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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Highmark Health Group

% MATT PETERSON

Doing business as

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

120 Fifth Avenue

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

Pittsburgh, PA 15222

F Name and address of principal officer

DAVID HOLMBERG

120 FIFTH AVENUE

PITTSBURGH, PA 15222

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

6169

D Employer identification number

82-1406555

E Telephone number

(412) 544-6668

G Gross receipts \$

4,578,280,733

I Tax-exempt status

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

J Website: www.AHN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

M State of legal domicile

Part I Summary

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

PROMOTE HEALTH & WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT

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)

216

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

79

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

25,110

6 Total number of volunteers (estimate if necessary)

1,584

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

5,702,165

7b Net unrelated business taxable income from Form 990-T, line 34

1,372,118

Revenue

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

18,356,919

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

3,165,504,890

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

79,833,992

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

100,533,631

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

3,364,229,432

Current Year

16,440,203

3,481,345,554

58,638,068

111,793,192

3,668,217,017

Expenses

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

2,103,178

4,920,007

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)

1,536,884,008

1,723,963,641

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

0

0

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

1,854,333

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

1,721,785,541

1,867,752,211

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

3,260,772,727

3,596,635,859

19 Revenue less expenses Subtract line 18 from line 12

103,456,705

71,581,158

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

2,936,994,088

3,149,634,218

21 Total liabilities (Part X, line 26)

1,977,299,284

1,973,175,454

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

959,694,804

1,176,458,764

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

Signature of officer

2019-11-08

Date

SAURAB TRIPATHI 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 P00460263

Firm's name PricewaterhouseCoopers LLP

Firm's EIN

Firm's address 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

HIGHMARK HEALTH IS AN INTERDEPENDENT SYSTEM DESIGNED TO DELIVER HIGH QUALITY, ACCESSIBLE, UNDERSTANDABLE AND AFFORDABLE EXPERIENCES, OUTCOMES AND SOLUTIONS FOR OUR CUSTOMERS

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 \$ 2,450,026,890 including grants of \$ 4,770,907) (Revenue \$ 2,651,193,149)
See Additional Data

4b (Code) (Expenses \$ 358,819,875 including grants of \$ 45,500) (Revenue \$ 380,590,108)
See Additional Data

4c (Code) (Expenses \$ 244,455,840 including grants of \$ 21,500) (Revenue \$ 291,906,201)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 200,313,287 including grants of \$ 82,100) (Revenue \$ 151,935,931)

4e Total program service expenses **▶** 3,253,615,892

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,512	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	25,110			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 216		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 79		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY, PA

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ MATT PETERSON 120 FIFTH AVE Pittsburgh, PA 15222 (412) 330-6090

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 ☒

☒

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	48,813,765	17,152,738	2,602,712

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2,123

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RYCON CONSTRUCTION, 2501 SMALLMAN ST STE 100 PITTSBURGH, PA 15222	Construction	18,709,798
MASCARO CONSTRUCTION CO LP, 1720 METROPOLITAN ST PITTSBURGH, PA 15233	CONSTRUCTION	18,438,711
EE AUSTIN SON INC, 1919 REED ST ERIE, PA 16503	CONSTRUCTION	17,904,701
MASSARO CORP, 120 DELTA DR PITTSBURGH, PA 15238	CONSTRUCTION	15,713,857
MAXIM HEALTHCARE SERVICES INC, 62373 COLLECTIONS CENTER DR CHICAGO, IL 60693	STAFFING	15,610,270

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 199</p>	
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Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,574,586				
	d Related organizations	1d	2,237,450				
	e Government grants (contributions)	1e	3,592,294				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,035,873				
	g Noncash contributions included in lines 1a - 1f \$ 391,218						
	h Total. Add lines 1a-1f		16,440,203				
Program Service Revenue	2a PATIENT SERVICE REVENUE		Business Code				
			621000	3,043,523,152	3,037,820,987	5,702,165	
	b AFFILIATE EXPENSE REIMBURSEMENT		900099	396,270,580	396,270,580		
	c SCIENTIFIC RESEARCH		541712	36,989,184	36,989,184		
	d MEDICAL EDUCATION		621111	4,562,638	4,562,638		
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		3,481,345,554					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,333,332			30,333,332
	4 Income from investment of tax-exempt bond proceeds			4,067,461			4,067,461
	5 Royalties			0			
	6a Gross rents		(i) Real	(ii) Personal			
			9,225,809				
	b Less rental expenses						
	c Rental income or (loss)		9,225,809	0			
	d Net rental income or (loss)				9,225,809		9,225,809
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			931,693,929	1,557,854			
	b Less cost or other basis and sales expenses		907,907,724	1,106,784			
	c Gain or (loss)		23,786,205	451,070			
	d Net gain or (loss)				24,237,275		24,237,275
	8a Gross income from fundraising events (not including \$ 2,574,586 of contributions reported on line 1c) See Part IV, line 18		a	426,189			
	b Less direct expenses		b	1,049,208			
	c Net income or (loss) from fundraising events				-623,019		-623,019
	9a Gross income from gaming activities See Part IV, line 19		a	0			
	b Less direct expenses		b	0			
	c Net income or (loss) from gaming activities				0		
	10a Gross sales of inventory, less returns and allowances		a	0			
b Less cost of goods sold		b	0				
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code					
11a CAFETERIA SALES		621110	10,282,807			10,282,807	
b PHARMACY REVENUE		900099	8,181,239			8,181,239	
c PARKING		900099	7,791,027			7,791,027	
d All other revenue			76,935,329			76,935,329	
e Total. Add lines 11a-11d				103,190,402			
12 Total revenue. See Instructions				3,668,217,017	3,475,643,389	5,702,165	170,431,260

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.	4,812,407	4,812,407		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	82,100	82,100		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	25,500	25,500		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	42,784,913	39,436,064	2,994,944	353,905
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,298,082	1,207,216	90,866	
7 Other salaries and wages	1,432,273,419	1,333,875,229	98,138,599	259,591
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-17,035,737	-15,954,424	-1,081,313	
9 Other employee benefits	178,663,725	166,040,768	12,615,566	7,391
10 Payroll taxes	85,979,239	80,136,522	5,804,262	38,455
11 Fees for services (non-employees)				
a Management	8,991,197		8,991,197	
b Legal	1,664,313	400,348	1,263,965	
c Accounting	2,511,383	1,075,379	1,434,612	1,392
d Lobbying	304,182	304,182		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	1,084,170		1,084,170	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	270,828,119	213,993,629	56,736,025	98,465
12 Advertising and promotion	1,204,096	1,041,038	163,058	
13 Office expenses	29,256,624	25,690,600	3,553,476	12,548
14 Information technology	40,712,701	33,762,471	6,949,795	435
15 Royalties	0			
16 Occupancy	167,781,219	155,911,480	11,439,372	430,367
17 Travel	4,637,307	4,252,236	384,373	698
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,633,602	3,259,645	373,010	947
20 Interest	32,811,828	29,449,229	3,362,599	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	131,084,293	119,375,784	11,708,416	93
23 Insurance	27,527,343	27,311,751	215,574	18
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 PATIENT CARE SUPPLIES	347,686,076	346,819,266	866,810	
b REIMBURSEMENTS TO AFFILIATES	303,592,055	205,581,889	98,010,166	
c DRUG EXPENSE	266,539,481	266,539,481		
d PATIENT BAD DEBT	61,895,256	61,482,207	413,049	
e All other expenses	164,006,966	147,703,895	15,653,043	650,028
25 Total functional expenses. Add lines 1 through 24e	3,596,635,859	3,253,615,892	341,165,634	1,854,333
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	522,912	1	562,457
	2	Savings and temporary cash investments	396,611,306	2	286,596,206
	3	Pledges and grants receivable, net	7,928,855	3	7,557,154
	4	Accounts receivable, net	306,552,024	4	375,128,525
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	3,185,000	7	3,185,000
	8	Inventories for sale or use	44,940,204	8	50,985,484
	9	Prepaid expenses and deferred charges	21,073,948	9	42,335,054
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	1,781,564,114		
	b	Less: accumulated depreciation	602,486,663		
			977,536,795	10c	1,179,077,451
	11	Investments—publicly traded securities	386,148,550	11	322,559,662
	12	Investments—other securities. See Part IV, line 11	151,526	12	151,526
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	126,342,747	14	130,809,188
15	Other assets. See Part IV, line 11	666,000,221	15	750,686,511	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,936,994,088	16	3,149,634,218	
Liabilities	17	Accounts payable and accrued expenses	327,521,043	17	421,971,839
	18	Grants payable	0	18	0
	19	Deferred revenue	64,883,746	19	58,640,534
	20	Tax-exempt bond liabilities	1,000,000,000	20	991,068,667
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	55,640,511	23	8,671,462
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	529,253,984	25	492,822,952
	26	Total liabilities. Add lines 17 through 25	1,977,299,284	26	1,973,175,454
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	643,654,235	27	885,107,227
	28	Temporarily restricted net assets	26,604,330	28	25,274,390
	29	Permanently restricted net assets	289,436,239	29	266,077,147
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	959,694,804	33	1,176,458,764	
34	Total liabilities and net assets/fund balances	2,936,994,088	34	3,149,634,218	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,668,217,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,596,635,859
3	Revenue less expenses Subtract line 2 from line 1	3	71,581,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	959,694,804
5	Net unrealized gains (losses) on investments	5	-34,767,993
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	179,950,795
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,176,458,764

