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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

JAMAICA HOSPITAL MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

8900 VAN WYCK EXPRESSWAY

City or town, state or province, country, and ZIP or foreign postal code

JAMAICA, NY 11418

F Name and address of principal officer:

MOUNIR DOSS

8900 VAN WYCK EXPRESSWAY

JAMAICA, NY 11418

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

E Telephone number

(718) 206-6291

G Gross receipts \$ 624,603,965

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.JAMAICAHOSPITAL.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1934

M State of legal domicile: NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

THE JAMAICA HOSPITAL IS AN ACUTE CARE FACILITY SERVING THE PUBLIC. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT REDUCED RATES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

0106020754

456985596488966076

5213913500394

2553066427744785

578746383623232009

00

00

352386194383750822

00

210754896228070806

563141090611821628

1560529311410381

Beginning of Current Year

End of Year

229338844235412386

280147582274787814

-50808738-39375428

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

MOUNIR DOSS EXECUTIVE VP & CFO

Type or print name and title

2020-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-11-11

Check ☐ if self-employed

PTIN P01273422

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 1301 AVENUE OF THE AMERICAS

NEW YORK, NY 10019

Phone no. (212) 297-0400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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.

<b>4a</b>	(Code: )	(Expenses \$ 544,158,508	including grants of \$	) (Revenue \$ 515,647,703 )
See Additional Data				

<b>4b</b>	(Code: )	(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4c</b>	(Code: )	(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	544,158,508
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b>	No

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b>	No
<b>23</b>	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>	<b>23</b>	Yes
<b>24a</b>	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>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	<b>25a</b>	No
<b>b</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>	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	No
<b>32</b>	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>	<b>32</b>	No
<b>33</b>	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>	<b>33</b>	No
<b>34</b>	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>	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</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>	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>	No
<b>37</b>	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>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	Yes

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	909
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes

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

Form **990** (2019)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	13	
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b>	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?	2	No
<b>3</b>	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?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	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?	7a	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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	9	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</b>	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
<b>b</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?	16b	

**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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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	257,486	42,359
(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				485,486	0	42,940
(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				1,058,888	714,083	41,546
(15) MOUNIR DOSS ..... EXEC. VICE PRESIDENT & CFO	30.00 ..... 35.00			X				756,235	432,716	41,546
(16) WILLIAM LYNCH ..... EXEC. VICE PRESIDENT & COO	40.00 ..... 1.00			X				576,301	0	41,546
(17) ALAN ROTH ..... CHARIMAN FAMILY PRACTICE	40.00 .....					X		483,593	0	41,546

**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		511,902	0	41,546
(19) SABIHA RAOOF CHAIRPERSON RADIOLOGY	40.00					X		757,070	0	42,940
(20) SAMI BOSHUT CHIEF INFORMATION OFFICER	40.00					X		475,333	0	39,823
(21) SCOTT TREPETA RADIOLOGIST	40.00					X		522,435	0	9,120
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								5,627,243	1,404,285	384,912

**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 **▶ 877**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		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	2,791,655
NEW YORK PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET STE 156 NEW YORK, NY 10021	MEDICAL SERVICES	1,795,994
ARAMARK MANAGEMENT SERVICES 2300 WARRENVILLE ROAD DOWNERS GROVE, IL 60515	HOUSEKEEPING FOR BUILDING AND APPAREL SE	1,018,196
NEURO AXIS SURGICAL ASSOC PO BOX 345 GREENVALE, NY 11548	PHYSICIAN ASSOCIATES/PHYSICIANS & SURGEO	958,750
NIGHTHAWK RADIOLOGY SERVICES 25983 NETWORK PLACE CHICAGO, NY 60673	X-RAY READING SERVICES	694,723

**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 **▶ 14**



Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(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	321,726				
	d Related organizations	1d					
	e Government grants (contributions)	1e	105,435,268				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	263,760				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f	106,020,754					
Program Service Revenue	2a NET PATIENT REVENUE	Business Code					
		621400	405,869,137	405,869,137			
	b CAPITATION REVENUE	621400	42,883,067	42,883,067			
	c PROFESSIONAL COMPONENT	621400	26,749,057	26,749,057			
	d PHARMACY	621400	11,365,751	11,365,751			
	e TEACHING AND EDUCATION	611600	2,099,064	2,099,064			
	f All other program service revenue.						
	g Total. Add lines 2a-2f.	488,966,076					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		171,283		171,283		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	1,164,057				
		b Less: rental expenses	6b	1,122,702			
		c Rental income or (loss)	6c	41,355			
	d Net rental income or (loss)			41,355	41,355		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	371,361				
		b Less: cost or other basis and sales expenses	7b	0	42,250		
		c Gain or (loss)	7c	371,361	-42,250		
	d Net gain or (loss)			329,111	329,111		
	8a Gross income from fundraising events (not including \$ 321,726 of contributions reported on line 1c). See Part IV, line 18	8a	236,027				
		b Less: direct expenses	8b	207,004			
		c Net income or (loss) from fundraising events			29,023	29,023	
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
	10aGross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11aREIMBURSEMENT FOR SERVICES PROVID		900099	15,944,949	15,944,949			
b EARNINGS FROM JOINT VENTURES		900099	6,194,154	6,194,154			
c MANAGEMENT FEE		900099	3,000,000	3,000,000			
d All other revenue			2,535,304	1,520,682	1,014,622		
e Total. Add lines 11a-11d		27,674,407					
12 Total revenue. See instructions		623,232,009	515,625,861	0	1,585,394		

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	283,793,064	249,170,310	34,622,754	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	23,561,631	21,753,378	1,808,253	
<b>9</b> Other employee benefits . . . . .	50,017,247	45,313,526	4,703,721	
<b>10</b> Payroll taxes . . . . .	26,378,880	23,194,102	3,184,778	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,776,934		3,776,934	
<b>c</b> Accounting . . . . .	419,725	368,519	51,206	
<b>d</b> Lobbying . . . . .	122,104		122,104	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,377,678	57,070,645	3,307,033	
<b>12</b> Advertising and promotion . . . . .	123,967	108,843	15,124	
<b>13</b> Office expenses . . . . .	1,767,319	1,551,706	215,613	
<b>14</b> Information technology . . . . .	5,004,271	4,393,750	610,521	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	6,570,912	5,681,925	888,987	
<b>17</b> Travel . . . . .	49,997	49,997		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	69,247	69,247		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,150,157	9,150,157		
<b>23</b> Insurance . . . . .	15,540,077	13,816,098	1,723,979	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	48,079,037	48,079,037		
<b>b</b> BAD DEBT EXPENSE	47,382,403	45,120,514	2,261,889	
<b>c</b> CHARGE BACK	10,809,543	5,420,728	5,388,815	
<b>d</b> COLLECTION AGENCY	3,513,752		3,513,752	
<b>e</b> All other expenses	15,313,683	13,846,026	1,467,657	
<b>25</b> Total functional expenses. Add lines 1 through 24e	611,821,628	544,158,508	67,663,120	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		20,654,876	<b>1</b>	16,622,614	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		68,229,824	<b>4</b>	59,940,234	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		4,391,738	<b>8</b>	5,731,373	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,550,852	<b>9</b>	2,060,708	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	323,977,343			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	274,612,857	42,339,376	<b>10c</b>	49,364,486
	<b>11</b>	Investments—publicly traded securities . . . . .		32,381	<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		21,277,376	<b>12</b>	24,128,429	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		70,862,421	<b>15</b>	77,564,542	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		229,338,844	<b>16</b>	235,412,386		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		92,397,717	<b>17</b>	78,255,419	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		1,072,856	<b>19</b>	1,197,856	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		41,219,198	<b>24</b>	45,803,771	
	<b>25</b>	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		145,457,811	<b>25</b>	149,530,768	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		280,147,582	<b>26</b>	274,787,814	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		-50,808,738	<b>27</b>	-39,375,428	
	<b>28</b>	Net assets with donor restrictions . . . . .			<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		-50,808,738	<b>32</b>	-39,375,428	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		229,338,844	<b>33</b>	235,412,386		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	623,232,009
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	611,821,628
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,410,381
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-50,808,738
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,087
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	21,842
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-39,375,428

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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						

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> 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>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> 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>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</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>		
<b>10b</b>		

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>If "No," describe in <b>Part VI</b> 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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

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). <b>See instructions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		122,104
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			122,104
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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: \$19,000; HEALTHCARE ASSOCIATION OF NEW YORK STATE: \$15,166; 1199 HEALTH EDUCATION \$87,938.



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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

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 . . . . .

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

b

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

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 . . . . .	110,774,976	93,003,282	17,771,694
c	Leasehold improvements	7,186,505	5,934,859	1,251,646
d	Equipment . . . . .	177,778,952	165,163,374	12,615,578
e	Other . . . . .	27,218,861	10,511,342	16,707,519
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			49,364,486

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) JHMC HEALTHFIRST	24,128,429	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	24,128,429	

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	12,262,916
(2) DUE FROM RELATED PARTIES	5,684,031
(3) INSURANCE RECEIVABLE	25,049,976
(4) ASSETS LIMITED OR RESTRICTED TO USE	1,029,665
(5) SECURITY DEPOSITS	50,881
(6) WORKERS COMENSATION DEPOSITS	373,880
(7) HF RETAINED PAYMENTS	33,113,193
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	77,564,542

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	149,530,768

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	797,673,897
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,087
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-28,935,742
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-28,934,655
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	826,608,552
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-203,376,543
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-203,376,543
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	623,232,009

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	767,700,510
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	203,354,701
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	203,354,701
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	564,345,809
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	47,475,819
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	47,475,819
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	611,821,628

**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 AND THE HOUSING COMPANY QUALIFY AS TAX-EXEMPT, NON-PROFIT ORGANIZATIONS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS -28,842,326. PROVISION FOR INCOME TAXES -93,416.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CAPTION EXPENSES -202,024,995. RENTAL EXPENSES -1,122,702. DIRECT FUNDRAISING EXPENSES -207,004. PARTNERSHIP BOOK TO TAX DIFFERENCE -21,842.



Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CAPITATION EXPENSE 202,024,995. RENTAL EXPENSES 1,122,702. DIRECT FUNDRAISING EXPENSES 207,004.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 47,382,403. PROVISION FOR INCOME TAXES 93,416.



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

		(a) Event #1 <b>GOLF OUTING</b> (event type)	(b) Event #2 <b>ANNUAL GALA</b> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	134,057	423,696		557,753
	<b>2</b> Less: Contributions . . . . .	82,702	239,024		321,726
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	51,355	184,672		236,027
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	11,427	3,713		15,140
	<b>6</b> Rent/facility costs . . . . .	926	43,045		43,971
	<b>7</b> Food and beverages . . . . .	50,477	92,181		142,658
	<b>8</b> Entertainment . . . . .		1,500		1,500
	<b>9</b> Other direct expenses . . . . .		3,735		3,735
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				207,004
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				29,023

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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
------------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
JAMAICA HOSPITAL MEDICAL CENTER

Employer identification number  
11-1631788

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	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.  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> 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: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  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? . . . . .  6a Did the organization prepare a community benefit report during the tax year? . . . . .  b If "Yes," did the organization make it available to the public? . . . . .  Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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) . . . . .			24,083,191	12,553,546	11,529,645	1.880 %
b Medicaid (from Worksheet 3, column a) . . . . .			233,431,951	182,428,860	51,003,091	8.340 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			257,515,142	194,982,406	62,532,736	10.220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,386,819		1,386,819	0.230 %
f Health professions education (from Worksheet 5) . . . . .			90,879,832	20,060,716	70,819,116	11.580 %
g Subsidized health services (from Worksheet 6) . . . . .			133,205,658	108,037,385	25,168,273	4.110 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j Total. Other Benefits . . . . .			225,472,309	128,098,101	97,374,208	15.920 %
k Total. Add lines 7d and 7j . . . . .			482,987,451	323,080,507	159,906,944	26.140 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	28,842,326	
<b>3</b> 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. . . . .	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	47,694,080	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	38,810,982	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	8,883,098	
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

