOCIATES 6 SAND HILL ROAD, SUITE 102 FLEMINGTON NJ 08822	PEDIATRICS
2 CENTER FOR NUTRITION AND DIABETES 9100 WESCOTT DRIVE, SUITE 102 FLEMINGTON NJ 08822	MANAGEMENT
3 HUNTERDON FAMILY MEDICINE AT RIVERFIELD 6 CLUBHOUSE DRIVE, SUITE 102 WASHINGTON NJ 07882	FAMILY PRACTICE PHYSICIAN
4 HUNTERDON PEDIATRICS HAWK POINTE 6 CLUBHOUSE DRIVE, SUITE 202 WASHINGTON NJ 07882	PEDIATRICS
5 ADVANCED GASTROENTEROLOGY & NUTRITION 1738 ROUTE 31N, SUITE 108 CLINTON NJ 08809-2014	GASTROENTEROLOGIST
6 ADVANCED GASTROENTEROLOGY & NUTRITION 1121 ROUTE 22 WEST, SUITE 202 BRIDGEWATER NJ 08807	GASTROENTEROLOGIST
7 CENTER FOR ENDOCRINE HEALTH BRIDGEWATER 1121 ROUTE 22 WEST, SUITE 205 BRIDGEWATER NJ 08807	ENDOCRINOLOGIST
8 HUNTERDON BREAST SURGERY CENTER 1121 ROUTE 22 WEST, SUITE 204 BRIDGEWATER NJ 08807	BREAST SURGERY PRACTICE
9 HUNTERDON PODIATRIC MEDICINE HAWK POINTE 6 CLUBHOUSE DRIVE, SUITE 204 WASHINGTON NJ 07882	PODIATRIST
10 HUNTERDON PODIATRIC MEDICINE BRIDGEWATER 1121 ROUTE 22 WEST, SUITE 206 BRIDGEWATER NJ 08807	PODIATRIST

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PART I, LINE 3C

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). FPG ARE INCLUDED IN THE CRITERIA FOR DETERMINING ELIGIBILITY FOR CHARITY AND DISCOUNTED CARE.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

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SCHEDULE H, PART I; QUESTION 7G

NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS.

SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

SCHEDULE H, PART II

THE PRIMARY ACTIVITY IS SUBSIDIZED HOUSING FOR THE MEDICAL RESIDENTS OF HUNTERDON MEDICAL CENTER.

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

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

THE ORGANIZATION ISSUED AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED. BELOW DESCRIBES IT IN MORE DETAIL:

PATIENT ACCOUNTS RECEIVABLE ARE RECORDED WHEN THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE THE UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYORS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED

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IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO PATIENT ACCOUNTS RECEIVABLE RATHER THAN AN ALLOWANCE FOR DOUBTFUL ACCOUNTS.

CHARITY CARE AND UNCOMPENSATED CARE

IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE SYSTEM PROVIDES A WIDE VARIETY OF BENEFITS TO THE COMMUNITY, INCLUDING OFFERING VARIOUS COMMUNITY-BASED SOCIAL SERVICE PROGRAMS, SUCH AS HEALTH SCREENINGS, TRAINING FOR EMERGENCY SERVICE PERSONNEL, SOCIAL SERVICE AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE AND CRISIS INTERVENTION. ADDITIONALLY, A LARGE NUMBER OF HEALTH-RELATED EDUCATIONAL PROGRAMS ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY, INCLUDING HEALTH ENHANCEMENTS AND WELLNESS, CLASSES ON SPECIFIC CONDITIONS, TELEPHONE INFORMATION SERVICES AND COSTS RELATED TO PROGRAMS DESIGNED TO IMPROVE THE GENERAL STANDARDS OF THE HEALTH OF THE COMMUNITY.

THE SYSTEM PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COSTS TO

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RESIDENTS OF ITS COMMUNITY WHO MEET THE CRITERIA UNDER THE STATE REGULATION FOR CHARITY CARE. THE DEFINITION OF CHARITY CARE INCLUDES SERVICES PROVIDED AT NO CHARGE OR AT A REDUCED CHARGE TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED. THE SYSTEM MAINTAIN RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THESE RECORDS SUPPORT THE AMOUNT OF CHARGES FOREGONE FROM SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY. BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUES. AN OVERALL COST TO CHARGE RATIO WAS APPLIED TO ARRIVE AT THE COST OF CHARITY CARE. AS A RESULT, THE COST OF PROVIDING CHARITY CARE WAS \$4,221,000 AND \$4,177,000 FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, RESPECTIVELY.

THE STATE OF NEW JERSEY PROVIDES CERTAIN SUBSIDY PAYMENTS TO QUALIFIED HOSPITALS TO PARTIALLY FUND UNCOMPENSATED CARE AND CERTAIN OTHER COSTS. SUBSIDY PAYMENTS RECOGNIZED AS REVENUES AMOUNTED TO \$371,000 AND \$250,000 FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, RESPECTIVELY, AND ARE INCLUDED IN OTHER REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF

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OPERATIONS AND CHANGES IN NET ASSETS.

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 DID NOT INCLUDE MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT IN THE CALCULATION OF THEIR COMMUNITY BENEFIT PERCENTAGE. HOWEVER THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE 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

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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 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

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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.

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

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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.

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

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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 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

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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 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:

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

- 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

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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 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

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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 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

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- 7 State filing of community benefit report.

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 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

ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE.

IT IS THE POLICY OF HUNTERDON MEDICAL CENTER, 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

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- 1 Required descriptions.
- 2 Needs assessment.
- 3 Patient education of eligibility for assistance.
- 4 Community information.
- 5 Promotion of community health.
- 6 Affiliated health care system.
- 7 State filing of community benefit report.

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 NEEDED TO COMPLETE A 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

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- 5 Promotion of community health.
- 6 Affiliated health care system.
- 7 State filing of community benefit report.

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;
- FINANCIAL COUNSELING FOR A HOSPITAL INITIATED DISCOUNT PROGRAM FOR THOSE WITH NO INSURANCE OR WHO ARE UNDERINSURED AND DON'T MEET THE STATEMENT REQUIREMENTS FOR FREE CARE. THE HOSPITAL-INITIATED DISCOUNT PROGRAM RATES ARE REFLECTIVE OF 200% OF MEDICAID; AND
- FINANCIAL ARRANGEMENTS INCLUDING:
 1. CASH/CREDIT CARD (AMERICAN EXPRESS, DISCOVER, VISA, MASTERCARD), OR
 2. FLEXIBLE PAYMENT PLANS.

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- 1 Required descriptions.
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- 6 Affiliated health care system.
- 7 State filing of community benefit report.

SCHEDULE H, PART VI; QUESTION 2

UNDER THE BYLAWS OF HMC, THE HOSPITAL HAS A NEEDS COMMITTEE WHICH ANALYZES THE HEALTHCARE SERVICES THAT ARE CONSIDERED NECESSARY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. THE COMMITTEE IS COMPRISED OF HEALTHCARE ADMINISTRATION, PHYSICIANS AND COMMUNITY MEMBERS. THIS COMMITTEE WORKS TOWARD ENSURING THERE IS AN APPROPRIATE SUPPLY OF PHYSICIANS TO MEET THE NEEDS OF THE POPULATION. HUNTERDON MEDICAL CENTER ALSO CONTINUES TO WORK WITH THE "PARTNERSHIP FOR HEALTH", WHICH IS A GROUP OF OVER 70 ORGANIZATIONS IN THE COUNTY INCLUDING THE HUNTERDON COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF HUNTERDON COUNTY AS WELL AS MANY OTHERS. THE EFFORTS OF THIS ORGANIZATION ARE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND FOCUS ON SUCH ISSUES AS CHRONIC DISEASE, MENTAL HEALTH, SUBSTANCE MISUSE, OBESITY AND LATINO HEALTH DISPARITIES.

DATA COLLECTION FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN IN 2018 WHEN QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED. ELEVEN FOCUS

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- 1 Required descriptions.
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GROUPS WERE CREATED TO IDENTIFY COMMUNITY THEMES AND STRENGTHS. THE LOCAL PUBLIC HEALTH SYSTEM WAS ASSESSED. A GROUP OF COMMUNITY STAKEHOLDERS INCLUDING HIGH SCHOOL SUPERINTENDENT, FREEHOLDER, PHYSICIANS, PROSECUTOR, FAITH LEADER, HEALTHCARE ADMINISTRATORS AND BUSINESS LEADERS ASSESSED THE COMMUNITY'S HEALTH AND IDENTIFIED FIVE FORCES OF CHANGE OCCURRING IN THE COUNTY THAT WAS IMPACTING THE HEALTH OF THE COMMUNITY MEMBERS. FINALLY STATEWIDE DATA SOURCES WERE USED AS BENCHMARKS TO COMPARE THE RESULTS OF HUNTERDON COUNTY IN PARTICULAR. THIS DATA WAS REPORTED IN THE 2019 CHNA AND CHIP AND IS PUBLISHED ON OUR HOSPITAL WEBSITE. THE 2019 CHNA IDENTIFIED FIVE PRIORITY HEALTH NEEDS TO BE ADDRESSED BY HUNTERDON HEALTHCARE SYSTEM IN THE 2020-2022 CHIP: HEALTHY WEIGHT, SUBSTANCE MISUSE, MENTAL HEALTH, ECONOMIC WELL-BEING AND AGE RELATED ISSUES.

Part VI Supplemental Information

- 1 Required descriptions.
- 2 Needs assessment.
- 3 Patient education of eligibility for assistance.
- 4 Community information.
- 5 Promotion of community health.
- 6 Affiliated health care system.
- 7 State filing of community benefit report.

SCHEDULE H, PART VI; QUESTION 3

THE MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THEY RECEIVE A WRITTEN NOTICE IN ENGLISH OR SPANISH FORMAT OF THE FINANCIAL ASSISTANCE PROGRAMS AVAILABLE AT THE TIME OF ADMISSION OR DURING THE OUTPATIENT REGISTRATION PROCESS. FINANCIAL COUNSELING SERVICES ARE AVAILABLE TO ALL PATIENTS THROUGH THE PATIENT ACCOUNTS DEPARTMENT DURING OR AFTER THE PROVISION OF SERVICES. ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A RESOURCE ADVISOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS.

VERBIAGE STATING FINANCIAL ASSISTANCE IS AVAILABLE IS INCLUDED ON EACH PATIENT'S BILLING STATEMENT. THE MESSAGE READS AS FOLLOWS: "IF YOU CANNOT PAY THIS BILL AND REQUIRE FINANCIAL ASSISTANCE OR PAYMENT ARRANGEMENTS, PLEASE CONTACT OUR PATIENT ACCOUNTS DEPARTMENT."

CHARITY CARE SIGNS ARE ALSO POSTED THROUGHOUT THE FACILITY, MAINLY IN

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- 1 Required descriptions.
- 2 Needs assessment.
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PATIENT REGISTRATION AREAS. SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH.

SCHEDULE H, PART VI; QUESTION 4

HUNTERDON MEDICAL CENTER'S PRIMARY SERVICE AREA IS HUNTERDON COUNTY, NEW JERSEY, BUT ALSO SERVES PART OF SOMERSET, WARREN AND MERCER COUNTIES. THE CENSUS FOR HUNTERDON COUNTY AS OF 2010 WAS 128,349, HOWEVER MORE RECENT ESTIMATES ARE 124,714 (2108 CENSUS ESTIMATE). IT IS PART OF THE NY METROPOLITAN AREA AND THE COUNTY SEAT IS FLEMINGTON. THE RACIAL MAKE-UP OF THE COUNTY IS 85.1% WHITE/NON-HISPANIC, 2.9% AFRICAN AMERICAN, 0.2% NATIVE AMERICAN, 4.2% ASIAN AND 6.8% HISPANIC/LATINO, AND .8% OTHER. HUNTERDON COUNTY HAS BEEN RANKED AS HAVING THE 4TH HIGHEST INCOME PER CAPITA IN THE U.S.

Part VI Supplemental Information

- 1 Required descriptions.
- 2 Needs assessment.
- 3 Patient education of eligibility for assistance.
- 4 Community information.
- 5 Promotion of community health.
- 6 Affiliated health care system.
- 7 State filing of community benefit report.

SCHEDULE H, PART VI; QUESTION 5

HUNTERDON MEDICAL CENTER HAS FURTHERED ITS EXEMPT PURPOSE IN SUCH PROGRAMS AS 1) LATINO HEALTH INITIATIVE FOCUSED ON LOW-INCOME IMMIGRANTS HEALTH NEEDS, 2) CREATION OF A MEDICATION ACCESS PROGRAM IN COLLABORATION WITH THE PHARMACEUTICAL INDUSTRY TO DISTRIBUTE FREE PRESCRIPTION DRUGS TO PATIENTS UNABLE TO PAY, AND 3) ANNUAL FREE HEALTH SCREENING PROGRAMS FOR THE ENTIRE COUNTY FOR BREAST CANCER, PROSTATE CANCER, COLON CANCER, HEARING LOSS, ALZHEIMER'S DISEASE, PRE-NATAL AND DIABETES CARE, AMONG OTHERS.

THE FOUR PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS HAVE BEEN ADDRESSED IN 2019 THROUGH THE 2020 CHIP ADOPTED BY THE MEDICAL CENTER BOARD AT ITS SEPTEMBER 2019 MEETING. THE GOALS INCLUDED: 1) FOCUS ON HEALTHY WEIGHT AMONG HUNTERDON COUNTY RESIDENTS THROUGH THE INCREASE OF THE NUMBER OF ADULTS PARTICIPATING IN WELLNESS AND WEIGHT AND DIABETES MANAGEMENT PROGRAMS. 2) REDUCE THE PREVALENCE OF SUBSTANCE ABUSE OF HUNTERDON COUNTY RESIDENTS

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- 1 Required descriptions.
- 2 Needs assessment.
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- 7 State filing of community benefit report.

THROUGH THE STRENGTHENING OF EXISTING PROGRAMS, THE ENHANCEMENT OF TRAINING AMONG PHYSICIANS TO EFFECTIVELY IDENTIFY THE USE OF SUBSTANCES AMONG THE COMMUNITY'S MEMBERS, AND WITH THE INCREASE IN THE NUMBER OF COMPLETED INPATIENT ADDICTION TREATMENT CONSULTS. 3) REDUCE LATINO HEALTH DISPARITY BY PROVIDING BROCHURES, INFORMATION MATERIALS, EDUCATIONAL SESSIONS IN SPANISH, BY IMPROVING ACCESS TO PRENATAL CARE THROUGH THE MEDICAL CENTER'S FAMILY HEALTH CENTER IN LAMBERTVILLE, AND IMPROVING ACCESS TO AGE-APPROPRIATE CANCER SCREENINGS. 4) IMPROVING QUALITY OF LIFE OF SENIORS (65 YEARS AND OVER) LIVING IN HUNTERDON COUNTY BY OFFERING SUPPORT GROUPS, INCREASING THE PERCENTAGE OF SENIORS WHO SEEK PREVENTIVE CARE, INCREASING THE PERCENTAGE OF SENIORS WHO HAVE COMPLETED AN ADVANCED DIRECTIVE, INCREASING THE UTILIZATION OF THE SYSTEM'S ADULT DAY CENTER, INCREASING THE UTILIZATION OF HOSPICE SERVICES TO COMMUNITY MEMBERS, AND EDUCATING NURSES TO PROPERLY ASSESS AND ADDRESS SENIOR HEALTH ISSUES.

Part VI Supplemental Information

- 1 Required descriptions.
- 2 Needs assessment.
- 3 Patient education of eligibility for assistance.
- 4 Community information.
- 5 Promotion of community health.
- 6 Affiliated health care system.
- 7 State filing of community benefit report.

SCHEDULE H, PART VI; QUESTION 6

THIS ORGANIZATION IS AN AFFILIATE OF THE HUNTERDON HEALTHCARE SYSTEM. ALL AFFILIATES ARE COMMITTED TO ENHANCING THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES. THE HUNTERDON HEALTHCARE SYSTEM STRIVES TO EXCEED THE PATIENTS' EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION.

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE HUNTERDON HEALTHCARE SYSTEM, INC.

NOT FOR PROFIT HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON HEALTHCARE SYSTEM, INC.

HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS") IS THE TAX-EXEMPT PARENT OF THE HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"). THIS INTEGRATED HEALTHCARE

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DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS. THE SYSTEM IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY.

HUNTERDON HEALTHCARE SYSTEM, 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).

HUNTERDON HEALTHCARE SYSTEM, INC. STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES. HUNTERDON HEALTHCARE SYSTEM, INC. ENSURES THAT HUNTERDON MEDICAL CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO

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INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES.
HUNTERDON MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. THE ORGANIZATION OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. THE ORGANIZATION MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; AND
4. CONTROL OF THE ORGANIZATION RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY.

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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.

HUNTERDON MEDICAL CENTER

HUNTERDON MEDICAL CENTER ("HMC") IS A 178-BED LICENSED NON-PROFIT COMMUNITY HOSPITAL LOCATED IN FLEMINGTON, NEW JERSEY. HMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, HMC 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, HMC OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

BRITESIDE ADULT DAY CENTERS, INC.

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- 2 Needs assessment.
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BRITESIDE ADULT DAY CENTERS, 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 ADULT DAY CARE SERVICES TO INDIVIDUALS.

HUNTERDON HEALTHCARE FOUNDATION

HUNTERDON HEALTHCARE 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 HUNTERDON 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

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ORIGIN OR ABILITY TO PAY.

HUNTERDON REGIONAL COMMUNITY HEALTH, INC.

HUNTERDON REGIONAL COMMUNITY 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 NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON 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.

HUNTERDON HOSPICE

HUNTERDON HOSPICE IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE

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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 PROVIDES CARE AND SUPPORT FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

HUNTERDON HOSPICE HAS PROVIDED EXCEPTIONAL PHYSICAL, EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS AND THEIR FAMILIES DURING LIFE'S FINAL STAGES. WHETHER AT HOME, IN THE HOSPITAL, OR IN A LONG-TERM CARE OR ASSISTED LIVING FACILITY, THEIR DEDICATED, HIGHLY SKILLED TEAM STRIVES TO IMPROVE QUALITY OF LIFE WHILE PROVIDING COMFORT, PRESERVING DIGNITY, AND HONORING THE UNIQUE WISHES OF EACH PATIENT AND FAMILY.

VISITING HEALTH & SUPPORTIVE SERVICES

VISITING HEALTH & SUPPORTIVE SERVICES 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

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REVENUE CODE §509(A)(1).

THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF HUNTERDON 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.

HUNTERDON PRIMARY CARE, P.C.

HUNTERDON PRIMARY CARE, 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 HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

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HUNTERDON SPECIALTY CARE, P.C.

HUNTERDON SPECIALTY CARE, 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 HUNTERDON MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

HUNTERDON URGENT CARE, P.C.

HUNTERDON URGENT CARE, 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 HUNTERDON MEDICAL CENTER; A

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RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATING MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

OTHER HUNTERDON HEALTHCARE SYSTEM ENTITIES

HUNTERDON IMAGING ASSOCIATES, LLC

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.

HUNTERDON HEALTHCARE PARTNERS, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY

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AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

HUNTERDON CENTER FOR SURGERY LLC

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.

MIDJERSEY HEALTH ALLIANCE, LLC

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.

BRIDGEWATER AMBULATORY SURGERY CENTER, LLC

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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.

HUNTERDON AMBULATORY SERVICES, LLC

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.

BRIDGEWATER ADVANCED IMAGING SERVICES, LLC

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

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CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM.