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990 (2018)

Form 990, Part III, Line 4a:

THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE TO ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, THE WEST PENN ALLEGHENY HEALTH SYSTEM EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR PATIENTS AND OUR COMMUNITIES SEE SCHEDULE O FOR ADDITIONAL DETAILS

Form 990, Part III, Line 4b:

THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE TO ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, THE SAINT VINCENT MEDICAL FAMILY EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR PATIENTS AND OUR COMMUNITIES SEE SCHEDULE O FOR ADDITIONAL DETAILS

Form 990, Part III, Line 4c:

THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE TO ACCOMPLISH THESE
PROGRAM SERVICE OBJECTIVES, JEFFERSON REGIONAL MEDICAL CENTER EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR PATIENTS AND OUR COMMUNITIES SEE
SCHEDULE O FOR ADDITIONAL DETAILS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
David Blandino MD Board Chair	5 0 15 0	X		X				0	121,736	0
Joseph Macerelli Board Chair	10 0 0 0	X		X				0	0	0
Robin Bergstrom Board Chair	1 0 0 0	X		X				0	0	0
Edward Little Board Chair	1 0 0 0	X		X				0	0	0
Russell Livingston Board Chair	1 0 0 0	X		X				0	0	0
Mark Webb Board Chair	1 0 0 0	X		X				0	0	0
Sandra Usher Board Chair	1 0 0 0	X		X				0	0	0
Edward Marasco Director & Chairman	1 0 0 0	X		X				0	0	0
Jeffrey Szumigale Director & Vice Chair	1 0 0 0	X		X				0	0	0
John Hamels PhD Director & Vice Chair	1 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
James Graham Director	5 0 0 0	X						0	0	0
David Malone Director	5 0 10 0	X						0	85,524	0
David Michael Matter Director	5 0 10 0	X						0	113,736	0
Michael Redlawsk Director	5 0 0 0	X						0	0	0
Victor Roque Director	10 0 5 0	X						0	115,136	0
Carol Bucci Director	50 0 0 0	X						0	270,900	24,021
Scott Hankinson Director	50 0 0 0	X						228,593	0	28,505
Tony Farah MD Director	5 0 60 0	X						0	2,095,117	37,377
David Goldberg Director (UNTIL 09/2018)	60 0 0 0	X						962,543	0	21,254
Daniel R Casper MD Director	50 0 0 0	X						358,489	0	20,757

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Pamela Lapczynski Director	1 0 0 0	X						0	0	0
Paul Reilly MD Director	50 0 0 0	X						160,965	0	21,824
Jason Ross Director	1 0 0 0	X						0	0	0
David Parda MD Director	60 0 0 0	X						1,029,251	0	28,323
Michael Alterio Director	1 0 0 0	X						0	0	0
David Celko MD Director	50 0 0 0	X						129,515	0	1,313
Thomas Corkery DO Director	50 0 0 0	X						327,450	0	19,890
Carole Pankas Director	1 0 0 0	X						0	0	0
William Thomeier MD Director (UNTIL 11/2018)	1 0 0 0	X						0	0	0
Jennifer Lewis MD Director	50 0 0 0	X						315,632	0	23,506

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Michael Culig MD Director	50 0 0 0	X						553,554	0	24,357
John Finnegan Director	1 0 0 0	X						0	0	0
LaDonna Fuge MD Director	1 0 0 0	X						0	0	0
Jason Roeback Director	50 0 0 0	X						411,103	0	23,836
Thomas Murphy Director	50 0 0 0	X		X				218,791	0	22,736
William Richardson Director	1 0 0 0	X						0	0	0
David Stapor MD Director	50 0 0 0	X						476,579	0	23,027
Richard Talarico Director	1 0 0 0	X						0	0	0
Thomas Vankirk Director	5 0 60 0	X						0	2,438,330	29,520
Helen Baran Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Natalie Dwyer Haller Director (UNTIL 11/2018)	1 0 0 0	X						0	0	0
Karen Hanlon Director	5 0 60 0	X						0	2,593,642	226,592
R Steven Jones Director	1 0 0 0	X						0	0	0
Paul Gausman DO Director	50 0 0 0	X						349,701	0	23,330
Jeffrey Kim MD Director	50 0 0 0	X						299,065	0	22,466
Chris Serafini DO Director	50 0 0 0	X						405,433	0	23,462
Kathryn Burns Director	1 0 0 0	X						0	0	0
Susan Moore MD Director	50 0 0 0	X						218,491	0	25,081
Marne Roche Director	1 0 0 0	X						0	0	0
Chris Scott Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
David Lerberg MD Director	1 0 0 0	X						0	0	0
Jane Love MD Director	1 0 0 0	X						0	0	0
Wendy O'Brien Director	1 0 0 0	X						0	0	0
LP Gupta Director	1 0 0 0	X						0	0	0
Basil M Cox Director (UNTIL 10/2018)	1 0 0 0	X						0	0	0
Theodore Neighbors Director (UNTIL 10/2018)	1 0 0 0	X						0	0	0
Doris Carson Williams Director	1 0 5 0	X						0	0	0
Donald McNary Director	50 0 0 0	X						202,157	0	10,045
Madhusudan Menon MD Director	60 0 0 0	X						744,673	0	3,957
Dawn Karns DO Director	50 0 0 0	X						143,446	0	1,234

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Robert Lupo MD Director	60 0 0 0	X						719,873	0	24,381
Jeffrey McGovern MD Director	60 0 0 0	X						665,006	0	24,374
Ross Peterson MD Director	60 0 0 0	X						775,430	0	22,311
Salam Shameen MD Director	50 0 0 0	X						449,102	0	10,282
Donald Whiting MD Director/CHAIRMAN	60 0 0 0	X		X				1,391,541	0	104,038
Joseph C Guyaux Director	5 0 10 0	X						0	128,624	0
James Benedict Director/COO	60 0 0 0	X		X				1,184,826	0	102,536
Brian Parker MD Director	60 0 0 0	X						953,658	0	75,715
Richard S Bartek Director	1 0 0 0	X						0	0	0
Lauren McAndrews Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Thomas Tarpley Director	1 0 0 0	X						0	0	0
Parminder Sharma MD Director	60 0 0 0	X						633,268	0	24,393
Thomas Berkhouse Director	1 0 0 0	X						0	0	0
Robert Crane Director	1 0 0 0	X						0	0	0
Norma Cummings Director (UNTIL 06/2018)	1 0 0 0	X						0	0	0
Tina Gowen Director (UNTIL 10/2018)	50 0 0 0	X						132,606	0	8,208
Mark Hagen Director	1 0 0 0	X						0	0	0
Roberta Patterson Director	1 0 0 0	X						0	0	0
Jillian Roache Director	1 0 0 0	X						0	0	0
Gene Becker Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Brian Jacob Trustee	1 0 0 0	X						0	0	0
Curt Marino Trustee	1 0 0 0	X						0	0	0
Robert Pacek Trustee	1 0 0 0	X						0	0	0
Kevin Snider Trustee	1 0 0 0	X						0	0	0
Venkatraman Srinivasan MD Trustee	60 0 0 0	X						947,460	0	21,460
Marilyn Pesci Trustee	1 0 0 0	X						0	0	0
Cynthia Hundorfean Director & President	60 0 0 0	X		X				2,261,962	0	178,936
William Englert Director & President	50 0 0 0	X		X				308,655	0	3,906
Louise Urban Director & President	60 0 0 0	X		X				548,007	0	21,255
Mark Rubino MD Director & President	50 0 0 0	X		X				573,595	0	23,475

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Christopher Clark DO Director & President	60 0 0 0	X		X				547,018	0	17,875
Ronald Andro MD Director & President	60 0 0 0	X		X				519,373	0	25,134
G Scott Long MD Director & President	60 0 0 0	X		X				919,631	0	13,779
Allison Quick Director & President	50 0 0 0	X		X				316,542	0	37,363
Mark Nussbaum Director & Vice President	60 0 0 0	X		X				407,873	0	31,019
Keith LeJeune Director & Vice President	50 0 0 0	X		X				365,427	0	31,806
Jacqueline Bauer Director & Secretary	60 0 0 0	X		X				0	902,968	91,667
Diana Holt Director & Secretary	1 0 0 0	X		X				0	0	0
Jeffrey Crudele Director & Treasurer	60 0 0 0	X		X				1,404,198	0	34,473
James Rohrbaugh Director/Treas (UNTIL 04/2018)	50 0 0 0	X		X				403,053	0	32,112

