Response to the Township of Hillsborough Request for Proposal for Emergency Medical Services

RWJBarnabas HEALTH | EMS

Submitted: May 18, 2022

Township of Hillsborough for Provision of Emergency Medical Services

Submitted by: RWJBarnabas Health EMS

Vendor Information

Physical Main Operations Address:
RWJBarnabas Health EMS
Mobile Health
126 Paterson Street
New Brunswick, NJ 08901

Mailing Address:
379 Campus Drive, 3rd Floor
Somerset, NJ 08873
Attn: Mobile Health (EMS) Department

Administrative Point of Contact:
Anthony Raffino, MICP, FP-C
Assistant Vice President
Main number: (732) 729-7135
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Email: Anthony.Raffino@rwjbh.org

Submitted: May 18, 2022

Executive Summary

The RWJBarnabas Health EMS (hereinafter referred to as "RWJBH EMS," also known as Robert Wood Johnson Health Network, Inc. "RWJHN") has provided emergency medical services (EMS) continuously since 1982 to a coverage area that spans 9 counties in New Jersey. We are a comprehensive EMS division that provides basic life support (BLS), advanced life support (ALS), specialty care transport (SCT), EMS communications, EMS and trauma education, community outreach, injury prevention education, and EMS disaster response and education. As the largest EMS provider in the state and one the largest in the country, RWJBH EMS treats and transports more than 120,000 patients annually. RWJBH EMS is dedicated to delivering our patients high-quality treatment and transportation with compassion, dignity, empathy, and respect. As the region's needs for healthcare evolve, new challenges arise. RWJBH EMS meets these challenges with state of the art equipment, a modern fleet, a superior communications center, and a dedicated team of medical directors and leadership. Most importantly, we have skilled, caring EMS professionals who make us proud every day. Our team will work collaboratively with the Township to ensure that first and foremost, the patients we serve in your community receive the highest quality of prehospital care available. Our commitment starts with each patient, their families, and our communities. Professionally, we extend these commitments to our partners and fellow first responders.

RWJBH EMS is a not-for-profit corporation, licensed under RWJ University Hospital (hereinafter referred to as "RWJUH") wholly owned by the RWJBarnabas Health System (hereinafter referred to as "RWJBH"), the parent corporation for numerous healthcare entities in the State of New Jersey, including eleven (11) Acute Care Hospitals, four (4) Children's Hospitals, and numerous outpatient centers across the state.

Now as the largest unified EMS provider in the state, RWJBH EMS serves as the system-wide EMS Division for the RWJBarnabas Health. Achieved by unifying and growing the previously established divisions including RWJ Mobile Health Services (New Brunswick, Somerset, and Hamilton), Rahway MICU, and Jersey City Medical Center EMS. Additionally, the RWJBH training center now falls under the RWJBH EMS umbrella. A visual representation of this relationship can be seen in Tab I. RWJBH understood the need for enhancement in pre-hospital services for the community and has since provided RWJBH EMS with significant support for the growth and improvement required to provide superior medical care. With this support, RWJBH EMS has strengthen community relationships through community outreach and EMS coverage. Located in Tab K is a map of our service area.

RWJBH EMS Training Center is now the state's largest Training Center with over 130 full-time and per diem education staff. The staff is comprised of subject matter experts from a diverse group of professional from EMTs, paramedics, tactical paramedics, dive medics, flight paramedics, flight nurses, physicians, physician assistants, registered nurses, law enforcement officers, emergency preparedness, and fire-fighters. RWJBH EMS EMTs and paramedics also supplement the education staff, connecting the classroom to the current practice in the field.

The Training Center has a Paramedic Program that is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. This program is held at our Jersey City Medical Center location in affiliation with Hudson County Community College. We have expanded and added a campus in East Brunswick that started in early 2020. This program is training current EMTs to become Paramedics. The Training Center also is an EMT Training Program that is accredited by NJ Office of Emergency Medical Services. The training center credentials approximately 800 new EMTs each year. EMT programs are held at the following campuses: Jersey City, Somerset, Rahway, Belleville, Monmouth, Lakewood, East Brunswick.

RWJBH EMS will staff the ambulance(s) with a minimum of two (2) New Jersey certified emergency medical technicians, and all employees receive extensive additional training. This training includes regular quarterly competency evaluations with classroom and practical components in areas such as airway management, cardiac and respiratory care, trauma care, pediatrics, incident management, and more. RWJBH EMS supports employee professional development with additional education and training, including the Just Culture program, Lean, and cultural competence. Additionally, our full and part-time employees have access to a generous tuition assistance program. By virtue of the relationship between RWJBarnabas and the Rutgers Medical School, all RWJBH EMS providers remain on the cutting edge of medical care at all times.

RWJBH EMS supports these functions with Med Central, a state-of-the-art regional communications center located in New Brunswick. These dispatch centers are staffed 24/7 with fully trained and certified emergency medical dispatchers at the APCO or MPDS standard. All calls are coordinated with a Tri-Tech VisiCAD system, which records all assignments and makes recommendations for closest-unit dispatch through a GPS InMotion gateway in each vehicle. RWJBH EMS also uses the Optima system for predicting call locations in the future based on past patterns, and uses this system to dynamically deploy ambulances around the system to maximize coverage and minimize response times. RWJBH EMS also utilizes a GPS gateway device called Pulse Genesis that allows our dispatch center to see the closest appropriate ALS unit in the region. This allows for the closest appropriate resource to be sent to emergencies without geographical borders. RWJBH EMS also operates on the New Jersey Interoperable Communications System (NJ-ICS), a robust 700 MHz P25 radio system with multiple talk groups for various needs and providing seamless coverage across the service area.

RWJBH EMS recently established a physician led Clinical Leadership Board. This board is responsible for our Quality Assurance (QA)/Quality Improvement (QI) process, clinical policies and procedures, formulary, clinical practice, and treatment algorithms. Participants include the company Medical Director, Dr. Wang, the assistant medical director from each of the ALS sites, and the ALS/BLS SCTU clinical staff. We are looking to expand the participation on the board to include physician specialists, contracted agencies or towns, and increase general staff participation.

In 2014, RWJBH EMS received the New Jersey Statewide Outstanding Private EMS System award for excellence in EMS. One of the major factors in leading to this recognition was our development of the Pit Crew CPR program that was started here in 2014. This program resulted in a 237% increase in cardiac arrest survival to neurologically intact discharge since its inception. RWJBH EMS has been able

to sustain a CPC Level 1 and 2 discharge rate from 34% to 68% with witnessed cardiac arrests over the past two years.

RWJBH EMS has the experience, infrastructure, financial resources, physician participation and patient centric approach to provide the residents, workers and visitors to the Township of Hillsborough with the highest quality pre-hospital emergency medical care possible.

RWJBH EMS has an experienced management comprised of recognized EMS leaders that have over 80 years of experience and are uniquely adept in our ability to assist in varying models to meet the needs of our communities. We pride ourselves as an agency for our dedication to our communities, for our reliability with exceeding service performance, and maintaining our relationships. Please see Tab I to view the RWJBH EMS organizational chart and Tab J to view the leadership team biographies. RWJBH will work with the Township of Hillsborough to provide employee specific information when deemed appropriate by RWJBH legal department. If awarded the bid, RWJBH EMS will provide a roster of their supervisory, management, and leadership team. RWJBH EMS employees are held to the highest standards for CEU's in the state of New Jersey. RWJBH EMS ensures that all employees are compliant with yearly clinical and administrative competencies. If awarded the bid, RWJBH EMS will provide the Township with evidence of this annual CEU training.

RWJBH EMS has a vast presence that covers from Jersey City to Ocean County. RWJBH EMS has provided BLS EMS services to Hillsborough for several years and the Township is part of our Certificate of Need for our Paramedic Division. During this time we have provided exceptional patient care and superior service to the Township during the most difficult times of the pandemic. We look forward to continuing our service and partnership with Hillsborough Township.

REQUEST FOR PROPOSAL

GENERAL OBJECTIVES/SCOPE OF SERVICES:

RWJBH EMS acknowledges that the Township of Hillsborough is requesting basic life support (BLS) emergency medical service (EMS) response and transportation system for a contract period of two (2) years with three (3) one year renewal options. RWJBH EMS acknowledges the Townships request of providing standby emergency medical services within the Township for fire, rehabilitation services for firefighters, flooding, hazardous emergency calls, community events, school sponsored sporting and other events, and local youth and nonprofit organization sporting and other events. RWJBH EMS will be able to cover these standby events for the Township at $200 per hour with a minimum of 1 hour for each standby call.

DEMOGRAPHICS

1. OBLIGATIONS OF CONTRACTOR
    1. Emergency Medical Services: RWJBH EMS acknowledges that the Township of Hillsborough is requesting basic life support (BLS) emergency medical service (EMS) response and transportation system for twenty-four (24) hours a day, seven (7) days a week. RWJBH EMS shall maintain at least two (2) ambulances within the Township in a ready state at all times to respond to emergency medical service calls. RWJBH EMS acknowledges that when the ambulance is dispatched to a call, RWJBH EMS will make all reasonable efforts to immediately dispatch another ambulance to be located within the Township to respond to emergency medical service calls. RWJBH EMS shall continue to make all reasonable efforts to dispatch ambulances to the Township to ensure there are always ambulances located within the Township in a ready state to respond to emergency medical service calls. The annual cost to the Township for these services is $385,000 for Primary EMS service limited to the two 24 hour ambulances.
    2. Standby Emergency Medical Services: RWJBH EMS acknowledges the Townships request of providing standby emergency medical services within the Township for fire, rehabilitation services for firefighters, flooding, hazardous emergency calls, community events, school sponsored sporting and other events, and local youth and nonprofit organization sporting and other events. RWJBH EMS will be able to cover these standby events for the Township at $200 per hour with a minimum of 1 hour for each standby call.
    3. Licensure: Acknowledged.
    4. Markings: Acknowledged.
    5. Equipment and Maintenance: Acknowledged. RWJBH EMS has state of the art equipment that meet and exceed the guidelines required by the New Jersey Department of Health. All of our equipment is required to have service intervals maintenance is under contract with Emsar, an approved maintenance equipment vendor. A list of our vehicles and certification of our equipment can be found in tab F.

2. **DISPATCH AND HOURS OF SERVICE**
    1. Cooperation with Township Police: RWJBH EMS acknowledges that the Township Police will have full command and will be the supervising official at the scene. RWJBH EMS supports its EMS functions with Med Central, a state-of-the-art regional communications center located in New Brunswick. Med Central is staffed 24/7 with fully trained and

certified emergency medical dispatchers at the APCO or MPDS standard. All calls are coordinated with a Tri-Tech VisiCAD system, which records all assignments and makes recommendations for closest-unit dispatch through a GPS InMotion gateway in each vehicle. RWJBH EMS also uses the Optima system for predicting call locations in the future based on past patterns, and uses this system to dynamically deploy ambulances around the system to maximize coverage and minimize response times. RWJBH EMS also utilizes a GPS gateway device called Pulse Genesis that allows our dispatch center to see the closest appropriate ALS unit in the region. This allows for the closest appropriate resource to be sent to emergencies without geographical borders. RWJBH EMS also operates on the New Jersey Interoperable Communications System (NJ-ICS), a robust 700 MHz P25 radio system with multiple talk groups for various needs and providing seamless coverage across the service area. As it operates today, Med Central will work with Somerset County Emergency Service Communication Center so all calls for emergency medical services are handled timely, effectively and in accordance with all applicable federal, state and local standards.

2. Hours of Service Required: RWJBH EMS acknowledges that the Township of Hillsborough is requesting basic life support (BLS) emergency medical service (EMS) response and transportation system for twenty-four (24) hours a day, seven (7) days a week. RWJBH EMS acknowledges the Townships request of providing standby emergency medical services within the Township for fire, rehabilitation services for firefighters, flooding, hazardous emergency calls, community events, school sponsored sporting and other events, and local youth and nonprofit organization sporting and other events. RWJBH EMS will be able to cover these standby events for the Township at $200 per hour with a minimum of 1 hour for each standby call.

3. **RESPONSE TIMES/MUTUAL AID**
    1. Ambulance Response Time: RWJBH EMS acknowledges and agrees to the response times outlined in the RFP of less than ten minutes fifty-nine seconds no less than ninety percent (905) of the occasions in any given 168 hour period. Compliance with these standards for the past quarter can be found in Tab G.
    2. Mutual Aid: RWJBH EMS agrees to provide 2 BLS ambulance in a ready state 24- hour's per day. Additional resources will be utilized following the mutual aid process with Somerset County and available RWJBH assets.
4. **PERSONNEL**
    1. Emergency Medical Technicians: The ambulance serving the Township will be licensed for BLS by the New Jersey Office of Emergency Medical Services, and will be staffed with two (2) properly trained and certified emergency medical technicians. RWJBH EMS shall comply with all applicable laws and regulations governing the provision of BLS emergency ambulance services.
    2. Training and Appearance: Acknowledged.
5. **COMPENSATION**
    1. Emergency Medical Services/Standby Emergency Medical Services: RWJBH EMS acknowledges that the Township of Hillsborough is requesting basic life support (BLS) emergency medical service (EMS) response and transportation system for twenty-four

(24) hours a day, seven (7) days a week. RWJBH EMS shall maintain at least two (2) ambulances within the Township in a ready state at all times to respond to emergency medical service calls. RWJBH EMS acknowledges that when the ambulance is dispatched to a call, RWJBH EMS will make all reasonable efforts to immediately dispatch another ambulance to be located within the Township to respond to emergency medical service calls. RWJBH EMS shall continue to make all reasonable efforts to dispatch ambulances to the Township to ensure there are always ambulances located within the Township in a ready state to respond to emergency medical service calls. The annual cost to the Township for these services is $385,000 for Primary EMS service limited to the two 24 hour ambulances.

RWJBH EMS acknowledges the Townships request of providing standby emergency medical services within the Township for fire, rehabilitation services for firefighters, flooding, hazardous emergency calls, community events, school sponsored sporting and other events, and local youth and nonprofit organization sporting and other events. RWJBH EMS will be able to cover these standby events for the Township at $200 per hour with a minimum of 1 hour for each standby call.

6. **QUALITY ASSURANCE**
    1. Quality Assurance Program: RWJBH EMS has a team of EMS Medical Directors and Quality specialists oversees the QA process. Our Quality Policy is to establish and maintain a quality assurance/quality improvement program in accordance with N.J.A.C 8:43G-27.1, 27.2, and Chapter 40 & 41, MICU Programs 8:41-9.8. The purpose of this policy is to maintain leading edge high quality patient care in a dynamically changing environment. RWJBH EMS acknowledges that the Township reserves the right upon twenty four (24) hour notice to have a Township Official or representative ride along with the contractor for an unspecified amount of time or calls. RWJBH EMS will approve these ride-a-long as long as there is no restrictions are in place due to the pandemic/endemic. Please see additional details on the QA process in tab M.
7. **RECORDS AND REPORTS**
    1. RWJBH EMS will provide services that will be performed regularly, diligently, and operated in a manner that will ensure optimal patient care and performance. RWJBH EMS agrees to provide data outlined in RFP. RWJBH EMS will provide remote dashboards to the Township that will measure daily, weekly, and monthly performance. RWJBH EMS acknowledges that the quarterly reporting will be submitted by the tenth day after the quarter ends. An example of those dashboard can be found in Tab G, as well as the past 3 months of the Townships' monthly reports. RWJBH EMS will continue to make sure that the reports meet all of the Townships' needs. RWJBH EMS agrees to cooperate fully with the Township in the monitoring of the Agreement and compliance with complaints as outlined in the RFP.
8. **METHOD OF AWARD**
    1. Acknowledged.
9. **QUALIFICATIONS OF THE BIDDER**
    1. Acknowledged.

10. EVALUATION CRITERIA OF BIDDER PROPOSAL

1. Acknowledged.

11. TERM OF CONTRACT

1. Acknowledged.

12. DEFAULT AND TERMINATION

1. Acknowledged.

STATEMENT OF QUALIFICATIONS AND EXPERIENCE

GENERAL INFORMATION

1. Acknowledged, please see Contact Information in Tab B.
2. The RWJBarnabas Health EMS (hereinafter referred to as "RWJBH EMS," also known as Robert Wood Johnson Health Network, Inc. "RWJHN") has provided emergency medical services (EMS) continuously since 1982 to a coverage area that spans 9 counties in New Jersey. We are a comprehensive EMS division that provides basic life support (BLS), advanced life support (ALS), specialty care transport (SCT), EMS communications, EMS and trauma education, community outreach, injury prevention education, and EMS disaster response and education. As the largest EMS provider in the state and one the largest in the country, RWJBH EMS treats and transports more than 120,000 patients annually. RWJBH EMS is dedicated to delivering our patients high-quality treatment and transportation with compassion, dignity, empathy, and respect. As the region's needs for healthcare evolve, new challenges arise. RWJBH EMS meets these challenges with state of the art equipment, a modern fleet, a superior communications center, and a dedicated team of medical directors and leadership. Most importantly, we have skilled, caring EMS professionals who make us proud every day. Our team will work collaboratively with the Township to ensure that first and foremost, the patients we serve in your community receive the highest quality of prehospital care available. Our commitment starts with each patient, their families, and our communities. Professionally, we extend these commitments to our partners and fellow first responders. Please see Executive Summary, Tab C and last quarters report for the Township in, Tab G.
3. RWJBH EMS ensures that all BLS ambulances are staffed with two (2) properly trained and certified emergency medical technicians (meet the requirements of NJAC 8:40) and who are equipped with and trained in the use of Naloxone, Epinephrine, Albuterol Nebulizers and Continuous Positive Away Pressure oxygen delivery device. We have 24-hour supervisors and a tour chief to provide periodic inspections/audits as well as provide an immediate resource to rectify any deficiency. Additionally our Quality Policy is to establish and maintain a quality assurance/quality improvement program in accordance with N.J.A.C 8:43G-27.1, 27.2, and Chapter 40 & 41, MICU Programs 8:41-9.8. The purpose of this policy is to maintain leading edge high quality patient care in a dynamically changing environment. Further details on our QA process can be found in Tab M. A copy of our New Jersey State License can be found in Tab H.
4. Please see Experience Sheet in Tab L.
5. RWJBH EMS is a not-for-profit corporation, licensed under RWJ University Hospital (hereinafter referred to as "RWJUH") wholly owned by the RWJBarnabas Health System (hereinafter referred to as "RWJBH"), the parent corporation for numerous healthcare entities in the State of New Jersey, including twelve (12) Acute Care Hospitals, four (4) Children's Hospitals, and numerous outpatient centers across the state. Evidence of our fiscal strength to implement and maintain the services outlined in this RFP for the term of the contract can be found in Tab N, Financial Summary.
6. Please see details on the Quality Assurance Program on Tab M.
7. Please see details on the Quality Improvement Program on Tab M.
8. RWJBH EMS maintains our patient care records within a cloud-based electronic patient care reporting (ePCR) platform, ZOLL emsCharts. The records are maintained indefinitely. As per ZOLL's website, "ZOLL emsCharts is a proven, cloud-based charting platform purpose-built to deliver unmatched ease-of-use,

fidelity, and data confidence. Records integrate with operational systems, such as dispatch and billing, to eliminate redundant data capture and create error-free, streamlined workflows. ZOLL emsCharts also automatically imports and associates patient vitals and waveforms directly from the most commonly deployed medical devices, giving clinicians and QA/QI teams one-stop access to a complete patient care story." All of our record keeping is in compliance and monitored by the IT security system of RWJBH.

9. RWJBH EMS supports its function with Med Central, a state-of-the-art regional communication center located in New Brunswick. This dispatch centers is staffed 24/7 with fully trained and certified emergency medical dispatchers at the APCO or MPDS standard. All calls are coordinated with a Tri-Tech VisiCAD system, which records all assignments and makes recommendations for closest-unit dispatch through a GPS InMotion gateway in each vehicle. RWJBH EMS also uses the Optima system for predicting call locations in the future based on past patterns, and uses this system to dynamically deploy ambulances around the system to maximize coverage and minimize response times. RWJBH EMS also utilizes a GPS gateway device called Pulse Genesis that allows our dispatch center to see the closest appropriate ALS unit in the region. This allows for the closest appropriate resource to be sent to emergencies without geographical borders. RWJBH EMS also operates on the New Jersey Interoperable Communications System (NJ-ICS), a robust 700 MHz P25 radio system with multiple talk groups for various needs and providing seamless coverage across the service area. This state of the art system accounts for failsafe mechanisms in the case of primary communication failures. As it operates today, The Townships existing dispatch and communication system will be integrated into RWJBH EMS's provision of emergency medical dispatch services.

STAFFING

1. Ambulance Workforce:
    a. As an entity of RWJUH and the greater RWJBH, RWJBH EMS follows many of the operational policies of the hospital and health system. Furthermore, RWJBH EMS has an expansive set of EMS specific policies and procedures to support the operations of our division. If awarded the bid, appropriate personnel policies and procedures will be shared with the Township upon request.
    b. RWJBH has an expansive scheduling and shift assignment program supported by a software called EPRO. This program and our auditing criteria reviews all shifts worked by employees to adhere to our staffing policy and ensure safe working schedules for our staff.
    c. RWJBH EMS has strict policies on amounts of continual hours worked and rest between shifts. Adherence to these policies is monitored by our resource specialists, supervisors and managers in the region. RWJBH EMS monitors provider fatigue is measured by UHU, our supervisors have the ability to take a unit out of service if needed.
    d. RWJBH EMS completes background checks on every candidate before hiring. RWJBH EMS ensures that all of its employees will meet the background requirements of the Township; all new hires are reviewed and deemed appropriate by RWJBH Human Resources and Legal Department. RWJBH EMS completes driver abstracts on every candidate before hiring and then yearly on current employees. RWJBH EMS employees are required to wear photo identification with the employees name, the company name, and job title.
    e. RWJBH EMS has market leading total compensation packages, retention bonuses, and referral bonuses in addition to comprehensive CEU offerings and career ladders for our employees as a part of our employee retention program.
    f. The starting rate for a new EMT in our division with no experience is $20.00 per hour. We have EMT's who make up to $28.97 per hour as a base rate.

g. RWJBH EMS monitors provider fatigue is measured by UHU, our supervisors have the ability to take a unit out of service if needed. As for stress management and employee assistance programs we have multiple staff certified in critical incident stress management and RWJBH EMS can utilize system resources with EAP is requested.

2. Management and Supervision:
    a. RWJBH EMS has multiple supervisors in the area of the Township of Hillsborough. The supervisors are regionally deployed and are located in East Brunswick, Somerset Hospital, and New Brunswick and can easily assist with incident management. In addition to the supervisors, the Tour Chief is available from New Brunswick to respond to the Township. It is important to note that all of the Directors have access to a vehicle 24/7 and can respond to any location or incident for assistance as well.
    b. Key management in the area including the Township of Hillsborough include regional supervisors, regional Tour Chiefs, Operations Manager Andy Ibanez, and AVP of Operations, Anthony Raffino.
    c. A job description and resume for Anthony Raffino can be found in Tab J.
3. Training:
    a. For the Township, RWJBH EMS will staff the ambulances with a minimum of two (2) New Jersey certified emergency medical technicians, and all employees receive extensive additional training. This training includes regular quarterly competency evaluations with classroom and practical components in areas such as airway management, cardiac and respiratory care, trauma care, pediatrics, incident management, and more. RWJBH EMS supports employee professional development with additional education and training, including the Just Culture program, Lean, and cultural competence. Additionally, our full and part-time employees have access to a generous tuition assistance program. By virtue of the relationship between RWJBarnabas Health and the Rutgers Medical School, all RWJBH EMS providers remain on the cutting edge of medical care at all times.
    b. The orientation program for our newly hired employees can be found in Tab O.
    c. The procedures and controls for ensuring that EMTs satisfy annual refresher training and continuing education requirements can be found in Tab M and Tab P. Compliance of this training is tracked through our online learning management software.
    d. All policies are develop and approved in the Policy Sub-Committee of our greater Employee Operations Committee that is staffed with both management and front line employees. All polices are shared with this subcommittee for comments and edit prior to being shared with the staff once approved. Once finalized, these policies are shared through 3 different platforms and are on our quick access online app.
    e. In addition to our Employee Operations Committee, we have an Employee Safety Committee that review workplace safety events of all nature. This committee is also staffed with both management and front line employees and meets on a monthly basis. Members of the System Occupational Safety department also attend this committee.

VEHICLES AND EQUIPMENT

1. RWJBH EMS is the state's largest EMS Company serving 9 counties, with 1000 employees, 190 vehicles, 45 base locations, and over 120,000 emergency patients transported each year. RWJBH EMS has numerous additional fully licensed, staffed, and operational ambulances. Furthermore, RWJBH EMS has many EMS contracts and would be happy to participate in regional and county mutual aid plans. RWJBH EMS has an extensive fleet of vehicles that goes beyond the sufficient number of vehicles needed to meet the Townships requirement. All of these vehicles are licensed and certified by the State and either meet or exceed requirements.