	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
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
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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. . . . .	<b>6b</b>	No
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.JAMAICAHOSPITAL.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>HTTP:JAMAICAHOSPITAL.ORG/INDEX.PHP/COMMUNITYSERVICEPLAN</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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			
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: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000% and FPG family income limit for eligibility for discounted care of 300.000000000000%</div><div>b</div><div><input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
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): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.JAMAICAHOSPITAL.ORG</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.JAMAICAHOSPITAL.ORG</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.JAMAICAHOSPITAL.ORG</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><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</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

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

JAMAICA HOSPITAL MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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 (if not, describe in Section C) <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

Schedule H (Form 990) 2019

**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 \$28,842,326.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>AS DESCRIBED IN DETAIL UNDER THE RESOURCES AND ACCOMPLISHMENTS SECTIONS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL'S PREVENTION PRIORITIES AND ITS COMMUNITY PREVENTION WORK ARE IN LINE WITH MANY OF THE PRIORITIES AND PREVENTION STRATEGIES IDENTIFIED IN THE NYS PREVENTION AGENDA AND THE COMMUNITY'S PRIORITIES AS IDENTIFIED IN RESPONSE TO A COMMUNITY-WIDE SURVEY PERFORMED THIS SPRING AND SUMMER BY THE HOSPITAL. THE HOSPITAL HAS NO AGENCY IN SOME AREAS, SUCH AS DECREASING THE JAIL POPULATION, INCREASING HOMES WITH NO MAINTENANCE DEFECTS AND OTHERS THAT GOVERNMENT AGENCIES AND SOCIAL SERVICE ADVOCACY AND SUPPORT AGENCIES ARE BETTER SUITED TO ADDRESS. JHMC PROGRAMS ADDRESSING TOP COMMUNITY HEALTH ISSUES- IN RELATION TO CANCER, ONE OF THE THREE HEALTH ISSUES IDENTIFIED IN THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY, THE HOSPITAL OFFERS FREE CANCER SCREENINGS AND REFERRALS TO HIGHLY SPECIALIZED CANCER SERVICES PROGRAMS THROUGH A PARTNERSHIP WITH THE CANCER SERVICES PROGRAM QUEENS FUNDED BY THE BUREAU OF CANCER PREVENTION AND CONTROL. THE HOSPITAL OPERATES A PATIENT NAVIGATOR PROGRAM FOR COLON CANCER TO INCREASE SHOW RATES FOR SCREENINGS AND NECESSARY FOLLOW-UP. IN PARTNERSHIP PARTNER WITH THE NYC DOHMH THE HOSPITAL ARRANGES FOR FREE CANCER SCREENINGS FOR THOSE WITHOUT INSURANCE OR SUFFICIENT FINANCIAL RESOURCES.- IN RELATION TO HEART DISEASE, ALSO ONE OF THE TOP THREE ISSUES, THROUGH ITS DSRIP PARTICIPATION IT IMPLEMENTED EVIDENCE-BASED BEST PRACTICES FOR CARDIOVASCULAR DISEASE MANAGEMENT IN ALL ITS AMBULATORY CARE PRACTICES;- IN RELATION TO HIGH BLOOD PRESSURE, ANOTHER OF THE TOP THREE ISSUES, IT IS A MEMBER OF TAKE THE PRESSURE OFF, NYC!, A MULTI-SECTOR CITY-WIDE COLLABORATIVE WORKING IN COMMUNITIES TO PREVENT AND CONTROL HIGH BLOOD PRESSURE. ALSO, FREE BLOOD PRESSURE SCREENINGS, DEPRESSION SCREENING, AND OTHER SCREENING SERVICES ARE OFFERED TO THE COMMUNITY AT NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR, AND FREE BLOOD PRESSURE SCREENING IS OFFERED ONCE WEEKLY AT THE HOSPITAL'S FARM STAND DURING THE SEASON AND IN THE MAIN LOBBY THE REST OF THE YEAR.- IN RELATION TO DIABETES, THE FOURTH HIGHEST RATED COMMUNITY HEALTH ISSUE, FREE NATIONAL DIABETES PREVENTION PROGRAM SESSIONS ARE OFFERED TO PEOPLE IDENTIFIED AS HAVING PRE-DIABETES.- IN RELATION TO WOMEN'S HEALTH AND INFANT CARE, WHICH IS TIED WITH DIABETES AS THE FOURTH HIGHEST ISSUE, THE HOSPITAL OFFERS A WEEKLY BREASTFEEDING SUPPORT GROUP TO PATIENTS AND COMMUNITY MEMBERS; THE PROGRAM IS ALSO AVAILABLE IN SPANISH. THE HOSPITAL OPERATES A MILK DEPOT WHERE MOTHERS CAN DONATE THEIR EXCESS BREAST MILK TO BE DISTRIBUTED BY THE NEW YORK MILK BANK TO MOTHERS WHO ARE UNABLE TO BREASTFEED THEIR PREMATURE BABIES OR INFANTS WITH WEAKENED IMMUNE SYSTEMS.- IN RELATION TO OBESITY, ANOTHER HIGH RANKED HEALTH ISSUE, IN PARTNERSHIP WITH NYC'S SHAPE UP NYC PROGRAM, SEVERAL FREE DROP IN FITNESS CLASSES ARE OFFERED EACH WEEK ON THE HOSPITAL'S CAMPUS TO R TO COMMUNITY RESIDENTS. THE HOSPITAL ALSO SPONSORS A WEEKLY FARMSTAND DURING THE SEASON THAT ACCEPTS SNAP, FMNP CHECKS, HEALTH BUCKS AND OTHER BENEFIT PROGRAMS. - IN RELATION TO HIV/AIDS, ALSO A HIGH RANKED HEALTH ISSUE, THE HOSPITAL ROUTINELY OFFERS HIV TESTING IN EMERGENCY DEPARTMENTS AND ALL OUTPATIENT CLINICS. THE HOSPITAL OPERATES AN HIV MEDICAL CLINIC AND WORKS IN CONCERT WITH THE NYS DOH AIDS INSTITUTE IN INITIATIVES TO "END THE EPIDEMIC".</p>



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	<p>FINANCIAL STATEMENTS BAD DEBT &amp; 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 &amp; 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>

## 990 Schedule H, Supplemental Information

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.