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Mark Leone DO Director	50 0 0 0	X						329,532	0	23,406
Tracey Bennett Director & Treasurer	1 0 0 0	X		X				0	0	0
JOHN BALACKO MD DIRECTOR	60 0 0 0	X						671,172	0	21,113
Barbara VanKirk Director	1 0 0 0	X						0	0	0
Russell Elwell Director	1 0 0 0	X						0	0	0
GENE G FINELY MD DIRECTOR	1 0 0 0	X						0	0	0
DAVID HOLMBERG DIRECTOR	5 0 60 0	X						0	7,442,258	50,213
BRAD GROSTEFFON DIRECTOR/TREASURER/SECRETARY	50 0 0 0	X		X				286,566	0	17,590
KELLY KASSAB VICE PRESIDENT & DIRECTOR	50 0 0 0	X		X				211,081	0	2,889
CATHERINE A CAPONI DIRECTOR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CHARLENE NEWKIRK DIRECTOR	1 0 0 0	X						0	0	0
GREGORY GUTTING DIRECTOR	1 0 0 0	X						0	0	0
DEBORAH SMITH DIRECTOR	1 0 0 0	X						0	0	0
VALARIE JACKSON PRESIDENT	50 0 0 0	X		X				70,711	0	2,247
BETH PATRI DIRECTOR	1 0 0 0	X						0	0	0
VICENTE REYES MD DIRECTOR	50 0 0 0	X		X				275,030	0	6,091
Jeffrey Cohen MD PRESIDENT	60 0 0 0			X				0	844,767	39,889
Susan Barrett Assistant Secretary	50 0 0 0			X				102,828	0	18,102
Maureen Chadwick Asst Secretary (UNTIL 11/2018)	50 0 0 0			X				227,162	0	17,161
Rand Levis Assistant Treasurer	50 0 0 0			X				425,592	0	24,898

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BETH HELLER ASSISTANT SECRETARY	1 0 0 0			X				57,924	0	9,770
Chong Park MD Chief Medical Officer	60 0 0 0				X			567,674	0	31,880
Richard Thompson Vice President	60 0 0 0				X			574,145	0	17,438
George J Magovern Jr MD Physician	60 0 0 0				X			704,856	0	24,661
Patrick Demeo MD Physician	60 0 0 0				X			1,204,903	0	24,711
Susan Manzi MD Physician	60 0 0 0				X			602,835	0	10,163
Allan Klapper MD Physician	60 0 0 0				X			676,515	0	25,568
Ngoc Thai MD PHYSICIAN	60 0 0 0				X			927,012	0	25,753
Robert White MD Chief Medical Info Officer	60 0 0 0				X			917,093	0	67,424
Kenyokee Crowell Sr Vice President	60 0 0 0				X			859,605	0	65,619

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Beth Casagrande MD Physician	60 0 0 0				X			659,752	0	25,593
Jan Silverman MD Physician	60 0 0 0				X			665,609	0	22,409
Claire Zangerle Chief Nursing Officer	60 0 0 0				X			654,546	0	21,503
SRICHARAN CHALIKONDA MD CHIEF MEDICAL OPS OFFICER	60 0 0 0				X			932,394	0	63,407
John Lawrence MD Physician	60 0 0 0				X			626,374	0	25,593
Donald Jaffee Chief Financial Officer - AGH	50 0 0 0				X			380,001	0	22,734
DENZIL RUPERT CHIEF OPERATING OFFICER - AGH	50 0 0 0				X			561,928	0	23,040
Srinavas Murali MD Physician	60 0 0 0				X			682,642	0	21,338
David Alexander Sr Vice President	60 0 0 0				X			455,909	0	20,885
THOMAS CAMPBELL MD PHYSICIAN CHAIRPERSON	60 0 0 0				X			384,490	0	26,010

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
WILLIAM JOHN JULIO MD MEDICAL DIRECTOR - CIN	60 0 0 0				X			725,120	0	24,746
EDWARD WESTRICK MD Physician	60 0 0 0					X		1,806,638	0	26,705
Daniel Altman MD Physician	60 0 0 0					X		1,715,046	0	25,262
Gregory Altman MD Physician	60 0 0 0					X		1,656,080	0	26,309
GEORGE EID MD Physician	60 0 0 0					X		1,411,908	0	26,781
NICHOLAS SOTEREANOS MD PHYSICIAN	60 0 0 0					X		1,318,144	0	26,223
Scott Whalen Former Dir & President	0 0 0 0						X	506,605	0	677
William Goldfarb Former Director	0 0 0 0						X	14,808	0	0

TY 2018 Affiliate Listing

Name: Highmark Health Group

EIN: 82-1406555

TY 2018 Affiliate Listing

Name	Address	EIN	Name control
HIGHMARK HEALTH GROUP		82-1406555	HIGH

SCHEDULE A

(Form 990 or 990-EZ)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

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

12

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		
See Additional Data Table						
Total	9				246,237,877	0

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,058,246	0	0	9,500	131,451	1,199,197
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	44,860,244	51,180,600	52,834,545	56,873,470	57,994,907	263,743,766
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	45,918,490	51,180,600	52,834,545	56,882,970	58,126,358	264,942,963
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6.)						264,942,963

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	45,918,490	51,180,600	52,834,545	56,882,970	58,126,358	264,942,963
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244,082	100,626	86,253	97,896	146,400	675,257
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	244,082	100,626	86,253	97,896	146,400	675,257
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,623,564	4,591,976	8,311,500	6,910,183	5,394,780	29,832,003
13	Total support. (Add lines 9, 10c, 11, and 12.)	50,786,136	55,873,202	61,232,298	63,891,049	63,667,538	295,450,223
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	89 674 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	89 822 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0 229 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0 237 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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		No
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	Yes	
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		No
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		No
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	Yes	
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	Yes	
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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>		
	11a	No
	11b	No
	11c	No

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>		
	1	Yes
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>		
	2	No

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>		
	1	

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?		
	1	No
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>		
	2	No
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>		
	3	No

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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.

	Yes	No
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>		
	2a	
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>		
	2b	
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>		
	3a	
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>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	0
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	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0
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	0
b	Average monthly cash balances	1b	0
c	Fair market value of other non-exempt-use assets	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2	Acquisition indebtedness applicable to non-exempt use assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
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		0
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		0
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		0
4	Amounts paid to acquire exempt-use assets		0
5	Qualified set-aside amounts (prior IRS approval required)		0
6	Other distributions (describe in Part VI) See instructions		0
7	Total annual distributions. Add lines 1 through 6		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		0
9	Distributable amount for 2018 from Section C, line 6		0
10	Line 8 amount divided by Line 9 amount		0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2018			
a From 2013. 0			
b From 2014. 0			
c From 2015. 0			
d From 2016. 0			
e From 2017. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2018 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2014. 0			
b Excess from 2015. 0			
c Excess from 2016. 0			
d Excess from 2017. 0			
e Excess from 2018. 0			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
MEMBERS OF HIGHMARK HEALTH GROUP (30)	PUBLIC CHARITY STATUS ALLEGHENY HEALTH NETWORK STATUS 12, TYPE 1 ALLEGHENY SINGER RESEARCH INSTITUTE STATUS 4 ALLEGHENY CLINIC STATUS 3 ALLE-KISKI MEDICAL CENTER STATUS 3 ALLE-KISKI MEDICAL CENTER TRUST STATUS 12, TYPE 1 CANONSBURG GENERAL HOSPITAL STATUS 3 CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE STATUS 10 FORBES HEALTH FOUNDATION STATUS 12, TYPE 1 THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION STATUS 12, TYPE 1 WEST PENN ALLEGHENY HEALTH SYSTEM, INC STATUS 3 ALLEGHENY CLINIC MEDICAL ONCOLOGY STATUS 12, TYPE 1 JEFFERSON REGIONAL MEDICAL CENTER STATUS 3 SAINT VINCENT FOUNDATION FOR HEALTH & HUMAN SERVICES STATUS 12, TYPE 1 SAINT VINCENT HEALTH CENTER STATUS 3 SAINT VINCENT HEALTH SYSTEM STATUS 12, TYPE 1 SAINT VINCENT MEDICAL ED & RESEARCH INSTITUTE STATUS 10 ALLEGHENY MEDICAL PRACTICE NETWORK STATUS 3 SAINT VINCENT AFFILIATED PHYSICIANS STATUS 10 WESTFIELD MEMORIAL HOSPITAL INC STATUS 3 PRIME MEDICAL GROUP PCG 1 STATUS 12, TYPE 1 JEFFERSON HILLS SURGICAL SPECIALS STATUS 12, TYPE 1 STEEL VALLEY ORTHOPAEDICS AND SPORTS MEDICINE STATUS 12, TYPE 1 SOUTH PITTSBURGH UROLOGY ASSOCIATES STATUS 12, TYPE 1 THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE STATUS 12, TYPE 1 JRMC SPECIALTY GROUP PRACTICE, STATUS 12, TYPE 1 PRIMARY CARE GROUP 11, INC STATUS 12, TYPE 1 PRIMARY CARE GROUP 3, INC STATUS 12, TYPE 1 PRIMARY CARE GROUP 7, INC STATUS 12, TYPE 1 PITTSBURGH BONE, JOINT & SPINE, INC STATUS 12, TYPE 1 PRIMARY CARE GROUP 5, INC STATUS 12, TYPE 1

