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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
LEHIGH VALLEY HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2100 MACK BLVD

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 181035622

D Employer identification number

23-1689692

E Telephone number

(484) 884-0130

G Gross receipts \$ 2,424,924,763

F Name and address of principal officer:
BRIAN A NESTER
2100 MACK BLVD
ALLENTOWN, PA 181035622

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LVHN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1971

M State of legal domicile: PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE, SUPPORTED BY EDUCATION AND RESEARCH.

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

3 Number of voting members of the governing body (Part VI, line 1a) 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 9

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 11,021

6 Total number of volunteers (estimate if necessary) 837

7a Total unrelated business revenue from Part VIII, column (C), line 12 15,167,675

7b Net unrelated business taxable income from Form 990-T, line 39 2,299,052

Revenue

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

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

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

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

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

Prior Year

Current Year

22,898,051

17,775,374

2,009,729,530

2,085,503,368

23,178,015

22,329,542

97,254,967

74,499,827

2,153,060,563

2,200,108,111

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,491,700

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

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

19 Revenue less expenses. Subtract line 18 from line 12

816,249

865,369

0

0

699,050,363

748,897,686

0

0

1,306,674,825

1,332,375,691

2,006,541,437

2,082,138,746

146,519,126

117,969,365

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

2,452,810,067

2,839,652,051

1,156,364,387

1,756,442,608

1,296,445,680

1,083,209,443

Part II

Signature Block

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

Sign Here

Signature of officer
2021-05-12
Date
ROBERT THOMAS ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

OUR MISSION IS TO HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE, SUPPORTED BY EDUCATION AND RESEARCH.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,998,025,640 including grants of \$ 865,369) (Revenue \$ 2,143,171,004)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e **Total program service expenses** ▶ 1,998,025,640

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	740
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 11,021			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 THE ORGANIZATION 2100 MACK BLVD ALLENTOWN, PA 181035622 (484) 884-0130

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRSTEN ANTHONY TRUSTEE	1.00	X						0	0	0
(2) ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE	60.00	X						444,078	0	40,062
(3) DEBORAH BREN DO TRUSTEE	1.00 60.00	X						350,424	0	36,467
(4) TERRY CAPUANO PRESIDENT, LVH/TRUSTEE	60.00	X						1,166,412	0	32,386
(5) STEVEN R FOLLETT CHAIR/TRUSTEE	1.00	X		X				0	0	0
(6) LINDA GREEN PHD TRUSTEE	1.00	X						0	0	0
(7) JOEL HOFFMAN TRUSTEE	1.00	X						0	0	0
(8) WILLIAM M KENT MHA TRUSTEE	1.00 60.00	X						750,734	0	28,862
(9) PATRICIA MARTIN MD TRUSTEE	1.00	X						0	0	0
(10) WILLIAM MASON TRUSTEE	1.00	X						0	0	0
(11) KATHY O'BRIEN VICE CHAIR/TRUSTEE	1.00	X		X				0	0	0
(12) JOSEPH E PATRUNO MD TRUSTEE	1.00 60.00	X						0	354,363	42,431
(13) WILLIAM SPENCE TRUSTEE	1.00	X						0	0	0
(14) SUSAN C YEE TRUSTEE	1.00	X						0	0	0
(15) THOMAS MARCHOZZI TREASURER	1.00 60.00			X				898,574	0	25,267
(16) MATTHEW SORRENTINO ESQ SECRETARY	1.00 60.00			X				274,809	516,752	30,249
(17) ROBERT THOMAS ASSISTANT TREASURER	1.00 60.00			X				367,321	0	28,321

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS V WHALEN MD MMM ASSISTANT SECRETARY	1.00 60.00			X				1,145,557	0	34,494
(19) BRIAN A NESTER DO PRESIDENT/CEO, LVHN	60.00					X		2,221,134	0	40,062
(20) ROBERT MURPHY MD CHIEF INTEGRATION OFFICER	60.00					X		879,163	0	23,262
(21) DEBORAH SALAS-LOPEZ MD ASSOC. CHIEF MEDICAL OFFICER	60.00					X		702,719	0	16,991
(22) EDWARD DOUGHERTY CHIEF BUSINESS DEVELOPMENT OFFICER	60.00					X		671,278	0	36,467
(23) MICHAEL MINEAR MS CHIEF INFORMATION OFFICER	60.00					X		650,067	0	17,694
(24) JAMES F GEIGER FORMER TRUSTEE	0.00						X	183,745	0	1,392

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	10,706,015	871,115	434,407

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 769

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NAVIGANT CONSULTING INC 4511 PAYSHERE CIRCLE CHICAGO, IL 606740001	CONSULTING SERVICES	24,419,671
CROTHALL HEALTHCARE INC 13028 COLLECTION CENTER DRIVE CHICAGO, IL 606930001	HOUSEKEEPING SERVICES	22,895,964
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 152516170	DIETARY SERVICES	11,992,819
PRICEWATERHOUSECOOPERS ADVISORY SERVICES 300 MADISON AVENUE NEW YORK, NY 100176232	CONSULTING SERVICES	5,847,182
DIGITAL HEALTH CONSULTING 205 10TH AVENUE HADDON HEIGHTS, NJ 080351634	CONSULTING SERVICES	4,495,138

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 177

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a											
	b Membership dues . . .	1b											
	c Fundraising events . . .	1c											
	d Related organizations	1d											
	e Government grants (contributions)	1e	2,926,940										
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,848,434										
	g Noncash contributions included in lines 1a - 1f:\$	1g	598,361										
	h Total. Add lines 1a-1f ▶										17,775,374		
Program Service Revenue			Business Code										
	2a OUTPATIENT REVENUE	621400		1,095,439,980		1,081,655,252		13,784,728					
	b INPATIENT REVENUE	621990		918,105,413		918,105,413							
	c HHS COVID REVENUE	621990		71,957,975		71,957,975							
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶										2,085,503,368		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			18,401,068						18,401,068			
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a Gross rents	6a	18,137,293										
	b Less: rental expenses	6b	13,037,335										
	c Rental income or (loss)	6c	5,099,958										
	d Net rental income or (loss) ▶			5,099,958						5,099,958			
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory	7a	214,804,426	379,568									
	b Less: cost or other basis and sales expenses	7b	210,839,114	416,406									
	c Gain or (loss)	7c	3,965,312	-36,838									
	d Net gain or (loss) ▶			3,928,474		3,928,474							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	1,016,829									
	b Less: direct expenses		8b	523,797									
	c Net income or (loss) from fundraising events . . . ▶			493,032						493,032			
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities . . . ▶												
	10a Gross sales of inventory, less returns and allowances . . .		10a										
	b Less: cost of goods sold . . .		10b										
	c Net income or (loss) from sales of inventory . . . ▶												
Miscellaneous Revenue			Business Code										
11a RESEARCH & MISC INCOME			900099	53,359,698		53,009,877		349,821					
b HEALTH NETWORK LABORAT			621500	14,397,629		13,364,503		1,033,126					
c LEHIGH VALLEY PHO			900003	1,149,510		1,149,510							
d All other revenue													
e Total. Add lines 11a-11d ▶			68,906,837										
12 Total revenue. See instructions ▶			2,200,108,111		2,143,171,004		15,167,675		23,994,058				

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	865,369	865,369		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,641,925	5,641,925		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	570,022,996	536,858,967	32,198,796	965,233
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,647,970	21,795,778	1,799,996	52,196
9 Other employee benefits	106,858,931	103,369,101	3,410,289	79,541
10 Payroll taxes	42,725,864	40,170,220	2,483,748	71,896
11 Fees for services (non-employees):				
a Management				
b Legal	3,599,470	1,389,877	2,209,593	
c Accounting	557,304	36,450	520,854	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	212,040,213	191,042,592	20,937,949	59,672
12 Advertising and promotion	13,273,420	4,404,946	8,868,474	
13 Office expenses	2,042,508	1,807,351	230,919	4,238
14 Information technology	34,654,972	34,654,972		
15 Royalties				
16 Occupancy	40,335,886	40,092,910	234,868	8,108
17 Travel	1,781,775	1,699,810	79,307	2,658
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,929,513	1,760,685	155,204	13,624
20 Interest	31,106,762	31,106,762		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,482,987	109,100,661	381,840	486
23 Insurance	13,009,369	13,009,369		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	396,338,128	396,338,128		
b PURCHASED SERVICES	328,870,304	321,419,435	7,352,681	98,188
c BAD DEBTS EXPENSE	62,442,926	62,442,926		
d CONTRACTED LABOR	543,685	543,685		
e All other expenses	80,366,469	78,473,721	1,756,888	135,860
25 Total functional expenses. Add lines 1 through 24e	2,082,138,746	1,998,025,640	82,621,406	1,491,700
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		16,128	1	16,428	
	2	Savings and temporary cash investments		55,461,394	2	244,112,579	
	3	Pledges and grants receivable, net		38,478,271	3	6,733,168	
	4	Accounts receivable, net		242,018,225	4	220,575,659	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		-42,040,050	7	-91,430,718	
	8	Inventories for sale or use		29,025,676	8	35,702,868	
	9	Prepaid expenses and deferred charges		21,302,821	9	44,967,372	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,237,963,441			
	b	Less: accumulated depreciation	10b	1,220,090,969	969,431,859	10c	1,017,872,472
	11	Investments—publicly traded securities		892,667,044	11	1,032,558,552	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		210,505,980	13	216,340,882	
	14	Intangible assets		22,599,914	14	98,163,921	
	15	Other assets. See Part IV, line 11		13,342,805	15	14,038,868	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,452,810,067	16	2,839,652,051		
Liabilities	17	Accounts payable and accrued expenses		180,251,533	17	166,188,803	
	18	Grants payable			18		
	19	Deferred revenue		13,278,167	19	214,232,508	
	20	Tax-exempt bond liabilities		611,788,401	20	882,014,888	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		351,046,286	25	494,006,409	
	26	Total liabilities. Add lines 17 through 25		1,156,364,387	26	1,756,442,608	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,069,286,334	27	849,838,424	
	28	Net assets with donor restrictions		227,159,346	28	233,371,019	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,296,445,680	32	1,083,209,443	
33	Total liabilities and net assets/fund balances		2,452,810,067	33	2,839,652,051		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,200,108,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,082,138,746
3	Revenue less expenses. Subtract line 2 from line 1	3	117,969,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,296,445,680
5	Net unrealized gains (losses) on investments	5	6,948,193
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-338,153,795
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,083,209,443

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Software ID:	
Software Version:	
EIN:	23-1689692
Name:	LEHIGH VALLEY HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

LEHIGH VALLEY HOSPITAL (LVH) IS COMPOSED OF FOUR HOSPITAL CAMPUSES INCLUDING LVH-CEDAR CREST, LVH-MUHENBERG, LVH-17TH STREET AND LVH-TILGHMAN. LVH OFFERS A CONTINUUM OF PROGRAMS IN HEALTH CARE PROMOTION, PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION TO THE COMMUNITY. EXTENSIVE INPATIENT, OUTPATIENT AND EDUCATIONAL SERVICES ARE PROVIDED AT LOCATIONS THROUGHOUT THE REGION AND ARE A PART OF THE LEHIGH VALLEY HEALTH NETWORK (LVHN) ESTABLISHED TO MEET THE MEDICAL, SURGICAL AND EDUCATIONAL NEEDS OF THE RESIDENTS OF THE LEHIGH VALLEY AND BEYOND. ON MAY 1, 2018, LEHIGH VALLEY HOSPITAL-MUHENBERG AND LEHIGH VALLEY HOSPITAL, INC. MERGED, AND THE SURVIVING CORPORATE ENTITY WAS LEHIGH VALLEY HOSPITAL, INC. LVH-MUHENBERG IS NOW CONSIDERED A CAMPUS OF LEHIGH VALLEY HOSPITAL, A GENERAL, ACUTE PATIENT CARE FACILITY. LVH SERVES AS A REFERRAL CENTER FOR APPROXIMATELY TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA, WITH A SPECIAL FOCUS IN THE FOLLOWING KEY AREAS: CANCER INSTITUTE OF LVH - THE LVH BASED PORTIONS OF THE NETWORK CANCER INSTITUTE OFFERS A RANGE OF CANCER SERVICES IN SIX CONVENIENT, PATIENT-FOCUSED LOCATIONS, JOHN AND DOROTHY MORGAN CANCER CENTER AT THE CEDAR CREST CAMPUS, THE CANCER CENTER IN BETHLEHEM AT THE MUHENBERG CAMPUS, AND INFUSION SERVICES AT THE HEALTH CENTER IN BANGOR; LVPG HEMATOLOGY ONCOLOGY ASSOCIATES IN LEHIGHTON. CANCER CARE PROGRAMS INCLUDE PREVENTION, DETECTION, DIAGNOSIS, GENETICS, PATIENT NAVIGATION, NUTRITIONAL SERVICES, SOCIAL AND PSYCHOLOGICAL SUPPORT, REHABILITATION, CLINICAL TRIALS, MULTIDISCIPLINARY AND COORDINATED CARE, AND ALL FORMS OF THERAPY. THE CANCER CENTER BECAME A PARTNER WITH MEMORIAL SLOAN KETTERING CANCER ALLIANCE OF NEW YORK CITY OFFICIALLY IN MARCH 2016 AND MAINTAINS A RESEARCH PARTNERSHIP WITH THE WISTAR SCIENTIFIC AND BIOLOGY INSTITUTE OF PHILADELPHIA, PA. BOTH OF THESE INSTITUTIONS ARE NCI DESIGNATED CANCER CENTERS PROGRAMS. CANCER INSTITUTE PARTNERED WITH STRATA ONCOLOGY, A PRECISION ONCOLOGY COMPANY IN JUNE OF 2019. THE STRATA TRIAL PERFORMS MOLECULAR PROFILING OF SPECIFIC TYPES OF TUMORS TO HELP MATCH PATIENTS WITH THE ADVANCED FORMS OF CANCER TO NEW PRECISION TREATMENT OPTIONS. THIS PARTNERSHIP POSITIONS LEHIGH VALLEY CANCER INSTITUTE ON THE LEADING-EDGE OF PROVIDING PATIENTS ACCESS TO THE LATEST TECHNOLOGY AND CLINICAL RESEARCH TO TARGET THEIR SPECIFIC CANCER MUTATION. CANCER INSTITUTE FACILITIES INCLUDE PHYSICIANS' OFFICES, BREAST HEALTH SERVICES, MULTIDISCIPLINARY CLINICS, CONFERENCE ROOMS, PRIVATE EDUCATION AND COUNSELING AREAS, MULTI-PURPOSE TREATMENT AREA FOR INFUSIONS, PROCEDURE ROOM AND RADIATION ONCOLOGY FACILITIES INCLUDING: (6) LINEAR ACCELERATORS, (2) CT SIMULATORS, (1) HIGH DOSE RATE BRACHYTHERAPY, (1) GAMMA KNIFE RADIOSURGERY, SIR-SPHERES (Y-90), PROSTATE SEED IMPLANT- LOW DOSE BRACHYTHERAPY, STEREOTACTIC BODY RADIOTHERAPY (SBRT), LINAC BASED STEREOTACTIC RADIOSURGERY (SRS) / STEREOTACTIC RADIOTHERAPY (SRT), 3-D TREATMENT PLANNING, INTENSITY MODULATED RADIATION THERAPY (IMRT), IMAGE GUIDED RADIATION THERAPY (IGRT), OPTICAL SURFACE MONITORING SYSTEM (OSMS), CALYPSO SYSTEM FOR REAL-TIME MOTION AND TARGET TRACKING AND A 3-D PRINTER. OUR MOBILE MAMMOGRAPHY PROGRAM BEGAN SERVICE IN OCTOBER 2018 AND SERVES NINE COUNTIES IN OUR MARKET AREA AND PROVIDES PREVENTIVE BREAST HEALTH SERVICES TO YOUR EMPLOYEES AND MEMBERS OF THE COMMUNITY. DESIGNED SPECIFICALLY FOR THE LEHIGH VALLEY CANCER INSTITUTE, THE MOBILE MAMMOGRAPHY COACH PROVIDES A CONVENIENT WAY FOR WOMEN TO HAVE 3D SCREENING MAMMOGRAMS RIGHT AT YOUR LOCATION. BY BRINGING THE MAMMOGRAPHY COACH TO YOU, WE CAN GIVE WOMEN WITH MANY DEMANDS ON THEIR TIME, ACCESS TO SCREENING MAMMOGRAMS RIGHT AT WORK, SCHOOL OR COMMUNITY ORGANIZATION. THE FACULTY OF THE CANCER CENTER IS COMPOSED OF PHYSICIANS WHO ARE CANCER CARE SPECIALISTS AND BOARD-CERTIFIED IN ALL FIELDS OF CANCER THERAPY AND EVALUATION. IN CALENDAR YEAR 2019, THE CANCER INSTITUTE SAW 3,572 NEW ANALYTIC CANCER CASES. INPATIENT ONCOLOGY ADMISSIONS WERE 3,269 IN THE FISCAL YEAR ENDED JUNE 30, 2020 AND OUTPATIENT VOLUMES WERE 1482 NEW TREATMENT PATIENTS FOR RADIATION PROCEDURES, AND 44,438 TREATMENT PATIENTS FOR INFUSION VISITS. HEART INSTITUTE OF LVH - THE LEHIGH VALLEY HEART INSTITUTE IS ONE OF THE LARGEST AND MOST RESPECTED CARDIOVASCULAR PROGRAMS IN PENNSYLVANIA. WITH 57 CARDIOLOGISTS AND 6 CARDIOTHORACIC SURGEONS, LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHENBERG OFFERS AN IMPRESSIVE AND COMPREHENSIVE ARRAY OF PREVENTATIVE, DIAGNOSTIC, ACUTE, TERTIARY, AND QUATERNARY CARDIOVASCULAR SERVICES. SPECIALIZED PROGRAMS INCLUDE: CARDIAC ARREST MANAGEMENT, CORONARY INTERVENTION, STRUCTURAL HEART, ADVANCED HEART FAILURE & MECHANICAL CIRCULATORY SUPPORT, CARDIO-ONCOLOGY, COMPLEX LIPID MANAGEMENT, COMPREHENSIVE RHYTHM MANAGEMENT, A WOMEN'S HEART PROGRAM WITH A DEVELOPED SUBSPECIALTY HEART AND PREGNANCY PROGRAM, NEURO-CARDIOLOGY, AND SPORTS CARDIOLOGY. THE LEHIGH VALLEY HEART INSTITUTE OFFERS 15 CARDIOLOGY ACCESS SITES THROUGHOUT THE LVH SERVICE AREA TO ENABLE PATIENTS TO RECEIVE PREMIER CARDIAC CARE CLOSE TO HOME. IN FISCAL YEAR ENDING JUNE 30, 2020, LEHIGH VALLEY HOSPITAL - CEDAR CREST AND LEHIGH VALLEY HOSPITAL - MUHENBERG PERFORMED 4,518 CARDIAC CATHETERIZATION CASES, 1,879 ELECTROPHYSIOLOGY CASES, 551 OPEN HEART SURGERIES, 159 TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) SURGERIES, AND PROVIDED COMPASSIONATE CARE AT OVER 194,000 PATIENT VISITS. THIS YEAR WAS MARKED WITH THE COVID-19 PANDEMIC, BUT CARDIAC CARE CONTINUED SAFELY, AND PUBLIC HEALTH MESSAGING WAS SHARED WITH THE COMMUNITY ABOUT DIMINISHING THE WARNING SIGNS OF LIFE-THREATENING CARDIAC EVENTS. ALTHOUGH IMPACTED BY COVID-19, FY20 WAS A MILESTONE YEAR FOR LVH AND THE LEHIGH VALLEY HEART INSTITUTE. THIS YEAR MARKED THE 50TH ANNIVERSARY OF LVH'S CARDIOTHORACIC SURGERY PROGRAM - A PROGRAM THAT BROUGHT CARDIAC SURGERY AND THE FIRST CARDIAC SURGEON TO THE LEHIGH VALLEY IN 1970. IN ADDITION TO THIS ANNIVERSARY, THE HEART INSTITUTE'S STRUCTURAL HEART PROGRAM ACCOMPLISHED TWO MILESTONES; INCLUDING IMPLANTING THE 100TH WATCHMAN DEVICE AND THE 1,000TH TAVR PROCEDURE. BOTH OF THESE PROCEDURES ARE AMONG THE MOST TECHNOLOGICALLY ADVANCED TREATMENTS IN THE FIELD OF CARDIOLOGY, AND FURTHER PROVES THAT LVH IS AT THE FOREFRONT OF CARDIAC CARE IN THE REGION. LVH-CC ALSO SAW SOME FACILITY ENHANCEMENTS IN FY20 AND NOW OFFERS PRIVATE PATIENT ROOMS FOR A LEHIGH VALLEY HEART INSTITUTE PATIENTS. LVH IS THE ONLY HOSPITAL IN THE REGION TO RECEIVE TWO PRESTIGIOUS CARDIOVASCULAR AWARDS IN THE 2020 HEALTHGRADES SPECIALTY EXCELLENCE AWARDS; AMERICA'S 100 BEST HOSPITALS FOR CARDIAC CARE AWARD AND THE CARDIAC SURGERY EXCELLENCE AWARD. FURTHERMORE, LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHENBERG ARE BOTH DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE, AND WAS RECOGNIZED BY BECKER'S HOSPITAL REVIEW AS ONE OF THE 100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS IN THEIR MOST RECENT EDITION OF THE LIST. LVH ALSO HAD THE HIGHEST OVERALL CARDIOLOGY AND HEART SURGERY SCORE IN THE REGION IN U.S. NEWS & WORLD REPORT HOSPITAL RANKINGS & RATINGS. NEUROSCIENCES SERVICES - THE LVH COMPREHENSIVE NEUROSCIENCE PROGRAM PROVIDES TREATMENT, FOR STROKE, BRAIN TUMORS, SEIZURES, ANEURYSMS, SPINE PROBLEMS, TRAUMA, AND OTHER NEUROLOGICAL DISORDERS. LVH PROVIDES STROKE SERVICES THROUGH ITS REGIONAL COMPREHENSIVE STROKE PROGRAM WHICH BEGAN OPERATIONS IN JULY 2002. SINCE THAT TIME, THE STROKE CENTER HAS TREATED MORE THAN 24,000 PATIENTS FROM NORTHEASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. IN ADDITION, LVH WAS THE FIRST PRIMARY STROKE CENTER IN THE LEHIGH VALLEY CERTIFIED BY THE JOINT COMMISSION AND WAS THE FIRST STROKE PROGRAM TO BE CERTIFIED AS A COMPREHENSIVE STROKE CENTER IN PENNSYLVANIA. LVH-MUHENBERG HAS BEEN A CERTIFIED PRIMARY STROKE CENTER SINCE 2006. LVH IS ALSO A REGIONAL TELE-STROKE PROVIDER. IN 2019, LVH LAUNCHED PENNSYLVANIA'S VERY FIRST MOBILE STROKE UNIT THAT BRINGS LIVE-SAVING STROKE CARE TO PATIENTS FASTER THAN TRADITIONAL HOSPITAL CARE. IN ADDITION TO THE STROKE PROGRAM, THE DIVISION OF NEUROLOGY HOUSES ADVANCED PROGRAMS FOR EPILEPSY, MULTIPLE SCLEROSIS, MOVEMENT DISORDERS, HEADACHE, ALS, AND NEUROMUSCULAR DISEASE. A FOUR-BED EPILEPSY MONITORING UNIT (EMU) OPENED IN 2019 AS PART OF LVH'S NAEC RECOGNIZED LEVEL 3 EPILEPSY TREATMENT CENTER. IN FY20, THE DIVISION OF NEUROSURGERY PERFORMED 1,758 SURGICAL CASES, INCLUDING FUNCTIONAL NEUROSURGERY FOR THE SURGICAL TREATMENT OF MOVEMENT DISORDERS, AND CUTTING EDGE FLUORESCENCE GUIDED BRAIN TUMOR RESECTION UTILIZING THE OPTICAL IMAGING AGENT AMINOLEVULINIC ACID (GLEOLAN).

