

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE JAMAICA HOSPITAL IS AN ACUTE CARE FACILITY SERVING THE PUBLIC ITS SERVICES INCLUDE ACUTE, MEDICAL REHABILITATION, TRAUMA BRAIN INJURY, HOSPICE UNIT, A LEVEL 1 TRAUMA CENTER, AND PSYCHIATRIC CARE THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT DISCOUNTED AMOUNTS LESS THAN ESTABLISHED RATES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 500,991,263 including grants of \$) (Revenue \$ 481,602,328)
See Additional Data

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

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

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

4e Total program service expenses ▶ 500,991,263

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	849
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	9
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,929			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► MOUNIR DOSS 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 (718) 206-6291

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY DIMARIA MD SECRETARY	1 00 42 00	X		X				0	252,116	44,318
(2) ANTHONY J MAZZO TRUSTEE	1 00 2 00	X						0	0	0
(3) ANTONIETTA MORISCO MD TRUSTEE	1 00 2 00	X						0	0	0
(4) DOUGLAS W SINGER TRUSTEE	1 00 2 00	X						0	0	0
(5) GEOFFREY DOUGHLIN MD THIRD VICE CHAIRMAN	40 00 2 00	X		X				470,318	0	45,044
(6) GERALDINE M CHAPEY PHD TRUSTEE	1 00 2 00	X						0	0	0
(7) HON ARCHIE SPIGNER ASSISTANT SECRETARY	1 00 2 00	X		X				0	0	0
(8) HON TIMOTHY J DUFFICY TRUSTEE	1 00 2 00	X						0	0	0
(9) JOSEPH A FERRARA ASSISTANT TREASURER	1 00 2 00	X		X				0	0	0
(10) JOSEPH LIANA TRUSTEE	1 00 2 00	X						0	0	0
(11) NEIL FOSTER PHILLIPS CHAIRMAN	1 00 2 00	X		X				0	0	0
(12) PHILIPPA L KARTERON TRUSTEE	1 00 2 00	X						0	0	0
(13) ROBERT W KOOP 2ND VICE CHAIRMAN/TREASURE	1 00 2 00	X		X				0	0	0
(14) BRUCE FLANZ PRESIDENT & CEO	30 00 35 00			X				983,842	631,552	43,659
(15) MOUNIR DOSS EXEC VICE PRESIDENT & CFO	30 00 35 00			X				720,425	376,688	43,659
(16) WILLIAM LYNCH EXEC VICE PRESIDENT & COO	40 00 1 00			X				529,992	0	43,659
(17) ALAN ROTH CHARIMAN FAMILY PRACTICE	40 00				X			478,200	0	43,659

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANZAR SASSANI VP FINANCE	40 00					X		481,937	0	43,659
(19) ROBERT SOLOMON RADIOLOGIST	40 00					X		452,757	0	41,338
(20) SABIHA RAOOF CHAIRPERSON RADIOLOGY	40 00					X		653,237	0	45,044
(21) SCOTT TREPETA RADIOLOGIST	40 00					X		485,882	0	36,682

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	5,256,590	1,260,356	430,721

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 704			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
MARTIN CLEARWATER & BELL 220 E 42ND ST NEW YORK, NY 10017	LEGAL SERVICE	3,319,724
NEURO AXISNEUROAXIS NEUROSURGICAL ASSOC PO BOX 345 GREENVALE, NY 11548	PHYSICIAN ASSOICATES/PHYSICIANS & SURGEO	1,235,000
NEW YORK PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET STE 156 NEW YORK, NY 10021	MEDICAL SERVICES	1,210,754
ARAMARK MANAGEMENT SERVICES 2300 WARRENVILLE ROAD DOWNERS GROVE, IL 60515	HOUSEKEEPING FOR BUILDING AND APPAREL SE	877,755
NIGHTHAWK RADIOLOGY SERVICES 25983 NETWORK PLACE CHICAGO, NY 60673	X-RAY READING SERVICES	596,401
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 17		

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	451,881				
	d Related organizations	1d					
	e Government grants (contributions)	1e	90,170,792				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	393,537				
	g Noncash contributions included in lines 1a - 1f \$						
	h Total. Add lines 1a-1f ▶		91,016,210				
Program Service Revenue			Business Code				
	2a NET PATIENT REVENUE	621400	376,403,151	376,403,151			
	b CAPITATION REVENUE	621400	47,756,709	47,756,709			
	c PROFESSIONAL COMPONENT	621400	23,440,411	23,440,411			
	d PHARMACY	621400	6,885,958	6,885,958			
	e TEACHING AND EDUCATION	611600	2,499,367	2,499,367			
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		456,985,596				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		180,340			180,340	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents	1,237,373					
	b Less rental expenses	1,197,000					
	c Rental income or (loss)	40,373					
	d Net rental income or (loss) ▶		40,373		40,373		
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,043,430	251,237				
	b Less cost or other basis and sales expenses	24,957	236,137				
	c Gain or (loss)	5,018,473	15,100				
	d Net gain or (loss) ▶		5,033,573			5,033,573	
	8a Gross income from fundraising events (not including \$ 451,881 of contributions reported on line 1c) See Part IV, line 18 a		179,842				
	b Less direct expenses b	192,735					
	c Net income or (loss) from fundraising events ▶		-12,893			-12,893	
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a REIMBURSEMENT FOR SERVICES PROVID		900099	17,509,764	17,509,764			
b EARNINGS FROM JOINT VENTURES		900099	3,386,368	3,386,368			
c MANAGEMENT FEE		900099	3,000,000	3,000,000			
d All other revenue			1,607,052	720,600	886,452		
e Total. Add lines 11a-11d ▶			25,503,184				
12 Total revenue. See Instructions ▶			578,746,383	481,602,328	40,373	6,087,472	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,881,890	2,536,482	345,408	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	259,454,552	227,801,096	31,653,456	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	18,040,979	16,660,188	1,380,791	
9 Other employee benefits.	48,048,889	43,670,912	4,377,977	
10 Payroll taxes.	23,959,884	21,143,411	2,816,473	
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,044,998		4,044,998	
c Accounting.	360,350	316,387	43,963	
d Lobbying.	141,241		141,241	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	55,958,803	53,944,298	2,014,505	
12 Advertising and promotion.	80,600	70,767	9,833	
13 Office expenses.	1,392,409	1,222,535	169,874	
14 Information technology.	4,629,199	4,064,437	564,762	
15 Royalties.				
16 Occupancy.	6,960,322	5,985,487	974,835	
17 Travel.	148,817	148,817		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	3,386,300	3,386,300		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	10,563,655	10,563,655		
23 Insurance.	13,105,777	11,532,400	1,573,377	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	42,372,927	42,372,927		
b BAD DEBT EXPENSE	41,180,071	38,443,373	2,736,698	
c CHARGE BACK	10,241,468	5,093,424	5,148,044	
d UBIT TAX	3,500	3,073	427	
e All other expenses	16,184,459	12,031,294	4,153,165	
25 Total functional expenses. Add lines 1 through 24e.	563,141,090	500,991,263	62,149,827	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		304,558	1	20,654,876
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		58,639,561	4	68,229,824
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,860,009	8	4,391,738
	9	Prepaid expenses and deferred charges		887,846	9	1,550,852
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	300,490,859		
	b	Less: accumulated depreciation	10b	258,151,483		
				40,305,795	10c	42,339,376
	11	Investments—publicly traded securities		32,703	11	32,381
	12	Investments—other securities. See Part IV, line 11		20,011,520	12	21,277,376
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		61,918,578	15	70,862,421	
16	Total assets. Add lines 1 through 15 (must equal line 34)		186,960,570	16	229,338,844	
Liabilities	17	Accounts payable and accrued expenses		104,653,147	17	92,397,717
	18	Grants payable			18	
	19	Deferred revenue		1,080,468	19	1,072,856
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		13,654,962	24	41,219,198
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		133,984,281	25	145,457,811
	26	Total liabilities. Add lines 17 through 25		253,372,858	26	280,147,582
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-66,412,288	27	-50,808,738
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		-66,412,288	33	-50,808,738	
34	Total liabilities and net assets/fund balances		186,960,570	34	229,338,844	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	578,746,383
2	Total expenses (must equal Part IX, column (A), line 25)	2	563,141,090
3	Revenue less expenses Subtract line 2 from line 1	3	15,605,293
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-66,412,288
5	Net unrealized gains (losses) on investments	5	-1,170
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-573
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-50,808,738

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 11-1631788
Name: JAMAICA HOSPITAL MEDICAL CENTER

Form 990 (2018)

Form 990, Part III, Line 4a:

JAMAICA HOSPITAL IS A 408-BEDS INCLUDING BASSINETS, FULLY ACCREDITED COMMUNITY TEACHING HOSPITAL WITH A LARGE NETWORK OF COMMUNITY-BASED AMBULATORY CARE CENTERS JHMC OFFERS A FULL ARRAY OF ACUTE INPATIENT REHABILITATION AND MENTAL HEALTH SERVICES, THE LARGEST VOLUNTARY HOSPITAL AMBULANCE FLEET SERVING THE CITY'S 911 SYSTEM AND A LEVEL 1 TRAUMA CENTER

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JAMAICA HOSPITAL MEDICAL CENTER

Employer identification number
11-1631788

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 11-1631788
Name: JAMAICA HOSPITAL MEDICAL CENTER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization JAMAICA HOSPITAL MEDICAL CENTER	Employer identification number 11-1631788
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		141,241
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			141,241
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	JAMAICA HOSPITAL MEDICAL CENTER IS A MEMBER OF TWO ASSOCIATIONS OF WHICH SOME OF THEIR DUES ARE ALLOCATED TO GRASS ROOTS LOBBYING IN REGARD TO THEIR NEEDS IN SERVICING AND PROVIDING HEALTHCARE TO THE GENERAL PUBLIC GREATER NY HOSPITAL ASSOCIATION DUES \$20,200, HEALTHCARE ASSOCIATION OF NEW YORK STATE \$15,110, 1199 HEALTH EDUCATION \$105,931

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JAMAICA HOSPITAL MEDICAL CENTER

Employer identification number
11-1631788

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,018,049		1,018,049
b Buildings		101,207,532	85,673,650	15,533,882
c Leasehold improvements		6,995,487	5,584,810	1,410,677
d Equipment		165,269,104	155,445,925	9,823,179
e Other		26,000,687	11,447,098	14,553,589
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				42,339,376

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN NHP HOLDINGS	158,113	C
(B) JHMC HEALTHFIRST	21,119,263	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,277,376	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM THIRD PARTY PAYORS	8,307,415
(2) DUE FROM RELATED PARTIES	4,233,536
(3) INSURANCE RECEIVABLE	25,450,272
(4) ASSETS LIMITED OR RESTRICTED TO USE	164,765
(5) SECURITY DEPOSITS	64,271
(6) WORKERS COMENSATION DEPOSITS	399,291
(7) HF RETAINED PAYMENTS	32,242,871
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	70,862,421

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO THIRD PARTY	8,138,881
CAPITAL LEASE OBLIGATIONS	9,608,958
MALPRACTICE INSURANCE	105,946,992
WORKERS COMPENSATION LIABILITY	20,980,910
ACCURED PAYROLL AND RELATED BENEFITS	782,070
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	145,457,811

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	748,998,018
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,170
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-18,751,619
e	Add lines 2a through 2d	2e	-18,752,789
3	Subtract line 2e from line 1	3	767,750,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-189,004,424
c	Add lines 4a and 4b	4c	-189,004,424
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	578,746,383

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

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

1	Total expenses and losses per audited financial statements	1	710,962,517
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	189,004,997
e	Add lines 2a through 2d	2e	189,004,997
3	Subtract line 2e from line 1	3	521,957,520
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	41,183,570
c	Add lines 4a and 4b	4c	41,183,570
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	563,141,090

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-1631788
Name: JAMAICA HOSPITAL MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	JAMAICA HOSPITAL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS -18,748,119 UBIT TAX -3,500

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES -192,735 K-1 ACTIVITY NOT ON BOOKS 573 CAPTION EXPENSES -187,615,262 RENTAL EXPENSES -1,197,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES 192,735 RENTAL EXPENSES 1,197,000 CAPITATION EXPENSE 187,615,262

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS 41,180,070 UBIT TAX 3,500

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

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 ANNUAL GALA (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	125,615	506,108		631,723
	2 Less Contributions	90,107	361,774		451,881
	3 Gross income (line 1 minus line 2)	35,508	144,334		179,842
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,777	4,150		9,927
	6 Rent/facility costs		15,370		15,370
	7 Food and beverages	52,211	107,377		159,588
	8 Entertainment		1,000		1,000
	9 Other direct expenses		6,850		6,850
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				192,735
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,893

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493316015469

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

JAMAICA HOSPITAL MEDICAL CENTER

Employer identification number

11-1631788

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

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☒ 100% ☐ 150% ☐ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,530,272	12,689,616	6,840,656	1 210 %
b Medicaid (from Worksheet 3, column a)			219,395,070	178,094,557	41,300,513	7 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			238,925,342	190,784,173	48,141,169	8 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,354,820		1,354,820	0 240 %
f Health professions education (from Worksheet 5)			81,672,911	20,153,149	61,519,762	10 920 %
g Subsidized health services (from Worksheet 6)			111,035,108	81,388,036	29,647,072	5 260 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			194,062,839	101,541,185	92,521,654	16 420 %
k Total. Add lines 7d and 7j			432,988,181	292,325,358	140,662,823	24 960 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	18,748,119	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	46,164,570	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	37,421,655	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	8,742,915	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
JAMAICA HOSPITAL MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.JAMAICAHOSPITAL.ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>HTTP.JAMAICAHOSPITAL.ORG/INDEX.PHP/COMMUNITYSERVICEPLAN</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

JAMAICA HOSPITAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW JAMAICAHOSPITAL ORG</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW JAMAICAHOSPITAL ORG</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW JAMAICAHOSPITAL ORG</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

JAMAICA HOSPITAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

JAMAICA HOSPITAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$18,748,119

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>COMMUNITY BUILDING ACTIVITIESJAMAICA HOSPITAL'S PROGRAMS SUPPORT TAKE CARE NEW YORK IN THE FOLLOWING WAYS HAVE A REGULAR DOCTOR OR OTHER HEALTH CARE PROVIDER JAMAICA'S AMBULATORY CARE SERVICES ARE DESIGNED TO PROMOTE CONTINUITY OF CARE BY ALLOWING PATIENTS TO CHOOSE A PHYSICIAN WHO WILL BE DESIGNATED AS THEIR PRIMARY CARE PROVIDER IN ADDITION TO ON-CAMPUS AMBULATORY CARE SERVICES, THERE ARE TWELVE CENTERS CONVENIENTLY LOCATED THROUGHOUT JAMAICA'S SERVICE AREA EVENING AND WEEKEND HOURS ALLOW RESIDENTS ACCESS FOR THOSE WHO FIND IT DIFFICULT TO SEEK CARE ON WEEKDAYS THE DESIGNATED PROVIDER IS RESPONSIBLE FOR ENSURING THAT HIS/HER PATIENTS ARE GIVEN AGE APPROPRIATE SCREENING, IMMUNIZATION AND EDUCATION THE HOSPITAL HAS IMPLEMENTED AN ELECTRONIC MEDICAL RECORD, HAS ENHANCED ITS HEALTH PROMOTION EFFORTS VIA AUTOMATIC REMINDERS TO PHYSICIANS WHEN A PATIENT IS DUE FOR A TEST OR PROCEDURE BE TOBACCO-FREE IN 2012 THE HOSPITAL JOINED THE NEW YORK CITY TOBACCO-FREE HOSPITALS CAMPAIGN, WHICH IS TARGETING STAFF AND PATIENTS, WITH A COMPREHENSIVE, EVIDENCE-BASED SERIES OF INITIATIVES KNOW YOUR HIV STATUS THE HOSPITAL PROVIDES HIV COUNSELING AND TESTING WITH STAFF THAT ROUTINELY PERFORMS THIS FUNCTION IN BOTH EMERGENCY DEPARTMENT AND CLINICS THE HOSPITAL'S AMBULATORY CARE CENTER IS DESIGNATED BY THE NEW YORK STATE DEPARTMENT OF HEALTH AS AN HIV PRIMARY MEDICAL CARE PROVIDER PATIENTS WHO ARE HIV POSITIVE ARE CARED FOR IN THIS FACILITY AND REFERRED TO OTHER COMMUNITY SERVICE PROGRAMS FOR SUPPORTIVE SERVICES AS NECESSARY THE HOSPITAL APPLIED AND WAS APPROVED FOR A GRANT IN THE SPRING 2010 FROM THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) TO PROVIDE HIV/STI PREVENTION FOR WOMEN AND YOUNG PEOPLE GET HELP FOR DEPRESSION JAMAICA HOSPITAL'S MEDICAL PROVIDERS INCORPORATE DEPRESSION SCREENING DURING ROUTINE MEDICAL EXAMINATIONS AND ONGOING CARE CHILDREN AND ADULTS NEEDING FURTHER SERVICES ARE REFERRED TO JAMAICA'S FULL SERVICE PSYCHIATRY DEPARTMENT OR OTHER COMMUNITY PROGRAMS LIVE FREE OF DEPENDENCE ON ALCOHOL AND DRUGS DURING ROUTINE MEDICAL EXAMINATIONS PATIENTS ARE SCREENED FOR ALCOHOL AND DRUG USE AND GIVEN PREVENTIVE COUNSELING AND, AS NECESSARY, TREATMENT OPTIONS ARE DISCUSSED, INCLUDING FLUSHING HOSPITAL, JAMAICA'S AFFILIATE, WHICH OFFERS BOTH IN-PATIENT AND OUT-PATIENT TREATMENT FOR CHEMICAL DEPENDENCY GET CHECKED FOR CANCER REFERRALS FOR OTHER CANCER SCREENINGS, SUCH AS BREAST CANCER, ARE PART OF THE HOSPITAL'S ROUTINE PROTOCOLS THE HOSPITAL PARTICIPATES IN THE QUEENS HEALTHY LIVING PARTNERSHIP WHICH PROVIDES FREE CANCER SCREENING AND TREATMENTS FOR THE UNINSURED THE HOSPITAL EMPLOYS A COLONOSCOPY SCREENING PATIENT NAVIGATOR TO DECREASE CANCELLATIONS DUE TO POOR PREPARATION AND NO SHOWS AND TO PROVIDE OUTREACH SERVICES TO INCREASE THE NUMBER OF PATIENTS RECEIVING COLONOSCOPY SCREENING GET THE IMMUNIZATIONS YOU NEED THE HOSPITAL PARTICIPATES IN THE NYC'S VACCINE FOR CHILDREN PROGRAM (VFC) PROVIDING IMMUNIZATIONS TO CHILDREN UP TO 19 YEARS OF AGE AGAINST CHILDHOOD DISEASES AND INFLUENZA TO ELIGIBLE CHILDREN INCLUDING THOSE WITHOUT HEALTH COVERAGE SEEN IN OUR AMBULATORY CARE NETWORK INFLUENZA VACCINE IS OFFERED TO ADULTS DURING RECOMMENDED VACCINATION MONTHS HAVE A SAFE AND HEALTHY HOME ANTICIPATORY GUIDANCE ON SAFETY IN THE HOME IS PROVIDED BY THE HOSPITAL'S PEDIATRIC, FAMILY MEDICINE AND REHABILITATION PROFESSIONALS AT HEALTH FAIRS IN THE COMMUNITY, FIRE, HOME AND AUTOMOTIVE SAFETY INFORMATION IS ROUTINELY MADE AVAILABLE TO ATTENDEES HAVE A HEALTHY BABY THE HOSPITAL FOLLOWS PRENATAL CARE GUIDELINES ADOPTED BY THE NEW YORK STATE DEPARTMENT OF HEALTH THE HOSPITAL OPERATES A WOMEN, INFANT AND CHILDREN (WIC) PROGRAM FUNDED BY THE NEW YORK STATE DEPARTMENT OF HEALTH WHICH PROVIDES FOOD VOUCHERS AND EDUCATION TO LOW INCOME PREGNANT WOMEN AND CHILDREN UP TO AGE FIVE THE HOSPITAL WILL BE IMPLEMENTING A CENTERING PREGNANCY PROGRAM WITH THE HELP OF A MARCH OF DIMES GRANT AND IS DEVELOPING AN AGGRESSIVE BREAST FEEDING PROMOTION PROGRAM IN CONCERT WITH THE NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE JAMAICA HOSPITAL'S PUBLIC HEALTH EFFORTS ARE CONSTANTLY CHANGING WITH THE NEEDS OF ITS COMMUNITY THE ABOVE LISTING DOES NOT INCLUDE ALL PROGRAMS, SOME OF WHICH ARE FUNDED BY GRANTS SUCH AS THE SCHOOL HEALTH PROGRAM PRIMARILY FUNDED BY NEW YORK STATE DEPARTMENT OF HEALTH WHICH OPERATES IN TWO ELEMENTARY SCHOOLS AND A CAMPUS MAGNET SCHOOL CONSISTING OF FOUR HIGH SCHOOLS IN ADDITION, CLINICAL DEPARTMENTS OFTEN INITIATE THEIR OWN PREVENTION ACTIVITIES WITH THEIR PATIENTS AND WITHIN THE COMMUNITY LASTLY, THE HOSPITAL PROVIDES HUNDREDS OF FREE HEALTH SCREENINGS AND OUTREACH EFFORTS EACH YEAR FOR A VARIETY OF DISORDERS</p>