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I	REASON FOR PUBLIC CHARITY STATUS NOTE THAT THE MAJORITY OF THE 30 ENTITIES WITHIN HIGHMARK HEALTH GROUP ARE REGISTERED AS section 509(a)(3) supporting organizations however, some entities are also exempt as hospital entities, SECTION 509(A)(2) ORGANIZATIONS SUPPORTED BY CONTRIBUTIONS, DUES, AND CONDUCT OF EXEMPT FUNCTION ACTIVITIES, AND MEDICAL RESEARCH ORGANIZATIONS OPERATED IN CONJUNCTION WITH A HOSPITAL ALL REQUIRED PARTS OF SCHEDULE A ARE COMPLETED FOR THE RESPECTIVE ENTITIES INVOLVED

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV	<p>Supporting Organizations As per their respective governing documents, the following entities are Type 1 supporting organizations under Section 509(a)(3) - Allegheny Health Network - Alle-Kiske Medical Center Trust - Forbes Health Foundation - The Western Pennsylvania Hospital Foundation - Allegheny Clinic Medical Oncology - Saint Vincent Foundation for Health and Human Services - Saint Vincent Health System - Jefferson Hills Surgical Specialist - JRMC Specialty Group Practice - PRIME MEDICAL GROUP PCG 1 - JEFFERSON HILLS SURGICAL SPECIALS - STEEL VALLEY ORTHOPAEDICS AND SPORTS MEDICINE - SOUTH PITTSBURGH UROLOGY ASSOCIATES - THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE - JRMC SPECIALTY GROUP PRACTICE - PRIMARY CARE GROUP 11, INC - PRIMARY CARE GROUP 3, INC - PRIMARY CARE GROUP 7, INC - PITTSBURGH BONE, JOINT & SPINE, INC - PRIMARY CARE GROUP 5, INC</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Lines 1 and 2	Determination of Supported Organizations Highmark Health Groups governing documents provide that supported organizations include all Section 509(a)(2), Section 170(b)(1)(A)(iii), and hospital affiliates of Highmark Health Group as these entities have purposes consistent with those of the hospitals and the supporting organizations

Additional Data

Software ID:

Software Version:

EIN: 82-1406555

Name: Highmark Health Group

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 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		
(A) SAINT VINCENT HEALTH CENTER	250965547	3	Yes		40,685,447	0
(A) WEST PENN ALLEGHENY HEALTH SYSTEM INC	250969492	3	Yes		189,974,022	0
(B) ALLE-KISKI MEDICAL CENTER	251875178	3	Yes		0	0
(C) ALLEGHENY SINGER RESEARCH INSTITUTE	251320493	4	Yes		0	0
(D) CANONSBURG GENERAL HOSPITAL	251737079	3	Yes		0	0
(E) ALLEGHENY MEDICAL PRACTICE NETWORK	251838457	3	Yes		0	0
(F) ALLEGHENY CLINIC	251838458	3	Yes		0	0
(G) JEFFERSON REGIONAL MEDICAL CENTER	251260215	3	Yes		15,578,408	0
(H) WESTFIELD MEMORIAL HOSPITAL INC	160743222	3	Yes		0	0

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

2018

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 Highmark Health Group	Employer identification number 82-1406555
---	--

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

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

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ No
- b** If "Yes," describe in Part IV

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		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?	Yes		329,420
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			329,420
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
LOBBYING ACTIVITY	SCHEDULE C, PART II-B, LINE 1G ALLEGHENY HEALTH NETWORK MANAGEMENT, AS NEEDED, WILL MAKE CONTACT WITH ELECTED AND APPOINTED OFFICIALS AT THE FEDERAL, STATE AND LOCAL LEVELS. THIS CONTACT IS NECESSARY TO PROMOTE LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND HAVE ADVERSE CONSEQUENCES FOR THE COMMUNITIES WE SERVE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	338,653,894	314,504,019	308,814,600	323,361,457	326,684,716
b Contributions	10,466,540	2,378,887	6,086,053	11,096,627	9,767,463
c Net investment earnings, gains, and losses	-15,453,352	36,108,383	15,032,444	-9,567,841	18,431,806
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	16,302,712	13,107,770	14,618,247	16,129,681	30,720,168
f Administrative expenses	402,983	1,229,625	810,831	718,696	802,360
g End of year balance	316,961,387	338,653,894	314,504,019	308,041,866	323,361,457

2

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

a

Board designated or quasi-endowment

9 300 %

b

Permanent endowment

82 730 %

c

Temporarily restricted endowment

7 970 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,997,296		45,997,296
b Buildings		683,931,023	195,683,796	488,247,227
c Leasehold improvements		36,587,255	18,404,921	18,182,334
d Equipment		683,255,632	370,637,401	312,618,231
e Other		331,792,908	17,760,545	314,032,363
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,179,077,451

Schedule D (Form 990) 2018

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) BENEFICIAL INTERESTS	360,097,577
(2) EQUITY INVESTMENTS	179,271,095
(3) MALPRACTICE RECEIVABLE	85,634,638
(4) INTERCOMPANY RECEIVABLES	89,910,831
(5) OTHER ASSETS	35,659,037
(6) SELF INSURANCE CAPITALIZATION	113,333
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	750,686,511

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	0
PENSION FUNDING	331,018,203
MEDICAL MALPRACTICE LIABILITY	122,582,154
OTHER LIABILITIES	39,222,595
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	492,822,952

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: 82-1406555
Name: Highmark Health Group

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	INTENDED USE OF ENDOWMENT FUNDS THE INTENDED USES OF THE PERMANENT AND TERM ENDOWMENTS ARE FOR BUT NOT EXCLUSIVE TO CAPITAL IMPROVEMENTS, RESEARCH, EDUCATION, NURSING ACTIVITIES, DEPARTMENTAL NEEDS, OPERATING EFFICIENCIES, AND OVERALL PATIENT CARE THE EARNINGS OFF OF THE PERMANENT ENDOWMENT ARE EXPENDABLE, BASED ON THE SPECIFIC USE OF THE FUND

Supplemental Information	
Return Reference	Explanation
INCLUSION IN CONSOLIDATED AFS	HIGHMARK HEALTH GROUP DOES NOT ISSUE INDEPENDENT AUDITED FINANCIAL STATEMENTS HIGHMARK HEALTH GROUP IS A COMPONENT OF A CONSOLIDATED AUDITED FINANCIAL STATEMENT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE HIGHMARK HEALTH RECORDS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY DEFINING CRITERIA THAT A TAX POSITON ON AN INDIVIDUAL MATTER MUST MEET BEFORE THAT POSITION IS RECOGNIZED ASC 740 ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND ACCOUNTING IN INTERIM PERIODS BASED ON AN ANALYSIS PREPARED BY HIGHMARK HEALTH, IT WAS DETERMINED THAT THE APPLICATION OF FASB ASC 740 HAD NO MATERIAL EFFECT ON THE RECORDED ASSETS AND LIABILITIES OF HH ON A STANDALONE BASIS AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED HIGHMARK SYSTEM LEVEL ONLY, INCLUDING HIGHMARK HEALTH AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

82-1406555

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			93,486
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			93,486

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South Asia	RESEARCH	15,500	WIRE			
(2)			Europe (Including Iceland and Greenland)	RESEARCH	10,000	WIRE			
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**
- 3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	Schedule F, Part I, Line 2 Allegheny Singer Research Institute (ASRI) received a grant award from the National Institutes of Health (NIH) The NIH grant award included a subaward to a foreign entity to carry out a portion of the work in collaboration with ASRI's Principal Investigator Payments issued to the foreign entity are issued upon receipt and review of invoices and confirmation of progress made on the project ASRI's monitoring of the foreign sub-awards and procedures are based on the Code of Federal Regulations 200 'Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards' the 'NIH Policy Statement'

990 Schedule F, Supplemental Information

Return Reference	Explanation
Method of Accounting	Schedule F, Part I, Line 3 The accrual method of accounting is used to account for expenditures in the organizations financial statements

990 Schedule F, Supplemental Information

Return Reference	Explanation
Method of Accounting	Schedule F, Part II, Line 1 The accrual method of accounting is used to account for cash grants in the organizations financial statements

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	RESEARCH	13,900
South Asia	0	0	Program Services	RESEARCH	15,500

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	CONFERENCES	24,695
North America	0	0	Program Services	CONFERENCES	37,198

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	CONFERENCES	630
South Asia	0	0	Program Services	CONFERENCES	1,563

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information	OMB No 1545-0047
		2018
		Open to Public Inspection
Name of the organization Highmark Health Group		Employer identification number 82-1406555

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		AHN GALA (event type)	GOLF EVENTS (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,043,350	710,775	246,650	3,000,775
	2 Less Contributions	1,828,695	575,520	170,371	2,574,586
	3 Gross income (line 1 minus line 2)	214,655	135,255	76,279	426,189
Direct Expenses	4 Cash prizes		9,635	1,000	10,635
	5 Noncash prizes		23,259		23,259
	6 Rent/facility costs	286,272	128,721	15,374	430,367
	7 Food and beverages	103,399		4,647	108,046
	8 Entertainment	13,000		375	13,375
	9 Other direct expenses	401,153	12,979	49,394	463,526
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				1,049,208
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-623,019