**990 Schedule H, Supplemental Information**

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>THE OVERARCHING STRATEGY OF THE PREVENTION AGENDA IS TO IMPLEMENT PUBLIC HEALTH APPROACHES THAT IMPROVE THE HEALTH AND WELL-BEING OF ENTIRE POPULATIONS AND ACHIEVE HEALTH EQUITY. THIS STRATEGY INCLUDES AN EMPHASIS ON SOCIAL DETERMINANTS OF HEALTH DEFINED BY HEALTHY PEOPLE 2020 AS THE CONDITIONS IN THE ENVIRONMENTS IN WHICH PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE THAT AFFECT A WIDE RANGE OF HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE OUTCOMES AND RISKS. THE CONDITIONS IN THE ENVIRONMENTS WHERE PEOPLE LIVE, WORK AND PLAY HAVE A SIGNIFICANT INFLUENCE ON HEALTH STATUS AND QUALITY OF LIFE AND CAN BE ROOT CAUSES OF POOR HEALTH AND ADVERSE OUTCOMES.</p> <p>PRIORITY AREA 1: PREVENT CHRONIC DISEASE</p> <p>FOCUS AREA 1: HEALTHY EATING AND FOOD SECURITY</p> <p>OVERARCHING GOAL: REDUCE OBESITY AND THE RISK OF CHRONIC DISEASES</p> <p>GOAL 1.1: INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS AND BEVERAGES</p> <p>GOAL 1.2: INCREASE SKILLS AND KNOWLEDGE TO SUPPORT HEALTHY FOOD AND BEVERAGE CHOICES.</p> <p>SOURCE: SUPERMARKET TO BODY RATIO. DATA FROM NYC DOHMH, EPIQUERY, 2018 COMMUNITY HEALTH PROFILES</p> <p>GOAL 1.3: INCREASE FOOD SECURITY.</p> <p>DATA FROM COMMUNITY HEALTH SURVEYS, 2018 FOOD INSECURITY (EPIQUERY, 2017 DATA)</p> <p>RESOURCES AND ACCOMPLISHMENTS: JHMC STRIVES TO HELP ITS COMMUNITY MEMBERS REDUCE OBESITY AND EMPOWER THEM TO MAKE HEALTH-CONSCIOUS NUTRITION DECISIONS. THE HOSPITAL'S SERVICES INCLUDE NUTRITIONISTS AND ALSO LIFESTYLE COACHES, WHO LEAD FREE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) CLASSES TO HELP PEOPLE WITH PRE-DIABETES TO MANAGE THEIR HEALTH, DEVELOP HEALTHY EATING HABITS AND REACH WEIGHT MANAGEMENT GOALS. JHMC 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 FOOD OFFERED TO INPATIENTS, 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 AND OTHER HEALTH PROBLEMS FOR THEIR CHILDREN.</p> <p>THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFERS A "HEALTHY BUCKS" PROGRAM, THROUGH WHICH FRESH FRUITS AND VEGETABLES CAN BE PURCHASED AT ALL FARMERS' MARKETS IN NYC. THE HOSPITAL'S WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM PROVIDES CLIENTS WITH FARMERS' MARKET NUTRITION PROGRAM (FMNP) AND EWIC FUNDS TO ASSIST THEM WITH SHOPPING FOR HEALTHY FOOD AT THE FARM STAND. FMNP CHECKS ARE ALSO GIVEN TO SENIORS: ONE HUNDRED WERE GIVEN OUT DURING THE 2019 SEASON. TEN FARMERS' MARKETS ARE FOUND IN JHMC'S SERVICE AREA, INCLUDING JAMAICA HOSPITAL FARM STAND, WHICH OFFERS A VARIETY OF SEASONAL FRUITS AND VEGETABLES, COOKING DEMONSTRATIONS, AND FREE HEALTH SCREENINGS ONCE A WEEK. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS WITH HEALTHY RECIPES, HOW TO COMBAT ADULT AND CHILDHOOD OBESITY AS WELL AS TIPS TO MANAGE DIABETES. THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.</p> <p>FOCUS AREA 2: PHYSICAL ACTIVITY</p> <p>GOAL 2.1: IMPROVE COMMUNITY ENVIRONMENTS THAT SUPPORT ACTIVE TRANSPORTATION AND RECREATIONAL PHYSICAL ACTIVITY FOR PEOPLE OF ALL AGES AND ABILITIES.</p> <p>ACCESS TO PARKS. DATA FROM NYC PLANNING DEPARTMENT, COMMUNITY DISTRICT PROFILES, ACCESS TO PARKS, 2016, FROM NYC DEPARTMENT OF PARKS AND RECREATION</p> <p>GOAL 2.2: PROMOTE SCHOOL, CHILDCARE, AND WORKSITE ENVIRONMENTS THAT SUPPORT PHYSICAL ACTIVITY FOR PEOPLE OF ALL AGES AND ABILITIES</p> <p>GOAL 2.3: INCREASE ACCESS, FOR PEOPLE OF ALL AGES AND ABILITIES, TO SAFE INDOOR AND/OR OUTDOOR PLACES FOR PHYSICAL ACTIVITY.</p> <p>SOURCE: NEW YORK CITY DEPARTMENT OF HEALTH, EPIQUERY, 2017 COMMUNITY HEALTH SURVEY</p> <p>RESOURCES AND ACCOMPLISHMENTS: JHMC PARTICIPATES IN THE NEW YORK CITY DEPARTMENT OF PARKS AND RECREATION'S SHAPE UP NYC PROGRAM, WHICH OFFERS FREE DROP-IN FITNESS CLASSES AT MULTIPLE LOCATIONS ACROSS NYC. SEVERAL SEPARATE CLASSES EACH WEEK ARE OFFERED AT THE HOSPITAL'S MEDITFIT GYM WHICH ARE OPEN TO EMPLOYEES AND MEMBERS OF THE COMMUNITY. THE NUMBER OF CLASSES VARIES ACCORDING TO THE AVAILABILITY OF VOLUNTEER INSTRUCTORS FROM THE SHAPE UP NYC PROGRAM.</p> <p>JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS ARTICLES AND VIDEOS PROMOTING THE IMPORTANCE OF PHYSICAL ACTIVITY AND EXERCISE IN BOTH ADULTS AND CHILDREN. THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.</p> <p>FOCUS AREA 3: TOBACCO PREVENTION</p> <p>GOAL 3.1: PREVENT INITIATION OF TOBACCO USE, INCLUDING COMBUSTIBLE TOBACCO AND ELECTRONIC VAPING PRODUCTS (ELECTRONIC CIGARETTES AND SIMILAR DEVICES) BY YOUTH AND YOUNG ADULTS.</p> <p>SOURCE: EPIQUERY C</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>COMMUNITY HEALTH SURVEY 2017, 2016 DATAGOAL 3.2: PROMOTE TOBACCO USE CESSATION, ESPECIALLY AMONG POPULATIONS DISPROPORTIONATELY AFFECTED BY TOBACCO USE INCLUDING: LOW SES; FREQUENT MENTAL DISTRESS/SUBSTANCE USE DISORDER; LGBT; AND DISABILITY.GOAL 3.3: ELIMINATE EXPOSURE TO SECONDHAND SMOKE AND EXPOSURE TO SECONDHAND AEROSOL/EMISSIONS FROM ELECTRONIC VAPOR PRODUCTS. SOURCE: EPIQUERY COMMUNITY HEALTH SURVEY, 2018RESOURCES AND ACCOMPLISHMENTS: JHMC HAS OBTAINED AND IS MAINTAINING THE STANDARDS FOR GOLD STAR STATUS FROM THE NYC TOBACCO-FREE HOSPITALS CAMPAIGN FOR ITS TOBACCO CESSATION WORK WITH PATIENTS AND EMPLOYEES. THE HOSPITAL HAS UPDATED ITS ELECTRONIC HEALTH RECORD (EHR) SYSTEM TO INTRODUCE SMOKING CESSATION COUNSELING PROMPTS, TO MAKE ELECTRONIC REFERRALS FROM ITS EHR DIRECTLY TO THE NEW YORK STATE QUIT LINE AND TO GIVE ALL SMOKERS EDUCATIONAL LITERATURE ABOUT QUITTING AT DISCHARGE. PHYSICIANS CONDUCT A MANDATORY 5-QUESTION ASSESSMENT OF ALL PATIENTS TO SCREEN FOR TOBACCO USE AND GUAGE READINESS TO QUIT. IN 2018, THE HOSPITAL ASSESSED 95% OF INPATIENTS AND 92% OF OUTPATIENTS; OUTPATIENTS WHO REQUIRED CESSATION INTERVENTIONS RECEIVED THEM. FEWER OUTPATIENTS ARE SMOKERS, 8.9% COMPARED TO 17.4% IN 2017. PATIENT NAVIGATORS WHO ARE FREEDOM FROM SMOKING FACILITATORS OFFER FREE SMOKING CESSATION COUNSELING TO ALL PATIENTS AND EMPLOYEES WHO SMOKE. IN 2018, THE HOSPITAL OFFERED 22 OUTREACH AND EDUCATIONAL EVENTS THAT REACHED 266 PEOPLE AND RESULTED IN 37 SIGNING UP FOR A SMOKING CESSATION PROGRAM. AT ITS ONCE A WEEK SEASONAL FARMSTAND, AND OFF-SEASON IN THE MAIN LOBBY, THE HOSPITAL RECRUITS SMOKERS TO JOIN TOBACCO CESSATION COUNSELING SESSIONS AS WELL AS OFFERING BLOOD PRESSURE SCREENING AND WHEN STAFF IS AVAILABLE, ORAL HEALTH SCREENINGS. IN ADDITION TO JHMC'S COMMUNITY-BASED EFFORTS AND PROGRAMMING AIMED AT REDUCING TOBACCO USE, THERE ARE THREE OTHER HOSPITAL-BASED TOBACCO CESSATION PROGRAMS (FLUSHING HOSPITAL, NEW YORK HOSPITAL QUEENS, AND ELMHURST HOSPITAL) IN QUEENS.JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS ARTICLES AND VIDEOS WARNING OF THE DANGERS OF USING ALL TOBACCO AND E-CIGARETTE RELATED PRODUCTS AS WELL AS OFFERS INFORMATION, SUCH AS TIPS AND RESOURCES TO QUIT SMOKING.THIS INFORMATION IS SHARED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.FOCUS AREA 4: PREVENTIVE CARE AND MANAGEMENTGOAL 4.1: INCREASE CANCER SCREENING RATES FOR BREAST, CERVICAL, AND COLORECTAL CANCER, HYPERTENSION, AND STROKE. SOURCE: COMMUNITY HEALTH SURVEYS, 2017; COLON CANCER SCREENING BY BOROUGH, 2016, 2017GOAL 4.2: INCREASE EARLY DETECTION OF CARDIOVASCULAR DISEASE, DIABETES, PREDIABETES AND OBESITY. SOURCE: EPIQUERY COMMUNITY HEALTH SURVEY, 2018 (2017 DATA)GOAL 4.3: PROMOTE THE USE OF EVIDENCE-BASED CARE TO MANAGE CHRONIC DISEASESGOAL 4.4: IMPROVE SELF-MANAGEMENT SKILLS FOR INDIVIDUALS WITH CHRONIC CONDITIONS. SOURCE: EPIQUERY COMMUNITY HEALTH SURVEY, 2015-2017. RESOURCES AND ACCOMPLISHMENTS: JHMC'S AMBULATORY CARE CLINICS HAVE ACHIEVED THE GOAL OF NATIONAL CENTER FOR QUALITY ASSURANCE (NCQA) PATIENT-CENTERED MEDICAL HOME (PCMH) RECOGNITION AT THE HIGHEST LEVEL (LEVEL 3) THAT OFFERS EACH PATIENT THEIR OWN PRIMARY CARE PRACTITIONER WHO PROVIDES EVIDENCE-BASED CARE AND SUPPORT AND ENCOURAGEMENT WITH SELF-MANAGEMENT. THE HOSPITAL IS A COLLABORATIVE STAKEHOLDER IN THE PATIENT-CENTERED PRIMARY CARE COLLABORATIVE, WHICH IS DEDICATED TO PROMOTING POLICIES AND SHARING BEST PRACTICES TO SUPPORT AN EFFECTIVE AND EFFICIENT HEALTH SYSTEM BUILT ON A STRONG FOUNDATION OF PRIMARY CARE AND THE PATIENT-CENTERED MEDICAL HOME.</p>

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>CHARITY CARE 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>JHMC'S SERVICE AREA WAS DETERMINED BY ANALYZING STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS) 2017 DISCHARGE DATA AT THE ZIP CODE LEVEL. THE UNITED HEALTH FUND ("UHF") NEIGHBORHOODS WITH THE HIGHEST VOLUMES OF PATIENTS WERE DETERMINED TO BE THE PRIMARY SERVICE AREA ("PSA"). UHF NEIGHBORHOODS WITH AT LEAST 3% OF INPATIENT CASES WERE CONSIDERED THE HOSPITAL'S SECONDARY SERVICE AREA (SSA) THE PSA AND SSA TOGETHER ACCOUNT FOR APPROXIMATELY 86% OF THE HOSPITAL'S TOTAL INPATIENT CASES, WITH THE PSA ACCOUNTING FOR 78% AND THE SSA 8%. THE JHMC CHNA FOCUSES ON THE HOSPITAL'S PSA. JHMC'S PRIMARY SERVICE AREA: THE PSA COVERS THREE UHF NEIGHBORHOODS JAMAICA (408), SOUTHWEST QUEENS (407) AND EAST NEW YORK (204) . THERE ARE GAPS IN PRIMARY MEDICAL CARE, INCLUDING DENTAL CARE AND MENTAL HEALTH CARE ACROSS QUEENS, WHICH ARE ALSO EVIDENT IN JHMC'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 SERVICE AREA MUA, WHICH CONTAINS EAST NEW YORK, AND THE QUEENS SERVICE AREA MUA, WHICH CONTAINS PARTS OF JAMAICA, COVER JHMC'S SERVICE AREA. SOUTH JAMAICA, A NEIGHBORHOOD WITHIN JHMC'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 LESS 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 LESS MENTAL HEALTH CARE PROFESSIONALS THAN ARE NECESSARY TO ACCOMMODATE THE POPULATION LIVING IN THOSE AREAS. WITHIN JHMC'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. THE HOSPITAL ALSO OFFERS PRIMARY CARE AT EIGHT COMMUNITY-BASED EXTENSION CLINICS IN SOUTHWEST QUEENS AND JAMAICA, WHICH PROVIDE PEDIATRIC PRIMARY CARE SERVICES AND ARE NCQA NYS 2018 PCMH RECOGNIZED: MEDISYS E NY, MEDISYS JAMAICA, MEDISYS HOLLIS, MEDISYS HOLLIS TUDORS, MEDISYS ST. ALBANS, MEDISYS RICHMOND HILL, MEDISYS OZONE PARK (MEDWISE/CLOCKTOWER), AND MEDISYS HOWARD BEACH. IN ADDITION, THE HOSPITAL PROVIDES AMBULATORY SERVICES AT ITS WOMEN'S HEALTH CENTER, FAMILY DENTAL CENTER, MENTAL HEALTH CENTER, SLEEP CENTER AND AFFILIATED ADVANCED CENTER FOR PSYCHOTHERAPY . SERVICES ARE ALSO PROVIDED BY THE HOSPITAL AT THREE PUBLIC SCHOOLS: PS 155 (ELEMENTARY SCHOOL), PS 223 (ELEMENTARY SCHOOL) AND CAMPUS MAGNET HIGH SCHOOL. IN QUEENS THERE ARE EIGHT ACUTE CARE HOSPITALS INCLUDING AFFILIATED FLUSHING HOSPITAL MEDICAL CENTER (FHMC), 12 NURSING HOMES, AND 48 HRSA-SUPPORTED FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) OR LOOK-ALIKES THAT PROVIDE SERVICES IN QUEENS COUNTY AND NEARBY BROOKLYN ZIP CODES. THREE OTHER ACUTE CARE HOSPITALS SERVE THE COMMUNITIES WITHIN JHMC'S PSA: NORTHWELL HEALTH LONG ISLAND JEWISH HILLS HOSPITAL AND LONG ISLAND JEWISH MEDICAL CENTER, AND HEALTH + HOSPITALS/QUEENS HOSPITAL CENTER. THERE ARE ALSO MANY DIAGNOSTIC AND TREATMENT CENTERS, AS WELL AS NUMEROUS PHYSICIAN GROUP PRACTICES, AND INDIVIDUAL PHYSICIAN OFFICES THAT ALSO SERVE THIS AREA. INPATIENT PSYCHIATRIC CARE IS PROVIDED AT JHMC AND AT AFFILIATED FHMC AND AT SIX OTHER LICENSED FACILITIES IN QUEENS. IN ADDITION, THERE ARE 51 OUTPATIENT MENTAL HEALTH SERVICES INCLUDING THOSE AT JHMC AND FHMC, SUPPORT PROGRAMS, EMERGENCY SERVICES, AND RESIDENTIAL FACILITIES THAT PROVIDE MENTAL HEALTH TREATMENT TO ADULTS AND CHILDREN. CREEDMOOR ADDICTION TREATMENT CENTER, A STATE-OPERATED FACILITY, SERVES QUEENS AND THE REST OF NEW YORK CITY. THIRTY-THREE CHEMICAL DEPENDENCY TREATMENT AGENCIES INCLUDING THE INPATIENT DETOXIFICATION UNIT AND OUTPATIENT REFLECTIONS CLINIC AT FHMC, AND 63 INDIVIDUAL PROVIDERS IN QUEEN PROVIDE CHEMICAL DEPENDENCY PREVENTION/TREATMENT AND IMPAIRED DRIVING OFFENDER PROGRAMS. APPROXIMATELY 240 DATA-WAIVERED PRACTITIONERS IN QUEENS ARE CERTIFIED TO PROVIDE BUPRENORPHINE TREATMENT OF OPIOID USE DISORDER. JAMAICA NEIGHBORHOOD - DEMOGRAPHICS THE TOTAL POPULATION OF JAMAICA IN 2018 WAS 303,163 RESIDENTS WITH A 2.7% INCREASE PROJECTED BY 2023. ALMOST 50% OF THE POPULATION IS BLACK NON-HISPANIC; 19.5% IS HISPANIC; 17.4% IS ASIAN AND PACIFIC ISLANDERS; 6.2% IS WHITE NON-HISPANIC; AND "ALL-OTHERS" COMPRISE 7.4% OF THE POPULATION. APPROXIMATELY 23% ARE UNDER THE AGE 17; 16% ARE OVER 65; AND THERE ARE APPROXIMATELY 64,740 WOMEN OF CHILDBEARING AGE (15-44). HALF OF HILLCREST AND FRESH MEADOWS'S POPULATION (49.6%) ARE FOREIGN BORN; IN JAMAICA AND HOLLIS, 62.5% OF</p>



