



RESOLUTION OF UNIVERSITY HOSPITAL ACCEPTING THE FISCAL YEAR ENDING JUNE 30, 2020 AUDITED FINANCIAL STATEMENTS SUBMITTED BY KPMG LLP

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey (the "State"), pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, consistent with its powers and responsibilities under the Restructuring Act, the Hospital intends to accept the June 30, 2020 Fiscal Year Ending audited financial statements submitted by KPMG LLP; and

WHEREAS, the Finance and Audit Committee reviewed the audited financial statements prepared by KPMG LLP and recommends approval;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. The audited financial statements for the year ended June 30, 2020, prepared by KPMG LLP, as attached hereto are hereby accepted and approved.
3. This Resolution shall take effect immediately upon the adoption hereof.

I hereby certify that this Resolution 2021-0325-126 is a true copy of actions duly adopted by University Hospital as of the date hereof.

RESOLUTION ADOPTED: March 25, 2021



Mary K. E. Maples, Esq., Corporate Secretary



Audited Financial Statements for the period ending June 30, 2020

See attached.



University Hospital

Discussion with the Finance and Audit Committee

Audit results for the year ended June 30, 2020

March 17, 2021





With you today



Maria Tiso
Lead Engagement Partner



Ryan Santonacita
Lead Senior Manager



Executive summary



Client experience

A white line-art icon of a person's head and shoulders, with several smaller circles connected by lines to the main figure, representing a network or client interaction. The icon is centered within a dark blue circle.

Deliverables

A white line-art icon of a central circle connected to five smaller circles by lines, representing a network or deliverables. The icon is centered within a dark blue circle.

Required communications

A white line-art icon of a computer monitor displaying a line graph with an upward trend, and a magnifying glass over the graph, representing analysis and communication. The icon is centered within a dark blue circle.

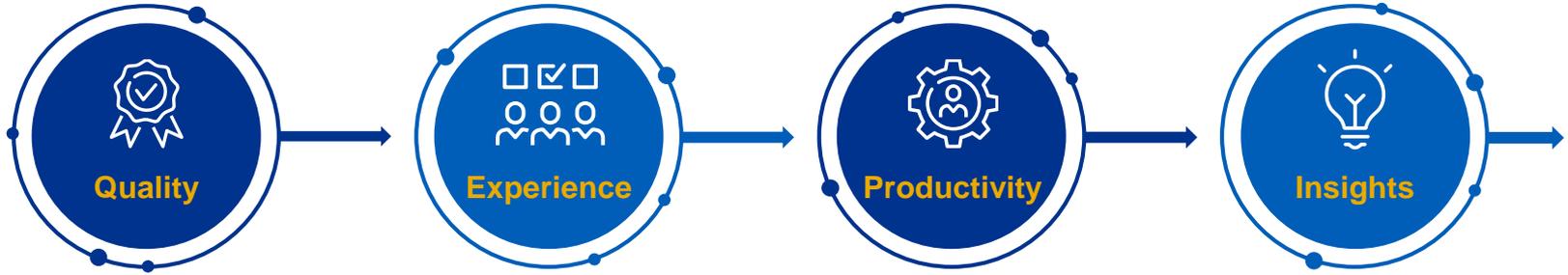
Industry Insights

A white line-art icon of a central circle connected to five smaller circles by lines, representing a network or industry insights. The icon is centered within a dark blue circle.



Our commitment to you

We aim to deliver an exceptional client experience by focusing on:



Quality in all that we do and how we deliver

We are committed to delivering a thoughtful, transparent and coordinated approach

Risk based auditing by enabling our people through the design, execution, and automation of our processes

Having best-in-class industry and topical insights, which help our auditors make better decisions and share those relevant insights



Deliverables

— Deliverables

- Auditor’s report on the financial statements of University Hospital (the Hospital) as of and for year ended June 30, 2020
- Privity letter in connection with the Hospital’s 2015 bonds
- Reports required in accordance with Title 2 U.S. Code of Federal Regulations Part 200 (2 CFR 200), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“the Uniform Guidance”) and New Jersey OMB Circular 15-08, Single Audit Policy for Receipts of Federal Grants, State Grants, and State Aid, related to Federal and State of New Jersey Grants due June 30, 2021 (3-month extension granted due to COVID-19)
- Management letter
- Report on internal control over financial reporting for the Hospital



Required Audit Committee Communications



Summary



Audit results required communications and other matters

		Response
Audit results	Next steps	See slide 10.
	Significant or non-routine transactions	See slide 8.
	Uncorrected audit misstatements	One uncorrected misstatements identified during the audit – see slide 9.
	Corrected audit misstatements	No corrected misstatements identified during the audit.
	Financial presentation and disclosure omissions	No matters to communicate.
	Non-GAAP policies and practices	Amounts for non-GAAP policies and practices deemed not material to the financial statements.
	Auditors' report	We expect to issue an unmodified opinion. It is expected that the audit report will include an other matters paragraph related to the required supplementary information as required by Governmental Accounting Standards Board (GASB) related to management's discussion and analysis, GASB 68 (Pension) and GASB 75 (OPEB).
	Changes to our risk assessment and planned audit strategy	No matters to report.
	Significant accounting policies and practices	The significant accounting policies of the Hospital are disclosed within the notes to the financial statements (note 2). The Hospital adopted GASB 95, <i>Postponement of the Effective Dates of Certain Authoritative Guidance</i> in 2020.
	Significant accounting estimates and disclosures	See accounting estimates appendix – slides 15 through 17.
	Related parties	Related party transactions with the State of New Jersey and Rutgers, the State University of New Jersey are disclosed in note 1(g) and note 9, respectively.
	Going concern	No matters to report.
	Other information	Not applicable, as we are not aware of the financial statements and our auditor's report being included in other documents, except for when the Hospital includes them in debt offerings.
Other deliverables	See slide 11.	

Summary



Audit results required communications and other matters

		Response
Audit results	Subsequent events	See note 13 in the financial statements and slide 8.
	Illegal acts or fraud	No actual or suspected fraud involving management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.
	Noncompliance with laws and regulations	No matters to report.
	Significant difficulties encountered during the audit	No matters to report.
	Significant findings or issues discussed, or the subject of correspondence, with management	No matters to report.
	Management's consultation with other accountants	No matters to report.
	Difficult or contentious matters for which the auditor consulted	No matters to report.
	Disagreements with management	No matters to report.
	Other significant matters	No matters to report.
	Written communications	Engagement letter, management representation letter
	Independence	KPMG and relevant KPMG professionals have complied with relevant ethical requirements regarding independence, as that term is defined by the professional standards. See slide 12 for audit and audit related fees.
	Inquiries	See slide 13.



Significant or non-routine transactions

Description of significant/non-routine transactions

- The following significant or non-routine transaction was disclosed in the financial statements:
 - As a result of the provisions incorporated in CARES Act that was passed in March 2020, the Hospital included the following transactions in the financial statements as of June 30, 2020:
 - Receipt of \$98.1 million in provider relief funds (PRFs) as of June 30, 2020. As of June 30, 2020, the Hospital recognized approximately \$40.4 million of the provider relief funds which is recorded in federal stimulus funds in non-operating income in the statement of revenues, expenses and changes in net position.
 - Deferred approximately \$57.7 million of the PRFs, which is recorded in other current liabilities in the statement of net position.
 - Disclosed that subsequent to June 30, 2020, the Hospital received an additional \$9.2 million in PRFs and that the terms and conditions as well as the compliance requirements to recognize the funds have and continue to be updated which may impact the ability of the Hospital to retain some or all of the funds.
 - See note 1 for disclosures related to the impact of COVID-19 and the CARES Act and note 13 for subsequent events related to the CARES Act.



Uncorrected audit misstatements

	\$(Million)
Description of misstatement	
To record an adjustment to increase DSRIP receivable and net patient service revenue based on award notification letter received in November 2020.	
Due from the State of New Jersey (debit)	\$ 3.1
Net Patient Service Revenue (credit)	\$ 3.1
Total effect on income statement	\$ 3.1
Operating loss	(\$ 239.1)
Percentage of operating loss	1.3%



Next steps

Open items as of March 10, 2021

- Obtain in-house legal letter and perform down to date procedures
- Follow-up on remaining prepared by client open items and finalize audit documentation, if any
- Evaluate subsequent events through issuance, including developments related to the CARES Act
 - Inquiries with management and update subsequent footnote, if applicable
 - Inspection of Board of Trustees and Finance and Audit committee meeting minutes, if available
- Obtain signed management representation letter

We will update the Finance and Audit Committee prior to finalizing the annual financial statements if any issues arise as a result of our completion of the above procedures



Other deliverables

Status of other deliverables

Reports required in connection with the Single Audit under Uniform Guidance and State of New Jersey OMB Circular 15-08 for the year ended June 30, 2020 (filing deadline is March 31, 2021 with a 3-month extension to June 30, 2021 due to COVID-19)

- Current status:
 - Low risk auditee for 2020
 - 4 major programs tested during 2020 (1 Federal and 3 State)
 - COVID-19 Testing for the Uninsured (Federal)
 - Office of Emergency Medical Services - North Star (State)
 - FICA Reimbursement (State)
 - General Hospital Operating Support (State)
 - Expected issuance April 30, 2021
- Auditor's report on Newark AIDS Consortium, Inc. (d/b/a Broadway House for Continuing Care) for the year ended December 31, 2019
 - Issued unqualified opinion – September 23, 2020.



Audit and audit related fees

The estimated fees were presented to the FAC Committee on June 19, 2020 and based on our response dated February 19, 2019 and the Best and Final Offer dated March 19, 2019 to RFP UH P19-014. Below is comparison of estimated to actual fees for 2020:

Service	2020 Actual fees	2020 Estimated fees	Change
University Hospital financial statement audit	\$ 182,000	\$ 182,000	\$ -
University Hospital single audit (Federal and State of New Jersey) *	60,000	45,000	15,000
Newark AIDS Consortium d/b/a Broadway House for Continuing Care financial statement audit	75,000	75,000	-
Privity letter	12,000	12,000	-
Review of general IT controls over the Banner Application **	32,000	-	32,000
Total audit fees	\$ 361,000	\$ 314,000	\$ 47,000

* Initial fee was estimated at three major program for FY2020. One additional major program was identified in FY2020 for a cost of \$15,000 per RFP P19-014

** Management elected the option of the Banner IT review in FY2020 per the proposal dated February 19, 2019 in response to the RFP UH P19-014

Payment of Fees – Audit and All Other Professional Services

Professional standards require that fees for any previously rendered professional service provided more than one year prior to the date of the current year audit report have been paid.



Inquiries

The following inquiries are in accordance with AU-C 260

Is the audit committee aware of:

- Matters relevant to the audit, including, but not limited to, violations or possible violations of laws or regulations?
- Any significant communications with regulators?
- Any developments in financial reporting, laws, accounting standards, corporate governance, and other related matters, and the effect of such developments on, for example, the overall presentation, structure, and content of the financial statements, including the following:
 - The relevance, reliability, comparability, and understandability of the information presented in the financial statements
 - Whether all required information has been included in the financial statements, and whether such information has been appropriately classified, aggregated or disaggregated, and presented?

Does the audit committee have knowledge of:

- Fraud, alleged fraud, or suspected fraud affecting the Hospital?

Additional inquiries:

- What are the audit committee's views about fraud risks in the Hospital?
- Who is the appropriate person (audit committee chair or full committee) for communication of audit matters during the audit?
- How are responsibilities allocated between management and the audit committee?
- What are the Hospital's objectives and strategies and related business risks that may result in material misstatements?
- Are there any areas that warrant particular attention during the audit and additional procedures to be undertaken?
- What are the audit committee's attitudes, awareness, and actions concerning (a) the Hospital's internal controls and their importance in the entity, including oversight of effectiveness of internal controls, and (b) detection of or possibility of fraud?
- Have there been any actions taken based on previous communications with the auditor?
- Has the Hospital entered into any significant unusual transactions?
- Whether the entity is in compliance with other laws and regulations that have a material effect on the financial statements?
- What are the other document(s) that comprise the annual report, and what is the planned manner and timing of issuance of such documents?
- Have any subsequent events occurred that might affect the financial statements?



Accounting estimates





Significant accounting estimates

Description of significant accounting estimates

- Valuation of patient accounts receivable

Audit results

Management's process used to develop the estimates

- Management's estimate for the contractual adjustments and bad debts is primarily based on contractual agreements with third-party payors and historical collection rates and current economic trends.

Procedures

- Performed an independent look-back analysis utilizing a data and analytics tool (IDEA) on the prior year patient accounts receivable.
- Developed an expectation for the current-year reserves based on historical cash collections.
- Inspected aging and payor class mix analysis for shifts or changes that may impact the current-year estimate.

Indicators of possible management bias

- There were no indications of management bias.

Conclusions

- Determined that valuation of patient accounts receivable was reasonable in relation to the financial statements taken as a whole.



Significant accounting estimates (continued)

Description of significant accounting estimate

- Valuation of worker's compensation liability

Audit results

Management's process used to develop the estimate

- Management maintains loss runs of claims, adjusts reserves through the period based on current information and utilizes a third party actuary to project the actuarial liability based on the loss history.

Procedures

- Utilized a KPMG actuarial professional to evaluate whether the methods were consistent with generally accepted actuarial standards and the assumptions, judgments and conclusions reached by the Hospital's actuary were reasonable
- Performed testwork on the June 30, 2020 loss runs utilized in the actuarial calculation
- Obtained and reviewed third party legal responses from law firms engaged in worker's compensation litigation

Indicators of possible management bias

- There were no indications of management bias.

Conclusions

- Determined that the valuation of worker's compensation was reasonable in relation to the financial statements taken as a whole.



Significant accounting estimates (continued)

Description of significant accounting estimates

- Valuation of pension obligations and related disclosure (GASB 68) and postretirement obligation disclosure (GASB 75)

Audit results

Management's process used to develop the estimates

- Management maintains census data of the participants throughout the period and the State of New Jersey utilizes a third party actuary to project the actuarial liability based upon census data and actuarial assumptions.
- Management obtains and records their determined employer's proportionate share of the collective net pension liability from the State of New Jersey

Procedures

- Utilized a KPMG actuarial professional to review the methods and assumptions (i.e. discount rate and mortality rates) for reasonableness and consistency with the requirements of GASB 68 and GASB 75
- Utilized a KPMG subject matter professional to review the GASB 68 and GASB 75 disclosures and required supplementary information
- Performed testwork over the underlying census data utilized in the actuary reports.

Indicators of possible management bias

- There were no indications of management bias.

Conclusions

- Determined that the valuation of pension obligations and related disclosures for pension and postretirement obligations were reasonable and appropriate in relation to the financial statements taken as a whole.

Questions?

For additional information and audit committee resources, including National Audit Committee Peer Exchange series, a Quarterly webcast, and suggested publications, visit KPMG's Audit Committee Institute (ACI) at www.kpmg.com/ACI

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Financial Statements

UNIVERSITY HOSPITAL
(A Component Unit of the State of New Jersey)
Financial Statements
June 30, 2020 and 2019
(With Independent Auditors' Report Thereon)

UNIVERSITY HOSPITAL
(A Component Unit of the State of New Jersey)

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Independent Auditors' Report

The Board of Directors
University Hospital:

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities of University Hospital (the Hospital), a component unit of the State of New Jersey, as of and for the years ended June 30, 2020 and 2019, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of University Hospital as of June 30, 2020 and 2019, and the changes in financial position and, where applicable, cash flows thereof for the years then ended, in accordance with U.S. generally accepted accounting principles.

Other Matters

Required Supplementary Information

U.S. generally accepted accounting principles require that the management's discussion and analysis on pages 3 through 14 and the Schedules of the Hospital's Contributions, the Schedules of the Hospital's Proportionate Share of the Net Pension Liability, and the Schedule of the Hospital's Proportionate Share of the Other Postemployment Benefit (OPEB) Liability on pages 57 through 59, respectively, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

(signed) KPMG LLP

New York, New York
March __, 2021

UNIVERSITY HOSPITAL
(A Component Unit of the State of New Jersey)
Management's Discussion and Analysis
(Unaudited)
June 30, 2020 and 2019

This section of the Hospital's annual financial report presents management's discussion and analysis of the summarized assets, liabilities, and net position as of June 30, 2020 compared to June 30, 2019 balances and June 30, 2019 compared to June 30, 2018 balances. This section also presents management's discussion and analysis of the financial performance during the years ended June 30, 2020 compared to June 30, 2019 and June 30, 2019 financial performance compared to June 30, 2018. The purpose is to provide an objective analysis of the financial activities of the Hospital based on currently known facts, decisions, and conditions. Please read it in conjunction with the financial statements, which follow this section.

New Jersey Medical and Health Sciences Education and Restructuring Act

In accordance with Public Law 2012, c. 45, the New Jersey Medical and Health Sciences Education and Restructuring Act (the Restructuring Act), effective July 1, 2013, the Hospital was separated from the University of Medicine and Dentistry of New Jersey (UMDNJ) as a new stand-alone entity was formed. The Hospital continues to be the primary teaching hospital for the Newark-based schools of the Rutgers School of Biomedical and Health Sciences.

The mission of the Hospital is to improve the quality of life for everyone who comes in contact with the Hospital through effective patient care, education, research, and community service. As the core teaching facility in Newark, the Hospital is the center of referral for many of the State's most advanced medical services and specialty care programs.

The Hospital shall maintain its public mission to provide a comprehensive healthcare program and services to the greater Newark community, including outreach and mobile health services, as well as services in collaboration with the Newark-based schools of the Rutgers School of Biomedical and Health Sciences. The Hospital is committed to act in accordance with the spirit and intent of the "Agreements Reached between Community and Government Negotiators Regarding New Jersey College of Medicine and Dentistry and Related Matters of April 30, 1968."

Overview of the Financial Statements

This annual report consists of two parts – management's discussion and analysis and the basic financial statements.

The basic financial statements include statements of net position, statements of revenues, expenses, and changes in net position, statements of cash flows, and notes to financial statements. These statements present the financial position of the Hospital at June 30, 2020 and 2019, and the changes in net position and its financial activities for the years then ended. The statements of net position include all of the Hospital's assets and liabilities in accordance with U.S. generally accepted accounting principles. The statements of revenues, expenses, and changes in net position, present each year's activities on the accrual basis of accounting, that is, when services are provided or obligations are incurred, not when cash is received or bills are paid. The financial statements also report the Hospital's net position and how it has changed. Net position, or the difference between assets and liabilities, deferred inflows and deferred outflows, is a way to measure the Hospital's financial health or position. The statements of cash flows provide relevant information about each year's cash receipts and cash payments and classify them as to operating, noncapital financing, capital and

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Management's Discussion and Analysis
(Unaudited)
June 30, 2020 and 2019

related financing, and investing activities. Notes to financial statements explain information in the statements and provide more detailed data.

A summarized comparison of the Hospital's combined assets, liabilities, and net position at June 30, 2020, 2019, and 2018 are as follows (in thousands):

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Assets:			
Current assets:			
Cash	\$ 139,845	73,587	63,989
Restricted investments	6,113	6,141	6,114
Patient accounts receivable, net	81,894	81,102	83,100
Other current assets	69,747	58,715	67,182
Noncurrent assets:			
Restricted investments	65,858	73,721	89,755
Prepaid bond insurance	14,969	15,556	16,143
Capital assets, net	226,082	216,763	206,004
Total assets	<u>\$ 604,508</u>	<u>525,585</u>	<u>532,287</u>
Deferred outflows of resources	\$ 211,496	172,062	175,218
Liabilities:			
Current liabilities	\$ 202,777	126,459	107,006
Long-term debt and capital leases, net	343,997	341,721	342,709
Pension liability	613,047	538,608	541,572
Other long-term liabilities	17,485	18,466	18,657
Total liabilities	<u>\$ 1,177,306</u>	<u>1,025,254</u>	<u>1,009,944</u>
Deferred inflows of resources	\$ 127,336	112,897	76,673
Net position:			
Net investment in capital assets	\$ 8,091	5,970	10,604
Unrestricted	(496,729)	(446,474)	(389,716)
Total net position	<u>\$ (488,638)</u>	<u>(440,504)</u>	<u>(379,112)</u>

Overall Financial Position and Operations

The novel coronavirus (COVID-19) was identified in China in December 2019 and was identified in New Jersey in March 2020. It has since spread globally creating an international pandemic which has significantly impacted the economic conditions at a local, national, and global level. On March 8, 2020, the Governor of the State of New Jersey declared a state of emergency to ensure the swift deployment of resources necessary to address coronavirus in New Jersey and the forecasted potential surge of COVID-19 patients. On March 13, 2020,

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(Unaudited)
June 30, 2020 and 2019

President Trump declared a national state of emergency with respect to the COVID-19 outbreak, ordering all states to establish emergency operations and authorizing the use of federal funds.