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
SCHEDULE G, PART II, LINE 11	THE NET LOSS OF \$623,019 REFLECTED IN PART II, LINE 11 IS A PRODUCT OF HOW WE ARE REQUIRED TO REPORT FUNDRAISING EVENTS PER THE IRS INSTRUCTION CONTRIBUTION REVENUE DIRECTLY ATTRIBUTABLE TO THE EVENTS IN THE AMOUNT OF \$2,574,586 IS NOT TAKEN INTO CONSIDERATION WHEN CALCULATING THE NET LOSS OF \$623,019 WHEN TAKEN INTO CONSIDERATION, THE CONTRIBUTION REVENUE ADDED TO THE GROSS RECEIPTS FROM THE EVENTS OF \$3,000,775, RESULTS IN TRUE NET INCOME ATTRIBUTABLE TO THE OPERATION OF THE FUNDRAISING EVENTS OF \$4,526,153

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Highmark Health Group

Employer identification number

82-1406555

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ Applied uniformly to all hospital facilities

☒ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

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

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

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

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

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

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)			92,008,347	75,792,978	16,215,369	0 460 %
b Medicaid (from Worksheet 3, column a)			236,989,434	180,734,171	56,255,263	1 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			328,997,781	256,527,149	72,470,632	2 050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,295,361		5,295,361	0 150 %
f Health professions education (from Worksheet 5)			86,862,899	33,883,806	52,979,093	1 500 %
g Subsidized health services (from Worksheet 6)			122,724,075	90,823,003	31,901,072	0 900 %
h Research (from Worksheet 7)			2,137,149		2,137,149	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			107,423		107,423	
j Total. Other Benefits			217,126,907	124,706,809	92,420,098	2 610 %
k Total. Add lines 7d and 7j			546,124,688	381,233,958	164,890,730	4 660 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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			140,815		140,815	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			114,149		114,149	
7 Community health improvement advocacy						
8 Workforce development			1,030		1,030	
9 Other						
10 Total			255,994		255,994	

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	55,502,854	
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	12,455,979	
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	290,287,594
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	352,449,356
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-62,161,762
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 checked="" type="checkbox"/> Cost accounting system		
<input 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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(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 Mimicol LLC	IP Development	39 %		61 %
2 N Shore Endosco Cent	ENDOSCOPY Services	50 %		50 %
3 McCand Endosco Cent	ENDOSCOPY Services	50 %		50 %
4 WSC Realty Partners	Medical Office Building	23.49 %		73.79 %
5 S Hills Surg Center	Surgery Center	41.92 %		58.08 %
6 Osteophilicity LLC	Medical Services	39 %		61 %
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?

8

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)

A

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):** _____

16

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</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 type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C			
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**

A

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

Policy Relating to Emergency Medical Care

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

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

A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
SAINT VINCENT HEALTH CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

8

		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?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</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 type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C			
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**

SAINT VINCENT HEALTH CENTER

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

Policy Relating to Emergency Medical Care

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

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

SAINT VINCENT HEALTH CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
WESTFIELD MEMORIAL HOSPITAL INC**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):** _____

7

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</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 type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>See Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
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 checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C			
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**

WESTFIELD MEMORIAL HOSPITAL INC

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

Policy Relating to Emergency Medical Care

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

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

WESTFIELD MEMORIAL HOSPITAL INC

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

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

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? 8		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	ALLEGHENY VALLEY HOSPITAL 1301 Carlisle Street Natrona Heights, PA 15065 See Section C for website 790101	X	X					X			A
2	CANONSBURG GENERAL HOSPITAL 100 MEDICAL BOULEVARD CANONSBURG, PA 15317 See Section C for website 295301	X	X					X			A
3	JEFFERSON REGIONAL MEDICAL CENTER 565 COAL VALLEY ROAD PO BOX 1811 PITTSBURGH, PA 15236 See Section C for website 711801	X	X					X			A
4	ALLEGHENY GENERAL HOSPITAL 320 EAST NORTH AVENUE PITTSBURGH, PA 15224 See Section C for website 530101	X	X		X	X	X	X			A
5	THE WESTERN PENNSYLVANIA HOSPITAL 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 See Section C for website 234401	X	X		X	X	X	X			A

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? 8		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
6	FORBES REGIONAL HOSPITAL 2570 HAYMAKER ROAD MONROEVILLE, PA 15146 See Section C for website 311101	X	X		X			X			A
7	Westfield Memorial Hospital Inc 189 East Main Street Westfield, NY 14787 See Section C for website 0632000H	X	X					X			
8	SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544 See Section C for website 196001	X	X		X			X			

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

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

Form and Line Reference	Explanation
PART V, SECTION A, HOSPITAL FACILITIES	ALL OF OUR HOSPITALS ARE PART OF THE ALLEGHENY HEALTH NETWORK (AHN) AND DESCRIPTIONS CAN BE FOUND AT THE FOLLOWING WEBSITES AHN MAIN WEBSITE HTTPS //WWW AHN ORG/LOCATIONS ALLEGHENY VALLEY HOSPITAL (AKMC) HTTPS //WWW AHN ORG/LOCATIONS/ALLEGHENY-VALLEY-HOSPITAL CANONSBURG GENERAL HOSPITAL HTTPS //WWW AHN ORG/LOCATIONS/CANONSBURG-HOSPITAL JEFFERSON REGIONAL MEDICAL CENTER HTTPS //WWW AHN ORG/LOCATIONS/JEFFERSON-HOSPITAL SAINT VINCENT HOSPITAL HTTPS //WWW AHN ORG/LOCATIONS/SAINT-VINCENT-HOSPITAL ALLEGHENY GENERAL HOSPITAL HTTPS //WWW AHN ORG/LOCATIONS/ALLEGHENY-GENERAL-HOSPITAL WEST PENN HOSPITAL HTTPS //WWW AHN ORG/LOCATIONS/WEST-PENN-HOSPITAL FORBES REGIONAL HOSPITAL HTTPS //WWW AHN ORG/LOCATIONS/FORBES-HOSPITAL WESTFIELD MEMORIAL HOSPITAL https //www ahn org/locations/saint-vincent-hospital/westfield-memorial-ho spital