Form 990, Part III, Line 4b:

ORTHOPEDIC SERVICES - THE DIVISION OF ORTHOPEDIC SURGERY TREATS MUSCULOSKELETAL DISORDERS OF THE UPPER AND LOWER EXTREMITIES AS WELL AS THE SPINE. SUBSPECIALISTS WITH FELLOWSHIP CREDENTIALS PROVIDE THE FOLLOWING SERVICES: JOINT REPLACEMENT, SPINE SURGERY, SPORTS MEDICINE, HAND AND WRIST SURGERY, FOOT AND ANKLE SURGERY, ORTHOPEDIC TRAUMA AND PEDIATRIC ORTHOPEDICS. IN FY20, THERE WERE 9,573 TOTAL ORTHOPEDIC PROCEDURES PERFORMED AT LVH. ACUTE ORTHOPEDIC SERVICES ARE PROVIDED AT LVH-CEDAR CREST, LVH-MUHLENBERG, AND LVHN-TILGHMAN, WHICH IS THE ONLY AREA HOSPITAL DEDICATED TO ORTHOPEDIC MUSCULOSKELETAL SURGERY. THE LVH ORTHOPEDIC PROGRAM HAS BEEN RECOGNIZED BY US NEWS AND WORLD REPORT AS A TOP 50 ORTHOPEDIC PROGRAM IN THE COUNTRY. THE LVH ORTHOPEDIC PROGRAM IS ALSO RECOGNIZED BY THE BLUE CROSS AND BLUE SHIELD ASSOCIATION AS A BLUE DISTINCTION+ CENTER AND AETNA AS AN INSTITUTE OF QUALITY FOR JOINT REPLACEMENT. PERIOPERATIVE SERVICES - PERIOPERATIVE SERVICES AT LVH CONSISTS OF THE SURGICAL AND ENDOSCOPIC STAFF AND FACILITIES WHERE OVER 60,000 PROCEDURES ARE PERFORMED ANNUALLY. SURGICAL PROCEDURES ARE PERFORMED IN 60 OPERATING ROOMS THROUGHOUT LVH, INCLUDING 17TH & CHEW, CEDAR CREST, CHILDREN'S SURGERY CENTER, FAIRGROUNDS SURGICAL CENTER, LVH-MUHLENBERG, AND THE LVHN-TILGHMAN CAMPUSES. THE CHILDREN'S SURGERY CENTER LOCATED ON THE CEDAR CREST CAMPUS PROVIDES SPECIALIZED CARE FOR OUR PEDIATRIC POPULATION. PATIENT CARE IN THE OPERATING ROOM IS SUPPORTED BY ANESTHESIA SERVICES, SURGICAL PREP AND STAGING, POST ANESTHESIA RECOVERY, AND STERILE PROCESSING DEPARTMENTS, AMONG OTHERS. LVH PERFORMS ENDOSCOPIC PROCEDURES AT FOUR LOCATIONS - THE CEDAR CREST SITE, CHILDREN'S SURGERY CENTER, LVH-MUHLENBERG AND FAIRGROUNDS SURGICAL CENTER. THE OPERATING ROOM TECHNOLOGIES AND FACILITIES INCLUDE A TWO HYBRID OPERATING ROOMS, A TRAUMA CODE RED OPERATING ROOM, EIGHT DA VINCI SURGICAL ROBOTS, INTEGRATED LAPAROSCOPIC OPERATING ROOMS, AND CARDIAC SURGERY OPERATING ROOMS. OPERATING ROOM NURSING STAFF ARE TRAINED TO SUPPORT MULTIPLE SURGICAL DISCIPLINES INCLUDING CARDIAC SURGERY, ORTHOPEDICS, VASCULAR SURGERY, UROLOGY, GENERAL SURGERY, TRANSPLANT SURGERY, GYNCOLOGIC SURGERY, PEDIATRIC SURGERY, AND MANY OTHERS. CUTTING EDGE ENDOSCOPIC TECHNOLOGIES INCLUDE ENDOSCOPIC ULTRASOUND, ENDO-BRONCHIAL ULTRASOUND AND VIDEO CAPSULE ENDOSCOPY. BEHAVIORAL HEALTH SERVICES - LVH OPERATES INPATIENT BEHAVIORAL HEALTH PROGRAMS FOR ADOLESCENTS AND ADULTS. THE COMBINED PROGRAMS TOTAL 65 BEDS AND SERVES LEHIGH, NORTHAMPTON, CARBON, MONROE, SCHUYLKILL, AND BERKS COUNTIES. CLINICAL PROGRAMS INCLUDE PSYCHIATRIC, PSYCHOLOGICAL, NURSING, DUAL DIAGNOSIS, PSYCHIATRIC REHABILITATION, SOCIAL WORK AND DISCHARGE PLANNING SERVICES. LVH ALSO PROVIDES AMBULATORY BEHAVIORAL HEALTHCARE, INCLUDING: PSYCHIATRIC EVALUATION SERVICE PROGRAM IN THREE HOSPITAL EMERGENCY DEPARTMENTS; THREE PARTIAL HOSPITAL PROGRAMS FOR ADULTS AND ADOLESCENTS; SEVERAL LARGE OUTPATIENT GROUP PRACTICES PROVIDING MULTIDISCIPLINARY SHORT-TERM TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS AND OLDER ADULTS; TWO OUTPATIENT MENTAL HEALTH CLINICS FOR SERIOUSLY AND PERISTENTLY MENTALLY ILL ADULTS; ONE OUTPATIENT MENTAL HEALTH CLINIC PROVIDING SCHOOL BASED BEHAVIORAL HEALTH TO 4 SCHOOL DISTRICTS; PSYCHIATRIC HOME CARE; TWO RESIDENTIAL TREATMENT SITES, SUPPORTING AND EDUCATING ADULTS IN INDEPENDENT LIVING SKILLS. BOTH THESE SITES AND THE CLINICS ARE FUNDED IN PART, UNDER A CONTRACT WITH LEHIGH COUNTY DEPARTMENT OF HUMAN SERVICES THROUGH FUNDS PROVIDED BY COUNTY OF LEHIGH AND THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE; PSYCHIATRIC HOME CARE SERVICES; BH INTEGRATION IN MEDICAL/ PROGRAMS ON MEDICAL/SURGICAL INPATIENT UNITS AND AMBULATORY, PRIMARY CARE AND SPECIALTY PRACTICES. CONSULTATION /LIAISON PSYCHIATRY, EDUCATION AND RESEARCH AND SERVICE OFFERINGS TO SCHOOLS, STREET MEDICINE (HOMELESS), AND OTHER COMMUNITY AGENCIES ROUND OUT LVH'S CONTRIBUTION TO THE HEALTH AND WELL-BEING OF THE REGION. A PSYCHIATRIC RESIDENCY WAS ESTABLISHED IN 2019. TRAUMA AND BURN SERVICES - IN 1981, LEHIGH VALLEY HOSPITAL BECAME THE FIRST HOSPITAL IN PENNSYLVANIA TO BE DESIGNATED AS A LEVEL I TRAUMA CENTER AND IS CURRENTLY THE SECOND LARGEST TRAUMA PROGRAM IN PENNSYLVANIA, EVALUATING 4,649 TRAUMA PATIENTS IN FY 20. THIS PROGRAM PROVIDES COMPREHENSIVE TRAUMA AND BURN CARE AND SERVES AS A MAJOR REGIONAL RESOURCE COVERING A TEN COUNTY AREA AND A PATIENT BASE OF MORE THAN TWO MILLION. LVH IS ACCREDITED AS BOTH A LEVEL I ADULT AND A LEVEL II PEDIATRIC TRAUMA CENTER, ONE OF ONLY TWO ADULT CENTERS IN PENNSYLVANIA WITH THIS DUAL ACCREDITATION. LVH-MUHLENBERG CAMPUS IS PRESENTLY PURSUING A LEVEL 2 TRAUMA CENTER DESIGNATION. THE LVH TRAUMA PROGRAM PROVIDES A CONTINUUM OF CARE WITH ONE OF TWELVE TRAUMA SURGEONS IN-HOUSE 24 HOURS A DAY COVERING A 14 BED TRAUMA/NEURO INTENSIVE CARE UNIT AS WELL AS A 28 BED TRANSITIONAL TRAUMA UNIT. A TRAUMA REHABILITATION TEAM COMPLETES THIS CONTINUUM OF TRAUMA CARE. OVER 15,278 MEMBERS OF THE COMMUNITY WERE EDUCATED THROUGH ONE OR MORE OF OUR TRAUMA PROGRAM'S PREVENTATIVE CARE OFFERINGS. LVH ALSO PROVIDES A REGIONAL BURN CENTER OPERATING 18 BEDS SERVING NORTHEASTERN PENNSYLVANIA, WESTERN NEW JERSEY AND PARTS OF NEW YORK. THE REGIONAL BURN CENTER IS THE LARGEST BURN PROGRAM IN PENNSYLVANIA, WITH 3 FULL TIME BURN SURGEONS ADMITTING 705 PATIENTS FY20. THE REGIONAL BURN CENTER IS ACCREDITED BY THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS. THE REGIONAL BURN CENTER PROVIDES A TELEBURN SERVICE, WHICH PROVIDES RAPID ACCESS TO OUR COMPREHENSIVE BURN CARE TO 47 HOSPITALS, EMERGENCY CARE CLINICS, AND PHYSICIAN OFFICES IN PENNSYLVANIA, NEW JERSEY AND NEW YORK. IN ADDITION, LVH COORDINATES PRE-HOSPITAL EMERGENCY MEDICAL SERVICES AND PROVIDES 24 HOUR-A-DAY AIR AND GROUND AMBULANCE SERVICES. LVH MEDEVAC OPERATES FOUR HELICOPTERS AND 1.5 CRITICAL CARE GROUND TRANSPORT UNITS COVERING EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. LVH MEDEVAC PERFORMED 1,354 FLIGHTS ANNUALLY AND OUR GROUND TRANSPORT TEAMS COMPLETED 2,290 MISSIONS IN FY20, BOTH ON-SCENE AND INTER-FACILITY TRANSPORTS. THE BURN SERVICE ALSO PARTNERS WITH THE BURN PREVENTION NETWORK TO PROVIDE BURN PREVENTION EDUCATION TO MEMBERS OF OUR COMMUNITY.

Form 990, Part III, Line 4c:

WOMEN'S SERVICES LVHN OFFERS WIDE-RANGING WOMEN'S HEALTH PROGRAMS AND SERVICES DESIGNED TO PROVIDE COMPLETE, EVIDENCE-BASED CARE FOR WOMEN IN THE LEHIGH VALLEY. DELIVERIES AT LVH TOTALED 3355 DURING THE FISCAL YEAR ENDING JUNE 30, 2020. ON JUNE 20, 2017, THE FAMILY BIRTH AND NEWBORN CENTER OPENED AT THE LVH-M (MUHLENBERG) CAMPUS. DELIVERIES AT LVH-M TOTALED 1401 DURING THE FISCAL YEAR ENDING JUNE 30, 2020. THEREFORE, OVER THE SAME TIME PERIOD, A TOTAL OF 4756 DELIVERIES OCCURRED AT BOTH LVHN BIRTHING UNITS IN THE LEHIGH VALLEY. AT BOTH LVH AND LVH-M, GENERAL OBSTETRIC PHYSICIANS AND MATERNAL FETAL MEDICINE PHYSICIANS OFFER COMPLETE MATERNITY CARE SERVICES FOR LOW RISK, HIGH RISK AND VERY COMPLEX OBSTETRIC PATIENTS. THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY HAS 3 FULL TIME OBSTETRICAL HOSPITALISTS WHO MANAGE THE DAY TO DAY UNIT OPERATIONS AND PROVIDE ASSISTANCE AND EMERGENCY SUPPORT FOR ALL PATIENTS HOSPITALIZED ON THE OBSTETRICAL UNITS AT LVH. IN ADDITION, SEVEN CERTIFIED NURSE MIDWIVES PROVIDE PRENATAL CARE AND DELIVERY SERVICES FOR PREGNANT WOMEN OF LOW RISK AT LVH. MIDWIVES CAN ALSO PROVIDE SUCH CARE FOR WOMEN WITH CERTAIN HIGH-RISK CONDITIONS IN COLLABORATION WITH OBSTETRICIANS. ALSO, LVH HAS ATTAINED DESIGNATION AS A "BABY FRIENDLY HOSPITAL," A WHO INITIATIVE DESIGNED TO ASSIST MOTHERS IN THE INITIATION AND MAINTENANCE OF BREASTFEEDING. A COMPREHENSIVE MATERNITY CARE PATHWAY IN ALL LEHIGH VALLEY PHYSICIAN GROUP (LVPG) OBSTETRICS AND GYNECOLOGY OFFICE PRACTICES AND THE CENTER FOR WOMEN'S MEDICINE WAS WIDELY IMPLEMENTED IN 2016, STANDARDIZING PATIENT CARE AND EDUCATION AT OVER 15 OFFICE LOCATIONS IN 5 COUNTIES. PRESENTLY THE PATHWAY IS UNDER REVISION AND INNOVATION WITH PLANNED GROUP EDUCATION VIA VIRTUAL PLATFORMS AND SOME NURSE-DRIVEN CARE. ADDITIONALLY, RELATED PATIENT EDUCATION IS AVAILABLE IN APP FORM AND PRINT BOOK IN ENGLISH AND SPANISH. TO SUPPLEMENT THE PRENATAL CARE, ULTRASOUND SERVICES IN THE OFFICE ARE ACCREDITED BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM). IN 2018, LVH OBSTETRICIANS STARTED THE CONNECTIONS PROGRAM FOR THE CARE OF PREGNANT WOMEN WITH SUBSTANCE USE DISORDER. THIS MULTIDISCIPLINARY CLINIC BRINGS TOGETHER PROFESSIONAL EXPERTISE FROM OBSTETRICS, PSYCHIATRY, PEDIATRICS, NEONATOLOGY AND PARTNERS WITH ESTABLISHED COMMUNITY RESOURCES TO OFFER PATIENTS COUNSELLING, SUPPORT SERVICES AND TREATMENT DURING PREGNANCY. LVPG OB/GYN OFFICE PRACTICES ALSO OFFER ON-SITE BEHAVIORAL HEALTH SERVICES PROVIDED BY TWO LICENSED PROFESSIONAL COUNSELORS IN CONJUNCTION WITH THE DEPARTMENT OF PSYCHIATRY. MATERNAL FETAL MEDICINE (MFM) PHYSICIANS WITH HIGHLY SPECIALIZED FELLOWSHIP TRAINING TO CARE FOR THE MOST COMPLEX OBSTETRIC CASES AS WELL AS ALL OF THE HIGHEST RISK OBSTETRIC PATIENTS ARE AVAILABLE FOR CONSULTATION 24/7 FOR PATIENTS HOSPITALIZED AT BOTH LVH AND LVH-M. IN ADDITION, MATERNAL FETAL MEDICINE DOCTORS HAVE OFFICE LOCATIONS IN LEHIGH, NORTHAMPTON, LUZERNE AND LACKAWANNA COUNTIES. MFM PHYSICIANS' SERVICES INCLUDE HIGHEST LEVEL ULTRASONOGRAPHY (AND TELEHEALTH SERVICES), FETAL ECHOCARDIOGRAPHY, GENETIC COUNSELING, AMNIOCENTESIS, CHORIONIC VILLUS SAMPLING, COMPLEX DELIVERY SERVICES AND WELL-ESTABLISHED MULTI-DISCIPLINARY PROGRAMS FOR PATIENTS WITH DIABETES IN PREGNANCY AND THOSE WITH HEART DISEASE OR KIDNEY DISEASE AND NEUROLOGICAL DISEASE IN PREGNANCY. THE GYNECOLOGY SERVICE HAS COMPREHENSIVE AND STATE OF THE ART CLINICAL SERVICES INCLUDING MIS (MINIMALLY INVASIVE SURGERY) INTERVENTIONS WITH ROBOTICALLY-ASSISTED, LAPAROSCOPIC, AND VAGINAL SURGERY, PREOPERATIVE CONSULTATION AND EVALUATION OF PRE-INVASIVE AND INVASIVE GYNECOLOGIC MALIGNANCIES (CANCER CARE), PELVIC FLOOR DISORDERS (UROGYNECOLOGY), CHRONIC PELVIC PAIN AND REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY. CARDIOLOGY-LVH OFFERS A WOMEN'S HEART AND VASCULAR PROGRAM LED BY FIVE FEMALE CARDIOLOGISTS WITH EXPERTISE IN TREATING WOMEN WITH HEART DISEASE. WOMEN'S HEALTH SERVICES OFFERS PREVENTATIVE CARE PROGRAMS AND A VARIETY OF EDUCATIONAL EVENTS COVERING ISSUES ADDRESSING YOUNG, MIDDLE AND OLDER FEMALES RELATED TO WELLNESS AND PREVENTION. THESE INCLUDE DIVERSE SUPPORT GROUPS, COMMUNITY HEALTH FAIRS RELATED TO WOMEN, BILINGUAL PRENATAL EDUCATION, CHILDBIRTH AND PARENTING CLASSES, CPR, SAFE SLEEP, LACTATION CONSULTATION AND POSTPARTUM DEPRESSION/SUPPORT. AMBULATORY SERVICES LVH'S AMBULATORY SERVICES INCLUDE HEALTH CENTERS, EXPRESS CARE, WOUND CARE, HYPERBARIC OXYGEN, HEALTH SPECTRUM PHARMACIES, SLEEP DISORDER CENTERS, ENDOCRINE TESTING, LABORATORY SERVICES, PULMONARY FUNCTION TESTING, IMAGING, CARDIAC AND PULMONARY REHABILITATION AS WELL AS ADULT AND PEDIATRIC OUTPATIENT REHABILITATION. LVHN CONTINUES TO EXPAND ITS PORTFOLIO OF "HEALTH CENTERS AND AS OF JUNE 2020, THERE ARE 16 SITUATED THROUGHOUT THE LEHIGH VALLEY. CORE SERVICES IN MOST OF THE HEALTH CENTERS INCLUDE PRIMARY CARE, BASIC IMAGING, REHABILITATION SERVICES AND/OR LAB SERVICES AND TWO OF THE HEALTH & WELLNESS CENTERS LOCATED IN ALLENTOWN AND BETHLEHEM INCLUDE FITNESS CENTERS. MANY OF THEM ALSO PROVIDE SPECIALTY CARE AND BREAST HEALTH SERVICES. SLEEP DISORDER CENTERS ARE LOCATED IN ALLENTOWN AND BETHLEHEM WITH ADDITIONAL HOME SLEEP TESTING UNIT PICK UP SITES AT THE FOLLOWING LOCATIONS: ALLENTOWN (CEDAR CREST AND 17TH STREET), FOGELSVILLE, HAMBURG, MOSELEM SPRINGS, BETHLEHEM TOWNSHIP, PALMER TOWNSHIP. PATIENTS IN NEED OF HOME SLEEP TESTING WHO HAVE ACCESS TO A SMART DEVICE MAY ELECT A MAIL DELIVERY OPTION IN WHICH THE SLEEP TESTING EQUIPMENT WOULD BE MAILED TO HIS/HER HOME WITH A LINK TO AN INSTRUCTIONAL VIDEO. AFTER TESTING, THE EQUIPMENT IS RETURNED (HAND DELIVERED) TO THE SLEEP DISORDERS CENTER AT THE LVH-17TH ST. LOCATION. REHABILITATION SERVICES THE DIVISION OF REHABILITATION PROVIDES COMPREHENSIVE PROGRAMS THROUGH THE CONTINUUM DESIGNED TO MEET THE NEEDS OF PATIENTS OF ALL AGES WHO ARE RECOVERING FROM ILLNESS OR INJURY, THE DIVISION PROVIDES INTENSIVE REHABILITATIVE MEDICINE AND NURSING CARE COMBINED WITH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES AT ITS STATE OF THE ART INPATIENT REHABILITATION CENTERS WITH 34 BEDS AT LVH-CEDAR CREST AND 28 BEDS AT LVH-MUHENBERG. FOR PATIENTS UNABLE TO TOLERATE AGGRESSIVE THERAPY SERVICES, LVH PROVIDES SHORT-TERM MEDICAL, NURSING AND REHABILITATIVE CARE AT ITS 52 BED TRANSITION SKILLED UNIT LOCATED ON THE 17TH STREET CAMPUS. THE DIVISION ALSO OFFERS CONVENIENT AND ACCESSIBLE OUTPATIENT THERAPY SERVICES SERVING THE COMMUNITY WITH OVER 45 LOCATIONS. AT LVH AND LVH-MUHENBERG, THE REHABILITATION DIVISION OFFERS ADVANCED CARE IN OVER 30 CLINICAL SPECIALTY AREAS INCLUDING NEUROLOGIC REHAB, ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, ONCOLOGY REHAB, AUDIOLOGY AND PEDIATRIC THERAPY SERVICES. IN FY20, LVH PROVIDED 174,129 PATIENT VISITS AND LVH-M PROVIDED 61,569 PATIENT VISITS IN OUTPATIENT THERAPY. AT A NETWORK LEVEL, LVHN'S REHABILITATION SERVICES DIVISION CURRENTLY STANDS AS THE LARGEST PROVIDER OF REHABILITATIVE CARE IN THE REGION.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: LEHIGH VALLEY HOSPITAL

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?	Yes		0
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		53,876
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			53,876
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	PART II-B, LINE 1D: MAILINGS WERE ELECTRONIC, NO POSTAGE OR OTHER COSTS. PART II-B, LINE 1E: REFERS TO NO-COST PUBLISHED LETTER TO THE EDITOR BY SENIOR LEADER. PART II-B, LINE 1G: REPRESENTS COSTS INCLUDED TO PREPARE FOR, AND TRAVEL TO, VISITS WITH LAWMAKERS OR CONTACT VIA PHONE OR EMAIL ON A VARIETY OF HEALTHCARE, HOSPITAL AND BUDGETARY ISSUES. ALSO INCLUDES THE LOBBYING PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION, THE HOSPITAL & HEALTHCARE ASSOCIATION OF PENNSYLVANIA, AND THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	164,819,500	160,796,676	154,145,565	139,988,904	138,923,072
b Contributions	10,366,994	598,124	-286,153	2,556,444	5,295,781
c Net investment earnings, gains, and losses	2,832,340	8,930,195	10,443,683	15,657,618	-469,223
d Grants or scholarships	810,934	844,070	777,782	681,627	724,933
e Other expenditures for facilities and programs	4,754,762	4,661,425	2,728,637	3,375,774	3,035,793
f Administrative expenses					
g End of year balance	172,453,138	164,819,500	160,796,676	154,145,565	139,988,904

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 36.210 %

c

Temporarily restricted endowment ▶ 63.790 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		76,434,994		76,434,994
b Buildings		1,081,300,095	687,493,173	393,806,922
c Leasehold improvements		99,772,839	53,399,301	46,373,538
d Equipment		558,813,879	360,870,893	197,942,986
e Other		421,641,634	118,327,602	303,314,032
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,017,872,472

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT-LEHIGH VALLEY PHYSICIAN HOSPITAL ORG. (50.00%)	17,207,161	C
(2) INVESTMENT-HEALTH NETWORK LABORATORIES (95.82%)	167,702,943	C
(3) INVESTMENT-FAIRGROUNDS MEDICAL CENTER	343,203	C
(4) INVESTMENT-GRAND VIEW-LEHIGH VALLEY HEALTH SERVICES	283,132	C
(5) INVESTMENT-LEHIGH VALLEY IMAGING	24,491,442	C
(6) INVESTMENT-WELLER HEALTH EDUCATION CENTER	1	C
(7) INVESTMENT-WESTGATE PROFESSIONAL CENTER	6,206,000	C
(8) INVESTMENT-SECURE HEALTHCARE INFORMATION MANAGEMENT	102,000	C
(9) INVESTMENT-LEHIGH VALLEY HEALTH NETWORK RISK RETENTION GROUP	5,000	C
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	216,340,882	

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	494,006,409

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: LEHIGH VALLEY HOSPITAL

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT-LEHIGH VALLEY PHYSICIAN HOSPITAL ORG. (50.00%)	17,207,161	C
(1) INVESTMENT-HEALTH NETWORK LABORATORIES (95.82%)	167,702,943	C
(2)INVESTMENT-FAIRGROUNDS MEDICAL CENTER	343,203	C
(3) INVESTMENT-GRAND VIEW-LEHIGH VALLEY HEALTH SERVICES	283,132	C
(4)INVESTMENT-LEHIGH VALLEY IMAGING	24,491,442	C
(5)INVESTMENT-WELLER HEALTH EDUCATION CENTER	1	C
(6)INVESTMENT-WESTGATE PROFESSIONAL CENTER	6,206,000	C
(7) INVESTMENT-SECURE HEALTHCARE INFORMATION MANAGEMENT	102,000	C
(8) INVESTMENT-LEHIGH VALLEY HEALTH NETWORK RISK RETENTION GROUP	5,000	C

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
ASSET RETIREMENT OBLIGATION	3,964,345
CAPITAL LEASES	128,469,776
COST SETTLEMENT RESERVES WITH THIRD PARTIES	9,730,892
CURRENT PORTION DEBT - LEASE ACCOUNTING	11,145,979
DEFERRED COMPENSATION PLAN	14,025,214
LONG-TERM DEBT - LEASE ACCOUNTING	65,096,524
OTHER	16,232
PENSION LIABILITY	205,553,923
PROFESSIONAL INSURANCE LIABILITY RESERVES	53,114,730
WORKERS COMPENSATION	2,888,794

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE USED FOR CONTINUING EDUCATION, SCHOLARSHIPS, RESEARCH, CLINICAL EQUIPMENT, AND NURSING AWARDS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>LVHN, ITS HOSPITALS, AND OTHER SUBSIDIARIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS INCOME. THE MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION, IS DATED MAY 1, 2014. LVHN AND ITS SUBSIDIARIES ACCOUNT FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740. THE ORGANIZATION'S FOR-PROFIT COMPONENTS RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR THE FUTURE TAX IMPACT OF TEMPORARY DIFFERENCES BETWEEN AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THEIR RESPECTIVE TAX BASES AND THE FUTURE BENEFIT OF UTILIZATION NET OPERATING LOSS CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. INCOME TAXES OF THE ORGANIZATION'S TAX-EXEMPT AND FOR-PROFIT COMPONENTS ARE NOT MATERIAL TO THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.</p>