MIDJERSEY HEALTH CORPORATION

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS"). THIS ENTITY PROVIDES OVERSIGHT TO VARIOUS ENTITIES IN THE HHS.

HUNTERDON REGIONAL PHARMACY, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS HRCH. THIS ENTITY OPERATES A PHARMACY AT THE HUNTERDON MEDICAL CENTER, FLEMINGTON, HUNTERDON COUNTY, NEW JERSEY.

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- 1 Required descriptions.
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SCHEDULE H, PART VI; QUESTION 7

THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY.
THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A
COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY.

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.

2021

Open to Public Inspection

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Questions Regarding Compensation

		Yes	No								
1a											
<table style="display: inline-table; vertical-align: top; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> </table> <table style="display: inline-table; vertical-align: top; border-collapse: collapse; margin-left: 100px;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> </table>											
b											
2	1b									
3	2									
4											
a	4a	X								
b	4b	X								
c	4c	X								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5											
a	5a	X								
b	5b	X								
6											
a	6a	X								
b	6b	X								
7	7	X								
8	8	X								
9	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.**Note:**

(A)		(B)			(C)	(D)	(E)	(F)
		(i)	(ii)	(iii)				
PATRICK J. GAVIN, MPH, 1 TRUSTEE - PRESIDENT/C	(i)	903,250.	327,045.	21,510.	95,316.	18,264.	1,365,385.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NEIL HUDES 2 SVP, OPERATIONS (TERM	(i)	4,218.	103,779.	765,748.	10,179.	8,827.	892,751.	184,896.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAWRENCE N. GRAND 3 EVP/COO (TERM 1/9/21)	(i)	701,787.	NONE	124,153.	NONE	1,352.	827,292.	32,761.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VIOLET T. KOC SIS 4 CHIEF HUMAN RESOURCES	(i)	370,352.	94,997.	62,039.	46,797.	31,035.	605,220.	28,491.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HERBERT WHITE 5 CFO	(i)	427,303.	71,613.	30,621.	50,266.	23,394.	603,197.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID D. SKILLINGE, M. 6 VP, MEDICAL PRACTICES	(i)	380,900.	66,226.	31,817.	48,470.	29,844.	557,257.	24,988.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHEHZANA ASHRAF, M.D. 7 PHYSICIAN	(i)	444,991.	48,326.	516.	13,050.	23,419.	530,302.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT G. COATES, M.D. 8 CMO (TERM 7/2/21)	(i)	180,007.	64,958.	190,843.	10,626.	9,563.	455,997.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MUHAMMAD S. YUSUF, M.D 9 PHYSICIAN	(i)	260,440.	104,791.	116.	8,779.	23,008.	397,134.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THERESA M. MISKIMEN, M 10 PHYSICIAN	(i)	359,387.	605.	516.	11,600.	23,802.	395,910.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEVI SURAPANANI, M.D. 11 PHYSICIAN	(i)	268,879.	58,655.	19,397.	15,840.		362,771.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JASON VANDIVER 12 CHIEF MARKETING/COMM	(i)	256,703.	39,897.	9,828.	30,046.	17,764.	354,238.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EDMUND SIY 13 CHIEF INFORMATION OFF	(i)	182,965.	125,125.	191.	15,000.	5,467.	328,748.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY JO LOUGHLIN, RN 14 SVP PAT CARE/CNO (EFF	(i)	235,977.	25,417.	637.	33,624.	18,577.	314,232.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS PERCELLO 15 FORMER OFFICER	(i)	187,888.	41,145.	305.	NONE	15,563.	244,901.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICIA STEINGALL, RN 16 VP, PATIENT CARE (TER	(i)	103,089.	87,112.	41,066.	7,334.	6,257.	244,858.	24,476.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Note:

(A)		(B)			(C)	(D)	(E)	(F)
		(i)	(ii)	(iii)				
1	MARTIN E. KLEIN, M.D.	(i) 124,616.	(ii) 125.	(iii) 9,018.	29,550.	NONE	163,309.	NONE
	CMO (EFF 7/4/21)	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
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

SCHEDULE J, PART I, QUESTION 4B

THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN). THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: NEIL HUDES, \$318,577; LAWRENCE N. GRAND, \$99,729; VIOLET T. KOCSIS, \$32,130; DAVID D. SKILLINGE, M.D., \$24,988; ROBERT G. COATES, M.D., \$141,658 AND PATRICIA STEINGALL, RN, \$5,903.

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, AS TAXABLE WAGES: PATRICK J. GAVIN, MPH, MBA, \$83,716; NEIL HUDES, \$10,179; VIOLET T. KOCSIS, \$31,394; HERBERT WHITE, \$38,666; DAVID D.

Part III Supplemental Information

SKILLINGE, M.D., \$35,420; JASON VANDIVER, \$21,743; EDMUND SIY, \$15,000;
MARY JO LOUGHLIN, RN, \$19,700 AND MARTIN E. KLEIN, M.D., \$17,985.

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 VESTED
BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER
SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED
AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING

Part III Supplemental Information

REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE HAVE BEEN TREATED AS
TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS
TAXABLE MEDICARE WAGES.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

2021

Open to Public
Inspection

HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I Bond Issues

(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)		(i)	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	42,735,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	16,260,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
C NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/01/2014	4,935,000.	REPAY 2006A BOND SERIES & CONST.		X		X		X
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3			45,681,704.	1,626,000.	4,751,432.			
4								
5								
6								
7			33,306.	6,457.	11,262.			
8								
9								
10								
11								
12								
13			2015		2008		2014	
14			Yes	No	Yes	No	Yes	No
15			X		X		X	
16				X	X		X	
17			X		X		X	

Part III Private Business Use

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		X		X		X		
2		X		X		X		
3a		X		X		X		
b								
c		X		X		X		
d								
4 ▶					2.0600			
5 ▶								
6					2.0600			
7	X		X		X			
8a		X		X		X		
b								
c								
9	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	X		X		X			
2								
a								
b								
c								
3		X		X		X		

Part IV Arbitrage (continued)

TAX-EXEMPT BOND LIABILITIES

4a	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
.....		X		X		X		
b								
c								
d								
e								
5a		X		X		X		
b								
c								
d								
6		X		X		X		
7	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
.....	X		X		X			

Part VI Supplemental Information.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

2021

Open to Public
Inspection

HUNTERDON MEDICAL CENTER

Employer identification number
22-1537688

Part I Bond Issues

(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)		(i)	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/23/2020	34,097,000.	REPAY 2014A SERIES BONDS		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12/23/2020	44,460,000.	CAPITAL IMPROVEMENTS & EQUIP.		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3			33,880,697.	43,851,483.				
4								
5								
6								
7			216,303.	353,784.				
8								
9								
10								
11								
12								
13			2015					
14								
15			X			X		
16				X		X		
17			X			X		

Part III Private Business Use

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		X		X				
2		X		X				
3a		X		X				
b								
c		X		X				
d								
4								
5								
6								
7	X		X					
8a		X		X				
b								
c								
9	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	X		X					
2								
a								
b								
c								
3	X			X				

Part IV Arbitrage (continued)

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a		X		X				
b								
c								
d								
e								
5a		X		X				
b								
c								
d								
6		X		X				
7	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
.....	X		X					

Part VI Supplemental Information.

SCHEDULE L
(Form 990)

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.

2021

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HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Excess Benefit Transactions

1	(a)	(b)	(c)	(d)	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2

3

Part II Loans to and/or From Interested Persons.

(a)	(b)	(c)	(d)		(e)	(f)	(g)		(h)		(i)	
			Yes	No			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.

(a)	(b)	(c)	(d)	(e)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

(a)	(b)	(c)	(d)	(e)	
				Yes	No
(1) JONATHAN A. GRAND	OFFICER - FAMILY MEMBER	13,805.	EMPLOYEE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

SCHEDULE O
(Form 990 or 990-EZ)

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.

2021

**Open to Public
Inspection**

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HUNTERDON MEDICAL CENTER ("HMC") IS AN ACUTE CARE TEACHING HOSPITAL. HMC PROVIDES A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL AND COMMUNITY SERVICES. HMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, HMC 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, HMC OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. HMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. HMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. HMC MAINTAINS A CLOSED MEDICAL STAFF, WITH PRIVILEGES AVAILABLE BASED ON COMMUNITY NEED;
4. CONTROL OF HMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF HUNTERDON HEALTHCARE SYSTEM, INC. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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Inspection**

Employer identification number

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 HMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND
OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL
PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF
HMC 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 SERVED OTHER THAN
INCIDENTALLY.

HMC'S SOLE CORPORATE MEMBER IS HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS").
HHS IS THE TAX-EXEMPT PARENT OF HUNTERDON MEDICAL CENTER. THIS TAX-EXEMPT
INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED
HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY
IS EITHER HHS OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY HHS.

MISSION

=====

HUNTERDON HEALTHCARE SYSTEM DELIVERS COMPASSIONATE AND EXCEPTIONAL CARE
THAT IMPROVES THE HEALTH OF THE COMMUNITY.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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Inspection**

Employer identification number

VISION

=====

HUNTERDON HEALTHCARE SYSTEM IS RECOGNIZED AS A NATIONAL MODEL FOR
PROVIDING COMMUNITY FOCUSED HEALTHCARE THAT IS PATIENT-CENTERED AND
DRIVEN BY A PASSION FOR CLINICAL EXCELLENCE.

HUNTERDON MEDICAL CENTER

=====

HUNTERDON MEDICAL CENTER WAS CREATED IN 1953 WITH THE VISION OF AN
INTEGRATED HEALTHCARE DELIVERY SYSTEM IN MIND: NAMELY, THAT PRIMARY CARE
WOULD BE DELIVERED BY FAMILY PHYSICIANS IN THE COMMUNITY, THAT
CONSULTATIVE AND SPECIALTY CARE WOULD BE HOSPITAL-BASED WITH PATIENTS
RETURNED TO THEIR PERSONAL PHYSICIANS AND FINALLY, THAT THE HOSPITAL
WOULD BE A TRAINING CENTER FOR FAMILY PHYSICIANS. THIS SYSTEM HAS WORKED
REMARKABLY WELL WITH HUNTERDON MEDICAL CENTER CURRENTLY ENJOYING ONE OF
THE BEST QUALITY CARE OUTCOMES IN THE COUNTRY, AS WELL AS HAVING ONE OF
THE LOWEST PER CAPITA COSTS FOR HOSPITALIZATION IN THE NATION. FAMILY
MEDICINE IS REAL IN HUNTERDON COUNTY.

THE CENTERPIECE OF THE HUNTERDON HEALTHCARE SYSTEM IS HUNTERDON MEDICAL
CENTER. THE MEDICAL CENTER HAS 178-BEDS, INCLUDING ADVANCED MEDICAL AND
SURGICAL UNITS, A 12-BED INTENSIVE CARE UNIT, A 4-BED CORONARY CARE UNIT,

SCHEDULE O
(Form 990 or 990-EZ)

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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Employer identification number

A 20-BED SAME DAY SURGERY CENTER, A 20-BED MATERNITY AND NEWBORN CARE CENTER WHICH WAS ONE OF THE FIRST SINGLE-ROOM MATERNITY CENTERS IN NEW JERSEY, A 10-BED PEDIATRIC UNIT AND A 14-BED BEHAVIORAL HEALTH WING.

HUNTERDON LED THE NATION BY IMPLEMENTING THE FIRST, YEAR-ROUND NIGHT FLOAT SYSTEM FOR FAMILY MEDICINE RESIDENCY PROGRAMS. THIS SYSTEM ALLEVIATES RESIDENT FATIGUE AND ELIMINATES THE EXHAUSTION WHICH CAN BE DETRIMENTAL TO RESIDENTS, THEIR FAMILIES AND PATIENT CARE. THIS HAS BECOME THE NATIONAL NORM FOR RESIDENCY SCHEDULING WITH THE IMPLEMENTATION OF NEW WORK HOUR REGULATIONS. SENIOR RESIDENTS COVER THE HOSPITAL FROM 7:00PM TO 7:00AM IN A DESIGNED NIGHT FLOAT ROTATION. THEY THEN HAVE A 12-HOUR DUTY FREE PERIOD TO REST AND REJUVENATE IN THE COMFORT OF THEIR OWN HOMES. FIRST YEAR RESIDENTS ALSO WORK A 12-HOUR SHIFT FROM 7PM TO 7AM IN A SIMILAR ROTATION. THEY FUNCTION TO HELP WITH ADMISSIONS IN CONJUNCTION WITH THE SENIOR RESIDENTS AND THE NOCTURNIST FROM 7PM TO 10PM THUS ALLOWING THEM TO GET SUPERVISED INSTRUCTION IN THIS IMPORTANT SKILLS SET. FROM 10PM TO 7AM THE FIRST YEAR RESIDENT WORKS IN AN EMERGENCY DEPARTMENT ROTATION UNDER THE SUPERVISION OF A BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIAN WHERE THEY LEARN IMPORTANT TRIAGE AND TREATMENT SKILLS IN THIS SETTING.

FIRST YEAR RESIDENTS ARE IN A TRUE CALL SITUATION ONLY TO COVER WEEKEND SHIFTS WITH SENIOR RESIDENT SUPERVISION. SECOND AND THIRD YEAR RESIDENTS AVERAGE CALL ONE NIGHT IN SIX THIS GUARANTEES AN ADEQUATE VOLUME AND EXPERIENCE TO DEVELOP MASTERY IN COMMON PROBLEM MANAGEMENT. THEY ALSO

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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HAVE A LONGITUDINAL EXPERIENCE IN THE NURSING HOME SETTING WITH FULL TIME GERIATRICIAN FACULTY SUPERVISING THEIR PATIENT CARE. THIRD YEAR RESIDENTS ALSO COVER OUTPATIENT CALL FOR THE FAMILY HEALTH CENTERS ON AVERAGE ONE NIGHT IN SIX. THE COMBINATION OF NIGHT FLOAT AND THE APPROPRIATE FREQUENCY OF NIGHT CALL COMBINE TO CREATE THE BEST POSSIBLE CALL SCHEDULE.

RADIOLOGY AND LAB SERVICES ARE STATE-OF-THE-ART.

MOST OF THE MEMBERS OF THE SPECIALTY MEDICAL STAFF HAVE OFFICES IN THE HUNTERDON DOCTORS' OFFICE BUILDING ADJACENT TO THE MEDICAL CENTER OR WITHIN CLOSE VICINITY TO THE HOSPITAL. MOST OF OUR PHYSICIAN OFFICES ARE IN HUNTERDON COUNTY, BUT ALSO IN SOMERSET, WARREN AND MERCER COUNTIES.

HUNTERDON MEDICAL CENTER HAS ACHIEVED WIDESPREAD RECOGNITION FOR ITS ROLE AS A PROVIDER OF COMMUNITY HEALTH SERVICES BEYOND THOSE NORMALLY ASSOCIATED WITH A HOSPITAL. PATIENT AND COMMUNITY HEALTH EDUCATION PROGRAMS, PUBLIC HEALTH SCREENING AND DETECTION SERVICES, A CERTIFIED HOME HEALTH AGENCY, INTEGRATED BEHAVIORAL HEALTH SERVICES, INTEGRATED NUTRITION AND INTEGRATED PHARMACY SERVICES WITHIN THE PHYSICIAN PRACTICES OPERATED BY HUNTERDON HEALTHCARE SYSTEM, AND END OF LIFE SERVICES COMPLEMENT THE MEDICAL CENTER'S COMPREHENSIVE IN-HOSPITAL SERVICES.

ON THE GROUNDS OF THE MEDICAL CENTER IS A CHILD CARE FACILITY AVAILABLE TO CHILDREN OF EMPLOYEES AND STAFF AS WELL AS TO OTHER MEMBERS OF THE

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COMMUNITY.

GERIATRICS IS ONE OF THE MAJOR INITIATIVES OF THE HUNTERDON MEDICAL CENTER, WITH A FULL TIME DIRECTOR WITH HER DOCTORATE IN NURSING AND COMPREHENSIVE HOSPITAL AND AMBULATORY SERVICES. ALL SEVEN OF OUR FACULTY PHYSICIANS HOLD THE CERTIFICATE OF ADDED QUALIFICATIONS IN GERIATRICS, (CAQH), AND ALL HAVE COMPLETED A FELLOWSHIP. FOUR OF THESE GERIATRICIANS ARE ALSO CERTIFIED MEDICAL DIRECTORS.

HUNTERDON MEDICAL CENTER HAS RECEIVED ACCREDITATION AND NATIONAL RECOGNITION THAT VERIFIES OUR POSITION AS A LEADING PROVIDER OF QUALITY HEALTHCARE.

THE ADMINISTRATION AND STAFF OF HUNTERDON MEDICAL CENTER IS EXTREMELY PROUD OF THE MANY AWARDS THE COMMUNITY HOSPITAL HAS EARNED. EACH ONE IS RECOGNITION THAT HMC RANKS WITHIN THE TOP 10% OF NATIONAL AND NEW JERSEY HOSPITALS IN MANY PERFORMANCE INDICATORS FOR QUALITY HEALTHCARE.

HUNTERDON MEDICAL CENTER HAS ACHIEVED NUMEROUS AWARDS INCLUDING:

MAGNET RE-DESIGNATION - THE MAGNET RECOGNITION PROGRAM RECOGNIZES HEALTHCARE ORGANIZATIONS THAT PROVIDE NURSING EXCELLENCE. RECOGNIZING QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE, THE MAGNET RECOGNITION PROGRAM PROVIDES CONSUMERS WITH THE ULTIMATE BENCHMARK TO MEASURE THE QUALITY OF CARE THAT THEY CAN

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EXPECT TO RECEIVE. THE PROGRAM IS ADMINISTERED BY THE AMERICAN NURSES
CREDENTIALING CENTER. BEING A MAGNET ORGANIZATION HELPS DISTINGUISH
HUNTERDON MEDICAL CENTER AS AN ORGANIZATION MARKED BY QUALITY INPATIENT
CARE.

HUNTERDON HAS RANKED EITHER THE HEALTHIEST COUNTY IN NEW JERSEY OR IN THE
TOP TWO HEALTHIEST COUNTIES IN NEW JERSEY BASED ON A STUDY CONDUCTED BY
THE ROBERT WOOD JOHNSON FOUNDATION AND THE UNIVERSITY OF WISCONSIN
POPULATION HEALTH INSTITUTE.

NICHE DESIGNATION - NURSES IMPROVING CARE TO HEALTH SYSTEM ELDER (NICHE)
IS A NATIONAL GERIATRIC NURSING PROGRAM. THE PROGRAM'S VISION IS FOR ALL
PATIENTS 65 AND OVER TO BE GIVEN SENSITIVE AND EXEMPLARY CARE. THE
MISSION OF NICHE IS TO RAISE AWARENESS OF PRINCIPLES AND TOOLS THAT CAN
ACHIEVE PATIENT-CENTERED CARE FOR OLDER ADULTS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ACCREDITATION BY THE JOINT COMMISSION FOR THE ACCREDITATION OF HEALTHCARE
ORGANIZATIONS (JCAHO) - THE JCAHO SETS THE STANDARDS BY WHICH HEALTHCARE
QUALITY IS MEASURED IN AMERICA AND AROUND THE WORLD. IT IS AN
INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION THAT ACCREDITS AND CERTIFIES
OVER 17,000 HEALTHCARE ORGANIZATIONS AND PROGRAMS. TO MAINTAIN AND EARN
ACCREDITATION, ORGANIZATIONS MUST HAVE AN EXTENSIVE ON-SITE REVIEW BY A
TEAM OF JCAHO HEALTHCARE PROFESSIONALS, AT LEAST ONCE EVERY THREE YEARS.