In accordance with direction and mandates from the Governor, beginning on March 27, 2020, the Hospital cancelled or postponed all non-emergent and elective procedures. On May 26, 2020, the Governor changed the restrictions on non-emergent and elective procedures allowing the Hospital to resume non-emergent and elective procedures. The cancellation of procedures from end of March to end of May had a significant impact on volumes and revenues in the fiscal year. At the same time, the Hospital's expenses remained at close to historic levels due to its inability to adjust staffing levels to volumes. The Hospital's pandemic response plan has multiple facets and continues to evolve. The Hospital received governmental funding through the Coronavirus Aid, Relief and Economic Security (CARES) Act of \$98.1 million to aid in the recovery of lost revenue attributable to COVID-19 and health-related expenses.

The Hospital's total net position from the period June 30, 2019 to June 30, 2020, decreased by \$48.1 million. Net investment in capital assets increased by \$2.1 million during 2020. The Hospital's unrestricted position decreased \$50.2 million from \$446.5 million at June 30, 2019 to \$496.7 million at June 30, 2020. The decrease was mainly due to \$59.9 million of pension expense during fiscal year 2020 related to Governmental Accounting Standards Board (GASB) 68, *Accounting and Financial Reporting for Pensions*. (Pension expense, without consideration for GASB 68, was \$19.9 million during 2020). Without giving effect to the pension expense for GASB 68, the Hospital's unrestricted position increased by \$9.7 million in fiscal year 2020.

The Hospital's total net position from the period June 30, 2018 to June 30, 2019, decreased by \$61.4 million. Net investment in capital assets decreased by \$4.6 million during 2019. The Hospital's unrestricted position decreased \$56.8 million from \$(389.7) million at June 30, 2018 to \$(446.5) million at June 30, 2019. The decrease was mainly due to \$38.4 million of pension expense during fiscal year 2019 related to Governmental Accounting Standards Board (GASB) 68, *Accounting and Financial Reporting for Pensions*. (Pension expense, without consideration for GASB 68, was \$13.6 million during 2019). Without giving effect to the pension expense for GASB 68, the Hospital's unrestricted position decreased by \$18.4 million in fiscal year 2019.

Significant financial ratios are as follows:

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Current ratio	1.47	1.74	2.06
Quick ratio	1.10	1.22	1.38
Days cash on hand	67.21	39.20	34.19
Net days revenue in patient receivables	55.56	55.87	58.69

The current ratio, quick ratio, and days' cash on hand are common liquidity indicators. The net day's revenue in patient receivables is an indicator of how quickly the Hospital collects its patient receivables.

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 Management's Discussion and Analysis
 (Unaudited)
 June 30, 2020 and 2019

Variances in Financial Statements

In this section, the Hospital explains the reasons for certain financial statement items with variances relating to 2020 amounts compared to 2019 and, where appropriate, 2018.

Statement of Net Position

Cash – increased by \$66.3 million as compared to the prior year. This is primarily attributed to the receipt of the CARES Act funds of \$98.1 million of which \$57.7 million is deferred and recorded in other current liabilities. Cash at June 30, 2019 increased by \$9.6 million as compared to the prior year. This can be primarily attributed to the receipt of the New Jersey state subsidy of \$6.7 million, as well as \$3.7 million in State Appropriation payments for fiscal year (FY) 2018 received in FY 2019.

Patient accounts receivable, net – increased \$0.8 million from June 30, 2019 to June 30, 2020 of which \$0.3 million is related to University Hospital and \$0.5 million to Broadway House. Days in-patient accounts receivable of 55.56 remains flat with the prior year. Patient accounts receivable, net decreased \$2.0 million from June 30, 2018 to June 30, 2019 of which \$0.7 million is related to improved cash collections at Broadway House and \$1.3 million is related improved cash collections at the Hospital. Days in-patient accounts receivable of 55.9 are 2.8 days less than the prior year.

Other current assets – increased \$11.0 million from June 30, 2019 to June 30, 2020. This is due to the delay in receipt of funds from the State of New Jersey of \$3.1 million for appropriation initiatives and FICA reimbursements. Additionally, other current assets increased year over year because of the following: \$3.6 million due from Rutgers for rent and services, \$2.1 million for inventory purchases and \$1.6 million for prepaid expense. Other current assets decreased \$8.5 million from June 30, 2018 to June 30, 2019. This is due primarily to the receipts from the State of New Jersey for charity care and other subsidies of \$6.5 million, and appropriation of \$3.7 million, all of which was received in July 2018.

Restricted investments (current and long term) – decreased by \$7.9 million from June 30, 2019 to June 30, 2020 and decreased by \$16.0 million from June 30, 2018 to June 30, 2019 due to the drawdown of capital funds used in the financing of routine and emergency capital needs and technology to replace the services formerly provided by Rutgers University and capital upgrades, as well as additions to various services and facilities.

Prepaid bond insurance – decreased \$0.6 million from June 30, 2019 to June 30, 2020 and from June 30, 2018 to June 30, 2019 due to amortization. The cost of the prepaid bond insurance was \$17.6 million and \$2.1 million and \$2.7 million has been amortized as of June 30, 2019 and June 30, 2020, respectively.

Capital assets, net – increased \$9.3 million from June 30, 2019 to June 30, 2020 due mainly to \$29.8 million of acquisitions that were partially offset by current year depreciation of \$20.5 million. Capital assets, net increased \$10.8 million from June 30, 2018 to June 30, 2019 due mainly to \$31.1 million of acquisitions that were partially offset by current year depreciation of \$20.4 million.

Accounts payable and accrued expenses – increased by \$9.6 million from June 30, 2019 to June 30, 2020 due primarily to purchases of personal protective equipment and COVID-19 related expenses. Accounts payable

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Management's Discussion and Analysis
(Unaudited)
June 30, 2020 and 2019

and accrued expenses increased \$3.2 million from June 30, 2018 to June 30, 2019 due timing of normal operating activity. The Hospital continues with the practice of paying vendors within 45 days after providing services. The Hospital had days in accounts payable of 69.98 and 59.97 days as of June 30, 2020 and 2019, respectively.

Accrued salaries and related payroll taxes – increased by \$2.1 million from June 30, 2019 to June 30, 2020 due to change in estimated retroactive salary adjustments and for accrued days. Accrued salaries and related payroll taxes increased by \$1.1 million from June 30, 2018 to June 30, 2019 due to change in estimated retroactive salary adjustments and for accrued days.

Due to Rutgers University – increased approximately \$9.1 million from June 30, 2019 to June 30, 2020 and \$9.9 million from June 30, 2018 to June 30, 2019 as the Hospital and Rutgers University continue to work toward a collegial relationship that would allow both entities to pay within agreed timeframes. The balance at June 30, 2020 and 2019 represents liabilities for both clinical and facility services. The payment timeframes depend on the service ranging from advanced payments to 45 days from date of invoice.

Accrued workers' compensation – decreased \$0.6 million from June 30, 2019 to June 30, 2020 and from June 30, 2018 to June 30, 2019 due to an updated actuarial analysis. The Hospital continues to record this liability on an undiscounted basis.

Estimated third-party payor settlements – decreased by \$3.2 million from June 30, 2019 to June 30, 2020 primarily due to settlements of prior year cost reports and changes in reserve estimates. Management Estimated third-party payor settlements increased by \$4.0 million from June 30, 2018 to June 30, 2019 primarily due to settlements of prior year cost reports and changes in reserve estimates.

Other current liabilities – increased \$57.4 million from June 30, 2019 to June 30, 2020 primarily due to the deferral of \$57.7 million of CARES Act funds received in fiscal year 2020. Other current liabilities from June 30, 2018 to June 30, 2019 remained consistent year over year.

Current portion of long-term debt – decreased slightly from June 30, 2019 to June 30, 2020 and from June 30, 2018 to June 30, 2019 as a result of the principal amount due the New Jersey Educational Facilities Authority (NJEFA) and capital lease obligations. Principal payments on the Series 2015A bonds are not set to commence until July 1, 2021.

Long-term debt – increased \$2.3 million from June 30, 2019 to June 30, 2020, as a result of new loans from the New Jersey Energy Resiliency Bank (ERB) and Public Service Enterprise Group (PSE&G) in the amount of \$3.2 million. This is offset by \$1.0 million amortization of the bond premium and payments to Rutgers for capital leases. Long-term debt decreased \$1.0 million from June 30, 2018 to June 30, 2019, as a result of the amortization of the net bond premium and payments to Rutgers for capital leases.

Pension liability, deferred inflows of resources, and deferred outflows of resources – increased \$74.4 million, \$14.4 million and \$39.4 million respectively, from June 30, 2019 to June 30, 2020 due to changes in assumptions and proportion. Pension liability, deferred inflows of resources, and deferred outflows of resources

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decreased \$3.0 million, increased \$36.2 million and decreased \$3.2 million respectively, from June 30, 2018 to June 30, 2019 due to changes in assumptions and proportion.

Changes in Components of Net Position

Net investment in capital assets – increased \$2.1 million from June 30, 2019 to June 30, 2020 mainly as result of \$21.9 million of capital additions not attributable to capital reserve funds reduced by depreciation expense of \$20.5 million. Net investment in capital assets decreased \$4.6 million from June 30, 2018 to June 30, 2019 mainly as result of \$15.1 million of capital additions not attributable to capital reserve funds reduced by depreciation expense of \$20.4 million.

Unrestricted net position, other than those mentioned above, resulted in a decrease of \$48.8 million for year 2020. Unrestricted net position, other than those mentioned above, resulted in a decrease of \$56.8 million for year 2019.

A summarized comparison of the Hospital's revenues, expenses, and changes in net position for the years ended June 30, 2020, 2019, and 2018 are as follows (in thousands):

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Operating revenues:			
Net patient service revenue	\$ 538,027	529,873	516,789
Grants revenue	8,887	5,715	5,603
Other revenue	29,756	24,751	19,876
Total operating revenues	<u>576,670</u>	<u>560,339</u>	<u>542,268</u>
Operating expenses:			
Personnel services, fringe benefits, pension, physician and residents fees	537,212	502,537	486,602
Other postemployment benefits	2,648	25,638	36,409
Supplies and other	255,406	239,856	225,320
Depreciation	20,500	20,387	20,796
Total operating expenses	<u>815,766</u>	<u>788,418</u>	<u>769,127</u>
Operating loss	(239,096)	(228,079)	(226,859)

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	<u>2020</u>	<u>2019</u>	<u>2018</u>
Nonoperating income (expenses):			
Appropriations from the State of New Jersey \$	147,739	143,976	141,786
Other postemployment benefits paid by the State of New Jersey	2,648	25,638	36,409
Federal stimulus funds	40,350	—	—
Contributions and special events	33	47	108
Fundraising expenses	(61)	(55)	(117)
Interest income	1,002	1,736	1,091
Interest expense	(15,614)	(15,622)	(15,167)
	<u>(62,999)</u>	<u>(72,359)</u>	<u>(62,749)</u>
Loss before other changes in net position			
Other changes in net position:			
Capital contributions funded by grantors and donors	14,865	10,967	3,082
	<u>(48,134)</u>	<u>(61,392)</u>	<u>(59,667)</u>
Decrease in net position			
Net position at beginning of year	<u>(440,504)</u>	<u>(379,112)</u>	<u>(319,445)</u>
Net position at end of year	<u><u>\$ (488,638)</u></u>	<u><u>(440,504)</u></u>	<u><u>(379,112)</u></u>

Statements of Revenues, Expenses, and Changes in Net Position

Net patient service revenue – Net patient service revenue relates to patient care services under contractual arrangements with governmental payors and private insurers. Net patient service revenue for the year ended June 30, 2020 exceeded 2019 by \$8.1 million, primarily due to \$6.4 million in additional Medicaid Graduate Medical Education (GME) payments and \$12.3 million increase in charity care subsidies (noted below) offset by lost revenues due to lower inpatient and outpatient volumes due to the COVID-19 pandemic. Net patient service revenue for the year ended June 30, 2019 exceeded 2018 by \$13.1 million, primarily due to \$5.7 million in additional Medicaid Graduate Medical Education (GME) payments, new clinical initiatives such as the Liver, Electrophysiology and Neurosurgery programs, increase in observation volume, as well as the ramping up of the outpatient ambulatory clinics.

The Hospital's net patient service revenues totaled \$538 million (including patient subsidies) in 2020. The Hospital is a major source of primary care and serves as the safety net hospital for the inner city municipalities of Newark, East Orange, Irvington, and Orange. The Hospital's role in the community is reflected in its payor mix and commitment to the medically indigent. It has traditionally been the largest provider of charity care services in the state, and Medicaid and uninsured patients account for almost 59% of its gross revenues. As a result, the Hospital must deal with the financial impact of revenue collections and reimbursements related to these patients and their payors.

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The majority of the Hospital's admissions are initially treated in the emergency/trauma department. Emergency room visits of 83,122 in 2020 were lower from 2019 by 8,930 visits primarily due to COVID-19 pandemic. Inpatient discharges for 2020, which account for approximately 68.1% of the Hospital's net patient service revenues, were lower than 2019 by 757 or 4.6%. Clinic visits which generate outpatient revenues, decreased from 2019 level of 223,612 to 199,804 in 2020 or 10.5%. Emergency room visits of 92,052 in 2019 were over slightly from 2018 by 252 visits. Inpatient discharges for 2019, which account for approximately 66% of the Hospital's net patient service revenues, were under 2018 by 5.6%. Clinic visits for 2019, which generate outpatient revenues, increased from 2018 levels by 2.7%.

The level of charity care services provided by the Hospital represents nearly 7.6% of its overall patient care services. Charity care funding from the State of New Jersey (the State) totaled \$58.3 million and \$46.0 million in 2020 and 2019, respectively. Charity care funding is based upon Medicaid reimbursement rates, which have historically been in the range of 60 to 70% of cost. The level of charity care funding is critical to the Hospital's financial results.

Patient subsidies – The Hospital received a total of \$72.1 million in patient subsidies payments in 2020 with the major components represented by payments of \$58.3 million for the New Jersey Charity Care Subsidy Program and \$13.1 million for the Delivery System Reform Incentive Payments (DSRIP) Program. The Hospital received a total of \$61.2 million in patient subsidies payments in 2019 with the major components represented by payments of \$46.0 million for the New Jersey Charity Care Subsidy Program and \$13.1 million for the DSRIP Program.

The Hospital's overall increase in subsidy funding from 2020 to 2019 is mainly attributable to the increase of the charity care subsidy of \$12.3 million.

Grant and other revenue – was \$38.6 million for the year ended June 30, 2020 compared to \$30.4 million for the year ended June 30, 2019 for an increase of \$8.1 million. This was mainly due additional revenue from new and existing grants of \$3.2 million and the 340b pharmacy program of \$0.8 million.

Personnel services, fringe benefits, pension, physician, and resident fees – were \$537.2 million for the year ended June 30, 2020 and were unfavorable by \$34.7 million compared to prior year. Personnel services costs for the year ended June 30, 2020 of \$284.3 million were \$11.6 million over 2019. This increase is primarily driven by the estimated accrued amount of \$7.6 million for retroactive salary adjustments for union and nonunion employees and due to new hires. Pension costs of \$73.2 million for the year ended June 30, 2020 relating to GASB 68 were higher by \$21.1 million when compared to the 2019 due to an updated actuarial analysis. Cost of \$91.4 million for the year ended June 30, 2020 for medical staff and residents contracted with Rutgers University increased by \$5.2 million as compared to the prior year due to contractual increases.

Personnel services, fringe benefits, pension, physician, and resident fees were \$502.5 million for the year ended June 30, 2019 and were unfavorable by \$15.9 million compared to prior year. Personnel services costs for the year ended June 30, 2019 of \$272.7 million were \$11.9 million over 2018. This increase is primarily driven by the estimated accrued amount of \$5.2 million for retroactive salary adjustments for union and nonunion employees and due to new hires. Pension costs \$52.1 million for the year ended June 30, 2019 relating to GASB 68 remained flat compared to prior year. Cost for medical staff and residents for the year

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ended June 30, 2019 of \$86.1 million contracted with Rutgers University increased by \$6.1 million as compared to the prior year due to contractual increases.

Other postemployment benefits expense – decreased by \$23 million from June 30, 2019 to June 30, 2020 due to changes in the other postemployment benefit (OPEB) plan and changes in the actuarial assumptions used by the State of New Jersey in developing the GASB 75 OPEB revenue and expense for the Hospital. This expense is equal to the OPEB paid by the State of New Jersey. See note 10 for additional information on OPEB.

Supplies and other expenses – increased by \$15.5 million or 6.5% from June 30, 2019 to June 30, 2020 and \$14.5 million from June 30, 2018 to June 30, 2019. Partial increase in fiscal year 2020 of \$7.8 million can be attributed to COVID-19 for additional pharmaceuticals, personal protective equipment and professional contracted services. Economic factor adjustments and new clinical initiatives also contribute to the increase.

State appropriations – The Hospital recorded \$147.7 million in State Appropriations in 2020. These amounts include \$102.0 million for fringe benefits of Hospital employees paid by the State, and a special Higher Education Appropriation of \$45.6 million for those expenses incurred as a result of the New Jersey Medical and Sciences Education Restructuring Act and Institutional Support and \$0.1 million for malpractice costs. The Hospital recorded \$144.0 million in State Appropriations in 2019. These amounts include \$100.0 million for fringe benefits of Hospital employees paid by the State, \$0.3 million for malpractice costs and a special Higher Education Appropriation of \$43.7 million for those expenses incurred as a result of the New Jersey Medical and Sciences Education Restructuring Act and Institutional Support.

Other postemployment benefits paid by the State of New Jersey – decreased by \$23 million from June 30, 2019 to June 30, 2020 due to changes in the other postemployment benefit (OPEB) plan and changes in the actuarial assumptions used by the State of New Jersey in developing the GASB 75 OPEB revenue and expense for the Hospital. This noncash nonoperating income is equal to the OPEB expenses that were recognized and paid by the State of New Jersey. See note 10 for additional information on OPEB.

Federal stimulus funds – In 2020 the Hospital recognized \$40.4 million in Provider Relief Funds to recover lost revenues associated with lower volumes, reduced services and additional expenses attributable to COVID-19.

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Capital Assets, Net and Long-Term Debt Activity

Capital Assets, Net

At June 30, the Hospital had capital assets, net of accumulated depreciation, as shown in the table below (in thousands of dollars):

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Land and land improvements	\$ 1,598	1,598	1,598
Buildings and leasehold improvements	371,272	328,107	317,206
Equipment	239,778	236,230	236,475
Capital leases	73,849	73,851	73,851
Construction in progress	33,093	50,102	29,612
Total	<u>719,590</u>	<u>689,888</u>	<u>658,742</u>
Less accumulated depreciation	<u>493,508</u>	<u>473,125</u>	<u>452,738</u>
Net capital assets	<u>\$ 226,082</u>	<u>216,763</u>	<u>206,004</u>

The Hospital had 2020 additions to capital assets as follows:

- \$29.8 million in overall additions with \$3.7 million in major movable equipment including patient furnishings and medical equipment and investments in information technology system upgrades, as well as \$26.1 million in renovations, which includes building renovation projects, Cogeneration energy project and a sprinkler system upgrade. The estimate to complete the Co-Gen and Higher Education projects is approximately \$50.1 million.