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Form and Line Reference	Explanation
PART III, LINE 4	<p>FINANCIAL STATEMENTS BAD DEBT & CHARITY CARE FOOTNOTE JAMAICA PROVIDES CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AS A MATTER OF POLICY, JAMAICA PROVIDES SIGNIFICANT AMOUNTS OF PARTIALLY OR TOTALLY UNCOMPENSATED PATIENT CARE FOR ACCOUNTING PURPOSES, SUCH UNCOMPENSATED CARE IS TREATED AS CHARITY CARE JAMAICA PROVIDES CHARITY CARE FOR THE DIFFERENCE BETWEEN ITS CUSTOMARY CHARGES AND THE DISCOUNTED RATES GIVEN TO PATIENTS IN NEED OF FINANCIAL ASSISTANCE SINCE PAYMENT OF THIS DIFFERENCE IS NOT SOUGHT, CHARITY CARE ALLOWANCES ARE NOT REPORTED AS REVENUE REMAINING UNCOLLECTED BALANCES AFTER CHARITABLE ALLOWANCES FOR THESE PATIENTS ARE CATEGORIZED AS BAD DEBTS THE ESTIMATED COSTS OF PROVIDING CHARITY SERVICES ARE BASED ON A CALCULATION WHICH APPLIES A RATIO OF COSTS TO CHARGES TO THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS JAMAICA'S FINANCIAL ASSISTANCE POLICY ENSURES THAT ANY PATIENT THAT HAS BEEN DEEMED TO BE UNINSURED THROUGH BASIC FINANCIAL SCREENING WILL BE ENTITLED TO A GLOBAL CHARITABLE DISCOUNT FOR EMERGENT (NEW YORK STATE ("NYS") RESIDENTS) AND/OR MEDICALLY NECESSARY SERVICES (RESIDES IN JAMAICA'S PRIMARY SERVICE AREA) THE GLOBAL CHARITABLE DISCOUNT WILL BE BASED ON THE CURRENT APPLICABLE MEDICAID - DEPENDING ON THE SERVICE PROVIDED THE GLOBAL DISCOUNTS FOR UNINSURED PATIENTS ARE BASED ON THE PREMISE THAT JAMAICA SERVES A LOW-INCOME, UNDER-INSURED POPULATION - AS SUPPORTED BY PUBLIC STATISTICS - AND THAT UNINSURED PATIENTS LIVING IN THIS COMMUNITY WILL GENERALLY NOT BE ABLE TO PAY THEIR BILL IN ITS ENTIRETY AFTER THE GLOBAL CHARITABLE DISCOUNT IS APPLIED, PATIENTS DEMONSTRATING ADDITIONAL FINANCIAL NEED MAY BE EXTENDED SLIDING SCALE DISCOUNTS UNDER THE CHARITY CARE POLICY ADDITIONALLY, FOR COVERED SERVICES THERE ARE NO LIMITS ON FINANCIAL ASSISTANCE BASED ON THE MEDICAL CONDITION OF THE APPLICANT COSTING METHODOLOGY FOR CALCULATING LINES 2 & 3 BAD DEBT EXPENSE IS ESTIMATED BASE ON AGING OF THE ACCOUNTS RECEIVABLE AND GETS ADJUSTED BASE ON ACTUAL WRITE OFF ACTUAL ACCOUNT WRITE OFF IS AS FOLLOW PATIENTS WHO ARE ENTITLED TO FINANCIAL ASSISTANT ARE GIVEN DISCOUNT BASE ON OUR CHARITY CARE POLICY (MEDICAID RATE) IF THE PATIENT DOESN'T PAY THE BALANCE OF THEIR ACCOUNT AFTER RECEIVING 3 BILLS THEN THE ACCOUNT BALANCE GETS TRANSFER TO THE COLLECTION AGENCY IF THE COLLECTION AGENCY CAN'T COLLECT AFTER EXHAUSTING THEIR EFFORT THEN THE ACCOUNT GETS RETURNED AS UNCOLLECTIBLE AND HOSPITAL WRITE OFF THE ACCOUNT AS BAD DEBT</p>

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Form and Line Reference	Explanation
PART III, LINE 8	LINE 5 MEDICARE REVENUE AND LINE 6 MEDICARE ALLOWABLE COSTS ARE FROM HOSPITAL COST REPORT THAT GETS FILED WITH MEDICARE EVERY YEAR COST METHODOLOGY THAT IS USED TO CALCULATE MEDICARE ALLOWABLE COST IS RATIO OF COST TO CHARGES BASE ON MEDICARE GUIDELINES MEDICARE ALLOWABLE COST ON LINE 6 DOESN'T INCLUDE COST OF RESIDENCY PROGRAM AND SUPERVISORY PHYSICIAN COST WHICH IS OVER \$60 MILLION EXCLUSION OF THESE COSTS RESULTED IN THE SURPLUS ON LINE 7

