

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047
2019
Open to Public Inspection

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
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Doing business as
LEHIGH VALLEY HOSPITAL-HAZLETON

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2100 MACK BLVD 4TH FLOOR FINANCE

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 18103

D Employer identification number
23-2421970

E Telephone number
(484) 884-0130

G Gross receipts \$ 166,533,661

F Name and address of principal officer:
JOHN FLETCHER
2100 MACK BLVD 4TH FLOOR FINANCE
ALLENTOWN, PA 18103

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: 1985 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE 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 CLINICAL 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)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	856
6 Total number of volunteers (estimate if necessary)	6	9
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	34,995	9,762
9 Program service revenue (Part VIII, line 2g)	132,551,989	128,682,744
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,214,944	675,007
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,120,237	1,912,731
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,922,165	131,280,244

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48,620,512	46,839,798
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,984,739	74,909,452
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,605,251	121,749,250
19 Revenue less expenses. Subtract line 18 from line 12	9,316,914	9,530,994

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	189,245,053	240,755,038
21 Total liabilities (Part X, line 26)	62,020,019	112,766,817
22 Net assets or fund balances. Subtract line 21 from line 20	127,225,034	127,988,221

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: *****
Date: 2021-05-12

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

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

WE 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 CLINICAL 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 \$ 114,093,392 including grants of \$) (Revenue \$ 127,950,928)
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 ▶ 114,093,392

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		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	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		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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 4TH FLOOR FINANCE ALLENTOWN, PA 18103 (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) ANTHONY CUSATIS VICE CHAIRPERSON	1.00 0.25	X					0	0	0	
(2) JOHN R FLETCHER PRESIDENT/TRUSTEE	42.00 18.00	X		X			471,103	0	17,966	
(3) ANTONETTE M FRITZ TRUSTEE	0.50 0.25	X					0	0	0	
(4) THOMAS L KENNEDY ESQ CHAIRPERSON	1.00 0.50	X					0	0	0	
(5) MARY CELESTE KOSKO TRUSTEE	1.00 0.25	X					0	0	0	
(6) LINDA L LAPOS MD TRUSTEE	0.50 0.25	X					0	0	0	
(7) MICHAEL J LEIB TRUSTEE	0.50 0.25	X					0	0	0	
(8) MARK J LOBITZ DO TRUSTEE	0.50 0.25	X					0	0	0	
(9) THOMAS MARCHOZZI TREASURER	3.00 57.00	X		X			0	898,574	25,267	
(10) MANN A SCHOFFNER TRUSTEE	0.50 0.25	X					0	0	0	
(11) ROBERT THOMAS ASSISTANT TREASURER	3.00 57.00	X		X			0	367,321	28,321	
(12) SUSAN C YEE TRUSTEE	0.50 2.00	X					0	0	0	
(13) JANE DANISH SECRETARY	28.00 12.00			X			114,299	0	21,814	
(14) BARBARA A FORTE ASSISTANT SECRETARY	28.00 12.00			X			62,593	0	8,895	
(15) JOHN P AMENTLER MEDICAL DIRECTOR, OCCUPATIONAL HEALTH	40.00					X	235,007	0	7,021	
(16) JOHN M SWIM ADMINISTRATOR, HUMAN RESOURCES	40.00					X	216,765	0	24,120	
(17) RAYMOND J BERNARDI DIRECTOR, OPERATIONS	40.00					X	178,498	0	14,376	

Part VIII Statement of Revenue

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

			(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						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,762					
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f			9,762				
Program Service Revenue	2a OUTPATIENT REVENUE	Business Code 621990	74,886,318	74,886,318				
	b INPATIENT REVENUE	621990	51,145,386	51,145,386				
	c HHS COVID REVENUE	621990	2,651,040	2,651,040				
	d							
	e							
	f All other program service revenue.							
	g Total. Add lines 2a-2f.		128,682,744					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,319,554			3,319,554		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	1,243,335				
			(ii) Personal					
			b Less: rental expenses	6b	2,387,688			
			c Rental income or (loss)	6c	-1,144,353			
	d Net rental income or (loss)			-1,144,353	-1,144,353			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	30,214,670	6,512			
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	32,828,205	37,524		
			c Gain or (loss)	7c	-2,613,535	-31,012		
	d Net gain or (loss)			-2,644,547	-2,644,547			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
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 OTHER OPERATING REVENUE	621990	3,057,084	3,057,084					
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			3,057,084					
12 Total revenue. See instructions			131,280,244	127,950,928	0	3,319,554		

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				
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	696,670	696,670		
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	32,573,424	30,544,352	2,029,072	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,293,748	1,232,925	60,823	
9 Other employee benefits	9,516,653	9,457,443	59,210	
10 Payroll taxes	2,759,303	2,665,021	94,282	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	-421		-421	
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)	32,806,316	30,012,203	2,794,113	
12 Advertising and promotion	294,644	25,481	269,163	
13 Office expenses	188,452	176,777	11,675	
14 Information technology	215,958	201,306	14,652	
15 Royalties				
16 Occupancy	3,992,709	3,576,429	416,280	
17 Travel	132,406	127,416	4,990	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,070	16,741	1,329	
20 Interest	806,901	806,901		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,225,415	2,414,087	1,811,328	
23 Insurance	1,074,410	1,074,410		
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	14,362,685	14,576,726	-214,041	
b BAD DEBT EXPENSE	12,518,331	12,518,331		
c FREIGHT CHARGES	59,699	46,635	13,064	
d				
e All other expenses	4,213,877	3,923,538	290,339	
25 Total functional expenses. Add lines 1 through 24e	121,749,250	114,093,392	7,655,858	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,774,771	1	-44,780
	2 Savings and temporary cash investments	0	2	27,052,283
	3 Pledges and grants receivable, net	45,786	3	0
	4 Accounts receivable, net	31,418,921	4	13,535,502
	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	-14,876,370	7	3,762,283
	8 Inventories for sale or use	1,629,868	8	2,712,948
	9 Prepaid expenses and deferred charges	217,857	9	20,481
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,572,063		
	b Less: accumulated depreciation	10b 26,803,234	40,459,614	10c 51,768,829
	11 Investments—publicly traded securities	122,835,013	11	133,118,493
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	56,104	13	400,086
	14 Intangible assets	1,876,669	14	7,431,964
	15 Other assets. See Part IV, line 11	806,820	15	996,949
16 Total assets. Add lines 1 through 15 (must equal line 34)	189,245,053	16	240,755,038	
Liabilities	17 Accounts payable and accrued expenses	9,992,932	17	6,673,311
	18 Grants payable		18	
	19 Deferred revenue	0	19	14,330,860
	20 Tax-exempt bond liabilities	2,005,000	20	0
	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	35,045,083	24	42,375,637
	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	14,977,004	25	49,387,009
	26 Total liabilities. Add lines 17 through 25	62,020,019	26	112,766,817
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	126,372,461	27	127,081,706
	28 Net assets with donor restrictions	852,573	28	906,515
	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	127,225,034	32	127,988,221	
33 Total liabilities and net assets/fund balances	189,245,053	33	240,755,038	

Part XI Reconciliation of Net Assets

Check 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	131,280,244
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,749,250
3	Revenue less expenses. Subtract line 2 from line 1	3	9,530,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,225,034
5	Net unrealized gains (losses) on investments	5	2,588,234
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	53,942
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,409,983
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	127,988,221

Part XII Financial Statements and Reporting

Check 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		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-2421970

Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

Form 990 (2019)

Form 990, Part III, Line 4a:

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION, D/B/A LEHIGH VALLEY HOSPITALHAZLETON (LVH-H) IS PART OF LEHIGH VALLEY HEALTH NETWORK (LVHN), A MULTI-HOSPITAL SYSTEM LOCATED IN ALLENTOWN, PENNSYLVANIA. LVH-H IS THE ONLY HEALTHCARE PROVIDER IN THE GREATER HAZLETON AREA SERVING A POPULATION OF APPROXIMATELY 80,000-100,000 PEOPLE. WE OFFER QUALITY CONTINUUM OF CARE SERVICES BEGINNING AT BIRTH IN THE FAMILY BIRTH AND NEWBORN CENTER, ACUTE INPATIENT MEDICAL AND SURGICAL SERVICES, EMERGENCY SERVICES, INPATIENT REHAB AT THE GUNDERSON CENTER FOR INPATIENT REHABILITATION, HOME CARE SERVICES THROUGH LEHIGH VALLEY HOME CARE-HAZLETON, OUTPATIENT DIAGNOSTIC TESTING AND REHAB SERVICES AT THE HEALTH & WELLNESS CENTER AT HAZLETON, AS WELL AS THE HEALTH CENTER AT MOUNTAIN TOP, AND OUTPATIENT CANCER TREATMENT THROUGH THE LVH-HAZLETON CANCER CENTER. ADDITIONALLY, LVH-H HAS A ROBUST COMMUNITY ENGAGEMENT PROGRAM THAT DELIVERS HEALTH AND WELLNESS EDUCATION AND SERVICES FREE OF CHARGE TO THE COMMUNITY. WE DELIVER OUR PROGRAMS AND SERVICES WITH COMPASSION AND HIGH STANDARDS OF QUALITY TO THE RESIDENTS OF GREATER HAZLETON REGARDLESS OF RACE, RELIGION OR ECONOMIC STATUS.HOSPITAL EXPANSION AND MODERNIZATIONHOSPITAL INPATIENT TOWER MODERNIZATION - RENOVATIONS TO THE HOSPITAL'S PATIENT TOWER BEGAN IN APRIL 2018 AND WAS THE START OF A MULTIPHASE PROJECT TO MODERNIZE THE FACILITY AND TO MEET PATIENTS' EXPECTATIONS OF A COMFORTABLE AND PRIVATE ENVIRONMENT. THE MODERNIZATION PROJECT INCLUDED ROOM UPGRADES SUCH AS NEW FLOORING, LIGHTING, WALL FINISHES, TVS, AND INFRASTRUCTURE FOR THE IMPLEMENTATION OF THE ELECTRONIC HEALTH RECORD IN 2019. THE RENOVATION OF THE PATIENT UNITS WOULD ALLOW, AT THE COMPLETION OF THE PROJECT, FOR THE OPTION TO FLEX PATIENT ROOMS FROM SEMI-PRIVATE TO PRIVATE DEPENDING ON PATIENT CENSUS PROVIDING MORE PRIVACY AND COMFORT FOR OUR PATIENTS. THIS PROJECT WAS COMPLETED IN FALL 2019.EMERGENCY DEPARTMENT (ED) EXPANSION AND RENOVATIONS - OUR COMMUNITY'S ACCESS TO EMERGENCY CARE IN A TIMELY AND EFFICIENT MANNER WAS THE IMPETUS BEHIND THIS \$15 MILLION PROJECT. WAITING TIMES WERE ON THE RISE AS WAS THE NUMBER OF PATIENTS WHO WERE LEAVING THE ED WITHOUT BEING SEEN. GROUNDBREAKING TOOK PLACE IN APRIL 2019 AND INCLUDED TWO PHASES. PHASE 1 INCLUDED PHYSICAL EXPANSION OF THE FACILITY WITH PHASE 2 RENOVATING THE EXISTING DEPARTMENT. WHEN COMPLETED IN MARCH 2020, THE EMERGENCY ROOM WAS DOUBLE ITS CURRENT SIZE, FROM ITS EXISTING 10,000 SQUARE FEET TO ALMOST 19,000 SQUARE FEET. THE ER EXPANDED ITS TREATMENT BAYS FROM 18 CURTAIN-ENCLOSED BAYS TO 30 TREATMENT BAYS WITH GLASS DOORS THAT OFFER MORE PRIVACY AND COMFORT FOR PATIENTS. FOUR OF THESE TREATMENT BAYS WILL BE USED FOR FAST TRACK OR URGENT CARE PATIENTS. IN ADDITION, A FIVE-BED SECURED UNIT WAS DEVELOPED TO TREAT BEHAVIORAL HEALTH PATIENTS WHO COME TO THE ED. PRIOR TO THE PROJECT, THERE WAS ONE ROOM FOR THE TREATMENT OF BEHAVIORAL HEALTH PATIENTS. A NEW STATE-OF-THE-ART 128-SLICE CT SCANNER WAS ACQUIRED AND IS HOUSED IN THE NEWLY EXPANDED AND RENOVATED EMERGENCY DEPARTMENT.IN ADDITION TO THE PHYSICAL ADDITION MADE TO THE ED, A CHANGE IN PROCESSES AND PROCEDURES WAS MADE WITH THE GOALS TO REDUCE ED OVERCROWDING, ELIMINATE PATIENTS WAITING IN THE WAITING ROOM AND LEAVING WITHOUT BEING SEEN, IMPROVE DOOR-TO-TREATMENT TIME, INCREASE PATIENT SATISFACTION AND REDUCE ED LENGTH OF STAY (LOS). A RAPID ASSESSMENT PROCESS WAS INITIATED FOCUSING ON EMERGENCY PATIENTS WITH LESS SEVERE MEDICAL EMERGENCIES (SUCH AS A COUGH OR BROKEN BONE). WHILE PATIENTS ENTERING THE ED WITH SEVERE MEDICAL EMERGENCIES (SUCH AS STROKE OR HEART ATTACK) STILL RECEIVE THE SAME HIGH-QUALITY CARE AS BEFORE, PATIENTS WITH LESS SEVERE EMERGENCIES, OR URGENT CARE CONDITIONS, SPEND LESS TIME WAITING, RECEIVE CARE FASTER AND RETURN HOME SOONER.REHABILITATION SERVICESTHE OUTPATIENT REHAB DEPARTMENT AT THE HEALTH & WELLNESS CENTER AT HAZLETON CONTINUES TO ENHANCE THE QUALITY OF SERVICES THEY PROVIDE, PROVIDE EASE OF SCHEDULING SESSIONS AND CONTINUES TO ENSURE STAFF ARE UP TO DATE ON THE LATEST TECHNIQUES THROUGH CONTINUING EDUCATION. IN FY 2020, IT INITIATED AND RECEIVED CERTIFICATION IN PELVIC FLOOR THERAPY, UPGRADED OUR FUNCTIONAL CAPACITY EVALUATION (FCE) SYSTEM INTERFACE AND BECAME RECERTIFIED TO CONTINUE FUNCTIONAL CAPACITY EVALUATIONS. WITH THE ONSET OF THE COVID-19 PANDEMIC AND SOCIAL DISTANCING RECOMMENDATIONS, A VIRTUAL THERAPY VISIT PLATFORM AND E-VISITS WERE DEVELOPED. THERAPY HOURS WERE EXTENDED FOR PATIENTS COMING TO THE CLINIC TO ALLOW FOR SOCIAL DISTANCING. ALSO INITIATED DURING THIS YEAR WAS ONLINE SELF-SCHEDULING FOR THERAPY EVALUATIONS. WITH THE CLOSING OF FITNESS CENTERS DURING THE ONSET OF THE PANDEMIC, THE FITNESS CENTER AT THE HEALTH & WELLNESS CENTER TURNED TO VIRTUAL FITNESS CLASSES.IMAGING SERVICESTHE 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 AT THE LVH-H HOSPITAL AND THE HEALTH & WELLNESS CENTER AT HAZLETON. GENERAL X-RAY SERVICES ARE PROVIDED AT THE HEALTH CENTER AT MOUNTAIN TOP. LVHN'S CANCER INSTITUTE'S MOBILE MAMMOGRAPHY COACH BEGAN PROVIDING SERVICES TO THE GREATER HAZLETON AREA TO PROVIDE BETTER ACCESS TO PREVENTATIVE CARE IN UNDERSERVED AREAS. THE MOBILE MAMMOGRAPHY COACH PROVIDES A WARM, WELCOMING, PRIVATE AND CONVENIENT WAY FOR PATIENTS TO RECEIVE A 3D SCREENING MAMMOGRAM. IN ADDITION, A BREAST HEALTH SERVICES NAVIGATION PROGRAM WAS IMPLEMENTED WHICH RESULTED IN AN INCREASE IN BREAST BIOPSY VOLUME BY 22% OVER PRIOR YEAR. COVID DID IMPACT THIS PROCESS SINCE WE WERE NOT PERFORMING SCREENING MAMMOGRAMS DURING THAT TIME. NAVIGATION VOLUME ALSO INCREASED 19% OVER PRIOR YEAR. LIKEWISE, COVID DID IMPACT THIS PROCESS SINCE WE WERE NOT PERFORMING SCREENING MAMMOGRAMS DURING THAT TIME. A SIGNIFICANT INVESTMENT WAS MADE IN UPGRADING EQUIPMENT INCLUDING THE PURCHASE OF AN ULTRASOUND UNIT FOR INTERVENTIONAL RADIOLOGY (IR) WITH PRECISION BIOPSY CAPABILITIES. IR VOLUME WAS UP 7% FROM PRIOR YEAR. WE ALSO REPLACED A VASCULAR ULTRASOUND UNIT AND UPGRADED EXISTING ULTRASOUND UNITS SO ALL UNITS ARE ON WINDOWS 10 AND THE SAME TECHNOLOGY TO SUPPORT HIGH RESOLUTION APPLICATIONS FOR BREAST, SMALL PARTS, VASCULAR, MUSCULOSKELETAL, PEDIATRIC AND SPECIALTY OB. A SECOND CT SCANNER, A 128-SLICE WITH IMR (LOW DOSE/IMPROVED IMAGE QUALITY), BARIATRIC TABLE, AND FLUOROSCOPY FOR CT GUIDED IR PROCEDURES WAS ADDED AT LVH-H AND PLACED IN THE NEWLY EXPANDED AND RENOVATED EMERGENCY DEPARTMENT. AS A RESULT, OUR CTAS OF THE HEAD AND NECK HAVE THE LOWEST RADIATION DOSE IN THE LVHN NETWORK, THERE IS IMPROVED STROKE AND TRAUMA WORKFLOW WITH THE NEW UNIT, SCAN TIMES ARE A FRACTION OF THE OLDER 16-SLICE UNIT. ADDITIONALLY, WE INSTALLED VIZ AI ON THE NEW CT UNIT TO MONITOR TRANSMISSION TIMES FOR STROKE ALERTS. WE HAVE THE FASTEST TRANSMISSION TIMES IN THE LVHN NETWORK. CT VOLUME AT LVH-H INCREASED 5% OVER PRIOR YEAR. COVID DID IMPACT VOLUME. THE 2ND CT WAS INSTALLED 2 MONTHS PRIOR TO PANDEMIC. WE RECEIVED INITIAL AMERICAN COLLEGE OF RADIOLOGY (ACR) ACCREDITATION IN MRI, CT, ULTRASOUND AND NUCLEAR MEDICINE AT ALL LOCATIONS.OUTPATIENT ENDOSCOPY SERVICESLOW-RISK OUTPATIENT ENDOSCOPY PROCEDURES WERE MOVED TO THE HAZLETON SURGERY CENTER (HSC) LOCATED AT THE HEALTH & WELLNESS CENTER AT HAZLETON. INPATIENT AND HIGH-RISK ENDOSCOPY PROCEDURES CONTINUE TO BE PERFORMED AT THE LVH-H HOSPITAL CAMPUS THROUGH THE OPERATING ROOM. MOVING OUTPATIENT ENDOSCOPY PROCEDURES TO THE HSC ALIGNS WITH THE GOALS OF OUR TRIPLE AIM OF BETTER HEALTH, BETTER CARE AND BETTER COST BY PROVIDING BETTER EFFICIENCIES AND COMFORT TO OUR PATIENTS. THE ADVANTAGES INCLUDE A MORE PATIENT-FRIENDLY, PERSONALIZED ENVIRONMENT, EFFICIENCIES IN TURN-AROUND TIMES, LOWER COSTS TO THE PATIENT, INCREASED PATIENT PRIVACY, BETTER PARKING AND EASY ACCESS TO THE SURGERY CENTER. CARDIAC DIAGNOSTIC SERVICESTHE CARDIAC SERVICES DEPARTMENT PROVIDES A VARIETY OF INPATIENT AND OUTPATIENT DIAGNOSTIC AND THERAPEUTIC SERVICES INCLUDING ELECTROCARDIOGRAM (ECG), EXERCISE STRESS TEST, ECHOCARDIOGRAM AND NUCLEAR CARDIAC STRESS TEST. THE HOLTER MONITOR, OR PORTABLE ECG, PROCESS HAS BEEN ENHANCED TO INCLUDE THE NEW ZIO PATCH. THE ZIO PATCH IS AN EXTERNAL DEVICE THAT CONTINUOUSLY RECORDS ECG DATA FOR UP TO 17 DAYS. IT IS INTENDED FOR LONG-TERM MONITORING AND HAS BEEN PROVEN TO BE HIGHLY EFFECTIVE IN DIAGNOSING CARDIAC CONCERNS. IN ADDITION, CARDIAC AND PULMONARY REHABILITATION PROGRAMS ARE PROVIDED THROUGH THIS DEPARTMENT.