The Hospital had 2019 additions to capital assets as follows:

- \$31.1 million in overall additions with \$8.0 million in major movable equipment including patient furnishings and medical equipment and investments in information technology system upgrades, as well as \$21.1 million in renovations, which includes building renovation projects and a sprinkler system upgrade.

More detailed information about the Hospital's capital assets is presented in note 6 to the financial statements.

Long-Term Debt

At June 30, 2020, the Hospital has approximately \$270.5 million in long-term debt financing. On December 22, 2015, the Hospital issued \$255 million of New Jersey Healthcare Facilities Financing Authority (NJHCFFA) Series 2015A Bonds. Total proceeds from the sale were \$295.8 million and included a net premium of \$15.8 million, as well as \$25.0 million from trustee-held debt service and reserve funds. Proceeds from the sale were used to; (i) defease \$150.0 million of NJHCFFA Bond Anticipation Notes (BAN) debt; (ii) fund current debt service reserve requirements of \$17.3 million; (iii) fund bond insurance costs of \$17.6 million; (iv) paying bond issuance costs of \$2.7 million; and (v) fund various capital projects consisting of routine and emergency capital expenditures, information systems, and technology to replace the services

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provided by Rutgers University and capital upgrades and additions to various services and facilities, including the cancer program, diagnostic imaging services, and additional operating and procedure rooms and HVAC upgrades.

The Series 2015A Notes were placed by the Authority with TD Bank, National Association, as Trustee. The Hospital entered into a Loan Agreement (the Loan Agreement) with the Authority relating to the Series 2015A bonds. A security feature for this obligation is provided by a lock box arrangement with the Trustee, TD Bank, N.A. Debt service requirements will be funded by unrestricted state appropriations, including state charity pools, DSRIP, GME, and individual state supplemental appropriations that will flow through the lock box. Any excess funds will then be released to the Hospital for operations. As of September 3, 2020, the credit rating of BB- from Fitch was reaffirmed.

Principal payments on the bonds are due annually and are not set to commence until July 1, 2021. Interest is paid semiannually on July 1 and January 1, which started July 1, 2016. The bonds are set at fixed interest rates and are as follows: (i) \$65.3 million in serial bonds at 5.000%, (ii) \$78.2 million in term bonds at 4.125%, and (iii) \$111.5 million in term bonds at 5.000%.

In addition, the Hospital assumed a portion of UMDNJ, New Jersey Educational Facilities Authority's, Higher Education Capital Improvement Fund, Series A (as revised) in the amount of \$0.7 million. The debt bears interest at fixed rates and required annual principal payments until August 2020. More detailed information about the Hospital's long-term debt is presented in note 8 to the financial statements.

On July 1, 2013, the Hospital entered into five capital lease agreements with Rutgers, the State University of New Jersey for space in various locations on its Newark campus. The agreements are for 76 years and require monthly rent payments in advance. The Hospital capitalized the present value of the lease payments, based on the Hospital's incremental borrowing rate, and are amortizing the asset over the estimated useful life of each of the buildings.

On December 4, 2019, the Hospital entered into a Sub-recipient New Jersey Energy Resiliency Bank (ERB) Funding Agreement with the New Jersey Economic Development Authority (the Authority). The Authority has agreed to provide funding for the development of a new combined heat and power system on the campus of the Hospital. The maximum project cost is estimated to be \$48.0 million and will consist of a grant portion of \$27.3 million and loan proceeds of \$11.8 million. Other funding will consist of loans of \$7.4 million from the Infrastructure Bank of New Jersey (Infrastructure Bank) and \$1.5 million from PSE&G Energy Efficiency Program.

Principal and interest on the ERB and Infrastructure Bank loans will be payable monthly at the rate of two percent (2%) per annum to fully amortize over twenty years, commencing on the first day of the seventh month following the project completion date. Estimated completion is fall of 2021. Principal on the PSE&G loan will be payable monthly to fully amortize the over ten years, commencing on the first month following the project completion date. This is an interest free loan.

As of June 30, 2020, the Hospital drew down \$3.2 million, of which \$2.2 million was drawn from ERB and \$1.0 million from PSE&G.

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Hospital Issues and Challenges

The Hospital continues to adapt to the ever-increasing fiscal challenges placed on healthcare institutions in the New Jersey metropolitan area. Specifically, these challenges include the following:

- Potential reductions in Medicaid and Medicare reimbursements due to state and federal budget reductions
- Federal Disproportionate Share Hospital (DSH) funding cuts
- Reductions in Newark EMS services reimbursement
- Penetration of managed care and tiered health plans in the market place
- Uncertainty of Delivery System Reform Incentive Payments

The healthcare industry, in general, and the acute care hospital business in particular, are experiencing considerable regulatory uncertainty based, in large part, on legislative efforts to significantly modify or repeal and potentially replace the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (ACA). It is difficult to predict the full impact of these actions on the Hospital's future revenues and operations. Changes to the ACA are likely to significantly impact the Hospital.

The COVID-19 pandemic continues to evolve and the future impact on the Hospital's operations and financial position will be driven by many factors, most which are beyond the Hospital's control and difficult to predict. Such factors, include, but are not limited to, the scope and duration of stay-at-home practices and business closures, government-imposed or recommended suspensions of non-emergent and elective procedures, continued declines in patient volumes for an indeterminable length of time, increases in the number of uninsured and underinsured patients as a result of higher sustained rates of unemployment, and incremental expenses required for supplies and personal protective equipment. While the future impact of COVID-19 is unknown, the pandemic may impact the Hospital's patient population, cause volatility in future volumes and require additional changes in the delivery of patient care. Because of these factors and other uncertainties, including a potential fall surge, management cannot estimate the length or severity of the impact of the pandemic on the Hospital's business. The Hospital continues to focus on reducing expenses and recovering lost revenues through all available sources.

The Hospital has responded to these significant challenges by managing labor and staffing more efficiently, as well as eliminating waste and duplication in order to offset unanticipated operating expenses. In addition, Hospital administration has developed monthly monitoring reporting tools to help management target and use benchmark data as a means of controlling costs and enhance productivity. Hospital administration has also identified performance initiatives intended to develop new services and revenue streams, increase patient volume, as well as restructure and streamline throughput processes.

Contacting the Hospital's Financial Management

This financial report provides the citizens of Newark, the Hospital's patients, bondholders, and creditors with a general overview of the Hospital's finances and operations. If you have questions about this report or need additional financial information, please contact Gary Huck, Chief Financial Officer, University Hospital, 150 Bergen Street, Newark, New Jersey 07103.

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Statements of Net Position

June 30, 2020 and 2019

(In thousands)

Assets	2020	2019
Current assets:		
Cash (note 3)	\$ 139,845	73,587
Restricted investments (note 7)	6,113	6,141
Patient accounts receivable, net (note 5)	81,894	81,102
Due from State of New Jersey	22,061	18,919
Supplies	21,277	19,212
Grants receivable	8,413	7,478
Other current assets (note 9)	17,996	13,106
Total current assets	297,599	219,545
Noncurrent assets:		
Restricted investments (notes 7 and 8)	65,858	73,721
Prepaid bond insurance	14,969	15,556
Capital assets, net (notes 6 and 8)	226,082	216,763
Total noncurrent assets	306,909	306,040
Total assets	604,508	525,585
Deferred Outflows of Resources		
Pension related (note 10)	211,496	172,062
Total assets and deferred outflows of resources	\$ 816,004	697,647
Liabilities		
Current liabilities:		
Accounts payable and accrued expenses	\$ 48,967	39,355
Accrued salaries and related payroll taxes	21,228	19,116
Accrued vacation and sick pay	13,980	12,927
Due to Rutgers University (note 9)	53,009	43,935
Current portion of accrued claims liability (note 11)	5,187	4,815
Estimated third-party payor settlements, net (note 11)	1,456	4,647
Current portion of long-term debt and capital lease obligations (note 8)	232	360
Other current liabilities	58,718	1,304
Total current liabilities	202,777	126,459
Noncurrent liabilities:		
Accrued claims liability, net of current portion (note 11)	17,485	18,466
Capital lease obligations, net of current portion (note 8)	73,333	73,466
Long-term debt, net of current portion (note 8)	270,664	268,255
Pension liability (note 10)	613,047	538,608
Total noncurrent liabilities	974,529	898,795
Total liabilities	1,177,306	1,025,254
Deferred Inflows of Resources		
Pension related (note 10)	127,336	112,897
Total liabilities and deferred inflows of resources	1,304,642	1,138,151
Net Position		
Net investment in capital assets	8,091	5,970
Unrestricted	(496,729)	(446,474)
Total net position	(488,638)	(440,504)
Total liabilities and net position	\$ 816,004	697,647

See accompanying notes to financial statements.

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Statements of Revenues, Expenses, and Changes in Net Position
Years ended June 30, 2020 and 2019
(In thousands)

	<u>2020</u>	<u>2019</u>
Operating revenues:		
Net patient service revenue (notes 4, 5, and 11)	\$ 538,027	529,873
Grants revenue	8,887	5,715
Other revenue	29,756	24,751
Total operating revenues	<u>576,670</u>	<u>560,339</u>
Operating expenses:		
Personnel services	284,337	272,712
Contracted physician and resident fees (note 9)	91,385	86,178
Fringe benefits (notes 2 and 10)	88,337	91,596
Other postemployment benefits (note 10)	2,648	25,638
Pension (note 10)	73,153	52,051
Supplies and other (note 9)	255,406	239,856
Depreciation (note 6)	20,500	20,387
Total operating expenses	<u>815,766</u>	<u>788,418</u>
Operating loss	(239,096)	(228,079)
Nonoperating income (expenses):		
Appropriations from the State of New Jersey (notes 10 and 11)	147,739	143,976
Other postemployment benefits paid by the State of New Jersey (note 10)	2,648	25,638
Federal stimulus funds (note 13)	40,350	—
Contributions and special events	33	47
Fundraising expenses	(61)	(55)
Interest income	1,002	1,736
Interest expense	(15,614)	(15,622)
Loss before other changes in net position	<u>(62,999)</u>	<u>(72,359)</u>
Other changes in net position:		
Capital contributions funded by grantors and donors	14,865	10,967
Total other changes in net position	<u>14,865</u>	<u>10,967</u>
Decrease in net position	(48,134)	(61,392)
Net position at beginning of year	<u>(440,504)</u>	<u>(379,112)</u>
Net position at end of year	<u>\$ (488,638)</u>	<u>(440,504)</u>

See accompanying notes to financial statements.

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Statements of Cash Flows

Years ended June 30, 2020 and 2019

(In thousands)

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Cash received from patients and third-party payors	\$ 533,543	544,203
Receipts from grants	6,190	5,702
Other receipts	24,809	24,751
Cash paid for personnel services	(281,181)	(270,690)
Cash paid for contracted physician and resident fees	(86,484)	(85,930)
Cash paid for fringe benefits	(13,289)	(4,029)
Cash paid for supplies and other expenses	(245,946)	(227,865)
Net cash used by operating activities	<u>(62,358)</u>	<u>(13,858)</u>
Cash flows from noncapital financing activities:		
Cash appropriations received from State of New Jersey and other	45,566	43,653
Cash received from Federal stimulus funding	98,077	—
Net cash provided by noncapital financing activities	<u>143,643</u>	<u>43,653</u>
Cash flows from capital and related financing activities:		
Purchase of capital assets	(27,091)	(29,053)
Capital contributions by grantors	16,626	7,717
Proceeds from issuance of long term debt	3,188	—
Net cash received from line of credit	11	—
Payments of capital lease obligation	(126)	(120)
Payments of long-term debt	(144)	(92)
Interest paid	(16,384)	(16,392)
Net cash used in capital and related financing activities	<u>(23,920)</u>	<u>(37,940)</u>
Cash flows from investing activities:		
Purchases of investments	(12,214)	(163)
Sales of investments	20,146	16,147
Interest received	961	1,759
Net cash provided by investing activities	<u>8,893</u>	<u>17,743</u>
Net increase in cash	66,258	9,598
Cash at beginning of year	<u>73,587</u>	<u>63,989</u>
Cash at end of year	<u>\$ 139,845</u>	<u>73,587</u>
Supplemental disclosures:		
Appropriations paid by the State of New Jersey	\$ 102,145	100,315
Other postemployment benefits paid by the State of New Jersey	2,648	25,638
Capital assets included within accounts payable and accrued expenses	4,821	2,093

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Statements of Cash Flows

Years ended June 30, 2020 and 2019

(In thousands)

	<u>2020</u>	<u>2019</u>
Reconciliation of operating loss to net cash used in operating activities:		
Operating loss	\$ (239,096)	(228,079)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Amortization of prepaid bond insurance	587	587
Depreciation	20,500	20,387
Provision for bad debts	147,762	163,009
Other postemployment benefits paid by the State of New Jersey	2,648	25,638
Appropriations paid by the State of New Jersey	102,145	100,315
Changes in assets and liabilities:		
Patient accounts receivable, net	(148,554)	(161,011)
Due from State of New Jersey	(3,142)	11,900
Grants receivable	(2,696)	(13)
Supplies and other current assets	(6,955)	(170)
Accounts payable and accrued expenses	6,884	1,123
Accrued salaries and related payroll taxes	2,112	1,086
Accrued vacation and sick	1,053	936
Due to Rutgers University	9,074	9,938
Accrued claims liability	(609)	(585)
Estimated third-party payor settlements, net	(3,191)	3,986
Pension liability, deferred outflows and deferred inflows	49,444	36,416
Other liabilities	(324)	679
Net cash used by operating activities	<u>\$ (62,358)</u>	<u>(13,858)</u>

See accompanying notes to financial statements.

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(1) Organization and Operations

In accordance with Public Law 2012, c. 45, the New Jersey Medical and Health Sciences Education and Restructuring Act (the Restructuring Act), effective July 1, 2013, University Hospital (UH), a public institution of healthcare and a body politic of the State of New Jersey (the State) was separated from University of Medicine and Dentistry of New Jersey (UMDNJ) as a new stand-alone entity and will continue to be the primary teaching hospital for the Newark-based schools of the Rutgers School of Biomedical and Health Sciences. UH shall maintain its public mission to provide a comprehensive healthcare program and services to the greater Newark community, including outreach and mobile health services, as well as services in collaboration with the Newark-based schools of the Rutgers School of Biomedical and Health Sciences. UH is committed to act in accordance with the spirit and intent of the "Agreements Reached between Community and Government Negotiators Regarding New Jersey College of Medicine and Dentistry and Related Matters of April 30, 1968."

UH is a component unit of the State of New Jersey, and accordingly, its financial statements are included in the State of New Jersey's Comprehensive Annual Financial Report.

Newark AIDS Consortium, Inc. (d/b/a Broadway House for Continuing Care or BHCC) was incorporated in April 1992. BHCC is exempt from federal, state, and local income taxes as 501(c) (3) organizations under the Internal Revenue Code. BHCC is a blended component unit of the Hospital as a result of UH being the sole corporate member.

BHCC issues separate annual financial statement as of December 31, which are available through Jim Hub, Director of Finance, Broadway House, 298 Broadway, Newark, New Jersey 07104-4003.

The reporting entity, which results from blending UH and BHCC, is collectively referred to as the "Hospital."

COVID-19

The novel coronavirus (COVID-19) was identified in China in December 2019 and was identified in New Jersey in March 2020. It has spread globally creating an international pandemic which has significantly impacted the economic conditions at a local, national, and global level. On March 8, 2020, the Governor of the state of New Jersey declared a state of emergency to ensure the swift deployment of resources necessary to address coronavirus in New Jersey and the forecasted potential surge of COVID-19 patients. On March 13, 2020, President Trump declared a national state of emergency with respect to the COVID-19 outbreak, ordering all states to establish emergency operations and authorizing the use of federal funds.

In accordance with direction and mandates from the Governor, beginning on March 27, 2020, the Hospital cancelled or postponed all non-emergent and elective procedures. On May 26, 2020, the Governor changed the restrictions on elective procedures allowing the Hospital to resume non-emergent and elective procedures. The cancellation of procedures from mid-March to mid-May had a significant impact on volumes and revenues in the fiscal year.

In response to financial pressures brought on by the COVID-19 pandemic, the federal government passed the Coronavirus Aid, Relief and Economic Security (CARES Act) Provider Relief Fund in March 2020. The Provider Relief Fund is distributing \$175 billion to hospitals and healthcare providers to assist with the COVID-19 response. The Provider Relief Fund (PRFs) payments are to assist with lost revenues

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associated with lower volumes, canceled procedures and services and additional expenses due to COVID-19. Provider relief funds consisted of both general and targeted distributions. The Hospital received both types of distributions totaling \$98.1 million. For the year ended June 30, 2020, the Hospital recognized PRFs of \$40.4 million, which is recorded within federal stimulus funding in the statement of revenues, expenses and changes in net position. As of June 30, 2020, The Hospital has deferred recognition of \$57.7 million recorded in other current liabilities as unearned stimulus funds in the statement of net position.

(2) Summary of Significant Accounting Policies

The Hospital's significant accounting policies are as follows:

(a) Basis of Presentation

The accompanying basic financial statements of the Hospital are presented in conformity with Generally Accepted Accounting Principles for state and local governments in the United States of America as prescribed by the Governmental Accounting Standards Board (GASB).

The financial statements have been prepared on the accrual basis of accounting using the economic resources measurement focus. Under this method of accounting, revenues are recognized when earned and expenses are recorded when liabilities are incurred without regard to receipt or disbursement of cash.

(b) Restricted Investments

Restricted investment primarily includes assets held by a trustee, TD Bank, National Association under bond resolution. Amounts required to meet current liabilities of the Hospital have been classified as current assets in the statement of net position. Interest income earned on restricted investments is included in nonoperating income (expenses).

Restricted investments are invested in money market funds and are recorded at fair value based on quoted market prices, which are Level 1 investments in the fair value hierarchy.

(c) Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy at amounts less than its charges or established rates. The Hospital does not pursue collection of amounts determined to qualify as charity care, and they are not reported as revenue (note 4).

(d) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates. The change in estimate related to third-party payors and accrued claims liability are disclosed in notes 11(a) and 11(c), respectively.

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(e) *Classifications of Revenues and Expenses*

All exchange transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are considered to be operating activities and are reported as operating revenues and operating expenses. Appropriations from the State of New Jersey, other postemployment benefits paid by the State of New Jersey, contributions and special events, fundraising expenses, interest income, interest expense and Federal stimulus funds are reported as nonoperating income and expenses. Other changes in net position, which are excluded from loss before other changes in net position, consist of capital contributions funded by grantors or donors.

(f) *Patient Accounts Receivable, Net and Net Patient Service Revenue*

The Hospital has agreements with certain third-party payors that provide for payments at amounts different from its charges or established rates. Payment arrangements include prospectively determined rates, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated third-party payors settlements resulting from audits, reviews, and investigations. These estimated third-party payors settlements are accrued in the period the related services are rendered and adjusted in future periods as revised information becomes known or as years are no longer subject to such audits, reviews, and investigations. Net patient service revenue is reported net of the provision for bad debts of \$147.8 million in 2020 and \$163.0 million in 2019.

The allowance for doubtful patient accounts is the Hospital's estimate of the amount of probable credit losses in its patient accounts receivable. The Hospital determines the allowance based on collection studies and historical write-off experience. Past-due balances are reviewed individually for collectability. Account balances are charged off against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote. The allowance for estimated doubtful accounts at June 30, 2020 is \$260.6 million and at June 30, 2019 is \$253.9 million.

(g) *Appropriations from the State of New Jersey*

State appropriations are recognized in the fiscal year during which the State appropriates the funds for the Hospital. The Hospital is fiscally dependent upon these appropriations. The Hospital classifies them as nonoperating income.

The State pays on behalf of the Hospital for certain fringe benefits of employees, medical malpractice settlements, negligence, and other torts. The Hospital is indemnified by the State for the Hospital's malpractice settlements (see note 11). The Hospital records both revenues and expenses in an amount equal to expenditures made on its behalf by the State, that is, certain fringe benefits of the Hospital's employees, settlements of claims for medical malpractice, negligence, other torts, and alleged breach of contracts (see notes 10 and 11).