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NITE LITES (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,016,829			1,016,829
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,016,829			1,016,829
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	83,771			83,771
	7 Food and beverages	192,231			192,231
	8 Entertainment	102,557			102,557
	9 Other direct expenses	145,238			145,238
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				523,797
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				493,032	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury

Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,232,666		12,232,666	0.610 %
b Medicaid (from Worksheet 3, column a)			286,475,840	167,284,123	119,191,717	5.900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			298,708,506	167,284,123	131,424,383	6.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			9,904,761		9,904,761	0.490 %
f Health professions education (from Worksheet 5)			37,197,336	10,798,333	26,399,003	1.310 %
g Subsidized health services (from Worksheet 6)			19,447,946	3,997,235	15,450,711	0.770 %
h Research (from Worksheet 7)			6,138,365	2,674,108	3,464,257	0.170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			364,910		364,910	0.020 %
j Total. Other Benefits			73,053,318	17,469,676	55,583,642	2.760 %
k Total. Add lines 7d and 7j			371,761,824	184,753,799	187,008,025	9.270 %

Part II

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			298,693		298,693	0.010 %
8 Workforce development						
9 Other						
10 Total			298,693		298,693	0.010 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

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

	Yes	No
1	Yes	
2		
3		
4		
5		
6		
7		
8		
9a	Yes	
9b	Yes	

Part IV

Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 LVHN RECIPROCAL RISK RETENTION GROUP	MALPRACTICE INSURANCE	20.000 %	0 %	0 %
2 2 HEALTH NETWORK LABORATORIES LLC	LABORATORY SERVICES	97.930 %	0 %	0 %
3 3 HEALTH NETWORK LABORATORIES LP	LABORATORY SERVICES	95.820 %	0 %	0 %
4 4 LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC	HEALTH CARE SERVICES	50.000 %	0 %	0 %
5				
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Schedule H (Form 990) 2019

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
LEHIGH VALLEY HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.LVHN.ORG/ABOUT_US/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.LVHN.ORG/ABOUT_US/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

LEHIGH VALLEY HOSPITAL

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
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Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	THE COMMUNITY BENEFIT REPORT IS ISSUED BY LEHIGH VALLEY HEALTH NETWORK, EIN #22-2458317, THE SOLE CORPORATE MEMBER OF LEHIGH VALLEY HOSPITAL.
PART I, LINE 7:	THE COSTING METHODOLOGY IS COST TO CHARGE RATIO FOR PROGRAMS WITH GROSS CHARGES AND DIRECT COSTS FOR PROGRAMS WITHOUT GROSS CHARGES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	THE CLINICS SUBSIDY OF \$13,522,061 THAT IS INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE DIFFERENCE BETWEEN CLINIC PAYMENTS AND CLINIC COSTS. THE CLINICS SUBSIDY INCLUDES THE OPERATIONS OF THE MEDICAL AND SURGICAL CLINICS, CHILDREN'S CLINIC, THE DENTAL CLINIC, THE CENTER FOR WOMEN'S MEDICINE, THE FAMILY HEALTH CENTER, GERIATRICS, AND THE MENTAL HEALTH CLINIC. THE CLINICS SUBSIDY IS NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CHARITY CARE VALUE REPORTED ABOVE.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 62,442,926.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	LEHIGH VALLEY HOSPITAL'S SCHOOL HEALTH PROGRAM PROVIDES FREE ON-SITE CLINICAL SERVICES, IMMUNIZATIONS, AND HEALTH EXAMS FOR STUDENTS AT LOCAL ELEMENTARY, MIDDLE AND HIGH SCHOOLS. THE NET COST OF DIRECT SERVICES PROVIDED TO THESE STUDENTS IN FY20 WAS \$263,693. IN ADDITION, LEHIGH VALLEY HOSPITAL CONTRIBUTED \$35,000 FOR THE DEVELOPMENT OF LINDBERG PARK IN SALISBURY TOWNSHIP.
PART III, LINE 2:	PATIENT ACCOUNTS WRITTEN OFF AS BAD DEBT ARE IDENTIFIED. THE COST TO PROVIDE CARE TO THESE PATIENTS IS CALCULATED BY MULTIPLYING THE TOTAL CHARGES WRITTEN OFF AS BAD DEBT BY THE COST TO CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	THIS AMOUNT IS THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE PROCESS TO DETERMINE IF THEY ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE COST IS DETERMINED USING COST TO CHARGE RATIOS. THE RATIONALE FOR INCLUDING THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS IS THE HOSPITAL'S EXPERIENCE WITH UNINSURED PATIENTS THAT DO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM. WHEN THE HOSPITAL EVALUATES UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE, THE MOST COMMON FINDING IS THAT UNINSURED PATIENTS HAVE INCOME LESS THAN 400% OF THE FEDERAL POVERTY GUIDELINE AND QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL BELIEVES THAT UNINSURED PEOPLE WHO CHOOSE NOT TO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS AND HAVE THEIR ACCOUNTS WRITTEN OFF AS BAD DEBT, HAVE INCOME THAT WOULD QUALIFY FOR THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM.
PART III, LINE 4:	THE ORGANIZATION ESTIMATES AN IMPLICIT PRICE CONCESSION RELATED TO UNINSURED ACCOUNTS, NET OF THE AGB (AMOUNTS GENERALLY BILLED) DISCOUNT, TO RECORD THE NET SELF-PAY ACCOUNTS RECEIVABLE AT THE ESTIMATED AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT. COINSURANCES AND DEDUCTIBLES WITHIN THE THIRD-PARTY PAYER AGREEMENTS ARE THE PATIENT'S RESPONSIBILITY SO THE ORGANIZATION INCLUDES THESE AMOUNTS IN THE SELF-PAY ACCOUNTS RECEIVABLE AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE. FOR THE YEARS ENDED JUNE 30, 2020, AND 2019, RESPECTIVELY, LVH RECORDED A PROVISION FOR IMPLICIT PRICE CONCESSIONS OF \$83,395,000 AND \$86,444,000 AS A DIRECT REDUCTION TO PATIENT SERVICES REVENUES. IN INSTANCES WHERE THE ORGANIZATION BELIEVES A PATIENT HAS THE ABILITY TO PAY FOR SERVICES AND, AFTER APPROPRIATE COLLECTION EFFORTS, PAYMENT IS NOT MADE, THE UNPAID PORTION OF THE ACCOUNT BALANCE IS WRITTEN-OFF TO THE PROVISION FOR BAD DEBTS. AMOUNTS RECORDED AS PROVISION FOR BAD DEBTS DO NOT INCLUDE CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE SOURCE OF THE MEDICARE ALLOWABLE COSTS RELATING TO REVENUE RECEIVED FROM MEDICARE IS THE FY2020 MEDICARE COST REPORT. THE ENTIRE GAIN ON LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT. THE REVENUE AND EXPENSES ARE BOTH DETERMINED USING MEDICARE PRINCIPLES.
PART III, LINE 9B:	FINANCIAL COUNSELING STAFF WILL DETERMINE WHETHER PATIENTS MEET ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. ACCOUNTS THAT DO NOT MEET THE ELIGIBLILTY REQUIREMENTS WILL BE REFERRED TO AN EXTERNAL RECEIVABLES FOLLOW UP AGENCY, AND IF NOT PAID, REFERRED TO A COLLECTION AGENCY AND SUBSEQUENTLY TRANSFERRED TO BAD DEBT STATUS IF THE ACCOUNTS REMAIN UNPAID.

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN AN EFFORT TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY, ALL NON-PROFIT HOSPITALS AND HEALTH SYSTEMS MUST IDENTIFY AND EVALUATE THE NEEDS OF THE COMMUNITIES THEY SERVE THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. FOR THE PURPOSES OF THE CHNA, LEHIGH VALLEY HEALTH NETWORK (LVHN) DEFINES "COMMUNITY" AS ALL RESIDENTS LIVING WITHIN THE PRIMARY COUNTIES EACH LICENSED FACILITY SERVES, NAMELY LEHIGH, NORTHAMPTON, SCHUYLKILL, LUZERNE, AND MONROE COUNTIES IN PENNSYLVANIA. THE CHNA HEALTH PROFILE INCLUDES SECONDARY DATA PULLED TOGETHER FROM PUBLICALLY AVAILABLE, STATE AND LOCAL SOURCES SUCH AS THE CENTER FOR DISEASE CONTROL AND THE CENSUS BUREAU. THIS DATA WAS USED TO IDENTIFY THE TOP HEALTH AND SOCIAL NEEDS IN EACH IDENTIFIED COMMUNITY. LVHN THEN PARTNERED WITH COMMUNITY AND EDUCATIONAL INSTITUTIONS TO OBTAIN INPUT (PRIMARY DATA) FROM COMMUNITY MEMBERS IN EACH COUNTY IN ORDER TO VALIDATE THE FINDINGS OF THE SECONDARY DATA COLLECTION. THESE COMMUNITY PARTNERS CONDUCTED FOCUS GROUPS AND KEY INFORMANT INTERVIEWS TO REVIEW THE FINDINGS OF THE SECONDARY DATA COLLECTION AND ALLOW THE COMMUNITY TO IDENTIFY ANY OTHER NEEDS NOT MENTIONED. THE SECONDARY AND PRIMARY DATA WERE THEN COMBINED INTO ONE HEALTH PROFILE FOR EACH COUNTY, WHICH PROVIDES AN OVERVIEW OF THE CURRENT STATE OF HEALTH IN EACH OF THE COUNTIES LVHN SERVES. THESE REPORTS WERE REVIEWED BY LVHN EXECUTIVE LEADERSHIP AT EACH CAMPUS, AND INITIAL HEALTH NEEDS WERE PRIORITIZED BASED ON THE COMMUNITIES INPUT AND LVHN'S ABILITY TO MAKE A DIFFERENCE ON THAT HEALTH NEED. NEXT STEPS INCLUDE DEVELOPING STRATEGIES TO ADDRESS PRIORITIZED HEALTH NEEDS WHICH WILL BE PRESENTED IN LVHN'S CHNA IMPLEMENTATION PLAN. AS PART OF THE AFFORDABLE CARE ACT, STARTING IN 2013, ALL NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS ARE REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. THE CHNA REPORT EXAMINES THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A PARTICULAR GEOGRAPHIC AREA. BEYOND ITS REGULATORY FUNCTION, THE CHNA IS AN IMPORTANT OVERVIEW OF THE CURRENT STATE OF HEALTH IN OUR REGION AND IDENTIFIES POTENTIAL AREAS OF CONCERN WHICH INFORMS LEHIGH VALLEY HEALTH NETWORK'S (LVHN) POPULATION HEALTH MANAGEMENT EFFORTS. LVHN'S CHNA INCLUDES A HEALTH PROFILE, A REPORT THAT LOOKS AT ALL OF THE FACTORS THAT GO INTO MAKING PEOPLE IN A PARTICULAR AREA HEALTHY. THIS INCLUDES SOCIAL AND ENVIRONMENTAL FACTORS LIKE EMPLOYMENT, EDUCATION AND AIR QUALITY, INDIVIDUAL BEHAVIORS LIKE SMOKING OR HEALTHY EATING, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THEIR AREA. THIS INTRODUCTION PROVIDES AN OVERVIEW OF THE 2019 CHNA HEALTH PROFILE AND LVHN'S CHNA PROCESS. THE 2019 HEALTH PROFILE COMBINES DATA AND INFORMATION FROM LOCAL, STATE AND NATIONAL SOURCES ABOUT DISEASE, THE ENVIRONMENT, SOCIAL FACTORS AND INDIVIDUAL BEHAVIORS, WITH IDEAS, STORIES, AND EXPERIENCES FROM COMMUNITY MEMBERS AND LEADERS FROM THROUGHOUT THE COUNTIES SERVED BY LVHN. THE SECOND COMPONENT OF THE LVHN'S CHNA INCLUDES AN IMPLEMENTATION PLAN, WHICH OUTLINES OUR PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE HEALTH PROFILE OVER THE COURSE OF THE NEXT THREE YEARS. THE 2019 IMPLEMENTATION PLAN WILL BE SHARED AS A SEPARATE REPORT SOON AFTER THE HEALTH PROFILES ARE RELEASED. THE 2019 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THREE PRIMARY SECTIONS: DEMOGRAPHICS, HEALTH FACTORS, AND HEALTH OUTCOMES. THE DEMOGRAPHICS SECTION INCLUDES INFORMATION THAT PROVIDES A DESCRIPTION OF THE INDIVIDUALS LIVING IN THE COMMUNITY. THE HEALTH FACTORS SECTION INCLUDES INFORMATION ABOUT SOCIAL FACTORS, ENVIRONMENTAL FACTORS, HEALTH BEHAVIORS, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THE AREA. THE FINAL SECTION, HEALTH OUTCOMES, LOOKS AT THE OCCURRENCE OF CHRONIC CONDITIONS, SUCH AS ASTHMA AND HEART DISEASE, AS WELL AS RATES OF CANCER AND THE LEADING CAUSES OF DEATH. TO INCREASE THE READABILITY OF THE REPORT, THE COMMUNITY WILL FIND THREE TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT PAGE IN ORDER TO PROVIDE EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY. THESE SUMMARY STATEMENTS ARE ALSO COMPILED INTO ONE LIST AT THE END OF THE HEALTH PROFILE. THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND FOCUS GROUPS. THE THIRD TYPE OF CALL-OUT BOX HIGHLIGHTS DATA SPECIFIC TO LVHN PATIENTS, WHERE IT WAS RELEVANT. THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF THE BOARD. VISIT WWW.LVHN.ORG/ABOUT_US TO VIEW THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENTLY CONDUCTED CHNA AND HOW WE ARE ADDRESSING THOSE NEEDS.</p>
PART VI, LINE 3:	<p>CONSISTENT WITH THE MISSION AND VALUES OF LEHIGH VALLEY HEALTH NETWORK, IT IS THE POLICY TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR SERVICES. THE FINANCIAL ASSISTANCE POLICY APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVHN SERVICES. PATIENTS ARE IDENTIFIED BY LVHN REGISTRATION, BENEFITS AND VERIFICATION, CUSTOMER SERVICE, AND FINANCIAL COUNSELORS AS BEING IN FINANCIAL NEED. THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVHN FOLLOWS THE FEDERAL POVERTY GUIDELINES TO EVALUATE ELIGIBILITY. PATIENTS WHOSE FAMILY INCOME FALLS BELOW 200% OF THE FEDERAL POVERTY GUIDELINE WILL HAVE THEIR ENTIRE BALANCE FORGIVEN FOR THEIR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS ARE EVALUATED FOR NO COST OR REDUCED PREMIUM INSURANCE PLANS. THE LVHN FINANCIAL COUNSELORS WILL OFFER INFORMATION TO PATIENTS WHO ARE INTERESTED IN SEEING IF THEY QUALIFY FOR THESE PROGRAMS OFFERED BY COMMERCIAL INSURANCE COMPANIES. PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING THE LVHN CUSTOMER SERVICE DEPARTMENTS. THE CUSTOMER SERVICE REPRESENTATIVES EXPLAIN THE PROGRAMS AVAILABLE; FINANCIAL ASSISTANCE AND SUPPORT IN APPLYING FOR MEDICAL ASSISTANCE OR INSURANCE THROUGH THE FEDERAL HEALTH INSURANCE EXCHANGE. PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT PATIENTS IN THEIR INPATIENT ROOMS, IN THE CANCER CENTER, AND IN THE EMERGENCY DEPARTMENT. IN ADDITION, LVHN ADVERTISES FINANCIAL ASSISTANCE IN THE LOCAL NEWSPAPER, ON OUR PUBLIC WEBSITE AND ON THE STATEMENTS SENT TO OUR PATIENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	LEHIGH VALLEY HOSPITAL, INC. (LVH) IS A PENNSYLVANIA NOT-FOR-PROFIT MEMBERSHIP CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS A CORPORATION DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. THE LVH PRIMARY SERVICE AREA CONSISTS OF LEHIGH, NORTHAMPTON, AND CARBON COUNTIES. BASED ON THE U.S. CENSUS BUREAU'S INFORMATION, FOR THE 2010 DECENNIAL CENSUS, THE PRIMARY SERVICE AREA POPULATION WAS ESTIMATED TO BE 712,481. ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U.S. CENSUS), THE 2019 ESTIMATED POPULATION FOR THE THREE-COUNTY AREA IS 738,785. DURING THE CALENDAR YEAR 2019, 67.2% OF THE DISCHARGES FROM LVH-ALLENTOWN WERE RESIDENTS OF THE PRIMARY SERVICE AREA. THE SECONDARY SERVICE AREA CONSISTS OF BERKS, LUZERNE, MONROE, AND SCHUYLKILL COUNTIES AND NORTHERN PORTIONS OF BUCKS AND MONTGOMERY COUNTIES. THE 2010 CENSUS POPULATION FOR THIS AREA WAS 672,668, THE 2019 POPULATION OF THE SECONDARY SERVICE AREA IS ESTIMATED AT 679,529. DURING THE CALENDAR YEAR 2019, 29.8% OF THE DISCHARGES FROM LVH WERE RESIDENTS OF THE SECONDARY SERVICE AREA. DURING THE CALENDAR YEAR 2019, 3.0% OF THE DISCHARGES FROM LVH-ALLENTOWN WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS. BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE CURRENT POPULATION ESTIMATE OF THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS IS APPROXIMATELY 3.5% IN 2025.THE PRIMARY SERVICE AREA OF LVH-MUHLENBERG IS THE EASTERN PORTION OF LEHIGH COUNTY AND ALL OF NORTHAMPTON COUNTY. BASED ON U.S. CENSUS BUREAU DATA FOR THE 2010 CENSUS, THE PRIMARY SERVICE AREA POPULATION WAS APPROXIMATELY 413,156. DURING THE CALENDAR YEAR 2019, ABOUT 90.9% OF THE DISCHARGES FROM LVH-MUHLENBERG WERE RESIDENTS OF THE PRIMARY SERVICE AREA. ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U.S. CENSUS), THE PRIMARY SERVICE AREA'S ESTIMATED POPULATION IN 2019 IS 416,080.THE SECONDARY SERVICE AREA OF LVH-MUHLENBERG INCLUDES ALL OF CARBON COUNTY AND PORTIONS OF BERKS, BUCKS, MONROE, MONTGOMERY, AND SCHUYLKILL COUNTIES. THE 2010 POPULATION OF THE SECONDARY SERVICE AREA WAS APPROXIMATELY 677,954. DURING THE CALENDAR YEAR 2019, ABOUT 7.0% OF THE DISCHARGES FROM LVH-MUHLENBERG WERE RESIDENTS OF THE SECONDARY SERVICE AREA. ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U.S. CENSUS), THE SECONDARY SERVICE AREA'S ESTIMATED POPULATION IN 2019 IS 681,813.DURING THE CALENDAR YEAR 2019, 2.1% OF THE DISCHARGES FROM LVH-MUHLENBERG WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS. BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS' CURRENT POPULATION PROJECTION INCREASES BY APPROXIMATELY 3.3% BY 2025.
PART VI, LINE 5:	LEHIGH VALLEY HOSPITAL QUALIFIES AS AN INSTITUTION OF PURELY PUBLIC CHARITY IN PENNSYLVANIA. THIS REGULATION IS REFERRED TO AS ACT 55. TO BE CONSIDERED A PURELY PUBLIC CHARITY, NONPROFITS MUST: (1) ADVANCE A CHARITABLE PURPOSE; (2) DONATE OR RENDER GRATUITOUSLY A SUBSTANTIAL PORTION OF ITS SERVICES; (3) BENEFIT A SUBSTANTIAL AND INDEFINITE CLASS OF PERSONS WHO ARE LEGITIMATE SUBJECTS OF CHARITY; (4) RELIEVE THE GOVERNMENT OF SOME BURDEN; AND (5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE.LVH IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH OCTOBER 31, 2025.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B. MEDICARE, LINE 8	MEDICARE PROGRAM COSTS INCLUDED IN THE ANNUAL LVHN COMMUNITY BENEFIT REPORT NOT INCLUDED OR ALLOWABLE IN THE MEDICARE COST REPORT TOTALED \$175,180,041. THIS INCLUDES COSTS OF MEDICARE MANAGED CARE, LVPG PRACTICE SUBSIDIES, NON-REIMBURSEABLE INTEREST EXPENSE, LVAS SUBSIDY, UNIVERSITY OF SOUTH FLORIDA SCHOOL COSTS, AND DISALLOWABLE RELATED ORGANIZATION COSTS.

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	LEHIGH VALLEY HOSPITAL 1200 S CEDAR CREST BLVD ALLENTOWN, PA 18103 WWW.LVHN.ORG 530201	X	X	X	X		X	X	X	ER - OTHER - PEDIATRIC ER	