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HMC WAS ALSO RECENTLY NAMED A RECIPIENT OF THE WOMEN'S CHOICE AWARD AS ONE OF AMERICA'S BEST BREAST CENTERS, ACKNOWLEDGING ITS DEDICATION TO PROVIDING EXCEPTIONAL PATIENT CARE AND TREATMENT. IN ADDITION, HUNTERDON MEDICAL CENTER RECEIVED THE WOMEN'S CHOICE AWARD FOR BEST CANCER CARE AND BEST HEART CARE. HMC RECEIVED THREE-YEAR FULL ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC).

HUNTERDON MEDICAL CENTER ATTRACTS SOME OF THE BEST DOCTORS WITH TRAINING AT THE NATION'S FINEST INSTITUTIONS AND HEALTHCARE ORGANIZATIONS. NEW JERSEY MONTHLY, NEW JERSEY BEST AND NJ FAMILY MAGAZINES HAVE RECOGNIZED OUR "TOP DOCS" IN MANY SPECIALTIES YEAR AFTER YEAR.

THE NEW JERSEY SMART WORKPLACES PROGRAM (NJSW) IS A STATEWIDE RECOGNITION PROGRAM THAT LAUDS EMPLOYERS WHO DEMONSTRATE LEADERSHIP BY PROVIDING QUALITY COMMUTER BENEFITS TO THEIR EMPLOYEES. EMPLOYERS ARE RECOGNIZED AT ONE OF FOUR LEVELS OF ACHIEVEMENT: BRONZE, SILVER, GOLD, OR PLATINUM, BASED UPON THE LEVEL OF ACTIVITY AT THE WORKSITE. HUNTERDON MEDICAL CENTER WAS AWARDED THE PLATINUM AWARD FOR "OUTSTANDING ACHIEVEMENT" IN CREATING PROGRAMS THAT PROVIDE AND PROMOTE COMMUTING OPTIONS FOR EMPLOYEES.

THE HUNTERDON WOUND HEALING CENTER WAS AWARDED THE ROBERT A. WARRINER III, M.D., CENTER OF EXCELLENCE AWARD AND THE CENTER OF DISTINCTION AWARD WHICH RECOGNIZES A CENTER THAT MEETS THE HIGHEST QUALITY STANDARDS. THIS

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CENTER RECEIVED THESE AWARDS BECAUSE IT HAS ACHIEVED PATIENT SATISFACTION
RATES OVER 92% AND A HEALING RATE OF GREATER THAN OR EQUAL TO 91% IN LESS
THAN 30 MEDIAN DAYS, AMONG OTHER QUALITY STANDARDS.

CLINICAL SERVICE LINES

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HEART AND VASCULAR CARE

HEART AND VASCULAR CARE AT HMC COMBINES A KNOWLEDGEABLE STAFF OF
PHYSICIANS AND SPECIALISTS WITH STATE-OF-THE-ART TECHNOLOGY TO BRING THE
PATIENT THE BEST CARDIOVASCULAR CARE IN HUNTERDON AND ITS SURROUNDING
COUNTIES. OUR SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLES US TO
DIAGNOSE HEART AND VASCULAR DISEASE AND PERFORM INTERVENTIONAL PROCEDURES
ON PATIENTS SUSPECTED OF HEART AND/OR VASCULAR DISEASE. THE EMERGENCY
PTCA DOOR TO BALLOON TIME IS UNDER SIXTY MINUTES.

THE SERVICE LINE ALSO INCLUDES:

CARDIOPULMONARY REHABILITATION WHICH IS A MEDICALLY SUPERVISED PROGRAM OF
HEALTH EDUCATION AND PHYSICAL ACTIVITY FOR WOMEN AND MEN OF ANY AGE.
THEIR MISSION IS TO TREAT THE BODY, MIND, AND SPIRIT OF PEOPLE WITH HEART
OR LUNG DISEASE SO THEY MAY LEAD SATISFYING, PRODUCTIVE, AND HEALTHY
LIVES. THEIR PROFESSIONAL TEAM INCLUDES PHYSICIANS, RESPIRATORY

THERAPISTS, REGISTERED NURSES, AND EXERCISE PHYSIOLOGISTS SPECIALLY TRAINED IN EXERCISE THERAPY AND DISEASE MANAGEMENT. THE DEPARTMENT ALSO RUNS THE ORNISH REVERSAL PROGRAM, A LIFESTYLE MANAGEMENT PROGRAM TO REVERSE HEART DISEASE.

NATIONAL RECOGNITION:

BOTH THE CARDIAC AND PULMONARY REHABILITATION PROGRAM ARE NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION. THIS CERTIFICATION PROCESS IS DESIGNED TO REVIEW AND MONITOR ADHERENCE TO THE HIGH STANDARDS AND GUIDELINES DEVELOPED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND OTHER PROFESSIONAL SOCIETIES TO BEST SERVE THE PATIENTS.

PROGRAMS INCLUDE:

- PHASE II CARDIAC REHABILITATION.
- PHASE II PULMONARY REHABILITATION.
- PHASE III CARDIOPULMONARY REHABILITATION.

THE CARDIAC CATHETERIZATION LABORATORY OFFERS STATE-OF-THE-ART TECHNOLOGY TO BRING YOU THE BEST CARDIOVASCULAR CARE IN HUNTERDON COUNTY AND ITS SURROUNDING COUNTIES. SUPERIOR STAFF AND TECHNOLOGICAL SUPPORT ENABLE THE DIAGNOSIS OF HEART AND VASCULAR DISEASE. THE LAB PERFORMS INTERVENTIONAL PROCEDURES ON PATIENTS SUSPECTED OF HEART OR VASCULAR DISEASE. HUNTERDON

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HEALTHCARE WAS APPROVED IN 2021 TO OFFER ELECTIVE ANGIOPLASTY TO
PATIENTS. HUNTERDON MEDICAL CENTER HAS BEEN DESIGNATED A PRIMARY STROKE
CENTER BY THE NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES.

CANCER CARE

HUNTERDON REGIONAL CANCER CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF
SURGEONS' COMMISSION ON CANCER AS A COMMUNITY HOSPITAL CANCER PROGRAM.
THE COMMISSION HAS RECOGNIZED THE CANCER PROGRAM AT HUNTERDON MEDICAL
CENTER AS OFFERING HIGH QUALITY CANCER CARE. ONLY ONE IN FOUR HOSPITALS
THAT TREAT CANCER RECEIVES THIS SPECIAL APPROVAL. THE RECOGNITION OF THIS
QUALITY AND COMMITMENT ALLOWS THE PATIENT ACCESS TO THE EXPERT MEDICAL
SPECIALISTS WHO ARE INVOLVED IN DIAGNOSING AND TREATING CANCER.

APPROVAL BY THE COMMISSION IS GIVEN ONLY TO THOSE FACILITIES THAT HAVE
VOLUNTARILY COMMITTED TO PROVIDE THE BEST IN DIAGNOSIS AND TREATMENT OF
CANCER. TO MEET THE STANDARDS NECESSARY FOR COMMISSION APPROVAL, EACH
CANCER PROGRAM, AND THE ORGANIZATION THAT CONTROLS IT, MUST UNDERGO A
RIGOROUS EVALUATION PROCESS AND A REVIEW OF ITS PERFORMANCE. IN ORDER TO
MAINTAIN APPROVAL, FACILITIES WITH APPROVED CANCER PROGRAMS MUST UNDERGO
AN ON-SITE REVIEW EVERY THREE YEARS.

RECEIVING CARE AT AN APPROVED CANCER PROGRAM ENSURES THAT THE PATIENT
WILL RECEIVE:

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- QUALITY CARE CLOSE TO HOME.
- COMPREHENSIVE CARE OFFERING A RANGE OF STATE-OF-THE ART SERVICES AND EQUIPMENT.
- A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS AVAILABLE.
- ACCESS TO CANCER-RELATED INFORMATION, EDUCATION, AND SUPPORT.
- A CANCER REGISTRY THAT COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS, AND OFFERS LIFELONG PATIENT FOLLOW-UP.
- ONGOING MONITORING AND IMPROVEMENT OF CARE.
- INFORMATION ABOUT ONGOING CANCER CLINICAL RESEARCH STUDIES AND NEW TREATMENT OPTIONS.

ORTHOPEDICS

THE CENTER FOR BONE AND JOINT HEALTH OFFERS A COMPREHENSIVE APPROACH THAT REVOLVES AROUND HEALTH AND WELLNESS. THE CENTER OFFERS PREVENTIVE THERAPIES, NUTRITION COUNSELING AND A FULL SPECTRUM OF NON-INVASIVE TREATMENTS THAT MAY COMPLETELY ELIMINATE THE NEED FOR SURGICAL OPTIONS. BUT IF SURGERY IS ULTIMATELY NEEDED, THE CENTER'S WELLNESS APPROACH GETS YOU BACK TO A NORMAL QUALITY OF LIFE WEEKS SOONER THAN WITH TRADITIONAL OPTIONS.

THE CIRCLE OF CARE REFERS TO THE COORDINATED, COMPREHENSIVE SERVICES THAT

THE CENTER FOR BONE AND JOINT HEALTH OFFERS TO PATIENTS. THE PROGRAM
COORDINATOR CAN GUIDE PATIENTS THROUGH ALL OF THEIR OPTIONS AND HELP
COORDINATE THESE SERVICES.

BEHAVIORAL HEALTH

HUNTERDON BEHAVIORAL HEALTH ("HBH") PROVIDES HIGH-QUALITY, COMPREHENSIVE
MENTAL HEALTH AND ADDICTION SERVICES. HBH DIAGNOSES, TREATS AND CARES FOR
ADOLESCENTS AND ADULTS WITH MENTAL ILLNESS, EMOTIONAL DIFFICULTIES OR
ADDICTION.

EXPERT CLINICAL STAFF IS HIGHLY TRAINED IN TREATING INDIVIDUALS IN NEED
OF PSYCHIATRIC AND PSYCHOLOGICAL SUPPORT OR ADDICTION TREATMENT.

HUNTERDON BEHAVIORAL HEALTH OFFERS:

- EVALUATION, MEDICATION MONITORING AND THERAPY FOR INDIVIDUALS WITH
MENTAL HEALTH ISSUES.

- COUNSELING FOR FAMILIES IN CRISIS TO HELP PROVIDE A STABLE HOME
ENVIRONMENT.

- SUPPORT FOR ADOLESCENTS AND ADULTS STRUGGLING WITH ALCOHOL OR DRUG
ADDICTION.

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- EMPLOYEE ASSISTANCE TO WORK WITH EMPLOYERS TO RESOLVE PERSONAL ISSUES.

HUNTERDON BEHAVIORAL HEALTH PROVIDES TREATMENT FOR CHILDREN, ADOLESCENTS
AND ADULTS WHO EXPERIENCE:

- MENTAL ILLNESS.
- DRUG OR ALCOHOL ADDICTION.
- FAMILY CRISES.
- DIFFICULTIES IN THEIR WORK OR SCHOOL ENVIRONMENT.
- DEPRESSION.
- ANXIETY DISORDERS.
- ATTENTION DISORDERS.
- SLEEP DISORDERS.
- EATING DISORDERS.
- EMOTIONAL AND BEHAVIORAL ISSUES.
- PEER PRESSURE.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OBSTETRICS & GYNECOLOGY

HUNTERDON HEALTHCARE'S WOMEN'S CIRCLE OF CARE IS A COMPREHENSIVE APPROACH
TO WOMEN'S NEEDS. WE OFFER RESOURCES RELATED TO A WOMAN'S REPRODUCTIVE,

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GYNECOLOGICAL AND OVERALL HEALTH; SUPPORT FOR GROWING FAMILIES,
PREVENTION AND TREATMENT FOR DISEASES AND CONDITIONS; EMOTIONAL SUPPORT;
AND RESOURCES FOR MENOPAUSE AND HEALTHY AGING. AS PRIMARY CAREGIVERS,
WOMEN OFTEN ASSUME RESPONSIBILITY FOR MAKING HEALTHCARE DECISIONS FOR
THEMSELVES AND THEIR FAMILIES. HUNTERDON HEALTHCARE OFFERS A FULL RANGE
OF HEALTHCARE SERVICES AND EDUCATIONAL PROGRAMS TO SUPPORT WOMEN IN THIS
CRITICAL ROLE.

OUR MATERNITY AND NEWBORN CARE CENTER'S EXPERIENCED STAFF PROVIDES EXPERT
CARE FOR MOMS AND BABIES ALIKE. WE OFFER TECHNICALLY ADVANCED BIRTHING
SUITES THAT ARE PRIVATE, SPACIOUS AND COMFORTABLE. OUR EXPERIENCED
PHYSICIANS AND NURSES DELIVER NEARLY 900 BABIES ANNUALLY.

HIGHLIGHTS OF THE HUNTERDON MEDICAL CENTER MATERNITY AND NEWBORN CARE
CENTER:

- 20 PRIVATE PATIENT ROOMS. PATIENTS DELIVER IN ONE SUITE AND RECEIVE
POST-PARTUM CARE IN ANOTHER SUITE.
- A LEVEL II SPECIAL CARE NURSERY, AVAILABLE FOR EARLY DELIVERIES,
EMERGENCY SITUATIONS, OR FOR NEWBORNS WITH A MEDICAL PROBLEM.
- A WIDE RANGE OF CHILDBIRTH EDUCATION CLASSES AND ATTENTIVE STAFF WHO
WELCOME YOUR QUESTIONS AND CONCERNS.
- A STAFF OF BOARD CERTIFIED LACTATION CONSULTANTS ARE ON HAND TO TEACH
AND ASSIST YOU LEARN HOW TO BREASTFEED YOUR BABY. THEY ARE ALSO
AVAILABLE PRIOR TO YOUR BABY'S ARRIVAL, AND AFTER YOU GO HOME. INSURANCE

OFTEN COVERS OUTPATIENT LACTATION VISITS.

- AFTER-BABY SUPPORT, INCLUDING A COURTESY FOLLOW-UP PHONE CALL TO ALL
NEW MOMS AFTER DISCHARGE, AS WELL AS NUMEROUS SUPPORTIVE GROUPS AND
ONGOING TELEPHONE SUPPORT.

PRIMARY CARE

AT THE HEART OF THE PRIMARY CARE SERVICE LINE IS THE PATIENT CENTERED
MEDICAL HOME WHICH AIMS TO GIVE THE RIGHT CARE IN THE RIGHT PLACE THE
FIRST TIME.

MEDICAL HOME CERTIFICATION IS GRANTED TO PRACTICES THAT GO THROUGH A
VOLUNTARY RECOGNITION PROCESS BY A NON-GOVERNMENTAL ENTITY TO DEMONSTRATE
THAT THEY HAVE THE CAPABILITIES TO PROVIDE PATIENT CENTERED SERVICES
CONSISTENT WITH THE MEDICAL HOME MODEL. THE NATIONAL COMMITTEE FOR
QUALITY ASSURANCE (NCQA) HAS GRANTED PATIENT CENTERED MEDICAL HOME
CERTIFICATION AT THE HIGHEST LEVEL TO 24 HUNTERDON HEALTHCARE AFFILIATED
PHYSICIAN PRACTICES.

IN A PATIENT CENTERED MEDICAL HOME CERTIFIED PRACTICE, A TEAM HEADED BY
THE PATIENT'S PERSONAL PHYSICIAN DELIVERS CARE. THE PERSONAL PHYSICIAN
TRACKS AND COORDINATES THE PATIENT'S CARE OVER TIME. THE PHYSICIAN AND
THE PATIENT CREATE A PARTNERSHIP AND MAKE DECISIONS ABOUT HEALTHCARE
TOGETHER. QUALITY AND SAFETY DRIVE THE DECISIONS, USING GUIDELINES BASED

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ON EVIDENCE RATHER THAN TRADITION. OF COURSE, THIS MAY MEAN THAT MORE
CARE IS NOT ALWAYS BETTER CARE. HUNTERDON HEALTHCARE PARTNERS HAS WORKED
HARD TO ENSURE THAT EVIDENCE-BASED GUIDELINES ARE USED IN OUR SYSTEM.

HUNTERDON HEALTHCARE IS COMMITTED TO CARE THAT IS COORDINATED AND
INTEGRATED ACROSS ALL ELEMENTS OF THE COMPLEX HEALTHCARE SYSTEM
(SUBSPECIALTY CARE, HOSPITALS, HOME HEALTH AGENCIES, NURSING HOMES) AND
THE PATIENT'S COMMUNITY (FAMILY, PUBLIC AND PRIVATE COMMUNITY-BASED
SERVICES). HUNTERDON HEALTHCARE'S COLLABORATION GUIDELINE AND AGREEMENT
AMONG PRIMARY CARE AND SPECIALTY CARE PHYSICIANS IS INTEGRAL TO THIS,
RECOGNIZING THE IMPORTANCE OF TRANSITIONS OF CARE IN THE OUTPATIENT
SETTING, THE EMERGENCY DEPARTMENT, AND DURING HOSPITALIZATION.

HUNTERDON HEALTHCARE'S MEDICAL HOME PRACTICES PROVIDE DISTINCTLY
DIFFERENT OPTIONS FOR THEIR PATIENTS TO SUPPORT THEIR PERSONAL HEALTH
GOALS. WE EMPHASIZE SELF-MANAGEMENT SUPPORT. THE PATIENT, WITH SUPPORT
FROM A TEAM OF PHYSICIAN, NURSES, SOCIAL WORKERS, CARE MANAGERS,
DIETITIANS, PHARMACISTS, PHYSICAL AND OCCUPATIONAL THERAPISTS, AND OTHER
HEALTHCARE PROFESSIONALS, BECOMES ENGAGED IN THEIR HEALTHCARE.

HOME HEALTH SERVICES

HOME HEALTH SERVICES IS A NON-PROFIT HOME HEALTH AGENCY CERTIFIED BY THE

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FEDERAL GOVERNMENT, LICENSED BY THE NEW JERSEY DEPARTMENT OF HEALTH, AND
ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE
ORGANIZATIONS.

AT HOME HEALTH SERVICES, EACH PATIENT'S PROGRAM IS CAREFULLY GUIDED AND
PLANNED SO THAT ALL CARE IS INTEGRATED FOR MAXIMUM BENEFIT. THE TEAM
INCLUDES:

- HOME CARE NURSES.
- PHYSICAL THERAPISTS.
- OCCUPATIONAL THERAPISTS.
- SPEECH PATHOLOGISTS.
- MEDICAL SOCIAL WORKER.
- HOME HEALTH AIDES PHYSICIAN PATIENT EDUCATOR.

IN ORDER TO BE ELIGIBLE FOR ADMISSION TO HOME HEALTH SERVICES, PATIENTS:

- MUST BE HOMEBOUND (UNABLE TO LEAVE HOME WITHOUT ASSISTANCE).
- HAVE ONGOING MEDICAL SUPERVISION AND ORDERS FROM A PHYSICIAN.
- REQUIRE PERIODIC VISITS FROM AT LEAST ONE OF FOUR PRIMARY SERVICES.

1. SKILLED NURSING
2. PHYSICAL THERAPY
3. OCCUPATIONAL THERAPY
4. SPEECH LANGUAGE THERAPY

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IF HOME HEALTH SERVICES ARE NOT INDICATED, A REFERRAL MAY BE MADE TO
ANOTHER COMMUNITY AGENCY OR SERVICE THROUGH HUNTERDON REGIONAL COMMUNITY
HEALTH (HRCH), A WHOLLY OWNED SUBSIDIARY OF HUNTERDON HEALTHCARE. THEY
CAN PROVIDE THE FOLLOWING SERVICES TO THE COMMUNITY:

- HOME INFUSION.
- HOSPICE.
- RESPITE CARE.
- COMPANION SERVICE.