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Form and Line Reference	Explanation
PART III, LINE 9B	<p>THE HOSPITAL OFFERS INSTALLMENT PLANS FOR THE PAYMENT OF OUTSTANDING BALANCES FOR PATIENTS APPROVED FOR FINANCIAL AID. THE HOSPITAL DOES NOT MANDATE THAT THE MONTHLY INSTALLMENT PAYMENT ARRANGEMENT EXCEED 10% OF THE APPLICANT'S GROSS MONTHLY INCOME OR AN INTEREST RATE THAT EXCEEDS THE RATE FOR A 90-DAY SECURITY ISSUED BY THE US DEPARTMENT OF TREASURY, PLUS 0.5%. THERE IS NO ACCELERATOR OR SIMILAR CLAUSE UNDER WHICH A HIGHER RATE OF INTEREST IS TRIGGERED WHEN A PATIENT MISSES MAKING A PAYMENT. THE HOSPITAL INCLUDES A WRITTEN NOTICE ON PATIENTS' BILLS AND STATEMENTS AT LEAST 30 DAYS PRIOR TO REFERRING THE ACCOUNT TO COLLECTION. THE HOSPITAL REQUIRES THAT ANY COLLECTIONS AGENCIES WITH WHICH THEY CONTRACT FOLLOW THE FINANCIAL ASSISTANCE POLICIES OF THE HOSPITAL. THE HOSPITAL DOES NOT FORCE THE SALE OR FORECLOSURE OF A PATIENT'S PRIMARY RESIDENCE TO COLLECT ON AN OUTSTANDING BILL. COLLECTION IS PROHIBITED AGAINST ANY PATIENT WHO WAS ELIGIBLE FOR MEDICAID AT THE TIME SERVICES WERE RENDERED. FINALLY, THE CONTRACTED COLLECTIONS AGENCIES MUST OBTAIN THE HOSPITAL'S WRITTEN CONSENT BEFORE COMMENCING A LEGAL ACTION.</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>JAMAICA HOSPITAL MEDICAL CENTER (JHMC) ADDRESSED THE 5 UPDATED PRIORITY AREAS IDENTIFIED BY THE NEW YORK STATE DEPARTMENT OF HEALTH IN ITS PREVENTION AGENDA 2013-2018 1) PREVENT CHRONIC DISEASE, 2) PROMOTE A HEALTHY AND SAFE ENVIRONMENT, 3) PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN, 4) PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE, AND 5) PREVENT HIV, STDs, VACCINE PREVENTABLE DISEASES AND HEALTHCARE-ASSOCIATED INFECTIONS WITHIN EACH PRIORITY AREA, JAMAICA HOSPITAL ANALYZED AND SUMMARIZED DATA RELEVANT TO "FOCUS AREAS" (E.G., "REDUCE OBESITY AND "REDUCE ILLNESS, DISABILITY, AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE" ARE FOCUS AREAS FOR THE PREVENT CHRONIC DISEASES PRIORITY) DATA WERE PRIMARILY OBTAINED FROM THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (NYC DOHMH) 2015 COMMUNITY HEALTH PROFILES AND COMMUNITY HEALTH SURVEYS (EPIQUERY), THE NEW YORK STATE DEPARTMENT OF HEALTH'S DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM'S CLINICAL METRICS AND PERFORMANCE DATA, COMMUNITY-WIDE SURVEYS THAT WERE ADMINISTERED AS PART OF DATA COLLECTION FOR THE 2014 QUEENS COMMUNITY NEEDS ASSESSMENT (CNA), AND FOCUS GROUPS THAT WERE CONVENED BY THE NYC DOHMH IN NEIGHBORHOODS ACROSS THE CITY'S FIVE BOROUGHES AS PART OF NEW YORK CITY'S TAKE CARE NEW YORK (TCNY) 2020 INITIATIVE COMMUNITY CONSULTATIONS WERE HELD IN NEIGHBORHOODS THROUGHOUT NYC TO VOTE ON LOCAL PRIORITIES IDENTIFIED BY THE NYC HEALTH DEPARTMENT FOR THE TCNY 2020 INITIATIVE THE SOUTHWEST QUEENS TCNY 2020 COMMUNITY CONSULTATION WAS HELD ON DECEMBER 2, 2015, THE EAST NEW YORK TCNY 2020 COMMUNITY CONSULTATION WAS HELD ON DECEMBER 3, 2015, AND THE JAMAICA TCNY 2020 COMMUNITY CONSULTATION WAS CONVENED ON FEBRUARY 6, 2016, THESE THREE COMMUNITY CONSULTATIONS WERE HELD WITHIN JAMAICA HOSPITAL'S PRIMARY SERVICE AREA TCNY 2020'S FOUR OBJECTIVES (1. CREATE HEALTHIER NEIGHBORHOODS, 2. SUPPORT HEALTHY LIVING, 3. PROMOTE HEALTHY CHILDHOODS, 4. INCREASE ACCESS TO QUALITY CARE) ARE ALIGNED WITH THE FIVE PRIORITY AREAS OF NEW YORK STATE'S PREVENTION AGENDA NYC HAS DIFFERENT WAYS OF DESCRIBING AND CATEGORIZING NEIGHBORHOODS, WHICH IS RELEVANT TO HOW COMMUNITY HEALTH DATA ARE ANALYZED AND PRESENTED NEIGHBORHOODS ARE TYPICALLY DEFINED ACCORDING TO EITHER NYC COMMUNITY DISTRICTS OR UNITED HEALTH FUND NEIGHBORHOODS THERE ARE 59 NYC COMMUNITY DISTRICTS, WHICH WERE ESTABLISHED BY LOCAL LAW IN 1975 UNITED HEALTH FUND (UHF) NEIGHBORHOODS CONSIST OF 34 NEIGHBORHOODS, MADE UP OF ADJOINING ZIP CODE AREAS, DESIGNATED TO APPROXIMATE NYC COMMUNITY PLANNING DISTRICTS JAMAICA HOSPITAL'S PRIMARY SERVICE AREA HAS TRADITIONALLY BEEN DEFINED AS COVERING THE QUEENS NEIGHBORHOODS OF JAMAICA AND SOUTHWEST QUEENS (SWQ), AS WELL AS THE BROOKLYN NEIGHBORHOOD OF EAST NEW YORK (ENY) THESE NEIGHBORHOODS, AS DEFINED BY THE UHF (AN INDEPENDENT, NONPROFIT, HEALTH SERVICES RESEARCH AND PHILANTHROPIC ORGANIZATION), DO NOT CORRESPOND EXACTLY TO DISTINCT COMMUNITY DISTRICTS, MOST OF THE CHARTS IN THIS REPORT REFLECT JAMAICA HOSPITAL'S SERVICE AREA DATA FROM THE NYC DOHMH'S COMMUNITY HEALTH PROFILES AND COMMUNITY HEALTH SURVEYS BECAUSE THE COMMUNITY HEALTH PROFILE DATA ARE ORGANIZED BY COMMUNITY DISTRICT, AND THE COMMUNITY HEALTH SURVEY DATA ARE ORGANIZED BY UNITED HEALTH FUND NEIGHBORHOOD, JAMAICA HOSPITAL HAS USED BOTH WAYS TO DESCRIBE NEIGHBORHOODS ADDITIONALLY, DSRIP DATA WERE AGGREGATED INTO UHF NEIGHBORHOODS AND ANALYZED TO BETTER CAPTURE AND DESCRIBE JHMC'S SERVICE AREA NYC PREVENTION AGENDA PRIORITY AREA 1. PREVENT CHRONIC DISEASES FOCUS 1. REDUCE OBESITY MORE ADULTS (18+) RESIDING WITHIN JHMC'S SERVICE AREA (JAMAICA, SWQ, AND ENY NEIGHBORHOODS) ARE DEFINED AS BEING OBESSE THAN IN QUEENS AND NYC OVERALL THE PERCENTAGE OF OBESSE ADULTS ROSE FROM 2013 TO 2014 OBESITY IS LINKED TO CHRONIC CONDITIONS AND DISEASES SUCH AS HIGH BLOOD PRESSURE, HEART DISEASE, DIABETES, AND STROKE RESIDENTS WITHIN JHMC'S SERVICE AREA REPORTED HAVING ENGAGED IN SOME TYPE OF EXERCISE ROUTINE (PHYSICAL ACTIVITIES OR EXERCISES SUCH AS RUNNING, CALISTHENICS, GOLF, GARDENING, OR WALKING FOR EXERCISE) AS FREQUENTLY AS RESIDENTS OF QUEENS AND NYC OVERALL THESE DATA ARE ENCOURAGING, HOWEVER, THEY DO NOT DESCRIBE THE INTENSITY OR DURATIONS OF EXERCISE ACTIVITIES ACCORDING TO THE CENTERS FOR DISEASE CONTROL, ADULTS REQUIRE AT LEAST 150 MINUTES OF MODERATE-INTENSITY AEROBIC ACTIVITY OR 75 MINUTES OF HIGH-INTENSITY AEROBIC ACTIVITY PER WEEK, COMBINED WITH 2 OR MORE DAYS A WEEK THAT WORK ALL MAJOR MUSCLE GROUPS (LEGS, HIPS, BACK, ABDOMEN, CHEST, SHOULDERS, AND ARMS) OVER A THIRD OF KEY INFORMANT INTERVIEWS, SURVEY PARTICIPANTS, AND FOCUS GROUP RESPONDENTS HIGHLIGHTED OBESITY AS A HEALTH CONCERN ON THE 2014 QUEENS COMMUNITY NEEDS ASSESSMENT (CNA) ADDITIONALLY, THE QUEENS CNA POINTS TO DIFFERENCES IN HEALTH NEEDS AND BEHAVIORS BASED ON NEIGHBORHOOD AND/OR POPULATION GROUPS THE QUEENS CNA REVEALED THAT HEALTH NEEDS VARY WITH CULTURAL/NEIGHBORHOOD DIFFERENCES, AS, FOR EXAMPLE, AFRICAN AM</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p> ERICAN AND CARIBBEAN POPULATIONS IN JAMAICA CONSIDERED OBESITY TO BE A PRESSING ISSUE, ALO NG WITH LIMITED ACCESS TO HEALTHY FOODS AT LOCAL STORES ASIAN S WHO PARTICIPATED IN THE QU EENS CNA, HOWEVER, DID NOT CITE OBESITY AS AN ISSUE, AND REPORTED EASY ACCESS TO HEALTHY F OODS RESOURCES JAMAICA HOSPITAL STRIVES TO HELP ITS COMMUNITY MEMBERS REDUCE OBESITY AND EMPOWER THEM TO MAKE HEALTH-CONSCIOUS NUTRITION DECISIONS THE HOSPITAL'S SERVICES INCLUDE NUTRITIONISTS AND DIABETES EDUCATORS, WHO ASSIST PATIENTS WITH DEVELOPING HEALTHY EATING HABITS AND REACHING WEIGHT MANAGEMENT GOALS THE HOSPITAL OFFERS THE CENTERS FOR DISEASE C ONTROL AND PREVENTION (CDC) APPROVED NATIONAL DIABETES PREVENTION PROGRAM (NDPP) CLASSES A T REGULAR INTERVALS FOR PRE-DIABETICS PATIENTS JAMAICA HOSPITAL OFFERS A MONTHLY SUPPORT GROUP THAT CONSISTS OF INTERACTIVE SESSIONS THAT AIM TO EDUCATE DIABETIC PATIENTS WITH LIF ESTYLE AND PROFESSIONAL RECOMMENDATIONS FROM OUR HIGHLY QUALIFIED PHYSICIANS, THERAPISTS, PODIATRISTS, DIETICIANS, AND OTHER CLINICAL SPECIALISTS JAMAICA HOSPITAL PARTICIPATED IN THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S "HEALTHY HOSPITAL FOOD INITIATIVE" TO CR EATE A HEALTHIER FOOD ENVIRONMENT THROUGH SUCH ACTIVITIES AS MEETING STANDARDS FOR STOCKIN G VENDING MACHINES WITH HEALTHY FOODS AND BEVERAGES AND OFFERING HEALTHY CHOICES IN THE HO SPITAL CAFETERIA BREASTFEEDING IS ENCOURAGED BY JAMAICA HOSPITAL'S STAFF AS ANOTHER HEALT HY MEANS OF HELPING POSTPARTUM MOTHERS TO SHED WEIGHT GAINED DURING PREGNANCY AND POTENTIA LLY REDUCING THE RISK OF PEDIATRIC OBESITY FOR THEIR CHILDREN IN ADDITION TO JAMAICA HOSPI TAL'S NUTRITIONISTS AND DIABETES EDUCATORS, THERE ARE 56 ENDOCRINE/DIABETES PHYSICIANS IN QUEENS THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFERS A "HEALTH BUCKS" PROGRAM, T HROUGH WHICH FRESH FRUITS AND VEGETABLES CAN BE PURCHASED AT ALL FARMERS' MARKETS IN NYC THE HOSPITAL DISTRIBUTES HEALTH BUCKS TO PATIENTS IN ITS NDPP TWO FARMERS' MARKETS ARE FO UND IN JHMC'S SERVICE AREA QUEENS HOSPITAL CENTER FARMERS' MARKET, JAMAICA'S DOWN TO EART H FARMERS' MARKET, AND JAMAICAL HOSPITAL STARTED ITS OWN FARMERS' MARKET IN 2018 FOCUS 2 REDUCE ILLNESS, DISABILITY, AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE HIGHER PERCENTAGES OF SWQ AND ENY RESIDENTS SMOKE CIGARETTES THAN QUEENS OR NYC RESIDENTS TOBACCO CESSATION EFFORTS REMAIN A PRIORITY IN JHMC'S COMMUNITY MORE RESIDENTS OF SWQ AND ENY REPORT BEING EXPOSED TO SECONDHAND SMOKE ON A DAILY BASIS, COMPARED WITH RESIDENTS OF QUEENS AND NYC, OVERALL THE 2014 SECONDHAND SMOKE EXPOSURE RATES FOR SWQ AND ENY ARE ALM OST DOUBLE THAT OF QUEENS OVERALL SECONDHAND SMOKE IS KNOWN TO CAUSE CANCER, EVEN IN INDI VIDUALS WHO DO NOT SMOKE, AND IS LINKED TO RESPIRATORY CONDITIONS SUCH AS ASTHMA AND BRONC HITIS NYC COMMUNITY HEALTH SURVEY SMOKING DATA ARE SUPPORTED BY QUEENS CNA INFORMANT DATA AND HIGHLIGHT THE NEED FOR SMOKING CESSATION SERVICES </p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>CHARITY CARE POLICY POLICY TO PROVIDE ACCESS TO GOVERNMENT ASSISTANCE APPLICATIONS AND/OR FINANCIAL AID FOR THE QUALIFIED UNINSURED PURPOSE TO PROVIDE ACCESSIBLE AND AFFORDABLE CARE TO UNINSURED PATIENTS AND TO IDENTIFY METHODS BY WHICH PATIENTS AND/OR FAMILY MEMBERS ARE NOTIFIED OF THE JAMAICA HOSPITAL MEDICAL CENTER FINANCIAL AID POLICY PROCEDURE NOTIFICATION TO PATIENTS JAMAICA HOSPITAL MEDICAL CENTER DEVELOPED AND HAS PUBLICLY AVAILABLE A CLEAR AND UNDERSTANDABLE WRITTEN SUMMARY OF ITS FINANCIAL ASSISTANCE POLICIES AND ENSURES THAT EVERY PATIENT IS MADE AWARE OF THE EXISTENCE OF THE POLICIES THE HOSPITAL HAS A 24-HOUR EMERGENCY DEPARTMENT AND NOTIFIES PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE DURING THE INTAKE AND REGISTRATION PROCESS THROUGH THE POSTING OF CONSPICUOUS AND LANGUAGE APPROPRIATE INFORMATION, AND THROUGH INFORMATION ON ALL BILLS AND STATEMENTS SENT TO PATIENTS IN ADDITION, THE HOSPITAL POSTS THE FINANCIAL ASSISTANCE SUMMARY ON ITS WEBSITE THE SUMMARY OF POLICIES INCLUDES THE SPECIFIC INCOME LEVELS USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE, A DESCRIPTION OF THE PRIMARY SERVICE AREA OF THE HOSPITAL, AND INFORMATION ABOUT HOW PATIENTS CAN APPLY FOR ASSISTANCE ADDITIONALLY, THE HOSPITAL REQUIRES CONTRACTED OUTSIDE COLLECTIONS AGENCIES TO, WHEN APPROPRIATE, PROVIDE INFORMATION TO PATIENTS ABOUT HOW TO APPLY FOR FINANCIAL ASSISTANCE CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES THE HOSPITAL CONTINUES TO FACE EXTRAORDINARY FINANCIAL CHALLENGES INCLUDING FEDERAL AND STATE BUDGET CUTS, INCREASES IN THE UNINSURED, AND DWINDLING THIRD-PARTY REIMBURSEMENT RATES SIMULTANEOUSLY, THE HOSPITAL HAS HAD A DRAMATIC INCREASE IN ITS EMERGENCY AND INPATIENT LOAD DUE TO NEARBY HOSPITAL CLOSINGS</p> <p>POLICY TO PROVIDE ACCESS TO GOVERNMENT ASSISTANCE APPLICATIONS AND/OR FINANCIAL AID FOR THE QUALIFIED UNINSURED PURPOSE TO PROVIDE ACCESSIBLE AND AFFORDABLE CARE TO UNINSURED PATIENTS AND TO DEFINE THEIR RESPONSIBILITY TO CONTRIBUTE TO THEIR CARE BASED ON THEIR ABILITY TO PAY PROCEDURE ELIGIBILITY JAMAICA HOSPITAL MEDICAL CENTER FINANCIAL ASSISTANCE POLICY ENSURES THAT ANY PATIENT THAT HAS BEEN DEEMED TO BE UNINSURED THROUGH BASIC FINANCIAL SCREENING WILL BE ENTITLED TO A GLOBAL CHARITABLE DISCOUNT FOR EMERGENT (NYS RESIDENTS) AND/OR MEDICALLY NECESSARY SERVICES (RESIDES IN HOSPITAL'S PRIMARY SERVICE AREA) THE GLOBAL CHARITABLE DISCOUNT WILL BE BASED ON THE CURRENT APPLICABLE MEDICAID RATE - DEPENDING ON THE SERVICE PROVIDED ADDITIONALLY, FOR COVERED SERVICES THERE ARE NO LIMITS ON FINANCIAL ASSISTANCE BASED ON THE MEDICAL CONDITION OF THE APPLICANT THE HOSPITAL ALSO PROVIDES ADDITIONAL FINANCIAL ASSISTANCE TO PATIENTS WITH INCOMES BELOW 300% FPL TO BE POTENTIALLY ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE, A PATIENT MUST BE UNINSURED OR HAVE EXHAUSTED THEIR HEALTH INSURANCE BENEFITS AND MUST BE DEEMED INELIGIBLE FOR ANY OTHER GOVERNMENT ASSISTANCE PROGRAM BY THE FINANCIAL COUNSELING OFFICE OF THE HOSPITAL THOSE PATIENTS WHO ARE POTENTIALLY ELIGIBLE AND PROVIDE PROOF THAT THEIR INCOME IS BELOW 300% FPL CAN QUALIFY FOR ADDITIONAL FINANCIAL ASSISTANCE THE LEVEL OF ADDITIONAL ASSISTANCE WOULD BE DEPENDENT ON HOW LOW THEIR INCOME IS THERE IS NO RESOURCE TEST FOR FINANCIAL AID ELIGIBLE PATIENTS PLEASE NOTE THAT CERTAIN ELECTIVE SERVICES ARE EXCLUDED FROM THIS PROGRAM SUCH AS NON-MEDICALLY NECESSARY COSMETIC SERVICES AND SELF-IMPROVEMENT SERVICES CO-PAYS AND DEDUCTIBLES ARE NOT COVERED UNDER THE PROGRAM PATIENTS WHO DO NOT HAVE INSURANCE, AND, CHOOSE NOT TO FILE FOR ADDITIONAL CHARITABLE ASSISTANCE, ARE UNCOOPERATIVE, OR WHO ARE UNABLE TO BE LOCATED WILL HAVE THE GLOBAL CHARITABLE DISCOUNT APPLIED TO THEIR ACCOUNT(S) NO FURTHER DISCOUNTING WILL BE MADE AVAILABLE TO PATIENTS IN THESE CATEGORIES UNLESS APPROVED VIA THE APPEALS PROCESS ANCILLARIES ARE NOT INCLUDED IN DISCOUNTING EXTENDED TO THESE PATIENTS' ACCOUNTS JAMAICA HOSPITAL MEDICAL CENTER ALLOWS FOR ALL RESIDENTS OF NEW YORK STATE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE FOR EMERGENCY HOSPITAL SERVICES FOR ANY MEDICALLY NECESSARY, NON-EMERGENT MEDICAL CARE, THE POLICY ALLOWS FOR RESIDENTS OF THE HOSPITAL'S PRIMARY SERVICE (AS DEFINED BY THE COMMISSIONER OF THE DEPARTMENT OF HEALTH), TO BE ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE</p> <p>POLICY TO PROVIDE ACCESS TO GOVERNMENT ASSISTANCE APPLICATIONS AND/OR FINANCIAL AID FOR THE QUALIFIED UNINSURED PURPOSE TO DEFINE WHAT SERVICES ARE COVERED UNDER THE JAMAICA HOSPITAL MEDICAL CENTER FINANCIAL AID POLICY BASED ON NEW YORK STATE MANDATORY GUIDELINES PROCEDURE SERVICES COVERED JAMAICA HOSPITAL MEDICAL CENTER PROVIDES FINANCIAL ASSISTANCE FOR ALL MEDICALLY NECESSARY AND THERAPEUTICALLY BENEFICIAL SERVICES AND PROCEDURES, AND ALL EMERGENCY HOSPITAL SERVICES INCLUDING EMERGENCY TRANSFERS PURSUANT TO THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA) POLICY TO PROVIDE ACCESS TO GOVERNMENT ASSISTANCE APPLICATIONS AND/OR FINANCIAL AID FOR</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>R THE QUALIFIED UNINSURED PURPOSE TO PROVIDE ACCESSIBLE AND AFFORDABLE CARE TO UNINSURED PATIENTS AND TO DEFINE THEIR RESPONSIBILITY TO CONTRIBUTE TO THEIR CARE BASED ON THEIR ABILITY TO PAY PROCEDURE APPLICATION, APPROVAL, AND APPEAL JAMAICA HOSPITAL MEDICAL CENTER FINANCIAL ASSISTANCE POLICY ALLOWS PATIENTS TO APPLY FOR ADDITIONAL FINANCIAL ASSISTANCE UP TO 90 DAYS AFTER INPATIENT DISCHARGE OR RECEIPT OF OUTPATIENT SERVICES THE HOSPITAL REQUIRES APPLICANTS TO SUBMIT FINANCIAL DOCUMENTS TO SUPPORT THEIR APPLICATION THE POLICY ALLOWS 20 DAYS FOR PATIENTS TO SUBMIT ADDITIONAL DOCUMENTS AND INFORMATION NEEDED TO COMPLETE AN APPLICATION FINANCIAL ASSISTANCE APPLICANTS ARE NOT REQUIRED TO PAY THEIR HOSPITAL BILL(S) WHILE THE APPLICATION FOR ASSISTANCE IS BEING CONSIDERED AND A DETERMINATION MADE DESIGNATED HOSPITAL STAFF ASSISTS PATIENTS IN THE APPLICATION PROCESS, INCLUDING UNDERSTANDING THE POLICIES AND PROCEDURES PATIENTS APPLYING FOR FINANCIAL ASSISTANCE ARE REQUIRED TO COOPERATE WITH THE REQUIREMENTS OF THE APPLICATION, SUCH AS PROVIDING INFORMATION AND DOCUMENTATION NECESSARY TO RENDER A DECISION ON THE APPLICATION TO QUALIFY FOR ADDITIONAL FINANCIAL ASSISTANCE, HOSPITAL POLICY REQUIRES A PATIENT TO FIRST APPLY FOR MEDICAID OR AN OTHER INSURANCE PROGRAM, IF, IN THE JUDGMENT OF THE HOSPITAL, THE PATIENT MAY BE ELIGIBLE FOR MEDICAID OR ANOTHER HEALTH INSURANCE PROGRAM THE HOSPITAL PROVIDES APPLICATION FORMS IN THE PRIMARY LANGUAGES OF PATIENTS SERVED BY THE HOSPITAL DECISIONS REGARDING FINANCIAL ASSISTANCE APPLICATIONS ARE MADE BY THE HOSPITAL WITHIN 30 DAYS OF RECEIPT OF A COMPLETED APPLICATION WHENEVER A MEDICAID APPLICATION IS ALSO BEING SUBMITTED ON BEHALF OF THE FINANCIAL AID APPLICANT, A FINANCIAL AID DECISION WILL BE RENDERED WITHIN 30 DAYS OF A MEDICAID DENIAL THE DECISION IS PROVIDED TO THE PATIENT IN WRITING AND INCLUDES THE METHOD BY WHICH THE PATIENT CAN APPEAL A DENIAL THE FINANCIAL ASSISTANCE DENIAL LETTERS EXPLAINS THE APPEALS PROCESS TO RE-EVALUATE DENIED APPLICATIONS, IF, OR WHEN, AN APPEAL IS REQUESTED</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>JAMAICA HOSPITAL'S PRIMARY SERVICE AREA WAS DETERMINED BY ANALYZING STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS) DISCHARGE DATA AT THE ZIP CODE LEVEL. THE UHF NEIGHBORHOODS WITH THE HIGHEST VOLUMES OF PATIENTS WERE DETERMINED TO BE THE PRIMARY SERVICE AREA. THE TOTAL (PRIMARY AND SECONDARY) SERVICE AREA COLLECTIVELY ACCOUNTS FOR APPROXIMATELY 85% OF THE HOSPITAL'S TOTAL INPATIENT CASES. THE PRIMARY SERVICE AREA ACCOUNTS FOR 79% OF THE CASES. THERE ARE GAPS IN PRIMARY MEDICAL CARE AND MENTAL HEALTH CARE ACROSS QUEENS, WHICH ARE ALSO EVIDENT IN JAMAICA HOSPITAL'S SERVICE AREA. QUEENS HAS SEVEN NEIGHBORHOODS THAT ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS (MUA) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THIS DESIGNATION IS BASED ON FOUR FACTORS: THE RATIO OF PRIMARY MEDICAL CARE PHYSICIANS PER 1,000 POPULATION, INFANT MORTALITY RATE, PERCENTAGE OF THE POPULATION WITH INCOMES BELOW THE POVERTY LEVEL, AND PERCENTAGE OF THE POPULATION AGE 65 OR OVER. THE KINGS COUNTY SERVICE AREA MUA, WHICH CONTAINS EAST NEW YORK, AND THE QUEENS SERVICE AREA MUA, WHICH CONTAINS PARTS OF JAMAICA, COVER JAMAICA HOSPITAL'S SERVICE AREA. SOUTH JAMAICA, A NEIGHBORHOOD WITHIN JAMAICA HOSPITAL'S PRIMARY SERVICE AREA, ALSO IS A DESIGNATED MUA. SOUTH JAMAICA IS ALSO DESIGNATED AS A PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) BY HRSA, MEANING THERE ARE FEWER PRIMARY CARE PROFESSIONALS THAN ARE NECESSARY TO ACCOMMODATE THE POPULATION LIVING IN THAT AREA. CENSUS TRACTS WITHIN SOUTH JAMAICA ARE ALSO DESIGNATED AS MENTAL HEALTH HPSAs, MEANING THERE ARE FEWER MENTAL HEALTH CARE PROFESSIONALS THAN ARE NECESSARY TO ACCOMMODATE THE POPULATION LIVING IN THOSE AREAS. WITHIN JAMAICA HOSPITAL'S SERVICE AREA, THERE ARE TWO FACILITIES (JOSEPH P. ADDABBO FAMILY HEALTH CENTER AND PROJECT SAMARITAN HEALTH SERVICES) THAT RECEIVED MENTAL HEALTH HPSA DESIGNATION BECAUSE THEY PROVIDE MENTAL HEALTH SERVICES TO AN AREA OR POPULATION GROUP DESIGNATED AS HAVING A SHORTAGE OF MENTAL HEALTH PROFESSIONALS AND HAVE INSUFFICIENT CAPACITY TO MEET THE PSYCHIATRIC NEEDS OF THE AREA OR POPULATION GROUP. JAMAICA, WITH A POPULATION OF MORE THAN 308,000, IS THE LARGEST NEIGHBORHOOD IN JAMAICA HOSPITAL'S SERVICE AREA. MORE THAN HALF OF JAMAICA'S RESIDENTS ARE BLACK (53%) AND 20% IDENTIFY AS HISPANIC/LATINO (REGARDLESS OF RACE). SIXTEEN PERCENT OF JAMAICA'S RESIDENTS ARE ASIAN AND 12% OF JAMAICA'S RESIDENTS ARE WHITE. ALMOST A THIRD OF JAMAICA'S RESIDENTS RECEIVE MEDICAID AND 12% RECEIVE MEDICARE. POVERTY AND ITS EFFECTS ON HEALTH, PARTICULARLY ON MENTAL/BEHAVIORAL HEALTH AND NUTRITION, ARE OF SIGNIFICANCE IN JAMAICA. WHEREAS MORE THAN A THIRD (35%) OF QUEENS RESIDENTS HAVE INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, MOST (78%) QUEENS CNA SURVEY RESPONDENTS FROM JAMAICA REPORTED THAT THEY WERE LIVING BELOW THE FEDERAL POVERTY LEVEL AND, AND 62% REPORTED THAT IN THE LAST YEAR THEY SOMETIMES WORRIED ABOUT NOT HAVING ENOUGH TO EAT. OVERALL, 53% OF QUEENS CNA SURVEY RESPONDENTS REPORTED THAT THEY WORRIED ABOUT NOT HAVING ENOUGH TO EAT. QUEENS CNA SURVEY RESPONDENTS FROM JAMAICA ALSO REPORTED THEY HAVE MORE LIMITED AVAILABILITY OF HEALTHY FOODS. SURVEY RESPONDENTS IN JAMAICA WHO PARTICIPATED IN THE QUEENS COMMUNITY NEEDS ASSESSMENT WERE MORE LIKELY TO REPORT THAT HIV WAS A HEALTH CONCERN (26.4%, COMPARED TO 11% FOR THE FULL QUEENS SAMPLE) AND WERE MORE LIKELY TO REPORT HAVING ASTHMA (19% COMPARED TO 11% FOR THE FULL QUEENS SAMPLE). OVERWEIGHT AND OBESITY RATES WERE HIGHER IN JAMAICA (53%) COMPARED TO 44% FOR THE FULL SAMPLE OF QUEENS CNA SURVEY RESPONDENTS. ALMOST A THIRD (28%) OF QUEENS CNA SURVEY RESPONDENTS REPORTED THAT HEALTH EDUCATION OR PROGRAMS ON DOMESTIC VIOLENCE WERE NEEDED IN THEIR COMMUNITY, HOWEVER 44% OF JAMAICA RESPONDENTS INDICATED THAT DOMESTIC VIOLENCE PROGRAMMING IS NECESSARY. THESE DOMESTIC VIOLENCE SURVEY DATA ARE SUPPORTED BY THE INJURY ASSAULT HOSPITALIZATION RATE DATA SHOWN IN THIS JAMAICA HOSPITAL CHNA (PAGE 17) THAT IS, THE INJURY ASSAULT HOSPITALIZATION RATE WAS HIGHER FOR QUEENS COMMUNITY DISTRICT 12 (JAMAICA) THAN IT WAS FOR QUEENS AND NYC OVERALL. COMMUNITY DISTRICT PRIORITIES FOR JAMAICA, AS IDENTIFIED IN THE TAKE CARE NEW YORK 2020 COMMUNITY CONSULTATIONS, INCLUDE SMOKING, DRUG OVERDOSE DEATHS, CONTROLLED HIGH BLOOD PRESSURE, BINGE DRINKING, AND THE HIGH SCHOOL GRADUATION RATE. THE CITY DOHMH ADDED ADDITIONAL PRIORITIES BASED ON THE LOCAL DATA FOR THESE PROBLEMS: CHILD-CARE SLOTS, UNMET MEDICAL NEED AND SUGARY DRINKS. SOUTHWEST QUEENS: THE TOTAL RESIDENT POPULATION OF SOUTHWEST QUEENS IS APPROXIMATELY 283,000. ALMOST A THIRD OF SOUTHWEST QUEENS RESIDENTS ARE HISPANIC/LATINO (33%, REGARDLESS OF RACE) OR WHITE (35.6%). TWELVE PERCENT OF SOUTHWEST QUEENS RESIDENTS ARE BLACK AND 23% OF SOUTHWEST QUEENS RESIDENTS ARE ASIAN. SIXTEEN PERCENT OF RESIDENTS OF SOUTHWEST QUEENS RECEIVE MEDICARE AND 27% OF RESIDENTS RECEIVE MEDICAID. SOUTHWEST QUEENS GENERALLY FARES COMPARABLY TO QUEENS ON THE WHOLE.</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>AND DOES NOT STAND OUT ON MOST MEASURES OF CHRONIC DISEASE PREVALENCE HOWEVER, IN THE NY C COMMUNITY HEALTH PROFILES, COMMUNITY DISTRICT 10 RANKED THE HIGHEST (#13 OUT OF 59 COMMUNITY DISTRICTS) AMONG ALL OF THE NEIGHBORHOODS INCLUDED IN THE QUEENS CNA FOR SELF-REPORT ED DIABETES PREVALENCE, INDICATING THAT DIABETES IS A CONCERN IN SOUTHWEST QUEENS THERE WAS NOT A BREAK OUT FOR SOUTHWEST QUEENS IN THE TCNY 2020 COMMUNITY CONSULTATIONS REPORT, AS ONLY COMMUNITY DISTRICTS THAT HAD AT LEAST 10 VOTES IN THE RANKING OF THEIR PRIORITIES WERE INCLUDED IN THE QUEENS TCNY 2020 REPORT TCNY 2020 COMMUNITY CONSULTATION PRIORITIES FOR SOUTHWEST QUEENS ARE LIKELY THOSE THAT WERE NAMED FOR QUEENS OVERALL, NAMELY AIR QUALITY, CONTROLLED HIGH BLOOD PRESSURE, OBESITY, PHYSICAL ACTIVITY, AND UNMET MENTAL HEALTH NEED EAST NEW YORK EAST NEW YORK (ENY), WITH A TOTAL RESIDENT POPULATION OF ALMOST 188,000 , IS A DIVERSE COMMUNITY MORE THAN HALF OF ENY RESIDENTS ARE BLACK (57%) AND 39% IDENTIFY AS HISPANIC/LATINO (REGARDLESS OF RACE) SLIGHTLY LESS THAN 5 PERCENT OF ENY RESIDENTS ARE ASIAN AND 14% OF ENY RESIDENTS ARE WHITE TWELVE PERCENT OF ENY RESIDENTS RECEIVE MEDICAL AND 37% RECEIVE MEDICAID WITHIN THE QUEENS SERVICE AREA DEFINED IN THE QUEENS CNA, EAST NEW YORK HAS THE HIGHEST RATE OF CLASS C SERIOUS HOUSING VIOLATIONS (101.1 PER 1,000 RENTAL UNITS), ALMOST DOUBLE THE RATES OF THOSE FOUND IN JAMAICA (51.34/1,000 RENTAL UNITS) AND NYC OVERALL (53.79/1,000 UNITS), AND ALMOST FOUR TIMES THE RATE IN SOUTHWEST QUEENS (26.5 - 34.6/1,000 RENTAL UNITS) THESE CLASS C ("IMMEDIATELY HAZARDOUS") CONDITIONS REQUIRE CORRECTION WITHIN 24 HOURS OF AN OWNER RECEIVING A VIOLATION NOTICE FROM THE NYC HOUSING PRESERVATION AND DEVELOPMENT AND INCLUDE ISSUES SUCH AS INADEQUATE SUPPLY OF HEAT AND HOT WATER, RODENTS, AND PEELING LEAD PAINT IN DWELLINGS WHERE A CHILD UNDER AGE 7 RESIDES THE HIGH RATE OF SERIOUS HOUSING VIOLATIONS OBSERVED IN EAST NEW YORK MAY BE RELEVANT TO THE HIGH RATE OF ASTHMA HOSPITALIZATIONS (POTENTIALLY AVOIDABLE INPATIENT DISCHARGES, OR PQI) FOR MEDICAID BENEFICIARIES AGED 18-39 (155.9 PER 100,000) IN EAST NEW YORK BY COMPARISON, THE PQI ASTHMA HOSPITALIZATION RATES FOR THE SAME AGE GROUP OF RESIDENTS WHO RECEIVE MEDICAL ID BENEFITS ACROSS QUEENS, NYC, AND NYS ARE 77.2, 160.82, AND 134.52 DISCHARGES PER 100,000, RESPECTIVELY SIMILARLY, CHILDREN IN EAST NEW YORK WHO ARE MEDICAID BENEFICIARIES HAVE HIGHER RATES OF ASTHMA HOSPITALIZATIONS (557 DISCHARGES PER 100,000) THAN PEDIATRIC MEDICAL ID BENEFICIARIES IN ADJOINING SOUTHWEST QUEENS (299 DISCHARGES PER 100,000) AND QUEENS OVERALL (230 DISCHARGES PER 100,000) COMMUNITY DISTRICT PRIORITIES FOR EAST NEW YORK, AS IDENTIFIED IN THE TAKE CARE NEW YORK 2020 COMMUNITY CONSULTATIONS, INCLUDE SMOKING, PHYSICAL ACTIVITY, CONTROLLED HIGH BLOOD PRESSURE, OBESITY, AND UNMET MENTAL HEALTH NEED</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SELECTION OF PREVENTION AGENDA PRIORITIESJAMAICA HOSPITAL'S PRIORITIES ARE IN LINE WITH THE PRIORITIES IDENTIFIED BY THE NYS PREVENTION AGENDA AS WELL AS NEW YORK CITY'S TAKE CARE NEW YORK 2020. ALTHOUGH JHMC COULD HAVE SELECTED OTHER INITIATIVES TO HIGHLIGHT IN ITS PREVENTION AGENDA, BASED UPON COMMUNITY HEALTH STATISTICS AND CONSUMER NEEDS/UTILIZATION SURVEYS, ITS RESOURCES AND CAPABILITIES ARE BEST SUITED TO FOCUS ON - DECREASING TOBACCO USE WITHIN THE COMMUNITY, AND- INCREASING RATES OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS IN THE SERVICE AREA. JHMC ELECTED TO ADDRESS THESE TWO PARTICULAR HEALTH NEEDS SINCE THEY WILL MAKE A SIGNIFICANT IMPACT ON THE COMMUNITY'S HEALTH AND CREATE SUSTAINABLE QUALITY OF LIFE IMPROVEMENTS. BECAUSE OF ITS CURRENT AND PAST EFFORTS ON THESE TWO PRIORITIES, JAMAICA HOSPITAL EARNED A GOLD STAR FOR ITS ACCOMPLISHMENTS WITH NYC'S TOBACCO-FREE HOSPITAL CAMPAIGN, AND IS IN THE FINAL PHASE OF BEING DESIGNATED AS A BABY FRIENDLY HOSPITAL. THE HOSPITAL HAS INCORPORATED COMMUNITY INPUT INTO ITS SELECTION OF PRIORITIES, AS DESCRIBED IN DETAIL IN THE SECTION ON DATA SOURCES AND COMMUNITY INPUT. AT ITS MEETING ON SEPTEMBER 12, 2016, JAMAICA'S COMMUNITY ADVISORY BOARD AGREED WITH THE ABOVE PRIORITIES, AND ON NOVEMBER 28, 2016 THE HOSPITAL'S BOARD OF TRUSTEES APPROVED THE PLAN THE HOSPITAL HAS WORKED ON MANY OTHER PREVENTION ACTIVITIES, AND HAS PARTNERED WITH THE CITY DOHMH ON TAKE CARE NEW YORK (TCNY) 2016, OTHER GOVERNMENT AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS (CBOS), IMPLEMENTING A VARIETY OF EVIDENCE-BASED INTERVENTIONS, IN ADDITION TO TOBACCO CESSATION AND EXCLUSIVE BREASTFEEDING - ADOPTING THE HEALTHY HOSPITAL FOOD INITIATIVE - TRACKING AND REPORTING THE BLOOD PRESSURE CONTROL SCORES OF PATIENTS IN THE HOSPITAL AMBULATORY FOOTPRINT - SUPPORTING AND PROMOTING THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) FOR OVERWEIGHT AND OBESE ADULTS WITH PRE-DIABETES OR WOMEN WITH HISTORY OF GESTATIONAL DIABETES - ENSURING ROUTINE OFFERING OF HIV TESTING IN EMERGENCY DEPARTMENTS AND ALL OUTPATIENT CLINICS - REDUCING THE PERCENT OF HIV INFECTED PATIENTS WITH DETECTABLE VIRAL LOADS - IMPLEMENTING HOME-BASED FALLS RISK ASSESSMENTS AND INTERVENTIONS IN THE HOMES OF OLDER ADULTS, DEPLOYING DOHMH TOOLS - PROMOTING APPROPRIATE AND JUDICIOUS PRESCRIBING OF OPIOID ANALGESICS - SUPPORTING THE TRAINING AND CERTIFICATION OF PRIMARY CARE PRACTICES TO PRESCRIBE BUPRENORPHINE - ADOPTING SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) FOR ALCOHOL AND DRUG USE IN OUTPATIENT AND EMERGENCY DEPARTMENT SETTINGS - ENGAGING PATIENTS WITH FIRST EPISODE PSYCHOSIS INTO QUALITY OUTPATIENT CARE. CURRENTLY THE HOSPITAL IS PARTNERING WITH THE CITY DOHMH ON ITS TCNY 2020 AGENDA, WHICH HAS FOUR OBJECTIVES, EACH WITH SEVERAL INDICATORS OF PROGRESS. THESE OBJECTIVES ARE ALIGNED WITH THE STATE'S PREVENTION AGENDA PRIORITIES, DESCRIBED IN DETAIL ABOVE, AS WELL AS THE DSRIP PROJECTS THAT THE HOSPITAL IS IMPLEMENTING. THE HOSPITAL DEVOTES CONSIDERABLE RESOURCES TO MOST OF THE CITY AND STATE PREVENTION OBJECTIVES DESCRIBED BELOW WITH A FEW EXCEPTIONS WHERE THE HOSPITAL WOULD HAVE NO AGENCY, SUCH AS DECREASING THE JAIL POPULATION, INCREASING HOMES WITH NO MAINTENANCE DEFECTS AND OTHERS THAT GOVERNMENT AGENCIES AND CBOS ARE BETTER SUITED TO ADDRESS. TCNY 20201. PROMOTE HEALTHY CHILDHOODS (ALIGNED WITH NYS PRIORITY: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN)THE FIRST INDICATOR IS: BABIES BORN IN BABY FRIENDLY HOSPITALS. THE HOSPITAL IS WELL ON ITS WAY TO BEING DESIGNATED AS A BABY FRIENDLY HOSPITAL. THE SECOND INDICATOR IS: TEENAGE PREGNANCY. REDUCING TEENAGE PREGNANCY IS A VERY HIGH PRIORITY FOR THE HOSPITAL. THE HOSPITAL IS PROVIDING LONG-ACTING CONTRACEPTIVES FOR ALL AGE GROUPS, INCLUDING ADOLESCENTS IN ITS AMBULATORY CARE CENTER (ACC), AND IN ITS SCHOOL-BASED HEALTH CENTER IN A LOCAL HIGH SCHOOL. CITY GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS ARE BETTER SUITED TO WORK TOWARDS IMPROVEMENT IN THE OTHER TWO INDICATORS: OPENINGS IN CHILD CARE CENTERS AND HIGH SCHOOL GRADUATION. 2. CREATE HEALTHIER NEIGHBORHOODS (ALIGNED WITH NYS PRIORITY: PROMOTE A HEALTHY AND SAFE ENVIRONMENT)THE HOSPITAL IS WORKING ON SEVERAL OF THE INDICATORS UNDER THIS OBJECTIVE, INCLUDING FALL-RELATED HOSPITALIZATIONS BY THOROUGH DOCUMENTATION AND ANALYSIS OF FALLS PATIENTS AND REFERRAL TO EVIDENCE-BASED FALLS PREVENTION PROGRAMS IN THE COMMUNITY, AIR QUALITY BY VIRTUE OF ITS WORK ON TOBACCO CESSATION, CHILDREN'S VISITS TO EMERGENCY DEPARTMENTS FOR ASTHMA BY BEING PART OF THE QUEENS ASTHMA COALITION AND BY WORKING ON DSRIP PROJECT 3. DIII - EVIDENCE-BASED ASTHMA MANAGEMENT IN COLLABORATION WITH ITS PARTNERS IN THE ACP PPS TO MAKE SURE PATIENTS ARE PROPERLY DIAGNOSED, HAVE AN ASTHMA ACTION PLAN, AND ONGOING HEALTH COACHING. CITY GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS ARE BETTER SUITED TO WORK TOWARDS THE OTHER FOUR INDICATORS: ASSAULT HOSPITALIZATIONS, HOMES WITH NO MAINTENANCE DEFECTS, JAIL POPULATION, AND SOCIAL COHESION. 3. SUPPORT HEALTH</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>Y LIVING (ALIGNED WITH NYS PRIORITY PREVENT CHRONIC DISEASE)PATIENT NAVIGATORS, NUTRITION ISTS, DIABETES EDUCATORS, SOCIAL WORKERS AND THERAPISTS SUPPORT PHYSICIANS AND OTHER PROVI DERS IN EDUCATING AND COACHING PATIENTS ON MAKING LIFE STYLE CHANGES RELATED TO ALL THE IN DICATORS UNDER THIS OBJECTIVE OBESITY, SUGARY DRINKS, PHYSICAL ACTIVITY, SODIUM INTAKE, S MOKING, BINGE DRINKING AND OVERDOSE DEATHS REDUCING TOBACCO USE HAS BEEN COVERED EXTENSIV ELY IN THIS REPORT BESIDES ADDRESSING NUTRITION AND EXERCISE ON AN INDIVIDUAL BASIS WITH PATIENTS, THE HOSPITAL PROMOTES HEALTHY EATING IN THE COMMUNITY TWO OUTPATIENT REGISTERED DIETITIANS HOSTED A FARMER'S MARKET TOUR ON NOVEMBER 18, 2016 EDUCATIONAL MATERIALS WERE DISTRIBUTED ALONG WITH 2-3 HEALTH BUCKS (PER FAMILY), RECIPES FROM THE CORNELL COOPERATIV E EXTENSION, AND MAPS OF NYC FARMERS' MARKETS 4 INCREASE ACCESS TO QUALITY CARE (ALIGNED WITH NYS PRIORITY PROMOTE MENTAL HEALTH AND SUBSTANCE ABUSE AND PREVENT HIV AND STDS VACC INE PREVENTABLE DISEASES AND HEALTHCARE ASSOCIATED INFECTIONS)THE HOSPITAL IS WORKING ON S EVERAL OF THE INDICATORS UNDER THIS OBJECTIVE, INCLUDING UNMET MENTAL HEALTH NEED BY DEPLO YING DEPRESSION CARE MANAGERS IN ITS FAMILY MEDICINE CENTER, AND EVENTUALLY IN ALL OF ITS ACCS, TO IDENTIFY, TREAT AND REFER PATIENTS TO BEHAVIORAL HEALTH CARE AS NEEDED CURRENTLY PROVIDERS IN ALL OF THE HOSPITAL'S AMBULATORY CARE SITES PERFORM DEPRESSION SCREENING ON ALL ADULTS, ADOLESCENTS AND PRE-NATAL PATIENTS, AND MAKE REFERRALS AS NECESSARY THE HOSPI TAL IS CONTINUING TO ADDRESS ANOTHER INDICATOR - UNMET MEDICAL NEED BY ITS PLAN TO ALMOST DOUBLE ITS ON-CAMPUS AMBULATORY CARE CAPACITY, THEREBY DRAMATICALLY REDUCING WAIT TIMES FO R APPOINTMENTS TO ENCOURAGE PATIENTS TO TAKE ADVANTAGE OF COMPREHENSIVE PREVENTIVE AND PRI MARY HEALTH CARE CONTROLLED HIGH BLOOD PRESSURE IS RECEIVING ADDED ATTENTION THROUGH DSRI P PROJECTS 3 B I AND 3 C I - EVIDENCE-BASED CARDIOVASCULAR MANAGEMENT AND DIABETES CARE - FOR ALL PATIENTS IN PARTNERSHIP WITH THE ACP PPS THE HOSPITAL CONTINUES TO TRY TO AFFECT NEW HIV DIAGNOSES AND HIV VIRAL SUPPRESSION INDICATORS BY OFFERING HIV TESTING AND EXTENSI VE COUNSELING TO AMBULATORY, EMERGENCY AND INPATIENTS, AND REFERRAL FOR FOLLOW UP CARE IN THE HOSPITAL'S HIV CLINIC MANY PREVENTION ACTIVITIES ARE UNDERTAKEN BY THE HOSPITAL, SOME OF THEM DOCUMENTED IN THIS SECTION AND OTHERS DOCUMENTED IN THE NARRATIVES FOR EACH OF THE FIVE NYS PREVENTION AGENDA PRIORITY AREAS STAFF IN MANY AREAS OF THE HOSPITAL HAVE TAKEN IT UPON THEMSELVES TO DEVELOP PREVENTION AND EDUCATION PROGRAMS FOR PATIENTS AND COMMUNIT Y RESIDENTS, OFTEN IN PARTNERSHIP WITH LOCAL CBOS AND GOVERNMENT AGENCIES THE HOSPITAL PL ACES A HIGH VALUE ON THE IMPORTANT WORK OF PREVENTION, COMMUNITY OUTREACH AND EDUCATION T HESE ACTIVITIES WILL NOT ONLY REDUCE DISEASE AND DISABILITY WITHIN OUR COMMUNITY, BUT WILL ALSO ENABLE THE HOSPITAL TO PROSPER UNDER VALUE-BASED PAYMENT ARRANGEMENTS IMPLEMENTATION PLAN AND PROGRESS REPORT 2018THE CHARTS ON THE FOLLOWING PAGES OUTLINE GOALS, OBJECTIVES, IMPLEMENTATION PLANS AND 2016 ACHIEVEMENTS FOR THE HOSPITAL'S TWO PREVENTION AGENDA PRIOR ITIES - PREVENT CHRONIC DISEASES - FOCUS 2 TOBACCO CESSATION- PROMOTE HEALTHY WOMEN, INFA NTS, AND CHILDREN - FOCUS 1 BREASTFEEDING</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Form and Line Reference	Explanation
PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED	<p>OTHER HEALTH RESOURCES IN JHMC'S PRIMARY SERVICE AREA IN ADDITION TO JAMAICA HOSPITAL MEDICAL CENTER, QUEENS HOSPITAL CENTER (A MEMBER OF THE NEW YORK CITY HEALTH + HOSPITALS) SERVES A SIMILAR SERVICE AREA. IN ADDITION, THERE ARE 25 HRSA- SUPPORTED FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) OR LOOK-ALIKES (AS OF MAY 2016) IN QUEENS COUNTY. THE FOLLOWING FQHCs PROVIDE PRIMARY AND/OR SPECIALTY HEALTHCARE SERVICES TO THE COMMUNITIES WITHIN JAMAICA HOSPITAL'S PRIMARY SERVICE AREA - COMMUNITY HEALTHCARE NETWORK, INC - CARE FOR THE HOMELESS- DAMIAN FAMILY CARE CENTERS (DOING BUSINESS AS PROJECT SAMARITAN HEALTH SERVICES) - HOUSING WORKS HEALTH SERVICES - JOSEPH P. ADDABBO FAMILY HEALTH CENTER - SUNSET PARK HEALTH COUNCIL, INC. NYS PREVENTION AGENDA PRIORITY AREA 1 PREVENT CHRONIC DISEASES FOCUS 1 REDUCE OBESITY MORE ADULTS (18+) RESIDING WITHIN JHMC'S SERVICE AREA (JAMAICA, SWQ, AND ENY NEIGHBORHOODS) ARE DEFINED AS BEING OBESE THAN IN QUEENS AND NYC OVERALL. THE PERCENTAGE OF OBESE ADULTS ROSE FROM 2013 TO 2014. OBESITY IS LINKED TO CHRONIC CONDITIONS AND DISEASES SUCH AS HIGH BLOOD PRESSURE, HEART DISEASE, DIABETES, AND STROKE. RESIDENTS WITHIN JHMC'S SERVICE AREA REPORTED HAVING ENGAGED IN SOME TYPE OF EXERCISE ROUTINE (PHYSICAL ACTIVITIES OR EXERCISES SUCH AS RUNNING, CALISTHENICS, GOLF, GARDENING, OR WALKING FOR EXERCISE) AS FREQUENTLY AS RESIDENTS OF QUEENS AND NYC OVERALL. THESE DATA ARE ENCOURAGING, HOWEVER, THEY DO NOT DESCRIBE THE INTENSITY OR DURATIONS OF EXERCISE ACTIVITIES. ACCORDING TO THE CENTERS FOR DISEASE CONTROL, ADULTS REQUIRE AT LEAST 150 MINUTES OF MODERATE-INTENSITY AEROBIC ACTIVITY OR 75 MINUTES OF HIGH-INTENSITY AEROBIC ACTIVITY PER WEEK, COMBINED WITH 2 OR MORE DAYS A WEEK THAT WORK ALL MAJOR MUSCLE GROUPS (LEGS, HIPS, BACK, ABDOMEN, CHEST, SHOULDERS, AND ARMS). OVER A THIRD OF KEY INFORMANT INTERVIEWS, SURVEY PARTICIPANTS, AND FOCUS GROUP RESPONDENTS HIGHLIGHTED OBESITY AS A HEALTH CONCERN ON THE 2014 QUEENS COMMUNITY NEEDS ASSESSMENT (CNA). ADDITIONALLY, THE QUEENS CNA POINTS TO DIFFERENCES IN HEALTH NEEDS AND BEHAVIORS BASED ON NEIGHBORHOOD AND/OR POPULATION GROUPS. THE QUEENS CNA REVEALED THAT HEALTH NEEDS VARY WITH CULTURAL/NEIGHBORHOOD DIFFERENCES, AS, FOR EXAMPLE, AFRICAN AMERICAN AND CARIBBEAN POPULATIONS IN JAMAICA CONSIDERED OBESITY TO BE A PRESSING ISSUE, ALONG WITH LIMITED ACCESS TO HEALTHY FOODS AT LOCAL STORES. ASIANS WHO PARTICIPATED IN THE QUEENS CNA, HOWEVER, DID NOT CITE OBESITY AS AN ISSUE, AND REPORTED EASY ACCESS TO HEALTHY FOODS RESOURCES. JAMAICA HOSPITAL STRIVES TO HELP ITS COMMUNITY MEMBERS REDUCE OBESITY AND EMPOWER THEM TO MAKE HEALTH-CONSCIOUS NUTRITION DECISIONS. THE HOSPITAL'S SERVICES INCLUDE NUTRITIONISTS AND DIABETES EDUCATORS, WHO ASSIST PATIENTS WITH DEVELOPING HEALTHY EATING HABITS AND REACHING WEIGHT MANAGEMENT GOALS. THE HOSPITAL OFFERS THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) APPROVED NATIONAL DIABETES PREVENTION PROGRAM (NDPP) CLASSES AT REGULAR INTERVALS FOR PRE-DIABETIC PATIENTS. JAMAICA HOSPITAL OFFERS A MONTHLY SUPPORT GROUP THAT CONSISTS OF INTERACTIVE SESSIONS THAT AIM TO EDUCATE DIABETIC PATIENTS WITH LIFESTYLE AND PROFESSIONAL RECOMMENDATIONS FROM OUR HIGHLY QUALIFIED PHYSICIANS, THERAPISTS, PODIATRISTS, DIETICIANS, AND OTHER CLINICAL SPECIALISTS. JAMAICA HOSPITAL PARTICIPATED IN THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S "HEALTHY HOSPITAL FOOD INITIATIVE" TO CREATE A HEALTHIER FOOD ENVIRONMENT THROUGH SUCH ACTIVITIES AS MEETING STANDARDS FOR STOCKING VENDING MACHINES WITH HEALTHY FOODS AND BEVERAGES AND OFFERING HEALTHY CHOICES IN THE HOSPITAL CAFETERIA. BREASTFEEDING IS ENCOURAGED BY JAMAICA HOSPITAL'S STAFF AS ANOTHER HEALTHY MEANS OF HELPING POSTPARTUM MOTHERS TO SHED WEIGHT GAINED DURING PREGNANCY AND POTENTIALLY REDUCING THE RISK OF PEDIATRIC OBESITY FOR THEIR CHILDREN. IN ADDITION TO JAMAICA HOSPITAL'S NUTRITIONISTS AND DIABETES EDUCATORS, THERE ARE 56 ENDOCRINE/DIABETES PHYSICIANS IN QUEENS. THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFERS A "HEALTH BUCKS" PROGRAM, THROUGH WHICH FRESH FRUITS AND VEGETABLES CAN BE PURCHASED AT ALL FARMERS' MARKETS IN NYC. THE HOSPITAL DISTRIBUTES HEALTH BUCKS TO PATIENTS IN ITS NDPP. TWO FARMERS' MARKETS ARE FOUND IN JHMC'S SERVICE AREA: QUEENS HOSPITAL CENTER FARMERS' MARKET AND JAMAICA'S DOWN TO EARTH FARMERS' MARKET. FOCUS 2 REDUCE ILLNESS, DISABILITY, AND DEATH RELATED TO TOBACCO USE AND SECONDHAND AND SMOKE EXPOSURE. HIGHER PERCENTAGES OF SWQ AND ENY RESIDENTS SMOKE CIGARETTES THAN QUEENS OR NYC RESIDENTS. TOBACCO CESSATION EFFORTS REMAIN A PRIORITY IN JHMC'S COMMUNITY. MORE RESIDENTS OF SWQ AND ENY REPORT BEING EXPOSED TO SECONDHAND SMOKE ON A DAILY BASIS, COMPARED WITH RESIDENTS OF QUEENS AND NYC, OVERALL. THE 2014 SECONDHAND SMOKE EXPOSURE RATES FOR SWQ AND ENY ARE ALMOST DOUBLE THAT OF QUEENS OVERALL. SECONDHAND SMOKE IS KNOWN TO CAUSE CANCER, EVEN IN INDIVIDUALS WHO DO NOT SMOKE, AND IS LINKED TO RESPIRATORY CONDITIONS SUCH AS ASTHMA AND BRONCHITIS. NYC COMMUNITY HEALTH SURVEY.</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED</p>	<p>Y SMOKING DATA ARE SUPPORTED BY QUEENS CNA INFORMANT DATA AND HIGHLIGHT THE NEED FOR SMOKING CESSATION SERVICES. RESOURCES: JAMAICA HOSPITAL HAS OBTAINED GOLD STAR STATUS FROM THE NYC TOBACCO-FREE HOSPITALS CAMPAIGN FOR ITS TOBACCO CESSATION WORK WITH OUTPATIENTS, INPATIENTS, AND EMPLOYEES. IN 2015, THE HOSPITAL ASSESSED 93% OF 38,776 OUTPATIENTS, ALL OUTPATIENTS WHO REQUIRED CESSATION INTERVENTIONS RECEIVED THEM. THE HOSPITAL IS ENABLED TO MAKE ELECTRONIC REFERRALS FROM ITS ELECTRONIC HEALTH RECORD SYSTEM DIRECTLY TO THE NEW YORK STATE QUIT LINE. JAMAICA HOSPITAL'S RESPIRATORY THERAPISTS AND PATIENT NAVIGATORS WITH CERTIFICATION IN SMOKING CESSATION COUNSELING EDUCATE AND COUNSEL PATIENTS AND COMMUNITY MEMBERS ON A ONE-TO-ONE BASIS AND IN GROUP SETTINGS. PHYSICIANS CONDUCT A MANDATED 5-QUESTION ASSESSMENT OF ALL PATIENTS TO SCREEN FOR TOBACCO USAGE AND GUAGE READINESS TO QUIT. JAMAICA HOSPITAL HAS ENLISTED SEVERAL COMMUNITY-BASED ORGANIZATIONS AS PARTNERS IN PROMOTING TOBACCO-FREE LIVING, AND IS SEEKING MORE PARTNERS TO EXTEND THE PROGRAM'S REACH TO AS MANY PEOPLE AS POSSIBLE. JHMC RECEIVED A TWO-YEAR GRANT FROM THE NYC DEPARTMENT OF HEALTH TO CONTINUE ITS TOBACCO CESSATION PROGRAMMING AND OBTAIN EXPERT CONSULTATION FROM PREVENTION PARTNERS (IN NORTH CAROLINA), WHICH HAS DEVELOPED A PATIENT QUIT-TOBACCO SYSTEM. IN ADDITION TO JAMAICA HOSPITAL'S COMMUNITY-BASED EFFORTS AND PROGRAMMING AIMED AT REDUCING TOBACCO USE, THERE ARE THREE OTHER HOSPITAL-BASED TOBACCO CESSATION PROGRAMS (FLUSHING HOSPITAL, QUEENS HOSPITAL, ELMHURST HOSPITAL) IN QUEENS. FOCUS 3 INCREASE ACCESS TO HIGH QUALITY CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT IN BOTH CLINICAL AND COMMUNITY SETTINGS. JAMAICA RESIDENTS, AS WELL AS RESIDENTS OF QUEENS OR NYC OVERALL, ARE LESS LIKELY TO REGULARLY TAKE MEDICATIONS TO MANAGE THEIR HBP THAN SWQ OR ANY RESIDENTS. UNCONTROLLED HBP CAN LEAD TO DAMAGE TO THE HEART AND CORONARY ARTERIES AS WELL AS STROKE. HIGHER RATES OF STROKE-RELATED HOSPITALIZATIONS WERE OBSERVED IN BROOKLYN CD 4 & 5 (ENY) AND IN QUEENS CD 12 (JAMAICA), RELATIVE TO OTHER COMMUNITY DISTRICTS, QUEENS, AND NYC OVERALL. HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, AND SMOKING ARE THE MAJOR RISK FACTORS FOR STROKE. STROKE IS A LEADING CAUSE OF LONG-TERM DISABILITY. THE 2014 QUEENS COMMUNITY NEEDS ASSESSMENT (CNA) INCLUDED KEY INFORMANT INTERVIEWS AND FOCUS GROUP RESPONDENTS THAT ALSO HIGHLIGHTED OBESITY AS A HEALTH CONCERN AMONG QUEENS RESIDENTS, PARTICULARLY AS IT RELATES TO INCREASED RISK OF DIABETES, HEART ATTACK, AND STROKE. CONSISTENT WITH THE COMMUNITY HEALTH SURVEY DATA SHOWN IN THE "PERCENTAGE OF ADULTS NOT TAKING HIGH BLOOD PRESSURE MEDICATION" GRAPH ON THE PREVIOUS PAGE, WHERE JAMAICA RESIDENTS HAD A HIGHER PERCENTAGE OF ADULTS NOT TAKING HBP MEDICATION, JAMAICA RESIDENTS NAMED "HIGH BLOOD PRESSURE" AS A PRIORITY HEALTH ISSUE IN THE TCNY 2020 RESOURCES. JAMAICA HOSPITAL IS A NEW YORK STATE DEPARTMENT OF HEALTH-DESIGNATED STROKE CENTER. IT RECEIVED THE 2015 AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S "GET WITH THE GUIDE LINES" STROKE GOLD QUALITY ACHIEVEMENT AWARD. JHMC EARNED THE AWARD BY MEETING SPECIFIC QUALITY ACHIEVEMENT MEASURES FOR THE DIAGNOSIS AND TREATMENT OF STROKE PATIENTS, WHICH INCLUDES AGGRESSIVE USE OF MEDICATIONS AND RISK-REDUCTION THERAPIES. THE HOSPITAL IS PART OF A DEDICATED COMMUNITY PROVIDERS PERFORMING PROVIDER SYSTEM (ACPPS) WHICH IS IMPLEMENTING DSRIP PROJECT 3 B I, EVIDENCE-BASED CARDIOVASCULAR MANAGEMENT, WHICH WILL STANDARDIZE A PATIENT-CENTERED APPROACH TO PATIENTS WHO HAVE OR ARE AT RISK FOR CARDIOVASCULAR DISEASE. IN ADDITION, THE HOSPITAL IS IMPLEMENTING PROJECT 3 C I EVIDENCE-BASED SERVICES FOR DIABETES CARE.</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED</p>	<p>IN ADDITION TO JAMAICA HOSPITAL'S CARDIOLOGY, FAMILY MEDICINE, PULMONARY MEDICINE, AND CAR E MANAGEMENT SERVICES, THE QUEENS SERVICE AREA (AS DEFINED IN THE QUEENS CNA) HAS 361 CARD IO/PULMONARY PHYSICIANS AND 56 ENDOCRINE/DIABETES PHYSICIANS JAMAICA RESIDENTS ARE LESS LI KELY TO RECEIVE REGULAR COLORECTAL SCREENINGS THAN RESIDENTS OF OTHER NEIGHBORHOODS OR IN QUEENS OR NYC OVERALL REGULAR SCREENING, STARTING AT AGE 50, IS CRUCIAL TO PREVENTING COL ORECTAL CANCER WOMEN RESIDING WITHIN SWQ AND JAMAICA ARE SLIGHTLY LESS LIKELY TO RECEIVE B IANNUAL MAMMOGRAMS THAN WOMEN RESIDING IN ENY, QUEENS OVERALL, AND NYC TIMELY DETECTION O F BREAST CANCER WITH SCREENING MAMMOGRAPHY ENABLES EARLIER TREATMENT THAT CAN POTENTIALLY PREVENT THE CANCER'S SPREAD WOMEN RESIDING WITHIN JHMC'S SERVICE AREA ARE RECEIVING CERVI CAL SCREENINGS COMPARABLE TO WOMEN RESIDING IN QUEENS AND NYC OVERALL THE PERCENTAGE OF W OMEN RECEIVING CERVICAL SCREENINGS INCREASED BETWEEN 2012 AND 2013 ACROSS ALL GEOGRAPHIES TIMELY DETECTION OF CERVICAL CANCER WITH PAP SCREENING ENABLES EARLIER TREATMENT THAT CAN POTENTIALLY PREVENT THE CANCER'S SPREAD KEY INFORMANTS AND FOCUS GROUP RESPONDENTS WHO P ROVIDED DATA TO THE 2014 QUEENS COMMUNITY NEEDS ASSESSMENT (CNA) INDICATED THAT CANCER IS AN ADDITIONAL HEALTH CONCERN FOR QUEENS RESIDENTS CULTURALLY-BASED AND LANGUAGE DIFFERENC ES CAN IMPEDE ACCESS TO CARE, A KEY INFORMANT INTERVIEW INCLUDED IN THE QUEENS CNA GAVE AN EXAMPLE OF ARAB WOMEN THAT MAY TRY TO HIDE A BREAST CANCER DIAGNOSIS FROM THEIR FAMILIES AND THEIR COMMUNITY OUT OF FEAR THAT THEIR DAUGHTERS MAY NOT BE ABLE TO MARRY (IF THE CANC ER IS GENETICALLY-LINKED) IF THEIR HEALTH INFORMATION IS KNOWN RESOURCES JAMAICA HOSPITA L'S WOMEN'S HEALTH CENTER HAS A MULTILINGUAL AND MULTIDISCIPLINARY STAFF OF OBSTETRICIANS, GYNECOLOGISTS, SURGEONS, TECHNICIANS, AND RADIOLOGISTS, AND OFFERS BREAST CANCER SCREENIN G (MAMMOGRAPHY), PREVENTION, AND TREATMENT, COLPOSCOPY, AND GYN ONCOLOGY THE HOSPITAL OFF ERS MORE THAN FOUR HOURS PER WEEK OF EXTENDED HOURS FOR MAMMOGRAMS, INCLUDING EVENING AND WEEKEND HOURS, TO ACCOMMODATE PATIENTS' SCHEDULES JHMC OFFERS MAMMOGRAPHY SERVICES FROM 8 AM UNTIL 8 PM MONDAY THROUGH FRIDAY AND FROM 8 AM UNTIL 4 PM ON SATURDAYS WOMEN'S HEALTH IS OPEN AND OFFERS MAMMOGRAPHY UNTIL 7 PM ON TUESDAYS AND THURSDAYS JAMAICA HOSPITAL'S D IVISION OF GASTROENTEROLOGY CONSISTS OF BOARD-CERTIFIED GASTROENTEROLOGISTS WHO PROVIDE HI GH QUALITY AND EXPERT CARE TO PATIENTS, INCLUDING COLORECTAL SCREENINGS USING COLONOSCOPY AND ENDOSCOPY JAMAICA HOSPITAL'S ONCOLOGY DIVISION OFFERS CONSULTATIONS FOR BOTH INPATIEN TS AND OUTPATIENTS DIAGNOSED WITH CANCER AND FEATURES AN AMBULATORY CHEMOTHERAPY UNIT THE HOSPITAL'S PALLIATIVE CARE SERVICES, CONSISTING OF A TEAM OF ATTENDING PHYSICIANS, PALLIA TIVE CARE FELLOWS, AND A LICENSED CLINICAL SOCIAL WORKER, ARE AVAILABLE TO SUPPORT PATIENT S WITH ADVANCED OR TERMINAL ILLNESSES THE HOSPITAL ALSO OPERATES AN INPATIENT HOSPICE UNI T IN ADDITION TO JAMAICA HOSPITAL'S ONCOLOGY DIVISION AND PALLIATIVE CARE SERVICES, THE QU EENS SERVICE AREA (AS DEFINED IN THE QUEENS CNA) HAS 103 ONCOLOGY PHYSICIANS, EIGHT HOSPIC E PROGRAMS, AND FIVE OTHER PROGRAMS OFFERING PALLIATIVE CARE NYS PREVENTION AGENDA PRIORIT Y AREA 2 PROMOTE A HEALTHY AND SAFE ENVIRONMENTFOCUS 1 OUTDOOR AIR QUALITY / BUILT ENVIR ONMENT ALTHOUGH THE NEW YORK CITY COMMUNITY AIR SURVEY* (RELEASED APRIL 2016) REPORTS THAT AIR POLLUTION (E G , LEVELS OF PM2 5 (FINE PARTICULATE MATTER), NO2 (NITROGEN DIOXIDE), & NO (NITRIC OXIDE)) HAS GENERALLY DECREASED IN NYC SINCE 2009, HIGHER CONCENTRATIONS OF AI R POLLUTANTS AND PERCENTAGES OF HOUSING WITH MAINTENANCE DEFECTS WERE OBSERVED IN BROOKLYN CDS 4 & 5 (ENY) RELATIVE TO OTHER COMMUNITY DISTRICTS, QUEENS, AND NYC OVERALL *HTTP //WW1 NYC GOV/ASSETS/DOH/DOWNLOADS/PDF/ENVIRONMENTAL/COMM-AIR-SURVEY-08-14 PDFOUTDOOR AND HO USEHOLD AIR POLLUTION ARE ENVIRONMENTAL HEALTH HAZARDS THAT ARE LINKED TO PREMATURE DEATH ATTRIBUTABLE TO RESPIRATORY DISEASES, CANCER, AND CARDIOVASCULAR DISEASES AS PREVIOUSLY S HOWN IN THE CIGARETTE SMOKING AND SECONDHAND SMOKE EXPOSURE GRAPHS, AIR POLLUTION DUE TO C IGARETTE SMOKE IS A HEALTH CONCERN IN NYC AND IN JAMAICA HOSPITAL'S COMMUNITIES RESOURCES JAMAICA HOSPITAL IS PART OF THE ASTHMA COALITION OF QUEENS (FORMED IN 2012), IN WHICH ORG ANIZATIONS WORK TOGETHER TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH ASTHMA BY ENGAGING PATIENTS, FAMILIES, HEALTHCARE PROVIDERS, INSTITUTIONS AND THE COMMUNITY JAMAICA HOSPITA L'S DIVISION OF PULMONARY MEDICINE OFFERS A WIDE VARIETY OF SERVICES TO HELP DIAGNOSE AND TREAT PATIENTS WITH LUNG DISEASE, SUCH AS ASTHMA THE HOSPITAL'S DIVISION OF ALLERGY AND I MMUNOLOGY FOCUSES ON THE DIAGNOSIS AND LONG-TERM TREATMENT OF ALLERGIC AND IMMUNOLOGIC CON DITIONS, SUCH AS ASTHMA JAMAICA HOSPITAL'S PATIENT NAVIGATORS WERE TRAINED TO CONDUCT GRO UP COUNSELING IN THE "FREEDOM FROM SMOKING" PROGRAM BY THE AMERICAN LUNG ASSOCIATION IN AD DITION TO JAMAICA HOSPITAL'S RESOURCES, NEW YORK-P</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED</p>	<p>RESBYTERIAN/QUEENS ALSO OFFERS A PEDIATRIC ASTHMA CENTER FOCUS 2 INJURIES, VIOLENCE, AND OCCUPATIONAL HEALTHHIGHER RATES OF ASSAULT-RELATED HOSPITALIZATIONS WERE OBSERVED IN BROOK LYN CD 4 & 5 (ENY) RELATIVE TO OTHER COMMUNITY DISTRICTS, QUEENS, AND NYC OVERALL ACCORDI NG TO NEW YORKERS AGAINST GUN VIOLENCE, HOSPITAL VISITS FOR GUN-RELATED INJURIES FROM 2008 -2010 COST NYC \$118 MILLION, COMPARED TO \$91 MILLION IN THE REST OF NYS RESEARCH* SHOWS T HAT STRICTER STATE FIREARM LEGISLATION IS ASSOCIATED WITH LOWER DISCHARGE RATES FOR NONFAT AL GUNSHOT INJURIES *E G , SIMONETTI ET AL AM J PUBLIC HEALTH 2015 AUGUST, 105(8) 1703 -1709ALTHOUGH THE ASSAULT-RELATED HOSPITALIZATION RATE HAS DECREASED ACROSS QUEENS FROM 52 HOSPITALIZATIONS PER 100,000 POPULATION (2008-2010 SPARCS DATA) TO 43 HOSPITALIZATIONS PE R 100,000 (2011-2013 SPARCS DATA) AND MEETS THE NEW YORK STATE PREVENTION AGENDA 2013-2018 'S GOAL OF 43 HOSPITALIZATIONS PER 100,000 POPULATION, IT REMAINS AN ISSUE IN JAMAICA HOSP ITAL'S SERVICE AREA MORE THAN TWELVE PERCENT OF QUEENS CNA RESPONDENTS INDICATED THAT VIO LENCE/INJURY PREVENTION WAS A HEALTH CONCERN IN THEIR COMMUNITY HIGHER RATES OF FALL-RELAT ED HOSPITALIZATIONS AND DEATHS WERE OBSERVED IN SOUTHWEST QUEENS RELATIVE TO JAMAICA, EAST NEW YORK, AND QUEENS OVERALL FALLS WERE THE NUMBER ONE CAUSE OF INJURY IN JAMAICA HOSPITA L'S REGISTRY OF TRAUMA PATIENTS JAMAICA HOSPITAL'S IN-HOUSE DATA FOR FALL-RELATED INJURIE S REVEALED THAT 2,512 PATIENTS PRESENTED AT THE HOSPITAL FOR FALLS BETWEEN AUGUST 1, 2013 AND JULY 31, 2015, 59 6% OF THESE WERE CATEGORIZED AS "TRAUMATIC" FALLS, MEANING THEY MET THE TRAUMA CRITERIA FOR THE SEVERITY OF INJURY OVER A THIRD OF NON-TRAUMATIC FALLS WERE S USTAINED FROM SLIPPING, TRIPPING, OR TUMBLING, AND ALMOST 20% OF THESE FALLS WERE SUSTAIN E D FROM FALLING OFF OR TRIPPING ON STEPS MOST TRAUMATIC FALLS INJURIES OCCURRED AT HOME (4 1%) AND ALMOST A QUARTER OF TRAUMATIC FALLS INJURIES OCCURRED ON THE STREET OR HIGHWAY TH E MAJORITY (62%) OF TRAUMA FALLS PATIENTS WERE 55 YEARS OR OLDER MOST ELDERLY TRAUMA FALL S PATIENTS WERE FEMALE (55 5%) AMONG ELDERLY TRAUMATIC FALLS PATIENTS, MOST FALLS (WHEN T HE HEIGHT OF THE FALL WAS KNOWN) OCCURRED WHILE PATIENTS WERE STANDING, INDICATING THAT PA TIENTS HAD DIFFICULTY MAINTAINING BALANCE RESOURCES JAMAICA HOSPITAL MEDICAL CENTER IS DE SIGNATED AS A LEVEL 1 TRAUMA CENTER THAT IS AVAILABLE 24 HOURS A DAY, 7 DAYS PER WEEK, AND INCLUDES TRAUMA, ORTHOPEDIC, AND NEURO SURGEONS AS WELL AS PHYSICIANS FROM A RANGE OF FIE LDS INCLUDING EMERGENCY MEDICINE, RADIOLOGY, ANESTHESIOLOGY, INTENSIVE CARE, AND REHABILIT ATION MEDICINE JAMAICA HOSPITAL REGULARLY SPONSORS RESEARCH RELATED TO INJURY-PREVENTION AND IMPROVING CLINICAL AND BEHAVIORAL OUTCOMES OF PATIENTS WHO HAVE SUSTAINED INJURIES DUE TO ACCIDENTS OR VIOLENT EVENTS FOR EXAMPLE, TWO OF JAMAICA HOSPITAL'S OCCUPATIONAL THERA PISTS PRESENTED A RESEARCH POSTER (2015) OUTLINING LEADERSHIP ROLES WHICH OCCUPATIONAL TH ERAPISTS WORKING IN TRAUMA CENTERS CAN TAKE TO INCREASE INJURY PREVENTION PROGRAMMING IN 2015, JAMAICA HOSPITAL RECEIVED A GOVERNOR'S TRAFFIC SAFETY COMMITTEE GRANT TO CONDUCT A P ROJECT ENTITLED "SAFER STREETS QUEENS," IN WHICH THE HOSPITAL CATALOGUES DATA FROM EMERGEN CY DEPARTMENT PATIENTS TO INFORM THE NYS DEPARTMENT OF TRANSPORTATION ABOUT DANGEROUS ROAD AND TRAFFIC CONDITIONS TO HELP PREVENT ACCIDENTS AND RESULTING INJURIES JAMAICA HOSPITAL HAS ADAPTED A SCREENING TOOL FOR ASSESSING INJURIES FROM THE NYC DOHMH'S DIVISION FOR THE AGING (DFTA) AND REFERS PATIENTS TO EVIDENCE-BASED FALLS-PREVENTION PROGRAMS WHEN INDICAT ED</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED</p>	<p>IN ADDITION TO JAMAICA HOSPITAL'S LEVEL 1 TRAUMA CENTER, REGIONAL TRAUMA CENTER, SERVICES ARE AVAILABLE WITHIN QUEENS AT REGIONAL TRAUMA CENTERS AT ELMHURST HOSPITAL AND NEW YORK-P RESBYTERIAN/QUEENS JHMC REFERS SENIOR CITIZENS WHO ARE TREATED FOR FALL-RELATED INJURIES TO SENIOR CITIZEN CENTERS THAT PROVIDE CLASSES, SUCH AS STAY ACTIVE AND INDEPENDENT FOR LI FE (SAIL) AND TAI CHI FOR ARTHRITIS, THAT ARE DESIGNED TO PROMOTE HEALTHY EXERCISE HABITS, STRENGTHEN JOINTS, INCREASE STABILITY, AND REDUCE THE LIKELIHOOD OF FALLS THERE ARE FIVE SENIOR CITIZEN CENTERS OFFERING EVIDENCE-BASED FALLS PREVENTION PROGRAMMING IN EAST NEW Y ORK (COMMUNITY DISTRICT 5, BROOKLYN) JAMAICA (QUEENS COMMUNITY DISTRICTS 8, 12, & 13) HAS 12 SENIOR CITIZEN CENTERS OFFERING THESE PROGRAMS, INCLUDING THREE SITES FOR JAMAICA SERV ICE PROGRAMS FOR OLDER ADULTS (JSPOA) SOUTHWEST QUEENS (QUEENS COMMUNITY DISTRICTS 9 & 10) HAS THREE SENIOR CITIZEN CENTERS OFFERING FALL-PREVENTION PROGRAMS, INCLUDING TWO SERVIC ES NOW FOR ADULT PERSONS (SNAP) SITES NYS PREVENTION AGENDA PRIORITY AREA 3 PROMOTE HEALT HY WOMEN, INFANTS, AND CHILDREN FOCUS 1 MATERNAL AND INFANT HEALTHMOTHERS RESIDING IN QUE ENS CD 12 (JAMAICA) AS WELL AS BROOKLYN CD 5 (ENY) WERE LESS LIKELY TO RECEIVE TIMELY PREN ATAL CARE THAN MOTHERS IN OTHER NEIGHBORHOODS SERVED BY JHMC, AS WELL AS QUEENS OR NYC OVE RALL ACCORDING TO THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION, BABIES BORN TO M OTHERS WHO RECEIVED NO PRENATAL CARE ARE THREE TIMES MORE LIKELY TO BE BORN AT LOW BIRTH W EIGHT, AND FIVE TIMES MORE LIKELY TO DIE, THAN THOSE WHOSE MOTHERS RECEIVED PRENATAL CARE MORE INFANTS BORN TO MOTHERS RESIDING IN QUEENS CDS 9 AND 12 (JAMAICA) WERE EXCLUSIVELY B REASTFED WITHIN FIVE DAYS POSTNATALLY DATA ARE PROMISING, AS INCREASES IN BREASTFEEDING B ETWEEN 2012 AND 2013 WERE SEEN IN MOST CDS WITHIN JHMC'S SERVICE AREA, PARTICULARLY IN QUE ENS CDS 9 (SWQ), 10 (SWQ), & 12 (JAMAICA) BREASTFEEDING CONFERS NUMEROUS HEALTH PROTECTIO NS UPON INFANTS AND MOTHERS ALIKE FOR EXAMPLE, BREASTFED CHILDREN ARE LESS LIKELY TO CONT RACT A NUMBER OF DISEASES LATER IN LIFE, INCLUDING JUVENILE DIABETES, MULTIPLE SCLEROSIS, HEART DISEASE, AND CANCER BEFORE THE AGE OF 15 BREASTFEEDING MOTHERS ARE LESS LIKELY TO D EVELOP OSTEOPOROSIS LATER IN LIFE, ARE ABLE TO LOSE WEIGHT GAINED DURING PREGNANCY MORE EA SILY, AND HAVE REDUCED RISK OF BREAST, UTERINE, AND OVARIAN CANCERS FOCUS 2 REPRODUCTIVE, PRECONCEPTION, AND INTER- CONCEPTION HEALTHTEEN MOTHERS RESIDING IN QUEENS CD 10 AND 12 (J AMAICA) AND BROOKLYN CD 5 (ENY) HAD HIGHER PERCENTAGES OF LOW BIRTH WEIGHT BABIES THAN THE OTHER NEIGHBORHOODS THAT JHMC SERVES, AS WELL AS QUEENS AND NYC OVERALL THE TEEN BIRTH R ATE IN BROOKLYN CD 4 (BUSHWICK) IS THE 6TH HIGHEST AMONG THE 59 NYC CD'S DATA PUBLISHED IN THE QUEENS CNA (WHICH WERE OBTAINED FROM THE NEW YORK STATE DEPARTMENT OF HEALTH PERINATA L DATA PROFILES 2010-2012) INDICATE THAT RATES OF LATE OR NO PRENATAL CARE HAVE INCREASED SINCE 2010 AND ARE STILL RELATIVELY HIGHER AMONG THE NEIGHBORHOODS THAT JHMC SERVES, PARTI CULARLY JAMAICA (9 1%) AND EAST NEW YORK (9%), COMPARED WITH NYC OVERALL (7 0%), AND NEW Y ORK STATE OVERALL (5 6%) IN ZIP CODE 11436 (JAMAICA), 12 3% OF BIRTHS WERE TO MOTHERS WHO RECEIVED LATE OR NO PRENATAL CARE, THIS WAS THE SECOND HIGHEST PERCENTAGE AMONG ALL OF TH E ZIP CODES IN QUEENS BETWEEN 2011-2013 RESOURCES JAMAICA HOSPITAL RECOGNIZES THAT SUPPO RTING BREASTFEEDING IS AN IMPORTANT PUBLIC HEALTH ISSUE THE HOSPITAL DISCHARGED 570 EXCLU SIVELY BREASTFEEDING MOTHERS (37%) IN 2015 AND IS IN THE FINAL PHASE OF SEEKING "BABY-FRIE NDLY" HOSPITAL DESIGNATION, A GLOBAL INITIATIVE LAUNCHED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) JAMAICA HOSPITAL'S STAFF ARE DEDICA TED TO BREASTFEEDING TRAINING EFFORTS SO THEY CAN SHARE THEIR KNOWLEDGE WITH THE COMMUNITY , ALL PEDIATRIC PROVIDERS AND MOST OBSTETRICS (98%) AND FAMILY MEDICINE (85%) PROVIDERS HA VE COMPLETED THE RECOMMENDED BREASTFEEDING TRAINING JAMAICA HOSPITAL MEDICAL CENTER OFFER S A WEEKLY BREASTFEEDING EDUCATION PROGRAM TO PATIENTS AND COMMUNITY MEMBERS AT ITS WOMEN' S HEALTH CENTER THE BREASTFEEDING PROGRAM, WHICH IS ALSO AVAILABLE IN SPANISH, IS TAUGHT BY A CERTIFIED MIDWIFE AND IS INTENDED TO FAMILIARIZE MOTHERS-TO-BE WITH PROPER BREASTFEED ING TECHNIQUES JAMAICA HOSPITAL IS A NEW YORK STATE DEPARTMENT OF HEALTH- DESIGNATED LEVEL 3 PERINATAL CENTER, MEANING THAT IT CARES FOR PATIENTS REQUIRING INCREASINGLY COMPLEX CARE AND OPERATES A NEONATAL INTENSIVE CARE UNIT (NICU) FOR THE PAST FOUR YEARS, JHMC HAS MAI NTAINED AN ACTIVE CENTERINGPREGNANCY PROGRAM, WHICH FACILITATES SUPPORT GROUPS AND PRENATA L VISITS FOR PREGNANT WOMEN PARTICIPATING IN THE PROGRAM IN 2015, THE MARCH OF DIMES REAC HED OUT TO JAMAICA HOSPITAL TO IMPLEMENT "HEALTHY BABIES ARE WORTH THE WAIT," WHICH EXPAND ED THE CENTERINGPREGNANCY PROGRAM BY INCORPORATING EVIDENCE-BASED PREMATURE BIRTH PREVENTI ON EDUCATION THAT IMPROVES PARTICIPANTS' KNOWLEDGE</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED</p>	<p>OF FACTORS CONTRIBUTING TO PREMATURE BIRTHS AND ENCOURAGES PREGNANT WOMEN TO SEEK PRENATAL CARE JHMC'S WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM PROVIDES NUTRITION EDUCATION, BREASTFEEDING SUPPORT, REFERRALS, AND A VARIETY OF NUTRITIOUS FOODS TO LOW-INCOME PREGNANT, BREASTFEEDING OR POSTPARTUM WOMEN, INFANTS AND CHILDREN UP TO AGE FIVE TO PROMOTE AND SUPPORT GOOD HEALTH JAMAICA HOSPITAL ALSO OPERATES A SCHOOL-BASED HEALTH CENTER PROGRAM AT CAMPUS MAGNET HIGH SCHOOL (CAMBRIA HEIGHTS, QUEENS), AND AT TWO LARGE ELEMENTARY SCHOOLS [PS 223 IN JAMAICA AND PS (Q) 155 IN SOUTH OZONE PARK] IN ADDITION TO JAMAICA HOSPITAL'S DIVISION OF MATERNAL-FETAL MEDICINE/OBSTETRICAL UNIT, THERE ARE SEVEN HOSPITALS WITHIN QUEENS OFFERING MATERNITY SERVICES, THERE ARE FOUR OTHER HOSPITALS IN QUEENS THAT ARE LEVEL 3 PERINATAL CENTERS AS OF MAY 2016, ONLY ONE HOSPITAL IN QUEENS (QUEENS HOSPITAL CENTER) HAS RECEIVED A "BABY-FRIENDLY" HOSPITAL DESIGNATION EIGHT OTHER HOSPITALS OR AGENCIES PROVIDE WIC SERVICES WITHIN QUEENS WIC SERVICES ARE ALSO AVAILABLE AT TWO LOCATIONS IN EAST NEW YORK (BROOKDALE HOSPITAL AND EAST NEW YORK DIAGNOSTIC & TREATMENT CENTER) CENTERINGPREGNANCY DOES NOT CURRENTLY LIST OTHER SITES IN QUEENS OTHER THAN JAMAICA HOSPITAL NYS PREVENTION ON AGENDA PRIORITY AREA 4 PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE FOCUS 1 PROMOTE MENTAL, EMOTIONAL, AND BEHAVIORAL WELL-BEING PERCENTAGES OF ADULTS WHO HAVE EXPERIENCED CLINICAL DEPRESSION ARE LOWER WITHIN THE NEIGHBORHOODS SERVED BY JHMC, COMPARED WITH NYC OVERALL ACCORDING TO ANALYSES IN THE NYC HEALTH PROVIDER PARTNERSHIP'S 2014 QUEENS COMMUNITY NEEDS ASSESSMENT, ENY AND JAMAICA HAVE HIGH NUMBERS OF MEDICAID BENEFICIARIES WHO HAVE MENTAL HEALTH CONDITIONS (PREDOMINANTLY DEPRESSION/ MOOD DISORDER) AND USE EMERGENCY DEPARTMENT SERVICES THE RATE OF PSYCHIATRIC HOSPITALIZATIONS IS HIGHER IN BROOKLYN CDS 5 (ENY), RELATIVE TO OTHER NEIGHBORHOODS AND QUEENS AND NYC OVERALL BEHAVIORAL HEALTH DISCHARGES HAVE HIGHER READMISSION RATES MEDICATION NONADHERENCE, SUBSTANCE USE, AND LACK OF ENGAGEMENT IN TIMELY AND ADEQUATE OUTPATIENT SERVICES ARE THREE KEY FACTORS IN BEHAVIORAL HEALTH HOSPITAL READMISSIONS FOCUS 2 PREVENT SUBSTANCE ABUSE AND OTHER MENTAL EMOTIONAL BEHAVIORAL DISORDERS SIMILAR TO NYC OVERALL, HIGHER PERCENTAGES OF BINGE DRINKING WERE REPORTED IN SWQ, COMPARED TO OTHER NEIGHBORHOODS IN JHMC'S SERVICE AREA BINGE DRINKING IS LINKED TO MANY HEALTH PROBLEMS, SUCH AS ALCOHOL POISONING, UNINTENTIONAL (E.G., CAR CRASHES, FALLS) AND INTENTIONAL (E.G., DOMESTIC VIOLENCE, FIREARM INJURIES, AND SEXUAL ASSAULT) INJURIES, LIVER DISEASE, AND NEUROLOGICAL DAMAGE SUBSTANTIALLY HIGHER RATES OF ALCOHOL- AND DRUG-RELATED HOSPITALIZATIONS ARE OBSERVED IN BROOKLYN CDS 4 AND 5 (ENY), RELATIVE TO OTHER COMMUNITIES SERVED BY JHMC AND QUEENS OR NYC OVERALL THIS IS A SIMILAR PATTERN SEEN FOR INJURY AS SAULT RATES WITHIN JHMC'S COMMUNITIES FOCUS 3 STRENGTHEN MENTAL HEALTH SERVICES INFRASTRUCTURE RESIDENTS OF SWQ WERE MORE LIKELY TO RECEIVE FOLLOW-UP MENTAL HEALTH TREATMENT WITHIN 7 OR 30 DAYS OF HOSPITAL DISCHARGE THAN ENY OR JAMAICA RESIDENTS, OR QUEENS OR NYC RESIDENTS ON THE WHOLE HOWEVER, DSRIIP GOALS THAT WERE ESTABLISHED TO REDUCE AVOIDABLE HOSPITAL USE INCLUDE ENSURING THAT AT LEAST 74.2% OF DISCHARGED PATIENTS RECEIVE MENTAL HEALTH TREATMENT WITHIN 7 DAYS POST-DISCHARGE AND AT LEAST 88.2% OF DISCHARGED PATIENTS RECEIVE MENTAL HEALTH SERVICES WITHIN 30 DAYS POST-DISCHARGE</p>