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>PART V, SECTION B, LINE 5: FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), LVHN DEFINES THE COMMUNITY IT SERVES AS ALL INDIVIDUALS LIVING WITHIN THE COUNTIES THAT CONTAIN OUR HOSPITAL CAMPUSES. LVHN IS REQUIRED TO PRODUCE A CHNA HEALTH PROFILE FOR EACH OF OUR LICENSED FACILITIES IN ORDER TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT COMMUNIT IES WE SERVE. THEREFORE, LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERE NT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND L EHIGH VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS TH E LEHIGH VALLEY). WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO RE FLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKI LL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMA TION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUN ITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY.WITHIN THE ENTIRE GEOGRAPHIC POPULATION T HAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUAL S IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS I NFLUENCING THEIR HEALTH.IT IS WELL DOCUMENTED THAT THE CLINICAL CARE PROVIDED TO COMMUNITY MEMBERS ONLY ACCOUNTS FOR A SMALL PORTION OF AN INDIVIDUAL'S OVERALL HEALTH. THERE ARE MA NY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE. THEY INCLUDE:- SOCIAL AND ECONOMIC FACTORS, SUCH AS EDUCATION, EMPLOYMENT, AND SOCIAL SUPPORT- PHYSICAL ENVIRONMENT FACTORS, SUCH AS HOUSING, TRANSPORTA TION, AND AIR QUALITY- HEALTH BEHAVIORS, SUCH AS SMOKING, DRINKING, DIET, AND EXERCISE</p> <p>THER EFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEA LTH FACTORS FOLLOWED BY HEALTH OUTCOMES. THERE ARE TWO TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES. THE FIRST TYPE IS QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION IN THE COMMUNITY. THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE AND NATIONAL SOURCES INCLUDING THE CENSUS, THE CENTER FOR DISEASE CONTROL, THE DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. A MAJORITY OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A PLATFORM CALLED THE CARES ENGAGEMENT NETWORK HEALT H PLAN TOOL, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH PROFILES, ADDING OT HER KEY STATE AND LOCAL DATA S</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>OURCES TO THE DATA PROVIDED THROUGH THIS HEALTH REPORT.IN ADDITION, NON-PROFIT HOSPITAL SY STEMS ARE REQUIRED TO OBTAIN INPUT FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF T HE COMMUNITY, INCLUDING THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN CHOSE TO OBTAIN THIS INPUT THROUGH FOCUS GROUPS AND INTERVIEWS WITH COMMUNITY MEMBER S AND LEADERS. THIS TYPE OF DATA IS REFERRED TO AS QUALITATIVE DATA. WE PARTNERED WITH AN EXTERNAL COMMUNITY COLLABORATOR FOR EACH CAMPUS WHO HAS EXPERIENCE IN QUALITATIVE DATA COL LECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S BEHALF. THIS PROCESS PROVID ED COMMUNITY MEMBERS WITH AN INDEPENDENT AND OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE T HEIR PERSONAL EXPERIENCES AND PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR C OMMUNITY AS WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION. IN LEHIGH AND NORTH AMPTON COUNTY, WHERE LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG ARE LOCATED, LVHN PARTNERED WITH TWO FACULTY MEMBERS FROM CEDAR CREST COLLEGE. SIX FOCUS GROU PS AND FOUR INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 58 PART ICIPANTS IN LEHIGH COUNTY, WHILE FOUR FOCUS GROUPS AND FIVE INTERVIEWS WERE CONDUCTED WITH 35 TOTAL PARTICIPANTS DURING THE SAME TIME PERIOD IN NORTHAMPTON COUNTY.BELOW IS A SUMMAR Y OF THE ORGANIZATIONS REPRESENTED IN LEHIGH AND NORTHAMPTON COUNTIES' FOCUS GROUPS AND IN Terviews AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF THOSE WHO PARTICIPATED. RESIDENTS, IN CLUDING THOSE FROM LOW-INCOME POPULATIONS, WERE ALSO INCLUDED IN THE FOCUS GROUPS AND INTE RVIEW IN EACH COUNTY.ORGANIZATIONS REPRESENTED IN LEHIGH COUNTY:ALLENTOWN HEALTH BUREAUALL ENTOWN SCHOOL DISTRICTCOMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEYCOUNTRY MEADOWS RETIR EMENT COMMUNITIESEAST PENN SCHOOL BOARDLANTA BUS COMPANYRIPPLE COMMUNITY, INC.WHITEHALL CO MMUNITIES THAT CAREWILD CHERRY KNOLL HOUSING DEVELOPMENTDEMOGRAPHICS OF LEHIGH COUNTY:GEND ER: 64% FEMALE, 36% MALEAVERAGE AGE: 64.7; AGE RANGE: 16-96RACE: 88.7% WHITE, 5.7% BLACK, 3.8% MULTI-RACIALETHNICITY: 72% NON-HISPANIC, 28% HISPANIC (OF ANY RACE)EDUCATION: 83% HAD AT LEAST SOME COLLEGE OR HIGHER, 15% HAD A HIGH SCHOOL DIPLOMA OR G.E.D.EMPLOYMENT: 50% R ETIRED OR NOT EMPLOYED, 45% EMPLOYEDORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY:BETHLE HEM AREA SCHOOL DISTRICTBETHLEHEM HEALTH BUREAU EASTON COMMUNITY CENTERLEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRYMORAVIAN VILLAGENAZARETH FOOD BANKNORTHAMPTON COUNTY DEPA RTMENT OF CORRECTIONS NORTHAMPTON COUNTY MENTAL HEALTHSLATE BELT CHAMBER OF COMMERCEDEMOGRA PHICS OF NORTHAMPTON COUNTY:GENDER: 73.3% FEMALE, 27.7% MALEAVERAGE AGE: 70.4; AGE RANGE: 33-88RACE: 93.3% WHITE, 3.3% BLACK, 3.3% OTHERETHNICITY: 76.7% NON-HISPANIC, 23.3% HISPANI C (OF ANY RACE)EDUCATION: 76.6% HAD AT LEAST SOME COLLEGE OR HIGHER, 23.3% HAD A HIGH SCHOL DIPLOMA OR G.E.D.EMPLOYMENT: 67% RETIRED OR NOT EMPLOYED, 30% EMPLOYED</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 6A: LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY). WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKILL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY. WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 6B: REPRESENTATIVES OF THE COMMUNITY IN LEHIGH COUNTY INCLUDED:ALLENTOWN HEALTH BUREAUALLENTOWN SCHOOL DISTRICTCOMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEYCOUNTRY MEADOWS RETIREMENT COMMUNITIESEAST PENN SCHOOL BOARDLANTA BUS COMPANYRIPPLE COMMUNITY, INC.WHITEHALL COMMUNITIES THAT CAREWILD CHERRY KNOLL HOUSING DEVELOPMENTREPRESENTATIVES OF THE COMMUNITY IN NORTHAMPTON COUNTY INCLUDED:BETHLEHEM AREA SCHOOL DISTRICTBETHLEHEM HEALTH BUREAUEASTON COMMUNITY CENTERLEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRYMORAVIAN VILLAGENAZARETH FOOD BANKNORTHAMPTON COUNTY DEPARTMENT OF CORRECTIONS NORTHAMPTON COUNTY MENTAL HEALTHSLATE BELT CHAMBER OF COMMERCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 7D: OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO AVAILABLE UPON REQUEST.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>PART V, SECTION B, LINE 11: PRIORITY AREA: ACCESS TO CARE FOR VULNERABLE POPULATIONSLVHN'S 2019 CHNA HIGHLIGHTED VULNERABLE POPULATIONS THAT CONTINUE TO EXPERIENCE BARRIERS TO ACCE SS TO CARE INCLUDING:-OUR VETERAN POPULATION, WHO MAKE UP APPROXIMATELY 8% OF THE POPULATI ONS LVHN SERVES-MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT A SIGNIFI CANT PORTION OF OUR ADULT POPULATION IN OUR FIVE-COUNTY SERVICE AREA, RANGING BETWEEN 7% A ND 9% OF THE TOTAL POPULATION. THROUGH THE FOCUS GROUPS DISCUSSIONS, COMMUNITY MEMBERS IN ALL COUNTIES EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRITICAL MEDICATIO NS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS. THEY ACKNOWLEDGED THAT T HE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR MEDICATIONS OFTEN RESULTED IN LIMITING T HE USE OF THE HEALTHCARE SYSTEM OR ADDRESSING CHRONIC CONDITIONS. TRANSPORTATION WAS ALSO ACKNOWLEDGED AS ANOTHER BARRIER TO CARE. THESE INPUTS FROM THE COMMUNITY ALIGN WITH LVHN'S MISSION OF ADDRESSING THE HEALTH NEEDS FOR ALL MEMBERS OF OUR COMMUNITY AND, THEREFORE, W AS PRIORITIZED WITHIN THE IMPLEMENTATION PLAN AS DISCUSSED BELOW.REDUCING BARRIERS TO CARE FOR VULNERABLE POPULATIONSIIN THE LEHIGH VALLEY (LVH- LEHIGH VALLEY), TWO CRITICALLY IMPORT ANT COMMUNITY-FACING INITIATIVES, LVHN'S STREET MEDICINE AND VETERANS HEALTH PROGRAMS ARE SPECIFICALLY AIMED AT INCREASING HEALTHCARE ACCESS AND REDUCING HEALTH DISPARITIES FOR TWO MARGINALIZED POPULATIONS, THE HOMELESS AND VETERANS. IN FY20, THE VETERANS HEALTH PROGRAM (VHP), PRIMARILY SERVING THE LVH-LEHIGH VALLEY, FORMALIZED A RELATIONSHIP WITH DISABLED A MERICAN VETERANS (DAV) TO HAVE A VETERAN SUPPORT OFFICER CO-LOCATED WITH THE VHP TEAM SINC E VHP ACCOUNTED FOR NEARLY 50% OF THEIR WORK IN THE REGIONAL AREA. THE PROGRAM SERVED A TO TAL OF 261 NEW VETERANS AND FAMILY MEMBERS IN FY20. OVER THE YEAR, THE PROGRAM MANAGED AN INCREASING PATIENT LOAD, WHICH PEAKED AT 100 PATIENTS IN FEBRUARY 2020, AND THANKS TO THE RAPID PIVOT TO REMOTE CARE EARLY ON IN THE PANDEMIC, THE PROGRAM WAS ABLE TO SUSTAIN AN AV ERAGE OF 76 PATIENTS MONTHLY THROUGH THE CLOSE OF THE FISCAL YEAR IN JUNE. THE INTERNATION ALLY RECOGNIZED LVHN STREET MEDICINE PROGRAM AIMS TO REDUCE HEALTH DISPARITIES FOR OUR HOM ELESS POPULATION IN THE LVH-LEHIGH VALLEY SERVICE AREAS, PROVIDING MUCH NEEDED SERVICES TO THESE PATIENTS IN THE PLACES WHERE THEY LIVE; TYPICALLY, IN HOMELESS ENCAMPMENTS AND SHEL TERS. STREET MEDICINE PROVIDES BOTH DIRECT ON-SITE MEDICAL CARE, IN ADDITION TO WRAP AROUND D SOCIAL SERVICES SUCH AS FACILITATING IDENTIFICATION CARDS THAT ALLOW THEM TO APPLY FOR M EDICAL INSURANCE AND SNAP TO NAME A FEW. TELE-PSYCH HAS ALSO BEEN LEVERAGED TO ADDRESS THE MENTAL HEALTH NEEDS OF THIS POPULATION. IN FY20, THE STREET MEDICINE TEAM PROVIDED 1,649 OUTPATIENT VISITS FOR HOMELESS PATIENTS, A 16.7% INCREASE OVER THE PRIOR YEAR. IN ADDITION , THE TEAM OBTAINED \$77,943 IN BENEFITS, INCLUDING SOCIAL SECURITY BENEFITS, SNAP BENEFITS , AND RENTAL ASSISTANCE, FOR P</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>ATIENTS. BETWEEN JULY 2019 AND APRIL 2020, 62 PATIENTS RECEIVED ACCESS TO PSYCHIATRIC CARE , 62 PSYCHIATRIC ASSESSMENTS WERE COMPLETED, 56 PSYCHOTHERAPY SESSIONS WERE PROVIDED, AND 37 HOURS OF CLINICAL COORDINATION WERE SUPPLIED.ALSO, IN FY20, THE STREET MEDICINE TEAM LA UNCHED A RESPITE CARE PROJECT. IT IS A COLLABORATION BETWEEN LOCAL HOTELS, MEALS ON WHEELS , LAUNDRY SERVICES AND TAXI SERVICES TO PROVIDE ACUTE RECOVERATIVE CARE TO PATIENTS WHO AR E HOMELESS AND TOO SICK TO BE DISCHARGED TO THE STREETS BUT NOT SICK ENOUGH TO REMAIN IN T HE HOSPITAL. OVER THE COURSE OF THE FISCAL YEAR, 16 PATIENTS WERE PROVIDED WITH A SAFE ENV IRONMENT FOR RECOVERATIVE CARE AND SERVICES.MEDICATION ASSISTANCETO ADDRESS THE RISING CON CERN ABOUT THE COST OF MEDICATIONS, LVHN'S INTEGRATED CARE COORDINATION TEAM WORKS TO GET PATIENTS DIRECTLY CONNECTED TO PRESCRIPTION DISCOUNT PROGRAMS, THEREBY, REDUCING THE COST BURDEN ON THE PATIENT. IN FY20, PATIENTS FROM 40 LVPG PRACTICES ACROSS ALL 5 COUNTIES RECE IVED THIS SERVICE. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A TOTAL OF 3,386 CASES IN FY20 TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE.CONNECTION TO HEALTH INSURANCE & FI NANCIAL ASSISTANCELEHIGH VALLEY HEALTH NETWORK PROVIDES DIRECT LINKAGES TO RESOURCES AIMED AT ASSISTING UNINSURED PATIENTS IN GETTING INSURANCE COVERAGE, AS WELL AS A ROBUST FINANC IAL ASSISTANCE PROGRAM, CREATING ADDITIONAL ACCESS TO HEALTHCARE FOR VULNERABLE POPULATION S.THE PATHS PROGRAM AT LVHN HELPS DETERMINE THE ELIGIBILITY FOR INSURANCE FOR UNDERINSURED AND UNINSURED PATIENTS, AS QUICKLY AS POSSIBLE. PATHS REPRESENTATIVES ARE EMBEDDED IN MUL TIPLE AREAS IN OUR HOSPITALS, WORKING ALONGSIDE LVHN STAFF. THIS HELPS EXPEDITE THE REFERR AL PROCESS QUICKLY AND EFFICIENTLY AS PATHS COLLEAGUES CAN CONNECT DIRECTLY WITH PATIENTS, AND COUNTY OFFICES TO EXPEDITE PAPERWORK THAT IS REQUIRED AND IF NEEDED FACILITATE IN-PER SON INTERACTIONS. DUE TO THE LAG IN CASES BEING APPROVED AND THE DATA REPORTED, THE DATA F ROM APRIL 2018 TO MARCH 2019 AND APRIL 2019 TO MARCH 2020. THE REMAINDER OF FY20 WILL BE I NCLUDED IN THE NEXT REPORT SUBMISSION. ON AVERAGE, BETWEEN 75 AND 90% OF APPLICATIONS THAT ARE ELIGIBLE ARE APPROVED. IN FY20, THIS RESULTED IN OVER \$17 MILLION IN PAYMENTS FROM TH E STATE OF PENNSYLVANIA AND SURROUNDING STATES. IN ADDITION TO THE PATHS PROGRAM, LVHN PRO VIDES FINANCIAL ASSISTANCE TO PATIENTS WHO ARE NOT ABLE TO COVER THE COST OF THEIR HEALTH CARE. IN FY20, LVH-LEHIGH VALLEY RECEIVED 37,767 APPLICATIONS, WITH A 7-DAY AVERAGE TO TUR N AROUND AN APPLICATION APPROVAL. AN AVERAGE OF 64% OF APPLICATIONS AT EACH SITE WERE APPR OVED.PRIORITY AREA: HEALTH PROMOTION AND PREVENTIONIN THE 2019 LVHN CHNA FOCUS GROUPS, PAR TICIPANTS ASKED FOR A GREATER PRESENCE IN THE COMMUNITY FROM HEALTH CARE SYSTEMS IN THE PL ACES WHERE PEOPLE MOST FREQUENTLY LIVE, WORK, AND PLAY. COMMUNITY MEMBERS IN ALL 5 COUNTIE S CALLED FOR ADDITIONAL CARE IN THEIR NEIGHBORHOODS, INCLUDING FOLLOW-UPS AT HOME, SERVICE S AT SCHOOLS AND SENIOR CENTER</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>S WHERE PEOPLE ARE LOCATED, AND OUTREACH AND EDUCATION ABOUT AVAILABLE RESOURCES. FOCUS GR OUP PARTICIPANTS ALSO SAID THEY ARE GENERALLY UNAWARE OF WHEN OR WHERE VARIOUS LVHN SCREEN ING EVENTS OR SERVICES ARE AVAILABLE. THIS RANKED IN THE TOP THREE HEALTH CARE PRIORITIES THAT COMMUNITY MEMBERS WANTED TO SEE ADDRESSED. AS SUCH, LVHN LEADERSHIP PRIORITIZED THIS AS AN ISSUE THAT HAD SIGNIFICANT MAGNITUDE, CAPACITY, AND ALIGNMENT. THEREFORE, LVHN COMMI TTED TO PROMOTE FREE AND LOW-COST SCREENINGS FOR CHRONIC CONDITIONS AND CANCER SCREENINGS IN NEIGHBORHOODS WHERE VULNERABLE POPULATIONS ARE LOCATED IN ORDER TO INCREASE UTILIZATION OF THESE SERVICES AND EARLY DETECTION.THE ZIP CODE WHERE AN INDIVIDUAL RESIDES CAN BE A S IGNIFICANT INFLUENCER OF HEALTH OUTCOMES. IN ORDER TO FOCUS HEALTH PROMOTION AND PREVENTIO N EFFORTS, LVHN DETERMINED WHICH ZIP CODES REPRESENT THE VULNERABLE POPULATIONS WITHIN EAC H OF THE 5 COUNTIES OUR PATIENTS RESIDE. THIS WAS DEFINED BY A METRIC OF 15% OR MORE OF TH E POPULATION LIVING BELOW THE POVERTY LINE AND HAS LESS THAN A HIGH SCHOOL EDUCATION. IN A DDITION, LVHN SERVES A SUBSTANTIAL MEDICAID POPULATION IN THESE ZIP CODES. THE FOLLOWING Z IP CODES HAVE BEEN IDENTIFIED: LEHIGH (LVH-CC, 17) - 18102, 18109, 18101, 18105NORTHAMPTON (LVH-M) - 18042, 18015IN FY20 ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR PROVI DE HEALTHCARE SCREENINGS IN THE FOLLOWING WAYS:PREVENTATIVE HEALTH SCREENINGS & SERVICESA CONSTANT IN LVH-LEHIGH VALLEY’S PREVENTATIVE EFFORTS, THE ANNUAL DRIVE-THRU FLU DRIVE OCCU RRED IN THE FALL OF 2019. LVH-LV STAFF PROVIDED FREE FLU SHOTS TO NEARLY 9,000 PEOPLE AND COLLECTED 7 TONS OF FOOD FOR AREA FOOD BANKS DURING THIS YEAR’S ANNUAL DRIVE. THESE FREE F LU-SHOT CLINICS WILL BE EXPANDING TO OTHER COUNTIES LVHN SERVES IN FY21 AND 22.LVHN ALSO H AD A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER. IN FY20, A TOTAL OF 1865 MAMMOG RAMS WERE COMPLETED THROUGH LVHN’S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BE LOW, WITH 5% AND 8% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY, RE SPECTIVELY, ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES.IN LEHIGH COUNTY , WE HELD 484 SCREENINGS, SCHEDULED 71 FOLLOW-UP IMAGING SESSIONS, AND FOUND 3 CANCERS. IN NORTHAMPTON COUNTY, WE HELD 218 SCREENINGS, SCHEDULED 29 FOLLOW-UP IMAGING SESSIONS, AND FOUND NO CANCERS.THE DEPARTMENT OF FAMILY MEDICINE MAILED HOME COLORECTAL CANCER (CRC) SCR EENING KITS, TO PATIENTS WHO WERE ELIGIBLE BUT OVERDUE FOR A CRC SCREENING. AT LVH-LEHIGH VALLEY, 421 PATIENTS FROM FAMILY AND INTERNAL PRACTICES (SOUTHSIDE, LAURYS STATION, AND WH ITEHALL) RECEIVED THE SCREENING KITS.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 18E: COLLECTION ACTIVITIES ARE LIMITED TO HOSPITAL SENDING FOUR STATEMENTS REQUESTING PAYMENT. THE STATEMENTS INCLUDE INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SOLICITING THE PATIENTS PARTICIPATION IN THE FINANCIAL ASSISTANCE PROGRAM.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	<p>FAMILY MEDICINE ALSO IMPLEMENTED A LUNG CANCER SCREENING PILOT IN FY20. A TOTAL OF 594 PATIENTS WHO WERE POTENTIALLY ELIGIBLE FOR A LUNG CANCER SCREENING WERE MAILED EDUCATION MATERIALS INCLUDING SCREENING INFORMATION, AND SMOKING CESSATION INFORMATION; 386 WERE IN LEHIGH AND NORTHAMPTON COUNTY. AFTER THE MAILERS WERE SENT, A PATIENT NAVIGATOR REACHED OUT TO THE PATIENTS BY PHONE. THE NAVIGATOR WAS ABLE TO SPEAK WITH 355 OF THE 594 PATIENTS WHO AGREED TO HAVE A CONVERSATION ABOUT SCREENING. WITHIN THAT GROUP, THE NAVIGATOR FOUND THAT 255 PATIENTS WERE ELIGIBLE FOR A LUNG CANCER SCREENING AND 42 OF THE PATIENTS COMPLETED A SCREENING (16.5%). PRIORITY AREA: INCLUSION AND DIVERSITYCOMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. BELOW IS THE RACIAL DEMOGRAPHICS OF LEHIGH AND NORTHAMPTON COUNTIES. THE BREAKDOWN BELOW SHOWS THAT THE HISPANIC POPULATION IS GREATER THAN 10% OF THE TOTAL POPULATION IN BOTH COUNTIES, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS, PARTICULARLY IN LEHIGH, LUZERNE, AND NORTHAMPTON COUNTIES. LVHN LEADERSHIP AGREED, RANKING INCLUSION AND DIVERSITY RELATED ISSUES AS ONE THAT WOULD HAVE A MODERATE IMPACT ON OVERALL HEALTH, BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND WAS AN INITIATIVE WE HAVE THE CAPACITY TO ADDRESS. LEHIGH COUNTY HAS A TOTAL POPULATION OF APPROXIMATELY 359,000. OF THOSE, 21.8% ARE HISPANIC. IN NORTHAMPTON COUNTY, THE POPULATION IS APPROXIMATELY 301,000. OF THOSE, 12.1% ARE HISPANIC.LVHN WILL FOCUS ON TWO IMPORTANT STRATEGIES. FIRST, LVHN WILL INCREASE ACCESS TO LANGUAGE INTERPRETATION AT ALL HEALTH CARE SERVICE SITES, BUILDING ON THE ALREADY STRONG SET OF SERVICES AVAILABLE. SECOND, LVHN WILL CUSTOMIZE ROBUST COLLEAGUE EDUCATION AROUND CULTURAL AWARENESS AND INCLUSION AND DIVERSITY TO ENSURE ALL PATIENTS RECEIVE A WARM WELCOME, PARTICULARLY POPULATIONS WITH SPECIAL NEEDS AT EACH OF OUR CAMPUSES. INTERPRETER SERVICESAT EVERY LVHN CAMPUS, INTERPRETER SERVICES ARE PROVIDED TO ENSURE THAT PATIENTS ARE ABLE TO COMMUNICATE WITH CLINICIANS AND STAFF IN THEIR PREFERRED LANGUAGE. LVHN PROVIDES A COMBINATION OF LIVE INTERPRETATION WITH THE PATIENT, PHONE INTERPRETATION, AND VIDEO INTERPRETATION VIA IPAD. THIS MIXED MEDIA APPROACH OFFERS THE FASTEST RESPONSE BASED ON PATIENT NEEDS. IN FY20, 15 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 602,682 MINUTES OF INTERPRETATION ACROSS ALL LVHN SITES. BELOW SHOWS THE TOTAL OF VIDEO AND PHONE INTERPRETING SERVICES BROKEN DOWN BY CAMPUS. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 583,006 MINUTES WERE SPENT ON VIDEO ACROSS 49,034 VIDEO ENCOUNTERS. AT LVH -MUHLENBERG, 52,647 MINUTES WERE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	<p>RE SPENT ON VIDEO ACROSS 5,106 VIDEO ENCOUNTERS IN FY2020. ACROSS LVH - CEDAR CREST, LVH - 17TH STREET, AND LVH - MUHLENBERG, AN ADDITIONAL 520,291 MINUTES WERE SPENT ON THE TELEPH ONE ACROSS A TOTAL OF 47,303 PHONE ENCOUNTERS DURING THE 2020 CALENDAR YEAR.DURING THE COV ID-19 OUTBREAK, THERE WAS A NEED FOR ADDITIONAL STAFF TO BE ABLE TO CONVERSE WITH PATIENTS IN SPANISH. THEREFORE, LVHN CREATED A PROCESS FOR STAFF TO BECOME CERTIFIED AS LANGUAGE P ROFICIENT AS OPPOSED TO A CERTIFIED INTERPRETER. THIS NEW PATHWAY ALLOWED CERTIFIED STAFF TO CONVERSE WITH PATIENTS IN EITHER ENGLISH OR SPANISH TO FILL IN THE IDENTIFIED GAP IN SE RVICES DURING THIS CRITICAL TIME. A TOTAL OF 39 EMPLOYEES TOOK THE ASSESSMENT ACROSS THE N ETWORK WITH 32 OF THEM PASSING THE TEST. THIS WORK WILL NOW CONTINUE IN FY21, AND POST-COV ID-19. WORLD LANGUAGES WILL BE AVAILABLE FOR LANGUAGE PROFICIENCY TESTING THROUGH AN EXTER NAL VENDOR IN FY21 SO STAFF CAN BE APPROVED AS PROFICIENT IN OTHER LANGUAGES AS WELL.CULTU RAL AWARENESS AND STAFF EDUCATIONTHE CHIEF DIVERSITY, EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL AWARE NESS COVERED AT "CONNECTIONS" (THE ORIENTATION PROGRAM FOR ALL NEW LVHN EMPLOYEES) TO INCL USIVE LEADERSHIP, CULTURAL SENSITIVITY (GEARED TOWARD MULTIPLE SPECIALTIES), AND DIVERSITY . IN FY20, OVER 61 TRAININGS WERE HELD WITH JUST OVER 4,000 EMPLOYEES ATTENDING IN TOTAL. THERE WERE FOUR SESSIONS WITH NURSE RESIDENTS AND TWO SESSIONS FOR NURSE PRECEPTORS INCLUD ING COLLEAGUES FROM LVH-LEHIGH VALLEY, LVH-HAZLETON, LVH-SCHUYLKILL AND LVH-POCONO. A HIGH LIGHT OF THE THIRD AND FOURTH QUARTERS OF FY20 WAS THE GRAND ROUNDS SESSION ON LGBTQ HEALT H THAT WAS DELIVERED BY THE PENNSYLVANIA SECRETARY OF HEALTH, RACHEL LEVINE, MD. MORE RECE NTLY, THE LIAISON DELIVERED A PRESENTATION ON DISPARITIES AND COVID-19 FOR THE DEPARTMENT OF MEDICINE IN EARLY MAY 2020. CLINICIANS FROM ACROSS THE LVHN ENTERPRISE TOOK PART IN THI S VIRTUAL SESSION. THE DEDICATION TO THIS WORK HAS LED TO NATIONAL RECOGNITION. IN FY20, T HE FOUR LVH - LEHIGH VALLEY CAMPUSES, LVH - CEDAR CREST, LVH - 17TH STREET, LVH - MUHLENBE RG AND LVHN - TILGHMAN, RECEIVED NATIONAL RECOGNITION FOR DEMONSTRATING COMMITMENT TO ADVA NCING HEALTH EQUITY FOR INDIVIDUALS IN THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER O R QUESTIONING (LGBTQ) COMMUNITY, AND CREATING AN INCLUSIVE WORK ENVIRONMENT FOR ALL COLLEA GUES. A RECORD 680 HEALTH CARE FACILITIES ACTIVELY PARTICIPATED IN THIS YEAR'S HEALTHCARE EQUALITY INDEX (HEI), A DESIGNATION PROVIDED BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION (HRC) , AND THE LVH-LEHIGH VALLEY CAMPUSES RECEIVED "TOP PERFORMER" DESIGNATION, EARNING 95 OF 1 00 POINTS IN THE SCORING CRITERIA. THE DESIGNATION SCORES HEALTH CARE FACILITIES ON POLICI ES AND PRACTICES DEDICATED TO THE EQUITABLE TREATMENT AND INCLUSION OF THEIR LGBTQ PATIENT S, VISITORS AND EMPLOYEES. PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTHSOCIAL DETERMINANTS OF HEALTH ARE AT THE HEART OF</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	COMMUNITY HEALTH WORK AT LVHN. DURING THE PRIMARY DATA COLLECTION PROCESS, LVHN RECEIVED COMMUNITY FEEDBACK THAT CONFIRMED THE IMPORTANCE OF ADDRESSING SOCIAL DETERMINANTS BOTH DIRECTLY AND THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. EXAMPLES OF SOCIAL DETERMINANTS THAT REQUIRE MULTIPLE AGENCIES AND ORGANIZATIONS WORKING TOGETHER IN A COORDINATED MANNER ARE HOUSING AND FOOD INSECURITY. BOTH WERE HIGHLIGHTED DURING COMMUNITY FOCUS GROUPS. IN ALL COUNTIES LVHN SERVES:-AN AVERAGE OF 20% OF THE POPULATIONS ARE AT RISK FOR FOOD INSECURITY. -AT LEAST A QUARTER OF THE POPULATION SPENDS MORE THAN 30% OF THEIR INCOME ON HOUSING.LVHN CHNA EXECUTIVE TEAMS RECOGNIZED THE MAGNITUDE OF HOUSING AND FOOD INSECURITY ISSUES, BUT ALSO WERE LESS CERTAIN ABOUT HEALTHCARE'S ABILITY TO HAVE AN IMPACT IN THIS AREA, PARTICULARLY BECAUSE THESE ARE NOT ISSUES THAT HEALTHCARE CAN ADDRESS ALONE. THE IMPORTANCE OF PARTNERSHIPS IN THIS AREA IS HIGHLIGHTED IN LVHN'S CHNA IMPLEMENTATION PLAN. BELOW ARE BOTH INTERNAL AND CROSS-SECTOR PARTNERSHIP EFFORTS ADDRESSING THESE ISSUES IN OUR COMMUNITIES.FOOD ACCESS THE FIRST STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS IMPROVE ACCESS TO HEALTHY FOOD AND REDUCE OBESITY RATES IN OUR COMMUNITIES, THROUGH IN-SCHOOL EDUCATION, PROMOTION OF HEALTHY LIFESTYLES AND COMMUNITIES , AND SUPPORT OF MOBILE MARKET FOOD DISTRIBUTION. AT LVH-LEHIGH VALLEY CAMPUSES, TWO PILOT PARTNERSHIPS WITH MOBILE FOOD MARKET VENDORS WERE DEVELOPED IN FY20. LVH-LEHIGH VALLEY PARTNERED WITH THE RODALE INSTITUTE FOR A FOOD PHARMACY PILOT. TWENTY-FIVE FAMILIES WITH CHILDREN WHO WERE OVERWEIGHT OR OBESE WERE IDENTIFIED AND PROVIDED A WEEKLY PACKAGE OF FRESH FRUITS AND VEGETABLES FOR 12-WEEKS. THE GOAL WAS TO SEE IF FAMILIES WOULD ENGAGE CONSISTENTLY WITH THIS SERVICE AND IF IT CREATED CHANGE IN THE EATING HABITS OF THE FAMILY. THIS PILOT ALSO BEGAN AT THE END OF FY20 AND WILL CONTINUE THROUGH THE FIRST QUARTER OF FY21. THE KELLYN FOUNDATION SERVES A SIGNIFICANT PROPORTION OF LVH-17TH STREET FOOD INSECURE FAMILIES. PATIENTS WERE GIVEN A WEEKLY \$20 FOOD VOUCHER TO USE AT THE MOBILE MARKET THAT CIRCULATED BETWEEN THREE ALLENTOWN LOCATIONS, NEAR ALLENTOWN SCHOOLS, ON A WEEKLY BASIS. THE GOAL IS TO PROVIDE LOW-COST AND NO-COST FRUITS AND VEGETABLES TO FAMILIES IN THE NEIGHBORHOODS WHERE THEY RESIDE. THE PILOT BEGAN THE LAST WEEK OF FY20 AND WILL CONTINUE THROUGH THE FIRST 4 MONTHS OF FY21. TWENTY-THREE PATIENTS UTILIZED THE VOUCHER IN THE FIRST WEEK IT WAS AVAILABLE. THE FY21 IMPLEMENTATION PLAN REPORT WILL PROVIDE COMPLETE PILOT INFORMATION WHEN DATA COLLECTION IS FINALIZED.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	<p>IN ADDITION, THE KELLYN FOUNDATION CONDUCTS IN-SCHOOL EDUCATION IN NINE SCHOOL DISTRICTS T HROUGHOUT THE LEHIGH VALLEY. FOR MANY OF THE SCHOOLS, THEY ALSO CREATE SCHOOL GARDENS WITH THE STUDENTS TO INTRODUCE THEM TO AND TEACH THEM ABOUT HEALTHY FRUITS AND VEGETABLES. THE LEHIGH VALLEY RILEY CHILDREN'S HOSPITAL (LVH-LEHIGH VALLEY) SPONSORS PART OF THE IN-SCHOO L EDUCATION ANNUALLY. DURING THE 2018-2019 SCHOOL YEAR, THE KELLYN FOUNDATION REACHED OVER 9400 STUDENTS IN 39 ELEMENTARY SCHOOLS THROUGHOUT NINE SCHOOL DISTRICTS WITH THEIR IN-CLA SSROOM EDUCATION. DUE TO COVID-19, STUDENTS WERE UNABLE TO BUILD THE GARDENS IN FY20, BUT THIS COMPONENT WILL RESUME IN THE FUTURE. THE WELLER CENTER ALSO PROVIDES IN-SCHOOL EDUCAT ION AROUND FOOD, NUTRITION, AND PHYSICAL ACTIVITY. FOR 38 YEARS, WELLER HEALTH EDUCATION H AS PARTNERED WITH SCHOOLS TO PROVIDE INTERACTIVE RESEARCH-BASED PROGRAMS THAT HELP PREVENT CHRONIC DISEASE AND IMPROVE CHILDREN'S OVERALL HEALTH, SAFETY, AND WELL-BEING. ACQUIRED B Y LEHIGH VALLEY HEALTH NETWORK (LVHN) IN 2017. WELLER'S EDUCATORS TRAVEL TO SCHOOLS ACROSS LVHN'S SIX-COUNTY SERVICE AREA AND OUR PROGRAMS HAVE BECOME AN INTEGRAL PART OF MANY SCHO OL DISTRICTS' CURRICULA. BETWEEN SEPTEMBER 2019 AND MARCH 2020 BEFORE THE SCHOOLS CLOSED D UE TO COVID-19, WELLER SERVED OVER 27,000 STUDENTS FROM 72 SCHOOLS IN 25 SCHOOL DISTRICTS IN SIX COUNTIES. WITH THE GENEROUS SUPPORT OF THE CARL E. AND EMILY I. WELLER FOUNDATION, CORPORATE AND FOUNDATION FUNDERS, AND IN-KIND SUPPORT FROM THE LEHIGH VALLEY REILLY CHILDR EN'S HOSPITAL, PROGRAMS WERE PRESENTED FREE TO SCHOOL DISTRICTS WHERE MORE THAN 50% OF THE STUDENTS ARE ECONOMICALLY DISADVANTAGED. NUTRITION AND EXERCISE ACCOUNTED FOR 6% OF THE P ROGRAMMING PROVIDED IN THE SCHOOLS. IN ADDITION TO LEADING LVHN'S EFFORTS TO DEVELOP AND P ROVIDE SCHOOL-BASED PREVENTIVE HEALTH EDUCATION PROGRAMMING, WELLER SCHOOL HEALTH ALSO OVE RSEES THE NETWORK'S PARTICIPATION IN THE SUMMER MEALS PROGRAM AT LVH-17TH STREET (LVH-LEHI GH VALLEY). IN THE SUMMER OF 2019, 800 MEALS WERE DISTRIBUTED, AND THIS IS EXPECTED TO GRO W TO OVER 1,200 MEALS IN THE SUMMER OF 2020.HOUSINGTHE SECOND STRATEGY TO ADDRESS SOCIAL D ETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS TO PARTNER WITH COMMUNITY ORG ANIZATIONS TO MINIMIZE BARRIERS TO SAFE AND HEALTHY HOUSING AND DECREASE IMPACTS OF POVERT Y, PARTICULARLY THROUGH COLLABORATION WITH PA LEGAL AID SERVICE ENTITIES.AT LVH-17TH STREE T (LVH-LEHIGH VALLEY), NPLS@17TH STREET, THE MEDICAL LEGAL PARTNERSHIP BETWEEN LEHIGH VALL EY HEALTH NETWORK (LVHN) AND NORTH PENN LEGAL SERVICES (NPLS), WAS FIRST IMPLEMENTED IN AU GUST OF 2016. A FULL-TIME CIVIL LAW ATTORNEY AND PART-TIME PARALEGAL HAVE OFFICES AT LVH-1 7TH STREET CAMPUS TO ALLOW PATIENTS EASY ACCESS TO FREE LEGAL AID SERVICES IN THE SAME PLA CE WHERE THEY RECEIVE OUTPATIENT HEALTHCARE SERVICES. THE PURPOSE OF THE PROGRAM IS TO ASS IST LOW-INCOME PATIENTS AND THEIR FAMILIES WITH IDENTIFIED LEGAL ISSUES THAT HAVE REAL OR POTENTIAL IMPACTS ON HEALTH. T</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	<p>HE SERVICE AIMS TO IMPROVE THE QUALITY OF LIFE AMONG PATIENTS AND THEIR FAMILY BY ADDRESSI NG HOUSING STABILITY, FOOD INSECURITY, AND FINANCIAL AND SOCIAL SERVICE SUPPORT. DURING TH E FIRST HALF OF FY20, NPLS HANDLED 211 AND 215 CASES IN THE FIRST AND SECOND QUARTERS, RES PECTIVELY, AND THEY WERE ABLE TO CLOSE 89 CASES DURING THAT TIME PERIOD. LACK OF AFFORDABL E HOUSING HAS BEEN IDENTIFIED AS A PRIMARY ISSUE IN THE INNER-CITY ALLENTOWN COMMUNITY. TH IS PROBLEM IS REFLECTED IN THE NPLS@ 17TH ST CASELOAD AND OUTCOMES, ESPECIALLY CONCERNING TENANT LANDLORD DISPUTES. OF THE 89 CLOSED CASES, 43% WERE HOUSING RELATED AND INCLUDED OU TCOMES OF EVICTION AVOIDANCE, PRESERVED HOUSING OR SHELTER, AND OVERCOMING ILLEGAL CHARGES BY THE LANDLORD. STAFF TRANSITIONS FOLLOWED BY THE COVID-19 PANDEMIC THROUGH THE FIRST HA LF OF 2020 PLACED A TEMPORARY PAUSE ON SERVICES FOR THE REMAINDER OF FY20. PRIORITY AREA: BEHAVIORAL HEALTHONE CONSISTENT AREA OF NEED VOICED BY THE COMMUNITY, IN BOTH THE 2016 AND 2019 LVHN CHNAS, WAS THE NEED TO BETTER ADDRESS BEHAVIORAL HEALTH AND MENTAL WELL-BEING I N THE COMMUNITY. ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, M EMBERS OF THE COMMUNITY EXPERIENCE MORE THAN 4 "UNHEALTHY" MENTAL HEALTH DAYS PER MONTH, E CHOING THE DIRECT FEEDBACK FROM FOCUS GROUPS. THIS NEED WAS DISCUSSED IN ALL FIVE COUNTIES AND THEREFORE WAS MADE A CROSS-CUTTING PRIORITY AREA FOR THE IMPLEMENTATION PLAN. WITHIN THE BEHAVIORAL HEALTH PRIORITY AREA, THERE ARE 3 AREAS OF FOCUS: MENTAL HEALTH, SUBSTANCE ABUSE, AND SUICIDE PREVENTION. WHILE PUBLIC DATA AROUND SUBSTANCE USE DISORDER IS LACKING, IT WAS A CLEAR CONCERN EXPRESSED COMMUNITY MEMBERS WHO PARTICIPATED IN FOCUS GROUPS AND I NTERVIEWS. LVHN LEADERSHIP BELIEVES THIS IS A HIGH IMPACT AREA OF WORK, BUT WE NEED TO INC REASE CAPACITY IN ORDER TO ADDRESS THESE NEEDS ADEQUATELY. THE SECTIONS BELOW OUTLINE THE APPROACHES BEING IMPLEMENTED IN EACH OF THESE FOCUS AREAS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITIES LVHN SERVES.MENTAL HEALTHPREVENTION AND EDUCATIONTHE FIRST STRAT EGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS DECREASE THE STIGMA AND INCREAS E SKILLS OF PROFESSIONALS AND COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH CONCERNS AND PR OMOTE MENTAL WELLNESS. IN ADDITION, LVHN WILL PARTICIPATE IN AND PARTNER AROUND COMMUNITY-BASED TRAUMA-INFORMED CARE COLLABORATIVE TO CREATE MORE TRAUMA-INFORMED COMMUNITIES. IN TH E LEHIGH VALLEY (LVH-LEHIGH VALLEY), LVHN IS ENGAGING WITH LAKESIDE GLOBAL INSTITUTE TO PR OVIDE TRAUMA 101 AND 102 TRAININGS FOR PROVIDERS AND PROFESSIONALS IN THE LEHIGH VALLEY. T HE TRAININGS HAVE REACHED 500 PEOPLE IN FY20. WITH THE COVID-19 PANDEMIC, THESE TRAININGS WERE PUT ON HOLD IN THE SECOND HALF OF FY20, BUT THEY WILL BE REVISITED IN FY21. THE DEPAR TMENT OF PSYCHIATRY IS ALSO DEVELOPING A TRAUMA TRAINING THAT EVENTUALLY WILL BE MANDATORY FOR ALL NEW EMPLOYEES AND A TRAINING ENTITLED "GROWING RESILIENCE THROUGH MINDFULNESS" TH AT WILL BE FREE FOR EMPLOYEES</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	<p>IN FY21. IN ADDITION, LVH-LEHIGH VALLEY IS A PARTNER IN A COLLABORATIVE CALLED RESILIENT LE HIGH VALLEY, WHICH IS LED BY THE UNITED WAY OF THE GREATER LEHIGH VALLEY. IN FY 20, THIS COLLABORATIVE CREATED A WEBSITE THAT PROVIDES MINDFULNESS AND SOCIAL EMOTIONAL LEARNING (SEL) LESSONS AND RESOURCES FOR EDUCATORS, PARENTS AND CAREGIVERS, AND K-12 STUDENTS. THEY ALSO PROVIDED TRAUMA TRAININGS FOR 75 PROFESSIONALS IN THE COMMUNITY THROUGH A 3-PART WEBINAR SERIES FROM FUTURES WITHOUT VIOLENCE HELD IN MAY 2020. THE THREE-PART SERIES INCLUDED: PART 1: IMPLEMENTING CULTURALLY-RESPONSIVE AND TRAUMA-INFORMED TELEHEALTH SERVICES AND FAMILY-CENTERED PRACTICE DURING COVID-19 PART 2: ADVANCING COLLABORATION DURING COVID-19 TO PROTECT CHILDREN AND FAMILIES PART 3: WELL-BEING AS A PATHWAY TO SAFETY LVHN HAS MADE A CONCENTRATED EFFORT TO DEVELOP SUPPORTS FOR THE PREGNANT AND PARENTING POPULATION IN OUR REGION. IN THE LEHIGH VALLEY, THE CONNECTIONS CLINIC IS A PROGRAM FOR PREGNANT AND/OR POSTPARTUM SUBSTANCE USE DISORDER INCLUDING OPIOIDS AND IS A COLLABORATION BETWEEN OBSTETRICS AND PEDIATRICS (SEE SUBSTANCE ABUSE SECTION FOR ADDITIONAL DETAILS).</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	<p>REFERRAL COORDINATIONTHE SECOND STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS A CENTRALIZED REFERRAL PROCESS TO OUTPATIENT BEHAVIORAL HEALTH SERVICES. IN FY19, LVHN RECEIVED OVER 9,000 REFERRALS FOR BEHAVIORAL HEALTH SERVICES AND WERE ABLE TO SERVE 1 IN 8. IN ORDER TO IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS, LVHN CREATED A BEHAVIORAL HEALTH REFERRAL SPECIALIST ROLE. THIS ROLE PROVIDES SUPPORT TO PROVIDERS, PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES. SUPPORT BY THIS ROLE IS PROVIDED ON THREE LEVELS: 1. INFORMATION DISSEMINATION AND EDUCATION: PRACTICES RECEIVE RESOURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE REFERRALS FROM THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT DATABASE WITH INFORMATION THAT IS ALWAYS CURRENT AND ACCURATE. IN ADDITION, THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVIDING EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES TO THE FOLLOWING: PEDIATRIC PRIMARY CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN LEADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES. 2. CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN THEY ARE UNABLE TO DO SO UTILIZING THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT AND PAST REFERRAL EDUCATION. 3. DIRECT PATIENT CONTACT TO PROVIDE SUPPORT AND RESOURCES IF THE FIRST TWO LEVELS OF SERVICE FAIL TO SUPPORT THE PATIENT. IN FY19, THERE WERE 620 REQUESTS FOR ASSISTANCE FROM THE BEHAVIORAL HEALTH REFERRAL SPECIALIST. IN FY20, DUE TO THE HIGH DEMAND, A NEW PROCESS WAS IMPLEMENTED TO HAVE THE BEHAVIORAL HEALTH REFERRAL SPECIALIST MANAGE ALL OUTPATIENT PSYCHIATRY REFERRALS FOR LVHN AFFILIATED PRACTICES. THIS NEW PROCESS WAS MADE TO IMPROVE THE REFERRAL EXPERIENCE FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BETTER ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECOME A TEAM OF 5.5 FTE DEDICATED TO MANAGING ALL REFERRALS TO AMBULATORY PSYCHIATRY PRACTICES, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS SERVICE OFFICIALLY WENT LIVE ON MAY 4, 2020, AND THEY RECEIVE REFERRALS FROM OUTPATIENT PRACTICES FROM ALL LVHN CAMPUSES. IN THE FIRST 2 MONTHS OF FY20, CENTRALIZED INTAKE RECEIVED 1,220 REFERRALS. OF THE 1,220 REFERRALS, 489 (40%) WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDED WITH A LIST OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL ASSISTANCE. BASED ON JULY 2020 REFERRALS, IT IS ANTICIPATED THAT OVER 9,000 REFERRALS WILL BE MADE TO CENTRALIZED INTAKE IN FY21.INNOVATIONTHE THIRD STRATEGY LVHN HAS COMMITTED TO IN ORDER TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS INNOVATION THROUGH THE USE OF TECHNOLOGY TO PROVIDE TELE-PSYCHIATRY, TELE-THERAPY, AN APP DEPLOYMENT CALLED ECONSULTS. THE DEVELOPMENT AND IMPLEMENTATION OF TELE-PSYCHIATRY AND THERAPY SERVICES WAS UNDERWAY AT THE START OF FY 20. WITH THE ONSET OF THE COVI</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	<p>D-19 PANDEMIC, THE SCALE AND REACH OF THESE SERVICES INCREASED RAPIDLY AND DRAMATICALLY. I N LVH-LEHIGH VALLEY, OUTPATIENT BEHAVIORAL HEALTH VIRTUAL VISITS INCREASED FROM 2% BEFORE COVID-19 TO 98% SOON AFTER THE START OF THE PANDEMIC. IN FY20 THE DEPARTMENT OF PSYCHIATRY COMPLETED OVER 20,000 VIRTUAL VISITS, WHICH WAS WELL OVER THE ANTICIPATED 2,000 VISITS (L ARGELY DURING THE FIRST SURGE OF COVID-19). IN ADDITION, TELE-CONSULTS WERE PROVIDED FOR P RIMARY CARE PROVIDERS. A RAPID OUTPATIENT CONSULTATION REFERRAL ORDER WAS ESTABLISHED TO F ACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST OR APC WITH THE GOAL OF EVALU ATING AND PROVIDING TREATMENT RECOMMENDATIONS WHICH MAY INCLUDE THE PRESCRIBING OF PSYCHOTROPIC MEDICATIONS, AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING CARE. IN FY20, 80 TELE-PRIMARY CARE CONSULTS AND 208 ECONSULTS WERE COMPLETED AT LVH-LEHIGH VALLEY PRIMA RILY.LVH - LEHIGH VALLEY HAS ALSO ROLLED OUT A NEW APPLICATION CALLED GUIDEBOOK WHICH PROV IDES PATIENTS AND COMMUNITY MEMBERS MENTAL HEALTH RELATED RESOURCES. COMMUNICATION ABOUT T HE AVAILABILITY OF THE APP BEGAN IN JANUARY OF 2020. THERE WERE 400 DOWNLOADS AS OF MARCH 2020 WITH AVG. TIME SPENT IN THE APP OF ABOUT 1 MINUTE. BETWEEN MARCH AND MAY 2020 (DURING THE HEIGHT OF THE COVID-19 RESPONSE), THE DOWNLOADS JUMPED TO 600 WITH THE AVERAGE TIME S PENT INCREASING TO OVER A MINUTE. THERE WAS PARTICULARLY HIGH UTILIZATION OF THE SELF-HELP SECTION OF THE APP AND THE CONTENT IN THE APP WAS UPDATED DURING COVID-19 TO PROVIDE COVI D RELATED INFORMATION.SCHOOL-BASED BEHAVIORAL HEALTHIN FY20, THE LEHIGH VALLEY REILLY CHIL DREN'S HOSPITAL SCHOOL-BASED BEHAVIORAL HEALTH (SBBH) PROGRAM (LVH-LEHIGH VALLEY) TRANSFOR MED FROM VISION TO REALITY WITH AN OFFERING OF BEHAVIORAL HEALTH SERVICES TO STUDENTS IN 1 5 SCHOOLS. IT ESTABLISHED PRIVATE SPACES TO OFFER THERAPEUTIC SERVICES, INTRODUCED SCHOOL- BASED THERAPISTS TO FACULTY AND STAFF, IMPLEMENTED A STREAMLINED AND CONFIDENTIAL REFERRAL PROCESS, AND ESTABLISHED CLOSE COMMUNICATION WITH SCHOOL COUNSELORS AND SUPPORT STAFF. IN FY20, THE SBBH PROGRAM SERVED ALMOST 150 STUDENTS, 20% OF WHOM WERE UNINSURED. IN ADDITIO N, THROUGH ADDITIONAL IN-KIND HOURS, THE PROGRAM STAFF PRESENTED MULTIPLE PROFESSIONAL DEV ELOPMENT PROGRAMS, CAREGIVER PRESENTATIONS, AND OFFERED SUPPORT GROUPS, RESOURCES AND CRIS IS SUPPORT TO SCHOOL COMMUNITIES AND FAMILIES THROUGHOUT THE PANDEMIC. A MAJORITY OF THE S TUDENTS (93%) SERVED IN THE SBBH PROGRAM WERE BETWEEN THE AGES OF 6 AND 17, AND 37% WERE C AUCASIAN AND 39% WERE HISPANIC. THE TOP 4 REASONS FOR REFERRAL WERE: DEPRESSION AND ANXIET Y; ANGER, AGGRESSION, AND OPPOSITIONAL BEHAVIOR; ATTENTION, FOCUS, AND IMPULSIVITY; AND TR AUMATIC EXPERIENCES. BOTH THE CHILDREN AND PARENTS REPORTED THE COUNSELING PROVIDED BY THE SBBH PROGRAM MADE A POSITIVE IMPACT ON THEIR BEHAVIOR AT HOME AND IN SCHOOL. SINCE SCHOOL CLOSURES DUE TO COVID-19 IN MARCH 2020, THE SCHOOL-BASED PROGRAM HAS ASSISTED STUDENTS AN D FAMILIES TO CONNECT TO VIDEO</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	VISIT TECHNOLOGY. THE SBBH PROGRAM OFFERED VIDEO THERAPY SERVICES TO ALMOST 75% OF STUDENTS IN THE PROGRAM. SCHOOL-BASED THERAPISTS MAINTAIN THE ABILITY TO HAVE TELEPHONE SESSIONS WITH CLIENTS WHO ARE UNABLE TO PARTICIPATE BY VIDEO.SUBSTANCE ABUSELVHN HAS ADOPTED A 4-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE ABUSE EPIDEMIC IN THE COMMUNITIES WE SERVE:1. STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO THE COMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE DISORDER AND ADDICTION.2. OPIOID STEWARDSHIP BY PROVIDING EDUCATION TO FRONT-LINE STAFF (E.G., PROVIDERS, NURSES) TO MINIMIZE OPIOID PRESCRIBING, PROMOTE SAFETY MEASURES TO MINIMIZE ADDICTION TO OPIOIDS, AND INCREASE AWARENESS OF TOOLS AVAILABLE.3. LINKAGE TO TREATMENT BY REDUCING THE BARRIERS BETWEEN A PATIENT WHO IS STRUGGLING WITH SUBSTANCE ABUSE OR ADDICTION AND THEIR ACCESS TO TREATMENT OPTIONS.4. HARM REDUCTION BY REDUCING THE LIKELIHOOD THAT HARM WILL COME TO THOSE WHO ARE STRUGGLING WITH ADDICTION.AN LVHN PROVIDER PRESENTED ON LVHN'S FOUR-PRONGED APPROACH TO SUD AND STIGMA IN 2 KEY LOCATIONS IN FY20. FIRST, THIS PRESENTATION WAS GIVEN TO THE TEACHERS OF THE NEWLY OPENED KOLBE ACADEMY - RECOVERY HIGH SCHOOL IN DECEMBER 2019 TO 6 ATTENDEES. SHE ALSO PRESENTED AT THE LVHN BOARD OF ASSOCIATES MEETING IN ALLENTOWN, PA IN FEBRUARY WHICH WAS ATTENDED BY 70 BOARD MEMBERS FROM THE COMMUNITY. ADDITIONAL DETAILS ABOUT EFFORTS FOR EACH OF THE ELEMENTS OF LVHN'S 4-PRONGED APPROACH IS OUTLINED BELOW. STIGMA REDUCTIONTHROUGHOUT FY20, LVHN LEADERS AND COLLEAGUES HOSTED AND PRESENTED AT COMMUNITY EVENTS TO REDUCE THE STIGMA SURROUND SUBSTANCE USE DISORDERS AND PROMOTE THE RESOURCES AVAILABLE TO ADDRESS THIS COMMUNITY CONCERN.IN OCTOBER 2019, LVH-LEHIGH VALLEY COLLEAGUES PRESENTED 'SCIENCE, STIGMA & SOLUTIONS' AT THE PA DEPARTMENT OF HEALTH OPIOID COMMAND CENTER SUMMIT WITH 300 PEOPLE WERE IN ATTENDANCE, INCLUDING LEGISLATORS, PA DEPARTMENT OF HEALTH, SINGLE COUNTY AUTHORITIES, AND SUBSTANCE USE DISORDER TREATMENT ORGANIZATIONS.IN NOVEMBER 2019, LVHN (LVH-LEHIGH VALLEY) HOSTED "CARE TALKS: CELEBRATING OUR HEALTHCARE PARTNERSHIPS", HIGHLIGHTING RELATIONSHIPS WITH LVHN AND COMMUNITY PARTNERS AROUND LINKAGE TO TREATMENT FOR SUBSTANCE USE DISORDERS AND REDUCING STIGMA. SPEAKERS INCLUDED REPRESENTATIVES FROM LVHN, THE LEHIGH COUNTY DISTRICT ATTORNEY'S OFFICE, PYRAMID HEALTHCARE, AND TREATMENT TRENDS. OVER 200 PEOPLE WERE IN ATTENDANCE, WITH 58 GUESTS WERE FROM LVHN, 40 FROM LVHN COMMUNITY PARTNER CARE ORGANIZATIONS, AND 105 COMMUNITY MEMBERS.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	IT MAY BE DIFFICULT TO FULLY MEASURE THE IMPACT OF LVHN'S ONGOING PARTNERSHIPS WITH COMMUN ITY ORGANIZATIONS. HOWEVER, THE PROGRAM ORGANIZERS BELIEVE THAT OVER TIME THE STRONG CARE TALKS PARTICIPATION BY BOTH ATTENDEES AND PRESENTERS WILL SHOW POSITIVE OUTCOMES BY STRENG THENING COMMUNITY PARTNERSHIPS, THUS IMPROVING CARE COORDINATION, LINKAGE TO TREATMENT, AN D REDUCTION IN STIGMA FOR PEOPLE WITH SUBSTANCE USE CONDITIONS.OTHER SMALLER, FREE PRESENT ATIONS WERE HELD THROUGHOUT FY20 IN THE COUNTIES SERVED BY LVHN, INCLUDING:IN OCTOBER 2019 , "HOW SUBSTANCE USE DISORDER AFFECTS OLDER ADULTS" WAS PRESENTED AT THE AGING WITH A VIEW STATEWIDE CONFERENCE FOR SOCIAL WORKERS, CASE WORKERS, AND CASE MANAGERS (LVH-LEHIGH VALL EY) WITH 120 PEOPLE IN ATTENDANCE.IN OCTOBER 2019, "HOW SUBSTANCE USE DISORDER AFFECTS OLD ER ADULTS" WAS PRESENTED AT THE AGING WITH ID: A VIEW FROM A DIFFERENT LENS CONFERENCE AT DE SALES UNIVERSITY, CENTER VALLEY, PA (LVH-LEHIGH VALLEY). IT WAS ATTENDED BY 120 REGIONA L SOCIAL WORKERS, CASE WORKERS, AND COMMUNITY MEMBERS.OPIOID STEWARDSHIPIN ADDITION TO PRE SENTING AND HOSTING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT ED UCATION TO 451 PROVIDERS AND HEALTHCARE WORKERS TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEW ARDS OF THE SIGNS AND IMPACTS OF SUBSTANCE USE DISORDER. IN FY20, THE FOLLOWING TRAINING A ND EDUCATION OPPORTUNITIES DELIVERED BY LVHN PROVIDER(S) AND HELD AS FOLLOWS:IN OCTOBER 20 19, A 2-HOUR LECTURE ON MANAGING ACUTE AND CHRONIC PAIN IN THE CONTEXT OF THE OPIOID CRISI S FOR THE LEHIGH COUNTY MEDICAL SOCIETY, WITH 60 PEOPLE IN ATTENDANCE (LVH-LEHIGH VALLEY). IN NOVEMBER 2019, A MEDICALLY ASSISTED TREATMENT (MAT) PRIMER AND STIGMA EDUCATION WAS PRE SENTED TO 20 CORE FACULTY MEMBERS OF THE DEPARTMENT OF EMERGENCY MEDICINE RESIDENCY (LVH-L EHIGH VALLEY).IN NOVEMBER 2019, A PRESENTATION ENTITLED "DEMYSTIFYING MORPHINE MILLIGRAM E EQUIVALENTS" WAS HELD AT THE PA PAIN SOCIETY ANNUAL CONFERENCE IN HERSHEY, PA, WAS ATTENDED BY 80 PAIN PHYSICIANS.IN NOVEMBER 2019, LVH-LEHIGH VALLEY COLLEAGUES PRESENTED ON PATIENT MANAGEMENT AND TREATMENT MONITORING AT THE PENNSYLVANIA DEPARTMENT OF HEALTH MEDICATION A SSISTED TREATMENT CONFERENCE IN MACUNGIE, PA. IT WAS ATTENDED BY 120 PA DEPARTMENT OF HEAL TH EMPLOYEES, SOCIAL WORKERS, CASE WORKERS, BEHAVIORAL HEALTH SPECIALISTS, MEDICAID PERSON NEL, SUD TREATMENT PROVIDERS, AND PRIMARY CARE PHYSICIANS.IN JANUARY 2020, 4 HOURS OF EDUC ATION AROUND THE SUBSTANCE USE DISORDER EPIDEMIC, STIGMA, AND OPIOID PRESCRIBING/PAIN MANA GEMENT WAS PROVIDED TO 8 LVH-LEHIGH VALLEY PROVIDERS.IN JANUARY 2020, A PRESENTATION ENTITLED "SCIENCE, STIGMA, SOLUTIONS: AN UPDATE FOR PROVIDERS ON THE SUBSTANCE USE DISORDER CRI SIS" WAS HELD AT THE LVHN DEPARTMENT OF ANESTHESIOLOGY 10TH ANNUAL WINTER RETREAT, WITH 75 ANESTHESIOLOGISTS AND NURSES IN ATTENDANCE.IN JANUARY 2020, A PRESENTATION REGARDING LVHN 'S MULTIPRONGED APPROACH TO OPIOID STEWARDSHIP AND LINKAGE TO TREATMENT WAS DELIVERED AT A PHARMACY FACULTY MEETING TO 8