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 5	<p>AS PART OF THE CHNA PROCESS FOR ALL HOSPITALS, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE PRIMARY SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. DURING THE PHONE INTERVIEWS, FEEDBACK ON THE PREVIOUS CHNA WAS SOLICITED TO EVALUATE THE PROGRESS OVER THE PRIOR THREE YEARS AND TO IMPROVE ANALYSIS AND REPORTING FOR THE CURRENT CHNA PROCESS. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED BETWEEN THE MONTHS OF JUNE 2018 AND SEPTEMBER OF 2018. COMMUNITY STAKEHOLDERS IDENTIFIED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTS, 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA, 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS, THE INTERVIEWS OFFERED COMMUNITY STAKEHOLDERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES, AND OTHER INFORMATION RELEVANT TO THE STUDY. AHN HIRED A FIRM (TRIPP UMBACH) WITH EXTENSIVE EXPERIENCE IN CONDUCTING CHNAs WHO WORKED CLOSELY WITH THE INTERNAL STEERING COMMITTEE FOR ALL HOSPITALS TO IDENTIFY COMMUNITY LEADERS FROM VARIOUS SECTORS WHO ARE ENGAGED IN THE COMMUNITY AND HAVE A KNOWLEDGE OF THE COMMUNITY NEEDS. AN INTERVIEW WAS CONDUCTED AND EACH COMMUNITY STAKEHOLDER WAS ASKED THE SAME SET OF QUESTIONS. THE INTERVIEWS PROVIDED A PLATFORM FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE SERVICE AREA, AS WELL AS WAYS TO ADDRESS THOSE CONCERNS. IN ADDITION, THE PRESIDENT/CEO OF EACH FACILITY WAS INTERVIEWED. THESE INTERVIEWS ENSURED THAT THE SPECTRUM OF INTERVIEWEES INCLUDED EVERYONE FROM MEMBERS OF THE COMMUNITY TO THE INDIVIDUALS WHO OPERATE THE FACILITY ON A DAILY BASIS. FROM THE ONSET OF THE PROJECT, EACH HOSPITAL MADE IT A PRIORITY TO BE TRANSPARENT IN THE IDENTIFICATION OF THE NEEDS FOR EACH FACILITY. THE QUALITATIVE DATA COLLECTED FROM COMMUNITY STAKEHOLDERS ARE THE OPINIONS, PERCEPTIONS AND INSIGHTS OF THOSE WHO WERE INTERVIEWED AS PART OF THE CHNA PROCESS. THE INDIVIDUALS INTERVIEWED FOR THE PURPOSE OF CONDUCTING THE CHNA FOR ALL OF THE HOSPITALS INCLUDED THE FOLLOWING: 1. ANNETTE FETCHKO - ALLEGHENY HEALTH NETWORK CENTER FOR INCLUSION HEALTH 2. ASHLEY CARTER- NORTH SIDE CHRISTIAN HEALTH CENTER 3. SHARON WOLF- NORTH HILLS COMMUNITY OUTREACH 4. JERRY ALLEN- ALLEN PLACE COMMUNITY SERVICES 5. LORI SHOTTS- RN NURSE NAVIGATOR, COMMUNITY CARE NETWORK 6. RITA M. HORST, MANAGER PATIENT EXPERIENCE, AHN 7. KIM GIOVANNELLI, DIRECTOR COMMUNITY SERVICES, AHN 8. RAJ I. JAYAKRISHNAN M.S., M.H. A EXECUTIVE DIRECTOR COMMUNITY HEALTH CLINIC 9. DAVID RHOME MAYOR OF CANONSBURG 10. PEGGY TSENG- DIRECTOR, FRANK SARRIS PUBLIC LIBRARY 11. ERICH CURNOW- DIRECTOR OF CLINICAL & CASE MANAGEMENT SERVICES, WASHINGTON DRUG & ALCOHOL COMMISSION 12. LORRAINE STARKS - ALLEGHENY COUNTY HEALTH DEPARTMENT 13. EZZELDIN MOUKAMAL, VICE PRESIDENT, MEDICAL AFFAIRS, AHN 14. AMY CRAWFORD-FAUCHER, VICE CHAIR, DEPARTMENT OF FAMILY MEDICINE, AHN 15. JACOB KLEINMAN, VICE C</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 5	<p>HAIR, DEPARTMENT OF EMERGENCY MEDICINE, AHN 16 PETER NAMAN, EXECUTIVE VICE CHAIR, DEPARTM ENT OF SURGERY, AHN 17 DANIEL MUCCIO, MD, VICE PRESIDENT OF MEDICAL AFFAIRS, AHN 18 MAUR EEN MELIA CHADWICK PHD, MSN, RN, NE-BC, CHIEF NURSING OFFICER, AHN 19 WAYNE JONES, DO, EM ERGENCY ROOM MEDICAL DIRECTOR, AHN 20 BILL HAGERTY, PRESIDENT/EXECUTIVE DIRECTOR, EMERGYC ARE 21 CRAIG ULMER, EXECUTIVE DIRECTOR, COMMUNITY HEALTH NET 22 MARK KRESSE, HEALTHCARE MANAGER, GE TRANSPORTATION 23 RICHARD SWARTZ, EXECUTIVE DIRECTOR, BLOOMFIELD GARFIELD COR PORATION 24 CHRISTINA HOWELL, EXECUTIVE DIRECTOR BLOOMFIELD GARFIELD CORPORATION 25 HELE N BARAN, CHAIR WESTFIELD MEMORIAL HOSPITAL BOARD OF DIRECTORS 26 DOC HAMELS, VICE CHAIR W ESTFIELD MEMORIAL HOSPITAL 27 ANN ABDELLA, EXECUTIVE DIRECTOR, CHAUTAUQUA COUNTY HEALTH N ETWORK 28 BREE AGETT, CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH</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
PART V, SECTION B, LINE 7	THE COMMUNITY HEALTH NEEDS ASSESSMENTS CAN BE FOUND HERE HTTPS //WWW AHN ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGIES CAN BE FOUND HERE HTTPS //WWW AHN ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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	<p>THE HOSPITALS OF THE AHN DEVELOPED AN IMPLEMENTATION PLAN TO GUIDE COMMUNITY BENEFIT AND P OPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THEIR RESPECTIVE SERVICE AREAS THE FOLLOWI NG ILLUSTRATES HOW EACH HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOS T RECENTLY CONDUCTED CHNA AS WELL AS ANY NEED THAT IS NOT BEING ADDRESSED AND WHY ALLEGHE NY GENERAL HOSPITAL HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED TRANSPORTATION STRATEG IES IMPROVE ACCESS TO TRANSPORTATION SERVICES FOR PATIENTS AND FAMILIES ACTION STEPS AS SESS CURRENT TRANSPORTATION SERVICES, COLLABORATE WITH PREHOSPITAL CARE SERVICES (PCS) TO UTILIZE A CENTRALIZED COORDINATION CENTER, EDUCATE PCPS ON TRANSPORTATION SERVICES, EDUCAT E PATIENTS ON TRANSPORTATION SERVICES, CONDUCT SCREENING FOR SOCIAL DETERMINANTS OF HEALTH TO DETERMINE TRANSPORTATION NEEDS MEASURE REDUCED MISSED APPOINTMENTS DUE TO INABILITY TO ACCESS TRANSPORTATION SERVICES, REDUCED ED ADMISSIONS DUE TO INABILITY TO ACCESS TRANSP ORTATION SERVICES FOR MEDICAL APPOINTMENTS IMPACT INCREASED TRANSPORTATION SERVICES, INC REASED EDUCATION ON TRANSPORTATION SERVICES HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEE D WORKFORCE DEVELOPMENT STRATEGIES INCREASE THE NUMBER OF PEOPLE THAT RECEIVE INFORMATIO N ON RELEVANT JOBS AND PRE-EMPLOYMENT CAREER READINESS ACTION STEPS PARTNER WITH LOCAL P UBLC SCHOOLS AND COMMUNITY PARTNERS, PROVIDE EDUCATIONAL EVENTS, HOSPITAL TOURS AND OPEN HOUSES TO STUDENTS AND RESIDENTS IN OUR REGION, IDENTIFY HIGH-TURNOVER JOBS AND DEVELOP EM PLOYMENT PIPELINES SPECIFIC TO JOB OPENINGS MEASURE NUMBER OF COMMUNITY EVENTS PROVIDED, NUMBER OF INDIVIDUALS SCREENED FOR EMPLOYMENT, INCREASED NUMBER OF POSITIONS FILLED IMPA CT INCREASED NUMBER OF COMMUNITY EVENTS, DECREASE NUMBER OF HIGH TURNOVER JOBS HEALTH PR IORITY BEHAVIORAL HEALTH COMMUNITY NEED SUBSTANCE USE DISORDER STRATEGIES TO INCREASE A CCESS TO SERVICE IN THE ED FOR POST OVERDOSE MANAGEMENT ACTION STEPS DEVELOP ED PATHWAY FOR INITIATION OF MEDICATION ASSISTED THERAPY (MAT) AND WARM HAND OFF PROGRAM, EDUCATE ED PROVIDERS ON SUBSTANCE USE DISORDER AND MEDICATION ASSISTED THERAPY (MAT) AS AN EFFECTIVE TREATMENT FOR POST OVERDOSE MANAGEMENT, PROVIDE WARM HAND-OFF TO MAT TREATMENT SERVICES M EASURE NUMBER OF TRAININGS FOR HOSPITAL STAFF, NUMBER OF PATIENTS SCREENED FOR ELIGIBILIT Y FOR MAT IMPACT INCREASED AWARENESS OF TREATMENT FOR OVERDOSE COMPLICATIONS, INCREASED SERVICES FOR OVERDOSE CASES HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED DIABETES STR ATEGIES DEVELOP CHRONIC DISEASE SPECIALTY CENTERS IN AHN HOSPITALS ACTION STEPS