

Name of Managed Care Organization: _____

For the Period Ending: _____

General Acute Care Hospitals

PLEASE DO NOT ALTER THIS FORM - ANY MODIFICATION TO THIS FORM IS PROHIBITED

General Acute Care Hospitals	Contracted		Date Contract Expires	Hospital Services				
	Yes	No		1	2	3	4	5
ATLANTIC								
AtlantiCare Regional Medical Center-City Division				1				4
AtlantiCare Regional Medical Center-Mainland Division						3		
Shore Memorial Hospital								
BERGEN								
Bergen Regional Medical Center				No OB Beds				
Englewood Hospital and Medical Center				1				
Hackensack University Medical Center				RPC, CH				
Holy Name Medical Center				1		3	4	
The Valley Hospital				1		3		
BURLINGTON								
Lourdes Medical Center of Burlington County								
Virtua - Memorial Hospital Burlington County, Inc.								
Virtua - West Jersey Hospital Marlton				No OB Beds				
CAMDEN								
Cooper Hospital/University Medical Center				RPC, CH				
Kennedy Mem University Med. Center-Cherry Hill				No OB Beds				
Kennedy Mem University Med. Center-Stratford				1				
Our Lady of Lourdes Medical Center				RPC				
Virtua - West Jersey Hospital Berlin				No OB Beds				
Virtua - West Jersey Hospital Voorhees				RPC				
CAPE MAY								
Cape Regional Medical Center								
CUMBERLAND								
South Jersey Health Care Regional Med. Center								
ESSEX								
Clara Maass Medical Center								
East Orange General Hospital				No OB Beds				
Newark Beth Israel Medical Center				RPC, CH				
Saint Barnabas Medical Center				RPC				
Saint Michael's Medical Center				No OB Beds				
Mountainside Hospital								5
UMDNJ-University Hospital				1	2	3	4	

Report hospitals with a written executed contract with the Plan. All other arrangements must be reported under comments.

1. NJDHSS licensed Neonatal Intensive Care Unit (NICU) Bassinets
 2. NJDHSS licensed Pediatric Intensive Care Unit (PICU) beds
 3. NJDHSS designated Cardiac Surgery
 4. NJDHSS designated Level I or II Trauma Center
 5. NJDHSS designated Primary Angioplasty Site
- (RPC) - NJDHSS licensed Regional Perinatal Center
(CH) - NJDHSS licensed Children's Hospital

Name of Managed Care Organization: _____

For the Period Ending: _____

General Acute Care Hospitals

PLEASE DO NOT ALTER THIS FORM - ANY MODIFICATION TO THIS FORM IS PROHIBITED

General Acute Care Hospitals	Contracted		Date Contract Expires	Hospital Services				
	Yes	No		1	2	3	4	5
GLOUCESTER								
Kennedy Mem University Med. Center-Washington								
Underwood - Memorial Hospital								
HUDSON								
Bayonne Medical Center								
Christ Hospital								
Hoboken University Medical Center								
Jersey City Medical Center				RPC, CH	1	2	3	4
Meadowlands Hospital Medical Center								
Palisades Medical Center/ NY Presbyterian HCS								
HUNTERDON								
Hunterdon Medical Center								
MERCER								
Capital Health Regional Medical Center				No OB Beds				4
Capital Health Medical Center - Hopewell				RPC	1			
University Medical Center at Princeton								
Robert Wood Johnson Hospital at Hamilton								5
St. Francis Medical Center				No OB Beds			3	
MIDDLESEX								
Raritan Bay Medical Center-Old Bridge Division				No OB Beds				
Raritan Bay Medical Center-Perth Amboy Division								5
JFK Medical Center								
Robert Wood Johnson Hospital at New Brunswick				RPC, CH	1	2	3	4
Saint Peter's University Hospital				RPC	1	2		
MONMOUTH								
Bayshore Community Hospital				No OB Beds				
CentraState Medical Center								
Jersey Shore University Medical Center				RPC	1	2	3	4
Monmouth Medical Center				RPC	1			5
Riverview Medical Center								5
MORRIS								
Chilton Memorial Hospital								
Morristown Memorial Hospital				RPC, CH	1	2	3	4
St. Clare's Hospital - Dover				No OB Beds				
St. Clare's Hospital - Denville								5
OCEAN								
Community Medical Center								
Kimball Medical Center								
Ocean Medical Center - Brick								5
Southern Ocean Medical Center								

Report hospitals with a written executed contract with the Plan. All other arrangements must be reported under comments.

1. NJDHSS licensed Neonatal Intensive Care Unit (NICU) Bassinets
 2. NJDHSS licensed Pediatric Intensive Care Unit (PICU) beds
 3. NJDHSS designated Cardiac Surgery
 4. NJDHSS designated Level I or II Trauma Center
 5. NJDHSS designated Primary Angioplasty Site
- (RPC) - NJDHSS licensed Regional Perinatal Center
(CH) - NJDHSS licensed Children's Hospital

State of New Jersey
Department of Banking and Insurance

Name of Managed Care Organization: _____

For the Period Ending: _____

General Acute Care Hospitals

PLEASE DO NOT ALTER THIS FORM - ANY MODIFICATION TO THIS FORM IS PROHIBITED

General Acute Care Hospitals	Contracted		Date Contract Expires	Hospital Services				
	Yes	No		1	2	3	4	5
PASSAIC								
St. Joseph's Regional Medical Center				RPC, CH				
St. Joseph's Wayne Hospital								
St. Mary's Hospital-Passaic								
SALEM								
The Memorial Hospital of Salem County								
South Jersey Healthcare- Elmer Hospital								
SOMERSET								
Somerset Medical Center								5
SUSSEX								
Newton Memorial Hospital								
St. Clare's Hospital - Sussex				No OB Beds				
UNION								
Overlook Hospital					1			5
Robert Wood Johnson Hospital at Rahway				No OB Beds				
Trinitas Regional Medical Center								5
WARREN								
Hackettstown Regional Medical Center								
Warren Hospital								

Report hospitals with a written executed contract with the Plan. All other arrangements must be reported under comments.

1. NJDHSS licensed Neonatal Intensive Care Unit (NICU) Bassinets
 2. NJDHSS licensed Pediatric Intensive Care Unit (PICU) beds
 3. NJDHSS designated Cardiac Surgery
 4. NJDHSS designated Level I or II Trauma Center
 5. NJDHSS designated Primary Angioplasty Site
- (RPC) - NJDHSS licensed Regional Perinatal Center
(CH) - NJDHSS licensed Children's Hospital