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	<p>PHARMACISTS FROM ACROSS LVHN INCLUDING THE NORTHERN TIER CAMPUSES AND COORDINATED HEALTH. IN FEBRUARY 2020, A PRESENTATION ENTITLED "LINKAGE TO TREATMENT AT LVHN: AN UPDATE FOR LVH N INTERNAL MEDICINE QUALITY MEETING" (LVH-LEHIGH VALLEY) WAS PROVIDED TO 12 INTERNAL MEDICINE PHYSICIANS. IN APRIL 2020, A PRESENTATION ENTITLED "SCIENCE, STIGMA, SOLUTIONS: LVHN'S APPROACH TO THE SUBSTANCE USE DISORDER CRISIS" WAS HELD VIRTUALLY AT THE INTERNAL MEDICINE RESIDENCY GRAND ROUNDS FOR 25 PEOPLE. IN APRIL 2020, LVH-LEHIGH VALLEY COLLEAGUES PRESENTED "SCIENCE, STIGMA & SOLUTIONS: YOUR ROLE IN THE SUBSTANCE USE DISORDER CRISIS" AS A PART OF THE USF MORSANI COLLEGE OF MEDICINE SELECT PROGRAM LECTURE SERIES WITH 28 PEOPLE IN ATTENDANCE. IN JUNE 2020, A LVHN PROVIDER PRESENTED "LEHIGH VALLEY HEALTH NETWORK'S MULTI-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE USE DISORDER CRISIS" AT THE VIRTUAL DEPARTMENT OF FAMILY MEDICINE GRAND ROUNDS WITH 20 PEOPLE IN ATTENDANCE. IN JUNE 2020, A PRESENTATION ENTITLED "SAFER OPIOID PRESCRIBING" WAS HELD AT THE VIRTUAL DEPARTMENT OF NEUROLOGY GRAND ROUNDS WITH 20 PEOPLE IN ATTENDANCE. THE DEPARTMENT OF PSYCHIATRY ALSO CONDUCTED A SURVEY OF LEADERS AND STAFF ABOUT BIASES AROUND SUBSTANCE ABUSE AND PREPAREDNESS FOR TREATING PATIENTS WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS. LEADERS (N=7) IN PSYCHIATRY REPORTED: A NEED FOR ADDITIONAL TRAINING AROUND HOW TO BEST MANAGE PATIENTS WITH CO-OCCURRING DISORDERS. A LACK OF KNOWLEDGE ABOUT SUBSTANCE ABUSE TREATMENT BEST PRACTICES. AN OPPORTUNITY FOR BETTER COORDINATION WITH SUBSTANCE ABUSE TREATMENT AGENCIES. AMONG THE 86 DOCTORS, CASE MANAGERS, AND THERAPISTS THAT COMPLETED THE SURVEY, THEY FELT THAT THEIR TRAINING AND EDUCATION AROUND HOW TO ADDRESS CO-OCCURRING DISORDERS WAS PRETTY GOOD AND THEY FELT THEY WERE ABLE TO ADDRESS THE NEEDS OF PATIENTS WITH CO-OCCURRING DISORDERS. HOWEVER, THERE IS STILL ROOM FOR ADDITIONAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AROUND BEST PRACTICES AND FOR BETTER COORDINATION WITH SUBSTANCE USE TREATMENT PROVIDERS. "EMPOWERED RELIEF TRAIN YOU BRAIN AWAY FROM PAIN", A TRAINING FOR PATIENTS WITH CHRONIC PAIN IN THE LEHIGH VALLEY (LVH-LEHIGH VALLEY). IT IS AN EVIDENCE-BASED MODEL, 2-HOUR SESSION AROUND NON-MEDICAL APPROACHES TO PAIN AND IS AVAILABLE FOR FREE TO ALL PATIENTS 18 YEARS OLD AND OLDER. TRAININGS WERE HELD IN PERSON IN OCTOBER AND DECEMBER 2019 AND JANUARY 2020. THEN THEY WERE HELD VIRTUALLY DUE TO COVID-19 IN MARCH, APRIL, AND JUNE 2020. ADDITIONAL EMPLOYEES WILL BE TRAINED SO THAT THE TRAINING CAN BE PROVIDED IN ADDITIONAL LOCATIONS. LINKAGE TO TREATMENT AT THE LVH-LEHIGH VALLEY CAMPUSES, THE HOSPITAL PARTNERS WITH LEHIGH AND NORTHAMPTON COUNTIES ON A WARM-HAND OFF PROGRAM CALLED THE HOSPITAL OPIOID SUPPORT TEAM (HOST). THROUGH THIS PROGRAM, WHEN PATIENTS COME IN TO THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE CONCERNS LVHN STAFF ARE ABLE TO CALL A HOST ASSESSOR WHO COMES DIRECTLY TO THE ED TO PROVIDE AN ASSESSMENT AND CONNECT THE PATIENT TO TREATMENT.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	NT, DECREASING THE TIME BETWEEN IDENTIFICATION AND REFERRAL TO TREATMENT. IN FY20, THERE W ERE 1,981 HOST ENCOUNTERS FOR LEHIGH AND NORTHAMPTON COUNTIES. IN ADDITION, LVH-LEHIGH VAL LEY HAS AN ADDICTION RECOVERY SPECIALIST (ARS) AND HIRED ANOTHER CERTIFIED RECOVERY SPECIA LIST (CRS) TO HELP CONNECT PATIENTS ADMITTED TO THE HOSPITAL TO DRUG AND ALCOHOL TREATMENT (AS WELL AS ENGAGE IN STIGMA REDUCTION AND EDUCATION ACTIVITIES). AN ADDITIONAL 257 ENCOU NTERS WITH PATIENTS WERE CONDUCTED BY THE ARS AND CRS IN FY20. IN FY20, LVHN WAS ALSO THE RECIPIENT OF A 9-MONTH PENNSYLVANIA COORDINATED MEDICALLY ASSISTED TREATMENT (PACMAT) GRAN T THOUGH THE STATE DEPARTMENT OF HEALTH WHICH EXPANDED THE AVAILABILITY OF MAT SERVICES TO PRIMARY CARE PRACTICES WITHIN LVHN. 14 PRIMARY CARE PRACTICES IN COLLABORATION WITH THE D EPARTMENT OF PSYCHIATRY ARE WORKING TO SUPPORT PRIMARY CARE PROVIDERS IN BECOMING TRAINED AND COMFORTABLE TO ADMINISTER MAT. THIS PROJECT ALSO INCLUDES EXTERNAL COLLABORATORS THROU GH LOCAL SUBSTANCE USE DISORDER TREATMENT PROVIDERS. IN FY20, THERE WERE 1981 REFERRALS MA DE AT LVH-L CAMPUSES, WITH 862 OF THOSE PATIENTS REFERRED TO MEDICALLY MONITORED DETOXIFIC ATION.HARM REDUCTIONA LVHN PROVIDER AND A CERTIFIED RECOVERY SPECIALIST WERE PRESENTERS ON A WEBINAR HARM REDUCTION IN THE HOSPITAL: DEVELOPING A NALOXONE PROGRAM FOR AT RISK PATIE NTS TO THE HOSPITAL ASSOCIATION OF PENNSYLVANIA OPIOID ACTION LEARNING NETWORK (HAP-OLAN). IT WAS ATTENDED BY 25 PHARMACISTS, QUALITY SPECIALISTS, AND CLINICIANS.A LVHN PROVIDER AN D THE ADDICTION RECOVERY SPECIALIST PRESENTED HARM REDUCTION: A KEY ASPECT OF A MULTIPRONG ED APPROACH TO THE SUBSTANCE USE DISORDER CRISIS AT THE HOSPITAL ASSOCIATION OF PENNSYLVAN IA OPIOID LEARNING ACTION NETWORK (HAP-OLAN) NORTHEAST VIRTUAL REGIONAL MEETING IN JUNE 20 20 WITH 35 PEOPLE IN ATTENDANCE.SUICIDE PREVENTIONLVHN IS COMMITTED TO ADDRESSING IS SUICI DE PREVENTION IN THE COMMUNITIES WE SERVE. THE GOAL IS TO PROVIDE EDUCATION, INCREASE AWAR ENESS, AND DECREASE STIGMA BY COLLABORATING WITH THE COMMUNITY TO PREVENT SUICIDE. IN LEHI GH, NORTHAMPTON, AND SCHUYLKILL COUNTIES, SUICIDE PREVENTION TASK FORCES HAVE BEEN ESTABLI SHED WITH ACTIVE PARTICIPATION FROM LVHN THROUGHOUT FY20.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION E)	IN LEHIGH COUNTY, THE LEHIGH COUNTY TASK FORCE IS A COLLABORATION BETWEEN LVHN, THE LEHIGH COUNTY CORONER, THE ALLENTOWN HEALTH BUREAU, LEHIGH COUNTY MENTAL HEALTH SERVICES, AND PINEBROOK FAMILY ANSWERS. IN FY20, THEY FOCUSED ON THE CORONER'S DATA REGARDING SUICIDES IN LEHIGH COUNTY OVER A 10-YEAR PERIOD, IN ORDER TO BETTER UNDERSTAND TRENDS AND THE GEOGRAPHIC CONCENTRATION OF SUICIDES IN THE COUNTY. BASED ON THAT DATA, THE GROUP IS:FACILITATING CONVERSATIONS WITHIN LEHIGH COUNTY THAT HAVE HIGHER RATES OF SUICIDE TO BETTER UNDERSTAND THE ISSUE AND CO-DESIGN POTENTIAL SOLUTIONS.DEVELOPING A PUBLIC SERVICE ANNOUNCEMENT.DETERMINING WAYS, THEY CAN PROMOTE HEALTH AND WELL-BEING AMONG YOUTH BEFORE SUICIDE BECOMES A REALITY.LVHN CREATED BROCHURES FOR THE PRIMARY AND SPECIALTY CARE PRACTICES ABOUT LETHAL MEANS AND SUICIDE TO CREATE AWARENESS AMONG THE COMMUNITY.A VIDEO ENTITLED DO NO HARM WAS PREVIEWED IN OCTOBER 2019 AND AIRED ON PBS IN MAY 2020. THE VIDEO LOOKS AT SUICIDE AMONG PHYSICIANS AND RESIDENTS.IN NORTHAMPTON COUNTY, THE NORTHAMPTON SUICIDE PREVENTION TASKFORCE AIMS TO DEVELOP AND IMPLEMENT STRATEGIES TO REDUCE THE RISK OF SUICIDE AND STIGMA OF MENTAL ILLNESS IN NORTHAMPTON COUNTY THROUGH THE COLLABORATIVE EFFORTS OF COMMUNITY AGENCIES AND SERVICE PROVIDERS. THE GOAL IS TO REDUCE DEATH-BY-SUICIDE IN NORTHAMPTON COUNTY BY 20%. FROM 2018 TO 2019, NORTHAMPTON COUNTY SAW A DECREASE IN SUICIDES FROM 53 IN 2018 TO 40 IN 2019. IN FY20, THE GROUP APPLIED FOR AND RECEIVED GRANT FUNDING TO TRAIN PROFESSIONAL IN THE QPR MODEL AND HELD TRAININGS PARTICULARLY FOR THE ELDERLY IN NORTHAMPTON COUNTY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING LOANS AND SCHOLARSHIPS	60	864,752		BOOK	
(2) JIROLANO TUITION AIDE SCHOLARSHIP	1	617		BOOK	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	<p>LOAN AGREEMENTS - LOAN AGREEMENTS WERE AWARDED TO SENIOR NURSING STUDENTS IN A BACHELOR OF SCIENCE NURSING PROGRAM. CRITERIA FOR LOAN AGREEMENTS TO STUDENTS IN A BSN GRADUATE NURSE PROGRAM ARE: A COMPLETED APPLICATION, 2 LETTERS OF RECOMMENDATION FROM THEIR MOST RECENT CLINICAL INSTRUCTORS, AN OFFICIAL TRANSCRIPT DEMONSTRATING AN OVERALL GPA OF 3.0 OR HIGHER AND A ONE PAGE ESSAY DESCRIBING THEIR MOTIVATION, LEADERSHIP AND ACADEMIC ACCOMPLISHMENTS IN NURSING. IF ABOVE INFORMATION IS SUBMITTED AND CONSIDERED FAVORABLE, INTERVIEWS ARE SCHEDULED WITH SELECTION COMMITTEE MEMBERS. IF CONSIDERED FAVORABLE AFTER ALL INTERVIEWS HAVE BEEN CONDUCTED, A LOAN AGREEMENT IS OFFERED IN WRITING FOR THEM TO REVIEW. IF CANDIDATE VERBALLY ACCEPTS, THEY ARE INVITED TO MAKE AN APPOINTMENT TO SIGN THE CONTRACT. THE CONTRACT IS THEN NOTARIZED AFTER ALL PARTIES HAVE REVIEWED AND SIGNED. THEIR COMMITMENT BACK TO THE HOSPITAL IS FOR TWO YEARS FROM THE DATE OF HIRE IN THE NEW GRADUATE/RN POSITION. (SOME CANDIDATES ARE CURRENT EMPLOYEES IN OTHER POSITIONS, SO WE CONSIDER ONLY THE HIRE DATE OF THE REGISTERED NURSE POSITION TOWARD THE WORK COMMITMENT.) IF CANDIDATE DOES NOT FULFILL THEIR COMMITMENT, THE LOAN AGREEMENT DOLLARS ARE PRO-RATED AND REPAYMENT IS DUE IMMEDIATELY, PLUS INTEREST. WE HAD 2 NEW DNP LOAN AGREEMENTS OFFERED IN FY2020. SCHOLARSHIPS - SCHOLARSHIPS ARE OFFERED TO CURRENT REGISTERED NURSE EMPLOYEES. AN APPLICATION IS COMPLETED ALONG WITH A LETTER OF RECOMMENDATION FROM THEIR DIRECT SUPERVISOR/DIRECTOR, A COPY OF THEIR MOST RECENT PERFORMANCE EVALUATION, DEMONSTRATING A PERFORMANCE EVALUATION SCORE OF 3.0 OR HIGHER FOR BSN AND MSN. IF RN IS CURRENTLY ACTIVE IN A PROGRAM, AN OFFICIAL COPY OF THEIR CURRENT TRANSCRIPT WOULD ALSO BE REQUIRED. EMPLOYEES MUST BE CURRENTLY ENROLLED IN A NURSING PROGRAM PRIOR TO APPLYING FOR THE SCHOLARSHIP. IF EMPLOYEE ACCEPTS AND SIGNS A "RECEIPT OF NURSING EDUCATION TUITION PAYMENTS PROGRAM NOTE, THERE IS NO PAYBACK OR WORK COMMITMENT REQUIRED UPON GRADUATION OR SEPARATION. THERE WERE A TOTAL OF 60 LOAN AGREEMENTS, 19 NEW RN-BSN SCHOLARSHIPS AND 24 NEW MSN SCHOLARSHIP AWARDED IN FY2020. THE TOTAL FUNDS USED FOR ALL LOAN AGREEMENTS AND SCHOLARSHIPS WAS \$864,751.94.</p>