OTHER SERVICES

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SURGICAL SERVICES

HUNTERDON MEDICAL CENTER PROVIDES THE PATIENT ACCESS TO THE MOST ADVANCED
TECHNOLOGY, EXPERT SURGEONS AND PERSONALIZED PATIENT CARE IN A COMFORTING
ENVIRONMENT.

SKILLED PROFESSIONAL STAFF WORK AS A TEAM WITH THE PHYSICIAN TO
INDIVIDUALIZE PATIENT CARE AND RECOVERY WITH THE GOAL TO IMPROVE BODILY
FUNCTION AND RETURN THE PATIENT TO DAILY ACTIVITIES AS SAFELY AND QUICKLY
AS POSSIBLE.

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HUNTERDON MEDICAL CENTER'S SURGERY DEPARTMENT PERFORMS SLIGHTLY MORE THAN
5,000 SURGERIES PER YEAR.

TYPES OF SURGERY INCLUDE, AMONG OTHERS:

- ABDOMINAL SURGERY.
- APPENDECTOMY.
- ARTHROSCOPY.
- BARIATRIC SURGERY.
- BREAST SURGERY.
- CATARACT SURGERY.
- DILATION & CUTELLAGE (D&C).
- GALLBLADDER SURGERY.
- HERNIA SURGERY.
- HYSTERECTOMY.
- LAMINECTOMY.
- NEUROSURGERY.
- PLASTIC SURGERY.
- SPINE SURGERY.
- PODIATRIC SURGERY.
- TOTAL JOINT REPLACEMENT SURGERY.
- VASCULAR SURGERY.
- UROLOGIC SURGERY.

SLEEP DISORDERS

SLEEP DISORDERS ARE ASSOCIATED WITH A LONG LIST OF MEDICAL PROBLEMS,

INCLUDING:

- HEART ATTACK.
- STROKE.
- IRREGULAR HEARTBEAT.
- HIGH BLOOD PRESSURE.
- HEART FAILURE.
- OBESITY.
- DIABETES.

THE SLEEP DISORDERS CENTER AT HUNTERDON MEDICAL CENTER TREATS MANY TYPES
OF SLEEP DISORDERS, INCLUDING:

- SLEEP APNEA WHICH IS A MEDICAL DISORDER IN WHICH A PERSON, USUALLY A
LOUD SNORER, EXPERIENCES AN OBSTRUCTION IN THE THROAT DURING SLEEP. LACK
OF SUFFICIENT AIR CAUSES THE INDIVIDUAL TO AWAKEN, USUALLY WITH A COUGH
OR A GASP THAT OPENS THE AIRWAY. AIRFLOW IS RE-ESTABLISHED AND BREATHING
RESUMES DURING THE NEXT EPISODE. PEOPLE WITH SLEEP APNEA HAVE TO WAKE UP
BRIEFLY TO BREATHE, SOMETIMES HUNDREDS OF TIMES DURING THE NIGHT,
ALTHOUGH THERE IS NO MEMORY OF THESE BRIEF AWAKENINGS.

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- PERIODIC LIMB MOVEMENT SYNDROME MAY COEXIST WITH OBSTRUCTIVE SLEEP APNEA. MULTIPLE JERKING MOVEMENTS, TYPICALLY OF THE LEGS, AWAKEN THOSE WITH THE DISORDER REPEATEDLY THROUGH THE NIGHT.

- RESTLESS LEGS SYNDROME IS A CONDITION INVOLVING SENSATIONS IN THE LEGS, AND SOMETIMES ARMS, WHILE THE INDIVIDUAL IS AWAKE. THE SENSATIONS USUALLY OCCUR WHEN THE INDIVIDUAL IS LYING DOWN AND THE ONLY RELIEF IS TO MOVE THE LIMBS, KEEPING THE INDIVIDUAL AWAKE.

- NARCOLEPSY IS A NEUROLOGICAL DISORDER CHARACTERIZED BY EXCESSIVE DAYTIME SLEEPINESS. INDIVIDUALS WITH NARCOLEPSY FALL ASLEEP AT INAPPROPRIATE, AND OCCASIONALLY, DANGEROUS TIMES.

- INSOMNIA REFERS TO A CHRONIC INABILITY TO INITIATE OR SUSTAIN SLEEP, RESULTING IN SLEEP DEPRIVATION AND DAYTIME FATIGUE. THERE ARE NUMEROUS CAUSES FOR INSOMNIA, INCLUDING STRESS, ANXIETY, DEPRESSION, CHRONIC ILLNESS, MEDICATIONS, POOR SLEEP HABITS AND CIRCADIAN RHYTHM DISORDERS. OCCASIONALLY, A SLEEP STUDY MAY BE PART OF THE EVALUATION, ESPECIALLY IF OBSTRUCTIVE SLEEP APNEA IS CONTRIBUTING.

HOSPITAL OWNED PHYSICIAN SPECIALTY SERVICES

=====

- ENDOCRINOLOGY.

- GASTROENTEROLOGY.

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- INFECTIOUS DISEASE.
- DERMATOLOGY.
- PSYCHIATRY.
- PODIATRY.
- CENTER FOR HEALTHY AGING.
- PULMONARY & CRITICAL CARE.
- UROLOGY.
- BREAST SURGERY.
- NEONATOLOGY.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY CARE SERVICES

=====

THE HUNTERDON HEALTH AND WELLNESS CENTER

THE HUNTERDON HEALTH AND WELLNESS CENTER HAS TWO PREMIER FITNESS FACILITIES LOCATED IN WHITEHOUSE STATION AND CLINTON, NEW JERSEY IN HUNTERDON COUNTY. MEMBERS BENEFIT FROM ACCESS TO HUNTERDON HEALTHCARE STAFF FOR GUIDANCE IN ATTAINING THEIR OPTIMAL HEALTH. THE HUNTERDON HEALTH AND WELLNESS CENTERS ALSO OPERATES A SMALLER FACILITY IN LAMBERTVILLE.

ACCESS TO HEALTH EDUCATION STAFF AND WELLNESS CLASSROOMS FOR PROGRAMS WHICH FOCUS ON A VARIETY OF TOPICS DESIGNED TO IMPROVE LIFESTYLE IS ALSO A COMMUNITY BENEFIT.

BRIGHT TOMORROWS CHILD CARE CENTER

THE CENTER PROVIDES CARE AND EARLY CHILDHOOD EDUCATION FOR CHILDREN AGES 6 WEEKS TO 6 YEARS. MULTI-SENSORY DISCIPLINES ARE UTILIZED TO FACILITATE GROWTH IN THE AREAS OF SOCIAL, EMOTIONAL, PHYSICAL AND COGNITIVE DEVELOPMENT.

PROGRAMMING INCLUDES:

- AGE APPROPRIATE THEMATIC CURRICULUM.
- DAILY NUTRITIOUS LUNCH AND SNACKS.
- DIAPERS AND WIPES FOR INFANTS AND TODDLERS.
- MONTHLY THEMES, CLASS TRIPS AND SPECIAL GUESTS.
- ENRICHMENT PROGRAMS.
- PARENTAL EDUCATION.
- AN ANNUAL BACK TO SCHOOL NIGHT AND OTHER FAMILY EVENTS.

A PREVENTATIVE APPROACH TO DISCIPLINE TEACHES POSITIVE BEHAVIORS, RATHER THAN PUNISHING FOR MISBEHAVIORS. THE GOAL IS TO PROVIDE CHILDREN WITH MOTIVATION AND AN OPPORTUNITY TO MAKE POSITIVE CHOICES. LEARNING SOCIAL

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SKILLS THROUGH GENTLE ENCOURAGEMENT, THE CHILDREN LEARN TO RESPECT THE
NEEDS OF OTHERS, ADAPT TO ROUTINES AND SIMPLE RULES, AND BECOME
RESPONSIBLE. PARENT AND FAMILY INVOLVEMENT IS AN INTEGRAL PART OF THE
PROGRAM. AN "OPEN DOOR" POLICY IS MAINTAINED TO ALLOW PARENTS TO VISIT
AND OBSERVE THEIR CHILD AT ANY TIME. PARENTS ARE ALWAYS WELCOME TO
PARTICIPATE IN EDUCATIONAL OPPORTUNITIES AND SPECIAL EVENTS.

BRIGHT TOMORROWS STRIVES TO MAINTAIN COMPETENT STAFF BY PROVIDING
COMPETITIVE WAGES AND ENSURING EACH STAFF MEMBER IS ACTIVELY ENGAGED IN
ONGOING PROFESSIONAL DEVELOPMENT. ALL STAFF MAINTAIN ADULT AND PEDIATRIC
CPR AND FIRST AID CERTIFICATION AND ALL RECEIVE A CHILD ABUSE RECORD OF
INCIDENT AND CRIMINAL HISTORY RECORD OF INCIDENT BACKGROUND CHECKS.

HUNTERDON FAMILY MEDICINE RESIDENCY

=====

THE PRIMARY MISSION OF THE HUNTERDON MEDICAL CENTER FAMILY MEDICINE
RESIDENCY PROGRAM IS TO EDUCATE RESIDENTS UTILIZING THE VALUES AND
PRECEPTS WHICH ARE FUNDAMENTAL TO THE WAY MEDICINE IS PRACTICED BY FAMILY
PHYSICIANS IN HUNTERDON COUNTY, NEW JERSEY, SO THAT THEY THEMSELVES MAY
GRADUATE AS FAMILY PHYSICIANS WHO CAN PROVIDE THIS MODEL OF EXEMPLARY
PRIMARY CARE TO THEIR PATIENTS, THEIR PATIENTS' FAMILIES AND THE
COMMUNITIES WHICH THEY SERVE.

BECAUSE OF THE RESPECT THAT FAMILY MEDICINE ENJOYS IN HUNTERDON COUNTY,

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RESIDENTS HAVE A UNIQUE OPPORTUNITY TO SEE HOW EFFECTIVE A FAMILY
PHYSICIAN CAN BE. EVERY FACET OF HUNTERDON'S INTEGRATED DELIVERY SYSTEM
IS UTILIZED TO ENHANCE THE RESIDENT'S UNDERSTANDING OF THE FULL IMPACT OF
FAMILY PRACTICE IN THIS COUNTRY. OUR MISSION ALLOWS US TO MOVE TOWARD OUR
ULTIMATE VISION IN FAMILY MEDICINE EDUCATION. THIS VISION IS TO CREATE A
HUMANISTIC AND COMPASSIONATE FORM OF EDUCATION WHICH MODELS COMPLETELY
THE HUMANISM AND COMPASSION THAT WE TEACH IN THE DOCTOR-PATIENT
RELATIONSHIP. OUR COMPETENCY-BASED CURRICULUM IS CENTRAL TO BOTH OUR
MISSION AND OUR VISION.

IT IS RECOGNIZED THAT EVERY RESIDENT HAS UNIQUE EDUCATIONAL STYLES AND
NEEDS. OUR EDUCATIONAL SYSTEM IS DESIGNED TO CREATE A "CORE" CURRICULUM
FOR EVERY RESIDENT AND A UNIQUE EDUCATIONAL EXPERIENCE BASED ON THEIR
PASSIONS AND INTERESTS. RESIDENTS CAN DEVELOP AN AREA OF CONCENTRATION
AND FOCUS DURING THEIR THIRD YEAR WITH A RANGE OF OPPORTUNITIES INCLUDING
SPORTS MEDICINE, GLOBAL HEALTH, GERIATRICS, PALLIATIVE CARE, AND OTHERS.

UNIVERSITY AFFILIATION

HUNTERDON MEDICAL CENTER HAS ENJOYED A MAJOR TEACHING AFFILIATION WITH
THE ROBERT WOOD JOHNSON MEDICAL SCHOOL SINCE 1972 AND HAS BEEN INVOLVED
WITH THE TEACHING OF MEDICAL STUDENTS IN PHYSICAL DIAGNOSIS, OFFICE
PRECEPTORSHIPS, THIRD-YEAR CLINICAL ROTATIONS AND FOURTH-YEAR ELECTIVES
AND SUB-INTERNSHIPS.

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THIS AFFILIATION ALLOWS EXTENDED LEARNING BEYOND HUNTERDON, INCLUDING A
VARIETY OF EXCEPTIONAL PROGRAMS SUCH AS ADVANCED LIFESAVING IN
OBSTETRICS, CONFERENCES ON PROFESSIONALISM, CAREER DEVELOPMENT,
MEDICAL-LEGAL ISSUES, CONTRACTING AND NEGOTIATIONS, RESEARCH AND OTHER
SCHOLARLY ACTIVITIES.

COMMUNITY SUPPORT AND EDUCATION

=====

- ALCOHOLICS ANONYMOUS MEETINGS.
- ALZHEIMER'S SUPPORT GROUP.
- BEREAVEMENT SUPPORT GROUP.
- BRAIN INJURY SUPPORT GROUP.
- BREASTFEEDING SUPPORT GROUP.
- CAREGIVER SUPPORT GROUPS.
- CHILDREN OF DIVORCE.
- DEPRESSION SUPPORT GROUP.
- DIABETES SUPPORT GROUP.
- FAMILY CANCER RISK ASSESSMENT PROGRAM.
- FAMILY SUPPORT GROUP.
- MENTAL ILLNESS FAMILY SUPPORT GROUPS.
- NARCOTICS ANONYMOUS MEETINGS.
- OVEREATERS ANONYMOUS.
- BABY STEP, FAMILY SUPPORT GROUP.

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- TODDLER STEPS, FOR FAMILIES OF TODDLERS.
- ANGER MANAGEMENT GROUP.
- ANGER MANAGEMENT GROUP FOR ADOLESCENTS.
- MULTIFAMILY SUPPORT GROUP, ADDICTIONS TREATMENT.
- NEW BEGINNINGS SUPPORT GROUP FOR POST BARIATRIC SURGERY PATIENTS.
- BARIATRIC SURGERY SUPPORT GROUP FOR POTENTIAL CLIENTS CONSIDERING BARIATRIC SURGERY.
- WEIGH TO GO, WEIGHT MANAGEMENT PROGRAM FOR KIDS.
- HEALTH EDUCATION SERIES AT THE HUNTERDON HEALTH AND WELLNESS CENTERS.
- LIVING WITH A MEDICAL CONDITION FOR ADOLESCENTS.
- HOSPICE ART BEREAVEMENT PROGRAM.
- ADULT BEREAVEMENT PROGRAM THROUGH HUNTERDON HOSPICE.

CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII; SECTION B

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC.; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE SYSTEM. IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE INTERNAL REVENUE SERVICE. THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE SYSTEM VIA AN INTERCOMPANY ACCOUNT.

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CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

HUNTERDON HEALTHCARE SYSTEM, INC. ("HHS") IS THE SOLE MEMBER OF THIS ORGANIZATION. HHS HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. HUNTERDON HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS") AND AFTER PRESENTATION AND REVIEW BY HUNTERDON HEALTHCARE SYSTEM, INC.'S FINANCE AND INVESTMENT COMMITTEE.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION 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 ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND 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 FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE MEMBERS OF HUNTERDON HEALTHCARE SYSTEM, INC.'S FINANCE AND INVESTMENT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL TRUSTEES, SENIOR STAFF, AND OTHER KEY EMPLOYEES WHO ARE CURRENTLY SERVING THE ORGANIZATION. IT IS THE ORGANIZATION'S POLICY THAT IN THE EVENT OF A CONFLICT THEY DO THE FOLLOWING: IF THERE IS A CONFLICT RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF TRUSTEES, AND THE TRUSTEE CONCERNED SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AND SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE

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MATTER UNDER CONSIDERATION. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF, EXCLUDING FROM THE ROOM AND THE VOTE OF THE PERSON WHOSE SITUATION WILL BE DISCUSSED. WHEN A CONFLICT OF INTEREST ARISES FOR ANY STAFF MEMBER EXCEPT THE PRESIDENT, THAT STAFF MEMBER SHALL REPORT IT TO THE PRESIDENT IN WRITING. A CONFLICT OF INTEREST RELATING TO THE PRESIDENT SHALL BE REPORTED IN WRITING TO THE CHAIRMAN OF THE BOARD.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. 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. IN 2021, THE EXECUTIVE COMPENSATION COMMITTEE REPORTED TO THE FULL BOARD FOR RATIFICATION.

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, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. 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.

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 REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING

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BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. IN ADDITION, THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION ADJUSTMENTS BASED ON MARKET SURVEYS DEVELOPED BY INDEPENDENT CONSULTANTS, INDUSTRY AVERAGE COMPARISON, YEARS OF SERVICE AND OTHER EXEMPT ORGANIZATIONS IN THE GEOGRAPHIC AREA. AFTER A REVIEW OF THE INDIVIDUAL'S PERFORMANCE FOR THE YEAR AND RELYING ON COMPARABLE INFORMATION AND OTHER OBJECTIVE DATA, THE EXECUTIVE COMMITTEE WILL RECOMMEND AN ADJUSTMENT TO THE INDIVIDUAL'S COMPENSATION. ANY DETERMINATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MINUTES.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS 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 SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE HUNTERDON HEALTHCARE SYSTEM, INC.'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS

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BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS 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 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 ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND IS AVAILABLE ONLINE AT WWW.DACBOND.COM. THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

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CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF HUNTERDON HEALTHCARE SYSTEM, INC. AND AFFILIATES; INCLUDING HUNTERDON MEDICAL CENTER, AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION.

THOMAS PERCELLO, SERVED AS THE DIRECTOR OF CORPORATE FINANCE OF HUNTERDON MEDICAL CENTER UNTIL HIS TERMINATION IN THE SPRING OF 2021.

CORE FORM, PART VII AND SCHEDULE J

PATRICK J. GAVIN, MPH, MBA IS AN OFFICER OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF HUNTERDON MEDICAL CENTER ON A FULL TIME BASIS. MR. GAVIN IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES A FEDERAL FORM W-2. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH HUNTERDON MEDICAL CENTER (EIN: 22-1537688). HUNTERDON MEDICAL CENTER FILED A 2021 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. GAVIN'S COMPENSATION IN EXCESS OF \$1M.

CORE FORM, PART VII AND SCHEDULE J

SCHEDULE O
(Form 990 or 990-EZ)

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.

2021

**Open to Public
Inspection**

Employer identification number

WAYNE G. FELLMETH, M.D. WAS REPORTED AS A KEY EMPLOYEE ON THE ORGANIZATION'S PRIOR YEAR FORM 990, CORE FORM, PART VII AND SCHEDULE J, PART II. UPON A REVIEW OF HIS RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THIS INDIVIDUAL DID NOT SATISFY THE CRITERIA TO BE A KEY EMPLOYEE UNDER (1) FORM 990 RULES, REGULATIONS, AND INSTRUCTIONS; (2) APPLICABLE STATE LAW; OR (3) THE ORGANIZATION'S GOVERNING DOCUMENTS. ACCORDINGLY, THIS INDIVIDUAL HAS NOT BEEN INCLUDED ON THE ORGANIZATION'S 2021 FORM 990 AS EITHER A KEY EMPLOYEE OR A FORMER KEY EMPLOYEE NOR SHOULD HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990. PRIOR YEARS FORMS 990 WERE NOT AMENDED WITH RESPECT TO THE RECLASSIFICATION OUTLINED ABOVE.