Form 990, Part III, Line 4b:

QUALITY HEALTH CARE IS CARE THAT IS SAFE, EFFECTIVE, PATIENT-CENTERED, TIMELY, EFFICIENT, AND EQUITABLE. AT LVHN, OUR MISSION IS TO HEAL, COMFORT AND CARE FOR OUR COMMUNITY. THIS IS DONE THROUGH COLLABORATION WITH ALL LEVELS OF HEALTH CARE PROVIDERS. STANDARD OF CARE AND BEST PRACTICES IS ALWAYS THE GOAL. IN FY 2020, LVHH RECEIVED AN "A" GRADE ON THE HOSPITAL SAFETY GRADE REPORT FROM THE LEAPFROG GROUP FOR FALL 2019 FOR THE THIRD CONSECUTIVE TIME. THIS REFLECTS THE COMMITMENT OF OUR COLLEAGUES TO ENSURE THE SAFETY OF OUR PATIENTS. WITH REGARDS TO STROKE AND HEART FAILURE CARE, LVHH HAZLETON WAS RECOGNIZED WITH THE GET WITH THE GUIDELINES STROKE GOLD PLUS AWARD AND GOLD PLUS HEART FAILURE AWARD FROM THE AMERICAN HEART/STROKE ASSOCIATION FOR THE 11TH CONSECUTIVE YEAR. WE WERE ALSO RECOGNIZED ON THE TARGET: STROKE AND HEART FAILURE HONOR ROLL. HOSPITALS EARNED THE AWARD BY MEETING SPECIFIC QUALITY ACHIEVEMENT MEASURES FOR THE DIAGNOSIS AND TREATMENT OF STROKE PATIENTS AT A SET LEVEL FOR A DESIGNATED PERIOD. THESE MEASURES INCLUDE EVALUATION OF THE PROPER USE OF MEDICATIONS AND OTHER STROKE TREATMENTS ALIGNED WITH THE MOST UP-TO-DATE, EVIDENCE-BASED GUIDELINES WITH THE GOAL OF SPEEDING RECOVERY AND REDUCING DEATH AND DISABILITY FOR STROKE PATIENTS. BEFORE DISCHARGE, PATIENTS ALSO RECEIVE EDUCATION ON MANAGING THEIR HEALTH, GET A FOLLOW-UP VISIT SCHEDULED, AS WELL AS OTHER CARE TRANSITION INTERVENTIONS. IN AN EFFORT TO SUPPORT THE CONTINUED IMPROVEMENT OF QUALITY AND PATIENT SAFETY AMONG PENNSYLVANIA HOSPITALS, THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) HAS LAUNCHED A PROGRAM TO RECOGNIZE PENNSYLVANIA'S TOP PERFORMING HOSPITALS THAT HAVE REDUCED HEALTH CARE-ASSOCIATED INFECTIONS (HAI). LVHH WAS RECOGNIZED FOR PERFORMING BETTER THAN THE MEAN STANDARDIZED INFECTION RATIO (SIR) ACROSS PENNSYLVANIA IN THREE KEY MEASURES: CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI), CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI), AND CLOSTRIDIUM DIFFICILE INFECTIONS (CDI). LVHH RECEIVED LEVEL IV TRAUMA DESIGNATION BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION FOR THE PERIOD NOV. 1, 2019-OCT. 31, 2021. TECHNOLOGY LEAP/EPIC PROJECT - THE MULTIMILLION-DOLLAR LEAP (LVHN ENTERPRISE ALIGNMENT PROJECT), WHICH TRANSFORMED OUR ENTIRE HEALTH INFORMATION NETWORK AND INCLUDED INTEGRATION OF THE EPIC ELECTRONIC HEALTH RECORD AT LVH-H, WAS A MAJOR FOCUS. SIGNIFICANT PROGRESS WAS MADE WITH THE IDENTIFICATION AND MITIGATION OF CLINICAL AND OPERATIONAL GAPS, THE ALIGNMENT OF POLICIES AND PROCEDURES, THE SET-UP OF LVHN STANDARD APPLICATIONS AND THE DEPLOYMENT OF TECHNOLOGIES AT THE HOSPITAL, OUTPATIENT DEPARTMENTS AND AMBULATORY LOCATIONS. THE ACCUMULATION OF MANY MONTHS OF HARD WORK AND COMMITMENT BY THOUSANDS OF COLLEAGUES AT LVH-H AND ACROSS THE NETWORK RESULTED IN THE SUCCESSFUL GO-LIVE OF LEAP/EPIC IMPLEMENTATION OF OVER 200 APPLICATIONS, SYSTEMS AND TECHNOLOGY, INCLUDING THE ELECTRONIC HEALTH RECORD (EHR) EPIC, ON OCT. 1, 2019. WITH THE IMPLEMENTATION OF THE EPIC SYSTEM, LVH-H WAS ABLE TO INTEGRATE WITH THE LVHN MY CHART PATIENT PORTAL SYSTEM CALLED MYLVHN. AS A RESULT OF THIS INTEGRATION PATIENTS WHO VISIT PROVIDERS AND RECEIVE SERVICES AT ANY OF OUR NETWORK'S REGIONAL HOSPITALS CAN NOW BE ASSURED OF CONTINUUM OF CARE. THIS SECURE PATIENT PORTAL ALLOWS PATIENTS TO REVIEW THEIR HEALTH SUMMARY, SCHEDULE APPOINTMENTS OR VIDEO VISITS, REQUEST PRESCRIPTION REFILLS, PAY OR REVIEW BILLS FOR MEDICAL SERVICES AND SEND AND RECEIVE A NON-URGENT MESSAGE FROM YOUR HEALTH CARE PROVIDER. TELEHEALTH SERVICES - AS TECHNOLOGY HAS ADVANCED, THE WAYS HEALTH CARE CAN BE PROVIDED HAVE CHANGED AND ADVANCED TOO. AT LVHH, PATIENTS ARE BENEFITING FROM SECURE TELEHEALTH TECHNOLOGY THAT ALLOWS THEM TO ACCESS AND RECEIVE QUALITY, SPECIALIZED CARE CONVENIENTLY. TELEHEALTH SERVICES AT LVHH NOW INCLUDE: ADVANCED INTENSIVE CARE UNIT (AICU), INFECTIOUS DISEASE, NEUROLOGY, BURN AND TOXICOLOGY. DURING THIS FISCAL YEAR, LVH-H WAS GRANTED APPROVAL BY THE PENNSYLVANIA DEPARTMENT OF HEALTH TO PROVIDE TELE-PSYCH FOR INPATIENT AND EMERGENCY SERVICES AND TELEHEALTH FOR MATERNAL FETAL MEDICINE AND PALLIATIVE CARE. THE COVID-19 PANDEMIC ACCELERATED THE EXPANSION OF TELEHEALTH AND VIRTUAL OFFICES VISITS IN THE HOSPITAL COMMUNITY. THROUGH THESE SERVICES PATIENTS WERE ABLE TO RECEIVE CONSULTATIONS AND PRESCRIPTIONS FOR CARE WITHOUT LEAVING THEIR HOMES. THIS WAS JUST ONE OF THE MITIGATION EFFORTS PUT IN PLACE TO STOP THE SPREAD OF COVID-19. COMMUNITY HEALTH NEEDS ASSESSMENT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN 2019. BASED ON THE RESULTS OF THE ASSESSMENT, PRIORITY AREAS WERE IDENTIFIED. SPECIFIC INITIATIVES WERE DEVELOPED AROUND THE FOLLOWING PRIORITIES THROUGH PARTNERSHIPS WITH SEVERAL COMMUNITY ORGANIZATIONS: BEHAVIORAL HEALTH-ADDRESS MENTAL HEALTH NEEDS OF THE COMMUNITY THROUGH PREVENTION, COORDINATION, COLLABORATION AND INNOVATION-DECREASE RISK FOR THE DEVELOPMENT OF SUBSTANCE USE DISORDER AND IMPROVE ACCESS TO ADDICTION TREATMENT INCLUSION AND DIVERSITY-LANGUAGE AND COMMUNICATION-SUPPORT DEVELOPMENT OF A CULTURALLY COMPETENT ORGANIZATION HEALTH PROMOTION AND PREVENTION-PROMOTE FREE AND LOW-COST HEALTH-CARE SCREENINGS IN COMMUNITIES WITH UNDERSERVED POPULATIONS-IMPROVE ACCESS TO HEALTH FOOD AND REDUCE OBESITY RATES IN OUR COMMUNITIES COVID-19 PANDEMIC RESPONSE THE PRIMARY FOCUS OF LVHH OVER THE LAST 4 MONTHS OF FY20 AND BEYOND WAS THE CORONAVIRUS (COVID-19) PANDEMIC. THE FIRST TESTING SITE FOR THE VIRUS OPENED ON MARCH 13, AND WITHIN DAYS, LVH-H SAW THE RATE OF POSITIVE CASES RISE RAPIDLY. THE CITY OF HAZLETON SOON BECAME THE HOT SPOT FOR CORONAVIRUS IN LUZERNE COUNTY AND QUICKLY BECAME ONE OF PENNSYLVANIA'S TOP HOT SPOTS. HAZLETON'S POPULATION IS OVER 50 PERCENT HISPANIC AND MANY OF THESE PEOPLE WORK IN THE LARGE INDUSTRIAL PARKS. THEREIN LAID TWO MAJOR STUMBLING BLOCKS IN EFFORTS TO FLATTEN THE CURVE LANGUAGE BARRIER AND INDUSTRIAL PLANTS THAT CONTINUED TO OPERATE. LVH-H IMPLEMENTED THE FOLLOWING INITIATIVES: LVH-H BECAME AN INTEGRAL PART OF THE NEWLY FORMED GREATER HAZLETON COVID-19 TASK FORCE THAT MET REGULARLY TO RECEIVE UPDATES FROM LOCAL MUNICIPALITIES, LOCAL LEGISLATORS AND LVHN HEALTH CARE PROFESSIONALS. LVH-H IMPLEMENTED A DAILY STATUS CALL WITH AREA STATE LEGISLATORS, LOCAL MAYORS, COUNTY MANAGER, THE HAZLETON CHAMBER OF COMMERCE, UNITED WAY OF GREATER HAZLETON AND LVH-H PHYSICIAN AND SENIOR LEADERS. THESE CALLS HAVE BEEN VERY EFFECTIVE IN SOLICITING THE HELP OF THE COUNTY AND STATE AND HAZLETON RECEIVED THEIR FULL ATTENTION AND ASSISTANCE. HERE ARE SOME OF THE RESULTS OF THIS TEAM. EDUCATED THE LOCAL COMMUNITY LEADERS ON THE CURRENT STATUS OF COVID POSITIVE PATIENTS IN THE GREATER HAZLETON AREA. DEVELOPED STRATEGIES IN INCREASE SOCIAL DISTANCING INCLUDING IMPLEMENTING A NIGHT CURFEW IN HAZLETON, WEST HAZLETON AND HAZLE TOWNSHIP. IDENTIFYING HOUSING OPPORTUNITIES FOR COVID PATIENTS WHO LIVE IN MULTI-FAMILY HOUSES TO ISOLATE THEM UNTIL THEY HAVE RECOVERED. IMPLEMENTING DELIVERY SERVICE OF GROCERY AND PHARMACY ITEMS TO DISCHARGED COVID PATIENTS WHO STILL NEED TO BE ISOLATED IN THEIR HOMES. IDENTIFIED ADDITIONAL INTERPRETATION SERVICES/INTERPRETER RESOURCES TO EFFECTIVELY COMMUNICATE WITH OUR HISPANIC PATIENTS. DEVELOPED AND IMPLEMENTED A COMPREHENSIVE COMMUNICATION PLAN TARGETED TO THE HISPANIC COMMUNITY TO EDUCATE THEM ON COVID-19 AND HOW TO STOP THE SPREAD. SERIOUS CONCERNS WERE IDENTIFIED DUE THE HIGH PERCENTAGE OF HISPANICS TESTING POSITIVE FOR CORONAVIRUS AND THAT MANY OF THOSE TESTING POSITIVE WORKED IN THE SURROUNDING INDUSTRIAL PARKS. WORKING WITH THE LOCAL CHAMBER, LVH-H PARTICIPATED IN A SERIES OF TELECONFERENCES WITH REPRESENTATIVES OF LOCAL INDUSTRIES TO EDUCATE THEM ON PROPER CDC REGULATIONS FOR CORONAVIRUS. PLANT INSPECTIONS WERE CONDUCTED TO ASSURE COMPLIANCE, SOME PLANTS CLOSED FOR CLEANING, OTHERS INITIATED PHYSICAL DISTANCING PROCEDURES AND CONDUCTED THERMAL TEMPERATURES ON EMPLOYEES AND VISITORS. WITH REGARD TO INPATIENT SERVICES, HOSPITAL ADMINISTRATORS MET DAILY WITH THE LVHN COVID-19 COMMAND CENTER AND REFINED THE INPATIENT SURGE PLAN BASED ON REAL-TIME INFORMATION. THE LVH-H CRITICAL CARE SURGE PLAN WAS DEVELOPED TO ACCOMMODATE AN INFLUX OF PATIENTS ABOVE WHAT OUR ICU CAN ACCOMMODATE. STAFF MEMBERS FROM MOSTLY OUTPATIENT SERVICES WERE IDENTIFIED AS PART OF THE SURGE PLAN AND RECEIVED JUST-IN-TIME EPIC/COMPETENCY TRAINING.