All of our vehicles are maintained by certified mechanics and maintenance facilities with a maintenance program or the specific vehicle manufacture of the ambulance. A list of these vehicles can be found in Tab F.

RWJBH EMS has state of the art equipment that meet and exceed the guidelines required by the New Jersey Department of Health. All of our equipment is required to have service intervals maintenance is under contract with Emsar, an approved maintenance equipment vendor. RWJBH EMS has state of the art equipment including, but not limited to, P25 compatible radios, that are compatible and can integrate with the Township EMS channel and the Middlesex County 800 Trunked System. RWJBH EMS completes driver abstracts on every candidate before hiring and then yearly on current employees. Employees are also required to have a valid CEVO certificate for employment.

2. A list of these vehicles can be found in Tab F.

BILLING

1. After services are rendered, all information is sent to Mobile Health's vendor, Coronis Health (formerly Revenue Guard), who does the billing on behalf of Mobile Health. If insurance is not provided at the scene or unobtainable, Coronis Health will utilize RWJ Barnabas Health's HL7 feed to pull in insurance information. If insurance is still unobtainable prior to the initial invoice it is the responsibility of the patient to provide the necessary information to bill their insurance. The patient's insurance will be billed and then while in accordance with legislation, the patients will receive the remaining balance for any co-pay, deductibles and liabilities. Coronis Health and Mobile Health are able to provide aid to those who are unable to pay their bills after requesting appropriate documentation. In addition, RWJ Barnabas Health facilities' Charity Care determination will be honored by Mobile Health.
2. *Charges are base rates that are subject to decrease in accordance with contractual insurance allowances, and Medicare and Medicaid allowances. These charges solely are not an accurate depiction of the liability that will be passed to the patient.

*Charges:		
Procedure Description	**Type**	**Amount**
BLS NON-EMERGENCY	Base	$790.00
BLS EMERGENCY	Base	$990.00
ALS-1 EMERGENCY	Base	$2,750.00
ALS -1 ASSESMENT	Base	$2,750.00
ALS-2	Base	$3,680.00
SCT - SPECIALTY CARE	Base	$3,520.00
OXYGEN	Oxygen	$100.00
ADDITIONAL PROVIDER	Provider	$100.00
MILEAGE	Mileage	$35.00/mile

3. RWJ Barnabas Health's vendor, Coronis Health, begins processing refunds immediately upon discovery. Individuals receive a check from RWJ Barnabas Health for any refunds necessary on a monthly basis. Insurance company's refunds are managed through EFTs and are compliant with all necessary time policies.
4. Invoices have the service contact number and email of our dedicated RWJ Barnabas Health customer service representatives at Coronis Health. All inquiries are responded to within the next business day. Under the circumstance that the Coronis Health customer service representatives are unable to answer

a question or feel the need to escalate questions or concerns, they will do so to the RWJ Barnabas Mobile Health team.

5. Patients with Medicare and Medicaid will receive one invoice as required by CMS guidelines. All other patients and their insurance(s) will receive both a BLS and ALS invoice for services rendered. All billing will be done in accordance with state and federal guidelines.

COMPLIANCE

1. In the past ten (10) years, RWJBH EMS has not had to take action against any employee, a managing director, officer or executive of the organization for reason regarding a ban, suspension or temporarily excluded from participating in the Medicare/Medicaid Program.
2. The organization as a whole has not been banned from the Medicare/Medicaid program in the past 10 years and/or is not under any current audit or investigation from Medicare, The United States Office of Inspector General, The NJ Office of Inspector General or any other law enforcing body.
3. Please see Tab M for our quality assurance measures. RWJBH EMS has meet and exceeded all documentation guidelines with the implementation of ICD 10 that is effective on October 1, 2015.
4. RWJBH EMS's compliance officer is the Senior Director, Steve Cohen. A bio for Steve can be found in Tab J, Steve reports directly to AVP, Anthony Raffino.
5. RWJBH EMS follows all NJAC and CDC guidelines for communicable diseases. Furthermore, RWJBH is overseen by the health system and is frequently updated on the latest initiatives and changes.

PROPOSAL DOCUMENT SUBMISSION CHECKLIST

PROJECT TITLE: EMERGENCY MEDICAL SERVICES
Submissions must be received no later than 10:00 a.m. on May 11, 2022
The following items, as indicated below (✓), MUST be included with your sealed submission unless otherwise noted. Please initial each item included.

	Required with submission of proposal (Township's checkmarks)	Initials
V	This Checklist	
✓	Non-Collusion Affidavit	
V	Disclosure of Ownership Form	
✓	Americans with Disabilities Statement	
✓	Copy of NJ Business Registration Certificate	
✓	Mandatory Equal Employment Opportunity Notice Acknowledgement	
✓	Professional Service Entity Information Form	
✓	Insurance Requirements Acknowledgement	
V	Indemnity and Hold Harmless Agreement	
✓	Receipt of Addenda Form	
✓	Cost Proposal for Emergency Medical Services	
V	Statement of Qualifications & Experience	

Reminder

All questions must be submitted in writing via email only prior to May 11, 2022 and directed to:

Nancy Costa, CFO/QPA
Township of Hillsborough
379 South Branch Road, Hillsborough, NJ 08844
email: ncosta@hillsborough-nj.org.

Please submit one (1) original and six (6) copies of the sealed submission.

Each submission shall be contained in a sealed envelope addressed to: Nancy Costa, CFO/QPA, Township of Hillsborough, 379 South Branch Road, Hillsborough, NJ 08844 and said envelope shall specify "Emergency Medical Services — Sealed Submission Enclosed."

The submission must be delivered or mailed, at the place and time required, so as to be received prior to the opening time set in the advertisement.

Submissions received after the hour herein named or in unsealed envelopes shall not be considered.

All proposals must be delivered to the Township Finance Office at the above address during normal business hours, 8:00 AM — 4:30 P.M., Monday through Friday. We will not accept proposal packages on weekends or holidays when the Township Offices are closed. NO other office is authorized to accept proposals. Proposals can be hand delivered. If using an outside delivery and/or messenger service, please note the following: The Township will not be responsible for deliveries made prior to or after normal business hours, or to any other office.

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

SS.:

COUNTY OF

I Jim Smith of the firm of RWJ Barnabas Health EMS located in the

County of Middlesex, in the State of New Jersey, of full age, being duly sworn according to law on my oath depose and say that:

I am the vice president of the firm of RWJ Barnabas Health EMS the contractor making the submission for the above named services and I executed said submission with full authority to do so and that said contractor has not, directly or indirectly, entered into any agreements, participated in any collusion, or otherwise taken any action in restraint of fair and open competition in connection with the above named services and that all statements contained in said submission and in this affidavit are true and correct and made with full knowledge that the Township of Hillsborough relies upon the truth of the statements contained in said submission and in the statements contained in this affidavit in awarding the contract for said services.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established, commercial or selling agencies maintained by:

RWJ Barnabas Health EMS

Name of Contractor

Signature - Jim Smith, VP Mobile Health

Subscribed and sworn to before me

this 17th day of May, 2022

Notary Public, State of New Jersey

ZUBIN B. MISTRY
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 10, 2023

DISCLOSURE OF OWNERSHIP FORM

N.J.S.A. 52:25-24.2 reads in part that "no corporation or partnership shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individual who own 10% or more of the stock or interest in the corporation or partnership".

1. If the entity is a *partnership,* then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.
2. If the entity is a *corporation,* then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
4. If the entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below.

COMPLETE ONE OF THE FOLLOWING STATEMENTS:

I. Stockholders or Partners owning 10% or more of the company providing the submission:
NAME: ADDRESS:

N/A

SIGNATURE: _____ DATE: _____

II. No Stockholder or Partner owns 10% or more of the company providing this submission:

SIGNATURE: _____ DATE: 5/17/2022

III. Submission is being provided by an individual who operates as a sole proprietorship:

SIGNATURE: _____ DATE: _____

IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):

_____ Limited Partnership _____ Limited Liability Corporation
_____ Limited Liability Partnership _____ Subchapter S Corporation

SIGNATURE: _____ DATE: _____

AMERICANS WITH DISABILITIES ACT OF 1990 EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITY

The CONTRACTOR and the TOWNSHIP OF HILLSBOROUGH ("TOWNSHIP") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the TOWNSHIP pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event the CONTRACTOR, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the TOWNSHIP in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect, and save harmless the TOWNSHIP, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the TOWNSHIP'S grievance procedure, the CONTRACTOR agrees to abide by any decision of the TOWNSHIP, which is rendered pursuant to, said grievance procedure. If any action or administrative proceeding results in an award of damages against the TOWNSHIP or if the TOWNSHIP incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its own expense.

The TOWNSHIP shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the TOWNSHIP or any of its agents, servants, and employees, the TOWNSHIP shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the TOWNSHIP or its representatives.

It is expressly agreed and understood that any approval by the TOWNSHIP of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the TOWNSHIP pursuant to this paragraph.

It is further agreed and understood that the TOWNSHIP assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the TOWNSHIP from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

Name: Jim Smith
Title: Vice President

NJ BUSINESS REGISTRATION

On June 29, 2004, Governor McGreevy signed P.L. 2004, c.57, Business Registration of Contractors with Government Agencies, into law. Effective September 1, 2004, all business organizations that do business with a local contracting agency are required to be registered with the State of New Jersey, Department of Treasury, Division of Revenue, and provide proof of that registration to the contracting agency before the contracting agency may enter into a contract with the business.

A "Business Organization" means an individual, partnership, association, joint stock company, trust, corporation or other legal business entity or successor thereof.

The law provides that: A copy of the Business Registration Certificate issued by the NJ Department of Treasury, Division of Revenue shall be provided prior to a contract being awarded. The Township requests that you submit a copy with your proposal. This law covers construction as well as non-construction submissions.

Further information may be obtained by visiting the following web site at the State of New Jersey: www.nj.gov/treasury/revenue/busregcert.htm

Goods & Services Contracts (including purchase orders):

N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that knowingly provide goods or perform services for a contractor fulfilling this contract:

1) The contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;

2) Prior to receipt of final payment from a contracting agency, a contractor must submit to the contracting agency an accurate list of all subcontractors or attest that none were used;

3) During the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates, that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration not properly provided or maintained under a contract with a contracting agency.

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	ROBERT WOOD JOHNSON HEALTH NETWORK, INC.
Trade Name:	
Address:	120 ALBANY ST STE 750 NEW BRUNSWICK, NJ 08901
Certificate Number:	1672088
Effective Date:	October 20, 2011
Date of Issuance:	December 26, 2012

For Office Use Only:

20121226160841380

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ROBERT WOOD JOHNSON HEALTH NETWORK, INC.

0100648100

With the Previous or Alternate Name

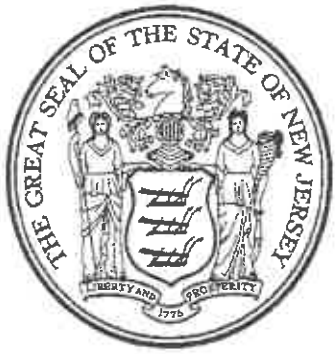
ROBERT WOOD JOHNSON HEALTH SYSTEM, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on December 8, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Carl O'Brien
120 Albany Street
Suite 750
New Brunswick, NJ 08901



Certification# 112090371

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of June, 2008

R. David Rousseau
State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Such action shall include, but not limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or worker's representative of the contractor's commitment under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to **N.J.S.A. 10:5-31 et seq.** as amended and supplemented from the time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make attempt in good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with **N.J.A.C 17:27-5.2**, or a binding determination of the applicable county employment goals determined by the Division, pursuant to **N.J.A.C. 17:27-5.2**.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personal testing conforms with the principles of job-related testing, as established by the

statues and court decision of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302

The contractor and its subcontractor shall furnish such reports or other documents to the Division of Contract Compliance & EEO as may be requested by the office from time to time in order to carry out the purpose of these regulations, and public agencies shall furnish such information as may be requested by the Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C.17:27.

COMPANY: RWJ Barnabas Health EMS

SIGNATURE: [signature]

PRINT NAME: James F Smith

TITLE: Vice President

DATE: May 17, 2022

Certification 4403

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JUL-2020 to 15-JUL-2023

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL
379 CAMPUS DRIVE
SOMERSET NJ 08873

ELIZABETH MAHER MUOIO
State Treasurer

CONTRACTOR INFORMATION FORM

If the Contractor is an *INDIVIDUAL,* sign name and give the following information:

Name:
Address: _____
_____

Telephone # _____ Fax # : _____

E-Mail:
_____ N/A _____

Social Security # _____
If individual has a TRADE NAME, give such trade name:

Trading As:
_____

Telephone # _____

If the Contractor is a *PARTNERSHIP,* give the following information:

Name of Partners:

Firm Name:
_____

Address:
_____ N/A _____

Telephone* _____ Fax # :
_____

Email _____ Federal ID #
_____

Social Security # : _____

Signature of authorized agent: _____

****

If the Contractor is *INCORPORATED,* give the following information:

State under whose laws incorporated: New Jersey

Location of principal office: 126 Paterson Street, New Brunswick NJ 08901

Telephone # 732-729-7135 Fax # : 732-418-8336

Email Anthony.Raffino@rwjbh.org Federal ID # : 223-420-3141000

Name of agent in charge of said office upon whom notice may be legally served:

Telephone # 732-729-7135

Name of Corporation: RWJ Barnabas Health EMS

Signature:

By: James F. Smith

Title: Vice President, Mobile Health

Address: 379 Campus Drive, 3rd Floor Mobile Health
Somerset, New Jersey 08873

INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM

Evidence of adequate general liability, medical malpractice and workers' compensation insurance will be required upon award of contract. Insurance requirements are as follows:

a. Comprehensive General Liability in the amount of $5,000,000;

b. Medical Malpractice-Professional Liability in the amount of $5,000,000;

c. Workers Compensation as required by statute to cover employees engaged in work under this contract;

d. Motor Vehicle Insurance in the amount of $5,000,000.

The Township will be named as an additional insured with reference to the insurance and the Contractor agrees to execute an indemnification and hold harmless provision in the agreement.

Acknowledgement of Insurance Requirement:

COMPANY: RWJ Barnabas Health EMS

SIGNATURE: [signature]

PRINT NAME: James F. Smith

TITLE: Vice President, Mobile Health

DATE: May 17, 2022

INDEMNITY AND HOLD HARMLESS AGREEMENT

Contractor agrees to indemnify and hold harmless the Township of Hillsborough and their representatives, agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of the performance of emergency medical services or Contractor's Agreement to provide emergency medical services or standby emergency medical services within the Township that are caused in whole or in part by Contractor or Contractor's representatives, agents or employees. This indemnification and hold harmless agreement shall apply in all instances whether the Township of Hillsborough is made a direct party to the initial action or claim or is subsequently made a party to the action by third-party pleading or is made a party to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action or claim.

Name: James F. Smith
Title: Vice President, Mobile Health

Subscribe and sworn to before me this
17th day of May, 2022.

Notary Public, State of New Jersey

ZUBIN B. MISTRY
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 10, 2023

RECEIPT OF ADDENDA FORM

The contractor hereby acknowledges the receipt of the following Addenda, if any, distributed by the Township of Hillsborough:

NO ADDENDA WAS RECEIVED FOR THIS BID

OR

ACKNOWLEDGEMENT OF ADDENDA BELOW

Addendum #	**Dated**	**Addendum #**	**Dated**
Addendum #	**Dated**	**Addendum #**	**dated**
Addendum #	**Dated**	**Addendum #**	**dated**
Addendum #	**Dated**	**Addendum #**	**dated**
Addendum #	**Dated**	**Addendum #**	**dated**

(Signature)

James F. Smith
(Name and Title)

RWJBarnabas Health EMS
(Company Name)

126 Paterson Street
(Address)

New Brunswick NJ 08901
(City, State, Zip Code)

Subscribe and sworn to before me this
17th day of May, 2022.

Notary Public, State of New Jersey

ZUBIN B. MISTRY
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 10, 2023

COST PROPOSAL FOR EMERGENCY MEDICAL SERVICES

The Township anticipates the contractor will derive its reimbursement for emergency medical services and standby emergency medical services from patients for whom services are provided, including, but not limited to, insurance, Medicare and Medicaid coverage. The contractor shall be responsible for billing patients, insurance, Medicare and Medicaid directly for services provided. The Township shall not be responsible for uncollected amounts. The contract period will be for two (2) years with three (3) one year renewal options to be exercised at the sole discretion of the Township.

Year 1-5

Annual fee to the Township of Hillsborough for the provision of Emergency Medical Services within the Township seven (7) days a week, twenty four (24) hours a day, as set forth in the Request for Proposals for years 1-5.

Annual Numerical Amount $ 385,000 / year for 2 x 24/7 ambulances.

Annual Amount Written Out three hundred and eighty five thousand dollars per year.

Year 1-5

Hourly fee for the provision of Standby Emergency Medical Services within the Township of Hillsborough as set forth in the Request for Proposals for years 1-5.

Hourly Numerical Amount $ 200 / hour with a minimum of 1 hour / special event

Hourly Amount Written Out two hundred dollars per hour

I have read this Request for Proposals in its entirety and hereby affirm that the contractor agrees to provide the requested services and meet all criteria as outlined in the Request for Proposals for the bid price submitted.

Signature: [signature]

Print Name: James F. Smith

Title: Vice President

Date: May 17, 2022

Contractor Name: RWJ Barnabas Health EMS

Contractor Address: 126 Paterson Street, New Brunswick NJ 08901

Telephone #: 732-729-7135

Fax#: 732-418-8336

Email Address: Anthony.Raffioa@RWJBH.org

RWJBarnabas HEALTH

Clinical Engineering Support Services

2 Ridgedale Avenue
Suite A-10
Cedar Knolls, NJ 07927
Tel: (973) 322-5671
Fax: (973) 451-0036

To Whom It May Concern;

Clinical Engineering Support Services supports, maintains and inventories all medical devices within the RWJBarnabas Health System. This includes all the equipment assigned to RWJBarnabas Mobile Health Services. We also are responsible for all the records and documentation for the medical devices, and will produce records upon request

Respectfully'

Edgar Newell
Director Clinical Engineering
RWJBarnabas Health

RWJ Health Network Vehicle List

Vehicle	Vehicle Type	Model	Make	VIN	year
189-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM7JKA45000	2018
190-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM3JKA26640	
191-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM5JKA27899	2018
1-SOG BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDXE45P64HA82557	2004
99-SUV	Supervisor	Durango	Dodge	1D4HB38P86F190123	2001
105-BLS/MICU	BLS/MICU	E350	Ford	1FDWE35P26DA72446	2006
119-ASAP-5	ASAP-5		Polaris	4XARF68A794736422	
120-SOG MICU/MCRU	MCRU-5			4S7CT2B919C071505	
121-MICU	MICU		Chevy	1GNZKLEG1AR265555	2010
123-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FPXADA36043	2010
127-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS7BDB03087	2011
128-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS5BDB03086	2011
130-MICU	MICU	3500	Chevy	1GNWKLEG3CR152907	2012
131-MICU	MICU	3500	Chevy	1GNWKLEG8CR153180	2011
132-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CL9C1202364	2012
133-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CL5C1200627	2012
134-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CL3C1201890	2012
135-BLS/SCTU	BLS/SCTU	International		1FVACWDU9DHFE5040	2013
136-BLS/SCTU	BLS/SCTU	International		1FVACWDU2DHFE5039	2012
137-MICU	MICU		Chevy	1GNWK5EG8DR346331	2013
S138-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG7E1116699	2014
139-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CGXE1115434	2014
140-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG6E1116726	2014
S141-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG9E1187578	2014
S142-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG8E1188558	2014
S143-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG4E1188184	2014
S144-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG8E1187927	201 4
B145-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1GB3G2CG1E1188370	201 4
155-BLS/MICU	BLS/MICU	E350	Ford	1FDSS34F62HA54101	200 2
156-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35F43HA41968	200 3
157-SOG BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35P66HB07241	2006
159-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35P07DA85133	201 6
161-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35PX7DA73071	200 7
162-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35P27DA85134	2007
163-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35P47DA85135	2007
164-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE35P99DA41957	200 9
165-BLS/MICU/SCTU	BLS/MICU/SCTU	G3500	Chevy	1FDWE35P09DA41958	200 9
B166-BLS/MICU/SCTU	BLS/ MICU/SCTU/Bar	G3500	Chevy	1FDWE3FS3EDB06069	2014
167-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3ELXEDB14980	2014
168-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3ELXEDB15109	2014
169-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3EL7EDB07131	2014
170-BLS/MICU	BLS/MICU	E350		1FDSS3ELXEDB15000	2014

171-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3ELXEDB15014	2014
172-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3ELXEDB15031	2014
173-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3ELXEDB15045	2014
174-BLS/MICU	BLS/MICU	E350	Ford	1FDSS3ELXEDB15028	2014
B175-BLS/MICU/SCTU	BLS/ MICU/SCTU/Bar	E350	Ford	1FDWE3FS0FDA20509	2015
B176-BLS/MICU/SCTU	BLS/ MICU/SCTU/Bar	E350	Ford	1FDWE3FS3FDA26997	2015
B177-BLS/MICU/SCTU	BLS/ MICU/SCTU/Bar	E350	Ford	1FDWE3FS5FDA26998	2015
178-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS2FDA29048	2015
180-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM4GKA58408	2016
181-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM1GKA58415	2016
182-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM3GKA58416	2016
183-BLS/MICU	BLS/MICU	Transit 350	Ford	1FDBW2XM5GKA58417	2016
184-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS8GDC49506	2016
185-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS4GDC49504	2016
186-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS7GDC49514	2016
187-BLS/MICU/SCTU	BLS/MICU/SCTU	E350	Ford	1FDWE3FS2GDC49520	2016
188-BLS/MICU/SCTU	BLS/MICU/SCTU	E450	Ford	1FDXE4FS3JDC19492	2018
501-MICU	Supervisor	3500	Ford	1FMSU41P65EC66158	2005
504-MICU	MICU	3500	Chevy	1GNWK5EG8BR147308	2011
505-MICU	MICU	3500	Chevy	1GNWK5EG9BR147608	2011
506-MICU	MICU	3500	Chevy	1GNSK5KCXFR260831	2014
507-MICU	MICU	F250	Ford	1FT7W2B64GEA66817	2016
508-MICU	MICU	F250	Ford	1FT7W2B66GEA66818	2016
509-MICU	MICU	F250	Ford	1FT7W2B68GEA66819	2016
510-MICU	MICU	F350	Ford	1FT8W3B60GEC94288	2016
551-SUV	Supervisor	G3500	Chevy	1GNSK2E0XER192156	2014
552-SUV	Supervisor	G3500	Chevy	1GNSK2E07ER188548	2014
553-SUV	Supervisor	Expedition	Ford	1FMSU41P45EC66157	2005
Medic 9-MICU	MICU	GS2500	Chevy	1GNWK5EGXDR128228	2013
Medic 10-MICU	MICU	GS2500	Chevy	1GNWK5EG2DR128367	2013
Medic 12-MICU	MICU	GS2500	Chevy	3GNGK26U72G259167	2002
Medic 11-MICU	MICU	GS2500	Chevy	3GNGK26K18G206634	2008
Medic 14-MICU	MICU	GS2500	Chevy	3GNGK26U64G208486	2004

Total Number of BLS Responses	Jan-22	Feb-22	Mar-22
Total Calls	311	264	266
Standbys	62	60	47
Transports	177	140	155
Non Transports	134	124	111

Overall Compliance	Jan-22	Feb-22	Mar-22
Volume (Total without stand-bys)	249	204	219
Late	25	11	16
Compliance	91%	95%	93%

Number of Incidences a BLS Unit was not available	Jan-22	Feb-22	Mar-22
Not Available	0	0	0
Mutual Aid (Non RWJ)	0	0	0

Robert Wood Johnson Health Network | RWJBarnabas HEALTH

Mobile Health

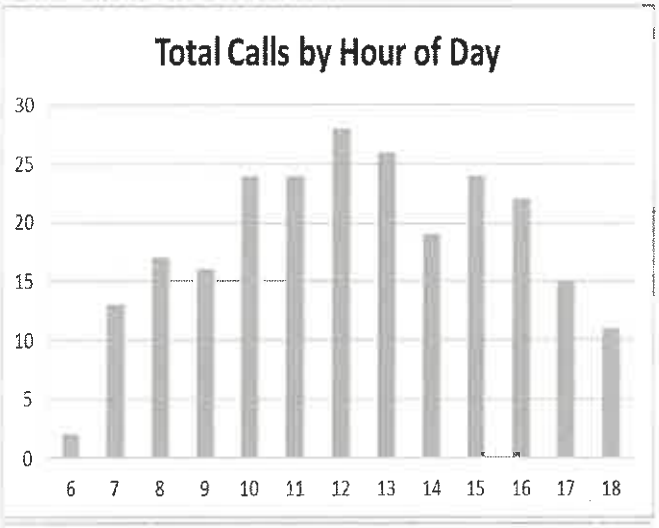
Example Monthly Report

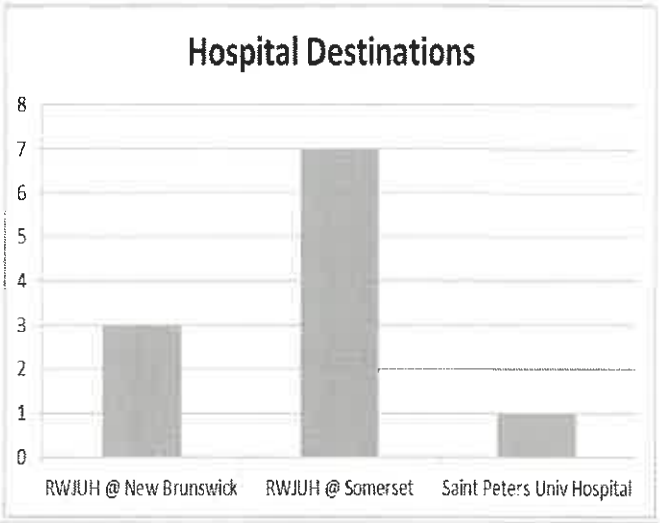
Response time:

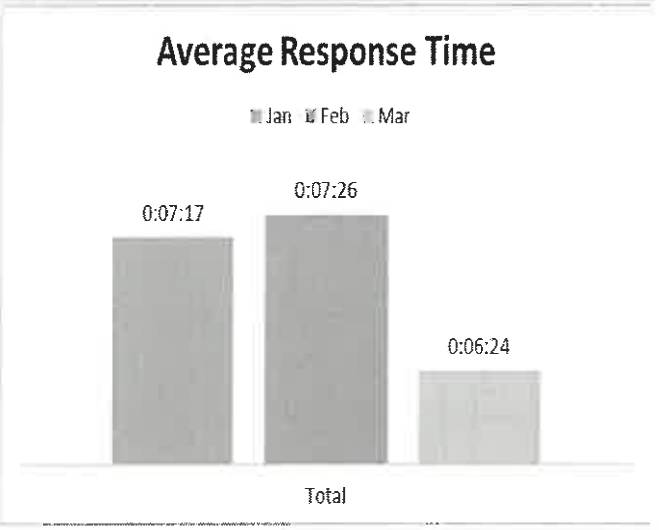
	Total BLS Responses	Average Response Time
BLS Responses	**80**	**0:07:54**
April	80	0:07:54
Grand Total	**80**	**0:07:54**

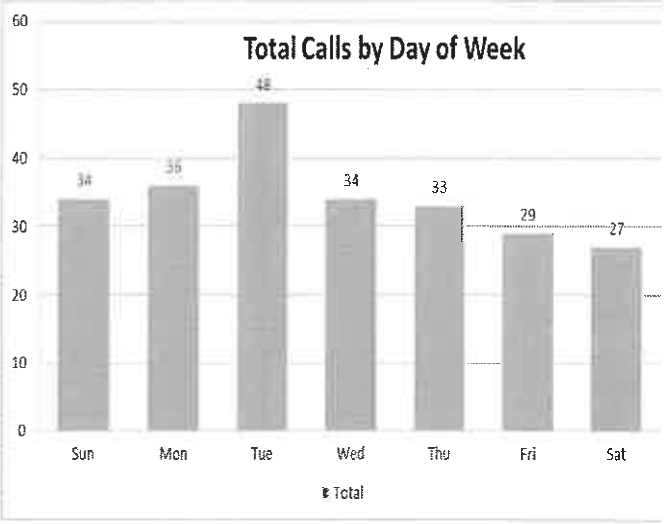
Total Calls with Response Time in Excess of Ten (10) Minutes:	2
The number of incidents a BLS unit was not available:	0
The number of incidents where mutual aid was called in	0
The total number of patients where the patient was not transported	1
The total number of patient emergency transports	10

Year to Date Dashboard:









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Example Quarterly Report

BLS Volume Report																	
Quarter	Q1			Q1 Total	Q2			Q2 Total	Q3			Q3 Total	Q4			Q4 Total	Year Total
Month	January	February	March		April	May	June		July	August	September		October	November	December		
Number of Calls	1,001	950	1,200	3,151	856	1,100	1,215	3,171	1,423	1,123	958	3,504	898	958	1,204	3,060	12,886

Uncollectible Report																	
Quarter	Q1			Q1 Total	Q2			Q2 Total	Q3			Q3 Total	Q4			Q4 Total	Year Total
Month	January	February	March		April	May	June		July	August	September		October	November	December		
Number of Calls	254	125	200	579	126	201	158	485	124	98	147	369	132	189	156	477	1,910
Dollar Amount	$ 254,508	$ 125,250	$ 200,400	$ 580,158	$ 126,252	$ 201,402	$ 158,316	$ 485,970	$ 124,248	$ 98,196	$ 147,294	$ 369,738	$ 132,264	$ 189,378	$ 156,312	$ 477,954	1,913,820

BLS Billed / Received																	
Quarter	Q1			Q1 Total	Q2			Q2 Total	Q3			Q3 Total	Q4			Q4 Total	Year Total
Month	January	February	March		April	May	June		July	August	September		October	November	December		
Billed	$ 751,954	$ 504,061	$ 1,128,817	$ 2,384,832	$ 1,176,482	$ 768,071	$ 1,736,349	$ 3,680,902	$ 685,648	$ 1,155,516	$ 606,856	$ 2,448,020	$ 1,215,957	$ 685,617	$ 1,254,712	$ 3,156,286	$ 11,670,039
Medicare	$ 300,001	$ 200,001	$ 450,002		$ 460,059	$ 306,706	$ 690,088		$ 258,854	$ 568,489	$ 284,245		$ 658,486	$ 329,243	$ 546,538		
Medicaid	$ 100,105	$ 66,737	$ 150,158		$ 180,158	$ 120,105	$ 270,236		$ 154,896	$ 235,984	$ 117,992		$ 213,146	$ 106,573	$ 389,223		
Commercial	$ 250,805	$ 167,203	$ 376,208		$ 392,510	$ 261,673	$ 588,764		$ 196,255	$ 231,223	$ 115,612		$ 216,552	$ 108,276	$ 228,935		
Self-Pay	$ 25,853	$ 17,235	$ 38,780		$ 32,882	$ 21,921	$ 49,322		$ 16,441	$ 32,568	$ 16,284		$ 22,162	$ 11,081	$ 25,389		
Workman's Comp/MVA	$ 30,058	$ 20,039	$ 45,087		$ 54,027	$ 36,018	$ 81,041		$ 27,014	$ 32,584	$ 16,292		$ 89,963	$ 44,982	$ 38,779		
Charity Care	$ 45,132	$ 32,846	$ 68,584		$ 56,848	$ 21,648	$ 56,898		$ 32,189	$ 54,668	$ 56,432		$ 15,648	$ 85,462	$ 25,848		
Received	$ 646,680	$ 433,492	$ 970,783	$ 2,050,955	$ 1,011,775	$ 660,541	$ 1,493,260	$ 3,165,575	$ 589,657	$ 993,744	$ 521,896	$ 2,105,297	$ 1,045,723	$ 589,630	$ 1,079,052	$ 2,714,406	$ 10,036,233
Medicare	$ 258,000.86	$ 172,000.57	$ 387,001.29		$ 395,650.31	$ 263,766.87	$ 593,475.47		$ 222,614.44	$ 488,900.54	$ 244,450.27		$ 566,297.96	$ 283,148.98	$ 470,022.68		
Medicaid	$ 86,090.30	$ 57,393.53	$ 129,135.45		$ 154,935.45	$ 103,290.30	$ 232,403.18		$ 133,210.56	$ 202,946.24	$ 101,473.12		$ 183,305.56	$ 91,652.78	$ 334,731.78		
Commercial	$ 215,692.30	$ 143,794.86	$ 323,538.45		$ 337,558.17	$ 225,038.78	$ 506,337.26		$ 168,779.09	$ 198,851.78	$ 99,425.89		$ 186,234.72	$ 93,117.36	$ 196,884.10		
Self-Pay	$ 22,233.58	$ 14,822.38	$ 33,350.37		$ 28,278.09	$ 18,852.06	$ 42,417.14		$ 14,139.05	$ 28,008.48	$ 14,004.24		$ 19,059.32	$ 9,529.66	$ 21,834.54		
Workman's Comp/MVA	$ 25,849.88	$ 17,233.25	$ 38,774.82		$ 46,463.22	$ 30,975.48	$ 69,694.83		$ 23,231.61	$ 28,022.24	$ 14,011.12		$ 77,368.18	$ 38,684.09	$ 33,349.94		
Charity Care	$ 38,813.52	$ 28,247.56	$ 58,982.24		$ 48,889.28	$ 18,617.28	$ 48,932.28		$ 27,682.54	$ 47,014.48	$ 48,531.52		$ 13,457.28	$ 73,497.32	$ 22,229.28		

New Jersey Department of Health

New Jersey
OFFICE OF EMERGENCY MEDICAL SERVICES

The New Jersey Department of Health - Office of Emergency Medical Services recognizes that the requirements for licensure as set forth at N.J.A.C. 8:40 and/or N.J.A.C. 8:41, et seq. and hereby recognizes licensure to:

RWJ Health Network
Robert Wood Johnson University Hospital-Ems
New Brunswick, New Jersey 08901

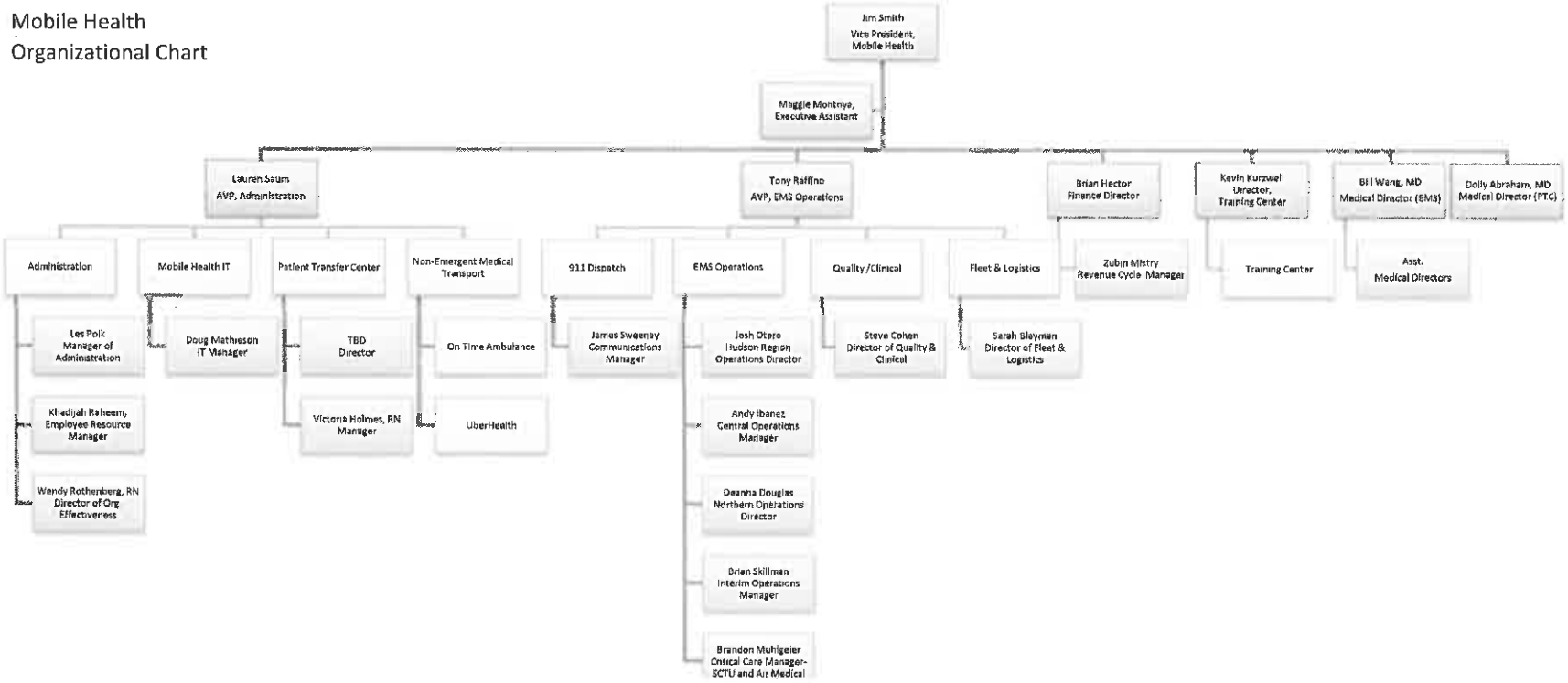
As a provider of the following services:

AIR/BLS/MICU/SCTU

Provider ID: 1112025
Valid: 11/01/2021
Expiration: 12/31/2025

Terry Clancy, PhD, RN, NRP
Director, Office of Emergency Medical Services

RWJBarnabas Health
Mobile Health
Organizational Chart



RWJBarnabas HEALTH

James F. Smith
Vice President
Mobile Health

James F. Smith, MBA
Corporate Vice President, Mobile Health
RWJBarnabas Health

As the Vice President of Mobile Health, Jim Smith is responsible for system wide management and oversight of the emergency medical services, 911 dispatch, non-emergent transport and the RWJBarnabas Training Center. Mr. Smith is tasked with creating a strategic vision to enhance the performance and stability of the system's transport services and community partnerships.

Prior to role at RWJBarnabas Health, Mr. Smith has served in several roles with the Atlantic Health System in Morristown since 2005. Most recently, he was the System Director since 2014, responsible for Mobile Health, Corporate Health and Medicare Bundled Payments with a team of 875 employees providing care to 240,000 patients annually. Notably, he was also received the Lifeline EMS Recognition Award from the American Heart Association in 2016 & 2017.

Furthermore, Mr. Smith worked in a variety of departments including Physician Relations, Sports Health, and Executive Health. Mr. Smith has over 15 years of experience and proven skills in profit and loss accountability, strategy development, operations management, financial management, and sales and marketing leadership.

Mr. Smith received his Bachelor of Science from Smeal College of Business, Pennsylvania State University, and a Master of Business Administration from Kenan-Flagler Business School, University of North Carolina at Chapel Hill. He has served on the Greater Morristown YMCA Board of Directors in Cedar Knolls since 2007, acting as Vice Chair from 2010 to 2016, and now as Chief Volunteer Officer and Chair since 2017.

Mr. Smith's knowledge of local squad alignment, including educational support, medical directorship and grass roots efforts throughout all the regions that RWJBarnabas Health provides services, will greatly benefit our communities. Mr. Smith's wealth of experience in this field will ensure the delivery of world-class patient transport throughout our entire health care system.

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RWJBarnabas HEALTH

Anthony Raffino
Assistant Vice President
Mobile Health

Anthony Raffino
Assistant Vice President, Mobile Health
RWJBarnabas Health

Anthony (Tony) Raffino is in charge of all operations of the system wide Mobile Health department including emergency medical services, 911 dispatch, and non-emergent transport. Mr. Raffino is tasked with streamlining and unifying RWJBarnabas system wide operations, clinical practices, dispatch initiatives and strategic growth. Furthermore, Mr. Raffino is responsible for logistics and efficient implementation of emergency services as well as achieving national accreditation standards for EMS.

A paramedic by trade, Tony has additionally overseen all aspects of EMS including: EMS Operations, Dispatch, Training Centers, SCTU, Clinical, Air Medical Program, Mobile Integrated Health as well as Community Relations and Business Development. The breadth of Tony's experience largely comes from his multiple responsibilities, stretching beyond his manager role at Atlantic Mobile Health. Highlights of his accomplishments include establishing a Medical Oversight Board, expanding MICU services, restructuring training programs to increase revenue by 250K, and developing & implementing air medical training with a greater pass-rate than the national average.

Prior to that, Mr. Raffino worked in Saint Barnabas Medical Center as an Assistant Director. His roles during his time there, contributed to the innovation and effective implementation he has displayed in the forms of lecturing, assisting the Director, and acting as the department Clinical Coordinator.

Some of Tony's certifications include (but are not limited to): CCEMTP, NRP, ABLS Certified, Flight Paramedic Certification, and many more. He has completed management courses throughout his career, graduated with a Clinical Excellence Award, and is still a practicing paramedic since 1993.

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ANTHONY M. RAFFINO

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Work Experience

RWJBarnabas Health ▪ West Orange, NJ *07/18 – Present*

Assistant Vice President, Mobile Health

- Responsible for system oversight and management of ALS/BLS/SCTU territories (RWJ New Brunswick, Jersey City, Rahway, and Somerset)
- Responsible for BLS/EMS existing and future contracts and municipality relationships for the system
- Responsible for the system 911 Communications Centers (Jersey City and Med Central coverage over 10 counties in NJ)
- Implemented and developed a comprehensive Population Health, Mobile Integrated Health pre-hospital program (both referral based and patient-directed)
- Responsible for achieving national accreditation standards for EMS, Communications, and Training center

Atlantic Mobile Health (Atlantic Health System) ▪ Livingston, NJ *1996 – 07/01/2018*

Manager

- Responsible for Paramedic Program, 10 in-service units, 10 million-dollar budget
- Responsible for Air Medical Program which consists of two helicopters, 6.5 million-dollar budget
- Responsible for one of the largest Specialty Care Transport Unit programs in NJ, 8 million-dollar budget
- Responsible for the Atlantic Communications Center (coverage over 11 counties in NJ)
- Implemented and developed a comprehensive Population Health, Mobile Integrated Health pre-hospital program (both referral based and patient-directed)
- Managed the Atlantic Training Center which included a paramedic program affiliated with Union County College, ACLS, PALS, CPR, EMT Basic and EMT Elective CEU's

Key results:

- Developed & implemented Air Medical Training with a pass rate that exceeded the national average.
- Restructured training programs to increase efficiency which resulted in a 250K increase in revenue
- Merged the independent MICU units of Atlantic Health System into a single department, and over the years strategically added additional sites with mergers (Chilton, Hackettstown)
- Worked to establish a Medical Oversight Board which established clinical policies for all areas of the company to include EMT, ALS, SCTU, and Air Medical Programs
- Implemented a comprehensive new employee orientation to Atlantic Mobile Health
- Assisted in the restructure of the billing system which resulted in faster processing, increased collections, and improved revenue, (4 million within first year)
- Clinical Oversight over the company to including BLS, ALS, SCTU, Transport, AAC Communications, and Air Medical
- Development and execution of Medical Oversight contracts for BLS, Police and First Responders to meet NJDOH guidelines and foster relationships in 11 counties
- Expanded MICU services from 4 FT MICU's and 2 PT trucks to 6 FT MICU's and 4 PT MICU's; increased volume, decreased out of chute to 90-seconds 90% of time, average response of 8-minutes across the geographic footprint, while decreasing unavailable times greater than 85%.
- Increased efficiency within the operating budget to reduce overall costs by 5% in most years and steadily reducing OT to < 2% within the department
- Improved overall ALS/BLS Interface contracts with participating agencies to improve revenue/performance for the department. Contracts now are 50/50 with inclusion of non-typical revenue sources (assessments, pronouncements, etc.)
- Reduced outside agency penetration in Certificate of Need areas by greater than 50%. This metric is actively monitored and operations adjusted as needed.
- Serves as the Chair for the Employee Engagement Committee, Employee Operations Committee, and Employee Safety Committee within Atlantic Mobile Health
- Served in the department as a per-diem paramedic, Clinical Coordinator, Education Manager, Critical Care Manager, and designated DOH representative to Atlantic Mobile Health

Saint Barnabas Medical Center ▪ Livingston, NJ *2000—Feb. 2004*
Assistant Director

- Established Comprehensive QA, Orientation, Charting, and Competency Programs
- Supervised daily operations, payroll, scheduling, budget planning
- Re-developed Paramedic Student Program - State pass rate of 100% for 3 years
- Assisted the Director with Billing – was part of the Medicare Audit team
- Acted as the department Clinical Coordinator
- Frequently lectured at the SBMC and UH EMT Training Programs
- Established strong ties to BLS community (Questionnaire's, Captain's Meeting)

Saint Barnabas Medical Center ▪ Livingston, NJ *1993—Dec. 2000*
Staff Paramedic

Hunterdon Medical Center ▪ Flemington, NJ *2001—2005* and 2016 to Present
Staff Paramedic

Certifications

- NJ/PA Paramedic
- ABLS Certified
- 12 Lead Instructor
- ACLS Instructor
- PALS Instructor
- PHTLS Instructor
- Air Medical Introductory Training
- CCEMTP previous 8-years
- Flight Paramedic Certification
- NRP

Education

- 1993 Robert Wood Johnson Paramedic Program
- Graduated with Clinical Excellence Award.
- Multiple college credits at various community colleges
- Multiple Management Courses through Employer

RWJBarnabas HEALTH

Cheng Teng "Bill" Wang, MD, FACEP
Medical Director
Mobile Health

Bill Cheng-Teng Wang, MD, FACEP
Medical Director
Mobile Health
RWJ Barnabas Health

Dr. Wang is the Medical Director for the RWJ Health Network Mobile Health department as well as the Associate Director for the Jersey City Medical Center's Department of Emergency Medicine. He received his medical degree at Robert Wood Johnson Medical School in 1999 and completed his residency in Emergency Medicine at Mt Sinai School of Medicine in New York City in 2003. He is board certified in Emergency Medicine and subspecialty board certified in Emergency Medical Services. He has completed the National Association of EMS Physicians Medical Director course.

Dr Wang has been practicing emergency medicine at Jersey City Medical Center since then and has been involved with EMS since 2005 when he became the EMS Medical Director for Jersey City Medical Center EMS. In 2018 Dr. Wang became the system wide medical director for Mobile Health.

Dr. Wang is very involved in EMS both at the local and state level. He serves as the Chair of the MICU Advisory Council for the state and was a representative on the NJ EMS Council. He has developed numerous protocols and guidelines that are used by EMTs and paramedics throughout the state. Among these is the NJ EMS Stroke Triage Guidelines which provides the framework for EMS to bring patients to NJ state-designated stroke centers and has presented this at several conferences including the NJ Statewide Stroke Conference in Princeton which was sponsored by the American Heart Association. Dr. Wang has also presented at the NJ Conference on EMS and the National Conference on EMS on many topics.

Dr. Wang serves as the medical director for the RWJBH AHA Training Center, which provided the First Responder training to the Jersey City Fire Department. He has also been the medical director for the Fire Department's first responder program and has worked with Jersey City Office of Emergency Management previously as an instructor in the CERT program. He also serves as the Medical Director for the National Parks Service EMS at Statue of Liberty and Ellis Island.

Dr. Wang has also been actively involved in EMS education. He serves as the medical director for the EMT and Paramedic Sciences Program at Jersey City Medical Center EMS and is involved in both the didactic and clinical training components.

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Somerset, NJ 08873

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RWJBarnabas HEALTH

Lauren Saum
Assistant Vice President
Mobile Health

Lauren Saum
Assistant Vice President
Administration & Patient Transfer Center
Mobile Health
RWJBarnabas Health

As the Assistant Vice President (AVP) of Administration and Patient Transfer Center for Mobile Health, Lauren Saum is responsible for providing strategic and operational input into the design, planning and implementation of the division. Mrs. Saum is tasked overseeing employee relations, business development, information technology, division-wide communication and the Patient Transfer Center.

Mrs. Saum is responsible for working directly with human resources on all employee relations responsibilities for Mobile Health's 1000 employees. This includes, but is not limited to, overseeing the development of division policies, yearly employee engagement management, and payroll. Furthermore, she is responsible for working with the Mobile Health leadership team to consistently monitor the market to ensure appropriate and competitive wages, pay rules and pay practices for all Mobile Health employees.

Mrs. Saum is responsible for improving and upgrading Mobile Health's IT support within the RWJBarnabas Health System. Mobile Health requires IT support spanning the entire footprint of RWJBarnabas Health for 55 EMS stations, 170 vehicles, and over 1000 supported IT devices. Mrs. Saum acts the liaison with corporate IT ensuring that all projects are completed in a timely manner to adequately meet the divisions business needs.

Furthermore, Mrs. Saum oversees the operations of both the system-wide Patient Transfer Center (PTC) as well as the systems Non-Emergent Transportation program. These two divisions ensure the appropriate movement of patients throughout the RWJBarnabas Health system as well as to home. For the Patient Transfer Center, the Mrs. Saum consistently monitors and makes strategic improvements for safe and efficient movement of acute care patients. She is responsible for working collaboratively with hospital and service line leadership to optimize the operations of the PTC in preparation for expansion and full system coverage. For Non-Emergent Transport, the Mrs. Saum works with hospital leadership, case management and the emergency departments at the system hospitals to ensure proper transportation service to meet the system's goals on patient throughput.

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Lauren.Saum@rwjbh.org

RWJBarnabas HEALTH

Deanna Douglas
Northern Operations Director
Mobile Health

Deanna Douglas
Director Northern Operations,
Mobile Health
RWJBarnabas Health

Deanna Douglas began her career in EMS 25 years ago, starting out as a volunteer and quickly moving forward into a career in an urban EMS setting where she continues to practice to date.