GEORGE ROKSVAAG, M.D. WAS REPORTED AS A KEY EMPLOYEE ON THE ORGANIZATION'S PRIOR YEAR FORM 990, CORE FORM, PART VII AND SCHEDULE J, PART II. UPON A REVIEW OF HIS RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THIS INDIVIDUAL DID NOT SATISFY THE CRITERIA TO BE A KEY EMPLOYEE UNDER (1) FORM 990 RULES, REGULATIONS, AND INSTRUCTIONS; (2) APPLICABLE STATE LAW; OR (3) THE ORGANIZATION'S GOVERNING DOCUMENTS. ACCORDINGLY, THIS INDIVIDUAL HAS NOT BEEN INCLUDED ON THE ORGANIZATION'S 2021 FORM 990 AS EITHER A KEY EMPLOYEE OR A FORMER KEY EMPLOYEE NOR SHOULD HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990. PRIOR YEARS FORMS 990 WERE NOT AMENDED WITH RESPECT TO THE RECLASSIFICATION OUTLINED ABOVE.

SCHEDULE O
(Form 990 or 990-EZ)

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.

2021

**Open to Public
Inspection**

Employer identification number

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS AN AFFILIATE WITHIN THE HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND KEY EMPLOYEES 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 CORE FORM, 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 BEHALF OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL AFFILIATES AND NOT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ONLY HUNTERDON MEDICAL CENTER.

CORE FORM, PART XI; LINE 9

OTHER CHANGES IN FUND BALANCE INCLUDE:

SCHEDULE O
(Form 990 or 990-EZ)

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.

2021

**Open to Public
Inspection**

Employer identification number

- PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -
\$18,915,129;
- NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS AND
OTHER TRANSFERS FROM NET ASSETS WITH DONOR RESTRICTIONS - \$1,889,223;
- CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS - \$204,197; AND
- OTHER CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS - \$410,782.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. HUNTERDON HEALTHCARE SYSTEM, INC. IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF HUNTERDON HEALTHCARE SYSTEM, INC. AND ALL ENTITIES 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. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN HUNTERDON HEALTHCARE SYSTEM, INC. ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A

SCHEDULE O
(Form 990 or 990-EZ)

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.

2021

**Open to Public
Inspection**

Employer identification number

SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB
CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE
A-133 AUDIT.

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

TO RESTORE, PRESERVE, AND ENHANCE THE HEALTH OF THE COMMUNITY BY
PROVIDING A FULL RANGE OF PREVENTIVE, DIAGNOSTIC, HOLISTIC AND
THERAPEUTIC INPATIENT AND OUTPATIENT HOSPITAL AND COMMUNITY HEALTH
SERVICES. PLEASE REFER TO SCHEDULE O FOR A DETAILED MISSION AND
COMMUNITY BENEFIT STATEMENT.

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HUNTERDON CARDIOVASCULAR ASSOCIATES 1100 WESCOTT DRIVE, SUITE G3 FLEMINGTON, NJ 08822	MEDICAL	8,532,775.
SYMMETRY WORKFORCE 5930 CORNERSTONE COURT W #300 SAN DIEGO, CA 92121	STAFFING	5,035,705.
HUNTERDON HEALTHCARE LLC 114 BROAD STREET FLEMINGTON, NJ 08822	MEDICAL	2,844,309.
PEGASUS EMERGENCY GROUP, PA P.O. BOX 791 FLEMINGTON, NJ 08822	MEDICAL	1,871,075.
MAYO COLLABORATIVE, INC. P.O. BOX 4100 ROCHESTER, MN 55903-4100	LAB	1,695,830.

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.

2021

Open to Public
Inspection

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Part I Identification of Disregarded Entities.

(a)	(b)	(c)	(d)	(e)	(f)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
							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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
								Yes	No
(1) MIDJERSEY HEALTH CORPORATION 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	22-2713664	HEALTHCARE	NJ	N/A	C CORP.				X
(2) HUNTERDON REGIONAL PHARMACY, INC. 2100 WESCOTT DRIVE FLEMINGTON, NJ 08822	74-3055633	HEALTHCARE	NJ	N/A	C CORP.				X
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations.

Note:					Yes	No
1						
a	(i)	(ii)	(iii)	(iv)	1a	X
b					1b	X
c					1c	X
d					1d	X
e					1e	X
f					1f	X
g					1g	X
h					1h	X
i					1i	X
j					1j	X
k					1k	X
l					1l	X
m					1m	X
n					1n	X
o					1o	X
p					1p	X
q					1q	X
r					1r	X
s					1s	X

2	(a)	(b)	(c)	(d)
(1)	HUNTERDON HEALTHCARE SYSTEM, INC.	O	4,071,196.	COST
(2)	HUNTERDON HEALTHCARE SYSTEM, INC.	D	201,719.	COST
(3)	HUNTERDON PRIMARY CARE, P.C.	E	1,662,577.	COST
(4)	HUNTERDON PRIMARY CARE, P.C.	L	12,723,287.	COST
(5)	HUNTERDON SPECIALTY CARE, P.C.	D	2,171,393.	COST
(6)	HUNTERDON SPECIALTY CARE, P.C.	L	6,930,413.	COST

Part V Transactions With Related Organizations.

Note:					Yes	No
1						
a	(i)	(ii)	(iii)	(iv)	1a	
b					1b	
c					1c	
d					1d	
e					1e	
f					1f	
g					1g	
h					1h	
i					1i	
j					1j	
k					1k	
l					1l	
m					1m	
n					1n	
o					1o	
p					1p	
q					1q	
r					1r	
s					1s	

2	(a)	(b)	(c)	(d)
(1)	HUNTERDON URGENT CARE, P.C.	E	777,311.	COST
(2)	HUNTERDON URGENT CARE, P.C.	L	2,099,853.	COST
(3)	HUNTERDON URGENT CARE, P.C.	0	1,146,665.	COST
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership.

(a)	(b)	(c)	(d)	(e)		(f)	(g)	(h)		(i)	(j)		(k)
				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

SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER OF HUNTERDON HEALTHCARE SYSTEM, INC.; 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 THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THESE 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

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
HUNTERDON HEALTHCARE SYSTEM, INC. 2100 WESCOTT DRIVE	22-2537411 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(3)	N/A		X
HUNTERDON HOSPICE 2100 WESCOTT DRIVE	22-2276083 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		X
VISITING HEALTH & SUPPORTIVE SERVICES 2100 WESCOTT DRIVE	22-1636709 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(1)	HRCH		X
HUNTERDON HEALTHCARE FOUNDATION 2100 WESCOTT DRIVE	22-2526895 FLEMINGTON, NJ 08822 FUNDRAISING	NJ	501(C)(3)	509(A)(1)	HHS		X
HUNTERDON REGIONAL COMMUNITY HEALTH, INC 2100 WESCOTT DRIVE	22-3453318 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HHS		X
BRITESIDE ADULT DAY CENTERS, INC. 2100 WESCOTT DRIVE	22-2113056 FLEMINGTON, NJ 08822 ADLT DAY CARE	NJ	501(C)(3)	509(A)(2)	HRCH		X
HUNTERDON PRIMARY CARE, P.C. 2100 WESCOTT DRIVE	47-4931969 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC		X
HUNTERDON SPECIALTY CARE, P.C. 2100 WESCOTT DRIVE	47-4913206 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC		X
HUNTERDON URGENT CARE, P.C. 2100 WESCOTT DRIVE	47-4901532 FLEMINGTON, NJ 08822 HEALTHCARE	NJ	501(C)(3)	509(A)(3)	HMC		X

RENT AND ROYALTY INCOME

Taxpayer's Name HUNTERDON MEDICAL CENTER	Identifying Number 22-1537688
---	----------------------------------

DESCRIPTION OF PROPERTY
VARIOUS PROPERTIES

TYPE OF PROPERTY:

REAL RENTAL INCOME		
OTHER INCOME:		
RENTAL INCOME - VARIOUS	461,118.	

TOTAL GROSS INCOME 461,118.

OTHER EXPENSES:

OTHER EXPENSES	840,775.	

DEPRECIATION (SHOWN BELOW) 840,775.

LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		

TOTAL EXPENSES 840,775.

TOTAL RENT OR ROYALTY INCOME (LOSS) -379,657.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		-379,657.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME - VARIOUS	461,118.

	461,118.
	=====

OTHER DEDUCTIONS

OFFICE EXPENSES	
OTHER EXPENSES - VARIOUS	840,775.

	840,775.
	=====

RENT AND ROYALTY SUMMARY
 =====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
VARIOUS PROPERTIES	461,118.		840,775.	-379,657.
TOTALS	----- 461,118. =====	----- ----- =====	----- 840,775. =====	----- -379,657. =====

**SCHEDULE D
(Form 1041)**

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.

2021

HUNTERDON MEDICAL CENTER

Employer identification number

22-1537688

Yes No

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

	(d)	(e)	(g)	(h) Gain or (loss)
1a				
1b				
Box A				
2				
Box B				
3				
Box C				
4				4
5				5
6				6 ()
7 Net short-term capital gain or (loss).				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year

	(d)	(e)	(g)	(h) Gain or (loss)
8a				
8b				
Box D	12,272,574.			12,272,574.
9				
Box E				
10				
Box F				
11				11
12				12
13				13
14				14
15				15 ()
16 Net long-term capital gain or (loss).				16 12,272,574.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2021

Part III Summary of Parts I and II

Caution: Read the instructions **before** completing this part.

	(1)	(2)	(3)
17 Net short-term gain or (loss)	17		
18 Net long-term gain or (loss):			
a	18a		12,272,574.
b	18b		
c	18c		
19 Total net gain or (loss). ▶	19		12,272,574.

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	smaller	20
a	or b	

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. only
and

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. only
and

Schedule D Tax Worksheet

21		21	
22	smaller	22	
23		23	
24		24	
25		25	
26		26	
27		27	
28	smaller	28	
29	smaller	29	
30		30	
31	smaller	31	
32		32	
33	smaller	33	
34		34	
35		35	
36	smaller	36	
37		37	
38		38	
39		39	
40		40	
41		41	
42		42	
43		43	
44		44	
45	Tax on all taxable income. smaller	45	

HUNTERDON MEDICAL CENTER

Social security number or taxpayer identification number

22-1537688

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.

Note:

You must check Box D, E, or F below. Check only one box.

- (D)
- (E)
- (F)

wasn't **Note**

1	(a)	(b)	(c)	(d)	(e) Note Column (e)	Adjustment, if any, to gain or loss		(h) Gain or (loss).
						See the separate instructions.		
						(f)	(g)	
VARIOUS SECURITIES		VARIOUS	VARIOUS	12,272,574.00				12,272,574.00
2 Totals.	line 8b	Box D		line 9	Box E			
	line 10	Box F						12,272,574.

Note: Column (g)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Table with identifying number 22-1537688 and rows 1a, 1b, 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

Table with columns (a) through (g) Gain or (loss) and rows 2 through 9.

Part II Ordinary Gains and Losses

Table with rows 10 through 18b.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a)		(b)	(c)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Note: See line 1 before completing.	20			
21	.....	21			
22	.....	22			
23	.....	23			
24	.....	24			
25	If section 1245 property:				
a	.....	25a			
b	smaller	25b			
26	If section 1250 property:				
a	.....	26a			
b	smaller	26b			
c	.....	26c			
or					
d	.....	26d			
e	smaller	26e			
f	.....	26f			
g	.....	26g			
27	If section 1252 property:				
a	.....	27a			
b	.....	27b			
c	smaller	27c			
28	If section 1254 property:				
a	.....	28a			
b	smaller	28b			
29	If section 1255 property:				
a	.....	29a			
b	smaller	29b			

Summary of Part III Gains.

30	.....	30
31	.....	31
32	.....	32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

	(a) Section 179	(b) Section 280F(b)(2)
33	33	
34	34	
35	35	

Consolidated Financial Statements,
Supplementary Information and
Report of Independent Certified
Public Accountants

**Hunterdon Healthcare System, Inc. and
Affiliates**

December 31, 2021 and 2020

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GRANT THORNTON LLP

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Philadelphia, PA 19103-7065

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F +1 215 561 1066

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees
Hunterdon Healthcare System, Inc. and Affiliates

Opinion

We have audited the consolidated financial statements of Hunterdon Healthcare System, Inc. and Affiliates (the System), which comprise the consolidated balance sheet as of December 31, 2021, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2021, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audit of the consolidated financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

The accompanying consolidating balance sheets as of December 31, 2021 and the related consolidating statements of operations and changes in net assets without donor restrictions or changes in shareholders' equity for the year then ended are presented for purposes of additional analysis, rather than to present the financial position, results of operations, and cash flows of the individual entities, and are not a required part of the consolidated financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other matter

The consolidated financial statements of Hunterdon Healthcare System, Inc. and Affiliates as of and for the year ended December 31, 2020, were audited by other auditors. Those auditors expressed an unmodified opinion on those 2020 consolidated financial statements in their report dated May 28, 2021.

Grant Thornton LLP

Philadelphia, Pennsylvania
May 26, 2022

Hunterdon Healthcare System, Inc. and Affiliates

CONSOLIDATED BALANCE SHEETS

December 31,
(In Thousands)

	<u>2021</u>	<u>2020</u>
ASSETS		
Current assets		
Investments		
Assets whose use is limited		
Property and equipment, net		
Right-of-use assets, operating leases		
Other assets		
LIABILITIES AND NET ASSETS		
Current liabilities		
Long-term debt, net of current portion		
Operating lease obligations, net of current portion		
Other liabilities		
Net assets		

Hunterdon Healthcare Systems, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years ended December 31,
(In Thousands)

	<u>2021</u>	<u>2020</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS		
Revenues		
Expenses		
Other gains and losses		
Excess of revenues and gains over expenses and losses attributed to noncontrolling interests		

Continued on next page

Hunterdon Healthcare Systems, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years ended December 31,
(In Thousands)

	<u>2021</u>	<u>2020</u>
Excess of revenues and gains over expenses and losses attributed to Hunterdon Healthcare System, Inc. and Affiliates (previous page)		
Changes in net assets without donor restrictions		
Changes in net assets with donor restrictions		
Net assets, beginning of year		
Net assets, end of year		

Hunterdon Healthcare System, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years ended December 31,
(In Thousands)

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Cash flows from investing activities:		
Cash flows from financing activities:		
Cash and cash equivalents and restricted cash and cash equivalents:		
Supplemental disclosures of cash flow information:		
Reconciliation of cash and cash equivalents and restricted cash and cash equivalents:		

Hunterdon Healthcare System, Inc. and Affiliates
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

December 31, 2021 and 2020
(in thousands)

NOTE 1 - ORGANIZATION

Hunterdon Healthcare System, Inc. (HHS) is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (the IRC) established to operate exclusively for charitable, scientific and educational purposes, as a regional health network serving Hunterdon, Warren, Somerset and Mercer Counties in New Jersey and Bucks County in Pennsylvania. The consolidated financial statements include the accounts of Hunterdon Healthcare System, Inc. and its affiliates.

Hunterdon Healthcare System, Inc. is composed of the following affiliates:

Hunterdon Medical Center (the Medical Center), a New Jersey not-for-profit acute care medical center and any other qualifying members, in the performance of charitable, educational, scientific and hospital purposes within the service area with a wide range of inpatient and outpatient services, including medical, surgical, obstetrical, gynecological, pediatric, emergency and ambulatory care.

The Medical Center controls the following not-for-profit professional corporations: Hunterdon Primary Care, P.C., Hunterdon Specialty Care, P.C. and Hunterdon Urgent Care, P.C. (collectively d/b/a Hunterdon Medical Group). Hunterdon Medical Group employs certain physicians, nurse practitioners and physician assistants and provide services at primary care and specialty practices owned by the Medical Center.

Midjersey Health Corporation (Midjersey), a for-profit entity that conducts various health related proprietary activities, is owned 100 percent by HHS. Midjersey has the following ownership interests:

- 51 percent ownership in Hunterdon Center for Surgery, LLC (HCS), an outpatient surgery center.
- 51 percent of Raritan Family Healthcare LLC (Raritan Family), a primary health care provider acquired on January 1, 2021.
- 100 percent interest in Delaware Valley Office Associates (DVO), a for-profit which owns rental properties.
- 67 percent interest in Hunterdon Imaging Associates (HIA), a for-profit which received service fees based on imaging services. HIA ceased operations on January 31, 2021 and is the process of liquidating.

Hunterdon Regional Community Health, Inc. (HRCH), a tax-exempt organization that is the sole corporate member or wholly owns:

- Hunterdon Hospice, Incorporated, a tax-exempt organization that provides hospice care.
- Visiting Health & Supportive Services, Inc., a tax-exempt organization that provides companion care services that ceased operations on September 30, 2020 and is the process of liquidating.
- Brideside Adult Day Centers, Inc., a tax-exempt organization that provides adult daycare services.
- Hunterdon Regional Pharmacy, Inc. (the Pharmacy), a for-profit retail pharmacy.

Hunterdon Healthcare Foundation, Inc. (the Foundation), a New Jersey not-for-profit that coordinates fund raising activities for the System.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of the Hunterdon Healthcare System, Inc. and affiliates as described in Note 1 (collectively, the System). The noncontrolling interests relate to the following: HCS, Raritan Family and HIA, which are reported as a component of net assets. Intercompany transactions and balances have been eliminated.

Basis of Accounting

The consolidated financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP) consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Health Care Entities*, and other pronouncements applicable to health care organizations.

Use of Estimates

The preparation of consolidated financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates are used in recording patient accounts receivable and patient service revenue, third-party payor settlements, useful lives of property and equipment, goodwill and intangibles, self-insurance program liabilities, imputed interest rates for leases, actuarial estimates for accrued retirement benefits, and the reported fair values of certain assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents and restricted cash and cash equivalents include cash on hand and highly liquid investments with an original maturity of 12 months or less.

The System has balances with financial institutions that exceed federal depository insurance limits. Management does not believe the credit risk related to these deposits to be significant.

Patient Accounts Receivable

Patient accounts receivable are recorded when there is an unconditional right to payment, subject only to the passage of time. Patient accounts receivable, including billed accounts and unbilled accounts, which have the unconditional right to payment, and estimated amounts due from third-party payors for retroactive adjustments, are recorded as receivables since the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. The estimated uncollectible amounts are generally considered implicit price concessions that are recorded as a direct reduction to patient accounts receivable rather than an allowance for doubtful accounts.

Supplies

Supplies are stated at the lower of cost, determined using the first-in, first-out method or net realizable value.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Investments and Assets Whose Use is Limited and Investment Risk

Assets whose use is limited primarily includes assets held by trustees under indenture agreements (bond funds); designated assets set aside by the Board of Trustees, over which the Board retains control, including deferred compensation plans with investments and assets under split dollar agreements for certain employees and physicians through an insurance company and donor-restricted assets. Amounts required to meet current liabilities have been reclassified as current assets in the consolidated balance sheets.

Investments in mutual funds with readily determinable fair values and all investments in bonds are measured at fair value. Investments in commingled funds are recorded at the net asset value (NAV) of the fund as estimated by the external investment managers and is based on the net asset value of the funds. NAVs are reviewed and evaluated based on information provided by the external investment managers for reasonableness. Investment income or loss (including realized gains and losses on investments, interest and dividends and unrealized gains and losses on investments) is included in excess of revenues and gains over expenses and losses unless donor stipulation or law restricts the income or loss. Gains and losses on the sale of investments are based on an identified cost basis. Donated investments are reported at fair value at the date of receipt.

The investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair values reported in the consolidated balance sheets are subject to various risks, including changes in the equity markets, the interest rate environment and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Property and Equipment

Property and equipment are carried at cost, except donated assets, which are recorded at fair value at date of donation. Finance lease arrangements are amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the asset and is included in depreciation and amortization. Depreciation expense is calculated on all depreciable assets, based on the straight-line method utilizing estimated useful lives ranging from 3 to 40 years.