Form and Line Reference	Explanation
PART VI, LINE 4:	<p>RESIDENTS ARE FOREIGN BORN.SOUTHWEST QUEENS NEIGHBORHOOD - DEMOGRAPHICSTHE TOTAL RESIDENT POPULATION OF SOUTHWEST QUEENS IS APPROXIMATELY 278,085 (2018) WITH A 2.2% INCREASE PROJEC TED IN THE NEXT FIVE YEARS. TWENTY-TWO PERCENT OF RESIDENTS ARE AGE 17 AND UNDER, 16% ARE OVER 65 YEARS. THERE ARE AN ESTIMATED 58,000 FEMALES OF CHILDBEARING AGE (15 TO 44 YEARS). OVERALL, THE POPULATION OF 278,085 RESIDENTS IS DIVERSE. A THIRD OF SOUTHWEST QUEENS RESI DENTS ARE HISPANIC/LATINO (33.5%; REGARDLESS OF RACE; 23.1% ARE ASIAN AND PACIFIC ISLANDER ; 18.7% ARE WHITE NON-HISPANIC; AND 12.4% ARE BLACK. ALL OTHERS, INCLUDING MIXED RACE, COM PRISE 12.3%. HALF (50.5%) OF KEW GARDENS AND WOODHAVEN RESIDENTS ARE FOREIGN BORN; 45.9% O F SOUTH OZONE PARK AND HOWARD BEACH RESIDENTS ARE FOREIGN BORN. RICHMOND HILL, A COMMUNITY KNOWN FOR ITS LARGE INDO-GUYANESE, INDO-TRINIDADIAN AND TOBAGONIAN, AND INDO-CARIBBEAN IM MIGRANT POPULATION, AS WELL AS LITTLE PUNJAB, FOR ITS LARGE PUNJABI IMMIGRANT POPULATION, HAS THE HIGHEST PERCENTAGE OF FOREIGN BORN RESIDENTS IN SOUTHWEST QUEENS, 55%EAST NEW YORK NEIGHBORHOOD - DEMOGRAPHICSWHEN COMPARED TO THE REST OF NYC AND THE U.S. THE POPULATION O F EAST NEW YORK (ENY) IS YOUNGER, LESS EDUCATED, POORER, AND MORE ETHNICALLY DIVERSE. THE TOTAL RESIDENT POPULATION IS 203,592; 49.4% ARE BLACK; 38.3% IDENTIFY AS HISPANIC/LATINO; 6.3% ARE ASIAN; 2.2% ARE WHITE; AND 3.8% REPRESENT ALL OTHER RACIAL/ETHNIC GROUPS. THIRTY- FIVE PERCENT OF RESIDENTS ARE FOREIGN BORN. THERE ARE 47,505 WOMEN OF CHILD- BEARING AGE ( 15 TO 44 YEARS).</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 PRE VENTION AGENDA, BASED UPON COMMUNITY HEALTH STATISTICS AND CONSUMER NEEDS/UTILIZATION SURV EYS, ITS RESOURCES AND CAPABILITIES ARE BEST SUITED TO FOCUS ON:- DECREASING TOBACCO USE W ITHIN 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 MA KE A SIGNIFICANT IMPACT ON THE COMMUNITY'S HEALTH AND CREATE SUSTAINABLE QUALITY OF LIFE I MPROVEMENTS. BECAUSE OF ITS CURRENT AND PAST EFFORTS ON THESE TWO PRIORITIES, JAMAICA HOSP IAL 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 H AS INCORPORATED COMMUNITY INPUT INTO ITS SELECTION OF PRIORITIES, AS DESCRIBED IN DETAIL I N THE SECTION ON DATA SOURCES AND COMMUNITY INPUT. AT ITS MEETING ON SEPTEMBER 12, 2016, J AMAICA'S COMMUNITY ADVISORY BOARD AGREED WITH THE ABOVE PRIORITIES, AND ON NOVEMBER 28, 20 16 THE HOSPITAL'S BOARD OF TRUSTEES APPROVED THE PLAN.THE HOSPITAL HAS WORKED ON MANY OTHE R 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.- SUPPORTI NG 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 FA LLS RISK ASSESSMENTS AND INTERVENTIONS IN THE HOMES OF OLDER ADULTS, DEPLOYING DOHMH TOOLS .- PROMOTING APPROPRIATE AND JUDICIOUS PRESCRIBING OF OPIOID ANALGESICS.- SUPPORTING THE T RAINING AND CERTIFICATION OF PRIMARY CARE PRACTICES TO PRESCRIBE BUPRENORPHINE.- ADOPTING SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) FOR ALCOHOL AND DRUG USE I N OUTPATIENT AND EMERGENCY DEPARTMENT SETTINGS.- ENGAGING PATIENTS WITH FIRST EPISODE PSYC HOSIS INTO QUALITY OUTPATIENT CARE.CURRENTLY THE HOSPITAL IS PARTNERING WITH THE CITY DOHM H ON ITS TCNY 2020 AGENDA, WHICH HAS FOUR OBJECTIVES, EACH WITH SEVERAL INDICATORS OF PROG RESS. THESE OBJECTIVES ARE ALIGNED WITH THE STATE'S PREVENTION AGENDA PRIORITIES, DESCRIBE D IN DETAIL ABOVE, AS WELL AS THE DSRIP PROJECTS THAT THE HOSPITAL IS IMPLEMENTING. THE HO SPITAL 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 DEC REASING 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 CHI LDHOODS (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 BE ING DESIGNATED AS A BABY FRIENDLY HOSPITAL. THE SECOND INDICATOR IS TEENAGE PREGNANCY. RED UCING TEENAGE PREGNANCY IS A VERY HIGH PRIORITY FOR THE HOSPITAL. THE HOSPITAL IS PROVIDIN G LONG ACTING CONTRACEPTIVES FOR ALL AGE GROUPS, INCLUDING ADOLESCENTS IN ITS AMBULATORY C ARE CENTER (ACC), AND IN ITS SCHOOL-BASED HEALTH CENTER IN A LOCAL HIGH SCHOOL. CITY GOVER NMENT AND COMMUNITY-BASED ORGANIZATIONS ARE BETTER SUITED TO WORK TOWARDS IMPROVEMENT I N THE OTHER TWO INDICATORS: OPENINGS IN CHILD CARE CENTERS AND HIGH SCHOOL GRADUATION.2. CREA TE HEALTHIER NEIGHBORHOODS (ALIGNED WITH NYS PRIORITY: PROMOTE A HEALTHY AND SAFE ENVIRONM ENT)THE HOSPITAL IS WORKING ON SEVERAL OF THE INDICATORS UNDER THIS OBJECTIVE, INCLUDING F ALL-RELATED HOSPITALIZATIONS BY THOROUGH DOCUMENTATION AND ANALYSIS OF FALLS PATIENTS AND REFERRAL TO EVIDENCE-BASED FALLS PREVENTION PROGRAMS IN THE COMMUNITY, AIR QUALITY BY VIRT UE 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.D.III - EV IDENCE-BASED ASTHMA MANAGEMENT IN COLLABORATION WITH ITS PARTNERS IN THE ACP PPS TO MAKE S URE PATIENTS ARE PROPERLY DIAGNOSED, HAVE AN ASTHMA ACTION PLAN, AND ONGOING HEALTH COACHI NG. CITY GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS ARE BETTER SUITED TO WORK TOWARDS TH E 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.</p> <p>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
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:</p>	<p>THROUGH ITS PARTICIPATION IN THE NYS DSRIP INITIATIVE, THE HOSPITAL HAS IMPLEMENTED EVIDENCE-BASED BEST PRACTICES FOR CARDIOVASCULAR MANAGEMENT IN ALL PRIMARY CARE LOCATIONS. PRIMARY CARE PRACTICES ARE ADDRESSING THE TOTAL TREATMENT NEEDS OF CARDIOVASCULAR PATIENTS UTILIZING A MULTIDISCIPLINARY TREATMENT TEAM AND MAKING APPROPRIATE REFERRALS FOR CARDIOLOGY, NUTRITION, AND OTHER SPECIALTY SERVICES. PATIENT NAVIGATORS ARE BEING USED TO PROVIDE SUPPORTIVE HEALTH COACHING AND FOLLOW-UP TO ENSURE THAT PATIENTS ATTEND MEDICAL APPOINTMENTS AND ATTAIN SELF-MANAGEMENT GOALS. A SIMILAR APPROACH IS BEING TAKEN TO PROVIDE EXPANDED EVIDENCE-BASED CARE FOR DIABETIC PATIENTS. PATIENT NAVIGATORS ARE PROVIDING HEALTH EDUCATION AND HEALTH COACHING, AS WELL AS FACILITATING EVIDENCE-BASED NATIONAL DIABETES PREVENTION PROGRAM (NDPP) SESSIONS. FOR ASTHMA MANAGEMENT, THE PATIENT'S PCP PROVIDES ASTHMA EDUCATION, WHICH IS AUGMENTED BY A PATIENT NAVIGATOR WHO PROVIDES EDUCATIONAL MATERIALS AND HEALTH COACHING. DEVELOPMENT OF INDIVIDUALIZED ASTHMA ACTION PLANS THAT ARE INTEGRATED INTO THE EHR AND AVAILABLE THROUGH THE PATIENT PORTAL FACILITATE CONTINUITY OF CARE ALONG ALL POINTS OF CARE. JHMC PARTNERS WITH THE CANCER SERVICES PROGRAM TO OFFER FREE SCREENINGS TO LOW-INCOME AND UNINSURED PATIENTS FOR BREAST, CERVICAL, AND COLORECTAL CANCERS. EXTENDED EVENING AND WEEKEND HOURS ARE OFFERED. JHMC IS A MEMBER OF THE TAKE THE PRESSURE OFF, NYC! (TPO, NYC!) COALITION. TPO, NYC! IS A MULTI-SECTOR, CITYWIDE INITIATIVE DRIVEN BY A COALITION OF OVER 100 ORGANIZATIONS FROM 13 SECTORS ACROSS NYC WORKING TOGETHER TO PREVENT AND CONTROL HIGH BLOOD PRESSURE. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS ARTICLES AND VIDEOS ON THE IMPORTANCE OF PREVENTATIVE CARE AND THE MANAGEMENT OF THE COMMUNITY'S HEALTH INCLUDING THE MANAGEMENT OF CONDITIONS SUCH AS ASTHMA, DIABETES, HYPERTENSION, AS WELL AS THE IMPORTANCE OF CANCER SCREENINGS, INCLUDING BREAST, CERVICAL, AND COLO-RECTAL CANCERS. THIS INFORMATION IS SHARED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER. PRIORITY AREA II: PROMOTE A HEALTHY AND SAFE ENVIRONMENT. FOCUS AREA 1: INJURIES, VIOLENCE AND OCCUPATIONAL HEALTH. GOAL 1.1: REDUCE FALLS AMONG VULNERABLE POPULATIONS. SOURCE: NYS DOH, COMMUNITY INDICATOR REPORTS (CHIRS). GOAL 1.2: REDUCE VIOLENCE BY TARGETING PREVENTION PROGRAMS PARTICULARLY TO HIGHEST RISK POPULATIONS. ASSAULT-RELATED HOSPITALIZATIONS AND INCARCERATION RATES PER 100,000. SOURCE: NYC COMMUNITY HEALTH PROFILES FOR JAMAICA, KEW GARDENS AND HOWARD BEACH, SOUTH OZONE PARK AND EASTERN NEW YORK. GOAL 1.3: REDUCE OCCUPATIONAL INJURIES AND ILLNESS. WORK-RELATED HOSPITALIZATIONS PER 100,000 EMPLOYED PERSONS AGED 16 YEARS AND OLDER. SOURCE: NYS DOH, COMMUNITY HEALTH INDICATOR REPORTS (CHIRS), 2014-2016. GOAL 1.4: REDUCE TRAFFIC RELATED INJURIES FOR PEDESTRIANS AND BICYCLISTS. SOURCE: NYC DEPT. OF TRANSPORTATION, BICYCLE CRASH DATA REPORT, 2017 RESOURCES AND ACCOMPLISHMENTS: JHMC IS DESIGNATED AS A LEVEL 1 TRAUMA CENTER THAT IS AVAILABLE 24 HOURS A DAY, 7 DAYS PER WEEK, AND INCLUDES TRAUMA, ORTHOPEDIC, AND NEUROSURGEONS AS WELL AS PHYSICIANS FROM A RANGE OF FIELDS INCLUDING EMERGENCY MEDICINE, RADIOLOGY, ANESTHESIOLOGY, INTENSIVE CARE, AND REHABILITATION MEDICINE. JHMC SPONSORS RESEARCH RELATED TO INJURY PREVENTION AND IMPROVING CLINICAL AND BEHAVIORAL OUTCOMES OF PATIENTS WHO HAVE SUSTAINED INJURIES DUE TO ACCIDENTS OR VIOLENT EVENTS. THE TRAUMA DEPARTMENT RECEIVED A GRANT FROM THE GOVERNORS TRAFFIC SAFETY COMMITTEE TO ADDRESS DISTRACTED WALKING AND DRIVING THROUGH COMMUNITY EDUCATION AND PARTNERSHIP WITH COMMUNITY ORGANIZATIONS. THE CAMPAIGN, BE AWARE QUEENS, AIMS TO REDUCE ACCIDENTS AND INJURIES DUE TO DISTRACTED DRIVING AND WALKING WHICH HAS BECOME MORE PREVALENT IN RECENT YEARS DUE TO SOCIETY'S INCREASED USE OF SMART PHONES, APPLICATIONS, SOCIAL MEDIA, AND OTHER ATTENTION GRABBING TECH. THE NURSES AT JHMC DO A COMPLETE "AT RISK FOR FALL ASSESSMENT" AT THE TIME OF ADMISSION AND THROUGHOUT THE PATIENT'S HOSPITALIZATION. THE PRIMARY PURPOSE OF THIS ASSESSMENT IS TO EDUCATE PATIENTS ABOUT FALLS IN THE FACILITY AND TO MINIMIZE FALLS AND INJURY RELATED FALLS. THE HEALTH CARE TEAM WITH PATIENT/FAMILY INPUT WILL DETERMINE HOW SAFE IT IS FOR THE PATIENT TO RETURN BACK TO THE ENVIRONMENT THEY CAME. IF THE PATIENT REQUIRES ADDITIONAL SERVICES OR PLACEMENT IN ANOTHER FACILITY AFTER DISCHARGE (SUCH AS REHAB, ASSISTED LIVING OR LONG TERM CARE) ARRANGEMENTS WILL BE MADE BY THE CASE MANAGER/SOCIAL WORKER. 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, NEW YORK-PRESBYTERIAN/QUEENS, AND THE LEVEL I PEDIATRIC TRAUMA CENTER AT LONG ISLAND JEWISH MEDICAL CENTER. JHMC PARTICIPATES IN THE NYC FALLS PREVENTION COALITION, AND REFERS SENIOR CITIZENS WHO A</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:</p>	<p>RE TREATED FOR FALL-RELATED INJURIES TO SENIOR CITIZEN CENTERS THAT PROVIDE CLASSES, SUCH AS STAY ACTIVE AND INDEPENDENT FOR LIFE (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 YORK (BROOKLYN). JAMAICA (QUEENS) HAS 12 SENIOR CITIZEN CENTERS OFFERING THESE PROGRAMS, INCLUDING THREE SITES FOR JAMAICA SERVICE PROGRAMS FOR OLDER ADULTS (JSPOA). SOUTHWEST QUEENS HAS THREE SENIOR CITIZEN CENTERS OFFERING FALL-PREVENTION PROGRAMS, INCLUDING TWO SERVICES NOW FOR ADULT PERSONS (SNAP) SITES. JHMC EMERGENCY DEPARTMENT REPORTED 770 FALL-RELATED TRAUMA CASES BETWEEN JANUARY AND NOVEMBER 2018. SENIOR CITIZENS ACCOUNTED FOR 68% OF THOSE CASES. TO ADDRESS THIS CRITICAL ISSUE, JHMC'S TRAUMA DIVISION GATHERED DATA FROM ITS REGISTRY TO PINPOINT AREAS WITH THE HIGHEST CONCENTRATION OF FALLS. USING THAT INFORMATION, THE INJURY PREVENTION COORDINATOR SCHEDULED WORKSHOPS AT LOCAL SENIOR CENTERS TO EDUCATE SENIORS ON STRATEGIES TO AVOID FALLS. THE WORKSHOPS COVERED EVERYTHING FROM IDENTIFYING FALL RISK FACTORS TO HOME SAFETY STRATEGIES AND RESOURCES AVAILABLE TO SENIORS, SUCH AS EXERCISE PROGRAMS. USING CDC'S STOPPING ELDERLY ACCIDENTS, DEATHS, AND INJURIES FALLS RISK SELF-ASSESSMENT SURVEY, JHMC IDENTIFIED SENIORS AT MODERATE TO HIGH RISK OF FALLING. THIS ENABLED THE INJURY PREVENTION COORDINATOR TO MAKE RECOMMENDATIONS AND ENCOURAGE SENIORS TO SPEAK WITH THEIR PHYSICIANS ABOUT BETTER MANAGING THEIR RISK OF FALLING. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS ARTICLES AND VIDEOS ON INJURY PREVENTION IN THE HOME, AT THE WORKPLACE AND AS WELL AS AUTOMOBILE SAFETY. THIS INFORMATION IS SHARED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.</p> <p>FOCUS AREA 2: OUTDOOR AIR QUALITY</p> <p>GOAL 2.1: REDUCE EXPOSURE TO OUTDOOR AIR POLLUTANTS. SOURCE: NYC COMMUNITY HEALTH PROFILES, 2018</p> <p>RESOURCES AND ACCOMPLISHMENTS: JHMC IS PART OF THE ASTHMA COALITION OF BROOKLYN AND QUEENS (FORMED IN 2012), IN WHICH ORGANIZATIONS WORK TOGETHER TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH ASTHMA BY ENGAGING PATIENTS, FAMILIES, HEALTHCARE PROVIDERS, INSTITUTIONS AND THE COMMUNITY. JHMC'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 IMMUNOLOGY FOCUSES ON THE DIAGNOSIS AND LONG-TERM TREATMENT OF ALLERGIC AND IMMUNOLOGIC CONDITIONS, SUCH AS ASTHMA. JHMC'S PATIENT NAVIGATORS ARE TRAINED TO CONDUCT GROUP COUNSELING IN THE "FREEDOM FROM SMOKING" PROGRAM BY THE AMERICAN LUNG ASSOCIATION. IN 2018, JHMC WAS AWARDED THE STONY-WOLD HERBERT COMMUNITY GRANT TO TRAIN ONE RESPIRATORY THERAPIST TO BECOME A CERTIFIED ASTHMA EDUCATOR, WHOSE JOB IS TO EDUCATE ALL INPATIENTS WITH ASTHMA BEFORE DISCHARGE ABOUT HOW TO MANAGE THEIR CONDITION AT HOME. TRAINED JHMC CLINIC AND SCHOOL-BASED HEALTH CENTER STAFF IDENTIFY PATIENTS WITH PERSISTENT ASTHMA SYMPTOMS AND USE EVIDENCE-BASED GUIDELINES TO PATIENTS AND PROMOTE SELF-MANAGEMENT OF THEIR CONDITION. ASTHMA ACTION PLANS ARE CREATED FOR ALL PATIENTS AND EACH PATIENT RECEIVES A CONTROLLER MEDICATION (INHALED CORTICOSTEROID). ASTHMA CONTROL TESTS ARE IMPLEMENTED PERIODICALLY TO EVALUATE AND PROPERLY MANAGE ASTHMA AND ITS SYMPTOMS. IN THE SECOND YEAR AFTER IMPLEMENTATION, 91% OF PATIENTS HAD AN ASTHMA ACTION PLAN AND 100% WERE PRESCRIBED AN INHALED CORTICOSTEROID.</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:</p>	<p>FOCUS AREA 3: BUILT AND INDOOR ENVIRONMENTS GOAL 3.1: IMPROVE DESIGN AND MAINTENANCE OF THE BUILT ENVIRONMENT TO PROMOTE HEALTHY LIFESTYLES, SUSTAINABILITY, AND ADAPTATION TO CLIMATE CHANGE. HOMES NEAR STRUCTURES RATED GOOD OR EXCELLENT (%), 2014. SOURCE: NYC DOHMH, NEIGHBORHOOD PROFILES, ENVIRONMENT &amp; HEALTH DATA PORTAL, 2014 GOAL 3.2: PROMOTE HEALTHY HOME AND SCHOOL ENVIRONMENTS. HOMES WITH MICE OR RATS IN BUILDING (PERCENT), 2014. SOURCE: NYC DOHMH, NEIGHBORHOOD PROFILES, ENVIRONMENT &amp; HEALTH DATA PORTAL, 2014 RESOURCES AND ACCOMPLISHMENTS: BEGINNING IN EARLY 2019, PATIENTS WHO HAVE HOUSING AND OTHER LEGAL ISSUES THAT CAN NEGATIVELY AFFECT THEIR HEALTH CAN RECEIVE LEGAL ADVICE AT THE NEW LEGAL HEALTH CLINIC RECENTLY FUNDED BY JHMC. LACK OF ACCESS TO SAFE AND ADEQUATE HOUSING, FOOD, OR SECURE EMPLOYMENT CAN IMPEDE THEIR ABILITY TO SEEK AND RECEIVE APPROPRIATE HEALTHCARE SERVICES FOR THEMSELVES AND THEIR FAMILIES. EVERY WEEK, AN ATTORNEY FROM LEGAL HEALTH, A DIVISION OF THE NEW YORK LEGAL ASSISTANCE GROUP, VISITS JHMC'S AMBULATORY CARE CENTER TO PROVIDE LEGAL COUNSEL TO HOSPITAL PATIENTS ON ISSUES RELATING TO HOUSING COMPLAINTS, GOVERNMENT BENEFITS AND OTHER UNMET SOCIAL NEEDS. ADDRESSING THESE ISSUES WILL ULTIMATELY IMPROVE THE HEALTH OF JHMC'S PATIENTS AND POTENTIALLY REDUCE UNNECESSARY ER VISITS AND HOSPITAL ADMISSIONS. PATIENTS IN NEED OF TEMPORARY AND/OR PERMANENT HOUSING ARE REFERRED TO THE NYC DEPARTMENT OF SOCIAL SERVICES, NYC HOUSING AUTHORITY, QUEENS COMMUNITY HOUSE, AND OTHER COMMUNITY SUPPORT AGENCIES. FOCUS AREA 4: WATER QUALITY GOAL 4.1: PROTECT WATER SOURCES AND ENSURE QUALITY DRINKING WATER. PERCENTAGE OF SCHOOL WATER OUTLETS EXCEEDING THE LEAD LIMIT OF 15 PPB. SOURCE: HEALTH DATA NY, LEAD TESTING IN SCHOOL DRINKING WATER SAMPLING AND RESULTS, 2017 GOAL 4.2: PROTECT VULNERABLE WATERBODIES TO REDUCE POTENTIAL PUBLIC HEALTH RISKS ASSOCIATED WITH EXPOSURE TO RECREATIONAL WATER. WATER QUALITY OF BEACHES BASED ON BACTERIOLOGICAL LIMITS FROM WATER SAMPLING. SOURCE: NYC DOHMH, 2018 BEACH SURVEILLANCE AND MONITORING PROGRAM. FOCUS AREA 5: FOOD AND CONSUMER PRODUCTS GOAL 5.1: RAISE AWARENESS OF THE POTENTIAL PRESENCE OF CHEMICAL CONTAMINANTS AND PROMOTE STRATEGIES TO REDUCE EXPOSURE GOAL 5.2: IMPROVE FOOD SAFETY MANAGEMENT. SOURCE: 2018-2019 NYC DOHMH, RESTAURANT INSPECTION INFORMATION, 2018-2019 PRIORITY AREA III: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN FOCUS AREA 1: MATERNAL &amp; WOMEN'S HEALTH GOAL 1.1: INCREASE USE OF PRIMARY AND PREVENTIVE HEALTH CARE SERVICES BY WOMEN OF ALL AGES, WITH A FOCUS ON WOMEN OF REPRODUCTIVE AGE. PERCENTAGE OF WOMEN 18 YEARS AND OLDER WHO HAVE HAD A MAMMOGRAM BETWEEN OCTOBER 1, 2014 AND DECEMBER 30, 2016. SOURCE: NYSDOH, NYC COMMUNITY HEALTH INDICATOR REPORTS, 2016; KEEPING TRACK ONLINE: CITIZEN'S COMMITTEE FOR CHILDREN GOAL 1.2: REDUCE MATERNAL MORTALITY AND MORBIDITY. SOURCE: NYC DOHMH, BUREAU OF VITAL STATISTICS; SEVERE MATERNAL MORBIDITY RATES IN NEW YORK CITY, 2013-2014. RESOURCE AND ACCOMPLISHMENTS: JHMC OFFERS CENTERING PREGNANCY, PATIENT-CENTERED GROUP PRENATAL CARE SESSIONS FACILITATED BY DOCTORS, NURSES, AND MIDWIVES. AFTER AN INITIAL ASSESSMENT BY THEIR CARE PROVIDER, PATIENTS WHO SO DESIRED JOIN A CENTERING PREGNANCY GROUP WHICH MEETS FOR A TOTAL OF 10, TWO-HOUR SESSIONS THROUGH THEIR PREGNANCY. PREGNANT WOMEN HAVE AN OPPORTUNITY TO SHARE THEIR EXPERIENCES, RECEIVE SUPPORT, AND EMPOWER ONE ANOTHER, WHILE LEARNING HOW TO MAINTAIN A HEALTHY PREGNANCY. THE CENTERING PREGNANCY MODEL HAS MANY BENEFITS INCLUDING A REDUCTION IN PRETERM BIRTHS, HIGHER BIRTH WEIGHT, AND INCREASED BREASTFEEDING RATES. JHMC CONDUCTS BREAST CANCER SCREENING FOR WOMEN, CONSISTENT WITH AMERICAN CANCER SOCIETY GUIDELINES, AT ITS WOMEN'S HEALTH CENTER AND OFFERS EXTENDED HOURS NIGHTS AND WEEKENDS. FREE MAMMOGRAMS ARE PROVIDED TO ELIGIBLE WOMEN THROUGH NEW YORK STATE'S CANCER SERVICES PROGRAM. IN 2018, THE HOSPITAL WAS DESIGNATED A DIAGNOSTIC IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY FOR ITS HIGH-QUALITY IMAGING AND DIAGNOSTIC PRACTICES IN MANY AREAS OF RADIOLOGY, INCLUDING MAMMOGRAPHY. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT THE IMPORTANCE OF PRE-NATAL NUTRITION, EXERCISE AND PARTICIPATION IN A PRE-NATAL CARE PROGRAM. THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER. FOCUS AREA 2: PERINATAL &amp; INFANT HEALTH GOAL 2.1: REDUCE INFANT MORTALITY AND MORBIDITY. INFANT MORTALITY, AVERAGE RATE PER 1000 LIVE BIRTHS 2014-2016. SOURCE: EPIQUEST. 3-YEAR AVERAGE INFANT MORTALITY BY COMMUNITY DISTRICT NEW YORK CITY, 2014-2016 GOAL 2.2: INCREASE BREAST FEEDING. SOURCE: NYC DOHMH, SUMMARY OF VITAL STATISTICS, 2016 RESOURCES AND ACCOMPLISHMENTS; JHMC RECOGNIZES THAT SUPPORTING BREASTFEEDING IS AN IMPORTANT PUBLIC HEALTH PRIORITY. THE HOSPITAL ACHIEVED A 41% EXCLUSIVELY BREASTFEEDING</p>