Form 990, Part III, Line 4c:

PATIENT EXPERIENCE CELVH-H CONTINUES TO PLACE SIGNIFICANT FOCUS ON PATIENT AND COLLEAGUE SATISFACTION AND IN THE FALL 2019 DEVELOPED THE GOOD-TO-GREAT: PATIENT EXPERIENCE PROGRAM. CONSISTING OF FOUR TEAMS, COLLEAGUES FOCUSED ATTENTION ON ACTION PLANS DEVELOPED DURING NAVIGANT LEADERSHIP TRAINING PROGRAMS. THESE FOCUS AREAS INCLUDE: PRIDE ROUNDS, LEADER STANDARD WORK, PERFORMANCE AND COACHING AND RETENTION AND DEVELOPMENT. TEAMS, ASSISTED BY EXECUTIVE SPONSORS, IDENTIFY BEST PRACTICE INITIATIVES, STUDY THEIR POTENTIAL EFFECTIVENESS AND FUNCTIONALITY AND RECOMMEND INITIATIVES TO A STEERING COMMITTEE. ONCE INITIATIVES ARE APPROVED, TEAMS ARE RESPONSIBLE TO COMMUNICATE, IMPLEMENT AND MONITOR THE NEW PROCESS OR SERVICE. SINCE THE IMPLEMENTATION OF THIS PROGRAM, COLLEAGUE SATISFACTION HAS INCREASED AS EVIDENCED BY RESULTS OF A COLLEAGUE SATISFACTION SURVEY IN THE SPRING 2020. PATIENT SATISFACTION IMPROVED SIGNIFICANTLY IN THE LAST SIX MONTHS OF THE FISCAL YEAR.

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
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
23-2421970

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.**

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>	Yes	No
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** 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: 23-2421970

Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

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 NORTHEASTERN PENNSYLVANIA HEALTH CORP	Employer identification number 23-2421970
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		0
j	Total. Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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:	LEHIGH VALLEY HOSPITAL - HAZLETON IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP). A PERCENTAGE OF THE DUES PAID TO THESE ORGANIZATIONS GOES TOWARDS LOBBYING EFFORTS. THEIR MISSION IS TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES TO LEAD, REPRESENT, AND SERVE HEALTH CARE PROVIDER ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT. THE MEMBERSHIP DUES FOR AHA AND HAP ARE PAID BY LEHIGH VALLEY HOSPITAL, INC. THEREFORE, THE LOBBYING PORTION OF THE DUES ARE REFLECTED ON THE LEHIGH VALLEY HOSPITAL, INC. FORM 990, SCHEDULE C.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization: NORTHEASTERN PENNSYLVANIA HEALTH CORP Employer identification number: 23-2421970

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for conservation details (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and amounts for revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		8,410,000		8,410,000
b Buildings		43,850,321	10,989,264	32,861,057
c Leasehold improvements		134,553	46,896	87,657
d Equipment		24,897,488	15,767,074	9,130,414
e Other		1,279,701		1,279,701
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				51,768,829

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PLANS	996,949
(3) PENSION LIABILITY	12,786,158
(4) COST SETTLEMENT RESERVES - THIRD PARTIES	4,869,998
(5) DUE TO/FROM AFFILIATES	22,124,040
(6) PROFESSIONAL INSURANCE LIAB RESERVE	1,815,992
(7) CURRENT PORTION DEBT - THIRD PARTIES	3,442,025
(8) LONG-TERM PORTION DEBT - THIRD PARTIES	3,351,847
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	49,387,009

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: 23-2421970

Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	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.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

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.**

Name of the organization
 NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
 23-2421970

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 _____ %	3a Yes	
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 _____ %	3b Yes	
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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			73,855		73,855	0.070 %
b Medicaid (from Worksheet 3, column a)			22,262,484	17,438,523	4,823,961	4.420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			22,336,339	17,438,523	4,897,816	4.490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			461,793		461,793	0.420 %
f Health professions education (from Worksheet 5)			2,346		2,346	0 %
g Subsidized health services (from Worksheet 6)			3,710,966		3,710,966	3.400 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			66,434		66,434	0.060 %
j Total. Other Benefits			4,241,539		4,241,539	3.880 %
k Total. Add lines 7d and 7j			26,577,878	17,438,523	9,139,355	8.370 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,339,753
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,580,450
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	33,242,114
6	Enter Medicare allowable costs of care relating to payments on line 5	6	39,895,394
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,653,280
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(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	BELTWAY HEALTH LP	MEDICAL OFFICE SPACE RENTAL	43.780 %	0 %	0 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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

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

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

1

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

	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)
 NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

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

		Yes	No
Community Health Needs Assessment			
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?		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.		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):	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	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	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	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):	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.	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

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:	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?	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):	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):	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

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

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? 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)	19	No
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? 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)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

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
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	THE COMMUNITY BENEFIT REPORT IS ISSUED BY LEHIGH VALLEY HEALTH NETWORK - EIN #22-2458317, THE PARENT COMPANY OF LEHIGH VALLEY HOSPITAL-HAZLETON.
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 SUBSIDIZED HEALTH SERVICES AMOUNT OF \$3,710,966 IS THE DIFFERENCE BETWEEN PAYMENTS AND COSTS FOR ANESTHESIA SERVICES, TELEMEDICINE, AND HOSPITALIST SERVICES. THESE SERVICE EXPENSES ARE NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CARE VALUES 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 \$ 12,518,331.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	OUR COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING:COMMUNITY SUPPORT INCLUDES PATIENT ADVOCATES, INTERPRETATION SERVICES AND PATIENT SATISFACTION SURVEYS.COALITION BUILDING INCLUDES ACTIVITIES RELATED TO COMMUNITY BOARDS SUCH AS UNITED WAY AND THE YMCA.COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES EMPLOYEE TIME VOLUNTEERING FOR THE FREE CLINIC.WORKFORCE DEVELOPMENT INCLUDES RECRUITMENT COSTS, JOB SHADOWING AND STUDENT CLINICAL ADVISORS.
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-HAZLETON RECORDED A PROVISION FOR IMPLICIT PRICE CONCESSIONS OF \$12,438,908 AND \$14,728,197 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 SHORTFALL 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 ELIGIBILITY 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.