Deanna continued her education and obtained a degree in Network Engineering and Data Communication, worked as a consultant with the vice president of the hardware planning department at Goldman Sachs supporting all of their offsite data centers, including the Brooklyn campus. Deanna became a paramedic in 2007 where she worked her way up from line medic to Lead Paramedic in 2013. In February of 2019, Deanna joined the RWJBarnabas family at the Central EMS Manager. As the Central EMS Manager, Deanna was responsible for overseeing ALS and BLS operations in our Central Region along with our locations at Hamilton, Rahway and Somerset. In April of 2020 Deanna was promoted into the Northern Operations Director where were has complete operational oversight of the Northern Region including the new ALS geography, the existing Rahway MICU's and BLS municipal contracts in Irvington, Livingston and South Orange as well as the Port of Newark/Elizabeth.

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RWJBarnabas HEALTH

Kevin Kurzweil
Director
Mobile Health

Kevin Kurzweil
Training Center Director, Mobile Health
RWJBarnabas Health

Kevin Kurzweil is in charge of all education for system wide Mobile Health department including American Heart Association Training Center, EMT & Paramedic Programs. Kevin is tasked with consolidating the training centers throughout the RWJBarnabas system while expanding education initial and continuing education opportunities at all 11 RWJBarnabas campuses.

Kevin got his paramedic start in the RWJ system at RWJ Rahway as a paramedic student in 2006. Kevin also worked as a full time staff paramedic at Somerset Medical Center. In 2012, he was promoted to an EMS Educator at Somerset Medical Center and oversaw the EMT and AHA Training Center. Shortly after RWJ and Somerset merged, Kevin was promoted to Education Supervisor. He oversaw the 2 hospitals and consolidated RWJ Hamilton's TC. In addition to the TC, Kevin oversaw new hire orientation, FTO program, competencies, paramedic recertification, hospital mock code, and the department website. When RWJ and Barnabas merged, Kevin became the Director of Resuscitation Services at Newark Beth Israel where he oversaw the legacy Barnabas Health's 6 campuses for AHA training, mock codes, nursing competencies, and started an EMT program.

Some of Kevin's certifications include (but are not limited to): MICP, EMT Instructor, AHA Regional Faculty, NAEMT Instructor, NAEMSE Level 2 Instructor, Sim-Man 3G Certified Operator, FEMA HSEEP Evaluator and many more.

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RWJBarnabas HEALTH

Steven A. Cohen
Director of Clinical Quality
Mobile Health

Steven A, Cohen
Director of Clinical Quality, Mobile Health
RWJBarnabas Health

Steven Cohen is responsible for oversight of the clinical quality of the Mobile Health Department including, Advanced Life Support (Paramedics), Basic Life Support, Specialty Care Transport Units, and Emergency Medical Dispatch. Steve has been tasked with unifying the clinical policies and procedures of the RWJBarnabas Health EMS systems. He has oversight over the quality improvement activities of the department including quality assurance, skills competencies and ensuring that all staff are compliant with the required certifications and training.

Steve holds an MBA and is a NJ & Nationally Registered Paramedic. Most recently, Steve was the Assistant Director of EMS for the Jersey City Medical Center where he oversaw the Quality, Performance Improvement and Education activities of the department. He assisted in the department becoming the first in the Nation to achieve triple accreditation in Operations (CAAS), Dispatch (ACE), and Education (CAAHEP).

Steve is a Fellow of the American College of Paramedic Executives (ACPE) as and serves on the Board of ACPE and chairs the Requirements committee. He also serves on the NJAPP Education Committee, the NJ MICU Advisory Council, the NJ EMS for Children Committee, and the NJ BLS Subcommittee. He has also presented at many local, State and National conferences on topics including quality management, strategic planning, and benchmarking.

Some of Steve's certifications include (but are not limited to): NJ Mobile Intensive Care Paramedic, NREMT NRP, ACLS Instructor, PALS Instructor, BLS (CPR) Instructor, PHTLS Coordinator, Certified Ambulance Documentation Specialist, and EMS Quality Assurance Officer. He is National faculty for the National EMS Management Association's Field Training and Evaluation Program (FTEP) and is a local course director for the Difficult Airway Course™.

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RWJBarnabas HEALTH

Sarah Blayman
Director of Fleet and Logistics
Mobile Health

Sarah Blayman
Director of Fleet and Logistics, Mobile Health
RWJBarnabas Health

Sarah Blayman is in charge of the systems fleet and logistics including, vehicle and supply procurement, vehicle and equipment maintenance, accreditations, and facility management. Sarah has been tasked with streamlining the departments purchasing system, preferred vendor list and standardizing the equipment and supplies within the department.

Sarah has over 25 years of experience in EMS as an EMT and has received a Bachelor's degree in Business Administration, with a concentration in Finance. Most recently Sarah was the Technical Coordinator for Jersey City Medical Center's EMS department and oversaw the department becoming the first in the Nation to achieve triple accreditation in Operations (CAAS), Dispatch (ACE), and Education (CAAHEP). Sarah oversaw the fleet division, IT services, scheduling / payroll, policies & procedures and finance / budgets for the department.

Sarah recently became an instructor in the NATAL Resiliency Training Program and offered the first program in the United States for EMS providers. She has also received awards for Outstanding Achievement by a Manager in 2013 from the CEO of Jersey City Medical Center and the John Crowe Memorial Award in 2015 from Rebuilding Together.

Some of Sarah's certifications include (but are not limited to): NJ EMT, EMS Preceptor, Basic Life Support (CPR), Principles of Ethics and Personal Leadership, NATAL Instructor, HazMat, & CBRNE.

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ANTHONY M. RAFFINO

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Work Experience

RWJBarnabas Health ▪ West Orange, NJ *07/18 – Present*

Assistant Vice President, Mobile Health

- Responsible for system oversight and management of ALS/BLS/SCTU territories (RWJ New Brunswick, Jersey City, Rahway, and Somerset)
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Atlantic Mobile Health (Atlantic Health System) ▪ Livingston, NJ *1996 – 07/01/2018*

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- Managed the Atlantic Training Center which included a paramedic program affiliated with Union County College, ACLS, PALS, CPR, EMT Basic and EMT Elective CEU's

Key results:

- Developed & implemented Air Medical Training with a pass rate that exceeded the national average.
- Restructured training programs to increase efficiency which resulted in a 250K increase in revenue
- Merged the independent MICU units of Atlantic Health System into a single department, and over the years strategically added additional sites with mergers (Chilton, Hackettstown)
- Worked to establish a Medical Oversight Board which established clinical policies for all areas of the company to include EMT, ALS, SCTU, and Air Medical Programs
- Implemented a comprehensive new employee orientation to Atlantic Mobile Health
- Assisted in the restructure of the billing system which resulted in faster processing, increased collections, and improved revenue, (4 million within first year)
- Clinical Oversight over the company to including BLS, ALS, SCTU, Transport, AAC Communications, and Air Medical
- Development and execution of Medical Oversight contracts for BLS, Police and First Responders to meet NJDOH guidelines and foster relationships in 11 counties
- Expanded MICU services from 4 FT MICU's and 2 PT trucks to 6 FT MICU's and 4 PT MICU's; increased volume, decreased out of chute to 90-seconds 90% of time, average response of 8-minutes across the geographic footprint, while decreasing unavailable times greater than 85%.
- Increased efficiency within the operating budget to reduce overall costs by 5% in most years and steadily reducing OT to < 2% within the department
- Improved overall ALS/BLS Interface contracts with participating agencies to improve revenue/performance for the department. Contracts now are 50/50 with inclusion of non-typical revenue sources (assessments, pronouncements, etc.)
- Reduced outside agency penetration in Certificate of Need areas by greater than 50%. This metric is actively monitored and operations adjusted as needed.
- Serves as the Chair for the Employee Engagement Committee, Employee Operations Committee, and Employee Safety Committee within Atlantic Mobile Health
- Served in the department as a per-diem paramedic, Clinical Coordinator, Education Manager, Critical Care Manager, and designated DOH representative to Atlantic Mobile Health

Saint Barnabas Medical Center ▪ Livingston, NJ *2000—Feb. 2004*

Assistant Director

- Established Comprehensive QA, Orientation, Charting, and Competency Programs
- Supervised daily operations, payroll, scheduling, budget planning
- Re-developed Paramedic Student Program - State pass rate of 100% for 3 years
- Assisted the Director with Billing – was part of the Medicare Audit team
- Acted as the department Clinical Coordinator
- Frequently lectured at the SBMC and UH EMT Training Programs
- Established strong ties to BLS community (Questionnaire's, Captain's Meeting)

Saint Barnabas Medical Center ▪ Livingston, NJ *1993—Dec. 2000*

Staff Paramedic

Hunterdon Medical Center ▪ Flemington, NJ *2001—2005* and 2016 to Present

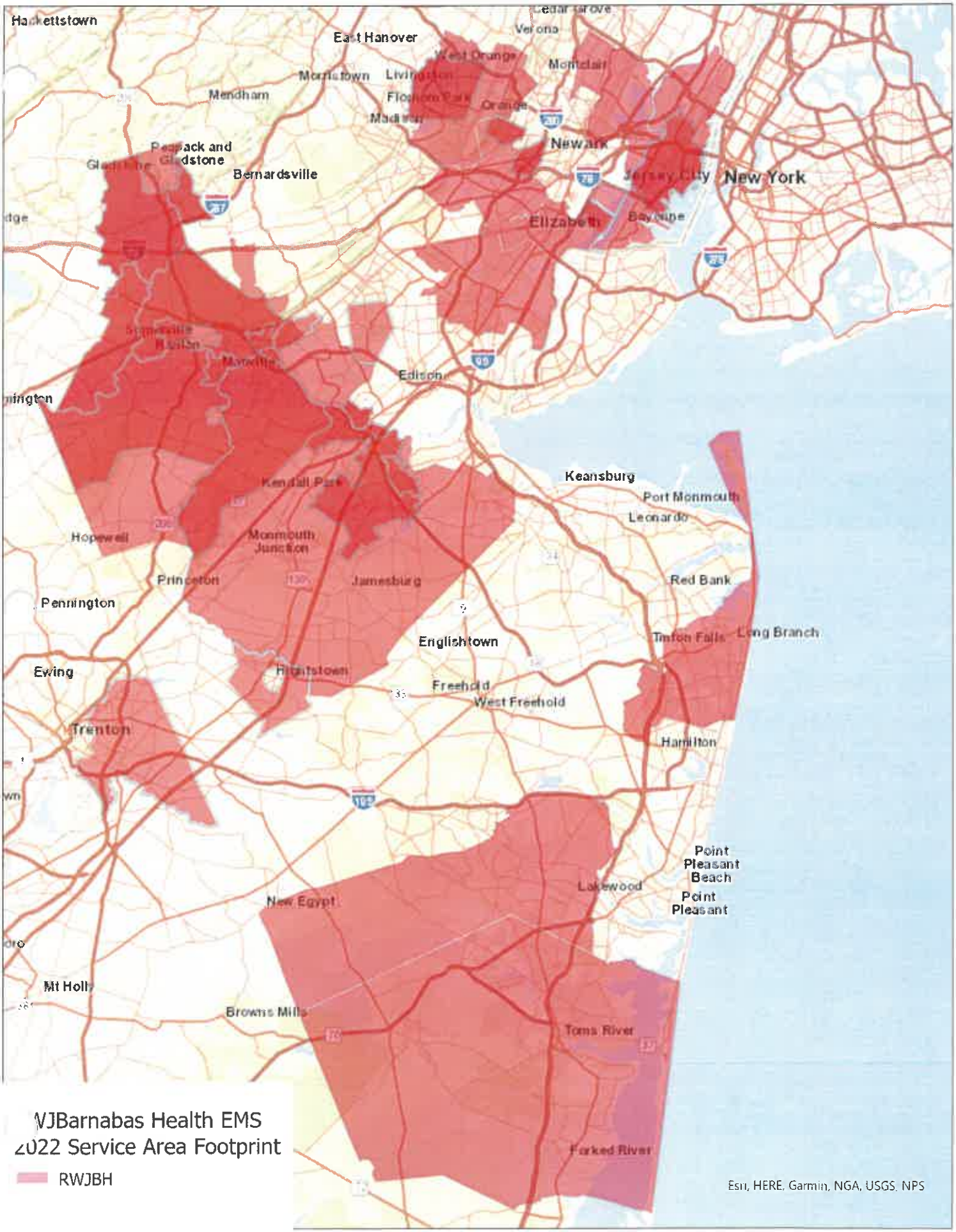
Staff Paramedic

Certifications

- NJ/PA Paramedic
- ABLS Certified
- 12 Lead Instructor
- ACLS Instructor
- PALS Instructor
- PHTLS Instructor
- Air Medical Introductory Training
- CCEMTP previous 8-years
- Flight Paramedic Certification
- NRP

Education

- 1993 Robert Wood Johnson Paramedic Program
- Graduated with Clinical Excellence Award.
- Multiple college credits at various community colleges
- Multiple Management Courses through Employer


Hackettstown
East Hanover
Cedar Grove
Verona
West Orange
Montclair
Morristown
Livingston
Florham Park
Madison
Orange
Mendham
Newark
Peapack and Gladstone
Bernardsville
Jersey City
New York
Elizabeth
Bayonne
Edison
Kendall Park
Keansburg
Port Monmouth
Leonardo
Hopewell
Monmouth Junction
Princeton
Jamesburg
Red Bank
Pennington
Tinton Falls
Long Branch
Englishtown
Ewing
Freehold
West Freehold
Trenton
Hamilton
Point Pleasant Beach
Lakewood
New Egypt
Point Pleasant
Mt Holly
Browns Mills
Toms River
Forked River
WJBarnabas Health EMS
2022 Service Area Footprint
RWJBH
Esri, HERE, Garmin, NGA, USGS, NPS

EXPERIENCE SHEET

Municipality	Contact/Title	Address	Telephone number	Service	Years of Service
City of New Brunswick	Thomas Loughlin, Business Administrator	78 Bayard Street, New Brunswick, NJ 08901	732-745-5010	911 BLS x1 with EMD, 24/7	37 years
Township of East Brunswick	Kevin Zebro, Captain	1 Civic Center Drive, East Brunswick	732-390-6850	911 BLS x2 24/7/365 & x1 12/7/356	New
Hillsborough Township	Anthony Ferrera, Business Administrator	379 South Branch Road, Hillsborough, NJ 08844	908-369-4313	911 BLS x2, 24/7	2 years
South River Borough	Mark Tinitigan, Chief of Police	48 Washington Street, South River, NJ 08882	732-238-1000	911 BLS x1, 6am to 6pm, 7 days per week	New
Highland Park Borough	Terri Jover, Business Administrator	221 South 5th Avenue, Highland Park, NJ 08904	732-819-3789	911 BLS x1, 6am to 6pm, Monday to Friday	New
Piscataway Township	Timothy Dacey, Business Administrator	455 Hoes Lane, Piscataway, NJ 08854	732-529-2528	911 BLS x1, 7am to 7pm, 7 days per week	13 years
Franklin Township	Sgt. Brian Farrar	475 DeMott Lane, Somerset, NJ 08873	732-873-5533	911 BLS x1, 6am to 7pm Monday to Friday, 24 hours Saturday and Sunday	13 years
SASSA	Dan Mason, Contract Administrator	Manville, South Bound Brook, Raritan Borough, Bridgewater	908-337-0081	911 BLS x1, 6am to 6pm Monday to Friday	18 years
Far Hills I Bedminster	Patty Segal, President	6 Prospect Street, Far Hills, NJ 07931	908-234-2666	911 BLS x1, 6am to 6pm Monday to Friday	8 years
East Windsor Township	Janice Mironov, Mayor	16 Lanning Boulevard, East Windsor, NJ 08520	609-443-4008	911 BLS x1, 5am to 7pm Monday to Friday	4 years
Hamilton Township	John Ricci, Business Administrator	2090 Greenwood Avenue, Hamilton, NJ 08650	609-890-3599	911 BLS x2, 24/7	20 years
South Plainfield Borough	Glenn Cullen, Business Administrator	2480 Plainfield Avenue, South Plainfield, NJ 07080	908-226-7602	911 BLS x1, 6am to 6pm Monday to Friday	5 years
Livingston Township	Craig Dufford, Fire Inspector	357 South Livingston Avenue, Livingston, NJ 07039	973-992-2373	911 BLS x1, 7am – 7pm, Monday to Friday. Back up 24/7 to First Aid Squad	New
Port of Newark and Elizabeth	Richie Suarez, VP	5000 West Side Avenue, North Bergen NJ 07047	201-662-1612	911 BLS x1, 6am to 6pm Monday to Friday	New
Irvington	Althea Headley	One Civic Square, Irvington NJ 07111	973-399-6717	911 BLS x2, 24/7 and 911 BLS x1, 8am to 12pm Friday + Saturday	New

Quality Assurance & Quality Improvement Program

RWJBH EMS has a quality team comprised of a director, manager and four (4) clinical coordinators. RWJBH EMS works to ensure that all services rendered are of a quality meeting professionally recognized national and state standards of care. A team of EMS Medical Directors and Quality specialists oversees the QA process. Our Quality Policy is to establish and maintain a quality assurance/quality improvement program in accordance with N.J.A.C 8:43G-27.1, 27.2, and Chapter 40 & 41, MICU Programs 8:41-9.8. The purpose of this policy is to maintain leading edge high quality patient care in a dynamically changing environment.

The quality assurance/quality improvement program is an ongoing process of monitoring: patient care, consistency with patient treatment and triage protocols, consistency of chart with tape review, appropriateness' base physician orders, completeness of medical record, compliance with patient treatment and triage protocols, excessive on-scene times, special procedures, radio failure, and any/all other areas deemed necessary by the EMS Medical Director and the Physician Clinical Board.

The quality assurance/quality improvement program meets and/or exceeds all requirements and regulations set forth in Chapter 40 & 41, MICU Programs (8:41-9.7,8:41-9.8). This program is reviewed monthly for performance against benchmark and yearly for inclusion in continued surveillance. Below is a chart of the BLS Clinical Benchmarks Monitored as well as an example of the reporting.

BLS Clinical Benchmarks Monitored	
Cardiac Arrest	BLS Airway Compliance
Narcan	Protocol Compliance
	Airway Compliance
Trauma	< 10 Minutes on Scene
	SMR Compliance
	Trauma Activation
	Trauma Center Triage Appropriateness
Stroke	Last Known Well Documented
	Code Stroke Activation
	ALS Requested
	Appropriate O2 Use
Universal	Appropriate O2 Use
	Appropriate Lights and Sirens Usage
	Pain Scale Documentation
	Documentation compliance
ALS Utilization	Vitals with normal limits
	Compliance with protocols

Additionally, we provide original source verification for our EMTs State or National certifications and conduct an independent audit of the CEUs that they use to renew their certification.

KPMG

RWJ BARNABAS HEALTH, INC.

Consolidated Financial Statements and
Supplementary Information

December 31, 2020 and 2019

(With Independent Auditors' Report Thereon)

RWJ BARNABAS HEALTH, INC.

Table of Contents

KPMG LLP
New Jersey Headquarters
51 John F. Kennedy Parkway
Short Hills, NJ 07078-2702

Independent Auditors' Report

The Board of Trustees
RWJ Barnabas Health, Inc.:

We have audited the accompanying consolidated financial statements of RWJ Barnabas Health, Inc. (the Corporation), which comprise the consolidated balance sheets as of December 31, 2020 and 2019, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of RWJ Barnabas Health, Inc. as of December 31, 2020 and 2019, and the results of its operations, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such 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, including 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 information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Short Hills, New Jersey
April 29, 2021

RWJ BARNABAS HEALTH, INC.

Consolidated Balance Sheets

December 31, 2020 and 2019

(In thousands)

Assets		2020	2019
Current assets:			
Cash and cash equivalents	$	100,380	337,060
Short-term investments		578,074	43,443
Assets limited or restricted as to use		142,603	64,300
Patient accounts receivable		589,224	553,108
Estimated amounts due from third-party payors		31,022	6,344
Other current assets		238,624	213,293
Total current assets		1,679,927	1,217,548
Assets limited or restricted as to use, noncurrent portion		273,902	262,873
Investments		5,032,506	4,105,748
Property, plant, and equipment, net		2,563,409	2,284,195
Right-of-use assets		269,663	231,712
Other assets, net		457,500	293,448
Total assets	$	10,276,907	8,395,524
Liabilities and Net Assets			
Current liabilities:			
Accounts payable	$	388,370	364,628
Accrued expenses and other current liabilities		949,233	724,462
Estimated amounts due to third-party payors		207,932	—
Long-term debt		9,224	11,007
Lease obligations		42,237	40,443
Self-insurance liabilities		82,931	77,610
Total current liabilities		1,679,927	1,218,150
Estimated amounts due to third-party payors, net of current portion		400,550	48,131
Self-insurance liabilities, net of current portion		265,940	246,168
Long-term debt, net of current portion		2,592,403	2,608,033
Lease obligations, net of current portion		237,046	195,952
Accrued pension liability		31,465	21,554
Other liabilities		210,148	124,712
Total liabilities		5,417,479	4,462,700
Net assets:			
Without donor restrictions		4,677,376	3,759,788
With donor restrictions		182,052	173,036
Total net assets		4,859,428	3,932,824
Total liabilities and net assets	$	10,276,907	8,395,524

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.

Consolidated Statements of Operations

Years ended December 31, 2020 and 2019

(In thousands)

	2020	2019
Revenue:		
Patient service revenue	$ 5,036,674	5,359,955
CARES Act grant revenue	570,657	—
Other revenue, net	293,244	264,915
Total revenue	5,900,575	5,624,870
Expenses:		
Salaries and wages	2,232,692	2,092,842
Physician fees and salaries	600,371	550,329
Employee benefits	446,884	408,097
Supplies	1,086,619	1,104,910
Other	1,068,852	979,278
Interest	101,203	87,227
Depreciation and amortization	257,470	240,681
Total expenses	5,794,091	5,463,364
Income from operations	106,484	161,506
Nonoperating revenue (expenses):		
Investment income, net	798,807	449,542
Other, net	1,680	(8,152)
Total nonoperating revenue, net	800,487	441,390
Excess of revenue over expenses	906,971	602,896
Other changes:		
Pension changes other than net periodic benefit cost	(11,282)	58,739
Net assets released from restriction for purchases of property and equipment	18,107	16,059
Other, net	3,792	(2,034)
Increase in net assets without donor restrictions	$ 917,588	675,660

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.

Consolidated Statements of Changes in Net Assets

Years ended December 31, 2020 and 2019

(In thousands)

	Without donor restrictions	With donor restrictions	Total net assets
Net assets at December 31, 2018	$ 3,084,128	176,474	3,260,602
Changes in net assets:			
Excess of revenue over expenses	602,896	—	602,896
Pension changes other than net periodic benefit cost	58,739	—	58,739
Change in interest in restricted net assets of unconsolidated foundation	—	(907)	(907)
Net assets released from restriction	16,059	(27,217)	(11,158)
Restricted contributions	—	24,566	24,566
Investment income on restricted investments, net	—	626	626
Change in interest in perpetual trust	—	(892)	(892)
Other	(2,034)	386	(1,648)
Change in net assets	675,660	(3,438)	672,222
Net assets at December 31, 2019	3,759,788	173,036	3,932,824
Changes in net assets:			
Excess of revenue over expenses	906,971	—	906,971
Pension changes other than net periodic benefit cost	(11,282)	—	(11,282)
Change in interest in restricted net assets of unconsolidated foundation	—	(1,817)	(1,817)
Net assets released from restriction	18,107	(19,790)	(1,683)
Restricted contributions	—	30,321	30,321
Investment income on restricted investments, net	—	491	491
Other	3,792	(189)	3,603
Change in net assets	917,588	9,016	926,604
Net assets at December 31, 2020	$ 4,677,376	182,052	4,859,428

See accompanying notes to consolidated financial statements.

RWJ BARNABAS HEALTH, INC.