Form and Line Reference	Explanation
PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:	<p>             G RATE FOR MOTHERS AT DISCHARGE IN 2018 UP FROM 37% IN 2015. AS OF JUNE 20TH, 2019 THE RATE WAS 32%. IN MAY 2017, JHMC RECEIVED AND HAS MAINTAINED THE "BABY-FRIENDLY USA" HOSPITAL DESIGNATION, A GLOBAL INITIATIVE LAUNCHED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF). HOSPITAL STAFF IS DEDICATED TO BREASTFEEDING TRAINING EFFORTS SO THEY CAN SHARE THEIR KNOWLEDGE WITH THE COMMUNITY; ALL PEDIATRIC, OBSTETRIC, AND FAMILY MEDICINE PROVIDERS HAVE COMPLETED THE RECOMMENDED BREASTFEEDING TRAINING. JAMAICA HOSPITAL MEDICAL CENTER OFFERS 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 BREASTFEEDING TECHNIQUES. JHMC, WHICH WAS THE FIRST HOSPITAL IN QUEENS TO OPERATE A MILK DEPOT, CELEBRATED ITS TWO-YEAR ANNIVERSARY IN OCTOBER 2019. OVER THE PAST YEAR, TWELVE MOTHERS HAVE DONATED 13,000 OUNCES OF BREAST MILK, A DOUBLING OF ITS FIRST YEAR'S SUCCESS. 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. JHMC'S NEXT GOAL IS TO PROVIDE PASTEURIZED, BANKED DONOR HUMAN MILK FOR NEONATAL ICU BABIES WHO MEET SPECIFIC CRITERIA INCLUDING THOSE WHOSE MOTHERS CANNOT PROVIDE SUFFICIENT BREAST MILK. THE IMMUNOLOGICAL AND NUTRITIONAL BENEFITS FROM PASTEURIZED, BANKED DONOR MILK ARE SIGNIFICANT AND MAY POSITIVELY AFFECT NEONATAL OUTCOMES, INCLUDING A REDUCTION IN THE HOSPITAL LENGTH OF STAY. JHMC 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 MAINTAINED AN ACTIVE CENTERING PREGNANCY PROGRAM, WHICH FACILITATES SUPPORT GROUPS AND PRENATAL VISITS FOR PREGNANT WOMEN PARTICIPATING IN THE PROGRAM, AND IS CURRENTLY EXPANDING CENTERING PREGNANCY PROGRAM TO ANOTHER AMBULATORY CARE SITE IN ITS NETWORK. 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]. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT HOW TO CARE FOR YOUR BABY BOTH DURING PREGNANCY AND AFTER DELIVERY. THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.           </p> <p>             FOCUS AREA 3: CHILD &amp; ADOLESCENT HEALTH              GOAL 3.1: SUPPORT AND ENHANCE CHILDREN AND ADOLESCENTS' SOCIAL-EMOTIONAL DEVELOPMENT AND RELATIONSHIPS              GOAL 3.2: INCREASE SUPPORTS FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS              SOURCE: KEEPING TRACK ONLINE, CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, 2017              GOAL 3.3: REDUCE DENTAL CARIES AMONG CHILDREN. HAS A DENTIST OR OTHER HEALTH CARE PROVIDER EVER TOLD YOU THAT (CHILD) HAD DENTAL CAVITIES OR DECAYED TEETH? SOURCE: NYC DOHMH, EPIQUERY, CHILD HEALTH SURVEY, 2017.           </p>