990 Schedule H, Supplemental Information

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 HEALTH 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. 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 PATIENT FINANCIAL ASSISTANCE PROGRAM APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVH-H SERVICES. THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVH-H 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 LVH-H. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT LVH-H. PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING LVH-H PATIENT FINANCIAL COUNSELING DEPARTMENT. THE COUNSELOR EXPLAINS THE AVAILABLE PROGRAMS, SUCH AS PENNSYLVANIA MEDICAL ASSISTANCE, CHIP, THE FEDERAL INSURANCE EXCHANGE AND PATIENT FINANCIAL ASSISTANCE. PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH UNINSURED AND UNDER-INSURED PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT INPATIENTS IN THEIR ROOMS AND OUTPATIENTS IN THE EMERGENCY DEPARTMENT (ED). INFORMATION REGARDING FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS VIA SIGNAGE IN THE REGISTRATION AREAS AS WELL AS THE ED WAITING ROOM. ALSO, WHEN THE FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING A MEDICAL ASSISTANCE UNINSURED AND UNDER-INSURED APPLICATION, THEY ALSO INFORM THE PATIENT ABOUT THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM. IN ADDITION, LVH-H ADVERTISES OUR FINANCIAL ASSISTANCE PROGRAM ON OUR PUBLIC WEBSITE, AS WELL AS ON ALL BILLING STATEMENTS SENT TO OUT PATIENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	THE PRIMARY SERVICE AREA OF LVH-HAZLETON IS COMPRISED PRIMARILY OF LUZERNE COUNTY. BASED ON U.S. CENSUS BUREAU DATA FOR THE 2010 CENSUS, THE PRIMARY SERVICE AREA POPULATION WAS APPROXIMATELY 320,918. DURING THE CALENDAR YEAR 2019, ABOUT 78.9% OF THE DISCHARGES FROM LVH-HAZLETON 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 317,417. THE 2010 POPULATION OF THE SECONDARY SERVICE AREA WAS APPROXIMATELY 213,540. DURING THE CALENDAR YEAR 2019, ABOUT 19.9% OF THE DISCHARGES FROM LVH-HAZLETON WERE RESIDENTS OF THE SECONDARY SERVICE AREA, CARBON, AND SCHUYLKILL COUNTIES. THE ESTIMATED 2019 POPULATION OF THE SECONDARY SERVICE AREA IS 205,541 PEOPLE (AMERICAN COMMUNITY SURVEY (U.S. CENSUS)). DURING THE CALENDAR YEAR 2019, 1.2% OF THE DISCHARGES FROM LVH-POCONO WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS. BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE COMBINED PRIMARY AND SECONDARY SERVICE AREAS' CURRENT POPULATION PROJECTION IS A DECREASE OF 1.0% BY 2025.
PART VI, LINE 5:	LEHIGH VALLEY HOSPITAL-HAZLETON QUALIFIES AS AN INSTITUTE 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-H IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH JULY 31, 2023.

Additional Data**Software ID:****Software Version:****EIN:** 23-2421970**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CORP**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	NORTHEASTERN PENNSYLVANIA HEALTH CORP 700 E BROAD ST HAZLETON, PA 18201 HTTP://HAZLETON.LVHN.ORG 083701	X	X					X			

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
<p>NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION</p>	<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 COMMUNITIES WE SERVE. THEREFORE, 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. 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 MANY 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, TRANSPORTATION, AND AIR QUALITY- HEALTH BEHAVIORS, SUCH AS SMOKING, DRINKING, DIET, AND EXERCISE. THEREFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEALTH 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 HEALTH PLAN TOOL, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH PROFILES, ADDING OTHER 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
<p>NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION</p>	<p>SOURCES TO THE DATA PROVIDED THROUGH THIS HEALTH REPORT. IN ADDITION, NON-PROFIT HOSPITAL SYSTEMS ARE REQUIRED TO OBTAIN INPUT FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN CHOSE TO OBTAIN THIS INPUT THROUGH FOCUS GROUPS AND INTERVIEWS WITH COMMUNITY MEMBERS 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 COLLECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S BEHALF. THIS PROCESS PROVIDED COMMUNITY MEMBERS WITH AN INDEPENDENT AND OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE THEIR PERSONAL EXPERIENCES AND PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR COMMUNITY AS WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION. IN LUZERNE COUNTY, LVH-HAZLETON PARTNERED WITH THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, A RESEARCH PARTNERSHIP OF 12 COLLEGES AND UNIVERSITIES IN THE SCRANTON/WILKES-BARRE/HAZLETON METROPOLITAN STATISTICAL AREA. FOUR FOCUS GROUPS AND 3 INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 42 PARTICIPANTS IN LUZERNE COUNTY. BELOW IS A SUMMARY OF THE ORGANIZATIONS REPRESENTED IN THE LUZERNE COUNTY FOCUS GROUPS AND INTERVIEW AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF THOSE WHO PARTICIPATED. RESIDENTS, INCLUDING THOSE FROM LOW-INCOME POPULATIONS, WERE ALSO INCLUDED IN THE FOCUS GROUPS AND INTERVIEW IN EACH COUNTY. ORGANIZATIONS REPRESENTED: HAZLETON AREA SCHOOL DISTRICT HAZLETON CHAMBER OF COMMERCE HAZLETON HEALTH & WELLNESS CENTER HAZLETON INTEGRATION PROJECT HAZLETON ONE COMMUNITY CENTER UNITED WAY OF GREATER HAZLETON DEMOGRAPHICS: GENDER: 45% FEMALE, 55% MALE RACE/ETHNICITY: 37.8% HISPANIC (OF ANY RACE), 62.2% WHITE NON-HISPANIC EMPLOYMENT: 34.8% RETIRED OR NOT EMPLOYED, 65.2% 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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	PART V, SECTION B, LINE 6B: REPRESENTATIVES OF THE COMMUNITY INCLUDED:HAZLETON AREA SCHOOL DISTRICTHAZLETON CHAMBER OF COMMERCE HAZLETON HEALTH & WELLNESS CENTER HAZLETON INTEGRATION PROJECT HAZLETON ONE COMMUNITY CENTER UNITED WAY OF GREATER HAZLETON