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization LEHIGH VALLEY HOSPITAL		Employer identification number 23-1689692

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

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	<p>THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL IN CALENDAR YEAR 2019: DEBORAH BREN, DO, TRUSTEE - \$18,487 TERRY CAPUANO, PRESIDENT, LVH/TRUSTEE - \$149,886 EDWARD DOUGHERTY, CHIEF BUSINESS DEVELOPMENT OFFICER - \$78,114 JAMES F. GEIGER, FORMER TRUSTEE - \$25,616 WILLIAM M. KENT, MHA, TRUSTEE - \$60,465 MICHAEL MINEAR, CHIEF INFORMATION OFFICER - \$74,919 ROBERT MURPHY, MD, CHIEF INTEGRATION OFFICER - \$101,386 BRIAN NESTER, DO, PRESIDENT/CEO, LVHN - \$308,971 DEBORAH SALAS-LOPEZ, MD, ASSOC. CHIEF MEDICAL OFFICER - \$96,589 THOMAS V. WHALEN, MD, MMM, ASSISTANT SECRETARY - \$139,326 THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY PHYSICIAN GROUP, A RELATED ORGANIZATION, IN CALENDAR YEAR 2019: JOSEPH E. PATRUNO, MD, TRUSTEE - \$19,606</p>

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE	(i)	378,808	70,875	-5,605	0	40,062	484,140	0
	(ii)	0	0	0	0	0	0	0
1DEBORAH BREN DO TRUSTEE	(i)	280,562	56,548	13,314	0	36,467	386,891	0
	(ii)	0	0	0	0	0	0	0
2TERRY CAPUANO PRESIDENT, LVH/TRUSTEE	(i)	728,717	274,625	163,070	0	32,386	1,198,798	0
	(ii)	0	0	0	0	0	0	0
3WILLIAM M KENT MHA TRUSTEE	(i)	558,906	133,496	58,332	0	28,862	779,596	0
	(ii)	0	0	0	0	0	0	0
4JOSEPH E PATRUNO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	332,266	11,629	10,468	0	42,431	396,794	0
5THOMAS MARCHOZZI TREASURER	(i)	641,346	262,144	-4,916	0	25,267	923,841	0
	(ii)	0	0	0	0	0	0	0
6MATTHEW SORRENTINO ESQ SECRETARY	(i)	262,164	0	12,645	0	18,157	292,966	0
	(ii)	343,580	160,669	12,503	0	12,092	528,844	0
7ROBERT THOMAS ASSISTANT TREASURER	(i)	268,875	100,192	-1,746	0	28,321	395,642	0
	(ii)	0	0	0	0	0	0	0
8THOMAS V WHALEN MD MMM ASSISTANT SECRETARY	(i)	703,042	287,556	154,959	0	34,494	1,180,051	0
	(ii)	0	0	0	0	0	0	0
9BRIAN A NESTER DO PRESIDENT/CEO, LVHN	(i)	1,211,539	693,000	316,595	0	40,062	2,261,196	0
	(ii)	0	0	0	0	0	0	0
10ROBERT MURPHY MD CHIEF INTEGRATION OFFICER	(i)	579,823	196,771	102,569	0	23,262	902,425	0
	(ii)	0	0	0	0	0	0	0
11DEBORAH SALAS-LOPEZ MD ASSOC. CHIEF MEDICAL OFFICER	(i)	412,338	191,236	99,145	0	16,991	719,710	0
	(ii)	0	0	0	0	0	0	0
12EDWARD DOUGHERTY CHIEF BUSINESS DEVELOPMENT OFFICER	(i)	449,238	135,267	86,773	0	36,467	707,745	0
	(ii)	0	0	0	0	0	0	0
13MICHAEL MINEAR MS CHIEF INFORMATION OFFICER	(i)	431,953	129,735	88,379	0	17,694	667,761	0
	(ii)	0	0	0	0	0	0	0
14JAMES F GEIGER FORMER TRUSTEE	(i)	16,883	141,156	25,706	0	1,392	185,137	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
23-1689692