In 2020 and 2019, the fringe benefits of employees paid by the State were \$102.0 million and \$100.0 million, respectively. The medical malpractice and general liability settlements paid by the State were \$0.1 million in 2020 and \$0.3 million in 2019. The State also paid the Hospital \$45.6 million in 2020 and \$43.7 million in 2019 to support the Hospital operations through a special Higher Education

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Services – Institutional Support appropriation as a result of the New Jersey Medical and Sciences Education Restructuring Act.

All State aid to the Hospital is subject to and dependent upon appropriations being made for such purpose by the New Jersey State Legislature (the State Legislature). The State Legislature has no legal obligation to make such appropriations.

(h) Government Grants

Grants revenue comprise mainly funds received from grants from federal, state, and other governments and are recognized when all eligibility requirements for revenue recognition are met, which is generally the period in which the related expenses are incurred.

(i) Prepaid Bond Insurance

Prepaid bond insurance costs of \$17.6 million represent costs incurred in connection with the issuance of Series 2015A bonds and are amortized over the life of the bonds. Accumulated amortization of prepaid bond insurance costs amounted to \$2.6 million at June 30, 2020 and \$2.1 million at June 30, 2019.

(j) Capital Assets and Depreciation

Capital assets are recorded at cost or in the case of donated assets at fair value at the date of acquisition. Major renewals and improvements are capitalized while maintaining repairs are expensed when incurred.

The State retains legal title to the land, buildings, and improvements as of July 1, 2013 and thereafter and subleases them to the Hospital for \$1 until June 30, 2089. The Hospital is the sole beneficiary as to the use of the capital assets and is responsible for their control and maintenance. Accordingly, the capital assets have been capitalized in the accompanying statements of net position.

Depreciation is computed on a straight-line basis using estimated useful lives in accordance with American Hospital Association guidelines:

Land improvements	2 to 25 years
Buildings and leasehold improvements	5 to 40 years
Equipment	3 to 25 years

Capital assets under capital lease obligations and leasehold improvements are depreciated over the shorter of either the lease term or the estimated useful life.

(k) Supplies

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

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(l) Income Taxes

The Hospital qualifies as a governmental entity not subject to federal income tax, by reason of the organization being a state or political subdivision thereof, or an integral part of a state or political subdivision thereof; or, an entity all of whose income is excluded from gross income for federal income tax purposes under Section 115 of the Internal Revenue Code of 1986. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

(m) Due from State of New Jersey

Due from State of New Jersey represents reimbursements due for fringe benefits paid by the Hospital for employees covered by the State of New Jersey benefit plans and receivables related to the New Jersey Department of Health subsidy program.

(n) Grants Receivable

Grants receivable relate to various healthcare provision programs under contract with the State and other grantors. Grants receivable, which are reimbursed to the Hospital for providing such services, relate to the Urban Security Initiative, North Star, and School Based Youth Service grants.

(o) Net Position

Net position of the Hospital is classified in various components. *Net investment in capital assets* consist of capital assets net of accumulated depreciation and reduced by outstanding borrowings used to finance the purchase or construction of those assets. *Unrestricted net position* is remaining net position that does not meet the definition of *Net investment in capital assets*. The Hospital first applies restricted resources when unrestricted resources are available for the same purpose.

(p) Compensated Absences

The Hospital's employees earn vacation and holiday days at varying rates depending on years of service and title. Generally, vacation and holiday time may accumulate up to specified maximums, depending on title. Upon resignation or retirement, employees are paid for unused vacation and holiday days, most at the current rate. Employees accrue sick leave at a fixed rate and there is no accumulation limit on sick leave. Upon retirement, employees can opt for partial payment of accumulated sick leave.

(q) Retirement Plans

Under GASB 68, *Accounting and Financial Reporting for Pensions*, the Hospital records pension expense, pension liability, deferred outflows of resources, and deferred inflows of resources related to cost sharing multiemployer pension plan for its proportionate share of collective pension expense, collective pension liability, and collective deferred outflows of resources and deferred inflows of resources.

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(r) Postemployment Benefits Other than Pensions

Under GASB 75, *Accounting and Financial Reporting for Postemployment benefits Other than Pension (OPEB)*, the Hospital records other postemployment benefit expenses and other postemployment benefits paid by the State of New Jersey related to the single-employer defined-benefit other postemployment benefit plan. The State is legally obligated for the benefit payments on behalf of the retirees of the Hospital under the State Health Benefit State Retired Employees Plan (the Plan); therefore, the Plan meets of the definition of a special funding situation as defined in GASB 75. The Hospital does not record its proportionate share of the collective total OPEB liability.

(s) Accrued Claims Liability

Accrued claims liability represents estimated amounts payable related to workers' compensation claims (note 11(c)).

(t) Accounting Standards

(i) Adopted Accounting Pronouncements

In May 2020, the GASB issued Statement No. 95, "*Postponement of the Effective Dates of Certain Authoritative Guidance*," which was effective upon issuance. This Statement provides temporary relief to governments and other stakeholders in light of the COVID-19 pandemic. That objective is accomplished by postponing the effective dates of certain provisions in Statements and Implementation Guides that first became effective or have been scheduled to become effective for periods beginning after June 15, 2018 and later. As a result, the Hospital will postpone implementation of Statements No. 87 and No. 91.

(ii) Upcoming Accounting Pronouncements

In June 2017, the GASB issued Statement No. 87, *Leases*. This statement improves the accounting and financial reporting for leases by governments. This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. This GASB statement will be effective for the fiscal year ending June 30, 2022, as amended by the issuance of Statement No. 95. The Hospital is evaluating the impact of this new standard.

In May 2019, GASB issued Statement No. 91, *Conduit Debt Obligations (GASB 91)*. This statement requires issuers to disclose general information about their conduit debt, organized by type of commitment, including the aggregate outstanding principal amount of the issuers' conduit debt obligations and a description of each type of commitment. Issuers that recognize liabilities related to supporting the debt service of conduit debt obligations should also disclose information about the amount recognized and how the liabilities changed during the reporting period. This GASB statement will be effective for the fiscal year ending June 30, 2023, as amended by the issuance of Statement No. 95. The Hospital is evaluating the impact of this new statement.

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(u) Fair Value

Management determines fair value of financial instruments as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management utilizes valuation techniques that maximize the use of observable inputs (Levels 1 and 2) and minimize the use of unobservable inputs (Level 3) within the fair value hierarchy established by GASB. Financial assets and liabilities carried at fair value are classified and disclosed in one of the following categories:

Level 1: Fair value measurements using unadjusted quoted market prices in active markets for identical, unrestricted assets or liabilities

Level 2: Fair value measurements using observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially that full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted market prices that trade less frequently than exchange-traded instruments.

Level 3: Fair value measurements using significant inputs that are not readily observable in the market and are based on internally developed models or methodologies utilizing significant inputs that are generally less readily observable.

Money market mutual funds are valued at the NAV of the shares held at year-end, based on published market quotations in active markets. The NAV is classified within Level 1 of the fair value hierarchy as the unit price is quoted in an active market.

Corporate bonds are valued using an evaluation price that is based on a compilation of primarily observable market quotations, when available. These are included as Level 2 investments in the fair value hierarchy.

The Hospital does not have any assets or liabilities based upon Level 3 inputs.

(3) Cash

Custodial credit risk is the risk that, in the event of a bank failure, the Hospital's deposits may not be returned to it. At June 30, 2020 and 2019, the actual amount of cash in the Hospital's bank accounts was \$147.2 million and \$77.5 million (with \$7.4 million and \$3.9 million in outstanding checks), respectively. As of May 29, 2015, a Tri-Party collateral agreement was established between the Hospital, the Bank of America, N.A., and the Bank of New York Mellon to collateralize the Hospital's cash.

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(4) Charity Care

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services furnished under its charity care policy and the estimated cost of those services. The Hospital utilizes a cost to charge ratio methodology to convert charity care to estimated cost. The amount of uncompensated care provided to indigent and the broader community for the years ended June 30 (in thousands):

	2020	2019
Charity care:		
Charges foregone, based on established rates	\$ 220,705	304,373
Estimated cost incurred to provide charity care	69,315	85,070
	2020	2019
Provision for bad debt:		
Charges foregone, based on established rates	\$ 147,762	163,009
Estimated cost incurred to provide bad debt	46,406	45,560

The Hospital only includes charges for patient services in charity care for individuals who complied with the New Jersey Department of Health's criteria for qualification into the Charity Care Subsidy formula. These criteria require a patient's cooperation and documentation to participate. The Hospital believes that a large number of its patient accounts that default to bad debts are in fact charity care cases, but due to a patients' unwillingness or inability to provide the documentation such cases do not qualify.

The Hospital recorded \$58.3 million and \$46.0 million from the State's Charity Care Subsidy Fund in 2020 and 2019, respectively, of reimbursement associated with cost of bad debt and charity care and is recorded in net patient service revenue in the statements of revenues, expenses, and changes in net position.

(5) Patient Accounts Receivable, Net and Net Patient Service Revenues

Most of the Hospital's net patient service revenue is from funds received on behalf of patients under governmental health insurance plans. Revenue from these governmental plans is based upon relevant reimbursement principles and is subject to audit by the applicable payors. Certain payors have performed audits and have proposed various disallowances, which other payors may similarly assert.

Included in net patient service revenue are adjustments to prior year estimated third-party payors settlements that were originally recorded in the period the related services were rendered. The adjustments to prior year estimates and other third-party reimbursement receipts or recoveries that relate to prior years resulted in an decrease in 2020 and increase in 2019 to net patient service revenues (note 11(a)).

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The components of net patient service revenue for the years ended June 30 are as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Gross charges	\$ 2,670,687	2,820,873
Additions (deductions) from gross charges:		
Charity care subsidy fund and DSRIP revenue	72,061	61,151
Contractual and other allowances	(2,056,959)	(2,189,142)
Provision for bad debts	(147,762)	(163,009)
Subtotal	<u>(2,132,660)</u>	<u>(2,291,000)</u>
Net patient service revenues	<u>\$ 538,027</u>	<u>529,873</u>

Net patient service revenue by primary payor for the years ended June 30 are as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Medicaid and Medicaid HMO	\$ 200,082	201,556
Medicare	132,990	133,417
Other third-party payors	123,521	124,355
Self-pay	9,373	9,394
Net patient service revenue by payor	<u>465,966</u>	<u>468,722</u>
Charity care subsidy fund and DSRIP revenue	<u>72,061</u>	<u>61,151</u>
Net patient service revenue	<u>\$ 538,027</u>	<u>529,873</u>

The Hospital provides services to its patients, most of who are insured under third-party payors agreements. Patient accounts receivable, net were as follows as of June 30 (in thousands):

	<u>2020</u>		<u>2019</u>	
Medicaid and Medicaid HMO \$	22,828	27.9 %	\$ 27,853	34.4 %
Medicare	9,018	11.0	11,365	14.0
Other third-party payors	41,788	51.0	37,416	46.1
Self-pay	8,260	10.1	4,468	5.5
	<u>\$ 81,894</u>	<u>100.0 %</u>	<u>\$ 81,102</u>	<u>100.0 %</u>

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Allowance for doubtful accounts activity for the years ended June 30 was as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Beginning balance	\$ 253,883	228,059
Provision for bad debts	147,762	163,009
Write-off, net of recoveries	<u>(141,035)</u>	<u>(137,185)</u>
Ending balance	<u>\$ 260,610</u>	<u>253,883</u>

(6) Capital Assets

Capital assets activity for the years ended June 30 was as follows (in thousands):

	<u>June 30, 2019</u> <u>balance</u>	<u>Acquisitions,</u> <u>net of</u> <u>transfers</u>	<u>Sales,</u> <u>retirements,</u> <u>and adjustments</u>	<u>June 30, 2020</u> <u>balance</u>
Land and land improvements \$	1,598	—	—	1,598
Buildings and leasehold improvements	328,107	43,163	2	371,272
Equipment	236,230	3,635	(87)	239,778
Capital leases	73,851	—	(2)	73,849
Construction in progress	<u>50,102</u>	<u>(17,009)</u>	<u>—</u>	<u>33,093</u>
	<u>\$ 689,888</u>	<u>29,789</u>	<u>(87)</u>	<u>719,590</u>

The estimate to complete construction in progress relating to the Co-Gen and Sprinkler projects is approximately \$50.1 million.

	<u>June 30, 2018</u> <u>balance</u>	<u>Acquisitions,</u> <u>net of</u> <u>transfers</u>	<u>Sales,</u> <u>retirements,</u> <u>and adjustments</u>	<u>June 30, 2019</u> <u>balance</u>
Land and land improvements \$	1,598	—	—	1,598
Buildings and leasehold improvements	317,206	5	10,896	328,107
Equipment	236,475	7,951	(8,196)	236,230
Capital leases	73,851	—	—	73,851
Construction in progress	<u>29,612</u>	<u>23,190</u>	<u>(2,700)</u>	<u>50,102</u>
	<u>\$ 658,742</u>	<u>31,146</u>	<u>—</u>	<u>689,888</u>

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Related information on accumulated depreciation for the years ended June 30 was as follows (in thousands):

	<u>June 30, 2019 balance</u>	<u>Acquisitions, net of transfers</u>	<u>Sales, retirements, and adjustments</u>	<u>June 30, 2020 balance</u>
Buildings and leasehold improvements	\$ 265,256	6,945	—	272,201
Equipment	197,079	11,760	(117)	208,722
Capital leases	10,790	1,795	—	12,585
	<u>\$ 473,125</u>	<u>20,500</u>	<u>(117)</u>	<u>493,508</u>

	<u>June 30, 2018 balance</u>	<u>Acquisitions, net of transfers</u>	<u>Sales, retirements, and adjustments</u>	<u>June 30, 2019 balance</u>
Buildings and leasehold improvements	\$ 259,746	5,510	—	265,256
Equipment	183,998	13,081	—	197,079
Capital leases	8,994	1,796	—	10,790
	<u>\$ 452,738</u>	<u>20,387</u>	<u>—</u>	<u>473,125</u>

(7) Restricted Investments

Restricted investments consist of the following as of June 30 (in thousands):

	<u>2020</u>	<u>2019</u>
Under bond resolutions:		
Working capital funds (a)	\$ —	58
Capital reserve funds (a)	47,136	55,220
Debt service reserve funds (a)	17,290	17,410
Debt service funds (a)	6,744	6,431
	<u>71,170</u>	<u>79,119</u>
Other investments (b)	801	743
Less current portion of restricted investments	<u>(6,113)</u>	<u>(6,141)</u>
	<u>\$ 65,858</u>	<u>73,721</u>

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- (a) Restricted investments under the terms of the bond resolutions (note 8) are to provide for debt service requirements and the acquisition of capital assets. Terms of the bond resolutions provide that assets be maintained in separate funds held by the trustee, TD Bank, National Association. The restricted investments are held in money market funds and are classified as Level 1 in the fair value hierarchy.

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. At June 30, 2020 and 2019, the Hospital's money market funds were rated Aaa by Moody's.

Custodial credit risk for investments is the risk that, in the event of failure of the counterparty, the Hospital will not be able to recover the value of the investments that are in possession of an outside party. Custodial credit risk should not be confused with market risk, which is the risk that the market value of a security may decline. Money market funds are not subject to custodial credit risk because their existence is not evidenced by securities that exist in physical or book entry form.

- (b) Other investments are held by BHCC within a portfolio with TD Bank, National Association and are reported at fair value. The portfolio consists of corporate bonds and money market mutual funds. The investments are classified as both current and noncurrent based upon years to maturity for corporate bonds. Money market funds are classified as current. Corporate bonds of \$0.7 million are classified as Level 2 in the fair value hierarchy and money market funds are classified as Level 1 in the fair value hierarchy.

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(8) Long-Term Debt and Capital Lease Obligations

Long-term debt consists of the following as of June 30 (in thousands):

	<u>2020</u>	<u>2019</u>
Bonds payable:		
New Jersey Health Care Facilities Financing Authority (NJHCFFA) Series 2015A Bond, bearing interest at fixed rates to be paid semi-annually; with principal payments to be paid annually and set to commence on July 1, 2021 (a)	\$ 254,975	254,975
NJHCFFA Series 2015A net premium and amortized over the 30 year life of the bond (a)	12,360	13,130
New Jersey Educational Facilities Authority (NJEFA) Higher Education Capital Improvement Fund, Series 2000 A annual principal payments (b)	101	245
Capital lease obligations (c)	73,605	73,731
New Jersey Energy Resiliency Bank loan (d)	2,156	—
PSE&G loan (d)	1,032	—
	<u>344,229</u>	<u>342,081</u>
Less current installments	<u>232</u>	<u>360</u>
Long-term portion of bonds and capital lease payable	<u>\$ 343,997</u>	<u>341,721</u>

Long-term debt activity for the years ended June 30 was as follows (in thousands):

	<u>June 30, 2019</u>	<u>Additions/adj</u>	<u>Reductions</u>	<u>June 30, 2020</u>	<u>Amounts</u>
	<u>balance</u>			<u>balance</u>	<u>due within</u>
					<u>one year</u>
Long-term debt:					
Bonds payable 2015A	\$ 268,105	—	(770)	267,335	—
Bonds payable NJEFA	245	(48)	(96)	101	101
Capital lease obligations	73,731	—	(126)	73,605	131
Energy Resiliency Bank	—	2,156	—	2,156	—
PSE&G	—	1,032	—	1,032	—
	<u>342,081</u>	<u>3,140</u>	<u>(992)</u>	<u>344,229</u>	<u>232</u>
Net long term debt	<u>\$ 342,081</u>	<u>3,140</u>	<u>(992)</u>	<u>344,229</u>	<u>232</u>

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	June 30, 2018 balance	Additions	Reductions	June 30, 2019 balance	Amounts due within one year
Long-term debt:					
Bonds payable 2015A	\$ 268,875	—	(770)	268,105	—
Bonds payable NJEFA	337	—	(92)	245	95
Capital lease obligations	73,851	—	(120)	73,731	265
Net long term debt	\$ 343,063	—	(982)	342,081	360

- (a) On December 22, 2015, the Hospital issued \$255 million of New Jersey Healthcare Facilities Financing Authority Series (NJHCFFA or the Authority) 2015A Bonds (2015A Bonds). Total proceeds from the sale were \$295.8 million and included a net premium of \$15.8 million, as well as \$25.0 million from trustee-held debt service and reserve funds. Proceeds from the sale were used for the purpose of: (i) the defeasance of \$150 million of NJHCFFA Bond Anticipation Notes debt; (ii) funding current debt service reserve requirements of \$17.3 million; (iii) funding capital projects of \$102.8 million, including information services and technology capital, heating, ventilation, and air conditioning improvements, operating room renovations, Cancer Center expansion, and routine and emergency capital needs; (iv) funding bond insurance costs of \$17.6 million; (v) and paying bond issuance costs of \$2.7 million. The Series 2015A Notes were placed by and between the Authority and TD Bank, National Association, as Trustee. The Hospital entered into a Loan Agreement (the Loan Agreement) with the Authority relating to the Series 2015A bond. A security feature for this obligation is provided by a lock box arrangement with the Trustee, TD Bank, N.A. Debt service requirements will be funded by unrestricted state appropriations, including state charity pools, Delivery System Reform Incentive Payments, Graduate Medical Education (GME), and individual state supplemental appropriations that will flow through the lock box. Any excess funds will then be released to the Hospital for operations. Under the Loan Agreement, the Hospital is required to maintain certain covenants.

Principal payments on the bonds are due annually and are not set to commence until July 1, 2021. Interest is paid semiannually on July 1 and January 1, and started July 1, 2016. The bonds are set at fixed interest rates and are as follows: (i) \$65.3 million in serial bonds at 5.000%; (ii) \$78.2 million in term bonds at 4.125%; and (iii) \$111.5 million in term bonds at 5.000%.

To secure its payment obligation, the Hospital has granted the Trustee a security interest in the gross revenues of the Hospital.

The Loan Agreement contains provisions that in an event of default, the Trustee or the Authority may, and upon the written notice to the Hospital, declare the principal, together with the interest accrued thereon, of all of the outstanding Series 2015A Bonds to be due and payable immediately.