Consolidated Statements of Cash Flows

Years ended December 31, 2020 and 2019

(In thousands)

	2020	2019
Cash flows from operating activities:		
Change in net assets	$ 926,604	672,222
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Contributions received in acquisitions	—	(712)
Pension changes other than net periodic benefit cost	11,282	(58,739)
Depreciation and amortization expense	257,470	240,681
Amortization of bond financing costs, premiums, and discounts	(7,639)	(5,592)
Derecognition of build-to-suit lease	—	2,710
Net change in unrealized gains on investments	(561,802)	(264,121)
Realized gains on investments	(157,599)	(105,240)
Unrealized gain on interest rate swaps	(4,509)	—
Equity in income of joint ventures	(50,967)	(42,528)
Distributions received from investments in joint ventures	43,154	42,712
Distributions to noncontrolling interests	—	437
Impairment of goodwill	9,314	—
Loss (gain) on sale of assets	677	(680)
Contributions restricted for long-term use	(14,544)	(8,934)
Loss on early extinguishment of debt, net	—	164
Changes in operating assets and liabilities:		
Patient accounts receivable	(35,758)	(45,252)
Reduction in the carrying amount in the right-of-use assets	61,438	56,067
Other assets	(38,852)	(13,928)
Accounts payable, accrued expenses, and other current liabilities	199,989	117,659
Estimated amounts due from and to third-party payors	535,673	(6,194)
Accrued pension liability	(1,371)	2,273
Lease obligation, self-insurance, and other long-term liabilities	(34,629)	(72,989)
Net cash provided by operating activities	1,137,931	510,016
Cash flows from investing activities:		
Purchases of property, plant, and equipment	(469,290)	(369,491)
Purchases of investments	(7,639,324)	(5,229,322)
Proceeds from the sale of investments	6,870,462	4,592,956
Investment in joint venture	(137,732)	(12,594)
Cash paid in acquisition	(1,020)	(93)
Proceeds from sale of assets	692	778
Net cash used in investing activities	(1,376,212)	(1,017,766)
Cash flows from financing activities:		
Proceeds from issuance of debt	—	574,414
Borrowings under letter of credit	20,000	—
Repayments of long-term debt	(10,943)	(80,709)
Repayments under letter of credit	(20,000)	—
Payments for deferred financing costs	—	(3,888)
Distributions to noncontrolling interests	—	(437)
Proceeds from contributions restricted for long-term use	14,544	8,934
Proceeds from conditional grants and contributions for long-term use	5,958	4,606
Net cash provided by financing activities	9,559	502,920
Net decrease in cash and cash equivalents	(228,722)	(4,830)
Cash, cash equivalents, and restricted cash at beginning of year	350,287	355,117
Cash, cash equivalents, and restricted cash at end of year	$ 121,565	350,287
Cash and cash equivalents	$ 100,380	337,060
Restricted cash included in assets limited or restricted as to use	21,185	13,227
Total cash, cash equivalents, and restricted cash	$ 121,565	350,287
Supplemental disclosures of cash flow information:		
Cash paid for interest	$ 93,978	77,961
Finance lease obligations incurred	1,169	35,716
Supplemental disclosures of noncash investing and financing activities:		
Change in noncash acquisitions of property, plant, and equipment	$ 63,457	(26,453)

See accompanying notes to consolidated financial statements.

(1) Organization

RWJ Barnabas Health, Inc. (the Corporation) is a not for profit, tax-exempt corporation located in West Orange, New Jersey. RWJ Barnabas Health, Inc. is the sole corporate member or sole shareholder of the Corporation's affiliated organizations. The Corporation was organized to develop and operate a multihospital healthcare system providing a comprehensive spectrum of healthcare services, principally to the residents of New Jersey and surrounding areas.

The services and facilities of the Corporation include 11 acute care hospitals, 3 acute care children's hospitals, a pediatric rehabilitation hospital with a network of outpatient centers, a freestanding 100-bed behavioral health center, two trauma centers, a satellite emergency department, ambulatory care centers, geriatric centers, the state's largest behavioral health network, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy services, medical groups, multi-site imaging centers, accountable care organizations, a burn treatment facility, comprehensive cancer services and breast centers, and comprehensive cardiac surgery services, including a heart transplant center, a lung transplant center, and kidney transplant centers.

(2) Significant Accounting Policies

(a) Basis of Accounting of Financial Statement Presentation

The consolidated financial statements have been prepared on the accrual basis of accounting and include all affiliates and other entities for which operating control is exercised by the Corporation. Investments in entities where the Corporation does not have operating control are recorded under the equity or cost method of accounting. The Corporation has included its equity share of income or losses from investments in unconsolidated affiliates in other operating revenue. Intercompany balances and transactions are eliminated in consolidation.

(b) Recently Adopted Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820), Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*, which adds, modifies, and removes certain disclosure requirement for fair value measurement. The accounting standard is effective for fiscal years beginning after December 15, 2019. The Corporation adopted the standard on January 1, 2020, which included the removal of the valuation processes for Level 3 fair value measurements and the disclosures pertaining to the Corporation's policy on recognizing transfers among levels.

The Corporation adopted ASU 2016-02, *Leases (Topic 842),* on January 1, 2019. The update required the recognition of right-of-use (ROU) lease assets and liabilities on the consolidated balance sheet and the disclosure of qualitative and quantitative information about leasing arrangements. All leases that existed at the effective date were recognized and measured using a modified retrospective approach without restating prior comparative periods. The Corporation elected to utilize the practical expedients package to not reassess at adoption whether expired or existing contracts contain leases under the new definition of a lease, lease classification for expired or existing leases, or whether previously capitalized initial direct costs would qualify for capitalization under Topic 842.

(Continued)

(In thousands)

As a result of the adoption, the Corporation recognized ROU assets and lease liabilities of approximately $222,000 and $228,000, respectively, as of the adoption date.

Under the new standard, the Corporation derecognized its build-to-suit asset and liability as of the transition date, which resulted in a reduction to net assets without donor restrictions of $2,710 and is included in other changes in unrestricted net assets in 2019. The related leases were evaluated under the new guidance and recorded as a finance lease obligation amounting to $19,848 in 2019.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and reported amounts of revenue and expenses during the reporting year. Actual results could differ from those estimates.

(d) Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and highly liquid debt instruments with original maturities of three months or less, excluding assets limited or restricted as to use.

Cash and cash equivalents are maintained with domestic financial institutions with deposits, which exceed federally insured limits. It is the Corporation's policy to monitor the financial strength of these institutions.

(e) Patient Accounts Receivable

The Corporation has agreements with third-party payors that provide for payment at amounts different from its established charges. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Management regularly reviews accounts and contracts to record explicit price concessions that are netted against patient accounts receivable in the consolidated balance sheets. The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. The concentration of patient accounts receivable as of December 31, 2020 and 2019 was as follows:

	December 31	
	2020	2019
Medicare	23 %	25 %
Medicaid	13	14
Blue Cross	20	18
Commercial and managed care	31	33
Self-pay patients and other	13	10
	100 %	100 %

(Continued)

(f) Revenue

(i) Patient Service Revenue

The Corporation's patient service revenue is recognized at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payors and include an estimate of variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Corporation bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility.

Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Corporation believes that this method provides a reasonable representation of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Corporation has elected to apply the optional exemption provided in FASB Accounting Standards Codification (ASC) 606-10-50-14 and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at year-end, which primarily relate to acute care patients (in-house). The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of year-end.

The majority of the Corporation's services are rendered to patients with third-party payor insurance coverage. Reimbursement under these programs for all payors is based on a combination of prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Amounts received under Medicare and Medicaid programs are subject to review and final determination by program intermediaries or their agents and the contracts the Corporation has with commercial payors also provide for retroactive audit and review of claims. Agreements with third-party payors typically provide for payments at amounts less than established charges. For further discussion on third-party reimbursement, refer to note 5. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Corporation 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 charge by any contractual adjustments, discounts, and implicit price concessions. Implicit price concessions are determined on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change and are accrued on an estimated basis in the period the related services are rendered and adjusted in

(In thousands)

future periods as final settlements are determined. Adjustments arising from a change in the transaction price were not significant for the years ended December 31, 2020 or 2019. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. There was no bad debt expense for the year ended December 31, 2020 or 2019.

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. The Corporation has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (e.g., co-pays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Corporation expects to collect based on its collection history with those patients. Patients who meet the Corporation's criteria for charity care are provided care without charge or at amounts less than established charges. The Corporation has determined that it has provided sufficient implicit price concessions for these accounts. Price concessions, including charity care, are not reported as revenue.

The Corporation has elected the financing component practical expedient and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Corporation's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payors pays for that service will be one year or less. However, the Corporation does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract. The Corporation has determined that the nature, amount, timing, and uncertainty of patient service revenue and cash flows are affected by payors and service lines.

The following tables reflect patient service revenue from third-party payors, government subsidies, and others (including uninsured patients) for the years ended December 31, 2020 and 2019:

	2020		
	Inpatient	Outpatient	Total
Medicare	$ 1,122,101	538,394	1,660,495
Medicaid	499,744	363,005	862,749
Blue Cross	576,847	588,548	1,165,395
Commercial and managed care	596,208	458,167	1,054,375
Self-pay patients and other	124,020	109,064	233,084
State of New Jersey subsidy revenue	60,576	—	60,576
Total patient service revenue	$ 2,979,496	2,057,178	5,036,674

(Continued)

(In thousands)

	2019		
	Inpatient	Outpatient	Total
Medicare	$ 1,183,144	610,655	1,793,799
Medicaid	497,477	439,712	937,189
Blue Cross	542,827	650,224	1,193,051
Commercial and managed care	575,260	517,850	1,093,110
Self-pay patients and other	128,815	146,503	275,318
State of New Jersey subsidy revenue	67,488	—	67,488
Total patient service revenue	$ 2,995,011	2,364,944	5,359,955

(ii) Other Revenue

Other revenue includes income from grants, equity in the income of healthcare joint ventures, unrestricted contributions, net assets released from restriction, cafeteria sales, and parking receipts. Grant revenue and contributions of the Corporation are nonexchange transactions in which no commensurate value is exchanged. In such cases, contribution accounting is applied under ASC Topic 958, *Not-for-Profit Entities*. See note 3 for grant funding received under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Equity in the income of joint ventures is evaluated under ASC Topic 323, *Investments – Equity Method and Joint Ventures.*

Additionally, pharmacy sales and other contracts related to healthcare services are included in other revenue and consist of contracts, which vary in duration and in performance. Revenue is recognized when the performance obligations identified within the individual contracts are satisfied and collections are probable.

(g) Supplies

Supplies are carried at the lower of cost, determined principally on an average cost basis, or net realizable value. Supplies, totaling $126,584 and $108,157, are included in other current assets in the consolidated balance sheets at December 31, 2020 and 2019, respectively.

(h) Assets Limited or Restricted as to Use

Assets limited or restricted as to use include assets held by trustees under bond indenture agreements, assets restricted for self-insurance, assets held for supplemental retirement benefits, assets restricted by donors for specific purposes or endowment, and internally designated assets set aside for specific purposes. Amounts required to meet current liabilities of the Corporation are classified as current assets. Restricted cash of $21,185 and $13,227 as of December 31, 2020 and 2019, respectively, is included in assets limited or restricted as to use, noncurrent portion, in the consolidated balance sheets.

(Continued)

(i) Investments and Investment Income

A significant portion of the Corporation's investments are held in an investment portfolio maintained for the benefit of the Corporation and its affiliates. Debt securities are designated as trading. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices. Donated investments are recorded at their fair value, based on quoted market prices at the date of receipt.

Alternative investments (nontraditional, not readily marketable asset classes) within the investment portfolio are structured such that the Corporation holds interests in private investment funds, consisting of hedge funds, private equity funds, and real estate funds. These investments are reported at fair value as estimated and reported by general partners, based upon the underlying net asset value (NAV) of the fund or partnership as a practical expedient. Because of inherent uncertainty in these valuations, those estimated values may significantly differ from the values that would have been used had a ready market for the investments existed, and differences could be material.

Unrealized gains and losses on investments and changes in the fair value of alternative investments are included in nonoperating revenue. Investment income and realized gains and losses on assets restricted by donors for specific purposes or endowment are included in net assets with donor restrictions.

(j) Property, Plant, and Equipment

Property, plant, and equipment expenditures are recorded at cost or, if donated or impaired, at fair value at the date of donation or impairment. Finance leases are recorded at the present value of the future minimum lease payments at the inception of the lease and are included in property, plant, and equipment.

Depreciation expense is computed on a straight-line basis using estimated useful lives of the assets, ranging from 2 to 40 years. Real estate and equipment held under finance leases and leasehold improvements are amortized using the straight-line method over the shorter of the estimated useful life of the asset or the related lease term. Such amortization is included in depreciation expense. Gifts of long-lived assets, such as land, buildings, or equipment, are reported as net assets without donor restrictions and are excluded from the excess of revenue over expenses in the consolidated statements of operations, unless explicit donor stipulations specify how the donated assets must be used. 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 net assets with donor restrictions. Absent explicit stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(k) Leases

The Corporation determines if an arrangement is a lease at inception. Leases are included in ROU assets, current lease obligations, and long-term lease obligations in the consolidated balance sheets. ROU assets and liabilities are recognized based on the present value of the future minimum lease

(Continued)

payments over the lease term using the Corporation's incremental borrowing rate. The ROU asset also includes any prepaid rent while excluding lease incentives and initial direct costs incurred.

Lease expense for operating minimum lease payments is recognized on a straight-line basis over the full lease term. Finance leases are included in property, plant, and equipment; long-term debt; and long-term debt, net of current portion in the consolidated balance sheet. Finance lease assets and liabilities are recognized based on the present value of the future minimum lease payments over the lease term using the explicit interest rate, when available. If an explicit interest rate is not available, the Corporation applies its incremental borrowing rate. Finance lease assets are amortized on a straight-line basis over the full lease term and presented in depreciation and amortization in the consolidated statement of operations. Interest on lease payments is calculated using the effective interest method and presented in interest expense in the consolidated statement of operations.

(l) Deferred Financing Costs

Deferred financing costs represent costs incurred to obtain debt financing arrangements. Amortization of these costs is provided using the effective-interest method over the terms of the applicable indebtedness. Deferred financing costs are presented as a reduction of the related debt.

During 2019, the Corporation incurred $3,888 of deferred financing costs related to the issuance of the tax-exempt Series 2019A and Series 2019B and taxable Series 2019 bonds (note 10). No deferred financing costs were incurred during 2020. In connection with the refunding and refinancing that occurred during 2019, $358 of unamortized deferred financing costs were written off and are included in nonoperating revenue (expenses) in the accompanying consolidated statement of operations.

(m) 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 donor-restricted support 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 and/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 changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated statements of operations.

Pledges receivable represent an unconditional promise to give cash and other assets to the Corporation's affiliates over a period not greater than 20 years. Such amounts are recorded at their present value at the date the promise is received, net of an allowance for uncollectible pledges. Such amounts are included as externally designated or restricted noncurrent assets limited as to use in the consolidated balance sheets.

(n) Net Assets

Resources are classified for reporting purposes as net assets without donor restrictions and net assets with donor restrictions, according to the absence or existence of donor-imposed restrictions. Resources arising from the results of operations or assets set aside by the Board of Trustees are not considered to

(In thousands)

be donor-restricted. Net assets with donor restrictions represent funds, including contributions and accumulated investment returns, whose use has been restricted by donors to a specific period or purpose or that have been restricted by donors to be maintained in perpetuity to provide a permanent source of income. Generally, the donors of these donor-restricted assets permit the use of part of the income earned on related investments for specific purposes.

Net assets without and with donor restrictions are available for the following purposes:

	December 31	
	2020	2019
Without donor restrictions:		
Designated by the board	$ —	1,000
Undesignated	4,677,376	3,758,788
With donor restrictions:		
Perpetual in nature	32,513	32,513
Purpose restricted	149,232	140,196
Time restricted	307	327
Net assets	$ 4,859,428	3,932,824

(o) Fair Value of Financial Instruments

The carrying amounts in the consolidated balance sheets for cash and cash equivalents, patient accounts receivable, estimated amounts due to or from third-party payors, other current assets, accounts payable, accrued expenses, and other current liabilities approximate fair value.

(p) Performance Indicator

The consolidated statements of operations include a performance indicator, which is the excess of revenue over expenses. Changes in net assets without donor restrictions, which are excluded from excess of revenue over expenses, include certain changes in pension obligations, capital contributions, and other transactions.

The Corporation differentiates its ongoing operating activities by providing income from operations as a sub performance indicator. Investment income, net, net periodic benefit costs other than service costs, interest rate swap mark-to-market adjustments, and other transactions, which are not considered to be components of the Corporation's ongoing activities, are excluded from income from operations and reported as nonoperating revenue in the consolidated statements of operations. Investment income earned on assets limited as to use under bond indenture agreements is included in other revenue in the consolidated statements of operations.

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(q) Charity Care

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as patient service revenue.

(r) Income Taxes

The Corporation and its affiliates, excluding its for-profit affiliates and nominee owned captive professional medical services corporation, are not-for-profit corporations and are exempt from federal and state income taxes on related income under existing provisions of the Internal Revenue Code and State of New Jersey statutes.

The Corporation's for-profit affiliates have recorded various deferred income tax assets and liabilities that reflect temporary differences between the amounts of assets and liabilities used for financial reporting purposes and the amounts used for income tax purposes. These amounts are not material to the consolidated financial position of the Corporation and are included as other assets or other liabilities in the consolidated balance sheets as appropriate. In addition, the provision for income taxes recorded by the Corporation's for-profit affiliates is not material to the consolidated results of operations of the Corporation and is included as other expenses in the consolidated statements of operations.

Certain for-profit affiliates have federal net operating loss (NOL) carryforwards of approximately $52,234 that expire through 2037 and State of New Jersey NOL carryforwards of approximately $51,924 that expire through 2040. Certain for-profit affiliates have federal NOL carryforwards of approximately $1,654 that never expire. At December 31, 2020 and 2019, all deferred tax assets related to NOL carryforwards have been fully reserved due to the uncertainty of realizing the tax benefits associated with these amounts.

The Corporation does not have any significant uncertain tax positions as of December 31, 2020 and 2019.

(s) Self-Insurance

Under the Corporation's self-insurance programs, claims are recorded based upon actuarial estimation, including both reported and incurred but not reported claims, taking into consideration the severity of incidents and the expected timing of claim payments (note 13a, b, and c).

(t) Impairment of Long-Lived Assets

Management routinely evaluates the carrying value of its long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of assets, or a related group of assets, may not be recoverable from estimated undiscounted cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds its estimated recoverability, an asset impairment charge is recognized for the difference between the fair value and carrying value of the asset.

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In addition to consideration of impairment upon the events or changes in circumstances described above, management regularly evaluates the remaining useful lives of its long-lived assets. If estimates are changed, the carrying value of affected assets is allocated over the remaining useful lives. In estimating the future cash flows for determining whether an asset is impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. No impairment charge was recorded during the year ended December 31, 2020 or 2019.

(u) Goodwill and Intangible Assets

Goodwill and intangible assets are accounted for under ASC Topic 350, *Intangibles – Goodwill and Other*. Goodwill represents the excess of the aggregate purchase price over the fair value of net assets acquired in business combinations. Intangible assets represent the acquisition of the Rutgers Health brand name (see note 16). Identifiable intangible assets are initially recorded at fair value at the time of acquisition using the income approach. Goodwill and intangible assets have indefinite useful lives and are not amortized, but are subjected to impairment tests. The Corporation performs impairment testing at least annually or more frequently if events or circumstances change creating a reasonable possibility that an impairment may exist. In connection with the acquisition of minor businesses during 2020, the Corporation recorded goodwill of $9,314. As of December 31, 2020, the goodwill recorded as a result of these acquisitions was evaluated and determined to be impaired and charged to other expenses in the consolidated statement of operations. No impairment charges were recorded for the year ended December 31, 2019. Included in other assets are goodwill and intangible assets of approximately $7,000 and $45,000, respectively, at both December 31, 2020 and 2019.

(v) Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

(3) COVID-19 Pandemic and Government Funding

In March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. Although the Corporation has activated plans to address the COVID-19 threat and is operating pursuant to infectious disease protocols and an emergency plan, the impact of a pandemic, epidemic, or outbreak of an infectious disease is a risk for all companies and is difficult to predict. The primary focus in all the activities of the Corporation is the health and safety of the employees, patients, communities, and healthcare workers across its service areas. The Corporation's operations have been adversely affected as a result of COVID-19, and the challenge to keep pace and proactively manage the developing scenarios is a potential risk that the Corporation will continue to actively manage.

In accordance with direction and mandates from the Governor of the State of New Jersey, the Corporation cancelled or postponed all non-emergent and elective procedures effective March 27, 2020. On May 26, 2020, the Governor changed the restrictions allowing the Corporation to resume non-emergent and elective procedures. The cancellation of procedures had a significant impact on volumes and revenues during 2020.

On March 27, 2020, the President signed into law the CARES Act, which provides economic assistance to a wide array of industries, including healthcare. The CARES Act provides financial relief under several programs including a funding advance of Medicare payments, deferral of the employer portion of payroll

(Continued)

taxes and establishment of the Provider Relief Fund (PRF). The U.S. Department of Health and Human Services (HHS) will provide $175,000,000 to assist healthcare providers in the recovery of lost revenues attributable to COVID-19 and healthcare-related expenses. Under the PRF, the Corporation has received approximately $635,000 during 2020. These funds are considered a grant that is not subject to repayment, provided the Corporation maintains compliance with the related terms, conditions, and reporting requirements of the grant set forth by HHS. The compliance and reporting requirements, as issued and updated by HHS, may continue to evolve, which could impact the amounts recognized by the Corporation through this program. The Corporation has recognized approximately $571,000 as CARES Act grant revenue for the year ended December 31, 2020. The remaining deferred payments may be recognized as operating revenue in future periods, subject to compliance with current rules and conditions and ongoing regulatory clarifications.

Subsequent to December 31, 2020, the Corporation received additional distributions of approximately $22,000 from the PRF. Based on the Corporation's interpretation of current rules, these amounts did not qualify for financial statement recognition for the year ended December 31, 2020.

During the year ended December 31, 2020, the Corporation received approximately $556,000 in Medicare payment advances under the Medicare Accelerated and Advanced Payment Program. Medicare started recouping these advances in April 2021 with final recoupments expected by August 2022. Based on expected repayments under the program approximately $212,000 is recorded in current portion of estimated amounts due to third-party payors, with the balance of $344,000 recorded as long-term in the consolidated balance sheet.

The Corporation elected to defer the deposit and payment of the employer's share of Social Security taxes incurred from March 27, 2020 through December 31, 2020 as allowed under the CARES Act. The program requires payment of 50% of the deferred taxes by December 31, 2021 and 50% by December 31, 2022. The Corporation has accumulated approximately $88,000 of deferred employer payroll taxes within accrued expenses and other current liabilities and other liabilities in the consolidated balance sheet.

(4) Charity Care and Community Benefit

In accordance with the Corporation's mission and philosophy, the Corporation's hospitals and affiliates commit substantial resources to both the indigent population and the broader community. The Corporation's charity care policy is to provide care without regard to the patient's ability to pay for services rendered. To the extent that patients do not have the ability to pay, services rendered to those patients are reported as charity care. The Corporation's hospitals and affiliates also provide other benefits through a broad range of community service programs and charitable activities. The amount of charity care,

(Continued)

(In thousands)

community service programs, and charitable activities, at estimated cost, provided to the indigent population and broader community for the years ended December 31, 2020 and 2019 is as follows:

		2020	2019
Cost of charity care and community benefit programs:			
Estimated cost of charity care provided, less state subsidy funding	$	142,473	137,848
Unpaid cost of public programs, Medicaid, and other means – tested programs		413,925	282,807
Other programs:			
Cash and in-kind donations	$	3,528	3,687
Education and research		65,137	116,786
Subsidized departments		83,611	60,244
Other community benefits		21,213	15,342

The Corporation's hospitals utilize a cost to charge ratio methodology to convert charity care to cost. The cost to charge ratio is calculated utilizing the Corporation's cost accounting system or filed cost reports.

The State of New Jersey's regulations provide for the distribution of funds from a Charity Care Fund, which is intended to partially offset the cost of services provided to the uninsured. For the years ended December 31, 2020 and 2019, the Corporation's hospitals received distributions from the Charity Care Fund of $13,397 and $22,383, respectively, which are included in patient service revenue.

(5) Healthcare Reimbursement System

(a) The Corporation records patient service revenue at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. Patient service revenue consists of amounts charged for services rendered less estimated discounts for contractual and other allowances for patients covered by Medicare, Medicaid, and other health plans and discounts offered to patients under the Corporation's uninsured discount program.

The Medicare program currently pays for most services at predetermined rates; however, certain services and specified expenses continue to be reimbursed on a cost basis. The Medicaid program also currently reimburses the Corporation at predetermined rates for inpatient services and on a cost reimbursement methodology for outpatient services. Regulations require annual retroactive settlements for cost-based reimbursement and other payment arrangements through cost reports filed by the Corporation.

The Corporation has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. These agreements have retrospective audit clauses, allowing the payor to review and adjust claims subsequent to initial payment.

(Continued)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is a possibility that recorded estimates could change by a material amount. In accounting for Medicare and Medicaid cost report settlements, the Corporation records all third-party receivables and liabilities at their estimated realizable values. Management periodically reviews recorded amounts receivable from, or payable to, third-party payors and adjusts these balances as new information becomes available. In addition, revenue received under certain third-party agreements is subject to audit.

During the years ended December 31, 2020 and 2019, certain of the Corporation's prior year third-party cost reports were audited and settled, or tentatively settled by third-party payors. Adjustments resulting from such audits, settlements, and management reviews are reflected as adjustments to patient service revenue in the period that the adjustments become known. Accordingly, the Corporation evaluated the results of these settlements on its open cost reports. The effect of cost report settlements and other adjustments increased patient service revenue by approximately $15,755 and $20,565 for the years ended December 31, 2020 and 2019, respectively. Although certain other prior year cost reports submitted to third-party payors remain subject to audit and retroactive adjustment, management does not expect any material adverse settlements. Medicare cost reports for all years prior to 2016 have been audited and settled. Medicaid cost reports for all years prior to 2017 have been audited and settled for all acute care hospitals. For the pediatric rehabilitation hospital, Medicaid cost reports have been audited by the fiscal intermediary through 2018. Settlement has been finalized through 2018; however, 2014 and 2018 are under appeal. The fiscal intermediary may reopen certain years related to specific settlement items in the cost report year.