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCB8	12-12-2012	154,924,763	CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 10/17/01, 5/21/03 ISSUES		X		X		X
B LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCF9	07-30-2015	72,969,788	CONSTRUCT, RENOVATE, EQUIP FACILITIES		X		X		X
C LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCX0	09-15-2016	152,250,999	REFUND 9/15/05, 6/4/08 ISSUES		X		X		X
D LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDW1	11-13-2019	385,174,237	CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 4/1/11, 2/15/12, 6/1/12 ISSUES		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	340,000				5,520,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	154,924,763		72,994,964		152,250,999		386,271,812	
4	Gross proceeds in reserve funds							22,576,388	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	74,558,690				150,509,413		100,005,000	
7	Issuance costs from proceeds	1,860,390		1,125,000		1,741,586		1,864,063	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	78,500,000		71,869,964				107,656,869	
11	Other spent proceeds	5,683						155,438	
12	Other unspent proceeds							154,014,054	
13	Year of substantial completion	2012		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X	X			X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
23-1689692

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDY7	11-13-2019	129,198,956	REFUND 4/1/11, 7/30/15 ISSUES		X		X		X

Part II

Proceeds

				A		B		C		D	
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue				129,198,956						
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows				128,700,000						
7	Issuance costs from proceeds				444,437						
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds										
11	Other spent proceeds				54,519						
12	Other unspent proceeds										
13	Year of substantial completion				2019						
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?				X						
16	Has the final allocation of proceeds been made?			X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X							

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN C YEE-TRUSTEE	PARTNER IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN/LVH/LVHH/HHWC	127,306	94 BROADHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE.		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,000	FAIR MARKET VALUE
5 Clothing and household goods	X		105,934	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	116	68,331	FAIR MARKET VALUE
20 Drugs and medical supplies	X	460	203,334	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS/ACTIVITIES)	X	116	149,147	FAIR MARKET VALUE
26 Other ▶ (SERVICES)	X	12	58,533	FAIR MARKET VALUE
27 Other ▶ (GIFT CARDS)	X	37	14,511	COST
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