EMBED R N NAVIGATORS AT ALL AHN HOSPITALS, DEVELOP DIABETES TRANSITION OF CARE MODELS, DEVELOP INP ATIENT CARE PATHWAYS, EDUCATE PCPS AND PATIENTS ON DIABETES MANAGEMENT, EDUCATE PATIENTS MEASURE NUMBER OF RN NAVIGATORS AT AHN HOSPITALS, A1C LEVELS FOR TARGET POPULATION IMPAC T INCREASED NUMBER OF RN NAVIGATORS, DECREASED A1C LEVELS AMONG TARGET POPULATION HEALTH PRIORITY CHRONIC DISEASE COM</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	<p>MUNITY NEED HEART DISEASE STRATEGIES DEVELOP CHRONIC DISEASE SPECIALTY CENTER AT AGH AC TION STEPS EMBED RN NAVIGATORS AT ALL AHN HOSPITALS, DEVELOP DIABETES TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, EDUCATE PCPS AND PATIENTS ON HEART DISEASE MANAGE MENT, EDUCATE PATIENTS MEASURE NUMBER OF RN NAVIGATORS EMBEDDED THROUGHOUT THE HOSPITAL, DEVELOPMENT OF CHRONIC DISEASE CARE MODEL IMPACT INCREASED NUMBER OF RN NAVIGATORS, INC REASED UTILIZATION OF A CHRONIC DISEASE CARE MODEL HEALTH PRIORITY CHRONIC DISEASE COMMU NITY NEED CANCER STRATEGIES INCREASE THE NUMBER OF ADULTS WHO RECEIVE TIMELY AGE APPROPR IATE CANCER SCREENINGS BASED ON THE MOST RECENT GUIDELINES ACTION STEPS PARTNER WITH AHN CANCER INSTITUTE TO PROVIDE CANCER SCREENINGS FOR BREAST, COLON/RECTAL, PROSTATE AND LUNG CANCER MEASURE NUMBER OF SCREENINGS PERFORMED, NUMBER OF INDIVIDUALS SCREENED FOR AT LE AST ONE CANCER IMPACT INCREASED NUMBER OF CANCER SCREENINGS, INCREASED NUMBER OF PATIENT S DIAGNOSED EARLY FOR BETTER OUTCOME ALLEGHENY VALLEY HOSPITAL HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED TRANSPORTATION STRATEGIES IMPROVE ACCESS TO TRANSPORTATION SERVICES FOR PATIENTS AND FAMILIES ACTION STEPS ASSESS CURRENT TRANSPORTATION SERVICES, COLLABOR ATE WITH PREHOSPITAL CARE SERVICES (PCS) TO UTILIZE A CENTRALIZED COORDINATION CENTER, EDU CATE PCPS ON TRANSPORTATION SERVICES, EDUCATE PATIENTS ON TRANSPORTATION SERVICES, IMPLEME NT TRANSPORTATION PROTOCOL WITH COMMUNITY PARTNER, CONTINUE TO WORK TO IMPROVE CONNECTIVIT Y WITH ONE CALL SYSTEM MEASURE INCREASED NUMBER OF DOCUMENTED COMMUNITY BASED TRANSPORTA TION RESOURCES, INCREASE THE NUMBER OF PATIENTS THAT UTILIZE TRANSPORTATION RESOURCES IMP ACT INCREASED EDUCATION ON TRANSPORTATION SERVICES FOR STAFF, INCREASE TRANSPORTATION SER VICES FOR PATIENTS, IMPROVED DISCHARGE PROCESS HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNI TY NEED MENTAL HEALTH SERVICES STRATEGY IMPROVE QUALITY OUTCOMES FOR MENTAL HEALTH DOMAI N, COLLABORATE WITH AHN BEHAVIORAL HEALTH CONSULTANTS (BHC) IN THE PRIMARY CARE PRACTICES ACTION STEPS UTILIZE NEEDS ASSESSMENT COUNSELORS/SOCIAL SERVICES TO MONITOR PATIENT ENCO UTERS IN ED, IDENTIFY PATIENTS WHO MAY BE IN NEED OF BEHAVIORAL HEALTH SUPPORT, UTILIZE T HE BHC TO PROVIDE SUPPORT FOR PATIENTS WITH MENTAL HEALTH ISSUES MEASURE NUMBER OF PATIE NTS REFERRED TO INPATIENT OR OUTPATIENT FACILITIES IMPACT IMPROVED QUALITY OUTCOMES, INC REASE AWARENESS OF AVAILABLE RESOURCES, INCREASE NUMBER OF PATIENTS RECEIVING TREATMENT H EALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED SUBSTANCE ABUSE DISORDER STRATEGY TO IN CREASE ACCESS TO SERVICES IN THE ED FOR POST OVERDOSE MANAGEMENT ACTION STEPS CONSULT WI TH NEEDS ASSESSMENT COUNSELORS TO DISCUSS TREATMENT OPTIONS FOR ED PATIENTS, USE ED PATHWA Y FOR INITIATION OF MAT AND WARM HAND OFF PROGRAM, EDUCATE ED PROVIDERS ON SUBSTANCE USE D ISORDER AND MEDICATION ASSISTED THERAPY (MAT) AS AN EFFECTIVE TREATMENT FOR POST OVERDOSE MANAGEMENT, PROVIDE WARM HAND-</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	<p>OFF TO MAT TREATMENT SERVICES MEASURE NUMBER OF TRAININGS FOR HOSPITAL STAFF, NUMBER OF PATIENTS SCREENED FOR ELIGIBILITY FOR MAT IMPACT INCREASED AWARENESS OF TREATMENT FOR OVERDOSE COMPLICATIONS, INCREASED SERVICES FOR OVERDOSE CASES HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED DIABETES STRATEGY DEVELOP CHRONIC DISEASE SPECIALTY CENTER IN AVH, DEVELOP PARTNERSHIP WITH PRIMARY CARE REDESIGN, PREVENT THE ONSET AND DEVELOPMENT OF DIABETES ACTION STEPS DEVELOP DIABETES TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, RECEIVE QUARTERLY DATA SUMMARY OF PRACTICE AND REGION PERFORMANCE ON DIABETES MEASURES , PROVIDE WORKFLOW REDESIGN SUPPORT FOR DIABETES QI EFFORT INITIATIVE, PROVIDE PATIENT EDUCATION ON RISK FACTORS AND DISEASE MANAGEMENT, PARTNER WITH COMMUNITY TO PROVIDE EDUCATION , CONNECT WITH DIABETES SUPPORT INITIATIVE, SCREEN FOR FOOD INSECURITIES BY COMMUNITY CARE NETWORK (CCN) MEASURE A1C LEVELS FOR TARGET POPULATION, NUMBER OF COMMUNITY EVENTS, QUALITY OUTCOMES FROM PCP OFFICE INFORMATION, NUMBER OF COMMUNITY PROGRAMS, PERFORMANCE ON DIABETES MEASURES, RESULTS OF SCREENINGS FOR FOOD INSECURITIES IMPACT DECREASED A1C LEVELS AMONG TARGET POPULATION, INCREASED COMMUNITY PROGRAMS IMPROVED OUTCOMES FOR DIABETES MEASURES, IMPROVED QUALITY OF LIFE FOR DIABETIC PATIENTS, INCREASED COMMUNITY PROGRAMS, IMPROVED QUALITY MEASURES HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED HEART DISEASE STRATEGY IMPROVE QUALITY OUTCOMES ASSOCIATED WITH HEART DISEASE ACTION STEPS COLLABORATE WITH STROKE TEAM TO PROVIDE STROKE AWARENESS COMMUNITY EVENTS, EXTEND PROVISION OF CURRENT CH F AT HOME SCALE FOR COMMUNITY CARE NETWORK (CCN) PATIENTS, PARTNER WITH LOCAL YMCA TO PROVIDE EXERCISE OPTIONS FOR CARDIAC REHAB PATIENTS MEASURE NUMBER OF COMMUNITY EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF CCN CHF PATIENTS THAT UTILIZE A SCALE, READMISSIONS FOR CHF PATIENTS, NUMBER OF PATIENTS THAT SEEK EXERCISE PROGRAMS AT LOCAL YMCA IMPACT IMPROVED QUALITY OUTCOMES, INCREASED EDUCATION ON STROKE RISK FACTORS, INCREASED CCN CHF PATIENTS WITH A SCALE, DECREASED READMISSIONS FOR CCN CHF PATIENTS, INCREASED ROUTINE EXERCISE FOR CARDIAC REHAB PATIENTS CANONSBURG GENERAL HOSPITAL HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED ACCESS TO PRIMARY CARE STRATEGY ENHANCE PCP AVAILABILITY, CONVERT CURRENT HOSPITALISTS BACK TO THE PCP OFFICE SETTING ACTION STEPS EXPAND PCP OFFICE HOURS TO INCLUDE WEEKENDS, MOVE HOSPITAL BASED PCPS BACK TO OFFICE BASE ONLY, UTILIZE CRNPS TO EXTEND OFFICE HOURS HIRE ADDITIONAL PURE HOSPITALISTS TO BACKFILL OPEN POSITIONS AT THE HOSPITAL, UTILIZE CRNPS TO EXTEND OFFICE HOURS MEASURE NUMBER OF OFFICE VISITS WITH PCP IMPACT INCREASED ACCESS TO PCP, INCREASED PCP OFFICE VISITS HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED SUBSTANCE USE DISORDER STRATEGY STRENGTHENED PATIENT ACCESS TO DRUG AND ALCOHOL SPECIALISTS, PROVIDE MEDICATION TO OVERDOSE PATIENTS IN THE ED</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