The Corporation has a compliance program to monitor conformity with applicable laws and regulations, but the possibility of future government review and interpretation exists. The Corporation is not aware of any significant pending or threatened investigations involving allegations of potential wrongdoing.

(b) The Corporation and others in the healthcare industry are subject to certain inherent risks, including the following:

- Substantial dependence on revenue derived from reimbursement by the Federal Medicare and State Medicaid programs that have been reduced in recent years and which entail exposure to various healthcare fraud statutes;
- Government regulations, government budgetary constraints, and proposed legislative and regulatory changes.

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur. Management of the Corporation believes that adequate provision has been made in the consolidated financial statements for the matters discussed above and their ultimate resolution will not have a material effect on the consolidated financial statements.

(In thousands)

(6) Investments and Assets Limited or Restricted as to Use

Investments and assets limited or restricted as to use consist of the following:

	December 31	
	2020	2019
Investments and assets limited or restricted as to use:		
Cash and cash equivalents and money market funds	$ 697,663	452,599
Government obligations/municipal bonds	453,014	344,958
Corporate bonds	1,179,987	529,932
Certificates of deposit	5,853	2,835
Mutual funds	1,882,570	1,714,603
Bond funds	—	11,350
Equity securities	408,568	305,765
Unit investment trusts	1,061	1,029
Asset-backed securities	417,747	276,810
Mortgage-backed securities	135,484	86,288
Alternative investments	800,096	707,045
Pledges receivable, net	31,400	30,113
Other investments	2,699	2,499
Accrued interest	10,943	10,538
Total investments and assets limited or restricted as to use	$ 6,027,085	4,476,364

These amounts are reflected in the consolidated balance sheets as follows:

	December 31	
	2020	2019
Current portion:		
Investments	$ 578,074	43,443
Assets limited or restricted as to use	142,603	64,300
Noncurrent assets limited or restricted as to use	273,902	262,873
Investments	5,032,506	4,105,748
	$ 6,027,085	4,476,364

(Continued)

(In thousands)

Investments and assets limited or restricted as to use are classified as follows:

	December 31	
	2020	2019
Investments	$ 5,610,580	4,149,190
Self-insurance funds	25,108	25,520
Donor-restricted funds and pledges receivable, net	151,467	151,993
Funds held by bond trustees under bond indenture agreements	53,677	36,122
Internally designated funds for specific use	60,840	—
Other limited use funds	125,413	113,539
	$ 6,027,085	4,476,364

Assets held under bond indenture agreements are maintained for the following purposes:

	December 31	
	2020	2019
Interest funds	$ 53,669	36,108
Principal funds	8	14
	$ 53,677	36,122

The Corporation's investments are exposed to various kinds and levels of risk. Fixed income securities, including fixed income mutual funds, expose the Corporation to interest rate risk, credit risk, and liquidity risk. As interest rates change, the values of many fixed income securities are affected. Credit risk is the risk that the obligor of the security will not fulfill its obligation. Liquidity risk is a risk that a financial asset may not be readily sold.

Corporate bonds, equity mutual funds, and commercial mortgage-backed securities expose the Corporation to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity markets, both foreign and domestic. Performance risk is the risk associated with a particular fund's operating performance. Liquidity risk, as previously defined, tends to be higher for international funds and small capitalization equity funds.

The Corporation has incorporated an Investment Policy Statement (IPS) into its investment program. The IPS, which has been formally adopted by the Board of Trustees, contains standards designed to ensure adequate diversification by asset category and geography. The IPS also limits fixed income investments by credit rating, which serves to further mitigate the risk associated with the investment program. At December 31, 2020 and 2019, management believes that its investment positions are in accordance with guidelines established by the IPS.

(Continued)

(In thousands)

(7) Liquidity and Availability of Resources

Financial assets available within one year of the balance sheet date for general expenditures such as operating expenses and construction costs not financed with debt are as follows:

	December 31	
	2020	2019
Cash and cash equivalents	$ 100,380	337,060
Short-term investments	578,074	43,443
Patient accounts receivable	589,224	553,108
Estimated amounts due from third party payors and other current assets	88,428	48,774
	$ 1,356,106	982,385

Current financial assets not available for general use because of contractual or donor-imposed restrictions were $142,603 and $64,300 at December 31, 2020 and 2019, respectively. Amounts not available for general use include amounts set aside for scheduled principal payments on debt, self-insurance funds, and perpetual, time, and purpose-restricted assets.

As of December 31, 2020, the Corporation has unrestricted cash and investments on hand to cover 376 days of operating expenses. Day's cash on hand includes Medicare advances of approximately $556,000 received as part of the CARES Act. The Corporation's practice is to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Corporation invests cash in excess of daily requirements in short-term investments. Besides short-term investments, the Corporation has $5,032,506 classified as long-term investments at December 31, 2020, of which most is available for general use. In the event of an unanticipated liquidity need, the Corporation could draw upon a $100,000 letter of credit (note 10).

(8) Fair Value Measurements

ASC Topic 820, *Fair Value Measurement*, establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include cash and cash equivalents and debt and equity securities that are traded in an active exchange market.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted market prices that are traded less frequently than exchange-traded instruments. This category generally includes certain U.S. government and agency mortgage-backed debt securities and corporate bonds.

(Continued)

(In thousands)

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. The Corporation currently holds no Level 3 investments.

The following tables present the Corporation's fair value hierarchy for those assets measured at fair value on a recurring basis, and exclude pledges receivable, net, other investments, and accrued interest receivable as of December 31, 2020 and 2019:

	December 31, 2020				
	Fair value	Level 1	Level 2	Level 3	NAV
Investment categories:					
Cash and cash equivalents and money market funds	$ 697,663	697,663	—	—	—
Equity securities	408,568	408,568	—	—	—
Equity mutual funds	1,510,039	1,510,039	—	—	—
Fixed income mutual funds	372,531	372,531	—	—	—
Certificates of deposit	5,853	—	5,853	—	—
Unit investment trusts	1,061	1,061	—	—	—
Commercial mortgage-backed securities	135,484	—	135,484	—	—
Corporate bonds	1,179,987	—	1,179,987	—	—
Asset-backed securities	417,747	—	417,747	—	—
Government bonds	175,878	—	175,878	—	—
Government mortgage-backed securities	214,319	—	214,319	—	—
Municipal bonds	62,817	—	62,817	—	—
Alternative investments	800,096	—	—	—	800,096
Total	$ 5,982,043	2,989,862	2,192,085	—	800,096

(Continued)

(In thousands)

	December 31, 2019				
	Fair value	Level 1	Level 2	Level 3	NAV
Investment categories:					
Cash and cash equivalents and money market funds	$ 452,599	452,599	—	—	—
Equity securities	305,765	305,765	—	—	—
Equity mutual funds	1,310,622	1,310,622	—	—	—
Fixed income mutual funds	403,981	403,981	—	—	—
Certificates of deposit	2,835	—	2,835	—	—
Unit investment trusts	1,029	1,029	—	—	—
Commercial mortgage-backed securities	86,288	—	86,288	—	—
Corporate bonds	529,932	—	529,932	—	—
Asset-backed securities	276,810	—	276,810	—	—
Bond funds	11,350	—	11,350	—	—
Government bonds	155,768	—	155,768	—	—
Government mortgage-backed securities	165,898	—	165,898	—	—
Municipal bonds	23,292	—	23,292	—	—
Alternative investments	707,045	—	—	—	707,045
Total	$ 4,433,214	2,473,996	1,252,173	—	707,045

The following discussion describes the valuation methodologies used for financial assets measured at fair value for investment and pension plan assets. The techniques utilized in estimating the fair values are affected by the assumptions used, including discount rates and estimates of the amount and timing of future cash flows.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. The disclosed fair value may not be realized in the immediate settlement of the financial asset. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed. Care should be exercised in deriving conclusions about the Corporation's business, its value, or consolidated financial position based on the fair value information of financial assets presented.

Fair values for the Corporation's fixed income securities are based on prices provided by its investment managers and its custodian bank. Both the investment managers and the custodian bank use a variety of pricing sources to determine market valuations. Inputs include direct or indirectly observable inputs (other than Level 1 inputs) such as quoted prices for similar assets or liabilities exchanged in active or inactive markets and quoted prices for identical assets or liabilities in inactive markets; other inputs that may be considered in fair value determination include interest rates and yield curves, volatilities, and credit risk. Pricing evaluations generally reflect discounted expected future cash flows, which incorporate yield curves

(Continued)

(In thousands)

for instruments with similar characteristics, such as credit rating, duration, and yields. Each designates specific pricing services or indexes for each sector of the market based upon the provider's expertise. The Corporation's fixed income securities portfolio is highly liquid, which allows for a high percentage of the portfolio to be priced through pricing services.

Fair values of equity securities have been determined by the Corporation from observable market quotations, when available.

Mutual funds and unit investment trusts are valued at the NAV of shares held at year-end, based on published market quotations on active markets.

Fair values of commercial mortgage-backed securities and asset-backed securities have been determined by the Corporation based on a discounted future cash flows methodology, using current market interest rate data adjusted for inherent credit risk, or quoted market prices and recent transactions, when available.

Fair values of U.S. government bonds/municipal bonds and corporate bonds have been determined by the Corporation from observable market quotations, when available. Because of the nature of these assets, carrying amounts approximate fair values, which have been determined from public quotations, when available.

Fair values of bank loans are determined by the Corporation using quoted prices of securities with similar coupon rates and maturity dates or discounted cash flows.

The following tables summarize redemption terms and the Corporation's commitments for the hedge funds and others as of December 31, 2020 and 2019:

	2020			
Description of investment	Carrying value	Unfunded commitment	Redemption frequency	Redemption notice required
Hedge funds	$ 314,635	—	Monthly – annually	45–90 days written notice
Private equity	113,893	129,948	—	—
Real estate	192,826	21,094	Quarterly	90 days written notice
Other	178,742	21,636	—	—
	$ 800,096	172,678		

(Continued)

(In thousands)

	2019			
Description of investment	Carrying value	Unfunded commitment	Redemption frequency	Redemption notice required
Hedge funds	$ 314,164	—	Monthly – annually	30–90 days written notice
Private equity	96,118	91,918	—	—
Real estate	162,096	13,461	Quarterly	60–90 days written notice
Other	134,667	7,753	—	—
	$ 707,045	113,132		

Investments in hedge funds, interests in investment funds with complex portfolio-construction and risk management techniques, are typically carried at estimated fair value based on the NAV of the shares in each investment company or partnership. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year-end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year. At December 31, 2020, the Corporation holds $132,900 of investments in hedge funds, which are subject to a 50% gate holdback. Generally, no dividends or other distributions are paid.

Investments in private equity funds, typically structured as limited partnership interests, are carried at fair value and estimated using NAV or equivalent as determined by the general partner in the absence of readily ascertainable market values. Distributions under this investment structure are made to investors through the liquidation of the underlying assets. Voluntary redemptions are generally not permitted by limited partners and investments in these partnership interests are through the life of the fund. The fair value of limited partnership interests is generally based on fair value capital balances reported by the underlying partnerships, subject to management review and adjustment.

Real estate funds invest primarily in institutional quality commercial and residential real estate assets within the U.S. and investments in publicly traded real estate investment trusts. Fair value is estimated based on the NAV of the shares in each partnership. The Partnership distributes current income to the partners on a quarterly basis based on each partners' interest. Partners can choose to participate in a reinvestment plan in which all distributions are automatically invested in additional units. Redemptions can generally be made quarterly with 90 days' prior written notice after the lock-up period expires.

Investments in other alternative investments consist of private debt funds structured as a limited partnership interest with ability to invest in short-term opportunities, and are carried at fair value and estimated using NAV or equivalent as determined by the general partner in the absence of readily ascertainable market values. Distributions under this investment structure are made to investors through the liquidation of the underlying assets. Voluntary redemptions are not permitted and investment is through the life of the fund. The Corporation also invests in certain venture capital funds. Investments in venture capital funds, typically structured as limited partnerships, consist of ownership stakes in small to medium sized start-up firms. These firms generally have high growth potential and are characterized by higher

(Continued)

(In thousands)

risk/reward profiles. Distributions under this investment structure are typically made to investors through the liquidation of the underlying assets. Voluntary redemptions are generally not permitted by limited partners and investments in these partnership interests are through the life of the fund.

(9) Property, Plant, and Equipment

Property, plant, and equipment consist of the following as of December 31, 2020 and 2019:

	2020	2019
Land and improvements	$ 155,987	150,556
Buildings and leasehold improvements	3,180,964	3,006,175
Fixed equipment	417,208	393,519
Major movable equipment	2,039,051	1,882,761
Real estate and equipment under finance leases	52,919	57,210
	5,846,129	5,490,221
Less accumulated depreciation and amortization (including accumulated amortization of real estate and equipment under finance leases of $19,822 and $18,657)	3,632,227	3,381,690
	2,213,902	2,108,531
Construction in progress	349,507	175,664
Property, plant, and equipment, net	$ 2,563,409	2,284,195

As of December 31, 2020, the Corporation had committed $318,026 to complete renovation and expansion projects at various affiliates of the Corporation as well as amounts committed for the EPIC project (note 13e).

(Continued)

(In thousands)

(10) Long-Term Debt

Long-term debt consists of the following:

	December 31	
	2020	2019
Master Trust indebtedness:		
New Jersey Health Care Facilities Financing Authority (NJHCFFA) Revenue and Refunding Bonds:		
RWJ Barnabas Health Obligated Group Issue, Series 2019A Serial Bonds maturing through July 1, 2029 with an interest rate of 5.00%	$ 17,490	19,250
RWJ Barnabas Health Obligated Group Issue, Series 2019B-1 Five Year Put Bonds maturing on July 1, 2043 with an interest rate of 5.00%	69,725	69,725
RWJ Barnabas Health Obligated Group Issue, Series 2019B-2 Six Year Put Bonds maturing on July 1, 2042 with an interest rate of 5.00%	70,555	70,555
RWJ Barnabas Health Obligated Group Issue, Series 2019B-3 Seven Year Put Bonds maturing on July 1, 2045 with an interest rate of 5.00%	70,550	70,550
RWJ Barnabas Health Obligated Group Issue, Series 2017A (previously Children's Specialized Hospital Issue, Series 2013A) maturing on July 1, 2036 with an interest rate of 3.03%	7,829	8,208
RWJ Barnabas Health Obligated Group Issue, Series 2016A $399,565 serial bonds maturing through July 1, 2036 with interest rates ranging from 3.50% to 5.00%; $279,570 of term bonds maturing on July 1, 2043 with interest rates ranging from 4.00% to 5.00%	679,135	679,135
Barnabas Health Issue, Series 2014A term bonds $100,000 maturing on July 1, 2044 with an interest rate of 5.00%; $29,925 maturing on July 1, 2044 with an interest rate of 4.25%	129,925	129,925
Robert Wood Johnson University Hospital Issue, Series 2014A $11,075 serial bonds maturing through 2034 with an interest rate of 5.00%; $45,210 term bonds maturing from 2039 to 2043 with an interest rate of 5.00%	55,925	55,925

(Continued)

(In thousands)

	December 31	
	2020	2019
Robert Wood Johnson University Hospital Issue, Series 2013A $9,230 serial bonds maturing through 2023 with interest rates ranging from 3.00% to 5.00%; $93,285 term bonds maturing from 2024 to 2043 with interest rates ranging from 5.25% to 5.50%	$ 100,375	102,515
Barnabas Health Issue, Series 2012A serial bonds maturing through 2026 with interest rates ranging from 4.00% to 5.00%	90,250	90,250
RWJ Barnabas Health, Series 2019 serial bonds maturity through July 1, 2049 with an interest rate of 3.48%	302,333	302,333
RWJ Barnabas Health Private Placement Taxable Notes, Series 2018 maturing through July 1, 2044 with interest rates ranging from 4.04% to 4.40%	300,000	300,000
RWJ Barnabas Health Taxable Revenue Bonds, Series 2016 $100,000 maturing July 1, 2026 with an interest rate of 2.954%; $394,952 maturing July 1, 2046 with an interest rate of 3.949%	494,952	494,952
Barnabas Health System Taxable Revenue Bonds, Series 2012 term bonds maturing on July 1, 2028 with an interest rate of 4.00%	81,240	81,240
Total Master Trust Indebtedness	2,470,284	2,474,563
Note payable	—	1,112
Finance leases with various interest rates	33,982	38,365
Total long-term debt	2,504,266	2,514,040
Plus unamortized bond premium	114,557	123,530
Less:		
Unamortized bond discount	1,376	1,593
Deferred financing costs, net	15,820	16,937
Current portion	9,224	11,007
Long-term portion	$ 2,592,403	2,608,033

Under the terms of the Master Trust Indenture (MTI), Barnabas Health, Inc., Children's Specialized Hospital (CSH), Clara Maass Medical Center, Community Medical Center, Jersey City Medical Center, Monmouth Medical Center (including Monmouth Medical Center, Southern Campus), Newark Beth Israel Medical Center, RWJ Barnabas Health, Inc., Robert Wood Johnson University Hospital (RWJUH), Robert Wood Johnson University Hospital at Hamilton, Robert Wood Johnson University Hospital Rahway, and Saint Barnabas Medical Center (SBMC) are members of an Obligated Group. Substantially all of the Corporation's debt is subject to the provisions of the MTI.

(Continued)

To secure its payment obligations, the Obligated Group has granted to the Trustee a first lien and security interest in the gross revenue of each member of the Obligated Group.

Obligated Group members are jointly and severally liable under the MTI. The Corporation does have the right to name designated affiliates. Though designated affiliates are not obligated to make debt service payments on the obligations under the MTI, the Corporation may cause each designated affiliate to transfer such amounts as necessary to enable the Obligated Group members to comply with the terms of the MTI, including payment of the outstanding obligations.

The Corporation's Obligated Group is required to maintain certain financial covenants in connection with the NJHCFFA revenue and refunding bonds.

On October 24, 2019, the Obligated Group issued its taxable bonds, RWJ Barnabas Health Taxable Revenue Bonds, Series 2019 (Series 2019), in the amount of $302,333 as obligations under the MTI. The proceeds of Series 2019 will be used for general corporate purposes and the payment of the costs of issuance.

Concurrent with the issuance of Series 2019, the NJHCFFA issued its Revenue and Refunding bonds, RWJ Barnabas Health Obligated Group Issue, Series 2019A, in the amount of $19,250, and Series 2019B put bonds in the amount of $210,830, (collectively, Series 2019AB). The proceeds of the Series 2019AB were used to provide funds to finance (i) the refunding or defeasance of (a) Barnabas Health Issue, Series 2011B; (b) RWJ Barnabas Health Obligated Group Issue, Series 2017B; (c) Robert Wood Johnson Health Care Corp. at Hamilton Obligated Group Issue, Series 2002; and (d) Robert Wood Johnson University Hospital Issue, Series 2014B; (ii) reimbursement for various capital improvements; and (iii) the payment of the costs of issuance. The Series 2019B bonds have mandatory purchase dates in July 2024, 2025, and 2026.

As a result of the issuance of Series 2019 and Series 2019AB, the Corporation, as a joint and several member of the Obligated Group, recorded total debt in the amount of $532,413 and incurred a loss on extinguishment of debt totaling $164, which is included within nonoperating revenue (expenses) in the consolidated statements of operations.

The Corporation also has a credit arrangement in the form of a stand by letter of credit (LOC) with JP Morgan Chase Bank (JPM) that provides liquidity support for the Corporation's self-insured workers' compensation programs. If the Corporation were to draw on the letter of credit, the amounts would be payable at the expiration date, which is November 15, 2021.

On February 3, 2020, the Corporation retired the note payable of $1,112.

On March 25, 2020 and April 7, 2020, the Corporation entered into interest rate swap agreements with JPM and Bank of America, respectively. Under the terms of these agreements, the Corporation is paying fixed interest rates ranging from 0.90275% to 1.01250% in exchange for variable rate payments equal to 70% of the effective Federal funds rate. The notional amounts on these swap agreements, in the amount of $131,240 and $56,490, are also tied to the outstanding principal on the underlying bond series 2014A for Robert Wood Johnson University Hospital and Barnabas Health, respectively. The Corporation has the option to terminate either of the interest rate swap agreements on or before July 1, 2034. As of

(Continued)

(In thousands)

December 31, 2020, the fair value of the interest rate swap agreements, net of a credit value adjustment of $739, was $4,509 and is included in other assets, net.

On March 31, 2020, the Corporation entered into a secured revolving promissory note (the Note) for the maximum principal amount of $100,000 with JPM for routine working capital needs. The terms of the Note include a commitment fee of .12% and a LIBOR spread at .55%. As of December 31, 2020, there were no borrowings outstanding under the Note. The Note expired on March 31, 2021 and was replaced with a $50,000 secured revolving promissory note (New Note) with JPM expiring on March 31, 2022. This New Note contains an accordion feature that allows the Corporation to increase the loan by an additional $50,000. The terms of the New Note include a commitment fee of .12% and a LIBOR spread at .55% on the first $50,000. As of April 29, 2021, there were no borrowings outstanding.

Scheduled maturities on long-term debt and future minimum payments on finance lease obligations at December 31, 2020 are as follows:

	Long-term debt	Finance leases	Total
2021	$ 4,662	5,886	10,548
2022	22,490	4,893	27,383
2023	27,154	4,403	31,557
2024	34,576	3,804	38,380
2025	34,376	3,833	38,209
Thereafter	2,347,026	20,793	2,367,819
Total	2,470,284	43,612	2,513,896
Plus unamortized bond premium	114,557	—	114,557
Less:			
Amount representing interest on finance lease obligations	—	9,630	9,630
Unamortized bond discount	1,376	—	1,376
Deferred financing costs, net	15,820	—	15,820
Current portion	4,662	4,562	9,224
Long-term portion	$ 2,562,983	29,420	2,592,403

(11) Employee Benefit Plans

The Corporation maintains a single noncontributory defined-benefit plan, the RWJ Barnabas Health Retirement Income Plan (the RWJBH Plan). Participation in the RWJBH Plan is closed to new entrants and is currently frozen to future benefit accruals. Benefits under the RWJBH Plan are substantially based on years of service and employee's career earnings. The Corporation will contribute to the RWJBH Plan based on actuarially determined amounts necessary to provide assets sufficient to meet anticipated benefit payments to plan participants and to meet the minimum funding requirements of the Employee Retirement

(In thousands)

Income Security Act of 1974, as amended by the Pension Protection Act of 2006, and Internal Revenue Service regulations.

During 2020 and 2019, the Society of Actuaries published updated mortality table MP-2020 and MP-2019. The Corporation utilized the updated mortality tables resulting in decreases in projected benefit obligations in the amount of $5,100 and $11,000, respectively, as of December 31, 2020 and 2019.

GAAP requires recognition on the balance sheet of the funded status of defined-benefit pension plans and the recognition in net assets without donor restrictions of unrecognized actuarial gains and losses and prior service costs and credits. The funded status is measured as the difference between the fair value of the RWJBH Plan's assets and the projected benefit obligation of the RWJBH Plan.

Included in net assets without donor restriction at December 31, 2020 and 2019 are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service cost of approximately $2,551 and $2,670, respectively, and unrecognized actuarial losses of approximately $255,002 and $243,601, respectively. The estimated actuarial loss and prior service cost that will be amortized from net assets in 2021 pension expense is $6,422. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Using the measurement date of December 31, the following table sets forth the funded status of the RWJBH Plan and the amounts recognized in the Corporation's consolidated financial statements:

	December 31	
	2020	2019
Changes in benefit obligation:		
Benefit obligation at beginning of period	$ 1,050,229	1,004,428
Interest cost	36,641	43,812
Actuarial losses	110,975	64,461
Benefits paid and expenses	(69,642)	(62,472)
Benefit obligation at end of year	1,128,203	1,050,229
Change in plan assets:		
Fair value of plan assets at beginning of period	1,028,675	926,408
Actual return on plan assets	133,505	157,739
Employer contributions	4,200	7,000
Benefits paid and expenses	(69,642)	(62,472)
Fair value of plan assets at end of year	1,096,738	1,028,675
Funded status – accrued pension liability	$ (31,465)	(21,554)

(Continued)

(In thousands)

The actuarially computed net periodic pension cost for the years ended December 31, 2020 and 2019 included the following components, which are included in other nonoperating revenue, net:

	2020	2019
Interest costs	$ 36,641	43,812
Expected return on plan assets	(40,162)	(42,866)
Amortization of actuarial loss and prior service credit	6,349	8,328
Net periodic pension cost	$ 2,828	9,274

The projected unit credit method is the actuarial cost method used to compute pension expense.