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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	<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 9% OF THE POPULAT ION IN LUZERNE COUNTY--MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT 7. 6% OF THE TOTAL POPULATION IN LUZERNE COUNTY. THROUGH THE FOCUS GROUPS DISCUSSIONS, COMMUN ITY MEMBERS IN ALL COUNTIES EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRI TICAL MEDICATIONS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS. THEY ACKN OWLEDGED THAT THE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR MEDICATIONS OFTEN RESULTE D IN LIMITING THE USE OF THE HEALTHCARE SYSTEM OR ADDRESSING CHRONIC CONDITIONS. TRANSPORT ATION WAS ALSO ACKNOWLEDGED AS ANOTHER BARRIER TO CARE, PARTICULARLY IN THE MORE RURAL SCH UYLKILL AND MONROE COUNTIES. THESE INPUTS FROM THE COMMUNITY ALIGN WITH LVHN'S MISSION OF ADDRESSING THE HEALTH NEEDS FOR ALL MEMBERS OF OUR COMMUNITY AND, THEREFORE, WAS PRIORITIZ ED WITHIN THE IMPLEMENTATION PLAN AS DISCUSSED BELOW.MEDICATION ASSISTANCETO ADDRESS THE R ISING CONCERN ABOUT THE COST OF MEDICATIONS, LVHN'S INTEGRATED CARE COORDINATION TEAM WORK S 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 COUN TIES RECEIVED THIS SERVICE. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A TOTAL OF 3,3 86 CASES IN FY20 TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE.CONNECTION TO HEALTH INSUR ANCE & FINANCIAL ASSISTANCELEHIGH VALLEY HEALTH NETWORK PROVIDES DIRECT LINKAGES TO RESOUR CES AIMED AT ASSISTING UNINSURED PATIENTS IN GETTING INSURANCE COVERAGE, AS WELL AS A ROBU ST FINANCIAL ASSISTANCE PROGRAM, CREATING ADDITIONAL ACCESS TO HEALTHCARE FOR VULNERABLE P OPULATIONS.THE PATHS PROGRAM AT LVHN HELPS DETERMINE THE ELIGIBILITY FOR INSURANCE FOR UND ERINSURED AND UNINSURED PATIENTS, AS QUICKLY AS POSSIBLE. PATHS REPRESENTATIVES ARE EMBEDD ED IN MULTIPLE AREAS IN OUR HOSPITALS, WORKING ALONGSIDE LVHN STAFF. THIS HELPS EXPEDITE T HE REFERRAL PROCESS QUICKLY AND EFFICIENTLY AS PATHS COLLEAGUES CAN CONNECT DIRECTLY WITH PATIENTS, AND COUNTY OFFICES TO EXPEDITE PAPERWORK THAT IS REQUIRED AND IF NEEDED FACILITA TE IN-PERSON INTERACTIONS. DUE TO THE LAG IN CASES BEING APPROVED AND THE DATA REPORTED, T HE DATA FROM APRIL 2018 TO MARCH 2019 AND APRIL 2019 TO MARCH 2020. THE REMAINDER OF FY20 WILL BE INCLUDED IN THE NEXT REPORT SUBMISSION. ON AVERAGE, BETWEEN 75 AND 90% OF APPLICAT IONS THAT ARE ELIGIBLE ARE APPROVED. IN FY20, THIS RESULTED IN OVER \$17 MILLION IN PAYMENT S FROM THE STATE OF PENNSYLVANIA AND SURROUNDING STATES. IN ADDITION TO THE PATHS PROGRAM, LVHN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO ARE NOT ABLE TO COVER THE COST OF THEI R HEALTH CARE. IN FY20, LVH-HAZLETON RECEIVED 986 APPLICATIONS WITH A 7-DAY AVERAGE TO TUR N AROUND AN APPLICATION APPROV</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
<p>NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION</p>	<p>AL. AN AVERAGE OF 64% OF APPLICATIONS AT EACH SITE WERE APPROVED. PRIORITY AREA: HEALTH PROMOTION AND PREVENTION IN THE 2019 LVHN CHNA FOCUS GROUPS, PARTICIPANTS ASKED FOR A GREATER PRESENCE IN THE COMMUNITY FROM HEALTH CARE SYSTEMS IN THE PLACES WHERE PEOPLE MOST FREQUENTLY LIVE, WORK, AND PLAY. COMMUNITY MEMBERS IN ALL 5 COUNTIES CALLED FOR ADDITIONAL CARE IN THEIR NEIGHBORHOODS, INCLUDING FOLLOW-UPS AT HOME, SERVICES AT SCHOOLS AND SENIOR CENTERS WHERE PEOPLE ARE LOCATED, AND OUTREACH AND EDUCATION ABOUT AVAILABLE RESOURCES. FOCUS GROUP PARTICIPANTS ALSO SAID THEY ARE GENERALLY UNAWARE OF WHEN OR WHERE VARIOUS LVHN SCREENING 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 COMMITTED 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 SIGNIFICANT INFLUENCER OF HEALTH OUTCOMES. IN ORDER TO FOCUS HEALTH PROMOTION AND PREVENTION EFFORTS, LVHN DETERMINED WHICH ZIP CODES REPRESENT THE VULNERABLE POPULATIONS WITHIN EACH OF THE 5 COUNTIES OUR PATIENTS RESIDE. THIS WAS DEFINED BY A METRIC OF 15% OR MORE OF THE POPULATION LIVING BELOW THE POVERTY LINE AND HAS LESS THAN A HIGH SCHOOL EDUCATION. IN ADDITION, LVHN SERVES A SUBSTANTIAL MEDICAID POPULATION IN THESE ZIP CODES. THE FOLLOWING AREAS HAVE BEEN IDENTIFIED: LUZERNE (LVH-H) - 18201, 18202, 18223, 18224 IN FY20 ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR PROVIDE HEALTHCARE SCREENINGS IN THE FOLLOWING WAYS: HEALTH PROMOTION & HEALTH FAIRS AT LVH-HAZLETON, COLLEAGUES ENGAGED IN A WIDE VARIETY OF OUTREACH AND EDUCATION EVENTS, MANY OF WHICH FOCUSED ON LUNG CANCER AND COLORECTAL CANCER SCREENINGS, MAMMOGRAMS, AND CARDIOVASCULAR HEALTH IN FY20. IN TOTAL, LVH-HAZLETON REACH OVER 9,800 COMMUNITY MEMBERS THROUGH THESE OUTREACH EVENTS. DUE TO COVID-19, THE NUMBER OF PEOPLE REACHED DECREASED IN THE SECOND HALF OF FY20, BUT IS EXPECTED TO INCREASE AGAIN IN FY21. LVH-HAZLETON COLLEAGUES PARTICIPATED IN THE DOWNTOWN HAZLETON FARMERS MARKET-HEALTH FAIR THROUGHOUT THE FIRST QUARTER OF FY20 (JULY-SEPTEMBER). COLLEAGUES PROVIDED INFORMATION ABOUT SKIN CANCER PREVENTION, MELANOMA, AND SAFE SUN FACTS, PROVIDED BLOOD PRESSURE AND PULSE OXIMETRY READINGS FOR 30 PARTICIPANTS, AND PROVIDED EDUCATION ABOUT HOME CARE SERVICES, TO NAME A FEW. IN SEPTEMBER 2019, LVH-HAZLETON COLLEAGUES ATTENDED SENIOR EXPO HEALTH FAIR AT THE LAUREL MALL WITH CLOSE TO 400 INDIVIDUALS IN ATTENDANCE. COLLEAGUES PROVIDED A VARIETY OF HEALTH-RELATED SCREENINGS AND EDUCATION INCLUDING: DISTRIBUTION OF INFORMATION ON MAMMOGRAPHY, BREAST SELF-EXAMS, AND BREAST HEALTH PATIENT NAVIGATION FOR 60 COMMUNITY MEMBERS AS WELL AS BLOOD PRE</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
<p>NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION</p>	<p>SSURE AND PULSE OXYGEN SCREENINGS FOR 20 PEOPLE. IN OCTOBER 2019, LVH-HAZLETON COLLEAGUES PROVIDED BLOOD PRESSURE AND PULSE OXIMETRY FOR OVER 25 PATIENTS AT THE NURSING HOME IN LAU REL AND LVPH PROVIDERS SPOKE AT THE DIABETES AND YOUR HEART COMMUNITY PROGRAM AT THE HEALTH AND WELLNESS CENTER WITH OVER 60 COMMUNITY MEMBERS IN ATTENDANCE. LVH-HAZLETON COLLEAGUES WENT TO EARLY CHILDHOOD EDUCATION SITES AND ELEMENTARY SCHOOLS THROUGHOUT DEC 2019 MARCH 2020 TO TEACH CHILDREN ABOUT HEALTHY HAND WASHING HABITS, REACHING ABOUT 175 CHILDREN EACH TIME. IN ADDITION, LVH-HAZLETON SPONSORS A SEGMENT CALLED "WELLNESS WEDNESDAYS" ON LOCAL WYLN TV 35 NEWS, WHERE LVHN PROVIDERS AND STAFF ARE ABLE TO SPEAK AND EDUCATE ABOUT IMPORTANT PREVENTATIVE CARE AND OTHER HEALTH-RELATED ISSUES. IN FY20, A WELLNESS WEDNESDAY SEGMENT FOCUSED ON PANCREATIC CANCER (NOV 2019), COLONOSCOPY ELIGIBILITY CRITERIA AND PROCEDURES (NOV 2019), AND THE IMPORTANCE OF LUNG CANCER SCREENINGS AND SMOKING CESSATION (DEC 2019). THESE NEWS SEGMENTS OFFER AN OPPORTUNITY TO PROMOTE HEALTH AND WELLNESS TO A WIDE AUDIENCE WITHIN THE HAZLETON AREA. TWO PROVIDERS ALSO TAPED SEGMENTS ON CANCER SCREENING IMPORTANCE FOR WYLN TV 35, WHICH Aired DURING THE AMERICAN CANCER SOCIETY TELETHON. PREVENTATIVE HEALTH SCREENINGS & SERVICES LVHN HAD A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER. IN FY20, A TOTAL OF 1865 MAMMOGRAMS WERE COMPLETED THROUGH LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH 6% OF THE MAMMOGRAMS PROVIDED IN LUZERNE COUNTY ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES. IN OCTOBER 2019, LVH-HAZLETON PROVIDED A DEDICATED MAMMOGRAM SCREENING DAY FOR DIAL/HENKEL EMPLOYEES WITH EXTENDED HOURS TO MEET THE NEEDS OF THE COMPANY'S SHIFT WORK. APPROXIMATELY 25 EMPLOYEES RECEIVED THEIR MAMMOGRAM SCREENINGS ON THIS DAY. LUZERNE COUNTY: SCREENINGS = 63, FOLLOW-UP IMAGING = 8, CANCERS FOUND = 0 THE LVHN CANCER CENTER ALSO FACILITATES LOW-DOSE LUNG CANCER SCREENINGS, A SPECIAL KIND OF X-RAY THAT TAKES MULTIPLE PICTURES OF THE LUNGS THAT ARE COMBINED INTO A DETAILED PICTURE OF THE LUNGS FOR EARLY CANCER DETECTION, FOR LVH-HAZLETON PATIENTS WHO ARE REFERRED TO THE CANCER CENTER BY THEIR PCP. PATIENTS ARE REFERRED AND SCHEDULED BASED ON THE MEDICARE ELIGIBILITY GUIDELINES. ONCE THE RESULTS OF THE SCAN ARE AVAILABLE, A LETTER IS SENT TO THE PATIENT AND A PATIENT NAVIGATOR ASSISTS THE PATIENT WITH FOLLOW-UP APPOINTMENTS OR FUTURE SCANS IF NEEDED. A TOTAL OF 227 LOW-DOSE CT (LDCT) LUNG CANCER SCREENINGS WERE COMPLETED AT LVH-HAZLETON IN FY20, 44% OF WHICH WERE FOR PATIENTS WITHIN THE TARGET ZIP CODES LISTED ABOVE. LVH-H ALSO COMPLETES ABDOMINAL AORTIC ANEURYSM (AAA) SCREENINGS OF PATIENTS. IN FY20, A TOTAL OF 182 AAA SCREENINGS WERE COMPLETED AT LVH-HAZLETON, 34% OF WHICH WERE FOR PATIENTS IN THE TARGET ZIP CODES.</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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	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>PRIORITY AREA: INCLUSION AND DIVERSITY COMMUNITY 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. THIS IS MOST NEEDED IN LUZERNE COUNTY, WHERE 4% OF THE POPULATION IS CONSIDERED "LINGUISTICALLY ISOLATED." THIS NUMBER BALLOONS TO 17% IN HAZLETON CITY PROPER. BELOW IS THE RACIAL DEMOGRAPHICS OF OUR SERVICE AREA. THE TABLE SHOWS THAT THE HISPANIC POPULATION IS JUST UNDER 10% IN LUZERNE COUNTY, BUT THERE IS A CONCENTRATION OF THE HISPANIC POPULATION IN THE CITY OF HAZLETON, 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. IN LUZERNE COUNTY, THE TOTAL POPULATION IS 319,000, OF WHICH 90% OF THE POPULATION IDENTIFIES AS WHITE, 4% BLACK, 1.1% ASIAN, AND 3.5% OTHER. MULTIPLE RACES ARE IDENTIFIED AS 1.8% OF THE POPULATION, 9.3% OF THE POPULATION IDENTIFIES AS HISPANIC, AND 90.7% IDENTIFIES AS NON-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 SERVICES AT 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. THE CHART BELOW SHOWS THE TOTAL OF VIDEO AND PHONE INTERPRETING SERVICES BROKEN DOWN BY CAMPUS. IN FY20, ADDITIONAL INTERPRETER IPADS WERE ADDED TO THE LVH-HAZLETON EMERGENCY DEPARTMENT TO INCREASE ACCESS TO INTERPRETER SERVICES. IN FY2020 AT LVH-HAZLETON, 15,459 VIDEO INTERPRETER ENCOUNTERS ACCOUNTED FOR 186,450 MINUTES OF VIDEO TRANSMISSION. AT PHYSICIAN PRACTICES AFFILIATED WITH LVH-HAZLETON, 46,604 VIDEO ENCOUNTERS WERE RECORDED, ACCOUNTING FOR 732,953 MINUTES OF VIDEO INTERPRETER SERVICES. IN THE CALENDAR YEAR 2020 AT LVH-HAZLETON, 8,591 PHONE INTERPRETER ENCOUNTERS WERE RECORDED, ACCOUN</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
<p>PART V, SECTION B, LINE 11 (CONTINUATION A)</p>	<p>TING FOR 96,999 MINUTES OF PHONE INTERPRETER SERVICES. IN CALENDAR YEAR 2019, 5,962 PHONE INTERPRETER ENCOUNTERS WERE RECORDED, ACCOUNTING FOR 62,690 MINUTES OF PHONE INTERPRETER SERVICES. DURING THE COVID-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 PROFICIENT 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 SERVICES DURING THIS CRITICAL TIME. A TOTAL OF 39 EMPLOYEES TOOK THE ASSESSMENT ACROSS THE NETWORK WITH 32 OF THEM PASSING THE TEST. THIS WORK WILL NOW CONTINUE IN FY21, AND POST-COVID-19. WORLD LANGUAGES WILL BE AVAILABLE FOR LANGUAGE PROFICIENCY TESTING THROUGH AN EXTERNAL VENDOR IN FY21 SO STAFF CAN BE APPROVED AS PROFICIENT IN OTHER LANGUAGES AS WELL. CULTURAL AWARENESS AND STAFF EDUCATION THE CHIEF DIVERSITY, EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL AWARENESS COVERED AT "CONNECTIONS" (THE ORIENTATION PROGRAM FOR ALL NEW LVHN EMPLOYEES) TO INCLUSIVE 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 INCLUDING COLLEAGUES FROM LVH-LEHIGH VALLEY, LVH-HAZLETON, LVH-SCHUYLKILL AND LVH-POCONO. A HIGHLIGHT OF THE THIRD AND FOURTH QUARTERS OF FY20 WAS THE GRAND ROUNDS SESSION ON LGBTQ HEALTH THAT WAS DELIVERED BY THE PENNSYLVANIA SECRETARY OF HEALTH, RACHEL LEVINE, MD. MORE RECENTLY, 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 THIS VIRTUAL SESSION. AT LVH-HAZLETON, THE PATIENT ACCESS TEAM HAS IMPLEMENTED A SIMILAR EFFORT. AS THE DIRECTOR OF PATIENT ACCESS RELAYED: "AS I SAW CHANGES WITHIN THE HAZLETON AREA, I KNEW I HAD TO CHANGE THE WAY I RECRUITED COLLEAGUES TO JOIN MY TEAM. LANGUAGE BARRIERS WERE PRESENT AND PATIENTS AT TIMES WERE UNCOMFORTABLE USING TRANSLATION IPADS. HIRING BILINGUAL STAFF ELIMINATED THE ANXIETY OF PATIENTS WONDERING IF WE UNDERSTOOD THEIR HEALTH CARE NEEDS AS IT DEVELOPED A LEVEL OF COMFORT AND TRUST THAT IS NOT EASILY PRESENT USING TECHNOLOGY. OUR PATIENT INTERACTIONS BECAME MORE PERSONAL. THE PATIENT ACCESS TEAM CONTINUES TO STRIVE TO MEET THE NEEDS OF OUR PATIENTS BY DELIVERING EXCEPTIONAL CUSTOMER SERVICE AND ADAPTING TO PATIENTS DAILY." PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH SOCIAL DETERMINANTS OF HEALTH ARE AT THE HEART OF 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. EXAMPLE</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)	LES 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.