Construction in progress represents amounts expended or incurred toward property and equipment projects that have not been completed. No depreciation or amortization has been recorded for these items. Interest cost incurred, net of investment income earned on borrowed funds during the period of construction, is capitalized as a component of the cost of acquiring those assets. In cases where internal cash reserves are used to fund construction, interest is capitalized based on average accumulated expenditures multiplied by the weighted-average interest rate on existing debt. There was no capitalized interest for the years ended December 31, 2021 and 2020.

Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or acquired long-lived assets are placed in service.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Impairment of Long-Lived Assets and Long-Lived Assets to be Disposed of

Long-lived assets, such as property and equipment and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future net cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the consolidated balance sheets and reported at the lower of the carrying amount or fair value less costs to sell and are no longer depreciated. The assets and liabilities of a disposed group classified as held-for-sale would be presented separately in the appropriate asset and liability sections of the consolidated balance sheets.

Leases and Right-of-Use Assets

An arrangement is determined to be a lease at inception of the contract. Right-of-use (ROU) assets represent the underlying assets for the lease term and lease liabilities represent the obligation to make lease payments arising from the leases. ROU assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. An estimated incremental borrowing rate is derived from information available at the lease commencement date, in determining the present value of lease payments. This rate is determined based on information obtained from bankers, the secured debt fair value and publicly available data for instruments with similar characteristics.

Operating leases are primarily for real estate, including off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices, as well as medical and office equipment. Finance leases are for medical equipment and are included in property and equipment - moveable equipment. The real estate lease agreements typically have initial terms of five to ten years, and equipment lease agreements typically have initial terms of three to five years. Leases with an initial term of 12 months or less (short-term leases) are not recorded in the consolidated balance sheets.

Real estate leases may include one or more options to renew, with renewals that typically can extend the lease term from five to ten years. The exercise of lease renewal options is at the System's sole discretion. In general, renewal options are not considered to be reasonably likely to be exercised; therefore, renewal options are generally not recognized as part of ROU assets and lease liabilities. The useful life of assets and leasehold improvements are limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise. The majority of the medical equipment leases have terms of three years with no renewal options or bargain purchase options, so these assets are depreciated over their lease term.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses. These variable lease payments are recognized as other operating expenses in the consolidated statements of operations and changes in net assets and are not included in the ROU asset or liability balances. The current lease agreements do not contain any material residual value guarantees, restrictions or covenants.

Deferred Financing Costs and Original Issue Discounts

Costs incurred in connection with the issuance of long-term debt have been deferred and the original issue discounts from certain issuances and are being amortized over the terms of the related debt using the effective interest method and is included in depreciation and amortization expense in the consolidated statements of operations and changes in net assets. Deferred financing costs and original issue discounts are reported as direct reductions of long-term debt.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Other Assets

Other assets at December 31, 2021 and 2020, are as follows:

	2021	2020
Insurance recoveries	\$ 3,736	\$ 2,865
Land held for sale	213	213
Deferred tax assets	1,435	1,412
Contributions receivable, net	2,558	1,796
Other	1,979	2,746
	<u>\$ 9,921</u>	<u>\$ 9,032</u>

Beneficial Interest in Perpetual Trusts

Beneficial interest in perpetual trusts are arrangements whereby a donor establishes and funds a trust, and the assets are held in perpetuity or for a period of time, with the income earned distributed annually to the System for both restricted and unrestricted use. The System recognizes the contribution and receivable as net assets with donor restrictions, in the period the trust is established at its present value, which equals the fair value of the underlying assets. The fair value of these assets is based on the net asset value reported by the fund manager, which are reviewed by management for reasonableness. Adjustments to the trusts to reflect changes in fair value are recognized as changes to net assets with donor restrictions.

Goodwill

Goodwill represents the excess of the purchase price over the fair value of net assets acquired. Goodwill is tested annually for impairment or earlier upon the occurrence of certain events or substantive changes in circumstances that indicate goodwill is more-likely-than-not impaired. There were no triggering events during 2021 or 2020.

Derivative Instruments and Hedging Activities

Derivative financial instruments are employed to manage risks. The principal financial instruments used for cash flow hedging purposes are interest rate swaps. The interest rate swap agreements are entered into to manage exposure to interest rate changes. The financial instruments are recognized in the consolidated balance sheets at fair value. The interest rate swaps do not qualify for hedge accounting and as such the changes in the fair value of its interest rate swap is reported in other items as a component of excess of revenues over expenses in the consolidated statements of operations and changes in net assets.

Policies and procedures are established to limit the potential for counterparty risk, including establishing limits for credit exposure and continually assessing the creditworthiness or counterparties. The exposure to credit risk associated with its derivative financial instruments is measured on an individual counterparty basis, as well as by groups of counter parties that share similar attributes.

Self-Insured Health Benefits

The System is self-insured for employee health benefits. The provision for estimated employee health benefits includes estimates for the ultimate cost for both reported claims and claims incurred but not reported and is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Estimated Malpractice Costs

The liability for estimated medical malpractice claims, included in other liabilities includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. Anticipated insurance recoveries associated with reported claims are reported separately as other assets in the consolidated balance sheets at net realizable value.

Net Assets

Net assets, revenues, gains and other support are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions - net assets available for use in general operations and not subject to donor restrictions. All revenues, gains and other support not restricted by donors and donor-restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

Net Assets With Donor Restrictions - net assets with donor restrictions are those whose use by the System have been limited by donors to a specific time period or purpose. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions. Certain net assets with donor restrictions are required to be maintained by the System in perpetuity.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions. In the absence of donor specification that income and gains on donated funds are restricted, such income and gains are reported in nonoperating revenues and gains. A number of unpaid volunteers contribute their time to the System. The value of this contributed time is not reflected in the consolidated financial statements.

Patient Service Revenues

Patient service revenue is reported at the amounts that reflect the consideration to which the System is expected to be entitled to in exchange for providing patient care for both the hospital and any employed physicians. These amounts are due from patients, third-party payors (including managed care organizations and government programs, i.e., Medicare and Medicaid), and others and they include variable consideration for retroactive adjustments due to settlement of future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Generally, patients and third-party payors are billed several days after the services are performed or shortly after discharge. Patient service revenue is recognized in the period in which the performance obligations are satisfied under contracts by transferring services to patients.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Performance obligations are determined based on the nature of the services provided. Revenue is recognized for performance obligations satisfied over time based on actual charges incurred in relation to total expected charges. The System believes that this method provides an appropriate depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations. Generally, performance obligations are satisfied over time related to patients receiving inpatient acute care services. Performance obligations are measured from admission to the point when there are no further services required for the patient for the episode of care, which is generally the time of discharge. Revenue is recognized for performance obligations satisfied at a point in time, which generally relate to patients receiving physician and hospital outpatient services, when: (1) services are provided and (2) when it is believed the patient does not require additional services for the episode of care.

Other Revenues

The composition of other revenue for the years ended December 31, 2021 and 2020 is set forth in the following table:

	2021	2020
Grant revenue:		
Coronavirus Aid, Recovery and Economic Security (CARES) Act	\$ 1,053	\$ 22,303
Federal Emergency Management Agency (FEMA)	1,118	-
Other	2,404	2,947
	4,575	25,250
Value-based incentive payments	9,434	10,176
Services agreement - MRI	203	3,441
Rental income	1,885	1,849
Other	14,805	6,309
	\$ 30,902	\$ 47,025

Advertising Costs

Advertising costs are expensed as incurred. For the years ended December 31, 2021 and 2020, advertising costs were \$1,937 and \$1,434, respectively, which are included in supplies and services expenses in the accompanying consolidated statements of operations and changes in net assets.

Income Taxes

HHS, the Medical Center, HRCH and the Foundation, except for the affiliates mentioned below, are tax-exempt not-for-profit organizations under Section 501(c)(3) of the IRC. Accordingly, these organizations are not subject to income taxes on income generating activities that are substantially related to their tax-exempt purposes or that are statutorily excluded from income tax for organizations exempt under Section 501(c)(3). Therefore, no provision for federal and state income taxes is required. The federal tax-exempt organization business income tax returns are no longer subject to examination by the Internal Revenue Service (IRS) for years before 2017. Midjersey and the Pharmacy are taxable for-profit entities. These entities use the asset and liability method of accounting for income taxes. Under this method, deferred tax assets and liabilities are recognized for future tax consequences attributable to differences between the consolidated financial statements carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

The System's taxable for-profit entities recorded a net benefit for income taxes for the years ended December 31, 2021 and 2020 of \$20 and \$332, respectively, is included in supplies and services in the consolidated statements of operations and changes in net assets. Deferred tax assets of \$1,872 and \$1,683 at December 31, 2021 and 2020, respectively, is included in other assets in the consolidated balance sheets. These amounts represent the deferred tax consequences attributable to temporary differences that will result in additional taxable income and a reduction of deductible expenses in future years. The temporary differences comprise lease payments, depreciation, and other temporary differences. At December 31, 2021, the Pharmacy had a federal and state operating loss carryforward of approximately \$1,554, which is available to offset future taxable income and expires in 2026.

In assessing the realization of deferred tax assets, management is required to consider whether it is more-likely-than-not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible and must be supported by sufficient positive evidence. Management considers the scheduled reversal of deferred tax assets and liabilities, projected future taxable income and tax planning strategies in making this assessment. The Pharmacy has had two consecutive years of net operating losses. As a result, management has recorded a full valuation allowance against the deferred tax asset.

Certain items of income and expenses are recognized for income tax purposes in different periods from those periods in which such items are recognized for financial reporting purposes. These timing difference items include provisions for uncollectible fees and tax and book depreciation differences. Deferred tax assets and liabilities, if any, are provided for the tax effect of these differences.

The System recognizes income tax positions when it is more-likely-than-not that the position will be sustainable based on the merits of the position. Management has concluded that there are no material tax liabilities that need to be recorded.

Excess of Revenues and Gains Over Expenses and Losses

The consolidated statements of operations and changes in net assets includes the determination of excess of revenues and gains over expenses and losses, which is the performance indicator. Changes in net assets without donor restrictions, which are excluded from the performance indicator consistent with industry practice, include other changes in accrued retirement benefits and contributions of long-lived assets including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets, change in noncontrolling interests, and other items.

Reclassifications

Certain prior period consolidated financial statement amounts have been reclassified to conform to current period presentation.

Pending Accounting Standards

Intangibles

In May 2019, the FASB issued Accounting Standards Update (ASU) 2019-06, *Intangibles*, which extends to all nonprofits accounting alternatives that reduce the cost and complexity associated with the subsequent accounting for goodwill and the measurement of certain identifiable intangible assets. Not-for-profits that adopt the accounting alternative may amortize goodwill on a straight-line basis over 10 years, or a shorter period if more appropriate and to test goodwill impairment based on a triggering event, instead of annually. ASU 2019-06 is effective upon issuance and not-for-profits may adopt its provisions at any time. The System is evaluating the impact of this guidance and potential adoption.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Reference Rate Reform

In January 2021, the FASB issued ASU 2021-01, *Reference Rate Reform*, in response to concerns about the structural risks of interbank offered rates, and particularly, the risk of cessation of the London Interbank Offered Rate (LIBOR). This guidance adds implementation guidance to clarify that the contract modification relief may be applied to certain derivative instruments that are affected by the discounting transition. This guidance will be required to be adopted when LIBOR is discontinued. The System is evaluating the impact of this guidance and potential adoption.

NOTE 3 - IMPACT OF THE COVID-19 PANDEMIC

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic, which started to and continues to spread throughout the United States of America. As a result of the COVID-19 pandemic, the System experienced a decline in patient visits, admissions, and medical procedures performed. Elective medical procedures were suspended by state and local governments at varying time periods beginning in mid-March through late May 2020, contributing to a significant decline in patient service revenue due to COVID-19 when compared to historic and forecasted results for the year ended December 31, 2020. Additionally, in response to the pandemic, the System incurred additional costs for testing, personal protective equipment, third-party contract services and other operating costs associated with ensuring employee and patient safety while operating during a pandemic. Since late May 2020, the System has begun to see increases in its patient visits, admissions, and medical procedures, however, volumes have not returned to pre-pandemic levels. Management is actively monitoring operating revenues, and expenses and based on the continuing uncertainties of COVID-19, it is unable to determine if it will have a material impact on its operations for the year ending December 31, 2022.

The System received grants, which are considered non-exchange transactions, from the federal government distributed under the Coronavirus Aid, Recovery and Economic Security (CARES) Act and from the Federal Emergency Management Agency (FEMA). For the years ended December 31, 2021 and 2020, recorded amounts from the CARES Act of \$1,053 and \$22,303 and FEMA of \$1,118 and \$0, respectively, which are included in other revenues in the consolidated statements of operations and changes in net assets. These CARES Act and FEMA grants are subject to audit and compliance with federal regulations. The System believes it has met the conditions to retain these funds, and no amounts are reserved for repayment at December 31, 2021 and 2020, future grant payments are uncertain at this time.

The CARES Act also provided for an expansion of the Medicare Accelerated and Advance Payment Program for patient services. Under the program, the System received \$29,314 in April 2020, and recorded these payments in third-party payor settlements and advances in the consolidated balance sheet at December 31, 2020. The recoupment period began in April 2021 and amounts billed to Medicare for services provided are offset against the advanced payments received until the advance is fully recouped by the Medicare program. During the year ended December 31, 2021, Medicare recouped \$12,458, which results in \$16,856 included in third-party payor settlements and advances in the consolidated balance sheet at December 31, 2021. The System will have until September 2022 to offset future claims against the advance. If the advance has not been entirely offset by claims at the end of this period, the System will be required to repay the remaining amount.

The federal government through the CARES Act, started a program called the Paycheck Protection Program (PPP). This program was designed to help small business, with less than 500 employees, with funds to cover the costs associated with payroll, wages, health insurance and matching contributions on retirement plans. In addition, the funds can be used to cover costs of utilities and interest on outstanding

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

mortgages. Companies receiving these funds can request the for the loan to be forgiven in its entirety assuming the proceeds have been used as outlined in the guidelines. The System, through HCS, a consolidated affiliate applied for and received loans of \$576 and \$619, in 2021 and 2020, respectively. The System determined it was not eligible for these loans and HCS repaid the loan for \$576 in 2021 and has the \$619 loan as a component of long-term debt in the consolidated balance sheets at December 31, 2021 and 2020, pending repayment (Note 12) to the Small Business Administration (SBA).

Additionally, the IRS allowed the System to defer remittance of payroll taxes. Fifty percent of the deferred payroll taxes was paid by December 31, 2021, with the remaining balance due by December 31, 2022. The total deferred payroll tax liability is \$3,039 and \$6,021 at December 31, 2021 and 2020, respectively, and is included in accrued payroll and payroll taxes.

NOTE 4 - ACQUISITIONS

At various dates during the year ended December 31, 2021, the System acquired physician practices and a controlling membership interest in a joint venture, which were consolidated at the respective dates of the acquisition. The total cash consideration paid by the System was \$5,061, while noncontrolling interest holders made cash and non-cash contributions of \$719. As a result of the acquisitions, net working capital and tangible assets of \$827 and total goodwill and intangibles of \$4,609 were recorded.

At various dates during the year ended December 31, 2020, the System acquired physician practices, which were consolidated at the respective dates of the acquisition. The total cash consideration paid by the System was \$1,305 which was recorded as goodwill.

NOTE 5 - LIQUIDITY AND AVAILABILITY OF RESOURCES

At December 31, 2021 and 2020, the System has adjusted working capital of \$220,945 and \$226,995, respectively, as well as adjusted days cash on hand of 216 and 242, respectively, both of which include investments.

Financial assets available for general expenditure within one year of the consolidated balance sheets at December 31, 2021 and 2020, consist of the following:

	2021	2020
Cash and cash equivalents	\$ 46,574	\$ 120,353
Assets whose use is limited, bond funds	1,016	3,801
Patient accounts receivable	46,244	46,005
Investments	185,900	110,082
	<u>279,734</u>	<u>280,241</u>
Available lines of credit - Note 12	<u>13,000</u>	<u>13,000</u>
	<u>\$ 292,734</u>	<u>\$ 293,241</u>

The System has other assets whose use is limited that are for donor-restricted purposes. These assets are not available for general expenditure within the next year and are not reflected in the amounts above.

As part of the System's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 6 - CHARITY AND UNCOMPENSATED CARE

In furtherance of its charitable purpose, the System provides a wide variety of benefits to the community, including offering various community-based social service programs, such as health screenings, training for emergency service personnel, social service and support counseling for patients and families, pastoral care and crisis intervention. Additionally, a large number of health-related educational programs are provided for the benefit of the community, including health enhancements and wellness, classes on specific conditions, telephone information services and costs related to programs designed to improve the general standards of the health of the community.

The System provides medical care without charge or at reduced costs to residents of its community who meet the criteria under the state regulation for charity care. The definition of charity care includes services provided at no charge or at a reduced charge to patients who are uninsured or underinsured. The System maintain records to identify and monitor the level of charity care it provides. These records support the amount of charges foregone from services and supplies furnished under its charity care policy. Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues. An overall cost to charge ratio was applied to arrive at the cost of charity care. As a result, the cost of providing charity care was \$4,221 and \$4,177 for the years ended December 31, 2021 and 2020, respectively.

The State of New Jersey provides certain subsidy payments to qualified hospitals to partially fund uncompensated care and certain other costs. Subsidy payments recognized as revenues amounted to \$371 and \$250 for the years ended December 31, 2021 and 2020, respectively, and are included in other revenue in the accompanying consolidated statements of operations and changes in net assets.

NOTE 7 - PATIENT SERVICE REVENUE

The System disaggregates revenues from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of its revenues and cash flows as affected by economic factors. Tables providing details of these factors are presented below.