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- (b) In addition, on July 1, 2013, the Hospital assumed a portion of the UMDNJ obligation of the New Jersey Educational Facilities Authority's Higher Education Capital Improvement fund, Series 2000A (as revised) in the amount of \$0.7 million. The debt bears interest at a fixed rate of 5.0% and requires principal payments until August 2020.

The following table summarizes debt service requirements for 2015A Bonds and NJEFA as of June 30, (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total payment</u>
2021	\$ 101	12,064	12,165
2022	5,188	11,934	17,122
2023	5,447	11,669	17,116
2024	5,719	11,390	17,109
2025	6,005	11,096	17,101
2026–2030	34,843	50,547	85,390
2031–2035	44,003	41,318	85,321
2036–2040	53,942	31,160	85,102
2041–2045	67,749	16,819	84,568
Thereafter	32,079	1,623	33,702
	<u>\$ 255,076</u>	<u>199,620</u>	<u>454,696</u>

- (c) On July 1, 2013, the Hospital entered into five capital lease agreements with Rutgers, the State University of New Jersey for space in various locations on its Newark campus. The agreements are for 76 years and require monthly rent payments in advance. The Hospital has capitalized the present value of the lease payments using a discount factor of 5.1%, based on the Hospital's incremental borrowing rate, and amortizes the asset over the estimated useful life of each of the buildings.

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The following table summarizes future minimum lease payments under capitalized leases as of June 30 (in thousands):

	Amount
Year:	
2021	\$ 3,853
2022	3,853
2023	3,853
2024	3,853
2025	3,853
2026–2030	19,264
2031–2035	19,264
2036–2040	19,264
2041–2045	19,264
2046–2050	19,264
2051–2055	19,264
Thereafter	124,765
Total	259,614
Less amount representing interest	(186,009)
Net	\$ 73,605

- (d) During November 2019, the Hospital entered into loan agreements with New Jersey Energy Resiliency Bank (ERB), the Infrastructure Bank of New Jersey (Infrastructure Bank) and Public Service Group Enterprise (PSE&G). The Hospital, and in partnership with Rutgers University have undertaken to renovate and replace the Hospital's energy plant with one that will supply both electric and steam to the Hospital and the Rutgers Campuses. The cost to the project is estimated at \$48.0 million and will be funded through grants and loans from the ERB, The Infrastructure Bank and PSE&G. Specifically, the Hospital has obtained financing of \$20.7 million from the above lenders. In addition, \$27.3 million is being offered as a grant from the ERB.

As of June 30, 2020, the Hospital drew down \$3.2 million, of which \$2.2 million was drawn from the ERB and \$1.0 million from PSE&G. No funds were drawn from the Infrastructure Bank loan.

Principal and interest on the ERB and Infrastructure Bank loans will be payable monthly at the rate of 2 percent (2%) per annum to fully amortize over twenty years commencing on the first day of the seventh month following the project completion date. Principal on the PSE&G loan will be payable monthly to fully amortize over ten years commencing on the first day of the seventh month following the project completion date. This is an interest free loan. The estimated completion of the project is fall 2021.

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The loan agreement with ERB contains provisions that in the event of default, the ERB may terminate or suspend the agreement with the Hospital and require the immediate repayment of funds disbursed. The loan agreement with PSE&G contains provisions that in the event of default, the Hospital has a 30-day period to cure such event or events of default. If the event of the default is not cured after the 30-day period, PSE&G may declare all funds and costs incurred payable immediately.

(9) Due to Rutgers University

Amounts due to Rutgers University (Rutgers) consist of the following at June 30 (in thousands):

	2019		Hospital	2020
	Balance due	Charges	payments	Balance due
	to Rutgers			to Rutgers
Information technology services (a) \$	742	1,484	866	1,360
Contracted physicians (b)	15,569	66,964	64,942	17,591
Contracted residents (c)	4,851	22,511	19,632	7,730
Facilities service agreements (d)	10,557	10,284	10,342	10,499
Other services (e)	12,216	13,371	9,758	15,829
	<u>\$ 43,935</u>	<u>114,614</u>	<u>105,540</u>	<u>53,009</u>
	2018		Hospital	2019
	Balance due	Charges	payments	Balance due
	to Rutgers			to Rutgers
Information technology services (a) \$	619	1,484	(1,361)	742
Contracted physicians (b)	10,508	63,270	(58,209)	15,569
Contracted residents (c)	9,664	20,191	(25,004)	4,851
Facilities service agreements (d)	9,664	13,391	(12,498)	10,557
Other services (e)	3,542	12,677	(4,003)	12,216
	<u>\$ 33,997</u>	<u>111,013</u>	<u>(101,075)</u>	<u>43,935</u>

The Hospital and Rutgers executed a Master Affiliation Agreement on July 1, 2013 (the effective date) in support of and connection with the New Jersey Medical and Health Sciences Education Restructuring Act, N.J.S.A. 18A:64M-1 (the Act). The Agreement acknowledged that the parties were entering into multiple agreements simultaneously all of which arose out of the Act. The Master Agreement is for a term of three years with provisions for successive three-year renewals. The agreements provide for services delivered by and between the parties and outline the compensation to be remunerated. Among these agreements are the following:

- (a) Information technology services are in support of the Hospital's clinical and business systems. The agreement includes licensing of some software, as well as system support.

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- (b) The parties executed a clinical services agreement wherein Rutgers physicians were contracted to provide clinical and administrative services to the Hospital. The agreement is for three years and will expire in July 2023. The agreement calls for the parties to annually have a fair market value analysis prepared by an independent organization.
- (c) A Graduate Medical Education affiliation agreement was executed to govern the medical and dental activities of residents and non-Rutgers residents rendering medical and dental services at the Hospital and the compensation of such residents.
- (d) A continuing services agreement was executed that provided for a number of campus infrastructure needs, including energy and utilities, police and security, landscaping and grounds maintenance, as well as parking and snow removal. Rates are determined by an annual review by both parties for utilities and maintenance. Police and security are based upon usage with predetermined hourly rates.
- (e) A transition services agreement that provided for the temporary provision of "Other Services," between the parties. Among these services are included hazardous waste storage, medical license and radiation safety, engineering controls, financial administrative technical support, as well as a support in helping the Hospital achieve independence in these functions. The arrangements were for a period of 3 to 24 months and various extensions have been made on these arrangements. Amounts payable are for the most part based upon fixed predetermined rates.

The Hospital also has receivables due from Rutgers of \$9.3 million and \$5.7 million as of June 30, 2020 and 2019, respectively. The amounts are recorded in other current assets in the statements of net position.

(10) Employee Benefits

Retirement Plans

The Hospital has primarily two retirement plans available to its employees, the State of New Jersey Public Employees Retirement System, a defined-benefit plan, and the Alternate Benefit Program, a defined-contribution plan. Under these plans, participants make annual contributions, and the State of New Jersey (the State), in accordance with State statutes, makes employer contributions on behalf of the Hospital for these plans. The Hospital is charged for contributions on behalf of employees through a fringe benefits charge assessed by the State, which is included within fringe benefits expense in the accompanying statements of revenues, expenses, and changes in net position. Pension expense paid directly by the State of New Jersey for 2020 and 2019 aggregated \$33.2 million and \$26.4 million, respectively. Summary information regarding these plans is provided below.

Public Employees Retirement System (PERS)

Plan Description – PERS is a cost-sharing multiple-employer defined-benefit pension plan administered by the State of New Jersey, Division of Pensions and Benefits. The payroll for the Hospital employees covered by PERS for the years ended June 30, 2020 and 2019 was \$135.3 million and \$131.7 million, respectively.

The vesting and benefit provisions are set by N.J.S.A. 43:15A. PERS provides retirement, death, and disability benefits. All benefits vest after ten years of service.

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The following represents the membership tiers for PERS:

Tier	Definition
1	Members who were enrolled prior to July 1, 2007
2	Members who were eligible to enroll on or after July 1, 2007 and prior to November 2, 2008
3	Members who were eligible to enroll on or after November 2, 2008 and prior to May 22, 2010
4	Members who were eligible to enroll on or after May 22, 2010 and prior to June 28, 2011
5	Members who were eligible to enroll on or after June 28, 2011

Service retirement benefits of 1/55th of final average salary for each year of service credit is available to tiers 1 and 2 members upon reaching age 60 and to tier 3 members upon reaching age 62. Service retirement benefits of 1/60th of final average salary for each year of service credit is available to tier 4 members upon reaching age 62 and tier 5 members upon reaching age 65. Early retirement benefits are available to tiers 1 and 2 members before reaching age 60, tiers 3 and 4 with 25 years or more of service credit before age 62, and tier 5 with 30 years or more of service credit before age 65. Benefits are reduced by a fraction of a percent for each month that a member retires prior to the age at which a member can receive full early retirement benefits in accordance with their respective tier. Tier 1 members can receive an unreduced benefit from age 55 to age 60 if they have at least 25 years of service. Deferred retirement is available to members who have at least 10 years of service credit and have not reached the service retirement age for the respective tier.

Contributions – Covered Hospital employees were required by PERS to contribute 7.5% of their annual compensation during both fiscal years 2020 and 2019. The State's pension contribution is based on a statutory determined amount that includes the employer portion of the normal cost and an amortization of the unfunded accrued liability. The State made contributions in 2020 and 2019. The contribution requirements of the plan members and the Hospital are established and may be amended by the State.

Employees can also make voluntary contributions to two optional State of New Jersey tax-deferred investment plans, the Supplemental Annuity Collective Trust (SACT) and the Additional Contributions Tax Sheltered (ACTS) programs. Both plans are subject to limits within the Internal Revenue Code.

A publicly available Comprehensive Annual Financial Report (CAFR) of the State of New Jersey Division of Pensions and Benefits, which includes financial statements, required supplementary information, and detailed information about the PERS plan's fiduciary net position, can be obtained at www.state.nj.us/treasury/pensions/annrpts.shtml or by writing to the State of New Jersey, Department of the Treasury, Division of Pensions and Benefits, P.O. Box 295, Trenton, New Jersey 08625-0295.

Effective July 1, 2014, the Hospital adopted GASB 68 and GASB 71, resulting in the Hospital recording their net pension liability, deferred inflows and outflows of resources, and pension expense associated with the PERS plan. The PERS' net pension liability, deferred inflows and outflows of resources, and pension expense is calculated by an external actuary.

At June 30, 2020, the Hospital reported a liability of \$613 million, for its proportionate share of the PERS net pension liability. The total pension liability is based on measurement date as of June 30, 2019. The

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Hospital's proportion for the net pension liability was based on the Hospital's share of the actual contributions paid by the State to PERS relative to the total contributions of all participating state group employers for 2019, which was 2.664%.

At June 30, 2019, the Hospital reported a liability of \$538.6 million, for its proportionate share of the PERS net pension liability. The total pension liability is based on measurement date as of June 30, 2018. The Hospital's proportion for the net pension liability was based on the Hospital's share of the actual contributions paid by the State to PERS relative to the total contributions of all participating state group employers for 2018, which was 2.272%.

(a) Actuarial Assumptions

The total pension liability for the June 30, 2019 measurement date was determined by an actuarial valuation as of July 1, 2018, which was rolled forward to June 30, 2019, and was determined using the following actuarial assumptions:

Inflation rate:		
Price	2.75 %	
Wage	3.25	
Salary increases:		
Through 2026	2.00–6.00%	based on years of service
Thereafter	3.00–7.00%	based on years of service
Investment rate of return	7.00 %	

The total pension liability for the June 30, 2018 measurement date was determined by an actuarial valuation as of July 1, 2017, which was rolled forward to June 30, 2018, and was determined using the following actuarial assumptions:

Inflation rate	2.25 %	
Salary increases:		
Through 2026	1.65–4.15%	based on age
Thereafter	2.65–5.15%	based on age
Investment rate of return	7.00 %	

(i) Mortality Tables

The July 1, 2018 valuation used preretirement mortality rates for PERS that were based on the Pub-2010 General Below-Median Income Employee mortality table with an 82.2% adjustment for males and 101.4% adjustment for females, and with future improvement from the base year of 2010 on a generational basis. Post-retirement mortality rates were based on the Pub-2010 General Below-Median Income Healthy Retiree mortality table with a 91.4% adjustment for males and

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99.7% adjustment for females, and with future improvement from the base year of 2010 on a generational basis. Disability retirement rates used to value disabled retirees were based on the Pub-2010 Non-Safety Disabled Retiree mortality table with a 127.7% adjustment for males and 117.2% adjustment for females, with future improvement from the base year of 2010 on a generational basis. Mortality improvement is based on Scale MP-2019.

The July 1, 2017 valuation used preretirement mortality rates for PERS that were based on the RP-2000 Employee Preretirement Mortality Tables for male and female active participants. For State employees, mortality tables are set back four years for male and females. In addition, the table provides future improvements in mortality from the base year of 2013 using a generational approach based on the plan actuary's modified MP-2014 projection scale. Postretirement mortality rates were based on the RP-2000 Combined Healthy Male and Female Mortality Tables (setback one year for males and females) for service retirements and beneficiaries of former members and a one-year static projection based on mortality improvement Scale AA. In addition, the tables for service retirements and beneficiaries of former members provide for future improvements in mortality from 2012 to 2013 using Projection Scale AA and using a generational approach based on the Conduent 2014 projection scale thereafter. Disability retirement rates used to value disabled retirees were based on the RP-2000 Disabled Mortality Table (setback three years for males and set forward one year for females).

(b) Expected Rate of Return on Investments

In accordance with State statute, the long-term expected rate of return on plan investments is determined by the State Treasurer, after consultation with the Directors of the Division of Investments and Division of Pensions and Benefits, the board of trustees, and the actuaries. The long-term expected rate of return was determined using a building block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class included in PERS's target asset allocation as of June 30, 2019 and 2018 are summarized in the following table:

Asset class	2019 Target allocation	2019 Long-term expected real rate of return	2018 Target allocation	2018 Long-term expected real rate of return
Risk mitigation strategies	3.00 %	4.67 %	5.00 %	5.51 %
Cash equivalents	5.00	2.00	5.50	1.00
U.S. Treasuries	5.00	2.68	3.00	1.87
Investment grade credit	10.00	4.25	10.00	3.78
High yield	2.00	5.37	2.50	6.82

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Asset class	2019 Target allocation	2019 Long-term expected real rate of return	2018 Target allocation	2018 Long-term expected real rate of return
Global diversified credit	—	—	5.00	7.10
Credit oriented hedge funds	—	—	1.00	6.60
Private credit	6.00	7.92	—	—
Debt-related private equity	—	—	2.00	10.63
Debt-related real estate	—	—	1.00	6.61
Real assets	2.50	9.31	2.50	11.83
Real estate	7.50	8.33	—	—
Equity-related real estate	—	—	6.25	9.23
U.S. equity	28.00	8.26	30.00	8.19
Non-U.S. developed market equity	12.50	9.00	11.50	9.00
Emerging market equity	6.50	11.37	6.50	11.64
Buyout/venture capital	—	—	8.25	13.08
Private equity	12.00	10.85	—	—

(c) Discount Rate

The discount rate used to measure the total pension liability was 6.28% and 5.66% as of June 30, 2019 and 2018, respectively. This single blended discount rate was based on the long-term expected rate of return on pension plan investments of 7.00% as of June 30, 2019 and 2018 and a municipal bond rate of 3.5% and 3.87% as of June 30, 2019 and 2018, respectively, based on the Bond Buyer Go 20-Bond Municipal Bond Index, which includes tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher. For the June 30, 2019 measurement date, the projection of cash flows used to determine the discount rate assumed that contributions from plan members will be made at the current member contribution rates and that contributions from employers will be made based on the contributions rate in the most recent fiscal year. The State employer contributed 70% of the actuarially determined contributions and the local employers contributed 100% of their actuarially determined contributions. Based on those assumptions, the plan's fiduciary net position was projected to be available to make projected future benefit payments of current plan members through 2057. Therefore, the long-term expected rate of return on plan investments was applied to projected benefit payments through 2057, and the municipal bond rate was applied to projected benefit payments after that date in determining the total pension liability.

In 2018, the projection of cash flows used to determine the discount rate assumed that contributions from plan members will be made at the current member contribution rates and that contributions from employers will be made based on the contributions rate in the most recent fiscal year. The State employer contributed 50% of the actuarially determined contributions and the local employers contributed 100% of their actuarially determined contributions. Based on those assumptions, the plan's fiduciary net position was projected to be available to make projected future benefit payments of current plan members through 2046. Therefore, the long-term expected rate of return on plan

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investments was applied to projected benefit payments through 2046, and the municipal bond rate was applied to projected benefit payments after that date in determining the total pension liability.

The following presents the Hospital's proportionate share of the net pension liabilities, measured as of June 30, 2019 and 2018, calculated using the discount rate as disclosed above, as well as what the Hospital's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one-percentage-point lower or one-percentage-point higher than the current rate (in millions):

	2019		
	1% Decrease (5.28%)	Discount rate (6.28%)	1% Increase (7.28%)
Hospital's proportionate share of the net pension liability	\$ 705.3	613.0	535.5

	2018		
	1% Decrease (4.66%)	Discount rate (5.66%)	1% Increase (6.66%)
Hospital's proportionate share of the net pension liability	\$ 622.8	538.6	468.0

(d) Collective Deferred Outflows of Resources and Deferred Inflows of Resources

Deferred Outflows of Resources from Pensions (in thousands)

	2020	2019
Differences between expected and actual experience	\$ 6,332	9,376
Changes of assumptions	34,039	52,628
Changes in proportion	143,836	88,595
Net difference between projected and actual investment earnings on pension plan investments	593	1,523
Contributions paid to the plan subsequent to measurement date **	26,696	19,940
Total	\$ 211,496	172,062

** The contributions paid to the plan subsequent to the measurement date are recognized as a reduction of the net pension liability in fiscal year 2021 and 2020, respectively.

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Deferred Inflows of Resources from Pensions (in thousands)

	<u>2020</u>	<u>2019</u>
Differences between expected and actual experience	\$ 4,389	4,493
Changes of assumptions	122,947	108,404
Changes in proportion	—	—
Net difference between projected and actual investment earnings on pension plan investments	—	—
Total	<u>\$ 127,336</u>	<u>112,897</u>

The deferred inflows and outflows of resources at June 30, 2020 will be recognized as pension expense as follows (in thousands):

	<u>Amount</u>
Years ended June 30:	
2021	\$ 33,494
2022	9,234
2023	2,194
2024	9,900
2025	2,642
	<u>\$ 57,464</u>

(e) Annual Pension and Postemployment Benefits Other Than Pension Expense

The Hospital's annual pension expense for the fiscal year ended June 30, 2020 was approximately \$73.2 million and for the fiscal year ended June 30, 2019 was approximately \$52.1 million.

(i) Alternate Benefit Program (ABP)

Plan Description – ABP is an employer, defined-contribution State retirement plan established as an alternative to PERS. The payroll for the Hospital's employees covered by ABP for the years ended June 30, 2020 and 2019 was \$76.1 million and \$75.9 million, respectively.

Professional and administrative staff, and certain other salaried employees hired prior to July 1, 2013 are eligible to participate in ABP. Employer (State) contributions vest on reaching one year of credited service. The program also provides long-term disability and life insurance benefits. Benefits are payable upon termination at the member's option unless the participant is reemployed in another institution that participates in ABP.

Contributions – The employee mandatory contribution rate for ABP is 5% of base salary and is matched by the State at 8% of base salary. Contributions can be invested with up to seven investment carriers available under the plan for fiscal year 2020. Additional voluntary contributions

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may be made on a tax-deferred basis, subject to limits within the Internal Revenue Code. Employer contributions for the years ended June 30, 2020 and 2019 were \$6.4 million and \$6.5 million, respectively. Employee contributions for the years ended June 30, 2020 and 2019 were \$3.8 million and \$4.1 million, respectively.

(ii) *Deferred Compensation Plan*

Hospital employees with membership in PERS or ABP are eligible to participate in the State of New Jersey's Employees Deferred Compensation Plan created in accordance with Internal Revenue Code Section 457. The plan permits employees to elect pretax and/or after-tax Roth contributions to invest a portion of their base salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The plan is administered by Prudential Financial. The plan does not include any matching employer (State) contributions. All amounts of compensation deferred under the plan, all property and rights purchased with those amounts and all income attributable to those amounts, property or rights, are held in trust by the State for the exclusive benefit of the participating employees and their beneficiaries.