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>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. THE WELLER CENTER PROVIDES IN-SCHOOL EDUCATION AROUND FOOD, NUTRITION, AND PHYSICAL ACTIVITY. FOR 38 YEARS, WELLER HEALTH EDUCATION HAS 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 BY LEHIGH VALLEY HEALTH NETWORK (LVHN) IN 2017. WELLER'S EDUCATORS TRAVEL TO SCHOOLS ACROSS LVH N'S SIX-COUNTY SERVICE AREA AND OUR PROGRAMS HAVE BECOME AN INTEGRAL PART OF MANY SCHOOL DISTRICTS' CURRICULA. BETWEEN SEPTEMBER 2019 AND MARCH 2020 BEFORE THE SCHOOLS CLOSED DUE 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 CHILDREN'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 PROGRAMMING PROVIDED IN THE SCHOOLS. IN ADDITION TO ESTABLISHING A PARTNERSHIP BETWEEN WELLER AND THE HAZLETON SCHOOL DISTRICT FOR IN-SCHOOL EDUCATION IN FY20, LVH-HAZLETON ALSO PROVIDED EDUCATION IN SCHOOLS THROUGH A PHYSICIAN, ATHLETIC TRAINER, OR OTHER QUALIFIED STAFF MEMBER FROM LVHN AS NEEDED BY THE SCHOOL. LVH-HAZLETON FITNESS STAFF ALSO CONDUCTED TALKS FOR THE HAZLETON AREA CAREER CENTER FOR YOUTH TO SPEAK TO THEM ABOUT POTENTIAL CAREERS IN THE HEALTH AND FITNESS FIELDS. LVH-HAZLETON STAFF ALSO ENGAGE IN SIGNIFICANT COMMUNITY OUTREACH AND EDUCATION REGARDING NUTRITION AND EXERCISE, SUPPORTING THE DEVELOPMENT OF HEALTHY COMMUNITIES. LVH-HAZLETON SPONSORS A SEGMENT CALLED "WELLNESS WEDNESDAYS" ON LOCAL WYML TV 35 NEWS, WHERE LVHN PROVIDERS AND STAFF PROVIDE PREVENTATIVE CARE AND OTHER HEALTH-RELATED EDUCATION. IN FY20, LVH-HAZLETON STAFF PROVIDED WELLNESS WEDNESDAY SEGMENTS ABOUT THE FOLLOWS: FOOD, NUTRITION, AND EDUCATION TOPICS:-- GROUP EXERCISE --DEHYDRATION/WAYS TO STAY HYDRATED IN THE SUMMER HEAT --BETTER FOOD AND SNACK CHOICES --DIABETES--FITNESS FOR A NEW YEAR, INCLUDING HEALTHY EATING, VITAMINS, AND FAD DIETS--HEART HEALTHY DIET FOR EVERYONE AGE 2 AND OLDER AHEAD OF HEART MONTH IN FEBRUARY LVH-HAZLETON COLLEAGUES PROVIDED THE FOLLOWING HEALTHY FOOD, NUTRITION, AND PHYSICAL ACTIVITY EDUCATION IN THE COMMUNITY DURING FY20 (NUMBER OF PEOPLE IN ATTENDANCE LISTED WHERE AVAILABLE: IN FY20, LVH-H FITNESS HELD A GROUP EXERCISE DANCE CLASS FOR CHILDREN WITH DISABILITIES THROUGHOUT FY20. THIS CLASS WAS HELD 2 TIMES PER MONTH AND WAS PAID FOR BY DONATIONS. 10-15 PEOPLE ATTENDED EACH CLASS. A LVH-H PHYSICAL THERAPIST HOSTS A G</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>GROUP EXERCISE CLASS FOR SENIORS TWO TIMES A WEEK, WHERE PARTICIPANTS ALSO SHARE HEALTHY RECIPIES WITH EACH OTHER AND DISCUSS WAYS TO INCREASE EXERCISE FOR THEMSELVES AND THEIR FAMILIES. DURING THE COVID-19 OUTBREAK, LVH-H'S PEDIATRIC THERAPIST SENT OUT MONTHLY EXERCISE PROGRAMS TO THE CHILDREN ON HER CASELOAD, E.G., EXERCISE BINGO, GAMES FOR EXERCISE FREE OF CHARGE TO KEEP THE PATIENTS ENGAGED AND HEALTHY WHILE REMAINING AT HOME. LVH-H FITNESS & BARIATRIC PROGRAM PROVIDED THE KIDS LIFESTYLE MANAGEMENT PROGRAM, IN WHICH THEY PROVIDED FREE MONTHLY SEMINAR FOR PARENTS AND KIDS TO INTRODUCE THE LIFESTYLE MANAGEMENT PROGRAM THAT THEY COULD THEN SIGN UP FOR. 20 PEOPLE ATTENDED EACH SEMINAR. IN SEPTEMBER 2019, HAZLETON POWER HOSTED A CHILDREN'S FESTIVAL FOR 100+ CHILDREN AND FAMILIES, WHICH LVH-H FITNESS CENTER SPONSORED. THE EVENT WAS OPEN TO THE PUBLIC AND FREE OF CHARGE; STAFF PROVIDE EXERCISE DEMONSTRATIONS FOR KIDS, ORGANIZED KIDS GAMES, FACILITATED A FUN RUN, AND PROVIDED EDUCATION ON HEALTHY EATING AND HEALTHY SNACKS. HAZLETON INTEGRATION PROJECT'S ANNUAL OPEN HOUSE, WHERE PARENTS AND KIDS COME TO LOCAL FACILITY AND TAKE PART IN GAMES, ACTIVITIES, AND EXERCISE DEMONSTRATIONS (LED BY LVH-H FITNESS STAFF). THIS EVENT IS ALSO OPEN TO THE PUBLIC AND FREE OF CHARGE AND THE HAZLETON INTEGRATION PROJECT PRIMARILY SERVES THE HISPANIC POPULATION IN HAZLETON. A COMMUNITY EVENT CALLED HEART IN DIABETES WAS HELD WITH TWO PHYSICIANS FROM LVH-H PRESENT TO PROVIDE EDUCATION. IN HAZLETON, AN AUTISM WALK WAS ALSO HELD IN OCTOBER 2019 WITH OVER 100 IN ATTENDANCE, WHERE LVH-H PEDIATRIC THERAPISTS HAD A TABLE TO DISCUSS EXERCISE AND HEALTH RELATED ISSUES. PRIORITY AREA: BEHAVIORAL HEALTH. A 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 IN THE COMMUNITY. ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, MEMBERS OF THE COMMUNITY EXPERIENCE MORE THAN 4 "UNHEALTHY" MENTAL HEALTH DAYS PER MONTH, ECHOING 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 BY COMMUNITY MEMBERS WHO PARTICIPATED IN FOCUS GROUPS AND INTERVIEWS. LVHN LEADERSHIP BELIEVES THIS IS A HIGH IMPACT AREA OF WORK, BUT WE NEED TO INCREASE 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 HEALTH REFERRAL COORDINATION. THE 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</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>R 9,000 REFERRALS FOR BEHAVIORAL HEALTH SERVICES AND WERE ABLE TO SERVE 1 IN 8. IN ORDER T O 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 P ROVIDED ON THREE LEVELS: 1. INFORMATION DISSEMINATION AND EDUCATION: PRACTICES RECEIVE RES OURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE REFERRALS F ROM THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT DATABASE WITH INFORMATION THAT IS ALWAYS CU RRENT AND ACCURATE. IN ADDITION, THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVID ING EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABU SE SERVICES TO THE FOLLOWING: PEDIATRIC PRIMARY CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN LEADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES.2. CONSULTAT ION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN THEY ARE UNABLE TO DO SO UTILIZI NG THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT AND PAST REFERRAL EDUCATION. 3. DIRECT PATIE NT CONTACT TO PROVIDE SUPPORT AND RESOURCES IF THE FIRST TWO LEVELS OF SERVICE FAIL TO SUP PORT THE PATIENT. IN FY19, THERE WERE 620 REQUESTS FOR ASSISTANCE FROM THE BEHAVIORAL HEAL TH 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 EXPERIENC E FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BETTER ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECO ME A TEAM OF 5.5 FTE DEDICATED TO MANAGING ALL REFERRALS TO AMBULATORY PSYCHIATRY PRACTICE S, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS SERVICE OFFICIALLY WENT LIVE ON MAY 4, 202 0, AND THEY RECEIVE REFERRALS FROM OUTPATIENT PRACTICES FROM ALL LVHN CAMPUSES. IN THE FIR ST 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 EXTERNA L PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL ASSISTANCE. BASED ON JULY 2020 REF ERRALS, IT IS ANTICIPATED THAT OVER 9,000 REFERRALS WILL BE MADE TO CENTRALIZED INTAKE IN FY21.</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
<p>PART V, SECTION B, LINE 11 (CONTINUATION C)</p>	<p>INNOVATION THE 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 DEVELOPMENT CALLED ECONSULTS. THE DEVELOPMENT AND IMPLEMENTATION OF TELE-PSYCHIATRY AND THERAPY SERVICES WAS UNDERWAY AT THE START OF FY20. WITH THE ONSET OF THE COVID-19 PANDEMIC, THE SCALE AND REACH OF THESE SERVICES INCREASED RAPIDLY AND DRAMATICALLY. IN FY20 THE DEPARTMENT OF PSYCHIATRY COMPLETED OVER 20,000 VIRTUAL VISITS, WHICH WAS WELL OVER THE ANTICIPATED 2,000 VISITS (LARGELY DURING THE FIRST SURGE OF COVID-19). AT LVH-HAZELTON, THEY OPENED THE ED ON MARCH 2, 2020 THAT INCLUDED A 5 BED LOCKED BH UNIT IN THE ED AND TWO TRANSITIONAL BEDS. CURRENTLY ASSESSMENTS ARE BEING DONE IN PERSON OR BY PHONE BY A PSYCHIATRIST. THE AIM IS TO PROVIDE TELE-PSYCH SERVICES IN THE FUTURE GIVEN THE SPACE HAS BEEN THIS CAPABILITY. NORTHEAST COUNSELING SENDS ONE OF THEIR CRISIS PROFESSIONALS TO THE ED TO DO THE ASSESSMENT AND DETERMINE IF THE PATIENT NEEDS TO BE ADMITTED AS AN INPATIENT, SEEN BY A PSYCHIATRIST, OR SENT HOME AND REFERRED TO SERVICES. THERE WERE STAFFING ISSUES AT THE BEGINNING THAT LIMITED THE NUMBER OF PATIENTS SEEN WITHIN THIS BH UNIT, BUT THERE WERE ABLE TO TREAT 25 PATIENTS IN FY20 (BETWEEN MARCH 2020 WHEN IT OPENED AND JUNE 30, 2020). THIS NUMBER WILL CONTINUE TO GROW IN FY21. SUBSTANCE ABUSE LVHN 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. ADDITIONAL DETAILS ABOUT EFFORTS FOR EACH OF THE ELEMENTS OF LVHN'S 4-PRONGED APPROACH IS OUTLINED BELOW. OPIOID STEWARDSHIP IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGE IN SIGNIFICANT EDUCATION TO 451 PROVIDERS AND HEALTHCARE WORKERS TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIGNS AND IMPACTS OF SUBSTANCE USE DISORDER. IN FY20, THE FOLLOWING TRAINING AND EDUCATION OPPORTUNITIES DELIVERED BY LVHN PROVIDER(S) AND HELD AS FOLLOWS: IN NOVEMBER 2019, A PRESENTATION ENTITLED "DEMISTIFYING MORPHINE MILLIGRAM EQUIVALENTS" WAS HELD AT THE PA PAIN SOCIETY ANNUAL CONFERENCE IN HERSHEY, PA, WAS ATTENDED BY 80 PAIN PHYSICIANS. IN JANUARY 2020, A PRESENTATION ENTITLED "SCIENCE, STIGMA, SOLUTIONS: AN UPDATE FOR PROVIDERS ON THE SUBSTANCE USE DISORDER CRISIS" WAS HELD AT 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
<p>PART V, SECTION B, LINE 11 (CONTINUATION C)</p>	<p>HE 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 PHARMACISTS FROM ACROSS LVHN INCLUDING THE NORTHERN TIER CAMPUSES AND COORDINATED HEALTH. 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. LINKAGE TO TREATMENT WARM HAND-OFFS (WHO) IN THE LVH-HAZLETON EMERGENCY DEPARTMENT ARE COMPLETED THROUGH A CONTRACTED BEHAVIORAL HEALTH PROVIDER, NORTHEAST COUNSELING SERVICES. A TOTAL OF 35 PATIENTS RECEIVED A WHO AT LVH-HAZLETON BETWEEN JANUARY AND JUNE 2020. THE PLATFORM FOR TRACKING PROGRAM STATISTICS IS IN TRANSITION TO FACILITATE REPORTING IN THE FUTURE. HARM REDUCTION IN FY20, NALOXONE KITS WERE DISTRIBUTED IN THE LVH-HAZLETON EMERGENCY DEPARTMENT AS PART OF THE HARM REDUCTION STRATEGY. A LVHN PROVIDER AND A CERTIFIED RECOVERY SPECIALIST WERE PRESENTERS ON A WEBINAR HARM REDUCTION IN THE HOSPITAL: DEVELOPING A NALOXONE PROGRAM FOR AT RISK PATIENTS 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 AND THE ADDICTION RECOVERY SPECIALIST PRESE</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)	NTED HARM REDUCTION: A KEY ASPECT OF A MULTIPRONGED APPROACH TO THE SUBSTANCE USE DISORDER CRISIS AT THE HOSPITAL ASSOCIATION OF PENNSYLVANIA OPIOID LEARNING ACTION NETWORK (HAP-OL AN) NORTHEAST VIRTUAL REGIONAL MEETING IN JUNE 2020 WITH 35 PEOPLE IN ATTENDANCE.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
23-2421970