The composition of patient care service revenues by primary payor for the years ended December 31, 2021 and 2020 is as follows:

	2021	2020
Medicare and Medicare managed care	31%	33%
Medicaid and Medicaid managed care	7	7
Aetna	15	14
Blue Cross, all products except Medicare/Medicaid	32	31
Self-pay/uninsured	1	1
Other third-party commercial	14	14
	<u>100%</u>	<u>100%</u>

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

**December 31, 2021 and 2020
(In thousands)**

The composition of patient care service revenues by type of service for the years ended December 31, 2021 and 2020 is as follows:

	2021	2020
Inpatient	30%	32%
Outpatient	46	45
Physician services	24	23
	<u>100%</u>	<u>100%</u>

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of payment arrangements with major third-party payors follows:

- **Medicare:** Inpatient acute care, psychiatric and rehabilitation services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. In addition, the System is reimbursed for certain cost reimbursable items at tentative interim rates, with final settlement determined after submission of annual costs reports and audits thereof by the Medicare fiscal intermediary. The System's Medicare cost reports have been settled through December 31, 2017.
- **Medicaid:** Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge based on severity of illness. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient nonacute services are paid at prospectively determined per diem rates. Outpatient services are paid based on a published fee schedule. The System's Medicaid cost reports have been settled through December 31, 2018.
- **Blue Cross:** Inpatient acute care services rendered to Blue Cross subscribers are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient nonacute services are paid at prospectively determined rates. Outpatient services are reimbursed based on ambulatory payment classifications.
- **Other Payors:** The System has also entered into payment arrangements with certain managed care and commercial insurance carriers, Medicare and Medicaid managed care insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, or per day, outpatient fee schedules, and discounts from established charges.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims, or penalties would have upon the System. In addition, the contracts the System has with commercial payors also provide for retroactive audit and review of claims.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or no longer subject to such audits, reviews and investigations. Patient service revenues include favorable adjustments of \$3,712 and \$5,909 for the years ended December 31, 2021 and 2020, respectively, related to tentative and/or final settlements of prior year cost reports and other third-party payor adjustments.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The System also provides services to uninsured patients, and offers those uninsured or underinsured patients a discount, either by policy or law, from standard charges. The System estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as an adjustment to patient service revenues in the period of the change. The impact of prior year changes to the consolidated financial statements in estimates of implicit price concessions, discounts and contractual adjustments used to determine the transaction price for the year ended December 31, 2020 related to readjusted transaction price for prior year accounts receivable price concessions was a loss of \$2,600. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as an implicit price concession as a component of patient service revenue.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. Therefore, the System has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the System expects to collect based on its collection history with those patients.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 8 - INVESTMENTS AND ASSETS WHOSE USE IS LIMITED

The composition of investments and assets whose use is limited at December 31, 2021 and 2020 is set forth in the following table:

	<u>2021</u>	<u>2020</u>
Investments:		
Cash and cash equivalents	\$ 5,234	\$ 3,452
Government bonds	2,438	2,450
Corporate bonds	31,199	34,797
Mutual funds, fixed income	54,389	28,141
Mutual funds, domestic equity	74,461	31,707
Mutual funds, international equity	18,179	9,500
Accrued interest receivable	-	35
	<u>\$ 185,900</u>	<u>\$ 110,082</u>
Assets whose use is limited:		
Board-designated funds:		
Cash and cash equivalents	\$ 855	\$ 1,441
Commingled funds, equities and bonds	3,131	2,496
Mutual funds, fixed income	1,344	1,379
Mutual funds, domestic equity	6,865	7,155
Mutual funds, international equity	331	331
Split dollar life insurance	1,887	1,887
	<u>14,413</u>	<u>14,689</u>
Donor-restricted assets:		
Cash and cash equivalents	8,235	7,292
Commingled funds, U.S. large cap equities	8,842	6,777
Commingled funds, U.S. bonds	4,399	4,472
Mutual funds, fixed income	2,065	1,576
Mutual funds, domestic equity	4,074	3,489
Mutual funds, international equity	3,301	3,077
	<u>30,916</u>	<u>26,683</u>
Funds held by trustee under bond indenture agreement:		
Cash and cash equivalents	1,016	3,801
	<u>46,345</u>	<u>45,173</u>
Less current portion	<u>(1,016)</u>	<u>(3,801)</u>
	<u>\$ 45,329</u>	<u>\$ 41,372</u>

Investment return consists of the following for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Investment returns, net:		
Interest and dividends, net	\$ 2,505	\$ 3,804
Net realized gains on the sale of investments	13,325	268
Change in net unrealized gains and losses on investments	<u>(5,631)</u>	<u>4,002</u>
	<u>\$ 10,199</u>	<u>\$ 8,074</u>

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 9 - FAIR VALUE MEASUREMENTS AND FINANCIAL INSTRUMENTS

The System measures its investments, assets whose use is limited and interest rate swap agreements on a recurring basis in accordance with US GAAP.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

- Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the System for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.
- Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets and other observable inputs.
- Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows and other similar techniques.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported during the reporting period.

There were no transfers into or out of the levels per the tables below for the years ended December 31, 2021 and 2020.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

**December 31, 2021 and 2020
(In thousands)**

The following tables present financial instruments measured at fair value at December 31, 2021 and 2020:

	Fair Value as of December 31, 2021			
	Total	Level 1	Level 2	Level 3
Assets:				
Investments:				
Government bonds	\$ 2,438	\$ -	\$ 2,438	\$ -
Investment-grade corporate bonds	31,199	-	31,199	-
Mutual funds, fixed income	54,389	54,389	-	-
Mutual funds, domestic equity	74,461	74,461	-	-
Mutual funds, international equity	18,179	18,179	-	-
Assets whose use is limited:				
Mutual funds, fixed income	3,409	3,409	-	-
Mutual funds, domestic equity	10,939	10,939	-	-
Mutual funds, international equity	3,632	3,632	-	-
Split dollar life insurance	1,887	-	1,887	-
Beneficial interest in perpetual trusts	3,727	-	-	3,727
	<u>204,260</u>	<u>\$ 165,009</u>	<u>\$ 35,524</u>	<u>\$ 3,727</u>
Assets recorded at NAV ^(a)	16,372			
Cash and cash equivalents	15,340			
	<u>\$ 235,972</u>			
Liabilities:				
Interest rate swaps	\$ 1,192	\$ -	\$ 1,192	\$ -
	Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Assets:				
Investments:				
Government bonds	\$ 2,450	\$ -	\$ 2,450	\$ -
Investment-grade corporate bonds	34,797	-	34,797	-
Mutual funds, fixed income	28,141	28,141	-	-
Mutual funds, domestic equity	31,707	31,707	-	-
Mutual funds, international equity	9,500	9,500	-	-
Assets whose use is limited:				
Mutual funds, fixed income	2,955	2,955	-	-
Mutual funds, domestic equity	10,644	10,644	-	-
Mutual funds, international equity	3,408	3,408	-	-
Split dollar life insurance	1,887	-	1,887	-
Beneficial interest in perpetual trusts	3,671	-	-	3,671
	<u>129,160</u>	<u>\$ 86,355</u>	<u>\$ 39,134</u>	<u>\$ 3,671</u>
Assets recorded at NAV ^(a)	13,745			
Cash and cash equivalents	15,986			
	<u>\$ 158,891</u>			
Liabilities:				
Interest rate swap	\$ 319	\$ -	\$ 319	\$ -

^(a) Certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the consolidated balance sheets.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

**December 31, 2021 and 2020
(In thousands)**

Investments Measured Using NAV per Share Practical Expedient

Commingled funds are valued at the quoted NAV of shares held at year-end. NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Purchases and sales may occur daily.

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2021 and 2020, respectively.

	<u>Fair Value 2021</u>	<u>Fair Value 2020</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Vanguard Target Date Funds	\$ 3,131	\$ 2,496	N/A	Daily	30 days
State Street Passive Bond Market Index Strategy	4,399	4,472	N/A	Daily	30 days
S&P 500 Index Strategy	3,185	2,475	N/A	Daily	30 days
State Street FTSE RAFI U.S. 1000 Index	5,657	4,302	N/A	Daily	30 days
	<u>\$ 16,372</u>	<u>\$ 13,745</u>			

Fair Value of Financial Instruments

Mutual funds are valued at the quoted NAV of shares held at year-end.

Government bonds and corporate bonds are valued at fair value, which are the amounts reported in the consolidated balance sheets, based on quoted market prices, if available or estimated using quoted market process of similar securities.

Beneficial interest in perpetual trusts is valued using fair value of the underlying assets held in the trust at year-end.

The fair value of the interest rate swap is determined by an independent third-party valuation specialist based on proprietary models of discounted cash flow. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instruments and the credit risk of the System. The value represents the estimated exit price the System would pay or receive upon termination of the agreements.

The valuation methods as described above may produce a fair value that may not be indicative of what management would realize upon disposition or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Change in the beneficial interest in perpetual trusts for the years ended December 31, 2021 and 2020 were as follows:

	2021	2020
Balance, beginning of the year	\$ 3,671	\$ 2,936
Change in beneficial interest in perpetual trusts	56	735
Balance, ending of the year	\$ 3,727	\$ 3,671

NOTE 10 - INVESTMENT IN UNCONSOLIDATED JOINT VENTURES

The System and physicians or other health systems located within the service area, have joined together, to expand surgical and certain other services within the local communities through jointly owned ventures. These ventures are for-profit limited liability companies (LLC).

A summary of the LLCs and ownership percentages is as follows:

HHS has a 50 percent interest in Hunterdon Health Care LLC d/b/a Hunterdon Healthcare Partners (HHP). HHP is a venture with Hunterdon Physician Practice Association (HPPA), an independent practice association. Approximately 90 percent of the Medical Center's medical staff members are members of HPPA. HHP provides improved access to care to the community through a clinically integrated health system. HHP also provides integrated electronic medical records for all of the professional members allowing physicians to collaborate to patient care. HHP is accounted for on the equity method.

HHS has a 50 percent interest in Health Alliance LLC (the Alliance). The Alliance is a venture with Atlantic Health System (AHS) to promote activities to foster collaboration, achieve cost savings opportunities and to clinically integrate services between HHS and its strategic alliance partner AHS. The Alliance is accounted of on the equity method.

The Medical Center has a 50 percent interest in Hunterdon Ambulatory Services LLC (HAS), an ambulatory nonprovider based diagnostic and therapeutic services provider. HAS is accounted for on the equity method.

Midjersey has a 50 percent interest in Bridgewater Ambulatory Surgery Center LLC (BAS). BAS is an outpatient surgery center. BAS is accounted for on the equity method.

Midjersey has a: a) 19.6 percent interest in Hunterdon Medical Office Associates, LLC (HMOA), b) 13.4 percent interest in HOI Realty, LLC, c) 10 percent interest in HCS Realty, LLC and d) 10 percent interest in HSTI Realty LLC, which are ventures in medical office buildings (MOBs). The MOBs are accounted for on the cost method.

Midjersey has guaranteed the outstanding balance of two of HMOA's outstanding loans times an amount equal to 125 percent of their LLC membership percentage. At December 31, 2021, the guaranteed amount on the outstanding loans is \$2,264.

The System provides rental space and management services to several of these ventures. The total revenue, included in other revenue, from these services was \$773 and \$692 for the years ended December 31, 2021 and 2020, respectively.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 11 - PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2021 and 2020 consist of the following:

	<u>2021</u>	<u>2020</u>
Land	\$ 6,877	\$ 6,877
Land improvements	8,180	7,933
Buildings	167,272	165,619
Leasehold improvements	24,860	24,811
Fixed equipment	47,515	48,098
Major moveable equipment	<u>198,197</u>	<u>188,608</u>
	452,901	441,946
Less accumulated depreciation and amortization	<u>(318,576)</u>	<u>(297,621)</u>
	134,325	144,325
Construction in progress	<u>11,947</u>	<u>9,616</u>
	<u>\$ 146,272</u>	<u>\$ 153,941</u>

Depreciation and amortization expense related to property and equipment was \$17,655 and \$19,421 for the years ended December 31, 2021 and 2020, respectively.

The System has committed to several projects, which have \$2,831 remaining on the commitments and are expected to be fully completed in 2022.

NOTE 12 - LONG-TERM DEBT

Long-term debt at December 31, 2021 and 2020 consists of the following:

	<u>2021</u>	<u>2020</u>
New Jersey Health Care Facilities Financing Authority (Authority) Revenue Bonds, Series 2020A, Serial Bonds payable annually through July 1, 2050, bearing interest at fixed rates ranging from 2.568% to 3.511%	\$ 44,460	\$ 44,460
Authority Refunding Bonds, Series 2020B, Serial Bonds payable annually through July 1, 2050, bearing interest at a variable rate based on LIBOR plus 1.26% (1.36% and 1.41% at December 31, 2021 and 2020, respectively)	33,750	34,097
Authority Revenue and Refunding Bonds, Series 2014A, Term Bonds, maturing July 1, 2036 and July 1, 2045, each bearing interest at a fixed rate of 4.00%	14,305	14,305
Authority Refunding Bonds, Series 2014B, payable monthly through December 1, 2029, bearing interest at a fixed rate of 2.44%	13,316	14,806

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
Authority Refunding Bonds, Series 2014D, payable monthly through December 1, 2034, bearing interest at a variable rate based on LIBOR (1.03% and 1.08% at December 31, 2021 and 2020, respectively)	\$ 3,576	\$ 3,789
New Jersey Economic Development Authority Energy Resilience Bank (ERB) loan promissory note payable upon completion of COGEN project with interest at a fixed rate of 2.00% and principal payments to beginning 7 months following the project completion date for 20 years	2,937	1,864
Term Loan by Midjersey and a bank with a fixed interest of 3.5%, guaranteed by the Medical Center, which was paid in full January 2021	-	8,847
Notes payable with interest fixed at 4.00%, monthly principal and interest payable through December 2022	63	134
PPP loan by HCS at a fixed rate of interest at 1.00%, monthly principal and interest payments beginning in 2022	619	619
Finance lease obligations, with various interest rates, secured by leased equipment	<u>2,077</u>	<u>2,995</u>
	115,103	125,916
Less current portion due within one year	<u>(4,117)</u>	<u>(4,062)</u>
	110,986	121,854
Less deferred financing costs, net of amortization	(1,164)	(850)
Less bond original issue discount, net of amortization	<u>-</u>	<u>(351)</u>
	<u>\$ 109,822</u>	<u>\$ 120,653</u>

2020 Bonds

On December 23, 2020, the Medical Center issued \$44,460 of Revenue Bonds, Series 2020A (Series 2020A bonds) pursuant to a loan agreement between the Medical Center and the Authority. Proceeds from the Series 2020A bonds will be used to fund various capital improvements and equipment purchases related to the expansion of and renovations to various healthcare related facilities at the Medical Center and to pay costs incurred in connection with the issuance and sale of the Series 2020A bonds. The Series 2020A bonds have annual July 1st principal amounts ranging from \$420 to \$5,565 and includes \$4,175 of Term Bonds maturing July 1, 2022 through 2030, \$8,215 maturing July 1, 2031 through 2040 and \$32,070 maturing July 1, 2041 through 2050 with interest ranging from 2.57 percent to 3.51 percent. Interest is payable semiannually on July 1 and January 1.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

On December 23, 2020, the Medical Center also issued \$34,097 of Refunding Bonds, Series 2020B (Series 2020B bonds) pursuant to a loan agreement between the Medical Center and the Authority. The Series 2020B bonds have annual July 1st principal amounts ranging from \$185 to \$2,513. Interest is payable semiannually on July 1 and January 1. \$33,881 of the Series 2020B bonds were escrowed to legally defease certain 2014A Series bonds in the amount of \$28,430, which created a call premium loss on defeasance of debt of \$5,451. The Medical Center is no longer liable for those certain 2014A Series bonds and, therefore, have been removed from the 2020 consolidated financial statements. Unamortized deferred financing costs of \$567 and unamortized original issue premium of \$2,357 were written off as a component of the net loss on defeasance of debt of \$3,661 for the year ended December 31, 2020, in other gains and losses on the consolidated statements of operations and changes in net assets.

2014 Bonds

On December 1, 2014, the Medical Center issued \$42,735 of Revenue and Refunding Bonds, Series 2014A (Series 2014A bonds) pursuant to a loan agreement between the Medical Center and the Authority. Proceeds from the Series 2014A bonds were used to refund and redeem the Series 2006A bonds and to finance a portion of the costs of various capital improvements to the Medical Center's acute care facility; and to pay costs of issuance of the Series 2014A bonds. As noted above, \$28,430 of Series 2014A bonds were legally defeased with the issuance of the Series 2020B bonds. The Series 2014A bonds include \$10,205 of Serial Bonds maturing July 1, 2030 through 2034, bearing interest at 5 percent and \$32,530 of Term Bonds maturing July 1, 2036 through 2045, with interest ranging from 4 percent to 5 percent. Interest is payable semiannually on July 1 and January 1.

On December 1, 2014, the Medical Center also issued \$16,260, \$6,360 and \$4,935 of Refunding Bonds, Series 2014B, C and D, respectively (Series 2014B-D bonds), pursuant to a loan agreement between the Medical Center and the Authority. A bank purchased the Series 2014B-D bonds pursuant to a Direct Bond Purchase Agreement with an expiration date of December 23, 2024 and are subject to mandatory redemption. Proceeds from the Series 2014B and C bonds were used to refund and redeem the Series 2006B bonds and Series 2009 bonds, respectively, and the proceeds from the Series 2014D bonds were used to refinance an existing bank loan issued by Midjersey. The Series 2014C Bonds have been paid in full as scheduled. The Series 2014B-D bonds were special and limited obligations of the Authority, payable in monthly installments ranging from \$29 to \$153 through December 2034.

Bond Covenants

The Medical Center, as the only Obligated Group member, has a Master Trust Indenture and First Supplemental Indenture, both dated as of December 1, 2014, as amended (Master Trust Indenture), with a bank, as Master Trustee for the 2020 and 2014 bonds. As security for the repayment of the bonds, the Medical Center has granted a security interest in and a first lien on its gross revenues. The Master Trust Indenture requires the Medical Center to comply with certain covenants and ratios.

ERB Loan

In 2019, the Medical Center entered into a loan and forgiveness agreement with the ERB for the construction of a co-generation plant project. The agreement has a maximum amount of \$9,528, which consists of a loan principal amount of up to \$3,444 and an amount that is forgivable, as defined of \$6,084. At December 31, 2021 and 2020, the loan amount outstanding is included in long-term debt and the forgivable amount of \$5,222 and \$3,314, respectively, is included in deferred revenue on the consolidated balance sheets. The project is expected to be completed in 2022 and the forgivable amount will be recognized as revenue when the project completion is obtained as evidenced by a certificate of completion as defined in the ERB Funding Agreement.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Future Principal Payments

Scheduled principal repayments on long-term debt at are as follows:

Years Ending December 31:

2022	\$	4,117
2023		3,391
2024		3,159
2025		2,873
2026		2,943
Thereafter		<u>98,620</u>
	\$	<u>115,103</u>

Lines of Credit

The Medical Center has a \$6,000 Working Capital line of credit with a bank, which expires on June 30, 2022, with an interest rate that is based on the Wall Street Journal Prime Rate minus 1.90 percent with a rate floor of 1.35 percent (1.35 percent and 4.00 percent at December 31, 2021 and 2020, respectively).

The Medical Center also has with the same bank a \$7,000 unsecured Advised Equipment Lease line of credit, which expires on December 31, 2022, and a fixed interest rate of 3.75%.

There are no amounts outstanding on these lines of credit as of December 31, 2021 and 2020.

NOTE 13 - DERIVATIVE FINANCIAL INSTRUMENTS - INTEREST RATE SWAPS

In conjunction with the 2014D Bonds on December 23, 2014, the Medical Center entered into an interest rate swap agreement with a counterparty (the 2014 Swap). The notional amount declines annually until the termination of the agreement on December 2, 2024. The 2014 Swap has a notional amount of \$3,594 and \$3,807 at December 31, 2021 and 2020, respectively, and requires the Medical Center to pay a fixed rate of 1.5 percent to the counterparty in exchange for the counterparty agreeing to pay the Medical Center a variable rate equal to 69 percent of one-month LIBOR (0.09 percent and 0.15 percent at December 31, 2021 and 2020, respectively).

In conjunction with the 2020B Bonds on April 5, 2021, the Medical Center entered into an interest rate swap agreement with a counterparty (the 2020 Swap). The notional amount declines annually until the termination of the agreement on December 23, 2035. The 2020 Swap has a notional amount of \$33,750 at December 31, 2021 and requires the Medical Center to pay a fixed rate of 1.521 percent to the counterparty in exchange for the counterparty agreeing to pay the Medical Center a variable rate equal to 81.5 percent of one-month LIBOR (0.09 percent at December 31, 2021).

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

**December 31, 2021 and 2020
(In thousands)**

The reported fair value of the interest swap agreements are included in other liabilities in the consolidated balance sheets and represents the estimated amount that would be paid to terminate the interest rate swaps were they to be terminated at the consolidated balance sheet date.