Form and Line Reference	Explanation
PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:	<p>RESOURCES AND ACCOMPLISHMENTS: THE HOSPITAL'S PEDIATRIC DEPARTMENT OPERATES A 24-BED INPATIENT PEDIATRIC UNIT, SPECIAL CARE UNIT, NEONATAL ICU, AND A WELL-BABY NURSERY, AND OFFERS A RANGE OF PEDIATRIC OUTPATIENT PRIMARY AND SPECIALTY CARE SERVICES, AND A DEDICATED PEDIATRIC SECTION IN ITS ED ON THE JHMC CAMPUS. JHMC'S OUTPATIENT MENTAL HEALTH CLINIC OFFERS SPECIALTY MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS. THE HOSPITAL ALSO OFFERS PRIMARY CARE AT EIGHT COMMUNITY-BASED EXTENSION CLINICS IN SOUTHWEST QUEENS AND JAMAICA, WHICH PROVIDE PEDIATRIC PRIMARY CARE SERVICES AND ARE NCQA NYS 2018 PCMH RECOGNIZED: MEDISYS E NY, MEDISYS JAMAICA, MEDISYS HOLLIS, MEDISYS HOLLIS TUDORS, MEDISYS ST. ALBANS, MEDISYS RICHMOND HILL, MEDISYS OZONE PARK (MEDIWIS/CLOCKTOWER), AND MEDISYS HOWARD BEACH. IN ADDITION, THE HOSPITAL PROVIDES AMBULATORY SERVICES AT ITS WOMEN'S HEALTH CENTER, FAMILY DENTAL CENTER, MENTAL HEALTH CENTER, AND AFFILIATED ADVANCED CENTER FOR PSYCHOTHERAPY. SERVICES ARE ALSO PROVIDED BY THE HOSPITAL AT THREE PUBLIC SCHOOLS: PS 155 (ELEMENTARY SCHOOL), PS 22 3 (ELEMENTARY SCHOOL) AND CAMPUS MAGNET HIGH SCHOOL. NOW IN ITS SECOND YEAR, THE PEDIATRIC DENTAL PROGRAM OF JHMC'S DEPARTMENT OF DENTAL MEDICINE CONTINUES TO GROW AND IMPROVE. A RANGE OF TREATMENT SERVICES ARE PROVIDED INCLUDING DEVELOPMENT OF A DENTAL HOME, CARIES ASSESSMENT AND FILLINGS, SEALANTS, CLEANINGS, EXTRACTIONS, ROOT CANAL THERAPY, CROWNS, ORAL HYGIENE INSTRUCTION, NUTRITIONAL COUNSELING ANESTHESIA, EARLY INTERCEPTIVE ORTHODONTIC CARE, AND TRAUMA CARE. LICENSED DENTAL STAFF ARE TRAINED TO MEET THE SPECIALIZED NEEDS OF PATIENTS WITH MENTAL AND PHYSICAL DISABILITIES. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT HOW TO PROVIDE ALL ASPECTS OF CLINICAL, EMOTIONAL, AND PSYCHOLOGICAL CARE FOR CHILDREN FROM BIRTH THROUGH ADOLESCENCE. THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER. FOCUS AREA 4: CROSS CUTTING HEALTHY WOMEN, INFANTS, &amp; CHILDREN GOAL 4.1: REDUCE RACIAL, ETHNIC, ECONOMIC, AND GEOGRAPHIC DISPARITIES IN MATERNAL AND CHILD HEALTH OUTCOMES AND PROMOTE HEALTH EQUITY FOR MATERNAL AND CHILD HEALTH POPULATIONS. SEVERE MATERNAL MORBIDITY RATE PER 100,000 DELIVERIES; INFANT MORTALITY RATE = NUMBER OF INFANT DEATHS PER 1,000 LIVE BIRTHS. SOURCES: NYC DOHMH, BUREAU OF VITAL STATISTICS, SPARCS NYC DOHMH, BUREAU OF VITAL STATISTICS, 2016; RESOURCES AND ACCOMPLISHMENTS: CENTERINGPREGNANCY, PATIENT-CENTERED GROUP PRENATAL CARE MODEL FACILITATED BY DOCTORS, NURSES, AND MIDWIVES, WAS ADOPTED AS A BEST PRACTICE AT JHMC TO ADDRESS THE DISPARITIES IN MATERNAL AND INFANT BIRTH OUTCOMES FOR MINORITY WOMEN. THE HOSPITAL IS ADDING A SECOND CENTERINGPREGNANCY PROGRAM AT ITS ST. ALBANS FAMILY CARE CENTER IN PARTNERSHIP WITH PUBLIC HEALTH SOLUTIONS, A COMMUNITY-BASED ORGANIZATION THAT HAS A STRONG FOCUS ON SERVING WOMEN AND CHILDREN. PRETERM BIRTH AND LOW BIRTHWEIGHT ARE LEADING CAUSE OF INFANT MORTALITY, AND IN NYC, PRETERM BIRTHS ARE SIGNIFICANTLY HIGHER FOR ALL MINORITY WOMEN THAN WHITE WOMEN. PRETERM RATES FOR BLACK WOMEN ARE 12.2%; HISPANICS (9.3%); AND ASIANS (7.9); THE RATE IS 7.3% FOR WHITE WOMEN. CENTERINGPREGNANCY HAS BEEN SHOWN TO REDUCE THE RATE OF PRETERM AND LOW WEIGHT BABIES, NEARLY ELIMINATE THE RACIAL DISPARITIES IN PRETERM BIRTH AMONG BLACK WOMEN. PRIORITY AREA IV: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS FOCUS AREA 1: PROMOTE WELL-BEING GOAL 1.1: STRENGTHEN OPPORTUNITIES TO BUILD WELL-BEING AND RESILIENCE ACROSS THE LIFESPAN. STUDENTS IDENTIFIED AS HOMELESS DURING THE 2017-2018 SCHOOL YEAR, NEW YORK CITY. SOURCE: NYSTEACHS. NYS EDUCATION DEPARTMENT, STUDENT INFORMATION REPOSITORY SYSTEM (SIRS). DATA ON HOMELESSNESS IN NYC GOAL 1.2: FACILITATE SUPPORTIVE ENVIRONMENTS THAT PROMOTE RESPECT AND DIGNITY FOR PEOPLE OF ALL AGES. RESOURCES AND ACCOMPLISHMENTS: THROUGH ITS PARTICIPATION IN DSRIP, JHMC HAS IMPLEMENTED MANY NEW PRACTICES AND PROGRAMS THAT FOCUS ON ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH, WHERE POSSIBLE, IN ADDITION TO RESPONDING TO A PATIENT'S MEDICAL COMPLAINT, AND TO PROMOTE WELL-BEING. THIS IS BEING ACCOMPLISHED AT JHMC BY PROVIDING PATIENT NAVIGATION SERVICES SO THAT PATIENTS CAN OBTAIN AFFORDABLE HEALTH INSURANCE, RESOLVE BARRIERS TO ACCESSING HEALTH CARE SERVICES, AND PROVIDE SUPPORTIVE SERVICES TO PROMOTE SUCCESSFUL ADOPTION AND CONTINUATION OF HEALTHY BEHAVIORS. SOME SERVICES ARE PROVIDED DIRECTLY BY OR AT JHMC FACILITIES, SUCH AS THE FARMER'S MARKET, LEGALHEALTH, AND FREE EXERCISE CLASSES. OTHERS ARE PROVIDED BY REFERRALS TO TRUSTED COMMUNITY PARTNERS THAT OFFER SUPPORTIVE SOCIAL SERVICES THAT ARE TAILORED TO A SPECIFIC PATIENT NEED OR A SPECIFIC PATIENT POPULATION (E.G., MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS), AND THAT COMPLEMENT THE MEDICAL CARE BEING PROVIDED</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:</p>	<p>ED AT JHMC FACILITIES. THE FOLLOWING MEMBER AGENCIES OF THE QUEENS PPS PROVIDE EXAMPLES OF THE BREADTH OF SUPPORTIVE SERVICES THAT ARE MORE READILY ACCESSIBLE TO JHMC PATIENTS: CAL LEN-LORDE HEALTH CENTER, CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK, CHILDREN'S A ID SOCIETY, COMMUNILIFE, KOREAN AMERICAN FAMILY SERVICE CENTER, QUEEN PRIDE HOUSE, SELFHEL P COMMUNITY SERVICES, SERVICES &amp; ADVOCACY FOR LGBT ELDERLS (SAGE), AND SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES. FOCUS AREA 2: PREVENT MENTAL AND SUBSTANCE USE DISORDERSGOAL 2.1: PRE VENT UNDERAGE DRINKING AND EXCESSIVE ALCOHOL CONSUMPTION BY ADULTS. SOURCE: NYC DOHMH, EPI QUERY, 2017 COMMUNITY HEALTH SURVEY.GOAL 2.2: PREVENT OPIOID AND OTHER SUBSTANCE MISUSE AN D DEATHS. SOURCE: NYC DOHMH, BUREAU OF VITAL STATISTICS, SUMMARY OF VITAL STATISTICS 2016, THE CITY OF NEW YORK SPECIAL SECTION DRUG-RELATED MORTALITYGOAL 2.3: PREVENT AND ADDRESS ADVERSE CHILDHOOD EXPERIENCES (ACES) GOAL 2.4: REDUCE THE PREVALENCE OF MAJOR DEPRESSIVE DI SORDERSCURRENT DEPRESSION (IN THE PAST TWO WEEKS) AS MEASURED WITH AN EIGHT-ITEM QUESTIONN AIRE THAT ASSESSES SYMPTOMS OF DEPRESSION. SOURCE: EPIQUERY, 2016-2017.GOAL 2.5: PREVENT S UICIDES.SUICIDE RATE/100,000 POPULATION (AGE ADJUSTED). SOURCE: NEW YORK CITY DEPARTMENT O F HEALTH AND MENTAL HYGIENE, EPIQUERY, MORTALITY.GOAL 2.6: REDUCE THE MORTALITY GAP BETWEEN THOSE LIVING WITH SERIOUS MENTAL ILLNESS AND THE GENERAL POPULATIONRESOURCES AND ACCOMPL ISHMENTS: JHMC OFFERS A WIDE RANGE OF INPATIENT OUTPATIENT, AND COMMUNITY-BASED MENTAL HEA LTH SERVICES SERVING PATIENTS ACROSS THE LIFESPAN. THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH HAS A DEDICATED PSYCHIATRIC EMERGENCY DEPARTMENT WITH A SIX-BED OBSERVATION UNIT T O EVALUATE ADULTS WITH ACUTE PSYCHIATRIC SYMPTOMS AND PROVIDE CRISIS INTERVENTION. WHEN NE CESSARY, PATIENTS CAN BE ADMITTED TO ONE OF TWO, 28-BED ADULT PSYCHIATRIC UNITS. THE DEPAR TMENT OPERATES A COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM AND OPERATES TWO COMMUNITY MO BILE CRISIS TEAMS. THE MENTAL HEALTH CLINIC OFFERS GROUP, INDIVIDUAL, FAMILY, AND COUPLES THERAPY, MEDIATION MANAGEMENT, AND SPECIALTY SERVICES FOR CHILDREN, ADOLESCENTS, AND ADULT S ON AN OUTPATIENT BASIS. COMPREHENSIVE, CULTURALLY SENSITIVE INPATIENT AND OUTPATIENT CHE MICAL DEPENDENCY SERVICES ARE OFFERED AT JHMC'S SISTER FACILITY IN QUEENS, FLUSHING HOSPIT AL.JHMC HAS ADOPTED THE IMPACT MODEL FOR DEPRESSION AT ITS FAMILY CARE CENTER SITES AND CO NDUCTS UNIVERSAL SCREENING FOR DEPRESSION IN ITS PRIMARY CARE PRACTICES. DEDICATED DEPRESS ION CARE MANAGERS CONDUCT THE EVIDENCE-BASED IMPACT INTERVENTION WITH PATIENTS WHO HAVE MO DERATE TO SEVERE DEPRESSION. PATIENTS WHO NEED FURTHER TREATMENT ARE REFERRED TO THE HOSPI TAL'S OUTPATIENT MENTAL HEALTH CLINIC WHERE THEY CAN SPEAK TO A MENTAL HEALTH PROFESSIONAL ABOUT DEPRESSION, SUICIDE, OR ANY OTHER MENTAL HEALTH DISORDER.JHMC, THROUGH THE PUBLIC A FFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT THE IDENTIFICATIO N, DIAGNOSIS AND TREATMENT OF A VARIETY OF MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS.THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER , INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPI TAL'S ELECTRONIC COMMUNITY NEWSLETTER.PRIORITY AREA V: PREVENT COMMUNICABLE DISEASESFOCUS AREA 1: VACCINE- PREVENTABLE DISEASES GOAL 1.1: IMPROVE VACCINATION RATES. SOURCE: EPIQUERY , COMMUNITY HEALTH SURVEYS 2016-2017GOAL 1.2: REDUCE VACCINATION COVERAGE DISPARITIESCHILD VACCINATION COVERAGE, AGES 19-35 MONTHS, 2017, COMBINED 7-VACCINE SERIES, 2017. SOURCE: C DC, CHILDVAXVIEW, 2017</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:</p>	<p>RESOURCES AND ACCOMPLISHMENTS: SINCE THE NYC MEASLES OUTBREAK BEGAN IN THE FALL OF 2018, J HMC PROVIDERS HAVE REDOUBLED EFFORTS TO ENCOURAGE ALL PARENTS TO VACCINATE THEIR CHILDREN WITH THE MEASLES- MUMPS-RUBELLA (MMR) VACCINE, AS RECOMMENDED BY THE CDC. THE HOSPITAL IS ALSO POSTING MEASLES OUTBREAK UPDATES ON ITS ONLINE HEALTH EDUCATION NEWSLETTER HEALTH BEA T. ALTHOUGH THE VAST MAJORITY OF THE MEASLES CASES ARE OCCURRING IN THE ORTHODOX JEWISH CO MMUNITIES IN BROOKLYN, OUTSIDE OF JHMC'S SERVICE AREA, MEDICAL STAFF IS TAKING EXTRA PRECA UTIONS TO ENSURE THAT ALL ADULTS AND CHILDREN ARE IMMUNIZED FOR MEASURES OR HAVE IMMUNITY. JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VID EOS ABOUT THE IMPORTANCE OF VACCINATIONS TO PREVENT A VARIETY OF DISEASES INCLUDING INFLUE NZA, PNEUMONIA, MEASLES MUMPS &amp; RUBELLA (MMR) AND OTHERS.THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS IN FORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEW SLETTER.FOCUS AREA 2: HUMAN IMMUNODEFICIENCY VIRUS (HIV)GOAL 2.1: DECREASE HIV MORBIDITY ( NEW HIV DIAGNOSES). SOURCE: NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NEW YOR K CITY HIV/AIDS ANNUAL SURVEILLANCE STATISTICS 2016 AND 2017.GOAL 2.2: INCREASE VIRAL SUPP RESSIONSOURCE: NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, EPIQUERY, 2017 COMMU NITY HEALTH SURVEY. HIV TESTING: RESPONDENTS WERE ASKED IF THEY HAD AN HIV TEST IN THE PAS T 12 MONTHS, OR EVER.RESOURCES AND ACCOMPLISHMENTS: JHMC'S AMBULATORY CARE CENTER IS DESIG NATED BY NYS DOH AS AN HIV PRIMARY MEDICAL CARE PROVIDER AND OFFERS TESTING ANNUALLY TO PA TIENTS AGES 13-64 IN BOTH ITS EMERGENCY DEPARTMENT AND CLINICS. HEALTH EDUCATION AND RISK REDUCTION EDUCATION AND COUNSELING ARE PROVIDED AROUND HIV, STD, AND HCV TO PROMOTE AND RE INFORCE SAFER BEHAVIORS. IN ADDITION TO JHMC'S DIVISION OF INFECTIOUS DISEASE SERVICES, TH E QUEENS' SERVICE AREA (AS DEFINED IN THE QUEENS CNA) HAS 49 INFECTIOUS DISEASE 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 W ITH 180 SERVICE SITES THAT OFFER HIV RELATED SERVICES, INCLUDING RYAN WHITE AND CDC PREVEN TION PROGRAMS. THESE SERVICES INCLUDE HIV PREVENTION AND OUTREACH EFFORTS SUCH AS SEXUAL A ND BEHAVIORAL HEALTH FOR HIV PREVENTION, CONDOM DISTRIBUTION, HARM REDUCTION, TESTING AND LINKAGE TO CARE, AND SYRINGE EXCHANGE. PREP (PRE-EXPOSURE PROPHYLAXIS) AND PEP (POST EXPOS URE PROPHYLAXIS) SERVICES FOR UNINSURED PEOPLE IN QUEENS ARE AVAILABLE AT THE COMMUNITY HE ALTH NETWORK-FAMILY HEALTH CENTER AND NYC HEALTH AND HOSPITALS-ELMHURST.JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT PREVENTIO N OF HIV. THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACE BOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.FOCUS AREA 3: SEXUALLY TRANSMITTED INFE CTIONS (STIS) GOAL 3.1: REDUCE THE ANNUAL RATE OF GROWTH FOR STISSYPHILIS CASE NAMES AND C ASE RATES, 2016, 2015. SOURCE: NYC DOHMH, EPIQUERY, 2018 COMMUNITY HEALTH PROFILESGONORRHE A CASE NUMBERS AND CASE RATES, 2015 &amp; 2016. SOURCE: NYC DOHMH, EPIQUERY, 2018 COMMUNITY HE ALTH PROFILESRESOURCES AND ACCOMPLISHMENTS: JHMC'S AMBULATORY CARE CENTER, WHICH IS DESIGN ATED BY NYS DOH AS AN HIV PRIMARY MEDICAL CARE PROVIDER, AND THE WOMEN'S HEALTH CENTER, CO NDUCTS TARGETED SCREENING FOR SEXUALLY TRANSMITTED DISEASES SUCH AS CHLAMYDIA, GONORRHEA, AND SYPHILIS AND REFERS PATIENTS TO APPROPRIATE FOLLOW-UP MEDICAL CARE, PARTNER SERVICES, AND PREVENTION COUNSELING. FOCUS AREA 4: HEPATITIS C VIRUS (HCV)GOAL 4.1: INCREASE THE NUM BER OF PERSONS TREATED FOR HCVTREATMENT INITIATION AMONG PEOPLE NEWLY REPORTED WITH A POSI TIVE HEPATITIS C RNA TESTS, 2015-2017. SOURCE: NYC DOHMH, NYC HEPATITIS A, B &amp; C ANNUAL RE PORT 2017GOAL 4.2: REDUCE THE NUMBER OF NEW HCV CASES AMONG PEOPLE WHO INJECT DRUGSNEW HEP ATITIS C REPORTS PER 100,000 PEOPLE, 2016 AND 2017. SOURCE: NYC DOHMH, EPIQUERY, COMMUNICA BLE DISEASE SURVEILLANCE DATA, HEPATITIS C, 2016 AND 2017RESOURCES AND ACCOMPLISHMENTS: JH MC ADMINISTERED 2,111 HEPATITIS B BIRTH DOSES TO NEWBORNS IN 2017, REPRESENTING 99% OF ALL BIRTHS, AS AN IMPORTANT COOPERATIVE STRATEGY TO PREVENT HEPATITIS B IN INFANTS. JHMC, THR OUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT THE IMPORTANCE OF THE HEPATITIS C VIRUS VACCINATION.THIS INFORMATION IS POSTED ON ALL OF T HE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMA TION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETT ER.FOCUS AREA 5: ANTIBIOTIC RESISTANCE AND HEALTHCARE-ASSOCIATED INFECTIONSGOAL 5.1: IMPRO VE INFECTION CONTROL IN HEALTHCARE FACILITIESSTAND</p>