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input 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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>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.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(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				
1 JOHN R FLETCHER PRESIDENT/TRUSTEE	(i)	352,186	73,605	45,312	0	17,966	489,069	0
	(ii)	0	0	0	0	0	0	0
2 THOMAS MARCHOZZI TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	641,346	262,144	-4,916	0	25,267	923,841	0
3 ROBERT THOMAS ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	268,875	100,192	-1,746	0	28,321	395,642	0
4 JOHN P AMENTLER MEDICAL DIRECTOR, OCCUPATIONAL HEALT	(i)	233,247	800	960	0	7,021	242,028	0
	(ii)	0	0	0	0	0	0	0
5 JOHN M SWIM ADMINISTRATOR, HUMAN RESOURCES	(i)	194,149	27,850	-5,234	0	24,120	240,885	0
	(ii)	0	0	0	0	0	0	0
6 RAYMOND J BERNARDI DIRECTOR, OPERATIONS	(i)	163,203	17,152	-1,857	0	14,376	192,874	0
	(ii)	0	0	0	0	0	0	0
7 MELISSA N CURTO VP, AMBULATORY SERVICES	(i)	137,902	28,986	355	0	5,007	172,250	0
	(ii)	0	0	0	0	0	0	0

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	THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL - HAZLETON AND RECEIVED A DISTRIBUTION IN CALENDAR YEAR 2019: JOHN R. FLETCHER, PRESIDENT/TRUSTEE - \$38,337

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

Schedule K (Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
23-2421970

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	52480GDW1	11-13-2019	24,920,314	CONSTRUCT, RENOVATE & EQUIP FACILITIES		X		X		X
B LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDY7	11-13-2019	18,921,044	REFUND HAZLETON REVENUE NOTE SERIES 2012		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				24,968,726		18,921,044					
4	Gross proceeds in reserve funds				1,020,020							
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows						18,849,600					
7	Issuance costs from proceeds				120,523		63,463					
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				17,450,778							
11	Other spent proceeds				10,050		7,981					
12	Other unspent proceeds				6,367,355							
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	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				
16	Has the final allocation of proceeds been made?					X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?					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				
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				
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				
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				
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					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		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				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number 23-2421970

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.

Table with 5 columns: (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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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	PARTNERSHIP IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN/LVH/LVHM/LVHH/HWC	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

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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number

23-2421970

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 MEMBERS 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 ORGANIZATION'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 & 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 & 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	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.

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	ANOTHER'S WEBSITE - GUIDESTAR. UPON REQUEST - HARD COPIES WITH SENIOR MANAGEMENT AND MARKETING DEPARTMENT.

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 ORGANIZATION'S 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 ORGANIZATION'S 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	OTHER FEES-PROGSERV-990: PROGRAM SERVICE EXPENSES 712,982. MANAGEMENT AND GENERAL EXPENSES 8,191. TOTAL EXPENSES 721,173. BANK FEES: PROGRAM SERVICE EXPENSES 666. MANAGEMENT AND GENERAL EXPENSES 47,210. TOTAL EXPENSES 47,876. PORTFOLIO FEES: PROGRAM SERVICE EXPENSES 186,294. MANAGEMENT AND GENERAL EXPENSES 366,357. TOTAL EXPENSES 552,651. BLOOD PROCESSING FEES: PROGRAM SERVICE EXPENSES 810,527. TOTAL EXPENSES 810,527. OUTSIDE LAB TEST FEES: PROGRAM SERVICE EXPENSES 3,408,353. TOTAL EXPENSES 3,408,353. CONTRACT LABOR SERVICES: PROGRAM SERVICE EXPENSES 2,701,575. MANAGEMENT AND GENERAL EXPENSES 1,556. TOTAL EXPENSES 2,703,131. PHYSICIAN & OTHER MEDICAL SERV: PROGRAM SERVICE EXPENSES 5,699,222. MANAGEMENT AND GENERAL EXPENSES 156,992. TOTAL EXPENSES 5,856,214. BILLING & COLLECTION SERVICES: PROGRAM SERVICE EXPENSES 15,363. TOTAL EXPENSES 15,363. OTHER SERVICES: PROGRAM SERVICE EXPENSES 16,477,221. MANAGEMENT AND GENERAL EXPENSES 2,213,807. TOTAL EXPENSES 18,691,028.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNFUNDED PENSION LIABILITY -5,838,350. TRANSFERS TO AFFILIATES -5,571,633.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number

23-2421970

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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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: 23-2421970
Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

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 23-1689692	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	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
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	NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	C	-43,645	2,060,381	100.000 %		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	NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	C	-9,272	110,362	100.000 %		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	N/A	C					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	N/A	C					No