(iii) *Postemployment Benefits Other Than Pensions*

The Hospital's retirees participate in the State Health Benefit State Retired Employees Plan (the Plan).

Plan description, including benefits provided – The Plan is a single-employer defined-benefit other postemployment benefit plan, which provides medical, prescription drug, and Medicare Part B reimbursements to retirees and their covered dependents. Although the Plan is a single-employer plan, it is treated as a cost-sharing multiple employer plan for stand-alone reporting purposes. In accordance N.J.S.A. 52:14-17.32, the State is required to pay the premiums and periodic charges for OPEB of State employees who retire with 25 years or more of credited service, or on a disability pension, from one or more of the following pension plans: PERS, ABP, or the Police and Firemen's Retirement System (PFRS). In addition, Chapter 302, P.L. 1996 provides that for purposes of this Plan, the Hospital's employees retain any and all rights to the health benefits in the Plan, even though the Hospital is considered autonomous from the State, therefore, its employees are classified as State employees. As such, the State is legally obligated for the benefit payments on behalf of the retirees of the Hospital; therefore, the Plan meets the definition of a special funding situation as defined in GASB 75.

Retirees who are not eligible for employer-paid health coverage at retirement can continue in the program by paying the cost of the insurance for themselves and their covered dependents. Pursuant to Chapter 78, P.L. 2011, future retirees eligible for postretirement medical coverage, who have less than 20 years of creditable service on June 28, 2011, will be required to pay a percentage of the cost of their healthcare coverage in retirement provided they retire with 25 years or more of pension service credit. The percentage of the premium for which the retiree will be responsible for will be determined based on the retiree's annual retirement benefit and level of coverage.

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The Plan is administered on a pay-as-you-go-basis. Accordingly, no assets are accumulated in a qualifying trust that meets the definition of a trust as per GASB 75.

Total OPEB Liability and OPEB Expense – As of June 30, 2020 and 2019, the State recorded a liability of \$443.6 and \$559.2 million, respectively, which represents the portion of the State's total proportionate share of the collective total OPEB liability that is associated with the Hospital (the Hospital's share). The Hospital's share was based on the ratio of its members to the total members of the Plan. At June 30, 2020 and 2019, the Hospital's share was 8.1% and 2.4% and 7.8% and 2.3% of the special funding situation and of the Plan, respectively.

For the years ended June 30, 2020 and 2019, the Hospital recognized OPEB expense of \$2.6 million and \$25.6 million, respectively. As the State is legally obligated for benefit payments on behalf of the Hospital, the Hospital recognized nonoperating income related to the support provided by the State of \$2.6 million and \$25.6 million for the years ended 2020 and 2019, respectively.

Actuarial assumptions and other inputs – The State's liability associated with the Hospital at June 30, 2020 was determined by an actuarial valuation as of June 30, 2018, which was rolled forward to the measurement date of June 30, 2019. The State's liability associated with the Hospital at June 30, 2019 was determined by an actuarial valuation as of June 30, 2017, which was rolled forward to the measurement date of June 30, 2018. The valuations used the following assumptions:

	<u>2019</u>	<u>2018</u>
Inflation	2.50 %	2.50 %
Discount rate	3.50	3.87
Salary increases:		
Through 2026	1.55–6.00%	1.55–4.55%
Thereafter	1.55–7.00%	2.00–5.45%

The discount rate is based on the Bond Buyer GO 20-Bond Municipal Bond Index, which includes tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher. Salary increases depend on the pension plan a member is enrolled in. In addition, they are based on age or years of service.

The June 30, 2018 valuation used preretirement mortality rates were based on the Pub-2010 Healthy "Teachers" (TPAF/ABP), "General" (PERS/JRS) classification headcount-weighted mortality table with fully generational mortality improvement projections from the central year using the MP-2019 scale. Postretirement mortality rates were based on the Pub-2010 "General" classification headcount weighted mortality table with fully generational mortality improvement projections from the central year using the MP-2019 scale. Disability mortality was based on the Pub-2010 "Teachers" (TPAF/ABP) and "General" (PERS/JRS) classification headcount-weighted disabled mortality table with fully generational mortality improvement projections from the central year using the MP-2019 scale.

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The June 30, 2017 valuation used preretirement mortality rates were based on the RP-2006 Headcount-Weighted Healthy Employee Male/Female mortality table with fully generational mortality improvement projections from the central year using the MP-2017 scale. Postretirement mortality rates were based on the RP-2006 Headcount-Weighted Healthy Annuitant Male/Female mortality table with fully generational improvement projections from the central year using the MP-2017 scale. Disability mortality was based on the RP-2006 Headcount-Weighted Disabled Male/Female mortality table with fully generational improvement projections from the central year using the MP-2017 scale.

Certain actuarial assumptions used in the June 30, 2018 valuation were based on the results of actuarial experience studies of the State of New Jersey's defined-benefit plans, including PERS (July 1, 2014 through June 30, 2018) and ABP (using the experience of the Teacher's Pension and Annuity Fund – July 1, 2015 through June 30, 2018).

Certain actuarial assumptions used in the June 30, 2017 valuation were based on the results of actuarial experience studies of the State of New Jersey's defined-benefit plans, including PERS (July 1, 2011 through June 30, 2014) and ABP (using the experience of the Teacher's Pension and Annuity Fund – July 1, 2012 through June 30, 2015).

Health Care Trend Assumptions – For pre-Medicare medical benefits, this amount initially is 5.7% for June 30, 2018 and decreases to a 4.5% long-term trend rate after eight years. For post-65 medical benefits, the actual fully insured Medicare Advantage trend rate for the fiscal year 2020 are reflected. The assumed post-65 medical trend rate is 4.5% for all future years. For prescription drug benefits, the initial trend rate is 7.5% for the June 30, 2018, decreasing to a 4.5% long-term trend rate after eight years. For the Medicare Part B reimbursement, the trend rate is 5.0% for the June 30, 2018 valuation.

For pre-Medicare preferred provider organization (PPO) and health maintenance organization (HMO) medical benefits, this amount initially is 5.8% for June 30, 2017 and decreases to a 5.0% long-term trend rate after eight years. For self-insured post-65 PPO and HMO medical benefits, the trend rate is 4.5% for the June 30, 2017 valuations. For prescription drug benefits, the initial trend rate is 8.0% for the June 30, 2017, decreasing to a 5.0% long-term trend rate after seven years. For the Medicare Part B reimbursement, the trend rate is 5.0% for the June 30, 2017 valuation. The Medicare Advantage trend rate is 4.5% for the June 30, 2017 valuations and will continue in all future years.

(11) Commitments and Contingencies

(a) Reimbursement

The Hospital derives significant third-party revenues from the Medicare and Medicaid programs. Medicare reimburses most inpatient acute services on a prospectively determined rate per discharge, based on diagnosis-related groups (DRGs) of illnesses, i.e., the Prospective Payment System (PPS). For outpatient services, Medicare payments are based on service groups called ambulatory payment classifications (APCs).

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Medicare adjusts the reimbursement rates for capital, medical education, costs related to treating a disproportionate share of indigent patients, and some physician services are reimbursed on a cost basis. Due to these adjustments and other factors, final determination of the reimbursement settlement for a given year is not known until Medicare performs its annual audit. The Hospital's costs reports have been settled by the Medicare fiscal intermediary through June 30, 2017, except for years 2005. The Hospital's Medicaid cost reports have been audited and settled with the Medicaid fiscal intermediary through June 30, 2018.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per day/case and discounts from established charges.

Revenues received under the various reimbursement systems and agreements are subject to audit and adjustment. Accordingly, provisions for estimated adjustments resulting from audit, final settlement, and changes in estimates have been recorded. Differences between the provisions and the amounts settled are recorded in the year of settlement. The Hospital recognized a decrease in net patient service revenue of \$2.9 million in 2020 and an increase of \$0.8 million in 2019, as a result of changes in estimated third-party settlements.

The Hospital is in varying stages of appeals relating to third-party payors' reimbursement rates. Management routinely provides for the effects of all determinable prior year appeals, settlements, and audit adjustments and records estimates based upon existing regulations, past experience, and discussions with third-party payors. However, since the ultimate outcomes for various appeals are not presently determinable, no provision has been made in the accompanying financial statements for such issues.

The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, Health Reform Law), which was signed into law on March 23, 2010, changed how healthcare services are covered, delivered, and reimbursed through expanded coverage of uninsured individuals, reduced growth in Medicare program spending, reduction in Medicaid Disproportionate Share Hospital payments, overall reduction and significant redistribution of Medicare Disproportionate Share Hospital payments, and the establishment of programs in which reimbursement is tied to quality and integration. In addition, Health Reform Law reforms certain aspects of health insurance, expands existing efforts to tie Medicare and Medicaid payments to performance and quality, and contains provisions intended to strengthen fraud and abuse enforcement.

There are various proposals at the federal and state levels that could, among other things, reduce reimbursement rates, modify reimbursement methods, or increase managed care penetration, including Medicare and Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

Laws and regulations governing Medicaid and Medicare are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital believes that it is in compliance with all applicable regulations and that any pending or possible investigations involving allegations of potential wrongdoing will not

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materially impact the accompanying financial statements. While certain regulatory inquiries have been made, compliance with the regulations can be subject to future government review and interpretation, as well as significant regulatory action, i.e., fines, penalties, and possible exclusion from Medicaid and Medicare, in the event of noncompliance. In accordance with recent trends in healthcare financial operations, the Hospital has established a Corporate Compliance Committee and appointed a Corporate Compliance Officer to monitor adherence to laws and regulations.

(b) Legal Matters

There are outstanding legal claims against the Hospital for alleged negligence, medical malpractice, and other torts, and for alleged breach of contract. Pursuant to the Agreement, the Hospital is indemnified by the State for such costs, which were \$0.1 million for 2020 and \$0.3 million during 2019. The Hospital records these costs when settled by the State as appropriations from the State and as supplies and other expenses in the accompanying financial statements. Accordingly, no provision has been made in the accompanying financial statements for unsettled claims, whether asserted or not.

(c) Accrued Claims Liability

The Hospital is self-insured for workers' compensation benefits. At June 30, 2020 and 2019, the accrual for estimated workers' compensation claims, based on an independent actuary's estimate, includes undiscounted estimates of ultimate costs for both reported claims and claims incurred but not reported of approximately \$22.7 million and \$23.3 million, respectively, and is included in accrued claims liability in the accompanying statements of net position. In addition, the Hospital maintains an excess Workers' Compensation Policy with a commercial insurance company. In 2020 and 2019, no claims were presented against the policy.

Activity in the liability for accrued claims liability, which includes workers' compensation claims, and included in supplies and other expenses, is summarized as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Balances at July 1	\$ 23,281	23,866
Claims incurred	4,400	5,100
Claims paid	(3,118)	(4,570)
Change in prior year estimate	<u>(1,891)</u>	<u>(1,115)</u>
Balances at June 30	<u>\$ 22,672</u>	<u>23,281</u>

The change in prior year estimate is generally the result of ongoing analysis of recent loss development trends.

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(d) Operating Leases

The Hospital leases equipment, off-site clinic space, and office space under various operating leases. Total rental expense, recorded in supplies and other expenses, for operating leases was approximately \$2.9 and \$3.9 million in 2020 and 2019.

The following is a schedule by years of future minimum rental payments required under operating leases that have initial or remaining no cancelable lease terms in excess of one year as of June 30, 2020:

	Total
Year:	
2021	\$ 2,558
2022	1,607
2023	1,525
2024	674
2025	430
Thereafter	1,686
	\$ 8,480

(e) Rutgers University and the State

The Hospital entered into a master affiliation agreement, various real estate agreements, transition service agreement, continuing service agreement, and various operational agreements with Rutgers University and the State. The agreements include various real estate leases, information technology services, clinical services, research affiliation, medical education, and other services (note 9).

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(12) Condensed Combining Information

The condensed combining statement of net position at June 30, 2020 is as follows (in thousands):

	<u>UH</u> <u>June 30, 2020</u>	<u>BHCC</u> <u>December 31,</u> <u>2019</u>	<u>Elimination</u>	<u>Total</u>
Assets:				
Current assets:				
Cash	\$ 139,260	585	—	139,845
Restricted investments	6,032	81	—	6,113
Patient accounts receivable, net	80,012	1,882	—	81,894
Other current assets	69,717	193	(163)	69,747
Noncurrent assets:				
Restricted investments	65,138	720	—	65,858
Prepaid bond insurance	14,969	—	—	14,969
Capital assets, net	224,685	1,397	—	226,082
Total assets	599,813	4,858	(163)	604,508
Deferred outflows of resources	211,496	—	—	211,496
Total assets and deferred outflows of resources	\$ <u>811,309</u>	<u>4,858</u>	<u>(163)</u>	<u>816,004</u>
Liabilities:				
Current liabilities	\$ 201,580	1,360	(163)	202,777
Long-term debt and capital leases, net	343,997	—	—	343,997
Pension liability	613,047	—	—	613,047
Other long-term liabilities	17,485	—	—	17,485
Total liabilities	1,176,109	1,360	(163)	1,177,306
Deferred inflows of resources	127,336	—	—	127,336
Total liabilities and deferred inflows of resources	1,303,445	1,360	(163)	1,304,642
Net position:				
Net investment in capital assets	6,703	1,388	—	8,091
Unrestricted	(498,839)	2,110	—	(496,729)
Total net position	(492,136)	3,498	—	(488,638)
Total liabilities and net position	\$ <u>811,309</u>	<u>4,858</u>	<u>(163)</u>	<u>816,004</u>

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The condensed combining statement of net position at June 30, 2019 is as follows (in thousands):

	UH June 30, 2019	BHCC December 31, 2018	Elimination	Total
Assets:				
Current assets:				
Cash	\$ 72,416	1,171	—	73,587
Restricted investments	6,032	109	—	6,141
Patient accounts receivable, net	79,688	1,414	—	81,102
Other current assets	58,602	174	(61)	58,715
Noncurrent assets:				
Restricted investments	73,088	633	—	73,721
Prepaid bond insurance	15,556	—	—	15,556
Capital assets, net	215,081	1,682	—	216,763
Total assets	520,463	5,183	(61)	525,585
Deferred outflows of resources	172,062	—	—	172,062
Total assets and deferred outflows of resources	\$ 692,525	5,183	(61)	697,647
Liabilities:				
Current liabilities				
Current liabilities	\$ 125,280	1,240	(61)	126,459
Long-term debt and capital leases, net	341,721	—	—	341,721
Pension liability	538,608	—	—	538,608
Other long-term liabilities	18,466	—	—	18,466
Total liabilities	1,024,075	1,240	(61)	1,025,254
Deferred inflows of resources	112,897	—	—	112,897
Total liabilities and deferred inflows of resources	1,136,972	1,240	(61)	1,138,151
Net position:				
Net investment in capital assets	4,288	1,682	—	5,970
Unrestricted	(448,735)	2,261	—	(446,474)
Total net position	(444,447)	3,943	—	(440,504)
Total liabilities and net position	\$ 692,525	5,183	(61)	697,647

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The condensed combining statement of revenues, expenses, and changes in net position at June 30, 2020 is as follows (in thousands):

	UH June 30, 2020	BHCC December 31, 2019	Elimination	Total
Operating revenues:				
Net patient service revenue	\$ 529,529	8,498	—	538,027
Grants revenue	8,662	225	—	8,887
Other revenue	29,703	53	—	29,756
Total operating revenues	<u>567,894</u>	<u>8,776</u>	<u>—</u>	<u>576,670</u>
Operating expenses:				
Personnel services	281,037	3,300	—	284,337
Contracted physician and resident fees	91,385	—	—	91,385
Fringe benefits	87,817	520	—	88,337
Other postemployment benefits	2,648	—	—	2,648
Pension	73,153	—	—	73,153
Supplies and other	250,318	5,088	—	255,406
Depreciation	20,156	344	—	20,500
Total operating expenses	<u>806,514</u>	<u>9,252</u>	<u>—</u>	<u>815,766</u>
Operating loss	(238,620)	(476)	—	(239,096)
Nonoperating income (expenses):				
Appropriations from the State of New Jersey	147,739	—	—	147,739
Other postemployment benefits paid by the State of New Jersey	2,648	—	—	2,648
Federal stimulus funds	40,350	—	—	40,350
Contributions and special events	—	33	—	33
Fundraising expenses	—	(61)	—	(61)
Interest income	943	59	—	1,002
Interest expense	(15,614)	—	—	(15,614)
Loss before other changes in net position	<u>(62,554)</u>	<u>(445)</u>	<u>—</u>	<u>(62,999)</u>
Other changes in net position:				
Capital contributions funded by grantors and donors	14,865	—	—	14,865
Total other changes in net position	<u>14,865</u>	<u>—</u>	<u>—</u>	<u>14,865</u>
Decrease in net position	(47,689)	(445)	—	(48,134)
Net position at beginning of year	<u>(444,447)</u>	<u>3,943</u>	<u>—</u>	<u>(440,504)</u>
Net position at end of year	<u>\$ (492,136)</u>	<u>3,498</u>	<u>—</u>	<u>(488,638)</u>

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The condensed combining statement of revenues, expenses, and changes in net position at June 30, 2019 is as follows (in thousands):

	UH June 30, 2019	BHCC December 31, 2018	Elimination	Total
Operating revenues:				
Net patient service revenue	\$ 520,911	8,962	—	529,873
Grants revenue	5,572	143	—	5,715
Other revenue	24,687	64	—	24,751
Total operating revenues	<u>551,170</u>	<u>9,169</u>	<u>—</u>	<u>560,339</u>
Operating expenses:				
Personnel services	269,191	3,521	—	272,712
Contracted physician and resident fees	86,178	—	—	86,178
Fringe benefits	90,947	649	—	91,596
Other postemployment benefits	25,638	—	—	25,638
Pension	52,051	—	—	52,051
Supplies and other	233,549	6,307	—	239,856
Depreciation	20,058	329	—	20,387
Total operating expenses	<u>777,612</u>	<u>10,806</u>	<u>—</u>	<u>788,418</u>
Operating loss	(226,442)	(1,637)	—	(228,079)
Nonoperating income (expenses):				
Appropriations from the State of New Jersey	143,976	—	—	143,976
Other postemployment benefits paid by the State of New Jersey	25,638	—	—	25,638
Contributions and special events	—	47	—	47
Fundraising expenses	—	(55)	—	(55)
Interest income	1,740	(4)	—	1,736
Interest expense	(15,622)	—	—	(15,622)
Loss before other changes in net position	<u>(70,710)</u>	<u>(1,649)</u>	<u>—</u>	<u>(72,359)</u>
Other changes in net position:				
Capital contributions funded by grantors and donors	10,967	—	—	10,967
Total other changes in net position	<u>10,967</u>	<u>—</u>	<u>—</u>	<u>10,967</u>
Decrease in net position	(59,743)	(1,649)	—	(61,392)
Net position at beginning of year	<u>(384,704)</u>	<u>5,592</u>	<u>—</u>	<u>(379,112)</u>
Net position at end of year	<u>\$ (444,447)</u>	<u>3,943</u>	<u>—</u>	<u>(440,504)</u>

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The condensed combining statement of cash flows for the year ended June 30, 2020 is as follows (in thousands):