174

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493132023571
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization LEHIGH VALLEY HOSPITAL		Employer identification number 23-1689692	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p>LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH OF LVHN AT LVH AND LVH-M) INTRODUCED IN MAY 2012, OFFERS THE MOST WIDE-RANGING, SPECIALIZED HEALTH CARE SERVICES FOR CHILDREN OF ANY FACILITY IN THE REGION. LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL HAS THE REGION'S ONLY CHILDREN'S EMERGENCY DEPARTMENT, LEVEL IV NICU, CHILDREN'S AMBULATORY SURGERY CENTER, AND CHILDREN'S CANCER AND INFUSION CENTER AT LVH-CEDAR CREST. WE ALSO HAVE THE REGION'S ONLY CHILD ADVOCACY CENTER AT LVH-17TH STREET, LVRCH OF LVHN IS THE REGION'S ONLY INSTITUTIONAL MEMBER OF THE CHILDREN'S HOSPITAL ASSOCIATION AND HAS THE ONLY PEDIATRIC RESIDENCY TRAINING PROGRAM. LVRCH ALSO HAS A LEVEL II NICU AND AN ADOLESCENT INPATIENT PSYCHIATRIC UNIT AT LVH-MUHLENBERG, WHICH ARE CONSIDERED PART OF OUR CHILDREN'S HOSPITAL. WE HAVE A PEDIATRIC SLEEP CENTER, AND A PEDIATRIC CYSTIC FIBROSIS CENTER. WE PROVIDE SERVICES TO CHILDREN WITH BLEEDING DISORDERS THROUGH THE LVH HEMOPHILIA TREATMENT CENTER. WE HAVE A SCHOOL-BASED CLINIC IN PARTNERSHIP WITH THE ALLENTOWN SCHOOL DISTRICT AT THE SHERIDAN SCHOOL, AND PROVIDE DENTAL CARE TO STUDENTS AT MULTIPLE SCHOOLS USING A MOBILE VAN. OUR CLINIC FOR CHILDREN WITH MEDICAL COMPLEXITY IS AT OUR CHILDREN'S CLINIC AT 17TH & CHEW. WE HAVE THE REGION'S ONLY CHILDREN'S EXPRESS CARE. IN FEBRUARY 2019 WE OPENED A NEW 30 BED INPATIENT PEDIATRIC UNIT AT THE CEDAR CREST SITE. IN FISCAL YEAR 2020 WE ADMITTED OVER 4,500 CHILDREN TO OUR CHILDREN'S HOSPITAL AND SAW AROUND 20,000 IN OUR CHILDREN'S ER. THE REILLY CHILDREN'S HOSPITAL AFFILIATED PROFESSIONALS AND STAFF ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN IN THE REGION. WE ARE ACTIVE MEMBERS OF CHILDREN'S HOSPITALS' SOLUTIONS FOR PATIENT SAFETY, A NATIONAL ORGANIZATION OF OVER 130 CHILDREN'S HOSPITALS, WHICH PROMOTES PATIENT SAFETY THROUGH SHARING OF OUTCOMES AND PROCESS METRICS, AND COLLABORATIVE INNOVATION. WE HAVE DEVELOPED OVER 20 CLINICAL PATHWAYS, WHICH DRIVE HIGH-QUALITY, EFFICIENT CARE. OUR MOST INNOVATIVE CLINICAL PATHWAY IS OUR AMBULATORY PEDIATRIC OBESITY PATHWAY. THE LVRCH FAMILY ADVISORY COUNCIL CONTINUES TO ASSIST US IN SHAPING FAMILY-CENTERED PROGRAMS, PROCESSES AND PLACES. LVRCH OF LVHN PROVIDES SPECIALIZED PEDIATRIC TRAUMA AND BURN CARE, PEDIATRIC CANCER CARE AND EXPERT INPATIENT CARE IN THE PEDIATRIC AND NEONATAL INTENSIVE CARE UNITS AND ON THE PEDIATRIC UNIT. LVHN'S BOARD-CERTIFIED PHYSICIANS PROVIDE CHILDREN'S CARE IN GREATER THAN 30 PEDIATRIC SPECIALTIES INCLUDING PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PEDIATRIC ENT, PEDIATRIC PLASTIC SURGERY, PEDIATRIC ANESTHESIA, PEDIATRIC RADIOLOGY, PEDIATRIC HEMATOLOGY-ONCOLOGY, PEDIATRIC PULMONOLOGY, PEDIATRIC NEUROLOGY, PEDIATRIC ENDOCRINOLOGY, PEDIATRIC INFECTIOUS DISEASE, PEDIATRIC RHEUMATOLOGY, PEDIATRIC GASTROENTEROLOGY, PEDIATRIC HOSPITAL MEDICINE, DEVELOPMENTAL PEDIATRICS, CHILD PROTECTION MEDICINE, AND CHILD AND ADOLESCENT PSYCHIATRY. LVRCH CHILD PROTECTION TEAM EVALUATES CHILDREN WHO MAY HAVE BEEN ABUSED OR NEGLECTED. THIS TEAM INCLUDES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p> UDES A BOARD-CERTIFIED CHILD ABUSE SPECIALIST. THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL IN PARTNERSHIP WITH THE POOL TRUST CREATED A PROGRAM CALLED THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT (ACHIP), WHICH IS A COMMUNITY-BASED NEEDS ASSESSMENT, RESOURCE CONNECTION, AND FAMILY EMPOWERMENT SERVICES FOR FAMILIES WITH WOMEN WHO ARE PREGNANT AND/OR CHILDREN UNDER 5 YEARS OLD. LVHCH OF LVHN PROVIDES AND SUPPORTS EDUCATIONAL SERVICES. OUR WELLER EDUCATION SERVICES PROVIDE HIGHLY REGARDED PROGRAMS ADMINISTERED BY PROFESSIONAL EDUCATOR IN SCHOOLS ACROSS THE REGION. LVHN PROMOTES SAFETY AND HEALTHY LIVING IN VARIOUS FORMS THROUGHOUT THE YEAR. THE MOST NOTABLE IS OUR COMMUNITY CANVAS PROGRAM, WHICH IN PARTNERSHIP WITH THE KELLYN FOUNDATION PROVIDES PROGRAMS IN ELEMENTARY SCHOOLS THAT PROMOTE GOOD NUTRITION AND HEALTHY LIVING. IMAGING SERVICES THE RADIOLOGY DEPARTMENT PROVIDES A VARIETY OF DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR PATIENTS OF ALL AGES, 24 HOURS A DAY, SEVEN DAYS PER WEEK. RADIOLOGY SERVICES INCLUDE THE PROVISION OF EMERGENT, ACUTE, PREVENTATIVE, CONSULTATIVE, DIAGNOSTIC AND THERAPEUTIC IMAGING TO PATIENTS IN THE EMERGENCY, SURGICAL, INPATIENT AND OUTPATIENT SETTINGS OF LVHN. THE DEPARTMENT PERFORMS AN AVERAGE OF 1,174 PROCEDURES PER DAY. OUTPATIENTS ACCOUNT FOR 75% OF THESE EXAMINATIONS, WHILE INPATIENTS ACCOUNT FOR THE REMAINING 25%. SERVICES ARE PROVIDED AT MULTIPLE SITES: AT LVH-CEDAR CREST THE FOLLOWING SERVICES ARE OFFERED: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY AND NEURORADIOLOGY. IMAGE MANAGEMENT SERVICES, MAGNETIC RESONANCE IMAGING (MRI), DEXA, AND PET-CT SERVICES ARE PROVIDED THROUGH AN AFFILIATED PARTNER. AT LVH-17TH STREET, THE FOLLOWING SERVICES ARE OFFERED: DIAGNOSTIC IMAGING, COMPUTERIZED TOMOGRAPHY, ULTRASOUND, VASCULAR LAB, AND IMAGE MANAGEMENT SERVICES. SERVICES AT LVH-M INCLUDE: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY, SPECT-CT, AND MOBILE PET-CT, AS WELL AS IMAGE MANAGEMENT SERVICES. MAGNETIC RESONANCE IMAGING (MRI) SERVICES ARE PROVIDED AT LVH-MUHLENBERG FOR BOTH INPATIENT AND OUTPATIENT THROUGH AN AFFILIATED PARTNER. THE LVH-TILGHMAN CAMPUS OFFERS DIAGNOSTIC IMAGING SERVICES FOR THE EXPRESS CARE AND ORTHOPEDIC SURGICAL DIVISION. LIMITED ULTRASOUND/VASCULAR IMAGING IS ALSO PROVIDED FOR INPATIENTS. AT THE LVHN HEALTH CENTER LOCATIONS, THE DEPARTMENT OFFERS DIAGNOSTIC IMAGING AND ULTRASOUND AT THE HEALTH CENTER AT BETHLEHEM TOWNSHIP, HEALTH CENTER AT RICHLAND TOWNSHIP, HEALTH CENTER AT FOGELSVILLE, HEALTH CENTER AT HAMBURG (DIAGNOSTIC ONLY), HEALTH CENTER AT MOSELEM SPRINGS, AND THE HEALTH CENTER AT TREXLETTOWN. THE HEALTH CENTER AT BATH OFFERS DEXA, DIAGNOSTIC IMAGING, ULTRASOUND SERVICES AND PHLEBOTOMY. THE HEALTH CENTER AT BANGOR OFFERS DEXA, DIAGNOSTIC IMAGING, AND ULTRASOUND SERVICES. IMAGING SERVICES AT CETRONIA ROAD OFFERS COMPUTERIZED TOMOGRAPHY, DEXA, DIAG </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p>NOSTIC IMAGING, MRI, AND ULTRASOUND SERVICES. WE INCREASED ACCESS WITH THREE NEW OUTPATIENT IMAGING SITES. LVHN IMAGING AND BREAST HEALTH SERVICES AT LEHIGHTON OFFERS DIAGNOSTIC IMAGING AND ULTRASOUND SERVICES. IMAGING SERVICES AT 1101 CEDAR CREST AND IMAGING SERVICES AT AIRPORT ROAD OFFER DIAGNOSTIC IMAGING. PHARMACY SERVICES HEALTH SPECTRUM PHARMACY SERVICES OFFERS A RANGE OF PHARMACY SERVICES IN THREE CONVENIENT, PATIENT FOCUS LOCATIONS: ONE AT THE CEDAR CREST SITE, ONE AT THE 17TH & CHEW SITE, AND ONE AT LVH-MUHLENBERG. OUR SPECIALTY PHARMACY AND HOME INFUSION PHARMACY, LOCATED AT 2024 LEHIGH STREET, PROVIDED HOME INFUSION AND SPECIALTY PHARMACY SERVICES TO RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA. PHARMACY SERVICES INCLUDE PRESCRIPTIONS, COMPOUNDING, SPECIALTY MEDICATIONS, VACCINATIONS, OVER-THE-COUNTER, HERBAL/ALTERNATIVE MEDICATIONS, PERSONAL CARE PRODUCTS, FIRST AID, WOUND CARE, OSTOMY, KNEE BRACES, ORTHOTICS, VASCULAR GARMENTS, POST-MASTECTOMY, BREAST PROSTHESES, DIABETIC SUPPLIES, AND HOME INFUSION. THE RETAIL PHARMACIES ARE ACCREDITED BY THE BOARD OF CERTIFICATION/ACCREDITATION INTERNATIONAL, THE SPECIALTY PHARMACY IS ACCREDITED BY URAC AND THE HOME INFUSION PHARMACY IS ACCREDITED BY COMMUNITY HEALTH ACCREDITATION PROGRAM. THE RETAIL PHARMACIES ARE EQUIPPED WITH WORKFLOW, COUNTING CELL, AND BAR CODE SCANNING TECHNOLOGY. PILLS IN A POUCH COMPLIANCE PACKAGING, BEDSIDE DELIVERY, AND CONVENIENT SHIPPING ARE ALSO OFFERED. IN FISCAL YEAR 2020, 391,847 PRESCRIPTIONS WERE FILLED, AND 4,573 INFUSION PATIENTS WERE SERVICED. THE LEHIGH VALLEY HEALTH NETWORK INPATIENT PHARMACY SERVICES ARE NATIONALLY RECOGNIZED FOR EFFORTS IN MEDICATIONS SAFETY AND ADVANCES IN TECHNOLOGY. THE DEPARTMENT UTILIZES ADVANCED MEDICATION SAFETY TECHNOLOGIES INCLUDING CPOE, BEDSIDE BARCODING MEDICATION VERIFICATION, TWO MEDICATION DISPENSING ROBOTS, AND AUTOMATED DISPENSING CABINETS. THE STAFF HAS BOARD CERTIFIED CLINICAL PHARMACY SPECIALISTS IN THE AREAS OF ONCOLOGY, TRAUMA, BURN, PEDIATRICS, CARDIOLOGY, AND GENERAL MEDICINE AND USES A UNIT BASED MODEL TO PROVIDE PHARMACY SERVICES AT THE POINT OF CARE. GUIDED BY THE QUADRUPLE AIM, PHARMACY SERVICES CONTINUES TO INNOVATE, PROVIDING THE HIGHEST LEVEL OF CARE TO OUR PATIENTS THROUGH OUTSTANDING CLINICAL SERVICES, AND A DISTRIBUTION MODEL THAT PROVIDES SAFETY AND EFFICIENCIES LIKE NO OTHER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p>COMMUNITY PRACTICES LVHN COMMUNITY PRACTICES PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL MEMBERS OF THE COMMUNITY, WITH THE MAJORITY OF PATIENTS EITHER QUALIFYING FOR MEDICAID OR HAVING NO INSURANCE. PATIENTS HAVE ACCESS TO PRIMARY CARE DOCTORS AND A FULL RANGE OF SPECIALISTS, AS WELL AS ACCESS TO BILINGUAL AND BICULTURAL CAREGIVERS. THE COMMUNITY PRACTICES SEE OVER 150,000 PATIENT VISITS EACH YEAR, WITH THE MAJORITY OF THE POPULATION SERVED BEING OF LATINO DESCENT. THE FOLLOWING SERVICES ARE OFFERED AT THE 17TH & CHEW SITE: COMPREHENSIVE HEALTH SERVICES: SERVING PATIENTS INFECTED OR AFFECTED BY HIV. LVPG GERIATRICS: SPECIALIZED GERIATRIC CARE AS A CONSULTATIVE SERVICE AND SKILLED NURSING FACILITY PRIMARY CARE PROVIDER. THE FLEMING MEMORY CENTER WHICH PROVIDES SUPPORT AND GUIDANCE TO PATIENTS AND FAMILIES AFFECTED BY MEMORY LOSS. CENTER FOR WOMEN'S MEDICINE: COMPREHENSIVE HEALTH CARE FOR WOMEN, IN ADDITION TO A RESIDENCY TEACHING PROGRAM, WHICH FOCUSES ON IMPROVED OUTCOMES FOR WOMEN WITH ROUTINE AND COMPLICATED OB/GYN CONCERNS. CENTRO DE SALUD: BI-LINGUAL/BI-CULTURAL INTERNAL MEDICINE CARE FOR LATINO FAMILIES. CHILDREN'S CLINIC: PRIMARY CARE FOR NEWBORNS THROUGH YOUNG ADULTS, INCLUDING A PEDIATRIC RESIDENCY PROGRAM. CHILD PROTECTIVE SERVICES: CONSULTS PROVIDED INPATIENT AND OUTPATIENT BY A CHILD ABUSE PEDIATRICIAN, LICENSED SOCIAL WORKER AND CRNP, IN COLLABORATION WITH LOCAL COUNTY AGENCIES. DENTAL CLINIC: FULL DENTAL CARE PROVIDED TO CHILDREN AND ADULTS IN THE HOSPITAL SETTING AND MOBILE UNIT, IN ADDITION TO A DENTAL RESIDENCY PROGRAM. HEPATITIS CARE CENTER: SPECIALTY PRACTICE FOCUSED ON VIRAL HEPATITIS. FAMILY HEALTH CENTER: PRIMARY MEDICAL CARE FOR EVERY FAMILY MEMBER IN ADDITION TO A FAMILY MEDICINE RESIDENCY TEACHING PROGRAM. LEHIGH VALLEY PHYSICIANS PRACTICE: INTERNAL MEDICINE PRIMARY/MEDICAL SUBSPECIALTY AND GENERAL SURGICAL/SUBSPECIALTY CARE FOR ADULTS IN ADDITION TO BOTH AN INTERNAL MEDICINE RESIDENCY TEACHING PROGRAM AS WELL AS SURGICAL RESIDENCY TEACHING PROGRAM. MARK J. YOUNG COMMUNITY HEALTH AND WELLNESS CENTER: TEACHING PATIENTS' SELF-MANAGEMENT FOR CHRONIC DISEASES SUCH AS DIABETES AND OBESITY. OFFERING A CENTRALIZED LOCATION FOR PATIENTS TO ACCESS RESOURCES THAT PROVIDE SOCIAL SUPPORT: FINANCIAL COUNSELORS, SOCIAL WORKERS, BEHAVIORAL HEALTH SPECIALIST, CARE MANAGERS AND LEGAL SUPPORT. POPULATION HEALTH COMMUNITY CARE TEAMS IN 2014, LVHN ADOPTED A VISION STATEMENT, 'TO BECOME AN INNOVATIVE LEADER IN POPULATION HEALTH (PH) MANAGEMENT.' SINCE THEN, WE'VE BEEN BUILDING OUR CAPACITY AND COMPETENCIES SO THAT WE CAN ACCOMPLISH THIS. WE DEFINE POPULATION HEALTH AS 'THE HEALTH AND HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS, INCLUDING HOW THOSE OUTCOMES ARE DISTRIBUTED ACROSS THE GROUP.' PH HAS GAINED SIGNIFICANT TRACTION IN OUR ORGANIZATION OVER THE LAST FEW YEARS, EVEN THOUGH CURRENTLY LESS THAN 10% OF OUR PAYMENT COMES THROUGH VALUE ARRANGEMENTS. NONETHELESS, WE HAVE DONE THE GROUNDWORK FOR THE EVENTUALITY THAT THE NATION'S FINANCING MODE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):</p>	<p>L WILL NEED TO CHANGE TO SUPPORT THE EXECUTION OF A VALUE-DRIVEN, POPULATION HEALTH-BASED DELIVERY SYSTEM. IT IS WITH THIS IN MIND WE HAVE BEGUN TO CREATE A CULTURE OF - DELIVER THE RIGHT INTERVENTION FOR A SPECIFIC PATIENT IN THE LEAST COSTLY POINT IN THE CARE CONTINUUM. AND CREATE VALUE FOR PATIENTS AND OUR PAYERS SO THAT WE ARE RECOGNIZED AND REIMBURSED FOR THAT KIND OF CARE. PH HAS RESOURCES THAT WE DEPLOY TO EXECUTE ON OUR GOALS. THE FOLLOWING IS AN OVERVIEW OF THE WORK THESE RESOURCES COMPLETED IN FY20: COMMUNITY CARE TEAMS (CCT): CCT(S) WORK WITH HIGH-RISK PATIENTS BASED ON PREDETERMINED RISK STRATIFICATION, PAYER ARRANGEMENT AND PROVIDER CLINICAL JUDGMENT. CCT(S) HAVE A CARE MANAGER, A PHARMACIST, A BEHAVIORAL HEALTH SPECIALIST, A SOCIAL WORKER, COMMUNITY HEALTH WORKERS, AND/OR MEDICATION ASSISTANCE COORDINATORS. THEY COLLABORATE WITH LVPG AND MATLAV PRIMARY CARE AND SPECIALTY PRACTICES TO FACILITATE THE MANAGEMENT OF THE MOST COMPLEX PATIENTS (THESE ARE THE TOP 5% HIGH-RISK LVHN PATIENTS. CCT(S) COVER 50 PRIMARY CARE PRACTICES AND SPECIALTY PRACTICES ACROSS FIVE COUNTIES. NURSE DRIVEN PROTOCOLS AND SPECIALTY REFERRALS ALLOW FOR SEAMLESS COLLABORATION WITH OACIS, HOME CARE, REMOTE PATIENT MONITORING, AND OTHER LVHN NETWORK SERVICES. IN FY20, CCT(S) TOUCHED OVER 21,000 UNIQUE PATIENTS AND OVER 103,000 TOTAL PATIENT CONTACTS BY PHONE, PORTAL COMMUNICATION, OR FACE TO FACE VISITS. IN ADDITION TO WORKING TO HELP PATIENTS GAIN INSURANCE, FOOD, SHELTER AND TRANSPORTATION, IN FY20 CCT(S) FACILITATED OVER \$5.3 MILLION DOLLARS IN FREE PRESCRIPTION MEDICATIONS. SECURING THESE MEDICATIONS REDUCES AMBULATORY CARE SENSITIVE ADMISSIONS AND UNNECESSARY EMERGENCY DEPARTMENT VISITS. OVER THE LAST SIX FISCAL YEARS, THIS PROGRAM HAS SECURED OVER \$20 MILLION DOLLARS IN FREE AND DISCOUNTED PATIENTS FOR LVHN PATIENTS. RESPONSE TO COVID-19: IN MARCH 2020, MEMBERS OF THE COMMUNITY CARE TEAMS (CCTS) WE DEPLOYED TO ASSIST THE NETWORK AND COMMUNITY IN A VARIETY OF WAYS. CCTS SUPPORTED: THE LVHN 24/7 RN COVID-19 COMMUNITY HOTLINE, COVID-19 RESULT NOTIFICATION CALLS, CONVALESCENT PLASMA DONATION CALLS, PROVIDED SUPPORT FOR PATIENTS AND FAMILIES WITH PSYCHOSOCIAL NEEDS RELATED TO THE PANDEMIC, AND COLLABORATED WITH LOCAL AND STATE HEALTH DEPARTMENTS ON CASE INVESTIGATION AND CONTACT TRACING. SINCE MARCH 2020, OVER 10,000 PRIMARY AND SECONDARY CONTACTS HAVE BEEN TRACED BY CCT COLLEAGUES. CARE TRANSITIONS AND NAVIGATIONS: THE CARE TRANSITIONS AND NAVIGATIONS TEAM CONSISTS OF A CENTRALIZED TRANSITION OF CARE (TOC) CALL CENTER AND A CARE NAVIGATION TEAM. THE CENTRALIZED TOC CALL CENTER CALLED 22,595 PATIENTS DISCHARGED FROM AN LVHN INPATIENT, OBSERVATION, OR INPATIENT REHABILITATION UNIT IN FY20 THAT ARE ATTRIBUTED TO OUR LVPG PRIMARY CARE PRACTICES. THESE NUMBERS REPRESENT THE CALLS MADE FOR DISCHARGES FROM LVH-CC, LVH-M, LVH-17, LVH-TL, LVH-S, LVH-P, AND LVH-H. THIS DEPARTMENT FUNCTIONS 7 DAYS/WEEK COVERING ALL OWNED (LVPG) PRIMARY CARE PRACTICES. CALL COMPLIANCE WITHIN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p>2 BUSINESS DAYS AVERAGES 93%. IN FY2020, THE CENTRALIZED TOC TEAM BEGAN PARTNERING WITH CERTAIN LVPG PRACTICES TO ASSIST IN CLOSING CARE GAPS. THE CARE GAP WORK WAS PRIMARILY FOCUSED ON DIABETIC EYE EXAMS, DIABETIC FOOT EXAMS, HBA1C TEST COMPLETION, COLORECTAL CANCER SCREENING, AND BREAST CANCER SCREENING WITH 2,775 OUTREACH CALLS. IN ADDITION, THE TEAM SUPPORTED DR. BRIAN STELLO WITH FIT KIT MAILERS FOR COLORECTAL CANCER SCREENINGS WITH 1,138 MAILERS DISTRIBUTED TO THE PATIENTS OF LVPG-FM WHITEHALL, LVPG-FM SOUTHSIDE, LVPG-FM STROUDSBURG, AND LVPG-FM TOBYHANNA. THE CARE NAVIGATION TEAM CONSISTS OF RN CARE NAVIGATORS AND PRE-ENGAGEMENT SPECIALISTS. TOC AND 90-DAYS OF CARE NAVIGATION SERVICES ARE PROVIDED TO THOSE PATIENTS DISCHARGED AFTER A HOSPITAL STAY FOR CERTAIN HIGH-RISK CONDITIONS AND/OR PROCEDURES. THESE SERVICES CURRENTLY COVER CONDITIONS IN THE FOLLOWING SPECIALTIES: CARDIAC (A MI, CABG, HF, CARDIAC ARRHYTHMIA), INFECTIOUS DISEASE (SEPSIS, PNEUMONIA, DISCHARGED WITH IV ANTIBIOTICS), ORTHOPEDICS (MAJOR JOINT REPLACEMENT, HIP/FEMUR), PULMONARY (COPD, BRONCHITIS, ASTHMA), GASTROINTESTINAL (MAJOR BOWEL PROCEDURE, GI HEMORRHAGE), AND GENITOURINARY (RENAL FAILURE, UTI). COVERAGE DEPENDS ON SITE OF HOSPITAL LOCATION AND IS BASED ON PARTICIPATION IN VARIOUS VALUE-BASED CONTRACTS. THE SAME SERVICES ARE ALSO PROVIDED FOR ALL HIGH-RISK PEDIATRIC PATIENTS, WHICH INCLUDES THOSE PEDIATRIC PATIENTS ADMITTED FOR DIABETES, ASTHMA, SICKLE CELL ANEMIA, SEIZURE DISORDERS, VPG SHUNTS, SUSPECTED ABUSE/NEGLECT, OR THAT HAVE HAD A NICU OR PICU STAY. CERTAIN ELECTIVE SURGICAL CASES FOR CABG AND MAJOR JOINT REPLACEMENT, RECEIVE PRE-SCREEN PHONE CALLS ONE WEEK PRIOR TO ADMISSION TO BEGIN DISCHARGE PLANNING. WITHIN THIS MODEL, THERE IS CLOSE COLLABORATION WITH HOSPITAL MEDICINE, INPATIENT CARE MANAGEMENT, OUTPATIENT PRIMARY AND SPECIALTY CARE OFFICES, AND LVHN ACCESS CENTER TEAM IN ORDER TO ENSURE CONTINUITY OF CARE POST-DISCHARGE FOR THESE PATIENTS. IN FY2020, THIS TEAM WAS RESPONSIBLE FOR CALLING 3,159 PEDIATRIC, 602 NICU, AND 6,065 PATIENTS FOR ALL OTHER CONDITIONS LISTED ABOVE POST-DISCHARGE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p>RESPONSE TO COVID-19: DUE TO RISING COVID-19 CASES IN PENNSYLVANIA AND THE LOCAL COMMUNITY, MEMBERS OF THE CARE TRANSITIONS AND NAVIGATIONS TEAMS WERE DEPLOYED IN MARCH 2020 TO SUPPORT THE LVHN 24/7 RN COVID-19 HOTLINE. THE NURSES RESPONDED TO COMMUNITY CALLS, OFFERED SUPPORTIVE CARE, FACILITATED TESTING, AND PROVIDED EDUCATION REGARDING HYGIENE, SUSCEPTIBILITY, PREVENTION, RESOURCES AND HOME CARE OF THE COVID-19 PATIENT. OVER THE NEXT FEW MONTHS, THE TEAM CONTINUED SUPPORTING THE 24/7 RN COVID-19 HOTLINE AND ADDITIONAL WORK, INCLUDING NOTIFYING PATIENTS OF POSITIVE RESULTS. THESE CALLS INCLUDED NOTIFICATION OF RESULTS WITH TEACHING AND GUIDANCE ON NEXT STEPS FOR PATIENTS. SEVERAL RNS PIVOTED TO SUPPORT THE STREET MEDICINE PROGRAM WORKING WITH HOMELESS COVID POSITIVE PATIENTS. PATIENTS WERE SET UP IN A LOCAL HOTEL BEING USED FOR QUARANTINE PURPOSES. THE RN'S PLACED CALLS TWICE A DAY (INCLUDING WEEKENDS) FOR SYMPTOM MONITORING AND EDUCATION. IN ADDITION, THEY FACILITATED REMOTE PATIENT MONITORING (RPM) EQUIPMENT ORDER AND DELIVERY TO THE HOTEL. SOCIAL WORKERS AND BEHAVIORAL HEALTH SPECIALISTS WERE AVAILABLE TO PROVIDE ADJUNCT SUPPORT FOR ANY PSYCHOSOCIAL NEEDS, AS IDENTIFIED. IN RESPONSE TO COVID-19, THE TEAM BEGAN PLACING CALLS TO ALL PATIENTS WITH COVID-19 THAT WERE DISCHARGED FROM THE HOSPITAL (INCLUSIVE OF THE ED), IN ADDITION TO THEIR REGULAR TOC OUTREACH COVERAGE. THE PURPOSE OF THESE TOC CALLS IS TO PROVIDE EDUCATION AND SUPPORT TO PATIENTS, REGARDLESS OF PRIMARY CARE ATTRIBUTION. THE TEAM SCHEDULED PATIENTS WITH THEIR PROVIDER, AND FOR THOSE PATIENTS THAT DID NOT HAVE A PROVIDER OR COULD NOT BE SEEN TIMELY POST DISCHARGE, THEY WERE OFFERED TO BE SEEN BY A VIRTUAL TOC COVID CLINIC PROVIDER. A REFERRAL TO REMOTE PATIENT MONITORING (RPM) WAS ALSO OFFERED, IF ELIGIBLE, TO ENSURE PATIENTS RECEIVED EXTRA SYMPTOM MONITORING AT HOME. AS AN EXTRA LAYER OF SAFETY, COVID POSITIVE PATIENTS AND HIGH-RISK PATIENTS RECEIVED WEEKLY FOLLOW-UP CALLS UNTIL THEIR SYMPTOMS WERE RESOLVED, OR EXTRA SUPPORT WAS NO LONGER NEEDED. THE INPATIENT CARE MANAGEMENT DEPARTMENT AT CEDAR CREST AND MUHLENBERG PROVIDED NEARLY \$155 THOUSAND DOLLARS IN CHARITY CARE. THE CHARITY CARE INCLUDED TRANSPORTATION, DURABLE MEDICAL EQUIPMENT (DME); AND MEDICATIONS. IN SUMMARY, THE EXPENSES ARE DIVIDED IN THE FOLLOWING CATEGORIES: TRANSPORTATION: \$132,882.33 SPENT ON AMBULANCE, TAXI VOUCHERS, BUS PASSES, AND WHEELCHAIR VANS. DME/MEDICAL DEVICES: \$21,984.02 SPENT ON OXYGEN, ZOLL LIFE VESTS AND OTHER ITEMS SUCH AS WALERS, CPAP ETC. THIS ALSO INCLUDES THE GRANT FUNDED LIFELINE MEMBERSHIP FOR CARDIAC PATIENTS. THESE EXPENDITURES CONTRIBUTED TO EFFECTIVE DISCHARGE PLANNING BY SAFELY ENSURING PATIENTS HAD THEIR NEEDED EQUIPMENT. MAGNET STATUS FOR NURSING EXCELLENCE IN AUGUST 2002, THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) GRANTED MAGNET DESIGNATION TO LVH AND LVH-MUHLENBERG, THE FIRST FULL-SERVICE HOSPITALS IN PENNSYLVANIA TO RECEIVE THE RECOGNITION. DEVELOPED BY THE ANCC IN 1994, THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	<p>MAGNET DESIGNATION IS THE AMERICAN NURSES ASSOCIATION'S HIGHEST HONOR FOR EXCELLENCE IN NURSING AND RECOGNIZES BOTH HOSPITALS AS NATIONAL LEADERS IN NURSING EDUCATION, RESEARCH, PATIENT SATISFACTION, EVIDENCED-BASED CARE, IMPROVED PATIENT OUTCOMES, JOB RETENTION AND THE CENTRAL ROLE OF NURSING IN THE ORGANIZATION. HEALTH CARE ORGANIZATIONS MUST REAPPLY FOR MAGNET RECOGNITION EVERY FOUR YEARS. AN ORGANIZATION REAPPLYING FOR MAGNET RECOGNITION MUST PROVIDE DOCUMENTED EVIDENCE TO DEMONSTRATE HOW STAFF MEMBERS SUSTAINED AND IMPROVED MAGNET CONCEPTS, PERFORMANCE AND QUALITY OVER THE FOUR-YEAR PERIOD SINCE THE ORGANIZATION RECEIVED ITS MOST RECENT RECOGNITION. ADDITIONALLY, REDESIGNATING ORGANIZATIONS MUST UNDERGO A SITE VISIT BY A TEAM OF MAGNET APPRAISERS WHO SPEND TIME INTERACTING WITH NURSES AND OTHER COLLEAGUES TO VALIDATE, VERIFY AND AMPLIFY COMPLIANCE AND ENCULTURATION OF KEY MAGNET MODEL COMPONENTS WHICH INCLUDE TRANSFORMATIONAL LEADERSHIP; STRUCTURAL EMPOWERMENT; EXEMPLARY PROFESSIONAL PRACTICE; AND NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS. IN 2006, 2011, AND 2016, LVH WAS REDESIGNATED AS MAGNET HOSPITAL, CONTINUING TO DEMONSTRATE THE REQUIRED EVIDENCE OF A PRACTICE ENVIRONMENT IN WHICH PROFESSIONAL NURSES AND INTERDISCIPLINARY COLLEAGUES LEAD THE REFORMATION OF HEALTH CARE AND THE CARE OF THE PATIENT, FAMILY, AND COMMUNITY. IN FEBRUARY 2020, LVH SUBMITTED OUR MAGNET EVIDENCE TO SUPPORT THE QUEST FOR A FIFTH MAGNET DESIGNATION. THE ANCC HAS NOTIFIED US THAT LVH HAS EARNED A 4-DAY VIRTUAL SITE VISIT WHICH WILL TAKE PLACE JULY 20-23, 2020. THE FINDINGS FROM THIS VISIT WILL BE SHARED BY THE APPRAISAL TEAM AND SUBMITTED TO THE COMMISSION ON MAGNET RECOGNITION WHO WILL MAKE THE FINAL DETERMINATION ON OUR MAGNET REDESIGNATION STATUS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE CORPORATE MEMBER IS LEHIGH VALLEY HEALTH NETWORK, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S SOLE CORPORATE MEMBER, LEHIGH VALLEY HEALTH NETWORK, INC., HAS THE POWER TO ELECT, APPOINT, APPROVE, OR REJECT MEMBER'S OF THE ORGANIZATION'S GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S SOLE CORPORATE MEMBER, LEHIGH VALLEY HEALTH NETWORK, INC., HAS THE POWER TO APPROVE OR REJECT CERTAIN MAJOR OPERATING DECISIONS MADE BY THE ORGAZINATION'S GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PROCESS TO REVIEW THE 990'S INCLUDES: DRAFT 1 OF THE RETURNS IS REVIEWED IN DETAIL WITH A FOCUS ON ACCURACY, COMPLETENESS, AND PERSPECTIVE BY THE LVHN VICE-PRESIDENT, FINANCE AND CONTROLLER AND THE LVHN CORPORATE LEGAL COUNSEL. DRAFT 2 OF THE RETURNS IS REVIEWED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER. ALL COMPENSATION DISCLOSURES ARE REVIEWED BY THE DIRECTOR, COMPENSATION - HUMAN RESOURCES. DRAFT 3 OF THE RETURNS IS REVIEWED TOGETHER WITH THE PRESIDENT & CEO, THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER, THE VICE-PRESIDENT, FINANCE AND CONTROLLER AND THE DIRECTOR, TAX. FINAL RETURNS ARE REVIEWED WITH THE LVHN BOARD LEADERSHIP GROUP (THE BOARD CHAIR AND THREE VICE CHAIRS). COPIES OF ALL 990'S ARE PROVIDED TO THE FULL BOARD PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>IN JANUARY 2016, LVHN IMPLEMENTED AN ELECTRONIC TOOL DESIGNED TO SEND NOTIFICATIONS AND TRACK DISCLOSURES REPORTED ON CONFLICT OF INTEREST QUESTIONNAIRES. THE NETWORK ALSO EXPANDED THE SCOPE OF THE CONFLICT OF INTEREST OR COMMITMENT POLICY, SUCH THAT ADDITIONAL COLLEAGUES ARE NOW REQUIRED TO COMPLETE A QUESTIONNAIRE EACH YEAR. PRIOR TO JANUARY, THE VP, INTERNAL AUDIT AND COMPLIANCE SERVICES ISSUED A NOTICE TO BOARD MEMBERS AND MEMBERS OF THE SENIOR MANAGEMENT COUNCIL WHEN IT WAS TIME FOR THEM TO SUBMIT THEIR CONFLICT OF INTEREST QUESTIONNAIRES. THE VP ALSO INSTRUCTED MEMBERS OF THE SENIOR MANAGEMENT COUNCIL TO IDENTIFY AND REQUEST COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES FROM INDIVIDUALS WHO HAD POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE HER WITH THE IDENTITY OF THOSE INDIVIDUALS. COMPLIANCE SERVICES TRACKED COMPLETION OF THE QUESTIONNAIRES. ALL PHYSICIANS ON LVHN'S MEDICAL STAFF ARE ALSO REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. MEDICAL STAFF SERVICES MONITORS THIS PROCESS TO ENSURE THAT ALL PHYSICIANS COMPLY. POTENTIAL CONFLICTS ARE MANAGED BY THE LVHN CONFLICT OF INTEREST COMMITTEE AND/OR BY THE BOARD OF TRUSTEES, DEPENDING ON WHOSE INTEREST(S) POSE THE CONFLICT AND THE NATURE OF THE CONFLICT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>LEHIGH VALLEY HEALTH NETWORK 2020 EXECUTIVE COMPENSATION REVIEW IN COMPLIANCE WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCESS OUTLINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE); SULLIVAN COTTER AND ASSOCIATES, INC. (SULLIVAN COTTER) QUALIFIES AS AN INDEPENDENT EXECUTIVE COMPENSATION EXPERT, SPECIALIZING IN THE HEALTH CARE INDUSTRY. SULLIVAN COTTER PROVIDES ADVICE TO THE LEHIGH VALLEY HEALTH NETWORK EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES TO SUPPORT ITS ATTAINMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS. THEY ALSO SUPPORT THE COMMITTEE IN ENSURING THAT THE LVHN EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE AND ALIGNED WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY. CHIEF EXECUTIVE OFFICER TOTAL COMPENSATION REVIEW: PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (BASE SALARY, INCENTIVE, BENEFITS, AND PERQUISITES) FOR LVHN'S PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) IN RELATION TO CEO MARKET DATA OBTAINED FOR A DEFINED PEER GROUP OF COMPARABLE HEALTH SYSTEMS. THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR THE PRESIDENT AND CEO AS WELL AS AN ANALYSIS OF FORM 990 COMPENSATION DATA. THEY ASSESS THE ALIGNMENT OF THE PRESIDENT AND CEO'S COMPENSATION WITH LVHN'S COMPENSATION PHILOSOPHY AND NOTE THE IMPLICATIONS OF THE REVIEW. SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT PROVIDES A REASONABLENESS OPINION FOR THE INTERMEDIATE SANCTIONS COMPLIANCE. THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 23, 2019 EXECUTIVE COMPENSATION COMMITTEE MEETING. CEO COUNCIL EXECUTIVE TOTAL COMPENSATION REVIEW: PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL EXECUTIVES (APPROXIMATELY 12 TOTAL POSITIONS) IN RELATION TO COMPARABLE POSITIONS IN PEER ORGANIZATIONS. THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR EACH INDIVIDUAL. SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT ALSO PROVIDES AN OPINION OF REASONABLENESS FOR INTERMEDIATE SANCTIONS COMPLIANCE. THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 23, 2019 EXECUTIVE COMPENSATION COMMITTEE MEETING. SUMMARY OF METHODOLOGY TO CONDUCT THIS ANALYSIS, SULLIVAN COTTER: COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE, AS WELL AS EACH POSITION'S DUTIES. COMPILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COMMITTEE DURING ITS SEPTEMBER 17, 2019 MEETING: THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF (1) A PEER GROUP OF 27 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST REGION (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.7 BILLION AND \$6.3 BILLION (AVERAGE OF \$2.5 BILLION), AND (2) NATI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>ONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN. NATIONAL DATA ARE USED WHERE PEER GROUP DATA ARE NOT AVAILABLE. PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2018 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS, AS WELL AS OTHER PUBLISHED COMPENSATION SURVEYS REFLECTING PAY AT COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NATIONAL HOSPITALS AND NATIONAL MEDICAL GROUPS. COMPILED MARKET DATA FOR THE LVHN CLINICAL CHAIRS PREPARED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CLINICAL DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR THESE JOBS. ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2020 AT AN ANNUALIZED RATE OF 3.0% BASED ON SALARY INCREASE TRENDS. COMPARED EACH COMPONENT OF LVHN'S BENEFIT PROGRAM AGAINST TYPICAL MARKET BENEFIT PRACTICES IN HEALTH SYSTEMS AND HOSPITALS BASED ON MULTIPLE PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE. DEVELOPED MARKET TOTAL COMPENSATION DATA BY COMBINING MARKET TCC WITH TYPICAL MARKET BENEFIT COSTS. COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING. FOR PHYSICIAN EXECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES, RELEVANT MARKET DATA WERE COLLECTED BASED ON FTE ALLOCATION. SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICIANS' PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION, AS LVHN HAS ADVISED THAT SUCH AMOUNTS ARE APPROPRIATE AND WITHIN FMV. SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION LEVELS: COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE. COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT COMPENSATION. DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS (TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION OF EXECUTIVE PERQUISITES. REVIEWED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS. SELECTED THE APPROPRIATE BENCHMARK POSITION MATCH FOR EACH POSITION AND APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE LVHN'S JOB DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES. POSITION MATCHES AND MARKET ADJUSTMENTS WERE REVIEWED WITH LVHN'S SENIOR VICE PRESIDENT, HUMAN RESOURCES AND COMPENSATION STAFF. LVHN'S PROJECTED FY2019 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE SCOPE SIZE FOR EACH ENTITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	LEHIGH VALLEY HOSPITAL'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IT IS ALSO AVAILABLE ON GUIDESTAR (ANOTHER'S WEBSITE) AND UPON REQUEST; PRINTED COPIES ARE HELD BY SENIOR MANAGEMENT AND BY THE MARKETING DEPARTMENT. THE ORGANIZATION'S FORM 990-T IS ONLY AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS ANNUAL REPORT TO THE COMMUNITY. THE ANNUAL REPORT IS DISTRIBUTED TO ALL ATTENDEES AT THE ORGANIZATIONS ANNUAL PUBLIC MEETING. THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IN ADDITION, IT IS DISTRIBUTED VIA MAIL TO MEMBERS OF THE COMMUNITY. THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>BANK FEES: PROGRAM SERVICE EXPENSES 6,799,467. MANAGEMENT AND GENERAL EXPENSES 1,858,989. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,658,456. CONSULTING FEES: PROGRAM SERVICE EXPENSES 25,435,349. MANAGEMENT AND GENERAL EXPENSES 15,073,155. FUNDRAISING EXPENSES 16,088. TOTAL EXPENSES 40,524,592. INFECTIOUS WASTE DISPOSAL: PROGRAM SERVICE EXPENSES 50,682. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 50,682. PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 47,196,031. MANAGEMENT AND GENERAL EXPENSES 41,045. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 47,237,076. BLOOD PROCESSING FEES: PROGRAM SERVICE EXPENSES 6,195,951. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,195,951. ACQUISITION FEES: PROGRAM SERVICE EXPENSES 4,128,904. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,128,904. OUTSIDE LAB TEST FEES: PROGRAM SERVICE EXPENSES 78,835,849. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 78,835,849. AMBULANCE & MEDEVAC SERVICE FEES: PROGRAM SERVICE EXPENSES 1,426,559. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,426,559. INTERPRETER FEES: PROGRAM SERVICE EXPENSES 1,674,084. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,674,084. STORAGE FEES: PROGRAM SERVICE EXPENSES 1,046,649. MANAGEMENT AND GENERAL EXPENSES 44,540. FUNDRAISING EXPENSES 247. TOTAL EXPENSES 1,091,436. FREIGHT CHARGES: PROGRAM SERVICE EXPENSES 1,022,175. MANAGEMENT AND GENERAL EXPENSES 516,997. FUNDRAISING EXPENSES 13,355. TOTAL EXPENSES 1,552,527. TEMPORARY LABOR: PROGRAM SERVICE EXPENSES 7,164,695. MANAGEMENT AND GENERAL EXPENSES 250,454. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,415,149. MAINTENANCE CONTRACTS: PROGRAM SERVICE EXPENSES 10,066,197. MANAGEMENT AND GENERAL EXPENSES 347,621. FUNDRAISING EXPENSES 29,982. TOTAL EXPENSES 10,443,800. MEDICAL ASSISTANCE SVCS: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 2,805,148. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,805,148.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNFUNDED PENSION -102,316,662. TRANSFERS TO AFFILIATES -235,837,133.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

23-1689692

Part I

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

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

Part II

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTGATE PROFESSIONAL CENTER INC	K	53,911	FAIR MARKET VALUE

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2349341	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2580968	STAFFING SERVICES	PA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-5880364	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-2038456	SURGICAL SERVICES	PA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 22-2458317	PARENT COMPANY	PA	501(C)(3)	LINE 12C, III-FI	N/A		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2586770	REAL ESTATE HOLDING CO.	PA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3843850	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3864735	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-1352202	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2700908	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-4004771	HEALTH CARE ORGANIZATION	NJ	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3878831	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3987128	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2245513	REAL ESTATE RENTALS	PA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2421970	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2611474	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2516451	FUNDRAISING	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT RELATED ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 20-6560453	SELF-INSURANCE	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-3014006	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 24-0795623	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2535297	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2866006	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2440891	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2532377	AMBULATORY MEDICAL SERVICES	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AMERICAN PATIENT TRANSPORT SYSTEMS INC 119 EAST HOLLY STREET HAZLETON, PA 182015507 23-3022467	AMBULATORY MEDICAL SERVICES	PA	N/A	C					No
CH EYE SPECIALISTS PC 2100 MACK BLVD ALLENTOWN, PA 181035622 83-1905823	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
CH UROLOGY SPECIALISTS PC 2100 MACK BLVD ALLENTOWN, PA 181035622 83-2261980	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	N/A	C					No
LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3906125	ANESTHESIA SERVICES	PA	N/A	C					No
LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	LEHIGH VALLEY HOSPITAL	C	1,354,198	28,069,214	50.000 %		No
LVHN COORDINATED PROFESSIONAL PRACTICE OF NJ PC 2100 MACK BLVD ALLENTOWN, PA 181035622 84-4028262	PHYSICIAN PRACTICE ORGANIZATION	NJ	N/A	C					No
POPULYTICS INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2539282	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION 700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2432417	PURSUES, IMPLEMENTS & FURTHERS ACTIVITIES & PURPOSES OF HEALTH NETWORK	PA	N/A	C					No
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No
SPECTRUM HEALTH VENTURES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2391479	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	LEHIGH VALLEY HOSPITAL	C		5,184,665	100.000 %		No