Form and Line Reference	Explanation
PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED	<p>THESE LOCAL, NEIGHBORHOOD DATA MIRROR NATIONAL FINDINGS THAT HIGHLIGHT THE PREVALENCE OF C O-OCCURRENCE OF DRUG-RELATED, MENTAL HEALTH- RELATED, AND INJURY-RELATED DIAGNOSES AMONG A LCOHOL-RELATED ED VISITS AND HOSPITALIZATIONS QUEENS CNA SURVEY RESPONDENTS AND FOCUS GRO UPS ALSO PRIORITIZED THE GAP IN MENTAL HEALTH SERVICES DEPRESSION, ANXIETY, AND ALCOHOL A ND SUBSTANCE ABUSE WERE ISSUES THAT THE QUEENS CNA RESPONDENTS SPECIFICALLY MENTIONED THE SE DATA HIGHLIGHT THE NEED FOR MORE TIMELY MENTAL HEALTH SERVICES IN JHMC'S COMMUNITIES RE SOURCES JHMC'S MENTAL HEALTH SERVICES, INCLUDING ITS LARGE MENTAL HEALTH OUTPATIENT SERVI CE, ITS AFFILIATED OUTPATIENT ADVANCED CENTER FOR PSYCHOTHERAPY, ITS PSYCHIATRIC EMERGENCY DEPARTMENT, AND CPEP PROGRAM, PROMOTE THE COORDINATION OF MENTAL HEALTH CARE, INCLUDING I NCREASING DEPRESSION SCREENING RATES AND PROVIDING APPROPRIATE AND TIMELY TREATMENT WHEN I NDICATED JAMAICA HOSPITAL'S HEALTHCARE PROVIDERS CONDUCT DEPRESSION SCREENINGS (PATIENT H EALTH QUESTIONNAIRE 2, OR, PHQ-2) AT ALL PRIMARY CARE VISITS AND ADDITIONAL SCREENINGS (PA TIENT HEALTH QUESTIONNAIRE 9, OR, PHQ-9) AS INDICATED MOTHERS WHO GIVE BIRTH AT JAMAICA H OSPITAL COMPLETE A MATERNAL DEPRESSION SCREENING PRIOR TO BEING DISCHARGED, IF INDICATED, MOTHERS RECEIVE INTERVENTION SERVICES TO TREAT POSTPARTUM DEPRESSION THE HOSPITAL IS ALSO IMPLEMENTING ACP PPS DSRIP PROJECT 3 A I , INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEA LTH, AND NOW OFFERS PRIMARY CARE IN ITS MENTAL HEALTH CENTER A DEPRESSION CARE MANAGER PR OVIDES SCREENING AND COUNSELING IN ITS FAMILY MEDICINE CENTER, AND THERE ARE PLANS TO EXPA ND THIS SERVICE TO ALL OUTPATIENT CENTERS TO ACCOMMODATE THE HIGH DEMAND, THE HOSPITAL HAS REQUESTED AND RECEIVED CONTINGENT NYSDOH APPROVAL TO PERMANENTLY ADD SIX PSYCHIATRY BEDS, WHICH HAD BEEN ADDED IN 2013 ON A TEMPORARY BASIS AT THE REQUEST OF NEW YORK STATE OFFICE OF MENTAL HEALTH (NYSOMH) IN ADDITION TO JAMAICA HOSPITAL'S MENTAL HEALTH SERVICES, THE Q UEENS SERVICE AREA (AS DEFINED IN THE QUEENS CNA) HAS 336 PSYCHIATRISTS, PSYCHIATRIC EMERG ENCY SERVICES [THREE COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAMS (CPEP), ONE CRISIS INTER VENTION PROGRAM, AND THREE HOME BASED CRISIS INTERVENTION PROGRAMS]], INPATIENT UNITS AT S IX GENERAL CARE AND TWO STATE PSYCHIATRIC HOSPITALS, AND OUTPATIENT SERVICES [INCLUDING EI GHT ASSERTIVE COMMUNITY TREATMENT PROGRAMS (ACT) AND 52 CLINIC TREATMENT PROGRAMS] THERE ARE ALSO 34 LICENSED RESIDENTIAL TREATMENT PROGRAMS IN CONGREGATE, APARTMENT AND SINGLE RO OM RESIDENCES, THESE PROGRAMS ARE PARTICULARLY BENEFICIAL FOR PERSONS WITH A HISTORY OF RE PEATED PSYCHIATRIC HOSPITALIZATIONS, HOMELESSNESS, INVOLVEMENT WITH THE CRIMINAL JUSTICE S YSTEM, AND CO-OCCURRING SUBSTANCE ABUSE JAMAICA HOSPITAL REFERS PATIENTS WHO NEED INPATIE NT SUBSTANCE AND/OR ALCOHOL ABUSE TREATMENT TO A 30-BED CHEMICAL DEPENDENCY UNIT LOCATED A T FLUSHING HOSPITAL, ITS SISTER HOSPITAL WITHIN THE MEDISYS HEALTH NETWORK OTHER SUBSTANC E AND ALCOHOL ABUSE TREATMENT FACILITIES LOCATED WITHIN QUEENS INCLUDE THREE HOSPITALS THA T PROVIDE OUTPATIENT WITHDRAWAL SERVICES, TWO HOSPITALS THAT PROVIDE DETOXIFICATION SERVIC ES, AND FIVE HOSPITALS THAT PROVIDE OUTPATIENT REHABILITATION SERVICES NYS PREVENTION AGEN DA PRIORITY AREA 5 PREVENT HIV, STDS, VACCINE PREVENTABLE DISEASES AND HEALTH-CARE ASSOCI ATED INFECTIONSFOCUS 1 PREVENT HIV AND STDPLWHA IN JAMAICA (AND QUEENS OVERALL) ARE LESS LIKELY TO BE ENGAGED IN CARE THAN PLWHA IN OTHER NEIGHBORHOODS OR IN NYC OVERALL WHILE AL MOST 80% OF PLWHA RESIDING IN ENY AND NYC ARE ENGAGED IN CARE, THE GOAL IS TO MEET OR EXCE ED 91 8% ACROSS NYS ENGAGING IN AND MAINTAINING HIV/AIDS CARE IS PARAMOUNT TO ACHIEVING V IRAL SUPPRESSION, HELPING PLWHA TO LIVE HEALTHIER, LONGER LIVES, AND PREVENTING HIV TRANSM ISSION TO OTHER PEOPLE AS OF DECEMBER 31, 2013, THERE WERE MORE THAN 8,000 PEOPLE LIVING W ITH HIV/AIDS IN JAMAICA HOSPITAL'S SERVICE AREA (EAST NEW YORK, SOUTHWEST QUEENS, AND JAMA ICA), WHICH IS MORE THAN THE NUMBER OF PEOPLE LIVING WITH HIV/AIDS STATEWIDE IN 25 OF THE 50 STATES KEY INFORMANTS WHO PARTICIPATED IN THE QUEENS CNA HAVE ASSERTED THAT WHILE FUND ING FOR HIV/AIDS SERVICES FOCUSES ON MEDICAL MANAGEMENT, THE SUPPORT SERVICES NECESSARY FO R PLWHA ARE DIFFICULT TO OBTAIN AS PLWHA ARE ABLE TO MANAGE THEIR ILLNESSES WITH EFFECTIV E TREATMENTS, ASSISTANCE WITH OBTAINING ENTITLEMENTS (E G , MEDICAID, FOOD STAMPS/SNAP), A FFORDABLE HOUSING, AND JOBS BECOMES MORE IMPORTANT RESOURCES JAMAICA HOSPITAL'S AMBULATO RY CARE CENTER (ACC) IS DESIGNATED BY NYS DOH AS AN HIV PRIMARY MEDICAL CARE PROVIDER, AND OFFERS TESTING ANNUALLY TO PATIENTS AGES 13 64 IN BOTH THE EMERGENCY DEPARTMENT AND CLINI CS FOR MANY YEARS, THE HOSPITAL HAS HELD A NYS GRANT TO PROVIDE SCREENINGS, COUNSELING, A ND RISK-REDUCTION INTERVENTIONS TO AT-RISK WOMEN IN THE HOSPITAL CLINICS IN ADDITION TO J AMAICA HOSPITAL'S DIVISION OF INFECTIOUS DISEASE SERVICES, THE QUEENS SERVICE AREA (AS DEF INED IN THE QUEENS CNA) HAS 49 INFECTIOUS DISEASE</p>