Form and Line Reference	Explanation
PART VI, LINE 2, ASSESSMENT OF COMMUNITY HEALTH NEEDS CONTINUED:	<p>ARD INFECTION RATIO - SURGICAL SITE INFECTION AND CLABSI, 2017, QUEENS HOSPITALS. SOURCE: NEW YORK STATE DEPARTMENT OF HEALTH, HOSPITAL-ACQUIRED INFECTIONS IN NEW YORK STATE, 2017. OCTOBER 2018GOAL 5.2: REDUCE INFECTIONS CAUSED BY MULTIDRUG RESISTANT ORGANISMS AND C. DIFFICILESTANDARD INFECTION RATIO - HOSPITAL ONSET CLOSTRIDIUM DIFFICILE INFECTIONS (CDI), 2 016 AND 2017. SOURCE: NYS DOH. HOSPITAL-ACQUIRED INFECTIONS IN NYS, 2017. OCTOBER 2018GOAL 5.3: REDUCE INAPPROPRIATE ANTIBIOTIC USEANTIBIOTIC PRESCRIPTIONS DISPENSED IN U.S. COMMUNITY PHARMACIES PER 1,000 POPULATION, ALL CLASSES, 2016. SOURCE: CDC, OUTPATIENT ANTIBIOTIC USAGE DATA. 2011-2016RESOURCES AND ACCOMPLISHMENTS: JHMC'S PHYSICIAN PRACTICES PARTICIPATED IN THE UNITED HOSPITAL FUND'S OUTPATIENT ANTIBIOTIC STEWARDSHIP INITIATIVE IN AN EFFORT TO REDUCE INAPPROPRIATE USE OF ANTIBIOTICS TREAT VIRAL ILLNESSES SUCH AS COLDS AND FLU. PHYSICIANS AND PATIENTS WERE EDUCATED ABOUT WHEN ANTIBIOTICS ARE NECESSARY AND WHEN THEY ARE NOT. MODIFICATIONS WERE MADE TO THE HOSPITAL'S EHR SYSTEM TO REQUIRE PHYSICIANS TO PROVIDE MORE EXTENSIVE DOCUMENTATION WHEN PRESCRIBING ANTIBIOTICS. THE INITIATIVE YIELDED POSITIVE RESULTS, REDUCING ANTIBIOTIC PRESCRIBING BY 65%.JHMC, ALONG WITH AFFILIATED FHMC, RECEIVED A FEDERAL GRANT TO IMPLEMENT ELECTRONIC REPORTING OF ANTIBIOTIC USE AND RESISTANCE INTO A NATIONAL DATABASE.RESULTS FROM THE 2018 LEAPFROG HOSPITAL SURVEY SHOW THAT JHMC HAS EFFECTIVELY INSTITUTED SEVERAL MANAGEMENT STRUCTURES AND PROCEDURES TO PROTECT PATIENTS FROM ERRORS, ACCIDENTS, AND INJURIES. JHMC RANKED ALONGSIDE THE BEST PERFORMING HOSPITALS FOR THE FOLLOWING PRACTICE MEASURES: DOCTORS ORDER MEDICATIONS THROUGH A COMPUTER; SPECIALLY TRAINED DOCTORS CARE FOR ICU PATIENTS; EFFECTIVE LEADERSHIP TO PREVENT ERRORS; TRACK AND REDUCE RISKS TO PATIENTS; ENOUGH QUALIFIED NURSES, AND HANDWASHING. JHMC MEDICAL STAFF HAVE DEVELOPED AN ANTIBIOTIC STEWARDSHIP PROGRAM TO EDUCATE PHYSICIANS AND PATIENTS ABOUT WHEN ANTIBIOTICS ARE NECESSARY AND WHEN THEY ARE NOT.JHMC, THROUGH THE PUBLIC AFFAIRS DEPARTMENT, REGULARLY POSTS EDUCATIONAL ARTICLES AND VIDEOS ABOUT THE OVER AND MISUSE OF ANTIBIOTICS AND THE RESULTING CONSEQUENCES.THIS INFORMATION IS POSTED ON ALL OF THE HOSPITAL'S SOCIAL MEDIA PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE). THIS INFORMATION IS ALSO DISTRIBUTED TO THE COMMUNITY VIA THE HOSPITAL'S ELECTRONIC COMMUNITY NEWSLETTER.</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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	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
		2019
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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization JAMAICA HOSPITAL MEDICAL CENTER		Employer identification number 11-1631788