The weighted average assumptions used in determining the net periodic pension cost was discount rates of 3.59% and 4.54% and an expected long-term rate of return on plan assets of 4.05% and 4.80% for the years ended December 31, 2020 and 2019, respectively.

The weighted average assumption used in the accounting for the projected benefit obligation was a discount rate of 2.82% and 3.59% as of December 31, 2020 and 2019, respectively.

Expected benefit payments by year as of December 31, 2020 are as follows:

2021	$ 71,242
2022	73,400
2023	74,369
2024	75,660
2025	77,194
2026–2030	339,175

The consolidated assets of the RWJBH Plan are managed under a liability-driven investment (LDI) strategy. Under the LDI strategy, the expected rate of return on plan assets at December 31, 2020 is based upon the assumption that plan assets will be invested primarily in fixed income and other related securities based upon their ability to perform similarly to the characteristics of the plan liabilities over time.

(Continued)

(In thousands)

The following tables present the Corporation's fair value hierarchy for those pension plan assets measured at fair value as of December 31, 2020 and 2019. At December 31, 2020 or 2019, the Corporation held no Level 3 assets.

	December 31, 2020				
	Fair value	Level 1	Level 2	Level 3	NAV
Cash and cash equivalents	$ 39,885	39,885	—	—	—
Corporate bonds	501,653	—	501,653	—	—
Government bonds	175,518	—	175,518	—	—
Bond funds	186,259	—	186,259	—	—
Bank loans	7,178	—	7,178	—	—
Other investments	14,208	—	14,208	—	—
Alternative investments	172,037	—	—	—	172,037
	$ 1,096,738	39,885	884,816	—	172,037

	December 31, 2019				
	Fair value	Level 1	Level 2	Level 3	NAV
Cash and cash equivalents	$ 23,464	23,464	—	—	—
Corporate bonds	417,512	—	417,512	—	—
Government bonds	155,088	—	155,088	—	—
Bond funds	261,480	—	261,480	—	—
Bank loans	16,708	—	16,708	—	—
Other investments	1,599	—	1,599	—	—
Alternative investments	152,824	—	—	—	152,824
	$ 1,028,675	23,464	852,387	—	152,824

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Alternative investments include private equity investments, hedge funds, and other.

(Continued)

(In thousands)

The following tables summarize redemption and commitment terms for the alternative investment vehicles held in the RWJBH Plan at December 31, 2020 and 2019:

	2020			
Description of investment	Carrying value	Unfunded commitment	Redemption frequency	Redemption notice required
Hedge fund	$ 51,351	—	Semi-annually	90 days
Private equity	70,343	82,833	—	—
Other	50,343	—	—	—
	$ 172,037	82,833		

	2019			
Description of investment	Carrying value	Unfunded commitment	Redemption frequency	Redemption notice required
Hedge fund	$ 50,540	—	Semi-annually	90 days
Private equity	63,181	16,619	—	—
Other	39,103	—	—	—
	$ 152,824	16,619		

The Corporation maintains multiple defined-contribution retirement plans for its employees. Benefit expense for these plans for the years ended December 31, 2020 and 2019 was $83,041 and $79,366, respectively. The Corporation also has several supplemental executive retirement plans for certain key individuals. The plans were funded during 2020 and 2019 based upon the benefit formula as outlined in the plan documents.

At December 31, 2020 and 2019, the Corporation participates in two multiemployer pension plans established under collective bargaining agreements that cover certain groups of employees at certain affiliates, as outlined in the table below. These groups of employees are not eligible to participate in certain benefit plans sponsored by the Corporation. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available for Local 68 Engineers Union Pension Plan (Local 68 Plan) was June 30, 2020 and for District 1199J – New Jersey Healthcare Employers Pension Plan (District 1199J Plan) was December 31, 2019. The zone status is based on information received by the plan sponsors and, as required by PPA, is certified by each plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded.

The "FIP/RP Status Pending Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP), as required by PPA, is either pending or has been implemented by the plan's sponsor. The last column of the table lists the expiration dates of the collective bargaining agreements requiring contributions to the plans. The Corporation's contributions to the Local 68 Plan for

(Continued)

(In thousands)

the year ended June 30, 2020 and to the District 1199J Plan for the year ended December 31, 2019 represented 1.81% and 42.4%, respectively, of the total contributions to each plan. From December 31, 2019 to December 31, 2020, participants in the Local 68 Plan and District 1199J Plan changed by 2.2% and 4.6%, respectively.

At the date the consolidated financial statements were issued, Forms 5500 were not available beyond the year ended June 30, 2020 for Local 68 Plan and December 31, 2019 for the 1199J Plan.

Pension fund	EIN/Pension plan number	Pension protection act zone status	FIP/RP status pending/ implemented	Contributions of RWJBH	Expiration date of collective-bargaining agreement
Local 68 Engineers Union Pension Plan	51-0176618-001	As of 6/30/2020 Yellow	Yes	$ 437	3/20/2020
District 1199J-New Jersey Healthcare Employers Pension Plan	22-3095464-001	As of 12/31/2019 Green	No	3,814	7/15/2021

Due to Local 68 Plan's endangered status (yellow zone), a funding improvement plan was required and was adopted on June 26, 2019. The hourly contribution rate for each participant was increased annually beginning on September 1, 2017 and continued for three consecutive years. No benefits were accrued on these increased contribution rates. During the funding improvement plan period, July 1, 2017 to July 1, 2027, a reduction of 81.9% in the unfunded percentage is projected.

RWJUH had participated in the PACE Industry Union – Management Pension Fund (the Union Benefit Plan), which is a multiemployer benefit program. RWJUH terminated its participation in the Union Benefit Plan and based on the Union Benefit Plan's actuarial calculation, RWJUH was assessed an estimated allocable share of the unfunded vested benefits. On February 28, 2020, the Corporation and the Union Benefit Plan entered into an agreement to settle all remaining liabilities for $38,489. In connection with this settlement, the Corporation recognized a gain of $11,900, which amount is included in employee benefits in the 2019 consolidated statement of operations.

(Continued)

(In thousands)

(12) Leases

The following table presents the components of the ROU assets, liabilities, and expenses related to leases and their classification in the consolidated balance sheets and statements of operations as of and for the years ended December 31, 2020 and 2019:

Components of lease balances	Classification in consolidated balance sheets		2020	2019
Assets:				
Operating lease assets	ROU asset	$	269,663	231,712
Finance lease assets	Property, plant, and equipment, net		33,097	38,553
Total leased assets		$	302,760	270,265
Liabilities:				
Operating lease liabilities:				
Current	Lease obligations	$	42,237	40,443
Long term	Lease obligations, net of current portion		237,046	195,952
Total operating lease liabilities			279,283	236,395
Finance lease liabilities:				
Current	Long-term debt		4,562	5,617
Long term	Long-term debt, net of current portion		29,420	32,748
Total finance lease liabilities			33,982	38,365
Total lease liabilities		$	313,265	274,760

Components of lease expense	Classification in consolidated statements of operations		2020	2019
Operating lease expense	Other operating expenses	$	59,531	56,067
Finance lease expense:				
Amortization of leased assets	Depreciation and amortization		1,165	3,098
Interest on lease liabilities	Interest		1,542	1,566
Total finance lease expense			2,707	4,664
Variable and short-term lease expense	Other operating expenses		14,933	15,539
Total lease expense		$	77,171	76,270

The Corporation determines if an arrangement is a lease at the inception of the contract. The ROU assets represent the Corporation's right to use the underlying assets for the lease term and the lease liabilities represent the Corporation's obligation to make lease payments arising from the leases. ROU assets and

(Continued)

lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. An estimated incremental borrowing rate, which is derived from information available at the lease commencement date, is used to determine the present value of lease payments. The incremental borrowing rates for our portfolio of leases are based upon indicative borrowing rates for taxable debt with terms that correspond to our various lease terms.

The Corporation's operating leases are primarily for real estate, including medical office buildings, and corporate and other administrative offices, as well as medical and office equipment. Finance leases are primarily for real estate and medical equipment. Real estate lease agreements typically have initial terms of 5 to 10 years, and equipment lease agreements typically have initial terms between 2 and 5 years. The Corporation has certain long-term land leases whose original terms range from 50 to 98 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 can extend the lease term from 1 to 20 years. The Corporation has the option to renew its land leases that can extend the lease term significantly. The exercise of lease renewal options is at our sole discretion. Renewal options are assessed at the commencement date, modification date, and when a reassessment event has occurred. The renewal option is included in the lease term when it is reasonably certain to be exercised. Certain leases also include options to purchase the leased property. 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.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses. These variable lease payments are recognized in other operating expenses, net, but are not included in the ROU asset or liability balances. Real estate leases generally include rental escalation clauses that are factored into our determination of lease expense when appropriate. Escalations based on an index, such as the Consumer Price Index, are estimated at the commencement date and differences to the initial estimate are treated as variable lease payments. The lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The Corporation has elected the practical expedient that allows lessees to choose to not separate lease and nonlease components by class of underlying asset and is applying this expedient to all real estate asset classes. The Corporation elected the practical expedient package to not reassess at adoption (i) whether expired or existing contracts contain leases under the new definition of a lease, (ii) lease classification for expired or existing leases, or (iii) whether previously capitalized initial direct costs would qualify for capitalization under Topic 842.

Sublease income is included in other revenue in the consolidated statements of operations and amounted to $5,719 and $5,484 for the years ended December 31, 2020 and 2019, respectively.

(Continued)

(In thousands)

The weighted average lease terms and discount rates for operating and finance leases at December 31, 2020 and 2019 are presented in the following table:

	2020	2019
Weighted average remaining lease term:		
Operating leases	9.7 years	10.7 years
Finance leases	11.2 years	11.4 years
Weighted average discount rate:		
Operating leases	3.55 %	3.97 %
Finance leases	3.97	4.03

Cash flow and other information related to leases is included in the following table for the years ended December 31, 2020 and 2019:

		2020	2019
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash outflows from operating leases	$	56,502	57,102
Operating cash inflows from operating leases		1,907	—
Operating cash outflows from finance leases		1,542	1,566
Financing cash outflows from finance leases		5,552	5,484
ROU assets obtained in exchange for lease obligations:			
Operating leases	$	89,147	56,659
Finance leases		1,169	35,716

(Continued)

(In thousands)

Future maturities of lease liabilities at December 31, 2020 are presented in the following table:

	Operating leases	Finance leases	Total
2021	$ 49,937	5,886	55,823
2022	40,929	4,893	45,822
2023	31,488	4,402	35,890
2024	26,757	3,804	30,561
2025	25,039	3,833	28,872
Thereafter	171,289	20,794	192,083
Total lease payments	345,439	43,612	389,051
Less imputed interest	66,156	9,630	75,786
Total lease obligations	279,283	33,982	313,265
Less current obligations	42,237	4,562	46,799
Long-term lease obligations	$ 237,046	29,420	266,466

(13) Commitments and Contingencies

(a) Professional and General Liabilities

Commercial Professional Insurance Co. Ltd. (CPIC), is an off-shore captive insurance company located in Bermuda, which writes professional liability, comprehensive general liability, and other casualty lines of business for the Corporation and its affiliates. CPIC is a wholly owned affiliate of SBMC and is consolidated in the accompanying consolidated financial statements. Investments and other assets maintained by CPIC are reported in assets limited as to use under externally designated or restricted assets in the consolidated balance sheets. The Corporation has estimated a range of losses for its potential liability for professional liability, comprehensive general liability, and other casualty lines of business related to CPIC based upon its own past experience and industry experience data. These estimates include ultimate costs for unreported incidents and losses not covered by current insurance limits on a present value basis.

For policy years beginning July 1, 2004, CPIC provides payment of claims on a reimbursement basis for the Corporation's self-insurance program. For professional liability, the most recent limits are $1 million for each medical incident with a $3 million aggregate for CSH claims, $10 million for each medical incident with no aggregate for all other facilities, and a buffer layer of $5 million for each medical incident with an annual aggregate limit of $5 million. For general liability, the limit is $1 million for each and every general liability occurrence with no aggregate. Prior to July 1, 2018, the Corporation purchased excess coverage of $150 million from various carriers for amounts in excess of CPIC's retained limits. Beginning July 1, 2018, the excess coverage is purchased through CPIC and reinsured by various carriers.

(Continued)

Prior to December 31, 2016, certain affiliates of the Corporation were insured through Systems and Affiliated Members Limited (SAAML). In February 2017, CPIC and SAAML finalized a merger, with CPIC as the surviving company, at which time all affiliates were insured by CPIC. CPIC issues policies providing professional liability and comprehensive general liability coverage for all the Corporation's affiliates and subsidiaries under a combined insurance program.

At December 31, 2020 and 2019, total liabilities, which include tail coverage, were $269,601 and $251,522, respectively. The liabilities have been discounted at 2.5% and are included in self-insurance liabilities in the accompanying consolidated balance sheets. The undiscounted liability was $287,986 and $268,648 as of December 31, 2020 and 2019, respectively. The liabilities also include $21,197 and $14,455 of claims at December 31, 2020 and 2019, respectively, which are expected to be reimbursed by the insurance carrier. Such amounts are included in other assets, net, in the accompanying consolidated balance sheets.

(b) Workers' Compensation

The Corporation is self-insured for the majority of workers' compensation benefits but has a commercial excess insurance policy. At December 31, 2020 and 2019, the accrual for estimated workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported and totaled $55,405 and $51,049, respectively. The liabilities also include $11,072 and $10,558 of claims as of December 31, 2020 and 2019, respectively, which are expected to be reimbursed by the insurance carrier. Such amounts are included in other assets, net. The Corporation's obligation to pay workers' compensation benefits from the runoff of a legacy workers' compensation program, which ended in 2013, is supported by an unsecured letter of credit in the amount of $6,400 (note 10).

(c) Employee Health Insurance

The Corporation maintains self-insured employee health benefit programs to provide coverage for its employees. At December 31, 2020 and 2019, the accrual for estimated employee health insurance claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported of approximately $23,865 and $21,207, respectively, and is included in self-insurance liabilities in the consolidated balance sheets.

(d) Litigation

Various investigations, lawsuits, and claims arising in the normal course of operations are pending or on appeal against the Corporation. While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities that may arise from such actions would not materially affect the consolidated financial position or results of operations of the Corporation.

(e) EHR Platform

The Corporation entered into an agreement with EPIC to deploy an integrated Electronic Health Record (EHR) with supporting revenue cycle, data analytics, and consumer-facing digital capabilities. When completed, this integration will, among other things, establish one EHR across all ambulatory sites to support the ability to manage physicians as one integrated practice and support the consolidation of the various revenue cycle systems to an integrated solution.

(Continued)

(In thousands)

The implementation will be done in phases. The anticipated completion date is 2023, with a cost of approximately $750,000 over 10 years. The estimated cost includes costs that will be capitalized as well as those that will be expensed as incurred.

(f) Other

Approximately 23% of the Corporation's employees were covered by collective bargaining agreements for the years ended December 31, 2020 and 2019, of which 10% expire in the next year.

(14) Functional Expenses

The Corporation provides general healthcare services primarily to residents within its geographic area and supports research and educational programs. Expenses are allocated based on estimated time and effort contingent upon the location and/or specialty the expense was incurred.

Expenses related to providing these services and supporting functions are as follows for the years ended December 31, 2020 and 2019:

	2020		
	Healthcare services	General and administrative	Total
Salaries and wages	$ 1,907,440	325,252	2,232,692
Physician fees and salaries	540,334	60,037	600,371
Employee benefits	379,852	67,032	446,884
Supplies	1,085,520	1,099	1,086,619
Other	797,990	270,862	1,068,852
Interest	86,451	14,752	101,203
Depreciation and amortization	218,074	39,396	257,470
Total	$ 5,015,661	778,430	5,794,091

	2019		
	Healthcare services	General and administrative	Total
Salaries and wages	$ 1,800,496	292,346	2,092,842
Physician fees and salaries	495,296	55,033	550,329
Employee benefits	350,963	57,134	408,097
Supplies	1,103,428	1,482	1,104,910
Other	741,872	237,406	979,278
Interest	74,608	12,619	87,227
Depreciation and amortization	192,967	47,714	240,681
Total	$ 4,759,630	703,734	5,463,364

(Continued)

(15) Investments in Joint Ventures

The Corporation has invested in a number of joint ventures to provide specialty healthcare services. These services include surgical, diagnostic imaging, home care and hospice, rehabilitation, medical transportation and fitness, and wellness programs. The investments range from 25% to 51% ownership. The Corporation does not exercise operating control over these investments; accordingly, they are recorded under the equity method of accounting and report only the Corporation's share of net income attributable to the investee as equity in earnings in other revenue in the accompanying consolidated statements of operations. Financial information for the equity method investees for the years ended December 31, 2020 and 2019 includes net operating revenue of $554,891 and $495,772, net income of $136,987 and $123,280, and net income attributable to the Corporation of $50,967 and $42,528, respectively. For the year ended December 31, 2020, the Corporation invested capital of $137,732 in joint ventures, of which $62,044 of the investment related to joint ventures formed during 2020.

Total investments in joint ventures amounted to $319,948 and $174,403 at December 31, 2020 and 2019, respectively. These amounts are included in other assets, net in the consolidated balance sheets.

(16) Affiliation with Rutgers, The State University of New Jersey

The Corporation, Rutgers, the State University of New Jersey (Rutgers), and Rutgers Health Group (RHG) entered into a Master Affiliation Agreement (MAA) to partner and create the state's largest academic healthcare system with the goal of integrating medical education, advanced research, and healthcare delivery to produce world-class clinical services and outcomes.

The Corporation, Rutgers, and RHG are separate and distinct legal entities. The MAA requires reciprocal commitments and the alignment of each party's respective strategic, operational, and financial interests, and activities as part of a coordinated and mutually supportive academic health system. A Joint Committee was established for strategic planning and oversight featuring equal representation from the Corporation and Rutgers.

The Corporation has invested $100,000 through June 30, 2019. In connection with this investment, the Corporation capitalized $45,000 for the right to use the Rutgers Health brand name. In addition, more than $1,000,000 over 20 years will be invested to expand the education and research mission of the integrated academic health system. During the years ended December 31, 2020 and 2019, the Corporation made payments to Rutgers in the amounts of $43,834 and $78,031, respectively, related to the MAA. As of December 31, 2020, and 2019, the Corporation owed Rutgers $55,308 and $45,744, respectively. These amounts are included in accrued expenses and other liabilities in the consolidated balance sheets.

A component of the MAA was to form a comprehensive medical group comprising employed physicians and other health care professionals from the Corporation and Rutgers. Through the execution of an Integrated Practice Agreement (IPA) effective July 1, 2020, Rutgers and the Corporation have taken a step toward integrating the clinical services provided within Rutgers' Robert Wood Johnson Medical School (RWJMS) in the New Brunswick region and the Corporation's medical group practices.

(Continued)

Under the IPA, all current Rutgers employees in the clinical practices will remain Rutgers employees. The Corporation has assumed responsibility for the patient experience and administration of the RWJMS clinical enterprise. In connection with the IPA, the Corporation is responsible for clinical losses above an agreed upon amount, which declines over an eight-year period ending June 30, 2028. For the six months ended December 31, 2020, the additional amount owed was estimated to be approximately $3,500.

The Corporation will also fund the construction of a new clinical and research building for the Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute designated comprehensive cancer center. The new building will be adjacent to, and integrated with, RWJUH New Brunswick. The estimated cost will be approximately $735,000. For the year ended December 31, 2020, approximately $3,600 was incurred related to architectural and engineering fees. In January 2021, the Corporation paid $56,000 to purchase the land on which the new building will be constructed.

(17) Potential Affiliations

The Corporation and Saint Peter's Healthcare System (SPHCS) entered into a Definitive Agreement on September 10, 2020 to integrate the two healthcare systems. Under the terms of the Definitive Agreement, SPHCS, headquartered in New Brunswick, New Jersey, with its flagship hospital, Saint Peter's University Hospital, a 478-bed acute care teaching hospital and acute care children's hospital, will remain as a full-service provider of acute healthcare services, and would continue its mission and identity as a Catholic hospital in adherence with the standards of care stated in the Ethical and Religious Directives for Catholic Health Care Services. The Corporation has committed to making significant strategic capital investments in facilities, technology and innovation to enhance and expand clinical services provided at SPHCS.

The Corporation entered into a Definitive Agreement with Trinitas Regional Medical Center (Trinitas), a 554-bed, Catholic, acute care teaching hospital, headquartered in Elizabeth, New Jersey, on November 11, 2020. Under the terms of the agreement, the role of Trinitas as a full service, Catholic provider of acute healthcare services for the eastern Union County community will be enhanced. The Corporation will make significant investments in Trinitas and will expand the network of outpatient services currently provided by Trinitas, resulting in an even higher level of care for the community.

Approvals will be necessary from state and federal officials, and others, before any of the transactions are considered complete. It is not currently possible to determine if, or when, the transactions will be completed.

(18) Subsequent Events

Management evaluated all events occurring subsequent to December 31, 2020 and through April 29, 2021, the date the consolidated financial statements were available to be issued. The Corporation did not have any material recognizable subsequent events during the period, except as previously disclosed.

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Balance Sheet Information

December 31, 2020

(In thousands)

	Barnabas Health, Inc.	Children's Specialized Hospital	Clara Maass Medical Center	Community Medical Center	Jersey City Medical Center	Monmouth Medical Center	Newark Beth Israel Medical Center	Robert Wood Johnson University Hospital
Assets								
Current assets:								
Cash and cash equivalents	$ 179,957	985	6	10	16	25	630	2,048
Investments	578,074	—	—	—	—	—	—	—
Assets limited or restricted as to use	49,590	10	—	—	63	—	—	5,565
Patient accounts receivable	—	11,454	29,217	41,229	39,564	52,988	60,979	168,462
Due from affiliates	66,556	84,449	152,693	412,830	118,646	654,549	364,323	975,806
Estimated amounts due from third-party payors	—	117	2,401	73	5,899	9,307	8,372	4,534
Other current assets	66,221	8,430	7,890	11,180	13,413	19,136	26,897	39,901
Total current assets	940,398	105,445	192,207	465,322	177,601	736,005	461,201	1,196,316
Assets limited or restricted as to use, noncurrent portion	28,445	3,916	2,293	2,495	1,523	7,106	30,160	13,571
Investments	4,997,108	—	—	—	—	—	1,171	(327)
Property, plant, and equipment, net	276,467	74,664	129,143	164,142	312,631	132,233	133,945	696,388
Right-of-use assets	56,058	7,187	904	11,579	38,051	4,143	4,368	50,366
Due from affiliates	—	—	—	—	—	—	—	—
Other assets, net	411,125	26,176	1,184	9,507	5,255	51,673	132	61,009
	$ 6,709,601	217,388	325,731	653,045	535,061	931,160	630,977	2,017,323
Liabilities and Net Assets								
Current liabilities:								
Accounts payable	$ 83,667	5,176	18,078	16,998	21,597	25,023	24,947	81,054
Accrued expenses and other current liabilities	212,574	14,768	68,573	34,552	53,122	54,571	81,796	183,657
Estimated amounts due to third-party payors	89	—	10,644	31,398	8,343	19,427	19,639	59,118
Long-term debt and notes payable	194	1,134	754	220	206	390	379	2,884
Lease obligations	3,450	1,783	649	1,971	5,889	1,209	1,294	6,797
Due to affiliates	4,333,419	—	5	19	128	161,724	59	503
Self-insurance liabilities	33,579	—	—	—	—	—	—	—
Total current liabilities	4,666,972	22,861	98,703	85,158	89,285	262,344	128,114	334,013
Estimated amounts due to third-party payors, net of current portion	—	—	20,360	56,585	27,351	42,556	45,490	114,241
Self-insurance liabilities, net of current portion	100,195	—	—	—	—	—	—	—
Long-term debt, less current portion	306,791	41,756	160,445	101,583	224,447	249,222	238,529	612,455
Lease obligations, less current portion	50,925	5,566	258	9,575	32,550	2,929	3,241	44,185
Accrued pension liability	31,465	—	—	—	—	—	—	—
Other liabilities	56,443	3,948	4,869	5,792	7,525	11,283	28,602	25,995
Due to affiliates	—	—	—	—	—	—	—	—
Total liabilities	5,212,791	74,131	284,635	258,693	381,158	568,334	443,976	1,130,889
Net assets	1,496,810	143,257	41,096	394,352	153,903	362,826	187,001	886,434
Total liabilities and net assets	$ 6,709,601	217,388	325,731	653,045	535,061	931,160	630,977	2,017,323

(Continued)

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Balance Sheet Information

December 31, 2020

(In thousands)

	Robert Wood Johnson University Hospital at Hamilton	Robert Wood Johnson University Hospital Rahway	Saint Barnabas Medical Center	Consolidating entries and eliminations	Total obligated group	Other entities	Consolidating entries and eliminations	Consolidated balance
Assets								
Current assets:								
Cash and cash equivalents	$ 66	1,455	129	—	185,327	(84,947)	—	100,380
Investments	—	—	—	—	578,074	—	—	578,074
Assets limited or restricted as to use	161	215	—	—	55,604	86,999	—	142,603
Patient accounts receivable	15,473	11,881	96,206	—	527,453	61,771	—	589,224
Due from affiliates	126,229	77,211	1,272,685	(4,257,006)	48,971	594,283	(643,254)	—
Estimated amounts due from third-party payors	247	—	72	—	31,022	—	—	31,022
Other current assets	5,794	3,856	21,630	—	224,348	42,983	(28,707)	238,624
Total current assets	147,970	94,618	1,390,722	(4,257,006)	1,650,799	701,089	(671,961)	1,679,927
Assets limited or restricted as to use, noncurrent portion	1,884	965	31,192	—	123,550	150,352	—	273,902
Investments	156	18	3,194	—	5,001,320	31,186	—	5,032,506
Property, plant, and equipment, net	90,008	32,945	385,628	—	2,428,194	135,215	—	2,563,409
Right-of-use assets	5,899	762	12,151	—	191,468	78,195	—	269,663
Due from affiliates	—	—	—	—	—	19,813	(19,813)	—
Other assets, net	2,809	863	5,788	(127,650)	447,871	152,646	(143,017)	457,500
	$ 248,726	130,171	1,828,675	(4,384,656)	9,843,202	1,268,496	(834,791)	10,276,907
Liabilities and Net Assets								
Current liabilities:								
Accounts payable	$ 12,333	11,986	46,958	—	347,817	40,553	—	388,370
Accrued expenses and other current liabilities	11,687	11,749	76,664	—	803,713	169,038	(23,518)	949,233
Estimated amounts due to third-party payors	8,173	4,526	31,825	—	193,182	14,750	—	207,932
Long-term debt and notes payable	1,303	74	5,333	—	12,871	239	(3,886)	9,224
Lease obligations	831	352	2,543	—	26,768	15,469	—	42,237
Due to affiliates	22	19	614	(4,257,006)	239,506	403,748	(643,254)	—
Self-insurance liabilities	—	—	—	—	33,579	49,352	—	82,931
Total current liabilities	34,349	28,706	163,937	(4,257,006)	1,657,436	693,149	(670,658)	1,679,927
Estimated amounts due to third-party payors, net of current portion	14,147	16,083	63,225	—	400,038	512	—	400,550
Self-insurance liabilities, net of current portion	—	—	—	—	100,195	165,745	—	265,940
Long-term debt, net of current portion	120,995	13,841	455,012	—	2,525,076	82,273	(14,946)	2,592,403
Lease obligations, less current portion	5,027	413	9,922	—	164,591	72,455	—	237,046
Accrued pension liability	—	—	—	—	31,465	—	—	31,465
Other liabilities	3,704	1,530	15,152	(2,650)	162,193	47,955	—	210,148
Due to affiliates	—	—	19,813	—	19,813	—	(19,813)	—
Total liabilities	178,222	60,573	727,061	(4,259,656)	5,060,807	1,062,089	(705,417)	5,417,479
Net assets	70,504	69,598	1,101,614	(125,000)	4,782,395	206,407	(129,374)	4,859,428
Total liabilities and net assets	$ 248,726	130,171	1,828,675	(4,384,656)	9,843,202	1,268,496	(834,791)	10,276,907

See accompanying independent auditors' report.