Form and Line Reference	Explanation
PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED	<p>PHYSICIANS THERE ARE THREE HOSPITALS IN QUEENS THAT ARE LICENSED AS AIDS CENTERS (ELMHURST HOSPITAL, QUEENS HOSPITAL CENTER, AND NEW YORK-PRESBYTERIAN/QUEENS) QUEENS ALSO HAS 25 AGENCIES WITH 180 SERVICE SITES THAT OFFER HIV RELATED SERVICES, INCLUDING RYAN WHITE AND CDC PREVENTION PROGRAMS THESE SERVICES INCLUDE HIV PREVENTION AND OUTREACH EFFORTS SUCH AS SEXUAL AND BEHAVIORAL HEALTH FOR HIV PREVENTION, CONDOM DISTRIBUTION, HARM REDUCTION, TESTING AND LINKAGE TO CARE, AND SYRINGE EXCHANGE FOCUS 2 PREVENT VACCINE PREVENTABLE DISEASES IN TEENAGED GIRLS (13-17) RESIDING IN BROOKLYN CD 4 (BUSHWICK) WERE MORE LIKELY TO RECEIVE HPV VACCINATIONS THAN THEIR COUNTERPARTS IN OTHER AREAS SERVED BY JHMC THE HPV VACCINE PROTECTS AGAINST CANCERS CAUSED BY HPV, WHICH IS A VERY COMMON VIRUS, NEARLY 80 MILLION PEOPLE ABOUT ONE IN FOUR ARE CURRENTLY INFECTED IN THE US ABOUT 14 MILLION PEOPLE, INCLUDING TEENS, BECOME INFECTED WITH HPV EACH YEAR FLU SHOT VACCINATION PERCENTAGES WERE LOWER IN ALL OF JHMC'S NEIGHBORHOODS COMPARED TO NYC OVERALL AND LOWER THAN THE NYS AVERAGE FOR 2014 -2015 (48.6%)*, WHICH HAS INCREASED BY ONLY 7% OVER THE PAST 6 YEARS THE HEALTHY PEOPLE 2020 GOAL IS TO ACHIEVE 70% FLU VACCINATION COVERAGE * CENTERS FOR DISEASE CONTROL'S 2014-15 STATE, REGIONAL, AND NATIONAL VACCINATION REPORT RESOURCES JAMAICA HOSPITAL MANDATES STAFF VACCINATIONS FOR COMMUNICABLE AND VACCINE-PREVENTABLE ILLNESSES, SUCH AS INFLUENZA INFLUENZA VACCINATION RATES FOR TOTAL HEALTHCARE STAFF AT JAMAICA HOSPITAL WERE 87% BETWEEN 2014 AND 2015 THE HOSPITAL MAINTAINS RECOMMENDED AGE-RELATED VACCINATION PROTOCOLS, SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS' IMMUNIZATION SCHEDULE FOR INFANTS AND CHILDREN AND THE AMERICAN GERIATRICS SOCIETY'S IMMUNIZATION GUIDELINES FOR OLDER ADULTS (E.G., FOR SHINGLES, INFLUENZA VACCINES) IN ADDITION TO JAMAICA HOSPITAL'S VACCINATION RESOURCES, LOW-TO- NO-COST IMMUNIZATION CLINICS ARE AVAILABLE IN QUEENS CHILDREN CAN GET WALK-IN IMMUNIZATION SERVICES AT THE NEW YORK CITY HEALTH + HOSPITALS CORPORATION CHILD HEALTH CLINIC (JACKSON HEIGHTS, NY) ADULTS CAN GET COMPREHENSIVE HEALTH CARE SERVICES, INCLUDING LOW OR NO-COST IMMUNIZATIONS, AT ELMHURST HOSPITAL CENTER (ELMHURST, QUEENS)</p>