	<u>2014 Swap</u>	<u>2020 Swap</u>	<u>Total</u>
Fair value, December 31, 2019	\$ (246)	\$ -	\$ (246)
Change in fair value	<u>(73)</u>	<u>-</u>	<u>(73)</u>
Fair value, December 31, 2020	(319)	-	(319)
Change in fair value	<u>147</u>	<u>(1,020)</u>	<u>(873)</u>
Fair value, December 31, 2021	<u>\$ (172)</u>	<u>\$ (1,020)</u>	<u>\$ (1,192)</u>

NOTE 14 - LEASES

The following table presents the components of the right of use assets and liabilities related to leases and their classification as of December 31, 2021 and 2020:

<u>Component of Lease Balances</u>	<u>Classification in Consolidated Balance Sheets</u>	<u>2021</u>	<u>2020</u>
Assets			
Operating lease assets	Right of use assets, operating leases	\$ 25,919	\$ 31,643
Finance lease assets	Property and equipment, net	<u>2,437</u>	<u>3,151</u>
Total leased assets		<u>\$ 28,356</u>	<u>\$ 34,794</u>
Liabilities			
Operating lease liabilities			
Current	Operating lease obligations, current portion	\$ 5,818	\$ 6,237
Long term	Operating lease obligations, net of current portion	<u>21,501</u>	<u>25,836</u>
Total operating lease liabilities		27,319	32,073
Finance lease liabilities			
Current	Long-term debt, current portion	975	953
Long term	Long-term debt, net of current portion	<u>1,102</u>	<u>2,042</u>
Total finance lease liabilities		<u>2,077</u>	<u>2,995</u>
Total lease liabilities		<u>\$ 29,396</u>	<u>\$ 35,068</u>

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

The following table presents the components of lease expense and their classification in the consolidated statement of operations and changes in net assets for the years ended December 31, 2021 and 2020:

Component of Lease Balances	Classification in Consolidated Statements of Operations and Changes in Net Assets	2021	2020
Operating lease expense	Supplies and services	\$ 8,905	\$ 6,190
Finance lease expense:			
Amortization of leased assets	Depreciation and amortization	714	714
Interest on lease liabilities	Interest	43	63
		<u>757</u>	<u>777</u>
		9,662	6,967
Variable and short-term lease expense	Supplies and services	1,093	277
		<u>\$ 10,755</u>	<u>\$ 7,244</u>

The weighted-average lease terms and discount rates for operating and finance leases at December 31, 2021 and 2020 are as follows:

	2021	2020
Weighted-average remaining lease term (years):		
Operating leases	6.85 years	6.98 years
Finance leases	2.26 years	3.19 years
Weighted-average discount rate:		
Operating leases	3.8%	3.8%
Finance leases	1.2%	1.3%

Cash flow related to leases for the years ended December 31, 2021 and 2020 are as follows:

	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash related to operating leases	\$ 9,131	\$ 8,160
Operating cash related to finance leases	\$ 939	\$ 687
Financing cash related to finance leases	\$ 43	\$ 63
Right-of-use assets obtained in exchange for lease obligations:		
Operating leases	\$ 6,200	\$ 3,094
Finance leases	\$ -	\$ -

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

**December 31, 2021 and 2020
(In thousands)**

The future minimum rental commitments for all noncancelable operating and finance leases as of December 31, 2021 are as follows:

Years Ending December 31,	Operating Leases	Finance Leases	Total
2022	\$ 5,850	\$ 996	\$ 6,846
2023	4,550	718	5,268
2024	4,518	386	4,904
2025	3,661	-	3,661
2026	2,767	-	2,767
Thereafter	9,669	-	9,667
	31,015	2,100	33,115
Less: imputed interest	(3,696)	(23)	(3,719)
	27,319	2,077	29,396
Less: current portion	(5,818)	(975)	(6,793)
	\$ 21,501	\$ 1,102	\$ 22,603

NOTE 15 - RETIREMENT BENEFIT PLANS

Defined Contribution Pension Plan

The System has the Hunterdon Healthcare 403(B) Retirement Savings Plan for certain System employees that are eligible for participation in the plan. The System will make a core annual contribution between 2 percent and 4 percent of each employee's annual compensation based on years of service and a 50 percent match of each employee's annual individual contribution to the plan to a maximum of 2 percent. Total expense recorded by the System for contributions into the plan for the years ended December 31, 2021 and 2020 was \$6,200 and \$5,764, respectively.

Defined Benefit Pension Plan

The Medical Center sponsors a noncontributory defined benefit pension plan (the Plan), which covered all eligible employees and was frozen on January 15, 2014. The plan provides for benefits to be paid to eligible employees at retirement, based primarily upon years of service and compensation. Contributions are intended to provide not only for benefits attributed to service to date but also for benefits expected to be earned in the future. The Medical Center's funding policy is to contribute annually an amount equal to or greater than the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The mortality table used for projecting the benefit obligation is the Pri-2012 private plans mortality tables projected with the current years' mortality improvement scale at December 31, 2021 and 2020.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

The following table summarizes information about the defined benefit plan:

	December 31,	
	2021	2020
Accumulated benefit obligation	\$ 275,641	\$ 290,558
Changes in benefit obligation		
Projected benefit obligation, beginning of year	\$ 290,558	\$ 269,866
Interest cost	5,136	7,455
Actuarial (gain) loss	(9,318)	28,166
Benefits paid	(10,735)	(14,929)
Projected benefit obligation, end of year	275,641	290,558
Changes in plan assets		
Fair value of plan assets, beginning of year	234,346	219,634
Actual return on plan assets	22,576	29,641
Contributions by the Medical Center	-	-
Benefits and expenses paid	(10,735)	(14,929)
Fair value of plan assets, end of year	246,187	234,346
Funded status of the plan - accrued retirement benefits	\$ (29,454)	\$ (56,212)
Amounts recognized in accumulated net assets without donor restrictions		
Net loss	\$ 83,342	\$ 102,257

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

	December 31,	
	2021	2020
Components of net periodic benefit credit recognized in other gains and losses:		
Interest cost	\$ 5,136	\$ 7,455
Expected return on plan assets	(15,991)	(16,060)
Amortization of net actuarial loss	3,012	2,478
Net pension benefit credit	(7,843)	(6,127)
Other changes in accrued retirement benefits recognized in net assets without donor restrictions:		
Net actuarial loss	(18,915)	12,107
Total recognized in net benefit credit and net assets without donor restrictions	\$ (26,758)	\$ 5,980
Amounts expected to be recognized in net periodic benefit cost in the following year - 2022		
Net loss	\$ 2,384	
Weighted-average assumptions used to determine benefit obligations at:		
Discount rate	2.75%	2.41%
Rate of compensation increase	N/A	N/A
Measurement date	December 31	December 31
Weighted-average assumptions used to determine net periodic benefit credit for the period and years ended:		
Discount rate	2.41%	3.19%
Expected long-term return on plan assets	7.00%	7.50%
Rate of compensation increase	N/A	N/A

The expected long-term rate of return on pension assets is selected by considering the expected duration of the projected benefit obligation (PBO) for the plan and the asset mix of the plan. The rate of return is expected to be the rate earned over the period until the benefits represented by the current PBO are paid. The expected return on plan assets is based on the expectations of historical long-term average rates of return on the different asset classes held in the pension fund. This is reflective of the current and projected asset mix of the funds and considers the historical returns earned on the asset allocation and the duration of the plan liabilities. Thus, a historical approach has been taken to development the expected return on asset assumption. The Medical Center believes the fundamental changes in the markets cannot be predicted over the long term. Rather, historical returns, realized across numerous economic cycles, should be representative of the market return expectations applicable to the funding of a long-term benefit obligation.

Actual year-by-year returns can deviate substantially from the long-term expected return assumption. However, over time it is expected that the amount of over-performance will equal the amount of under-performance.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

The fair value hierarchy for the pension plan assets at December 31, 2021 are as follows:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pension assets:				
U.S. government bonds	\$ 19,898	\$ 19,898	\$ -	\$ -
Mutual funds, domestic fixed income	97,139	97,139	-	-
Mutual funds, domestic equity	76,804	76,804	-	-
Mutual funds, international equity	<u>51,190</u>	<u>51,190</u>	<u>-</u>	<u>-</u>
	245,031	<u>\$ 245,031</u>	<u>\$ -</u>	<u>\$ -</u>
Cash and cash equivalents	<u>1,156</u>			
	<u>\$ 246,187</u>			

The fair value hierarchy for the pension plan assets at December 31, 2020 are as follows:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pension assets:				
Mutual funds, domestic fixed income	\$ 80,902	\$ 80,902	\$ -	\$ -
Mutual funds, domestic equity	91,933	91,933	-	-
Mutual funds, international equity	<u>60,497</u>	<u>60,497</u>	<u>-</u>	<u>-</u>
	233,332	<u>\$ 233,332</u>	<u>\$ -</u>	<u>\$ -</u>
Cash and cash equivalents	<u>1,014</u>			
	<u>\$ 234,346</u>			

The pension plan's weighted-average asset allocations at December 31, 2021 and 2020, by asset category, are as follows:

<u>Asset Category</u>	<u>Target Allocations</u>	<u>2021</u>	<u>2020</u>
U.S. government bonds	8%	8%	-%
Mutual funds invested in equity securities	52%	52	65
Mutual funds invested in debt securities	40%	<u>40</u>	<u>35</u>
		<u>100%</u>	<u>100%</u>

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

In determining the asset allocation, the investment managers recognize its desire for funding and expense stability, the long-term nature of the pension obligation and current and projected cash needs for retiree benefit payments. An asset allocation analysis is performed to determine the long-term targets for the major asset classes of equity, debt and cash using an efficient frontier model. The asset allocation is reviewed quarterly and rebalanced if the variance to the targets exceeds 2.5 percent.

The Medical Center does not expect to contribute to the Plan during 2022.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Years Ending December 31:

2022	\$	12,968
2023		13,557
2024		13,875
2025		14,325
2026		14,681
2027-2031		74,871

Deferred Compensation Plans

The System also provides deferred compensation plans for certain employees and physicians. Total expense recorded for these plans for the years ended December 31, 2021 and 2020 was \$321 and \$285, respectively.

NOTE 16 - CONTINGENCIES AND COMMITMENTS

Professional and Patient Care Liability Insurance

The System has annually purchased a claims-made professional liability insurance policy, which provides coverage of \$1,000 per occurrence and \$3,000 annual aggregate. In addition, the System has purchased an additional layer of insurance above the base policy of \$20,000. The System's professional liability insurance policy includes a deductible of \$100 per occurrence and a \$300 annual aggregate. Each individual employed physician is provided individual coverage in the amount of \$3,000 per occurrence and \$5,000 annual aggregate through a group purchased policy. Employed physicians are not covered by the System's policy or additional layer of insurance. The System has estimated losses and recorded an undiscounted liability of approximately \$372 and \$362 at December 31, 2021 and 2020, respectively, relating to unasserted claims and incidents not yet reported to the insurance carrier, which are included in other liabilities in the accompanying consolidated balance sheets. In addition, the System has recorded a receivable (included in other assets) and related claim liability (included in other liabilities) for anticipated insurance recoveries of approximately \$3,736 and \$2,865 at December 31, 2021 and 2020, respectively.

HCS has purchased annually a claims-made professional liability insurance policy. The policy currently provides coverage of \$1,000 per occurrence and \$3,000 annual aggregate. In addition, HCS has purchased an additional layer of insurance above the base policy of \$2,000. HCS has no knowledge of any material claims or reportable events under this insurance policy.

HIA is separately insured under the providers' professional liability policy.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 17 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at December 31, 2021 and 2020 are restricted for the following programs:

	<u>2021</u>	<u>2020</u>
Temporarily - Subject to expenditure for specific purpose:		
Property and equipment and research and education	\$ 6,089	\$ 6,375
Permanently - Investment in perpetuity whose income is expendable to support patient care or specified by donor:		
Beneficial interest in perpetual trusts	3,727	3,671
Donor-restricted endowments	<u>24,584</u>	<u>22,483</u>
	<u>28,311</u>	<u>26,154</u>
	<u>\$ 34,400</u>	<u>\$ 32,529</u>

Realized gains and losses are retained in either net assets without donor restrictions or net assets with donor restrictions in accordance with donors' wishes.

The System's endowment consists of eight funds that have been established by the Medical Center and seven funds that have been established by the Foundation to support the Medical Center and HRCH, in providing health care services. These funds are invested by the Medical Center and Foundation. As required by GAAP, net assets associated with endowment funds are classified and reported based upon the existence or absence of donor-imposed restrictions.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the System to retain as a fund of perpetual duration. In accordance with US GAAP, deficiencies of this nature are to be reported in net assets without donor restrictions as of year end. These deficiencies result from unfavorable market fluctuations. There were no such deficiencies as of December 31, 2021 and 2020.

Interpretation of Relevant Law

The Boards of Trustees of the Medical Center and the Foundation have interpreted the New Jersey Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The Medical Center and the Foundation classify as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The interest and dividend income earned on the accumulations to the donor-restricted endowment funds is classified as net assets with donor restrictions until the donor-imposed restrictions have been met and the amounts have been appropriated for expenditure.

Spending Policy

The Foundation distributes funds from its endowment account to the Medical Center when donor-imposed restrictions have been met. The Medical Center spends earnings on donor-restricted endowment funds when expenses have been incurred that satisfy the donor-imposed restrictions.

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

Return Objectives and Risk Parameters

The Foundation and Medical Center have adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of income and growth, while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center and Foundation must hold in perpetuity. Under this policy, as approved by the Medical Center's and Foundation's Boards of Trustees, the endowment assets are invested in a manner that is intended to produce moderate to high rates of return while assuming a moderate to low level of investment risk.

The following represents the net asset classes of the donor-restricted endowment funds at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Donor-restricted endowment funds	<u>\$ 24,584</u>	<u>\$ 22,483</u>

The following table presents changes in endowments for the years ended December 31, 2021 and 2020:

Endowment net assets, December 31, 2019	\$ 22,490
Contributions, net asset transfers and other changes	(1,152)
Interest income	6
Net realized gains on investments	2
Change in unrealized gains and losses on investments	<u>1,137</u>
Endowment net assets, December 31, 2020	22,843
Contributions, net asset transfers and other changes	(147)
Interest income	14
Net realized gains on investments	3
Change in unrealized gains and losses on investments	<u>2,231</u>
Endowment net assets, December 31, 2021	<u>\$ 24,584</u>

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

NOTE 18 - CONCENTRATION OF CREDIT RISK

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party arrangements. The significant concentrations of accounts receivable for services to patients include the following at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Medicare and Medicare managed care	33%	32%
Medicaid and Medicaid managed care	9	10
Aetna	11	12
Blue Cross, all products except Medicare/Medicaid	21	20
Self-pay/uninsured	7	6
Other third-party commercial	19	20
	<u>100%</u>	<u>100%</u>

NOTE 19 - FUNCTIONAL EXPENSES

The System provides general healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended December 31, 2021 and 2020 included in the consolidated statements of operations are as follows:

<u>2021</u>	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Fundraising Expenses</u>	<u>Total</u>
Salaries, wages and benefits	\$ 208,589	\$ 23,390	\$ 826	\$ 232,805
Physician fees	12,088	128	-	12,216
Supplies and services	103,753	40,256	232	144,241
Depreciation and amortization	7,681	10,032	-	17,713
Interest	3,279	311	-	3,590
	<u>\$ 335,390</u>	<u>\$ 74,117</u>	<u>\$ 1,058</u>	<u>\$ 410,565</u>
<u>2020</u>	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Fundraising Expenses</u>	<u>Total</u>
Salaries, wages and benefits	\$ 195,679	\$ 19,576	\$ 843	\$ 216,098
Physician fees	11,114	-	-	11,114
Supplies and services	95,208	22,601	255	118,064
Depreciation and amortization	10,399	9,049	-	19,448
Interest	2,584	153	-	2,737
	<u>\$ 314,984</u>	<u>\$ 51,379</u>	<u>\$ 1,098</u>	<u>\$ 367,461</u>

Hunterdon Healthcare System, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020
(In thousands)

The consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Certain costs not directly attributable to a function, including depreciation and amortization, are allocated to a function based on a square footage basis.

NOTE 20 - SUBSEQUENT EVENTS

The System evaluated its December 31, 2021 consolidated financial statements for subsequent events through May 26, 2022, the date the consolidated financial statements were available to be issued. The System is not aware of any subsequent events which would require recognition or disclosure in the consolidated financial statements.

SUPPLEMENTARY INFORMATION

Hunterdon Healthcare System, Inc. and Affiliates

CONSOLIDATING SCHEDULE, BALANCE SHEET

December 31, 2021

(In Thousands)

	<u>Hunterdon Healthcare System, Inc.</u>	<u>Consolidated Hunterdon Medical Center</u>	<u>Consolidated Midjersey Health Corporation</u>	<u>Consolidated Hunterdon Regional Community Health, Inc.</u>	<u>Hunterdon Medical Center Foundation, Inc.</u>	<u>Eliminations</u>	<u>Consolidated Total</u>
ASSETS							
Current assets							
Investments							
Assets whose use is limited							
Property and equipment, net							
Right-of-use assets, operating leases							
Other assets							

Hunterdon Healthcare System, Inc. and Affiliates

HUNTERDON MEDICAL CENTER AND AFFILIATES -
CONSOLIDATING BALANCE SHEET

December 31, 2021
(In Thousands)

	<u>Hunterdon Medical Center</u>	<u>Hunterdon Primary Care, P.C.</u>	<u>Hunterdon Specialty Care, P.C.</u>	<u>Hunterdon Urgent Care, P.C.</u>	<u>Eliminations</u>	<u>Consolidated Total</u>
ASSETS						
Current assets						
Investments						
Assets whose use is limited						
Property and equipment, net						
Right-of-use assets, operating leases						
Other assets						

Hunterdon Healthcare System, Inc. and Affiliates

HUNTERDON MEDICAL CENTER AND AFFILIATES -
CONSOLIDATING BALANCE SHEET - CONTINUED

December 31, 2021
(In Thousands)

	Hunterdon Medical Center	Hunterdon Primary Care, P.C.	Hunterdon Specialty Care, P.C.	Hunterdon Urgent Care, P.C.	Eliminations	Consolidated Total
LIABILITIES AND NET ASSETS (DEFICIT)						
Current liabilities						
Long-term debt, net of current portion						
Operating lease obligations, net of current portion						
Other liabilities						
Net assets (deficit)						

Hunterdon Healthcare System, Inc. and Affiliates

HUNTERDON MEDICAL CENTER AND AFFILIATES -
 CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS

Year ended December 31, 2021
 (In Thousands)

	Hunterdon Medical Center	Hunterdon Primary Care, P.C.	Hunterdon Specialty Care, P.C.	Hunterdon Urgent Care, P.C.	Eliminations	Consolidated Total
Revenues						
Expenses						
Other gains and losses						
Other changes in net assets						

Hunterdon Healthcare System, Inc. and Affiliates

MIDJERSEY HEALTH CORPORATION -
CONSOLIDATING BALANCE SHEET

December 31, 2021
(In Thousands)

	Midjersey Health Corporation	Hunterdon Center for Surgery, LLC	Raritan Family Healthcare, LLC	Delaware Valley Office Associates	Hunterdon Imaging Associates	Eliminations	Consolidated Total
ASSETS							
Current assets							
Property and equipment, net							
Right-of-use assets, operating leases							
Other assets							
LIABILITIES AND SHAREHOLDERS' EQUITY (DEFICIT)							
Current liabilities							
Long-term debt, net of current portion							
Operating lease obligations, net of current portion							
Other liabilities							
Shareholders' equity (deficit)							

Hunterdon Healthcare System, Inc. and Affiliates

MIDJERSEY HEALTH CORPORATION -
 CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN SHAREHOLDERS' EQUITY

Year ended December 31, 2021
 (In Thousands)

	Midjersey Health Corporation	Hunterdon Center for Surgery, LLC	Raritan Family Healthcare, LLC	Delaware Valley Office Associates	Hunterdon Imaging Associates	Eliminations	Consolidated Total
Revenues							
Expenses							
Operating (loss) income attributed to noncontrolling interests							
Other changes in shareholders' equity							