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Balance Sheet Information

December 31, 2019

(In thousands)

	Barnabas Health, Inc.	Children's Specialized Hospital	Clara Maass Medical Center	Community Medical Center	Jersey City Medical Center	Monmouth Medical Center	Newark Beth Israel Medical Center	Robert Wood Johnson University Hospital
Assets								
Current assets:								
Cash and cash equivalents	$ 777,613	467	7	9	16	101	1,407	824
Investments	43,443	—	—	—	—	—	—	—
Assets limited or restricted as to use	31,975	6	—	—	61	—	—	5,404
Patient accounts receivable	—	12,655	24,430	36,540	39,919	51,208	64,539	153,794
Due from affiliates	61,524	76,162	106,879	334,592	83,919	559,107	304,128	814,922
Estimated amounts due from third-party payors	—	—	1,141	—	2,112	3,875	2,146	—
Other current assets	40,926	6,134	6,594	9,784	11,632	19,631	23,062	43,820
Total current assets	955,481	95,424	139,051	380,925	137,659	633,922	395,282	1,018,764
Assets limited or restricted as to use, noncurrent portion	14,599	2,982	2,276	2,189	2,347	5,633	28,135	12,229
Investments	4,063,362	—	—	—	—	—	3,653	(223)
Property, plant, and equipment, net	143,798	68,555	133,194	146,135	277,003	130,498	120,342	632,560
Right-of-use assets	28,778	7,316	1,506	5,593	29,249	3,995	5,481	68,848
Due from affiliates	—	—	—	—	—	—	—	—
Other assets, net	312,603	27,732	1,079	7,639	3,633	47,873	123	68,578
	$ 5,518,621	202,009	277,106	542,481	449,891	821,921	553,016	1,800,756
Liabilities and Net Assets								
Current liabilities:								
Accounts payable	$ 78,617	3,559	15,317	14,442	17,135	25,891	27,783	75,383
Accrued expenses and other current liabilities	168,447	14,370	24,150	23,065	29,405	43,345	74,595	169,193
Estimated amounts due to third-party payors	642	73	—	1,879	—	—	—	5,101
Long-term debt and notes payable	169	1,026	710	231	218	403	385	3,498
Lease obligations	2,692	1,618	705	2,388	5,444	1,713	1,417	8,324
Due to affiliates	4,047,286	—	—	—	—	150,832	—	330
Self-insurance liabilities	29,644	—	—	—	—	—	—	—
Total current liabilities	4,327,497	20,646	40,882	42,005	52,202	222,184	104,180	261,829
Estimated amounts due to third-party payors, net of current portion	—	—	2,563	6,424	5,127	2,297	10,139	8,541
Self-insurance liabilities, net of current portion	92,493	—	—	—	—	—	—	—
Long-term debt, less current portion	307,687	43,094	161,534	102,020	224,870	250,183	239,390	616,852
Lease obligations, less current portion	22,535	5,729	799	3,112	23,955	2,263	4,211	60,453
Accrued pension liability	21,554	—	—	—	—	—	—	—
Other liabilities	14,984	3,045	2,414	2,582	5,122	5,782	20,819	16,206
Due to affiliates	—	—	—	—	—	—	—	—
Total liabilities	4,786,750	72,514	208,192	156,143	311,276	482,709	378,739	963,881
Net assets	731,871	129,495	68,914	386,338	138,615	339,212	174,277	836,875
Total liabilities and net assets	$ 5,518,621	202,009	277,106	542,481	449,891	821,921	553,016	1,800,756

(Continued)

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Balance Sheet Information

December 31, 2019

(In thousands)

	Robert Wood Johnson University Hospital at Hamilton	Robert Wood Johnson University Hospital Rahway	Saint Barnabas Medical Center	Consolidating entries and eliminations	Total obligated group	Other entities	Consolidating entries and eliminations	Consolidated balance
Assets								
Current assets:								
Cash and cash equivalents	$ 35	583	(454)	—	780,608	(443,548)	—	337,080
Investments	—	—	—	—	43,443	—	—	43,443
Assets limited or restricted as to use	182	246	—	—	37,874	26,426	—	64,300
Patient accounts receivable	15,666	12,103	93,049	—	503,903	49,205	—	553,108
Due from affiliates	106,510	62,907	1,091,740	(3,599,550)	2,840	879,411	(882,251)	—
Estimated amounts due from third-party payors	—	—	5,271	(8,466)	6,079	265	—	6,344
Other current assets	5,741	3,759	25,370	—	196,453	44,730	(27,890)	213,293
Total current assets	128,134	79,598	1,214,976	(3,608,016)	1,571,200	556,489	(910,141)	1,217,548
Assets limited or restricted as to use, noncurrent portion	1,785	2,371	34,326	—	108,872	154,001	—	262,873
Investments	205	16	5,808	—	4,072,821	32,927	—	4,105,748
Property, plant, and equipment, net	93,066	26,654	384,459	—	2,156,264	127,931	—	2,284,195
Right-of-use assets	6,397	1,130	11,163	—	169,456	62,256	—	231,712
Due from affiliates	—	—	—	—	—	19,813	(19,813)	—
Other assets, net	2,378	847	5,850	(132,488)	345,847	102,217	(154,616)	293,448
	$ 231,965	110,616	1,656,582	(3,740,504)	8,424,460	1,055,634	(1,084,570)	8,395,524
Liabilities and Net Assets								
Current liabilities:								
Accounts payable	$ 13,829	8,306	46,349	—	326,611	38,017	—	364,628
Accrued expenses and other current liabilities	10,737	9,905	64,336	—	631,548	116,558	(23,644)	724,462
Estimated amounts due to third-party payors	689	81	—	(8,465)	—	—	—	—
Long-term debt and notes payable	1,308	84	4,597	—	12,629	1,320	(2,942)	11,007
Lease obligations	1,231	387	2,642	—	28,561	11,882	—	40,443
Due to affiliates	—	11	8	(3,599,551)	598,916	283,335	(882,251)	—
Self-insurance liabilities	—	—	—	—	29,644	47,966	—	77,610
Total current liabilities	27,794	18,774	117,932	(3,608,016)	1,627,909	499,078	(908,837)	1,218,150
Estimated amounts due to third-party payors, net of current portion	2,358	8,313	2,369	—	48,131	—	—	48,131
Self-insurance liabilities, net of current portion	—	—	—	—	92,493	153,675	—	246,168
Long-term debt, net of current portion	122,765	13,860	461,987	—	2,544,242	82,622	(18,831)	2,608,033
Lease obligations, less current portion	5,087	741	8,644	—	137,529	58,423	—	195,952
Accrued pension liability	—	—	—	—	21,554	—	—	21,554
Other liabilities	2,313	933	7,756	(7,488)	74,468	50,244	—	124,712
Due to affiliates	—	—	19,813	—	19,813	—	(19,813)	—
Total liabilities	160,317	42,621	618,501	(3,615,504)	4,566,139	844,042	(947,481)	4,462,700
Net assets	71,648	67,995	1,038,081	(125,000)	3,858,321	211,592	(137,089)	3,932,824
Total liabilities and net assets	$ 231,965	110,616	1,656,582	(3,740,504)	8,424,460	1,055,634	(1,084,570)	8,395,524

See accompanying independent auditors' report.

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31, 2020

(In thousands)

	Barnabas Health, Inc.	Children's Specialized Hospital	Clara Maass Medical Center	Community Medical Center	Jersey City Medical Center	Monmouth Medical Center	Newark Beth Israel Medical Center	Robert Wood Johnson University Hospital
Revenue:								
Patient service revenue	$ 125	135,790	260,943	365,628	344,108	497,914	522,707	1,368,296
CARES Act	—	5,418	20,356	44,769	50,754	57,538	81,444	131,860
Other revenue, net	944,000	18,670	5,388	2,541	18,699	17,598	39,608	44,986
Total revenue	944,125	159,878	286,687	412,938	413,561	573,050	643,759	1,545,142
Expenses:								
Salaries and wages	208,449	82,549	125,784	147,698	151,426	200,753	213,189	525,868
Physician fees and salaries	22,661	10,792	21,368	27,474	54,753	55,013	87,262	152,217
Employee benefits	324,625	19,057	26,711	30,037	30,935	36,707	59,012	85,132
Supplies	3,304	5,135	46,891	77,031	63,132	98,518	104,384	335,146
Other	318,515	26,557	74,649	106,754	90,295	135,188	143,257	312,753
Interest	11,676	1,517	6,218	3,820	9,451	9,497	9,062	25,232
Depreciation and amortization	29,315	6,936	13,404	15,308	20,668	20,967	17,242	71,942
Total expenses	918,545	152,643	315,025	408,122	420,660	556,643	633,408	1,508,290
Income (loss) from operations	25,580	7,235	(28,338)	4,816	(7,099)	16,407	10,351	36,852
Nonoperating revenue (expenses), net:								
Investment income (loss), net	793,683	—	—	—	—	—	16	(6)
Other, net	4,253	—	(203)	(436)	(226)	(354)	(454)	(207)
Total nonoperating revenue (expenses), net	797,936	—	(203)	(436)	(226)	(354)	(438)	(213)
Excess (deficiency) of revenue over expenses	823,516	7,235	(28,541)	4,380	(7,325)	16,053	9,913	36,639
Pension changes other than net periodic benefit cost	(11,282)	—	—	—	—	—	—	—
Net assets released from restriction for purchases of property and equipment	—	1,493	780	2,191	936	1,246	1,754	5,046
Net assets transferred	9,668	—	—	—	—	—	—	—
Other, net	(56,963)	(230)	(172)	1,657	19,043	1,420	2,419	13,988
Total other changes in net assets	(58,577)	1,263	608	3,848	19,979	2,666	4,173	19,034
Increase (decrease) in net assets without donor restrictions	764,939	8,498	(27,933)	8,228	12,654	18,719	14,086	55,673
Change in net assets with donor restrictions	—	5,264	115	(214)	2,634	4,895	(1,362)	(6,114)
Net assets, beginning of year	731,871	129,495	68,914	386,338	138,615	339,212	174,277	836,875
Net assets, end of year	$ 1,496,810	143,257	41,096	394,352	153,903	362,826	187,001	886,434

(Continued)

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31, 2020

(In thousands)

	Robert Wood Johnson University Hospital at Hamilton	Robert Wood Johnson University Hospital Rahway	Saint Barnabas Medical Center	Consolidating entries and eliminations	Total obligated group	Other entities	Consolidating entries and eliminations	Consolidated balance
Revenue:								
Patient service revenue	$ 175,818	94,815	858,955	—	4,625,099	411,575	—	5,036,674
CARES Act	24,016	21,678	82,618	—	520,451	50,206	—	570,657
Other revenue, net	1,184	6,136	13,581	(864,201)	248,190	306,850	(261,796)	293,244
Total revenue	201,018	122,629	955,154	(864,201)	5,393,740	768,631	(261,796)	5,900,575
Expenses:								
Salaries and wages	72,397	48,633	265,147	—	2,041,893	190,799	—	2,232,692
Physician fees and salaries	13,561	10,698	88,932	—	544,731	222,297	(166,657)	600,371
Employee benefits	11,478	8,678	55,194	(273,285)	414,281	56,175	(23,572)	446,884
Supplies	43,012	19,076	199,511	—	995,140	97,520	(6,041)	1,086,619
Other	50,283	30,042	239,481	(590,916)	936,858	195,354	(63,360)	1,068,852
Interest	4,355	531	18,737	—	100,196	3,173	(2,166)	101,203
Depreciation and amortization	9,260	4,722	34,412	—	244,176	13,294	—	257,470
Total expenses	204,346	122,380	901,414	(864,201)	5,277,275	778,612	(261,796)	5,794,091
Income (loss) from operations	(3,328)	249	53,740	—	116,465	(9,981)	—	106,484
Nonoperating revenue (expenses), net:								
Investment income (loss), net	(26)	4	50	—	793,721	5,086	—	798,807
Other, net	—	(252)	(399)	—	1,722	(42)	—	1,680
Total nonoperating revenue (expenses), net	(26)	(248)	(349)	—	795,443	5,044	—	800,487
Excess (deficiency) of revenue over expenses	(3,354)	1	53,391	—	911,908	(4,937)	—	906,971
Pension changes other than net periodic benefit cost	—	—	—	—	(11,282)	—	—	(11,282)
Net assets released from restriction for purchases of property and equipment	—	76	4,585	—	18,107	—	—	18,107
Net assets transferred	—	—	—	—	9,668	(9,668)	—	—
Other, net	1,779	1,547	1,692	—	(13,820)	15,815	1,797	3,792
Total other changes in net assets	1,779	1,623	6,277	—	2,673	6,147	1,797	10,617
Increase (decrease) in net assets without donor restrictions	(1,575)	1,624	59,668	—	914,581	1,210	1,797	917,588
Change in net assets with donor restrictions	431	(21)	3,865	—	9,493	(6,395)	5,918	9,016
Net assets, beginning of year	71,648	67,995	1,038,081	(125,000)	3,858,321	211,592	(137,089)	3,932,824
Net assets, end of year	$ 70,504	69,598	1,101,614	(125,000)	4,782,395	206,407	(129,374)	4,859,428

See accompanying independent auditors' report.

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31, 2019

(In thousands)

	Barnabas Health, Inc.	Children's Specialized Hospital	Clara Maass Medical Center	Community Medical Center	Jersey City Medical Center	Monmouth Medical Center	Newark Beth Israel Medical Center	Robert Wood Johnson University Hospital
Revenue:								
Patient service revenue	$ 375	138,047	260,782	391,908	381,388	539,464	620,626	1,414,510
Other revenue, net	793,554	20,307	5,696	3,250	18,462	17,332	40,112	36,588
Total revenue	793,929	158,354	266,478	395,158	399,850	556,796	660,738	1,451,098
Expenses:								
Salaries and wages	147,262	80,872	111,991	140,201	144,801	185,065	218,683	502,887
Physician fees and salaries	30,533	11,086	16,623	20,597	42,559	47,315	84,266	124,652
Employee benefits	299,337	18,518	26,404	28,640	29,067	32,512	56,658	69,367
Supplies	4,290	4,810	44,802	76,302	63,944	101,039	124,474	333,886
Other	259,355	27,384	64,956	95,376	86,761	128,040	147,056	296,528
Interest	9,606	1,497	5,340	2,933	8,112	8,619	7,839	21,394
Depreciation and amortization	24,884	7,455	11,705	14,344	16,641	20,254	16,242	69,927
Total expenses	775,267	151,622	281,821	378,393	391,885	522,844	655,218	1,418,641
Income (loss) from operations	18,662	6,732	(15,343)	16,765	7,965	33,952	5,520	32,457
Nonoperating revenue (expenses), net:								
Investment income (loss), net	442,266	7	—	—	—	—	73	51
Other, net	(142)	(36)	(672)	(1,438)	(741)	(1,166)	(1,491)	(685)
Total nonoperating revenue (expenses), net	442,124	(29)	(672)	(1,438)	(741)	(1,166)	(1,418)	(634)
Excess (deficiency) of revenue over expenses	460,786	6,703	(16,015)	15,327	7,224	32,786	4,102	31,823
Pension changes other than net periodic benefit cost	58,739	—	—	—	—	—	—	—
Net assets released from restriction for purchases of property and equipment	—	2,465	288	116	20	328	1,021	3,799
Net assets transferred	—	—	—	—	—	—	—	—
Other, net	406,503	(7,358)	(32,673)	(28,858)	(48,047)	(27,528)	(38,616)	(125,386)
Total other changes in net assets	465,242	(4,893)	(32,385)	(28,742)	(48,027)	(27,200)	(37,595)	(121,587)
Increase (decrease) in net assets without donor restrictions	926,028	1,810	(48,400)	(13,415)	(40,803)	5,586	(33,493)	(89,764)
Change in net assets with donor restrictions	—	(908)	(47)	872	579	5,050	799	(3,430)
Net assets (deficit), beginning of year	(194,157)	128,593	117,361	398,881	178,839	328,576	206,971	930,069
Net assets, end of year	$ 731,871	129,495	68,914	386,338	138,615	339,212	174,277	836,875

(Continued)

RWJ BARNABAS HEALTH, INC.

Consolidating Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31, 2019

(In thousands)

	Robert Wood Johnson University Hospital at Hamilton	Robert Wood Johnson University Hospital Rahway	Saint Barnabas Medical Center	Consolidating entries and eliminations	Total obligated group	Other entities	Consolidating entries and eliminations	Consolidated balance
Revenue:								
Patient service revenue	$ 193,266	109,233	895,336	—	4,944,935	415,020	—	5,359,955
Other revenue, net	1,594	6,230	17,445	(775,888)	184,682	321,001	(240,768)	264,915
Total revenue	194,860	115,463	912,781	(775,888)	5,129,617	736,021	(240,768)	5,624,870
Expenses:								
Salaries and wages	67,711	48,058	253,753	—	1,901,284	191,558	—	2,092,842
Physician fees and salaries	12,520	8,025	81,540	—	479,716	191,612	(120,999)	550,329
Employee benefits	10,473	8,710	54,139	(261,581)	372,244	56,141	(20,288)	408,097
Supplies	43,631	21,275	203,277	—	1,021,730	88,416	(5,236)	1,104,910
Other	49,654	26,989	227,184	(514,307)	894,976	176,495	(92,193)	979,278
Interest	4,092	448	16,323	—	86,203	3,076	(2,052)	87,227
Depreciation and amortization	9,425	4,735	32,400	—	228,012	12,669	—	240,681
Total expenses	197,506	118,240	868,616	(775,888)	4,984,165	719,967	(240,768)	5,463,364
Income (loss) from operations	(2,646)	(2,777)	44,165	—	145,452	16,054	—	161,506
Nonoperating revenue (expenses), net:								
Investment income (loss), net	(60)	9	145	—	442,491	7,051	—	449,542
Other, net	(114)	(827)	(1,318)	—	(8,630)	478	—	(8,152)
Total nonoperating revenue (expenses), net	(174)	(818)	(1,173)	—	433,861	7,529	—	441,390
Excess (deficiency) of revenue over expenses	(2,820)	(3,595)	42,992	—	579,313	23,583	—	602,896
Pension changes other than net periodic benefit cost	—	—	—	—	58,739	—	—	58,739
Net assets released from restriction for purchases of property and equipment	725	317	6,980	—	16,059	—	—	16,059
Net assets transferred	—	—	—	—	—	—	—	—
Other, net	(7,353)	(1,965)	(74,279)	—	14,440	(17,840)	1,366	(2,034)
Total other changes in net assets	(6,628)	(1,648)	(67,299)	—	89,238	(17,840)	1,366	72,764
Increase (decrease) in net assets without donor restrictions	(9,448)	(5,243)	(24,307)	—	668,551	5,743	1,366	675,660
Change in net assets with donor restrictions	(655)	(213)	(5,250)	—	(3,203)	(1,171)	936	(3,438)
Net assets (deficit), beginning of year	81,751	73,451	1,067,638	(125,000)	3,192,973	207,020	(139,391)	3,260,602
Net assets, end of year	$ 71,648	67,995	1,038,081	(125,000)	3,858,321	211,592	(137,089)	3,932,824

See accompanying independent auditors' report.

Field Training and Performance Program

The RWJBH EMS system implemented the National EMS Management Associations program for Field Training and Evaluation. This program provides a structured design to allow new employees to transition into the EMS agency. All new employees are provided with a framework to assist with understanding policies and procedures, improving skills, and demonstrating competence in the areas that RWJBH has considered essential.

The system utilizes both ALS and BLS field training officers across all regions of the system. RWJBH EMS has created a Standard Evaluation Guidebook and Phase Guide, for both ALS and BLS, to provide areas of competence that RWJ has set forth. Observation reports are completed on a daily basis, while a new hire is in training. These DORs are overseen by the clinical coordinator and operations manager of their respective region. This program allows RWJBH EMS to withstand legal and administrative challenges to employment decisions, and to protect the EMS agency from liability based on claims of negligence.

All new employees participate in three phases of training, requiring successful completion of the phase prior. Phase one of training includes three days of classroom orientation. Day one is a hospital orientation, day two is an operations overview day, and day three is a clinical clearance day. Upon successful completion of day two the new hire will move to phase two of training. Phase two is when a new employee is placed with a designated FTO and their partner for three shifts. The final phase is phase three, where a new hire is placed with an FTO as their partner for an estimate of 12 shifts. Under the discretion of the field training coordinator's, any of these phases may be extended. Those employees who show regression or areas of deficit are provides resources to improve in those specific area. An employee may be placed on a performance improvement plan to assist with improving their progress. If an employee is not successful through a phase of training, they may be placed on a Performance Improvement Plan. Separation from the agency would take place, if the expectations of the Performance improvement plan are not met.

Field Training Officer Description: The Field Training Officer is responsible for performing the duties of a basic or advanced provider as spelled out in Policy and are responsible for supervising, training, and providing daily feedback to new employees during Phase 2 and Phase 3 of training. The FTO may also serve to remediate and evaluate existing employees on an as needed basis.

Competency Program

Our Annual competencies far exceed the State requirements. On a monthly basis, the staff completes online modules, approved by the NJ Department of Health, Office of EMS for Continuing Education Credits. Some recent examples include:

- Child Abuse and Neglect
- HIPPA Trauma Activation Protocols
- Documentation Update
- RACE and Stroke Scales
- Spinal Mobilization Restriction
- Lifting and Moving Modules
- Bleeding Control Modules
- Albuterol for BLS
- CPAP for BLS
- Pulse Oximetry for BLS

On an annual basis, the staff attends an in person competency session that covers:

- Pit Crew CPR
- Optional Medications:
    - Narcan
    - Albuterol
    - Epi- Pens (Adult and Pediatric)
    - Aspirin for Cardiac Patientst
    - Assisting with Nitroglycerin
- Adult and Pediatric Airway Management
- Mass Casualty Incidents / Triage
- Lifting and Moving
- Hare Traction
- Bleeding Control
- CPAP
- Pediatric Transports
- Generational Differences
- Protocol and Policy Review