Form and Line Reference	Explanation
PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH CONTINUED	<p>2018 UPDATEPRIORITY 1 DECREASE TOBACCO USE WITHIN THE COMMUNITYSUCCESSSES - THE HOSPITAL H AS BEEN VERY ACTIVE IN OFFERING OUTREACH AND EDUCATIONAL EVENTS RELATED TO SMOKING CESSATI ON, HAVING HELD 22 EVENTS TO-DATE THESE EVENTS REACHED 266 PEOPLE, OF WHOM 161 WERE REFER RED TO A SMOKING CESSATION PROGRAM THIRTY-SEVEN SIGNED UP FOR A SMOKING CESSATION PROGRAM AT THE HOSPITAL - THERE IS AT LEAST ONE PATIENT NAVIGATOR AT EACH OF THE HOSPITAL'S AMBUL ATORY CARE SITES WHO IS TRAINED AS A FREEDOM FROM SMOKING (FFS) FACILITATOR- SMOKING CESSA TION COUNSELING PROMPTS WERE INTRODUCED INTO THE EPIC EHR AT DISCHARGE FOR ALL INPATIENT S MOKERS, RESULTING IN 100% COUNSELING COMPLIANCE- THE EHR WAS UPDATED TO INCLUDE EMERGING E LECTRONIC NICOTINE DELIVERY SYSTEMS, SUCH AS E-CIGARETTES, VAPORIZERS AND HOOKA PENS - THE HOSPITAL CONTINUES TO OFFER SMOKING CESSATION COUNSELING AND MEDICATION FREE OF CHARGE TO ALL EMPLOYEES - HOSPITAL STAFF PHYSICIAN CONTINUES TO PARTICIPATE IN A NYS QUITLINE PHYSI CIAN TASK FORCE, ASSISTING WITH REVIEW OF QUITLINE MARKETING MATERIALS AND OUTREACH COMMUN ICATIONS TO HEALTHCARE PROVIDERS, WITH THE ULTIMATE GOAL OF FACILITATING CHANGES IN HOW NY STATE HEALTH SYSTEMS OFFER TOBACCO CESSATION SERVICES CHALLENGES- SOME EMPLOYEES REMAIN R ELUCTANT TO DISCLOSE THEIR SMOKING ADDICTION, FEARING HEALTH INSURANCE RATE INCREASES OR O THER WORKPLACE RESTRICTIONS, EVEN THOUGH THESE RESTRICTIONS HAVE NOT BEEN IMPOSED THIS LI MITS DISTRIBUTION OF AVAILABLE BENEFITS AND INTERVENTIONS - MANY PHYSICIANS CONSIDER TOBAC CO CONTROL INTERVENTIONS AND OTHER PREVENTIVE CARE MEASURES AS NOT INTEGRAL TO THEIR ROUTI NE PATIENT CARE ENCOUNTERS PROVIDERS REPORT THAT THE MANY MANDATORY ASSESSMENTS THAT MUST BE PERFORMED AT EACH ENCOUNTER LEAVE LITTLE OR NO TIME TO ADDRESS TOBACCO USE - NEED FOR CONSTANT REPETITION ABOUT THE HEALTH RISKS OF SMOKING AND THE BENEFITS OF QUITTING SMOKER S WILL DECIDE TO QUIT SMOKING ONLY WHEN THEY ARE PSYCHOLOGICALLY READY THEREFORE, IT IS I MPORTANT THAT THEIR MEDICAL PROVIDERS DISCUSS THE ISSUE WITH THEM AS OFTEN AS POSSIBLE, AN D ADDRESS ANY LINGERING OBSTACLES THAT MAY HOLD THEM BACK - DIFFICULTY ENGAGING COMMUNITY PHYSICIANS TO TAKE ADVANTAGE OF THE SMOKING CESSATION SERVICES AVAILABLE IN OUR NETWORK - THE MULTITUDE OF PSYCHOSOCIAL ISSUES AFFECTING MANY PATIENTS WITH BEHAVIORAL HEALTH ISSUES SMOKING CESSATION OFTEN IS NOT A PRIORITY GIVEN THE OTHER PRESSING ISSUES INCLUDING HOME LESSNESS, UNEMPLOYMENT, AND FOOD INSECURITY IN ADDITION THESE PATIENTS MAY BE SELF-MEDICA TING BY SMOKING - COMBATING SMOKING HABITS AGAINST THE POWERFUL TOBACCO INDUSTRY IS A WORK IN PROGRESS MASSIVE SPREAD OF E-CIGARETTES WITH ITS DECEPTIVE ADVERTISING REQUIRES NEW A ND FLEXIBLE RESPONSE FROM HEALTH CARE PROVIDERS WE WILL CONTINUE TO SEEK THE MOST EFFECTI VE WAYS TO CONVEY THE MESSAGE OF WELL-KNOWN TOBACCO RELATED HEALTH HAZARDS TO OUR PATIENTS AT EVERY STEP OF THEIR CARE AS WELL AS TO THE SURROUNDING COMMUNITIES NEW YORK STATE PRIO RITY AREA PREVENT CHRONIC DISEASESFOCUS AREA 2 REDUCE ILLNESS, DISABILITY AND DEATH RELA TED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE GOAL #2 2 PROMOTE TOBACCO USE CESSATION, ESPECIALLY AMONG LOW SOCIOECONOMIC STATUS (SES) POPULATION AND THOSE WITH POOR MENTAL HEA LTH JHMC PRIORITY 1 DECREASE TOBACCO USE WITHIN THE COMMUNITYGOAL 1 ELIMINATE TOBACCO US E ON HOSPITAL CAMPUS ACHIEVEMENTS YEAR TO DATE - OFFER COUNSELING AND MEDICATION TO ALL SM OKERS FREE OF CHARGE ALL EMPLOYEES WHO IDENTIFIED THEMSELVES AS SMOKERS RECEIVED SMOKING CESSATION COUNSELING OUTCOME OBJECTIVE - TRAIN ALL PATIENT NAVIGATORS IN SMOKING CESSATION ACHIEVEMENTS YEAR TO DATE - TWENTY-FIVE OF THE 33 PATIENT NAVIGATORS ARE FREEDOM FROM SMO KING (FFS) FACILITATORS PLANS ARE UNDERWAY TO SCHEDULE TRAININGS TO ENSURE THAT ALL NEWLY HIRED NAVIGATORS ARE FULLY TRAINED TO PROVIDE TOBACCO CESSATION COUNSELING OUTCOME OBJECT IVE - ACHIEVE AND MAINTAIN STANDARDS FOR NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE GOLD STAR STATUS ACHIEVEMENTS YEAR TO DATE - ALL STANDARDS HAVE BEEN UPHELD, INCLUDING EMPLOYEE POLICIES, AS WELL AS PROCEDURES FOR ASSESSMENT, COUNSELING AND MEDICATION ADMINISTRATION GOAL 2 GENERAL MEDICAL/SURGICAL PATIENTS AGED 13 AND ABOVE INCREASE ASSESSMENTS, INTERVEN TIONS, AND NUMBER OF QUITTERS OUTCOME OBJECTIVE - DECREASE SMOKING PREVALENCE AMONG PATIEN TS NOTE NYS SMOKING PREVALENCE TARGET OF 12 3% FOR ADULTS AND 20% AMONG LOW SES ADULTS (U SING MEDICAID COVERAGE AS A PROXY) ACHIEVEMENTS AS OF OCTOBER 21, 2018 OUTPATIENT (OP) = 8 9%, COMPARED TO 17 4% IN 2017INPATIENT (IP) = 18 8%, COMPARED TO 18 5% IN 2017MEDICAID OP = 9 8%MEDICAID IP = 22 4%OUTCOME OBJECTIVE - ACHIEVE 95% OR GREATER ASSESSMENT RATE FOR O UTPATIENTS AND INPATIENTS ACHIEVEMENTS AS OF OCTOBER 21, 2018 OP = 92 2%, COMPARED TO 90% IN 2017IP = 95 4% COMPARED TO 94 7% IN 2017OUTCOME OBJECTIVE - INCREASE COUNSELING RATE F OR RETURNING OUTPATIENT SMOKERS TO 85% OR GREATER, 65% OR GREATER FOR INPATIENTS NOTE THE BASIC INTERVENTION IS COUNSELING OTHER POSSIBLE</p>