	UH June 30, 2020	BHCC December 31, 2019	Elimination	Total
Cash flows from operating activities:				
Cash received from patients and third-party payors	\$ 525,513	8,030	—	533,543
Receipts from grants	5,941	249	—	6,190
Other receipts	24,756	53	—	24,809
Cash paid for personnel services	(277,880)	(3,301)	—	(281,181)
Cash paid for contracted physician and resident fees	(86,484)	—	—	(86,484)
Cash paid for fringe benefits	(12,777)	(512)	—	(13,289)
Cash paid for supplies and other expenses	(240,918)	(5,028)	—	(245,946)
Net cash used in operating activities	(61,849)	(509)	—	(62,358)
Cash flows from noncapital financing activities:				
Cash appropriations received from State of New Jersey and other	45,595	(29)	—	45,566
Cash received from Federal Stimulus Funding	98,077	—	—	98,077
Net cash provided by noncapital financing activities	143,672	(29)	—	143,643
Cash flows from capital and related financing activities:				
Purchase of capital assets	(27,032)	(59)	—	(27,091)
Capital contributions by grantors	16,626	—	—	16,626
Proceeds from issuance of long term debt	3,188	—	—	3,188
Payments of capital lease obligations	(126)	—	—	(126)
Payments of long-term debt	(144)	—	—	(144)
Net cash received for line of credit	—	11	—	11
Interest paid	(16,384)	—	—	(16,384)
Net cash used in capital and related financing activities	(23,872)	(48)	—	(23,920)
Cash flows from investing activities:				
Purchases of investments	(12,049)	(165)	—	(12,214)
Sales of investments	19,999	147	—	20,146
Interest received	943	18	—	961
Net cash provided by investing activities	8,893	—	—	8,893
Net increase (decrease) in cash	66,844	(586)	—	66,258
Cash at beginning of year	72,416	1,171	—	73,587
Cash at end of year	\$ 139,260	585	—	139,845
Supplemental disclosure:				
Appropriation paid by the State of New Jersey	\$ 102,145	—	—	102,145
Other postemployment benefits paid by the State of New Jersey	2,648	—	—	2,648
Capital assets included within accounts payable and accrued expenses	4,821	—	—	4,821

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The condensed combining statement of cash flows for the year ended June 30, 2019 is as follows (in thousands):

	UH June 30, 2019	BHCC December 31, 2018	Elimination	Total
Cash flows from operating activities:				
Cash received from patients and third-party payers	\$ 534,337	9,866	—	544,203
Receipts from grants	5,575	127	—	5,702
Other receipts	24,687	64	—	24,751
Cash paid for personnel services	(267,169)	(3,521)	—	(270,690)
Cash paid for contracted physician and resident fees	(85,930)	—	—	(85,930)
Cash paid for fringe benefits	(3,398)	(631)	—	(4,029)
Cash paid for supplies and other expenses	(221,763)	(6,102)	—	(227,865)
Net cash used in operating activities	(13,661)	(197)	—	(13,858)
Cash flows from noncapital financing activities:				
Cash appropriations received from State of New Jersey and other	43,661	(8)	—	43,653
Net cash provided by noncapital financing activities	43,661	(8)	—	43,653
Cash flows from capital and related financing activities:				
Purchase of capital assets	(29,006)	(47)	—	(29,053)
Capital contributions by grantors	7,717	—	—	7,717
Payments of capital lease obligations	(120)	—	—	(120)
Payments of long-term debt	(92)	—	—	(92)
Interest paid	(16,392)	—	—	(16,392)
Net cash used in capital and related financing activities	(37,893)	(47)	—	(37,940)
Cash flows from investing activities:				
Purchases of investments	—	(163)	—	(163)
Sales of investments	16,002	145	—	16,147
Interest received	1,740	19	—	1,759
Net cash provided by investing activities	17,742	1	—	17,743
Net increase (decrease) in cash	9,849	(251)	—	9,598
Cash at beginning of year	62,567	1,422	—	63,989
Cash at end of year	\$ 72,416	1,171	—	73,587
Supplemental disclosure:				
Appropriation paid by the State of New Jersey	\$ 100,315	—	—	100,315
Other postemployment benefits paid by the State of New Jersey	25,638	—	—	25,638
Capital assets included within accounts payable and accrued expenses	2,093	—	—	2,093

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The condensed combining statement of cash flows for the year ended June 30, 2020 and 2019 is as follows (in thousands):

	<u>UH</u> <u>June 30, 2020</u>	<u>BHCC</u> <u>December 31,</u> <u>2019</u>	<u>Elimination</u>	<u>Total</u>
Reconciliation of operating loss to net cash used in operating activities:				
Operating loss	\$ (238,620)	(476)	—	(239,096)
Adjustments to reconcile operating loss to net cash used in operating activities	273,022	620	—	273,642
Net change in assets and liabilities	<u>(96,251)</u>	<u>(653)</u>	<u>—</u>	<u>(96,904)</u>
Net cash used in operating activities	<u>\$ (61,849)</u>	<u>(509)</u>	<u>—</u>	<u>(62,358)</u>
	<u>UH</u> <u>June 30, 2019</u>	<u>BHCC</u> <u>December 31,</u> <u>2018</u>	<u>Elimination</u>	<u>Total</u>
Reconciliation of operating loss to net cash used in operating activities:				
Operating loss	\$ (226,442)	(1,637)	—	(228,079)
Adjustments to reconcile operating loss to net cash used in operating activities	309,343	593	—	309,936
Net change in assets and liabilities	<u>(96,562)</u>	<u>847</u>	<u>—</u>	<u>(95,715)</u>
Net cash used in operating activities	<u>\$ (13,661)</u>	<u>(197)</u>	<u>—</u>	<u>(13,858)</u>

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(13) Subsequent Event

As COVID-19 public health emergency continues to evolve, and the enactment of the CARES Act (the Act), there is a high degree of uncertainty surrounding the Act's implementation. The compliance requirements to earn funds are numerous and guidance as to these requirements have been updated and continue to be updated by the Department Health and Human Services. If the Hospital is unable to attest and comply with current or future terms and conditions, the ability to retain some or all of the distributions received may be impacted. In July of 2020, the Hospital received approximately \$9.2 million of additional Provider Relief Funds. The Hospital believes that such new guidance issued and additional distribution received subsequent to June 30, 2020 is a non-recognized subsequent event and any changes will be accounted for during the year ended June 30, 2021. The Hospital continues to assess the potential impact of the CARES Act, the potential impact of future stimulus measures, if any, and impact of other laws, regulations, and guidance related to COVID-19 on the Hospital's business, results of operations, financial condition and cash flows.

Management evaluated all events and transactions that occurred after June 30, 2020 and through March __, 2021.

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Required Supplementary Information
Schedules of the Hospital's Contributions
(Unaudited)
For the Six Years Ended June 30, 2020
(Dollar amounts in thousands)

Public Employee Retirement System (PERS)	2020	2019	2018	2017	2016	2015
Contractually required contribution	\$ 26,696	19,940	13,638	9,174	7,233	3,906
Contribution in relation to the contractually required contribution	(26,696)	(19,940)	(13,638)	(9,174)	(7,233)	(3,906)
Contribution deficiency	\$ —	—	—	—	—	—
Covered-employee payroll	\$ 135,298	131,708	120,783	114,464	95,926	88,210
Contributions as a percentage of covered-employee payroll	19.73 %	15.14 %	11.29 %	8.01 %	7.54 %	4.43 %

Note: Contributed by the State of New Jersey

See accompanying independent auditors' report.

Notes

- 1) Information provided for required supplementary information will be provided for 10 years as the information becomes available in subsequent years.
- 2) There were no significant changes in benefits for any of the actuarial valuations used to determine required contributions.
- 3) There were no significant changes in assumptions except for the annual change in the discount rate and the change in the long-term rate of return as follows:

For 2019, the discount rate changed to 6.28% and the municipal bond rate changed to 3.50% from 3.87%. For 2018, the discount rate changed to 5.66% and the municipal bond rate changed to 3.87% from 3.58%. For 2017, the discount rate changed to 5.00% and the long-term rate of return changed to 7.00%. For 2016, the discount rate changed to 3.98%, the long-term expected rate of return changed to 7.65% from 7.90%. For 2015, the discount rate changed to 4.90% from 5.39%.

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 (A Component Unit of the State of New Jersey)
 Required Supplementary Information
 Schedules of the Hospital's Proportionate Share of the Net Pension Liability
 (Unaudited)
 For the Six Years Ended June 30, 2020
 (Dollar amounts in thousands)

Public Employees Retirement System (PERS)	2020	2019	2018	2017	2016	2015
Hospital's proportion of the net pension liability	2.664 %	2.272 %	2.112 %	1.878 %	1.732 %	1.722 %
Hospital's proportionate share of the net pension liability	\$ 613,047	538,608	541,572	552,097	410,860	346,611
Hospital's covered-employee payroll	131,708	120,783	114,464	95,926	88,210	79,796
Hospital's proportionate share of the net pension liability as a percentage of its covered-employee payroll	465.46 %	445.93 %	473.14 %	575.54 %	465.77 %	434.37 %
Plan fiduciary net position as a percentage of the total pension liability	42.04 %	40.40 %	36.78 %	31.20 %	38.21 %	42.74 %

See accompanying independent auditors' report.

Notes

- 1) Information provided for required supplementary information will be provided for 10 years as the information becomes available in subsequent years.
- 2) There were no significant changes in benefits for any of the actuarial valuations used to determine required contributions.
- 3) There were no significant changes in assumptions except for the annual change in the discount rate and the change in the long-term rate of return as follows:

For 2019, the discount rate changed to 6.28% and the municipal bond rate changed to 3.50% from 3.87%. For 2018, the discount rate changed to 5.66% and the municipal bond rate changed to 3.87% from 3.58%. For 2017, the discount rate changed to 5.00% and the long-term rate of return changed to 7.00%. For 2016, the discount rate changed to 3.98%, the long-term expected rate of return changed to 7.65% from 7.90%. For 2015, the discount rate changed to 4.90% from 5.39%.

UNIVERSITY HOSPITAL
(A Component Unit of the State of New Jersey)

Required Supplementary Information

Schedules of the Hospital's Proportionate Share of the Total Other Postemployment
Benefit (OPEB) Liability

(Unaudited)

For the Three Years Ended June 30, 2020

(Dollar amounts in thousands)

	2020	2019	2018
Hospital's proportion of the collective total OPEB liability	— %	— %	— %
Hospital's proportionate share of the collective total OPEB liability	—	—	—
State of New Jersey's proportionate share of the collective total OPEB liability associated with the Hospital	\$ 443,668	559,176	618,890
Total proportionate share of the collective OPEB liability	\$ 443,668	559,176	618,890
Hospital's covered-employee payroll	\$ 228,465	226,743	193,087
Hospital's proportionate share of the collective total OPEB liability as a percentage of the Hospital's covered-employee payroll	— %	— %	— %

See accompanying independent auditors' report.

Notes

- 1) Information provided for required supplementary information will be provided for 10 years as the information becomes available in subsequent years.
- 2) For the State Health Benefit State Retired Employees Plan, there are no assets accumulated in a trust that meets the criteria in paragraph 4 of GASB 75.
- 3) There were no significant changes in assumptions except for the annual change in the discount rate as follows:

For FY 2019, the discount rate was changed to 3.50% from 3.87%. For FY 2018, the discount rate was changed to 3.87% from 3.58%.

Privity Letter

March __, 2021

The Board of Directors
University Hospital
150 Bergen Street
Newark, New Jersey 07103

Dear Members:

Our firm has audited the financial statements of University Hospital (the "Hospital"), a component unit of the State of New Jersey, as of and for the year ended June 30, 2020. You have advised us and we agree that the Hospital will provide the New Jersey Health Care Facilities Financing Authority (the "Authority") with a copy of those financial statements accompanied by our independent auditors' report thereon, in connection with a decision by the Authority to continue to extend credit to the Hospital under the Loan Agreement dated December 1, 2015 related to the New Jersey Health Care Facilities Financing Authority Revenue and Refunding Bonds, University Hospital, Series 2015A (the "Loan Agreement"), which decision is subsequent to the date of our report; and that the Authority has informed you, and we understand, that it intends to rely in part on the audited financial statements and our independent auditors' report as part of its consideration of the decision to continue to extend credit under the Loan Agreement. Such report was rendered to the Hospital for its own use.

It should be understood that our objective in conducting an audit of financial statements in accordance with auditing standards generally accepted in the United States of America is to form an opinion as to whether the financial statements, which are the responsibility and representation of management of the Hospital, present fairly, in all material respects, the Hospital's financial position, the results of its operations, the changes in its net assets, and its cash flows in conformity with U.S. generally accepted accounting principles. Consequently, under those standards, we had the responsibility, within the inherent limitations of the auditing process, to design the audit to provide reasonable assurance that the financial statements are free from material misstatement. The concept of selective testing of the data being audited, which involves judgment both as to the number of transactions to be audited and as to the areas to be tested, has been generally accepted as a valid and sufficient basis for an auditor to express an opinion on financial statements. Thus, our audit, based on the concept of selective testing of the data being audited, was subject to the inherent risks that material misstatements, whether caused by error or fraud, if they did exist, would not be detected. In addition, our audit did not address future events or the possibility that material misstatements, whether caused by error or fraud, may occur in the future. Nothing in this letter is intended to alter the scope of our audit beyond that contemplated by an audit in accordance with auditing standards generally accepted in the United States of America.

In the conduct of our audit and reporting the results thereof, materiality was evaluated and determined in the context of the financial statements taken as a whole. Accordingly, our use of professional judgment and the assessment of materiality for the purpose of our work means that matters may have existed that would have been differently assessed by others, including the Authority.

The Board of Directors
University Hospital
March __, 2021
Page 2 of 3

Our audit of the Hospital's 2020 financial statements was made for the objective stated above, and was not planned or conducted in contemplation of the Loan Agreement. Therefore, items of possible interest to the Authority may not have been specifically addressed. Accordingly, our audit was not planned or conducted for the benefit of the Authority and should not be taken to supplant the inquiries and procedures that the Authority should undertake for the purpose of satisfying itself in connection with the Loan Agreement.

Our opinion and this letter should never be mistaken as authorization or approval for a credit decision. A lender's credit decision should be based not only on the borrower's financial statements, but also on the lender's exercise of reasonable inquiries and procedures with respect to many other factors and information received, some of which are internal and some of which are external to the borrower, and a lender needs to monitor those factors on an ongoing basis. We wish to emphasize, therefore, that the Authority would be remiss in placing its reliance solely upon our report in making credit decisions with respect to the Loan Agreement, and it is our understanding that the Authority is not relying only on the financial statements audited by our firm in connection with the Loan Agreement.

Further, the issuance of this letter is not an acknowledgment that the Authority will, in fact, rely (or, if so to what extent) on the financial statements and our independent auditors' report thereon, or that any particular use of our independent auditors' report and the financial statements to which it relates is reasonable or appropriate. Any use by the Authority of the Hospital's financial statements or our independent auditors' report is solely a matter of its responsibility and judgment.

Ordinarily, a loan agreement provides for a lender to receive various documents directly from the borrower, including but not limited to monthly or other periodic financial statements, as well as certifications and other documents, notices, and information requested in the loan agreement. Those documents and other communications provide a lender with significantly more information which would be relevant to a lender's credit determinations regarding the borrower than is contained in a borrower's annual financial statements or an auditors' report thereon.

It is management's responsibility to adopt sound accounting policies, to maintain an adequate and effective system of accounts, and to devise an internal control structure that will, among other things, provide reasonable, but not absolute, assurance that assets are safeguarded against loss from unauthorized use or disposition, and that transactions are executed in accordance with management's authorization and recorded properly to permit the preparation of financial statements in conformity with U.S. generally accepted accounting principles. Since the date of our independent auditors' report, we have performed no additional procedures on the above-referenced financial statements of the Hospital, and nothing in this letter should be understood to indicate otherwise. The Authority should obtain subsequent information from the Hospital in connection with its decision to continue to extend credit under the Loan Agreement.

It should be noted that the financial statements to which our report relates are now over eight months old. In light of the passage of time and any circumstances that may have developed or changed since we issued our report, the Authority should perform inquiries and procedures to obtain whatever other information may be necessary for its purposes and should consider the need to obtain more current financial statements of the Hospital.

The Board of Directors
University Hospital
March __, 2021
Page 3 of 3

This letter is issued in connection with our report on the financial statements of the Hospital as of and for the year ended June 30, 2020, and the purpose described above, and does not extend to any subsequent audited financial statements issued or any other transaction, and also does not extend to other reports or professional services, if any, that might be rendered in connection with our engagement by the Hospital. This letter is not intended to establish a client relationship between our firm and the Authority as it relates to the Hospital.

By providing you with this letter and a copy of it to the Authority, we are explicitly limiting our liability so as to exclude all parties other than you and the Authority pursuant to the New Jersey Accountancy Law, Title 2A of the New Jersey Statutes Section 53A-25.

This letter is intended solely for the information and use of the Hospital and the Authority and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

 (signed) KPMG LLP

cc: New Jersey Health Care Facilities Financing Authority

Report on internal controls over financial reporting

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

The Board of Directors
University Hospital:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the business-type activities of University Hospital (the Hospital), a component unit of the State of New Jersey, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements and have issued our report thereon dated March __, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Example Entity's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

[(signed) KPMG LLP]

New York, New York
March __, 2021



**RESOLUTION OF UNIVERSITY HOSPITAL AMENDING AND
RESTATING ITS INTERNAL AUDIT CHARTER**

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey (the "State"), pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, pursuant to the Restructuring Act, the Hospital's board of directors (the "Board") has the power and duty to exercise general oversight over the affairs of the Hospital to ensure fulfillment of its mission and to: (1) direct and control expenditures of Hospital funds; (2) borrow money; (3) enter into contracts with the State or federal government, or any individual, firm or corporation; (4) solicit and accept grant moneys; (5) acquire, own, lease, dispose or, use, and operate property; (6) sue and be sued; (7) enter into a contract or other agreement with a nonprofit corporation operating one or more hospitals in New Jersey to operate and manage or assist in the operation and management of the Hospital; and (8) hire, fire, and fix salaries for all employees of the Hospital; and

WHEREAS, pursuant to Resolution 2013-0805-19 adopted August 5, 2013, the Hospital adopted an Internal Audit Charter to outline the responsibilities of the Internal Audit function performing audits at the request of the Finance and Audit Committee of the Board of Directors of the Hospital and/or the President/CEO of the Hospital, and the responsibilities of Hospital management with respect to the internal audit process; and

WHEREAS, the Hospital intends to amend and restate its Internal Audit Charter as appended hereto as Exhibit "A"; and

WHEREAS, the Hospital's Finance and Audit Committee reviewed the proposed action and recommends approval;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. The Internal Audit Charter is hereby amended and restated by the policy attached hereto and made a part hereof as Exhibit "A" (the "Amended and Restated Policy").
3. The President and Chief Executive Officer is hereby authorized to take the steps necessary and desirable to implement the Amended and Restated Policy.
4. This Resolution shall take effect immediately upon the adoption hereof.



I hereby certify that this Resolution 2021-0325-127 is a true copy of actions duly adopted by University Hospital as of the date hereof.

Resolution Adopted: March 25, 2021

Mary K. E. Maples
Mary K. E. Maples, Esq., Corporate Secretary



Exhibit "A" to Resolution 2021-0325-127 dated March 25, 2021

Amended and Restated Policy

See attached.

DOCUMENT INFORMATION

Policy Title:	Internal Audit Charter
Department/Manual:	Internal Audit / UH Administrative
Issue Number:	
Date Issued:	August 5, 2013
Date Reviewed/Revised:	August 5, 2013, March 17, 2021
Supersedes:	Internal Audit Charter August 5, 2013
Approved By:	Thomas Shick, Executive Director, Internal Audit
Final Approval:	Shereef Elnahal, President and Chief Executive Officer
Attachments:	None

I. PURPOSE

To outline the responsibilities of the Internal Audit function performing audits at the request of the Finance and Audit Committee of the Board of Directors of University Hospital (UH) and/or the President/CEO of UH, and the responsibilities of UH management with respect to Internal Audit.

II. SCOPE

The management, supervision, and administration of UH shall be vested in an 11-member Board of Directors of University Hospital. The Finance and Audit Committee (FAC) is appointed by the Board of Directors to assist the Board in fulfilling its oversight responsibilities. The Chair of the FAC and the President/CEO of UH shall ensure compliance with and implement this policy.

A. Definition

Internal Audit is an independent and objective assurance and consulting activity designed to add value and improve operations through improved controls and reduced risks to achieving objectives. Internal Audit helps UH accomplish its objectives by applying a systematic, disciplined approach to evaluate and assess the effectiveness of risk management, control and governance processes.