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification 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>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
<b>2</b> 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 on Line 1a?		2	
<b>3</b> 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.			
<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		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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.

[illegible]

**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				
1ANTHONY DIMARIA MD SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	247,886	0	9,600	6,419	35,940	299,845	0
1GEOFFREY DOUGHLIN MD THIRD VICE CHAIRMAN	(i)	485,486	0	0	7,000	35,940	528,426	0
	(ii)	0	0	0	0	0	0	0
2BRUCE FLANZ PRESIDENT & CEO	(i)	900,405	0	158,483	7,000	34,546	1,100,434	0
	(ii)	714,083	0	0	0	0	714,083	0
3MOUNIR DOSS EXEC. VICE PRESIDENT & CFO	(i)	722,572	0	33,663	7,000	34,546	797,781	0
	(ii)	432,716	0	0	0	0	432,716	0
4WILLIAM LYNCH EXEC. VICE PRESIDENT & COO	(i)	563,137	0	13,164	7,000	34,546	617,847	0
	(ii)	0	0	0	0	0	0	0
5ALAN ROTH CHARIMAN FAMILY PRACTICE	(i)	481,271	0	2,322	7,000	34,546	525,139	0
	(ii)	0	0	0	0	0	0	0
6MANZAR SASSANI VP FINANCE	(i)	498,738	0	13,164	7,000	34,546	553,448	0
	(ii)	0	0	0	0	0	0	0
7SABIHA RAOOF CHAIRPERSON RADIOLOGY	(i)	755,470	0	1,600	7,000	35,940	800,010	0
	(ii)	0	0	0	0	0	0	0
8SAMI BOSHUT CHIEF INFORMATION OFFICER	(i)	472,923	0	2,410	7,000	32,823	515,156	0
	(ii)	0	0	0	0	0	0	0
9SCOTT TREPETA RADIOLOGIST	(i)	521,193	0	1,242	7,000	2,120	531,555	0
	(ii)	0	0	0	0	0	0	0

<b>SCHEDULE O</b> (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
		<b>Open to Public Inspection</b>
Name of the organization JAMAICA HOSPITAL MEDICAL CENTER		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 &amp; CEO, MOUNIR DOSS, EXECUTIVE VICE PRESIDENT &amp; 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 - 10.0 HOURS PER WEEK</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PARTNERSHIP BOOK TO TAX DIFFERENCE 21,842.

**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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317030350	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2019
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
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	
<b>(1)</b> NHP HOLDINGS LLC 521 FIFTH AVE 3RD FLOOR NEW YORK, NY 10175 20-3418837	HOLDING COMPANY	NY	JAMAICA HOSPITALINROC COMMUNITY SERVICE CORP	RELATED	-1,279	1,541,142		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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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) JAMAICA RX	M	1,427,026	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
MEDISYS VENTURES 111 STEWART AVE HICKSVILLE, NY 11801 11-3431792	HOLDING COMPANY	NY	N/A	C					No
SECOND CENTURY SERVICE CORPORATION 4500 PARSONS BLVD FLUSHING, NY 11355 11-2843101	RETAIL PHARMACY	NY	N/A	C					No
FRR RECOVERY SERVICES 80 MARCUS DRIVE MELVILLE, NY 11747 11-3454555	COLLECTION AGENCY	NY	N/A	C					No
JAMAICA RX 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 20-5292781	RETAIL PHARMACY	NY	N/A	C					No
MEDISYS HOME CARE SERVICE INC 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 03-0474027	HOME CARE STAFFING/INACTIVE	NY	N/A	C					No
MEDISYS IPA 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3452476	PHYSICIAN CONTRACTING/INACTIVE	NY	N/A	C					No
MEDISYS SERVICE CORPORATION 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3479920	HOLDING COMPANY	NY	N/A	C					No
MHN REALTY 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3458286	REAL ESTATE/INACTIVE	NY	N/A	C					No
HI-TECH MEDICAL EQUIPMENT INC 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 11-3313334	DURABLE MEDICAL EQUIPMENT COMPANY/INACTIVE	NY	N/A	C					No