Form and Line Reference	Explanation
PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH CONTINUED	<p>INTERVENTIONS INCLUDE EDUCATIONAL MATERIALS, PRESCRIPTIONS FOR MEDICATIONS, AND/OR REFERRAL FOR SMOKING CESSATION CLASSES/SUPPORT ACHIEVEMENTS AS OF OCTOBER 21, 2018 ALL OP = 100% ALL IP = 100% MEDICAID OP = 100% MEDICAID IP = 100% OUTCOME OBJECTIVE - INCREASE PRESCRIPTIONS FOR SMOKING CESSATION BENEFITS AMONG MEDICAID AND MEDICAID MANAGED CARE SMOKERS NOTE NYS BENEFIT USE TARGET OF 41% FOR MEDICAID MANAGED CARE ENROLLEES ACHIEVEMENTS AS OF OCTOBER 21, 2018 MEDICAID IP = 32% MEDICAID OP = 9% OUTCOME OBJECTIVE - DOCUMENT AND TRACK USE OF NYS QUITLINE ACHIEVEMENTS AS OF OCTOBER 21, 2018 ABOUT 88 SMOKERS WERE REFERRED TO THE NYS QUITLINE GOAL 3 BEHAVIORAL HEALTH (BH) PATIENTS ABOVE AGE 13 INCREASE ASSESSMENTS, INTERVENTIONS, AND NUMBER OF QUITTERS OUTCOME OBJECTIVE - DECREASE SMOKING PREVALENCE AMONG BH PATIENTS NOTE NYS SMOKING PREVALENCE TARGET OF 24% AMONG ADULTS WHO REPORT POOR MENTAL HEALTH ACHIEVEMENTS AS OF OCTOBER 21, 2018 OP = 19.1%, ALMOST THE SAME AS LAST YEAR IP = 43%, DOWN BY ALMOST 4 POINTS FROM LAST YEAR OUTCOME OBJECTIVE - ACHIEVE 75% OR GREATER ASSESSMENT RATE OF OUTPATIENTS AND 95% OR GREATER OF INPATIENTS ACHIEVEMENTS AS OF OCTOBER 21, 2018 OP = 89.8% IP = 95% OUTCOME OBJECTIVE - ACHIEVE 90% OR GREATER COUNSELING RATE FOR OUTPATIENTS AND INPATIENTS NOTE THE BASIC INTERVENTION IS COUNSELING OTHER INTERVENTIONS FOR BH PATIENTS INCLUDE PRESCRIPTIONS FOR MEDICATION, FOLLOW-UP COUNSELING AND PROVISION OF EDUCATIONAL MATERIALS ACHIEVEMENTS AS OF OCTOBER 21, 2018 OP = 100% MEDICAID OP = 100% IP = 100% MEDICAID IP = 100% OUTCOME OBJECTIVE - INCREASE PRESCRIPTIONS FOR SMOKING CESSATION BENEFITS AMONG BH MEDICAID AND MEDICAID MANAGED CARE PATIENTS NOTE NYS BENEFIT USE TARGET OF 41% FOR MEDICAID MANAGED CARE ENROLLEES ACHIEVEMENTS AS OF OCTOBER 21, 2018 MEDICAID IP = 53% MEDICAID OP = 37.6% GOAL 4 PROVIDE TOBACCO CESSATION EDUCATION TO COMMUNITY RESIDENTS AND PROVIDERS OUTCOME OBJECTIVE - INCREASE NUMBER OF PROVIDERS ENGAGED CONCERNING TOBACCO CESSATION RESOURCES AND TECHNIQUES ACHIEVEMENTS YEAR TO DATE - PLAN TO INTRODUCE INFORMATION ABOUT THE HOSPITAL'S SMOKING CESSATION RESOURCES TO ALL PHYSICIANS DURING THEIR APPLICATION FOR ADMITTING PRIVILEGES AND FOR BIENNIAL RENEWAL OUTCOME OBJECTIVE - INCREASE THE NUMBER OF COMMUNITY EDUCATIONAL EVENTS THAT COVER TOBACCO CESSATION, IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS AND OFFER CLASSES AND ABBREVIATED QUIT PROGRAMS IN AS MANY LANGUAGES AS POSSIBLE ACHIEVEMENTS YEAR TO DATE - TWENTY-TWO EDUCATIONAL OUTREACH EVENTS DREW 266 PEOPLE, EDUCATIONAL MATERIALS WERE DISTRIBUTED AND ATTENDEES WERE URGED TO SIGN UP FOR QUIT SMOKING PROGRAMS ONE HUNDRED AND SIXTY-ONE WERE REFERRED TO A SMOKING CESSATION PROGRAM, AND 37 SIGNED UP FOR A HOSPITAL CLASS FOUR SMOKING CESSATION CLASSES WERE HELD WITH A TOTAL OF TEN ATTENDEES, OF WHOM SIX QUIT OR CUT DOWN AT THIS TIME CLASSES ARE ONLY HELD IN ENGLISH ONE MORE CLASS WILL BE HELD IN 2018</p>