III. POLICY

A. Role of the Internal Audit Function

An Internal Audit review will determine the effectiveness of internal controls, adherence with applicable laws and regulations, and reliability of financial reporting. In assessing the control environment, the following will be considered:

1. The condition of the system of internal control and quality of operations;
2. The criticality of area to the organization/business;
3. Inherent business risks;
4. Staffing levels and experience;
5. The adequacy of management supervision and cognizance of controls;
6. Compensating controls;
7. The criticality and severity of audit findings; and,
8. Resolution of previous audit recommendations.

B. Independence

Independence is essential for an effective audit function. This independence is achieved primarily through organizational status and the adherence by Internal Audit and its personnel to the professional auditing standards.

1. **Organizational Status:** Internal Auditing is the functional responsibility of the FAC of the UH Board of Directors and the administrative responsibility of the President/CEO. These relationships ensure the independence of auditors and the adequate consideration of audit findings and recommendations.
2. **Objectivity:** Internal audit personnel will not be responsible for developing or implementing procedures, preparing records, or engaging in any activity which they would normally evaluate, and which could reasonably be construed as compromising their independence. In this regard, auditors are not to be used as auxiliary line accounting, finance or information systems

staff.

C. Authority and Responsibility

1. Internal Audit is authorized to have full, free, and unrestricted access to all records, properties, systems, and personnel relevant to the subject areas reviewed. Internal Audit will have authority to review at periodic intervals any processes, departments, business units or entities. These reviews will provide an assessment of the operational, financial, information technology and compliance controls necessary to minimize the risk of material loss and meet UH's functional objectives.
2. Internal Audit will have access to review and appraise policies, procedures, plans and any other records and information necessary to effectively perform audit responsibilities. Internal Audit is authorized to obtain the necessary assistance of personnel in departments of UH where they perform audits, as well as specialized services from within or outside the organization.
3. The internal audit function is responsible for:
 - a. Providing the FAC of the Board of Directors, and the President/CEO, the Internal Audit Charter as well as Internal Audit plans, activities, staffing and organizational structure.
 - b. Providing assessments, for areas reviewed, of the adequacy and effectiveness of processes for controlling activities and managing risks to achieving objectives.
 - c. Informing and advising the FAC and management of all audit findings with recommendations for appropriate corrective measures.
 - d. Providing the FAC and senior management with an overall assessment of financial, operational, compliance and information technology controls necessary to minimize risks of material loss and meet UH's functional objectives.
 - e. Conducting follow-up reviews to ensure satisfactory actions are taken by management to resolve significant audit findings.
 - f. Notifying executive management and the FAC of the results of investigations of significant suspected fraudulent activities requested

by management and/or the FAC.

- g. Providing periodic updates to the FAC on the status of engagements contained in the annual audit plan, including any findings warranting the attention of the FAC.
- h. Coordinating Internal Audit activities with other control and monitoring functions (Compliance & Ethics, Risk Management, Security, Legal, and External Audit firm) to best achieve the objectives of UH.
- i. Maintaining a professional audit staff with sufficient knowledge, skills, experience, training and professional certifications to meet the requirements of this policy. Periodically assess the overall effectiveness of the department training program.
- j. Keeping the FAC informed of emerging trends and best practices in internal auditing.

D. Scope and Objectives

The scope of Internal Audit is to determine whether UH's activities of risk management, control, and governance processes, as designed and represented by management, are adequate and functioning in a manner that ensures:

1. Risks are appropriately identified and managed by management through an effective internal control environment at a reasonable cost.
2. Significant financial, mission, managerial and operating information is accurate, reliable and timely.
3. Employee's actions comply with established policies, procedures plans, governmental regulations and contractual obligations in support of the Compliance Program.
4. Personnel and the organization are upholding the principles and standards included in the Code of Conduct.
5. Resources are acquired economically, used efficiently, and adequately protected in accordance with UH policies and procedures.
6. Programs, plans, and objectives are achieved, and quality and continuous

improvement are fostered in control processes.

7. Significant legislative or regulatory issues impacting the organization are recognized and addressed properly.
8. Planning, designing, development, implementation, and operation of major information technology based systems: (a) incorporate adequate controls; (b) thorough systems' testing is performed at the appropriate stage; (c) retain complete and accurate documentation; and (d) meet the needs of the user organizations. Internal Audit should be notified when operational and technology departments are planning to make changes to applications and systems that affect or ultimately affect data that is used in financial reporting and clinical application systems.

IV. RESPONSIBILITIES

Internal Audit has neither direct responsibility, nor authority over the operations or activities that are reviewed. Thus, Internal Audit review and appraisal does not relieve management of their assigned responsibilities. Internal Audit does not make operating decisions, and does not have the authority to direct activities, including implementation of corrective actions. These activities and tasks remain the responsibility of appropriate operating management.

V. REFERENCES

None.

VI. ATTACHMENTS

None.

RESOLUTION OF UNIVERSITY HOSPITAL AUTHORIZING CERTAIN PROCUREMENTS IN FURTHERANCE OF P.L. 2012, c. 45

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey (the "State"), pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, pursuant to the Restructuring Act, the Hospital's board of directors (the "Board") has the power and duty to exercise general oversight over the affairs of the Hospital to ensure fulfillment of its mission and to: (1) direct and control expenditures of Hospital funds; (2) borrow money; (3) enter into contracts with the State or federal government, or any individual, firm or corporation; (4) solicit and accept grant moneys; (5) acquire, own, lease, dispose or, use, and operate property; (6) sue and be sued; (7) enter into a contract or other agreement with a nonprofit corporation operating one or more hospitals in New Jersey to operate and manage or assist in the operation and management of the Hospital; and (8) hire, fire, and fix salaries for all employees of the Hospital; and

WHEREAS, in accordance with the Hospital's amended bylaws adopted June 25, 2020 (the "Bylaws"), the Hospital approved a new *Procurement and Purchasing and Delegation of Authority to Contract Policy* pursuant to Resolution 2019-0917-83 adopted September 26, 2019, as amended (hereinafter the "Procurement Policy"); and

WHEREAS, the Hospital intends to award a contract to Johnson Controls, Inc to upgrade the Hospital's HVAC management control system, including replacement of all air handler unit controllers and upgrade of pneumatic damper actuators and valves to direct digital control units, in an amount not to exceed \$2,069,000 funded through the Higher Education Facilities Trust Fund Grant received by the Hospital for infrastructure improvements; and

WHEREAS, in accordance with the Procurement Policy, the Hospital intends to approve the foregoing transactions; and

WHEREAS, the Hospital's Finance and Audit Committee has reviewed the proposed action and recommends approval;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. The procurement set forth herein are hereby approved in accordance with the Procurement Policy.

3. The President and Chief Executive Officer is hereby authorized to take the steps necessary and desirable to effectuate the purposes of this Resolution.
4. This Resolution shall take effect immediately upon the adoption hereof.

I hereby certify that this Resolution 2021-0325-128 is a true copy of actions duly adopted by University Hospital as of the date hereof.

RESOLUTION ADOPTED: March 25, 2021



Mary K. E. Maples, Esq., Corporate Secretary



RESOLUTION OF UNIVERSITY HOSPITAL AMENDING AND EXTENDING AUTHORIZATION FOR CERTAIN ACTIONS TO ADDRESS COVID-19 PREPAREDNESS MEASURES, IN FURTHERANCE OF P.L. 2012, c. 45

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey (the "State"), pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, pursuant to the Restructuring Act, the Hospital's board of directors (the "Board") has the power and duty to exercise general oversight over the affairs of the Hospital to ensure fulfillment of its mission and to: (1) direct and control expenditures of Hospital funds; (2) borrow money; (3) enter into contracts with the State or federal government, or any individual, firm or corporation; (4) solicit and accept grant moneys; (5) acquire, own, lease, dispose or, use, and operate property; (6) sue and be sued; (7) enter into a contract or other agreement with a nonprofit corporation operating one or more hospitals in New Jersey to operate and manage or assist in the operation and management of the Hospital; and (8) hire, fire, and fix salaries for all employees of the Hospital; and

WHEREAS, on March 9, 2020, as part of the State of New Jersey's coordinated response to address the novel coronavirus ("COVID-19") outbreak, Governor Phil Murphy issued Executive Order No. 103 declaring a State of Emergency and a Public Health Emergency across all twenty-one counties of the State (the "COVID-19 Declaration"), which, among other things, authorized State agencies to take all appropriate steps to address the public health hazards of COVID-19, and waived certain procurement procedures to expedite the delivery of goods and services necessary for COVID-19 preparedness and response efforts; and

WHEREAS, consistent with the COVID-19 Declaration and the Hospital's Procurement Policy adopted pursuant to Resolution 2019-0917-83 dated September 26, 2019 (as amended), the Hospital pre-authorized, without further approval of the governing body, the emergency expenditure of up to an additional \$7.0 million of Hospital funds for COVID-19 preparedness procurements deemed necessary by the President and Chief Executive Officer and Chief Financial Officer, which was approved by Resolution 2020-0326-96 dated March 26, 2020; and

WHEREAS, pursuant to Resolution 2020-0422-99 adopted April 22, 2020, the Hospital amended and extended its COVID-19 preparedness fund authorization in an amount up to \$10.0 million, of which amount approximately \$8.5 million has been expended to-date; and

WHEREAS, pursuant to Resolution 2020-1119-117, in recognition of the need for the Hospital to continue to fund COVID-19 preparedness and response efforts, the Hospital increased its COVID-19 preparedness fund by an additional \$5.0 million for a total authorization of \$15.0 million of Hospital funds for those expenditures deemed necessary by the President and Chief Executive Officer and Chief Financial Officer; and

WHEREAS, given the ongoing need to fund its COVID-19 preparedness and response efforts, the Hospital intends to increase the fund by \$7.0 million for a total authorized fund equal to \$22 million;

WHEREAS, the Finance and Audit Committee reviewed the proposed action and recommends approval;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of University Hospital

1. The above recitals are incorporated herein by this reference.
2. Consistent with the COVID-19 Declaration and the Hospital's Procurement Policy, the Hospital hereby amends and extends without further action of the governing body, the emergency expenditure in an aggregate amount up to \$22.0 million of Hospital funds and the execution of documents and agreements for COVID-19 preparedness procurements deemed necessary by the President and Chief Executive Officer and Chief Financial Officer.
3. The President and Chief Executive Officer and/or the Chief Financial Officer shall continue to periodically brief the Board of Directors on the status of the Hospital's efforts to manage the COVID-19 pandemic, and are hereby authorized to take all steps necessary and desirable to effectuate the purposes of this Resolution.
4. This Resolution shall take effect immediately upon the adoption hereof.

I hereby certify that this Resolution 2021-0325-129 is a true copy of actions duly adopted by University Hospital as of the date hereof.

RESOLUTION ADOPTED: March 25, 2021



Mary K. E. Maples, Esq., Corporate Secretary

**RESOLUTION OF UNIVERSITY HOSPITAL PERTAINING TO
MEDICAL STAFF MATTERS**

WHEREAS, University Hospital (the "Hospital") was duly established and validly exists as an independent public healthcare institution and an instrumentality of the State of New Jersey, pursuant to the New Jersey Medical and Health Sciences Education Restructuring Act, L. 2012, c. 45 (the "Restructuring Act"); and

WHEREAS, pursuant to the Restructuring Act, the Hospital's Board of Directors (the "Board") has the power and duty to exercise general oversight over the affairs of the Hospital to ensure fulfillment of its mission (including the disposition of credentials and privileges of medical staff serving the Hospital), and in furtherance thereof, the Hospital adopted Bylaws dated March 17, 2015, as amended June 26, 2018 and June 25, 2020 (the "Hospital Bylaws"); and

WHEREAS, in accordance with Medical Staff Bylaws dated February of 2020 (the "Medical Staff Bylaws"), at its March 9, 2021 meeting, the Medical Executive Committee (the "MEC") recommended various providers for credentials, privileges, and appointment, expansion, change of status, and transfer of service thereof, such providers as listed on Exhibit "A" appended hereto and made a part hereof; and

WHEREAS, the Hospital's Safety and Quality Committee reviewed the MEC action, and recommends approval;

NOW, THEREFORE, BE IT RESOLVED by the Executive Committee of the Board of Directors of University Hospital:

1. The above recitals are incorporated herein by this reference.
2. The Hospital hereby adopts and affirms the recommendations, as appended hereto, and authorizes the President and Chief Executive Officer to take appropriate action in furtherance of this Resolution, in accordance with the Hospital Bylaws and applicable regulations.
3. This Resolution shall take effect immediately upon the adoption hereof, subject to ratification.

I hereby certify that this Resolution 2021-0325-130 is a true copy of actions duly adopted by University Hospital as of the date hereof.

RESOLUTION ADOPTED: March 25, 2021


Mary K. E. Maples, Esq., Corporate Secretary

Exhibit "A" - Memorandum dated March 9, 2021 from Dr. Natale-Pereira to Dr. Feldman re: Recommendation to approve medical staff credentials and privileges.

See attached.

March 9, 2021

To: Cecile A. Feldman, DMD, MBA
Chairwoman, Safety & Quality Committee

From: Ana Natale-Pereira, M.D.
Chairwoman, Medical Executive Committee

Subject: Medical Executive Committee Recommendations

At the Medical Executive Committee meeting of March 9, 2021, the following recommendations were made for approval by the Safety and Quality Committee of the Board of Directors:

All recommendations are action items unless otherwise noted.

A. INITIAL APPOINTMENTS

Attending

Boyan, William, MD: Surgery / Transplant Surgery

Duncan, Dameon, MD: Radiology

Sutharsanam, Balaji, MD: Pediatrics

B. REAPPOINTMENTS

Grid Attached: 61 Reappointments
2 Did not reapply

C. EXPANSION OF PRIVILEGE

Andrew Kaufman, MD, Department of Anesthesia requested expansion of privileges to perform Vertiflex Superior Implant. Dr. Kaufman performed three proctored cases with Dr. Sean Li. Evaluations were submitted.

D. RESIGNATIONS/RETIREMENTS/TERMINATIONS (For Information Only)

Albuquerque, Lydia, APN	Medicine	Effective 07/30/2020
Budnick, Lawrence, MD	Med/Occ. Med	Effective 04/01/2021
Hardgrove-Loper, Klisa, CRNA	Anesthesiology	Effective 02/23/2021
Heasha Parekh, CRNA	Anesthesiology	Effective 02/23/2021
Judge, Meagen, CRNA	Anesthesiology	Effective 12/20/2020
Mantz, Margaret, APN	Neurological Surgery	Effective 02/19/2021
Michelle Medina, CRNA	Anesthesiology	Effective 02/23/2021

4-1-2021 Medical Staff Reappointments

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DEGREE</u>	<u>DEPARTMENT NAME</u>	<u>SECTION NAME</u>	<u>DEPARTMENT2</u>	<u>SECTION2</u>
Gone	Evelyne	MD	Anesthesiology			
Nkamji	Charles	CRNA	Anesthesiology			
Barychewsky	Michael	CRNA	Anesthesiology			
Young	Claudia	CRNA	Anesthesiology			
Chaudhry	Faraz	MD	Anesthesiology			
Anesthesiology	TOTAL	5				
Tamimi	Imad	DMD	Dental Medicine	Oral/Max. Surgery		
Mohan	Madhu	DMD	Dental Medicine	Pediatric Dentistry		
Dental Medicine	TOTAL	2				
Moffett	Shannon	MD	Emergency Medicine			
Koshy	Rachel	APN	Emergency Medicine	Observation		
Ike	Celestine	APN	Emergency Medicine	Observation		
Monahan	Ellen	MD	Emergency Medicine	Pediatric Emergency Medicine		
Rickerhauser-Krall	Maureen	MD	Emergency Medicine	Pediatric Emergency Medicine		
Reyes	Tyrone	MD	Emergency Medicine	Pediatric Emergency Medicine		
Baranowski	Katherine	MD	Emergency Medicine	Pediatric Emergency Medicine		
Barricella	Robert	DO	Emergency Medicine	Pediatric Emergency Medicine		
Barbour	Marva	APN	Emergency Medicine	Observation		
Muckey	Erin	MD	Emergency Medicine			
Emergency Medicine	TOTAL	10				
Dube	Bianca	MD	Family Medicine			
Family Medicine	TOTAL	1				
Berman	Andrew	MD	Medicine	Pulmonology		
Ahlawat	Sushil	MD	Medicine	Gastroenterology		
Williamson	Lisa	APN	Medicine	Cardiology		
Pyrsoopoulos	Nikolaos	MD	Medicine	Gastroenterology	Medicine	Hepatology
Pergament	Kathleen	DO	Medicine			
Cespedes	Lisette	MD	Medicine	Endocrinology		
Akthar	Morium	MD	Medicine	Endocrinology/Pulmonology		
Matassa	Daniel	MD	Medicine			
Elhosseiny	Sherif	MD	Medicine	Hospitalist		
Love	Larrisha	MD	Medicine	Hospitalist		
Aziz	Emad	DO	Medicine	Cardiology		
Cueto	Victor	MD	Medicine	General Internal Medicine		
Daoko	Joseph	MD	Medicine	Cardiology		
Medicine	TOTAL	13				
Campbell	Damali	MD	Obstetrics/Gynecology			
Nwobu	Uchenna	MD	Obstetrics/Gynecology			
Shaw	Stacey	APN	Obstetrics/Gynecology			
Hipps	Linda	MD	Obstetrics/Gynecology			
Gabrilovich	Sofia	MD	Obstetrics/Gynecology			
Obstetrics/Gynecology	TOTAL	5				

Klein	Shawn	MD	Ophthalmology			
Khouri	Albert	MD	Ophthalmology	Glaucoma		
Ophthalmology	TOTAL	2				
Hullinger	Heidi	MD	Orthopaedics	Adult Spine		
Zarro	Christopher	MD	Orthopaedics	Adult Spine		
Orthopaedics	TOTAL	2				
Monteiro	Iona	MD	Pediatrics	Gastroenterology		
Pletcher	Beth	MD	Pediatrics	Genetics		
Tanuos	Hanan	MD	Pediatrics	Ambulatory Care		
Shih	Ling	MD	Pediatrics	Genetics		
Singer-Granick	Carol	MD	Pediatrics	Endocrinology		
Lespinasse	Antoine	MD	Pediatrics	Neonatology		
Bhat	Vishwanath	MD	Pediatrics	Neonatology		
Johnson	Robert	MD	Pediatrics	Adolescent Medicine		
Evans	Hugh	MD	Pediatrics			
Dieudonne	Arry	MD	Pediatrics	Infectious Diseases		
Narisety	Satya	MD	Pediatrics	Allergy/Immunology		
Varghese	Anna	APN	Pediatrics			
Das	Sumon	MD	Pediatrics	Critical Care		
Chalom	Rene	MD	Pediatrics	Critical Care		
Cennimo	David	MD	Pediatrics		Medicine	Infectious Diseases
Pediatrics	TOTAL	15				
Zeshan	Muhammad	MD	Psychiatry			
Psychiatry	TOTAL	1				
Haffty	Bruce	MD	Radiation Oncology			
Radiation Oncology	TOTAL	1				
Chaudhry	Humaira	MD	Radiology	Diagnostic		
Phatak	Tej	MD	Radiology	Diagnostic		
Dakhel	Mahmoud	MD	Radiology	Nuclear		
Kumar	Abhishek	MD	Radiology	Diagnostic		
Radiology	TOTAL	4				
Alfassa	Sabrina	PA-C	Surgery	Plastic Surgery		
Rosania	Janell	APN	Surgery	Trauma		
Felix	Darline	PA-C	Surgery	Oncology		
La Bagnara	Susan	APN	Surgery	Trauma		
Surgery	TOTAL	4				
Steinberg	Joseph	MD	The Stone Center		Surgery	Urology
The Stone Center	TOTAL	1				
RESIGNATIONS						
Jose Nevado, MD	Pediatrics - Did not submit reappointment			Submitted by Tonya Hall, CPCS - Credentials Specialist March 8, 2021 - Credentials Committee		
Lily Aora, MD	Psychiatry - Did not submit reappointment					