Form and Line Reference	Explanation
PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH CONTINUED	<p>PRIORITY 2 INCREASE RATES OF EXCLUSIVE BREASTFEEDING IN THE SERVICE AREASUCCESSSES - MAINTAINED DESIGNATION AS A BABY FRIENDLY USA HOSPITAL SINCE DESIGNATION IN MAY 2017 - JHMC CELEBRATED ITS ONE-YEAR ANNIVERSARY IN OCTOBER 2018 AS THE FIRST HOSPITAL IN QUEENS TO OFFER A MILK DEPOT SINCE ITS INCEPTION, ELEVEN MOTHERS HAVE DONATED 397 GALLONS OF BREAST MILK THE MILK DEPOT IS A SAFE LOCATION WHERE WOMEN APPROVED BY THE NEW YORK MILK BANK (NYMB) CAN DONATE THEIR EXCESS BREAST MILK TO BE DISTRIBUTED BY NYMB TO MOTHERS WHO ARE UNABLE TO BREASTFEED THEIR PREMATURE BABIES OR INFANTS WITH WEAKENED IMMUNE SYSTEMS - EXPANDED THE BREASTFEEDING VOLUNTEER PEER COUNSELOR PROGRAM, ENABLING ALMOST 90% OF MOTHERS TO RECEIVE INDIVIDUALIZED BREASTFEEDING SUPPORT WHILE IN THE HOSPITAL TO DELIVER THEIR BABIES - MAINTAINED VITAL CONNECTIONS WITH A WIDE NETWORK OF COMMUNITY BASED ORGANIZATIONS (CBOS) THAT PROVIDE SERVICES TO NEW AND EXPECTANT MOTHERS THESE CBOS MAKE INDIVIDUALIZED AND MEANINGFUL CONNECTIONS WITH OUR PATIENTS CONCERNING BREASTFEEDING AND PARENTING SUPPORT CHALLENGES - DATA FOR INFANT FEEDING PRACTICES WAS NOT BEING CAPTURED IN THE DATA FIELD DEVELOPED BY THE EMR BUILD TEAM SO SIGNIFICANT UNDERREPORTING OF THIS MEASURE TOOK PLACE IT WAS DETERMINED THAT THE REVISED TEMPLATES WERE CUMBERSOME AND PROVIDERS CHOSE TO USE THEIR OWN FORMATS FOR DOCUMENTATION A WORK GROUP WAS FORMED TO REDESIGN THE TEMPLATES AND RECOMMENDED CHANGES HAVE BEEN IMPLEMENTED IN THE EHR - INCREASING THE PERCENTAGE OF MOTHERS WHO HAVE SKIN-TO-SKIN CONTACT AFTER CESAREAN-SECTION BIRTH - INCREASING THE PERCENTAGE OF MOTHERS WHO ARE EXPRESSING MILK FOR THEIR INFANTS IN THE NICU IN THE FIRST SIX HOURS AFTER DELIVERY - IDENTIFYING AND HELPING MOTHERS TO OVERCOME THE SOCIOECONOMIC CHALLENGES, AND FAMILY PRESSURE NOT TO BREASTFEED, WHICH FACE OUR EXPECTANT AND NEW MOTHERS, SO THAT THEY CAN FOCUS ON AND ACHIEVE THEIR BREASTFEEDING GOALS - INCREASING THE NUMBER OF PROVIDERS OF OUTPATIENT PEDIATRIC CARE WHO FOCUS ON SUPPORTING MOTHERS IN BREASTFEEDING THEIR BABIES NEW YORK STATE PRIORITY AREA PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN FOCUS AREA 1 MATERNAL AND INFANT HEALTH INCREASE THE PROPORTION OF BABIES WHO ARE BREASTFEED GOAL #2 INCREASE EXCLUSIVE BREASTFEEDINGJHMC PRIORITY 2 INCREASING RATES OF EXCLUSIVE BREASTFEEDING IN THE SERVICE AREA GOAL 1 EXCLUSIVE BREASTFEEDING (BF) AT DISCHARGE FOR AS MANY PATIENTS AS CLINICALLY POSSIBLE OUTCOME OBJECTIVE ACHIEVE EXCLUSIVE BF RATE AT DISCHARGE OF 41% NOTE NYS TARGET OF 48.1% ACHIEVEMENTS AS SEPTEMBER 30, 2018 - EXCLUSIVE BF RATE = 39% (537 OF 1374 PATIENTS)OUTCOME OBJECTIVE REDUCE EXCLUSIVE BF DISPARITY BETWEEN MEDICAID AND NON-MEDICAID ENROLLEES NOTE NYS DISPARITY TARGET OF 0.66 (EQUALITY WOULD EQUAL 1.0) ACHIEVEMENTS AS SEPTEMBER 30, 2018 - EXCLUSIVE BF DISPARITY RATE = 0.97OUTCOME OBJECTIVE ACHIEVE SKIN-TO-SKIN CONTACT FOR NEWBORN BABIES - VAGINAL BIRTHS = 95% - C-SECTION BIRTHS = 86%ACHIEVEMENTS AS SEPTEMBER 30, 2018 SKIN-TO-SKIN CONTACT - VAGINAL BIRTHS = 97% (873 OF 904 PATIENTS) - CESAREAN BIRTHS = 78% (422 OF 538 PATIENTS)OUTCOME OBJECTIVE ACHIEVE ROOMING-IN FOR 90% OF NEWBORNS ACHIEVEMENTS AS SEPTEMBER 30, 2018 ROOMING-IN RATE = 96% (1444 OF 1504 PATIENTS)SKIN OUTCOME OBJECTIVE ACHIEVE 95% OR GREATER TRAINING RATE IN RECOMMENDED BF EDUCATION - MEDICAL PROVIDERS - MATERNAL/CHILD NURSESACHIEVEMENTS AS SEPTEMBER 30, 2018 BF TRAINING RATE = 100% OUTCOME OBJECTIVE RECEIVE AND ADMINISTER PASTEURIZED HUMAN MILK FROM THE MILK BANK TO SERVE OUR NICU PATIENTS IN 2018 ACHIEVEMENTS AS SEPTEMBER 30, 2018 THE HOSPITAL HAS BEGUN TO EXPLORE THE POSSIBILITY, HOWEVER, THIS ENDEAVOR WILL TAKE MORE THAN A YEAR TO ACCOMPLISH AS WE LEARNED FROM ATTENDING THE "DONOR HUMAN MILK WORKSHOP" SPONSORED BY MORGAN STANLEY CHILDREN'S HOSPITAL OF NEW YORK PRESBYTERIAN, JULY 2018 GOAL 2 BABY FRIENDLY USA DESIGNATION OUTCOME OBJECTIVE MAINTAIN BABY FRIENDLY USA DESIGNATION ACHIEVEMENTS YEAR TO DATE - DATA IS SUBMITTED QUARTERLY TO BABY FRIENDLY USA ON BREASTFEEDING INITIATION AND EXCLUSIVE BREASTFEEDING RATE AT DISCHARGE NOW IN ANNUAL QUALITY IMPROVEMENT (AQI) PHASE AUDIT TOOLS SPECIFIED BY BABY FRIENDLY USA ARE UTILIZED FOR CLINICS AND HOSPITAL DATA SUBMITTED WITH TARGETED QUALITY IMPROVEMENT PLAN, OCTOBER 2018 GOAL 3 EXCLUSIVE BREASTFEEDING AT 3 AND 6 MONTHS FOR AS MANY PATIENTS AS CLINICALLY POSSIBLEOUTCOME OBJECTIVE INCREASE EXCLUSIVE BF RATES AT 3 AND 6 MONTHS FOR THE HOSPITAL'S WELL BABIES NOTE HEALTHY PEOPLE 2020 TARGET3 MONTHS 46.2%6 MONTHS 25.2%ACHIEVEMENTS YEAR TO DATE - A MEASURABLE DATA FIELD WAS IMBEDDED IN EPIC PEDIATRIC WELL CHILD TEMPLATES SO PROVIDERS COULD EASILY DOCUMENT NUTRITION INFORMATION DURING WELL CHILD ENCOUNTERS PEDIATRIC PROVIDERS WERE NOT USING THESE TEMPLATES, PREFERRING TO USE THEIR OWN FORMAT, SO THE DATA COULD NOT BE CAPTURED A GROUP REVISED AND SIMPLIFIED THE TEMPLATES TO GAIN ACCEPTANCE OF ALL PROVIDERS OUTCOME OBJECTIVE TRAIN ALL PEDIATRICIANS AND FAMILY MEDICINE PHYSICIANS</p>

Form and Line Reference	Explanation
PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH CONTINUED	<p>IN BF ACHIEVEMENTS YEAR TO DATE - 100% TRAINED GOAL 4 INCREASE KNOWLEDGE OF COMMUNITY RES IDENTS AND PROVIDERS ABOUT THE BENEFITS OF BREASTFEEDINGOUTCOME OBJECTIVE INCREASE ADOPTIO N OF BREASTFEEDING FRIENDLY PRACTICE (BFFP) STANDARDS BY COMMUNITY PROVIDERS ACHIEVEMENTS YEAR TO DATE - PLANS UNDERWAY FOR AN INTERACTIVE, EDUCATIONAL PROGRAM FOR PEDIATRICIANS, F AMILY MEDICINE PROVIDERS AND COMMUNITY PHYSICIANS IN THE SECOND QUARTER 2019 OUTCOME OBJEC TIVE INCREASE PARTICIPATION IN BF EDUCATION AND SUPPORT SERVICES ACHIEVEMENTS YEAR TO DATE WIC PROGRAM ACTIVITIES INCLUDED WEEKLY FACILITATED PRENATAL GROUP DISCUSSIONS ATTENDED BY 414 WOMEN, AND DISTRIBUTION OF EDUCATIONAL MATERIAL AT TWO OUTREACH EVENTS HOSPITAL PROG RAM ACTIVITIES INCLUDED WEEKLY AND MONTHLY CLASSES RELATED TO CHILDBIRTH AND BREASTFEEDING , WHICH DREW APPROXIMATELY 500 WOMEN, REFERRAL OF 264 WOMEN TO HEALTHY START'S HOME VISITA TION PROGRAM, PARTICIPATED IN BACK TO SCHOOL DRIVE AND HEALTH FAIR IN AUGUST</p>

Additional Data

Software ID:

Software Version:

EIN: 11-1631788

Name: JAMAICA HOSPITAL MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 WWW.JAMAICAHOSPITAL.ORG	X	X		X			X		PHYSICAL MEDICAL REHABILITATION, PSYCHIATRIC SVC, HOSPICE, AMBULATORY CARE	

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization JAMAICA HOSPITAL MEDICAL CENTER	Employer identification number 11-1631788
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Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>No</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	No	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No		
a Receive a severance payment or change-of-control payment?	4a	No									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No									
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

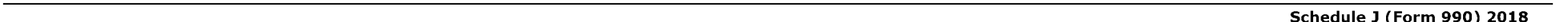
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART II	THE AMOUNT IN COLUMN B(III) FOR BRUCE FLANZ INCLUDES PAYMENTS FOR SUPPLEMENTAL LIFE AND DISABILITY INSURANCE



Additional Data

Software ID:
Software Version:
EIN: 11-1631788
Name: JAMAICA HOSPITAL MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANTHONY DIMARIA MD SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	242,516	0	9,600	13,024	31,617	296,757	0
GEOFFREY DOUGHLIN MD THIRD VICE CHAIRMAN	(i)	470,318	0	0	13,750	31,617	515,685	0
	(ii)	0	0	0	0	0	0	0
BRUCE FLANZ PRESIDENT & CEO	(i)	838,159	0	145,683	13,750	30,232	1,027,824	0
	(ii)	631,552	0	0	0	0	631,552	0
MOUNIR DOSS EXEC VICE PRESIDENT & CFO	(i)	686,714	0	33,711	13,750	30,232	764,407	0
	(ii)	376,688	0	0	0	0	376,688	0
WILLIAM LYNCH EXEC VICE PRESIDENT & COO	(i)	516,828	0	13,164	13,750	30,232	573,974	0
	(ii)	0	0	0	0	0	0	0
ALAN ROTH CHARIMAN FAMILY PRACTICE	(i)	475,878	0	2,322	13,750	30,232	522,182	0
	(ii)	0	0	0	0	0	0	0
MANZAR SASSANI VP FINANCE	(i)	468,773	0	13,164	13,750	30,015	525,702	0
	(ii)	0	0	0	0	0	0	0
ROBERT SOLOMON RADIOLOGIST	(i)	449,193	0	3,564	13,750	27,911	494,418	0
	(ii)	0	0	0	0	0	0	0
SABIHA RAOOF CHAIRPERSON RADIOLOGY	(i)	653,237	0	0	13,750	31,617	698,604	0
	(ii)	0	0	0	0	0	0	0
SCOTT TREPETA RADIOLOGIST	(i)	484,640	0	1,242	13,750	23,255	522,887	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

JAMAICA HOSPITAL MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

11-1631788

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEDISYS HEALTH NETWORK IS THE SOLE MEMBER OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEDISYS HEALTH NETWORK, AS THE SOLE MEMBER CAN APPOINT THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND APPROPRIATE SCHEDULES, AS REQUIRED (FORM 990), IS PREPARED BY OUTSIDE ACCOUNTANT AND REVIEWED INTERNALLY BY MANAGEMENT, AT WHICH TIME IT IS CONSIDERED THE FINAL DRAFT. THE FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE TRUSTEES VIA EMAIL AND OR A BOARD MEETING. ONCE THE REVIEW OF THE FORM 990 HAS BEEN COMPLETED TO THE BOARD'S SATISFACTION, IT IS FINALIZED AND SUBSEQUENTLY FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DISCLOSURE IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY BY EMPLOYEES THAT SATISFY THE CRITERIA TO BE CONSIDERED AN "INTERESTED PERSON" IS SUBMITTED UPON HIRING AND ANNUALLY THEREAFTER. THE COMPLIANCE OFFICERS REVIEW THE SUBMISSIONS FOR CONFLICTS AND REPORTS THEM TO THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION POLICY - THE BOARD OF MEDISYS HEALTH NETWORK HAS CREATED AN INDEPENDENT COMPENSATION COMMITTEE WHOSE CHARGE IS TO REVIEW AND APPROVE THE COMPENSATION OF ALL INDIVIDUALS WHO MEET THE REQUIREMENTS OF A DISQUALIFIED PERSON FOR INTERMEDIATE SANCTION. THIS COMMITTEE IS EMPOWERED TO APPROVE COMPENSATION FOR ALL ENTITIES WITHIN THE MEDISYS HEALTH NETWORK SYSTEM. THE COMMITTEE HAS RETAINED AN INDEPENDENT COMPENSATION CONSULTANT TO APPLY ITS STANDARD METHODOLOGY FOR DETERMINATION OF APPROPRIATE EXECUTIVE COMPENSATION AND BENEFIT LEVELS FOR EXECUTIVES. IT IS POLICY TO TARGET THE TOTAL COMPENSATION (BASE SALARY, INCENTIVE COMPENSATION AND BENEFITS) OF EXECUTIVES AT THE MEDIAN OF THE DEFINED MARKETPLACE FOR SIMILARLY SITUATED EXECUTIVES IN CONSULTATION WITH AN INDEPENDENT COMPENSATION CONSULTANT IN A MANNER THAT COMPLIES WITH THE INTERMEDIATE SANCTION REGULATIONS AND OTHER FEDERAL AND STATE LAWS AND REGULATIONS. THE COMMITTEE SHALL APPROVE BASE SALARIES FOR EXECUTIVES AND ANY DISQUALIFIED INDIVIDUALS BASED UPON THE AMOUNTS PAID TO SIMILARLY SITUATED EXECUTIVES WITHIN THE RELEVANT MARKETPLACE, WITH POSSIBLE ADJUSTMENTS MADE FOR SPECIAL SKILL, EXPERIENCE, COMPETENCE AND PERFORMANCE, INCLUDING CONTRIBUTION TO THE SYSTEM AS A WHOLE. THE CEO SHALL RECOMMEND TO THE COMPENSATION COMMITTEE ANY ADJUSTMENTS TO THE BASE SALARIES OF EXECUTIVES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS - CERTIFICATE OF INCORPORATION FILED WITH THE NYS DEPARTMENT OF STATE, CONFLICT OF INTEREST POLICY IS NOT PUBLICLY AVAILABLE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, COLUMN C	MANAGEMENT HAS IN THE PREPARATION OF ITS FORM 990 REVIEWED PERSONNEL IN THE INSTITUTION TO SEE IF ANYONE MEETS THE CRITERIA ESTABLISHED TO BE CONSIDERED A "KEY EMPLOYEE" FOR IRS PURPOSES IT IS THE CONTENTION OF MANAGEMENT THAT NO EMPLOYEE FULFILLS ANY OF THE SITUATIONS UNDER THE RESPONSIBILITY TEST ESTABLISHED BY THE IRS TO MEET TITLE OF KEY EMPLOYEE THEREFORE, PART VII OF FORM 990 DOES NOT HAVE ANY INDIVIDUALS WHO WOULD BE CONSIDERED A "KEY EMPLOYEE"

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1B	<p>ANTHONY DIMARIA, M D , RECEIVED COMPENSATION FOR THE PERFORMANCE OF SERVICES TO THE JAMAICA HOSPITAL NURSING HOME WORKING ABOUT 40 HOURS PER WEEK ANTHONY DIMARIA, M D , DID NOT RECEIVE COMPENSATION AS A TRUSTEE FOR JAMAICA HOSPITAL MEDICAL CENTER, MEDISYS HEALTH NETWORK, OR THE JAMAICA HOSPITAL MEDICAL CENTER DIAGNOSTIC AND TREATMENT CENTER FOR EACH OF WHICH HE WORKED ABOUT 1 HOUR PER WEEK GEOFFREY DOUGHLIN M D , RECEIVED COMPENSATION FOR THE PERFORMANCE OF SERVICES TO THE JAMAICA HOSPITAL MEDICAL CENTER AS THE CHAIRMAN OF EMERGENCY MEDICINE WORKING ABOUT 40 HOURS PER WEEK GEOFFREY DOUGHLIN M D , DID NOT RECEIVE COMPENSATION AS A TRUSTEE FOR JAMAICA HOSPITAL MEDICAL CENTER, THE JAMAICA HOSPITAL MEDICAL CENTER DIAGNOSTIC AND TREATMENT CENTER OR MEDISYS HEALTH NETWORK FOR EACH OF WHICH HE WORKED ABOUT 1 HOUR PER WEEK FOR BRUCE FLANZ, PRESIDENT & CEO, MOUNIR DOSS, EXECUTIVE VICE PRESIDENT & CFO, THE HOURS REPORTED BELOW REFLECT THE TOTAL TIME WORKED AS OFFICERS FOR ALL OF THE RELATED ORGANIZATIONS SHOWN ON SCHEDULE R TOTAL COMPENSATION IS REPORTED ON EACH ENTITY'S FORM 990 COST ALLOCATION AMONG THE ENTITIES IS PERFORMED CONSISTENTLY WITH ACCOUNTING RULES AND APPLICABLE COST ALLOCATION METHODOLOGIES ESTIMATED NUMBER OF HOURS WORKED PER WEEK FOR RELATED ORGANIZATIONS IS AS FOLLOWS MEDISYS HEALTH NETWORK - 10 HOURS PER WEEK FLUSHING HOSPITAL MEDICAL CENTER - 15 HOURS PER WEEK JAMAICA HOSPITAL MEDICAL CENTER - 30 HOURS PER WEEK OTHER RELATED ENTITIES LISTED ON SCHEDULE R - 100 HOURS PER WEEK</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PARTNERSHIP BOOK TO TAX DIFFERENCE -573

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESSES DID NOT CHANGE FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JAMAICA HOSPITAL MEDICAL CENTER

Employer identification number
11-1631788

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NHP HOLDINGS LLC 521 FIFTH AVE 3RD FLOOR NEW YORK, NY 10175 20-3418837	HOLDING COMPANY	NY	JAMAICA HOSPITALINROC COMMUNITY SERVICE CORP	RELATED	-2,546	1,544,310		No		Yes		50 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRR RECOVERY SERVICES	M	385,455	COST
(2) JAMAICA RX	M	1,300,195	COST
(3) MEDISYS MANAGEMET LLC	M	794,680	COST

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-1631788
Name: JAMAICA HOSPITAL MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
89-06 135TH STREET JAMAICA, NY 11418 11-1864871	HEALTHCARE	NY	501(C)(3)	10	MEDISYS HEALTH NETWORK		No
4500 PARSONS BLVD FLUSHING, NY 11355 11-2813535	INACTIVE	NY	501(C)(3)	10	MEDISYS HEALTH NETWORK		No
8900 VAN WYCK EXPY JAMAICA, NY 11418 11-3483140	INACTIVE	NY	501(C)(3)	10	MEDISYS HEALTH NETWORK		No
90-28 VAN WYCK EXPY JAMAICA, NY 11418 23-7216197	HEALTHCARE	NY	501(C)(3)	3	MEDISYS HEALTH NETWORK		No
8900 VAN WYCK EXPY JAMAICA, NY 11418 54-2124788	HEALTHCARE	NY	501(C)(3)	10	MEDISYS HEALTH NETWORK		No
8900 VAN WYCK EXPY JAMAICA, NY 11418 11-3340969	HEALTHCARE	NY	501(C)(3)	3	MEDISYS HEALTH NETWORK		No
8900 VAN WYCK EXPY JAMAICA, NY 11418 11-3485165	PARKING GARAGE	NY	501(C)(3)	12	MEDISYS HEALTH NETWORK		No
4500 PARSONS BLVD FLUSHING, NY 11355 11-1631781	HOSPITAL	NY	501(C)(3)	3	MEDISYS HEALTH NETWORK		No
8900 VAN WYCK EXPY JAMAICA, NY 11418 11-3316802	ADMIN	NY	501(C)(3)	12	N/A		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MEDISYS VENTURES 111 STEWART AVE HICKSVILLE, NY 11801 11-3431792	HOLDING COMPANY	NY	N/A	C					No
(1) SECOND CENTURY SERVICE CORPORATION 4500 PARSONS BLVD FLUSHING, NY 11355 11-2843101	RETAIL PHARMACY	NY	N/A	C					No
(2) FRR RECOVERY SERVICES 80 MARCUS DRIVE MELVILLE, NY 11747 11-3454555	COLLECTION AGENCY	NY	N/A	C					No
(3) JAMAICA RX 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 20-5292781	RETAIL PHARMACY	NY	N/A	C					No
(4) MEDISYS HOME CARE SERVICE INC 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 03-0474027	HOME CARE STAFFING/INACTIVE	NY	N/A	C					No
(5) MEDISYS IPA 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3452476	PHYSICIAN CONTRACTING/INACTIVE	NY	N/A	C					No
(6) MEDISYS SERVICE CORPORATION 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3479920	HOLDING COMPANY	NY	N/A	C					No
(7) MHN REALTY 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3458286	REAL ESTATE/INACTIVE	NY	N/A	C					No
(8) HI-TECH MEDICAL EQUIPMENT INC 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3313334	DURABLE MEDICAL EQUIPMENT COMPANY/INACTIVE	NY	N/A	C					No