ACTION STEPS PROVIDE ACCESS FROM ED TO APPROPRIATE INPATIENT OR	<p>OUTPATIENT TREATMENT PROGRAMS, COLLABORATE WITH WASHINGTON DRUG & ALCOHOL CENTER (WDAC) TO HAVE DRUG AND ALCOHOL COUNSELOR AVAILABLE TO THE ED OR OFFSITE IDENTIFY PATIENTS WITH OV ERDOSE OR SYMPTOMS OF DRUG USE, PROVIDE NARCAN AND EDUCATION TO THOSE PATIENTS WITH OVERDO SE OR SYMPTOMS OF DRUG USE MEASURE NUMBER OF PATIENTS SEEN ON SITE, NUMBER OF PATIENTS R EFERRED OFF SITE, NUMBER OF NARCAN KITS ISSUED, NUMBER OF RETURN OVERDOSE PATIENTS IN THE ED, NUMBER OF RETURN PATIENTS SHOWING SYMPTOMS OF DRUG USE IN THE ED IMPACT INCREASED AC CESS TO DRUG AND ALCOHOL SPECIALIST, INCREASED NUMBER OF PATIENTS REFERRED TO APPROPRIATE TREATMENT, INCREASED EDUCATION ON NARCAN KIT USE, DECREASE NUMBER OF OVERDOSE DEATHS, DECR EASE IN NUMBER OF PATIENTS WITH MULTIPLE OVERDOSE ENCOUNTERS HEALTH PRIORITY CHRONIC DIS EASE COMMUNITY NEED DIABETES STRATEGY REDUCE THE NUMBER OF HYPOGLYCEMIC EPISODES DUE TO THE USE OF OLDER DIABETES MEDICATIONS, DEVELOP CHRONIC DISEASE SPECIALTY CENTER IN CANONSBURG HOSPITAL ACTION STEPS SCREEN HOME MEDICATIONS LIST TO IDENTIFY PATIENTS FOR USE OF F IRST GENERATION (OLDER) ANTI-DIABETIC MEDICATIONS, CONDUCT INTERVIEW WITH ELIGIBLE PATIENT S REGARDING HYPOGLYCEMIC EPISODES, WHEN APPROPRIATE, CONVERT DIABETIC PATIENTS TO NEWER DI ABETIC MEDICATIONS THAT HAVE LOWER POTENTIAL FOR HYPOGLYCEMIA, EMBED RN NAVIGATORS IN CANO NSBURG HOSPITAL, DEVELOP DIABETES TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWA YS, EDUCATE PCPS AND PATIENTS ON DIABETES MANAGEMENT, PROMOTE LIFESTYLE CHANGE INTERVENTIO NS AND INTENSIVE CASE MANAGEMENT TO REDUCE RISK OF DIABETES AND CARDIOVASCULAR DISEASE IN HIGH-RISK INDIVIDUALS MEASURE NUMBER OF PATIENTS IDENTIFIED AS USING OLDER MEDICATIONS, NUMBER OF PATIENTS CONVERTED TO NEW MEDICATIONS, NUMBER OF RN NAVIGATORS, A1C LEVELS FOR T ARGET POPULATION IMPACT DECREASE IN THE USE OF OLDER DIABETES MEDICATIONS, DECREASE IN H YPOGLYCEMIC EPISODES, INCREASE NUMBER OF RN NAVIGATORS, DECREASED A1CLEVELS AMONG TARGET P OPULATION HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED HEART DISEASE STRATEGY PROVID E EDUCATION ON SITE AND IN THE COMMUNITY ON THE HEALTH RISKS OF HEART DISEASE, DEVELOP CHR ONIC DISEASE SPECIALTY CENTER AT CANONSBURG HOSPITAL ACTION STEPS PARTNER WITH THE COMMU NITY TO PROVIDE HEART DISEASE EDUCATION CLASSES, CONDUCT HEALTH FAIRS, EMBED RN NAVIGATORS AT CANONSBURG HOSPITAL, DEVELOP TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAY S, EDUCATE PCPS AND PATIENTS ON HEART DISEASE MANAGEMENT, EDUCATE PATIENTS MEASURE NUMBE R OF EDUCATION CLASSES PROVIDED, NUMBER OF HEALTH FAIRS, NUMBER OF RN NAVIGATORS EMBEDDED THROUGHOUT THE HOSPITAL, DEVELOPMENT OF CHRONIC DISEASE CARE MODEL IMPACT INCREASED EDUC ATION AND AWARENESS OF HEART DISEASE RISK FACTORS, INCREASE NUMBER OF RN NAVIGATORS, INCRE ASED UTILIZATION OF A CHRONIC DISEASE CARE MODEL FORBES HOSPITAL HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED TRANSPORTATION STRATEGY IMPROVE ACCESS TO TRANSPORTATION SERVICES FOR PATIENTS AND FAMILIES AC</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
ACTION STEPS PROVIDE ACCESS FROM ED TO APPROPRIATE INPATIENT OR	<p>TION STEPS ASSESS CURRENT TRANSPORTATION SERVICES, COLLABORATE WITH PREHOSPITAL CARE SERV ICES TO UTILIZE A CENTRALIZED COORDINATION CENTER, EDUCATE PCPS ON TRANSPORTATION SERVICES , EDUCATE PATIENTS ON TRANSPORTATION SERVICES, CONDUCT SCREENING FOR SOCIAL DETERMINANTS O F HEALTH TO DETERMINE TRANSPORTATION NEEDS, ENHANCE THE HERITAGE BUS LINE TO CREATE A NEW BUS STOP AT THE AHN FORBES OUTPATIENT CENTER, WORK WITH PORT AUTHORITY (PAT) AND LOCAL MUN ICIPALITY LEADERS TO ESTABLISH A PAT BUS STOP ON THE FORBES CAMPUS MEASURE REDUCED MISSE D APPOINTMENTS DUE TO INABILITY TO ACCESS TRANSPORTATION SERVICES, REDUCED ED ADMISSIONS D UE TO INABILITY TO ACCESS TRANSPORTATION SERVICES FOR MEDICAL APPOINTMENTS IMPACT INCREA SED TRANSPORTATION SERVICES, INCREASE EDUCATION ON TRANSPORTATION SERVICES, IMPROVE BUS AC CESS TO THE FORBES CAMPUS HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED LESBIAN, GAY, B ISEXUAL, TRANSGENDER, QUESTIONING (LGBTQ) STRATEGY TRAIN STAFF ON BASIC CULTURAL COMPETEN CY MODULE, MODIFY CARE DELIVERY MODEL TO BE MORE AFFIRMING AND WELCOMING TO LGBTQ PATIENTS ACTION STEPS ESTABLISH GUIDELINES FOR IMPLEMENTATION, USING THE HEALTHCARE EQUALITY IND EX AS A METRIC, SHARE MODEL WITH OTHER AHN HOSPITALS, EVALUATE AND MODIFY POLICIES AND PRO CEDURES, USING ESTABLISHED BEST PRACTICES AND PATIENT ADVOCACY MEASURE PRE- AND POST-TRA INING ASSESSMENTS, USE HEALTHCARE EQUALITY INDEX IMPACT INCREASED KNOWLEDGE CULTURAL CO MPETENCE, INCREASED KNOWLEDGE SYSTEM-WIDE, IMPROVE CARE DELIVERY HEALTH PRIORITY BEHAVIO RAL HEALTH COMMUNITY NEED MENTAL HEALTH SERVICES STRATEGY PROVIDE EDUCATION TO PUBLIC AB OUT MENTAL HEALTH ISSUES AND TREATMENT OPTIONS, COLLABORATE WITH BEHAVIORAL HEALTH CONSULT ANTS (BHC) INTO PRIMARY CARE PRACTICES, DEVELOP AND IMPLEMENT OUTPATIENT CHILD AND ADOLESC ENT MENTAL HEALTH SERVICES ACTION STEPS SPONSOR MENTAL HEALTH FIRST AID TRAIN-THE-TRAINE R AND COMMUNITY MHFA TRAININGS TO THE PUBLIC, IDENTIFY PATIENTS WHO MAY BE IN NEED OF BEHA VIORAL HEALTH SUPPORT, ADMINISTER THE PHQ-2 AT EVERY PRIMARY CARE VISIT AND PHQ-9 FOR PATI ENTS WHO SCREEN POSITIVE ON THE PHQ-2, OFFER CONSULTATION AND TREATMENT WITH THE PRACTICES BHC, MONITOR PHQ-9 SCORES OVER TIME FOR IMPROVEMENT, COLLABORATE WITH PSYCHIATRIC AND BEH AVIORAL HEALTH INSTITUTE TO DEVELOP STRATEGIES AND FUNDING TO IMPLEMENT OUTPATIENT FACILIT Y MEASURE NUMBER OF EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF PATIENTS REFERRED TO INPAT IENT OR OUTPATIENT FACILITIES, NUMBER OF CHILDREN REFERRED TO OUTPATIENT SERVICES IMPACT INCREASED AWARENESS OF SIGNS OF MENTAL HEALTH ILLNESS, INCREASE AWARENESS OF AVAILABLE RE SOURCES FOR RECOVERY, INCREASE NUMBER OF BHCS IN PRACTICES, IMPROVED PHQ9 SCORES, INCREASE D ACCESS TO MENTAL HEALTH SERVICES FOR CHILDREN HEALTH PRIORITY BEHAVIORAL HEALTH COMMUN ITY NEED SUBSTANCE ABUSE DISORDER STRATEGY TO INCREASE ACCESS TO SERVICES IN THE ED FOR POST OVERDOSE MANAGEMENT ACTION STEPS DEVELOP ED PATHWAY FOR INITIATION OF MEDICATION AS SISTED THERAPY (MAT) AND WARM</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
ACTION STEPS PROVIDE ACCESS FROM ED TO APPROPRIATE INPATIENT OR	HAND OFF PROGRAM, EDUCATE ED PROVIDERS ON SUBSTANCE USE DISORDER MAT AS AN EFFECTIVE TREAT MENT FOR POST OVERDOSE MANAGEMENT, PROVIDE WARM HAND-OFF TO MAT TREATMENT SERVICES MEASUR E NUMBER OF TRAININGS FOR HOSPITAL STAFF, NUMBER OF PATIENTS SCREENED FOR ELIGIBILITY FOR MAT IMPACT INCREASED AWARENESS OF TREATMENT FOR OVERDOSE COMPLICATIONS, INCREASED SERVI CES FOR OVERDOSE CASES HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED DIABETES STRATEGY DEVELOP CHRONIC DISEASE SPECIALTY CENTER IN FORBES HOSPITAL, DEVELOP PARTNERSHIP WITH PR IMARY CARE REDESIGN ACTION STEPS EMBED RN NAVIGATORS FORBES HOSPITAL, DEVELOP DIABETES T RANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, EDUCATE PCPS AND PATIENTS ON DI ABETES MANAGEMENT, PROMOTE LIFESTYLE CHANGE INTERVENTIONS AND INTENSIVE CASE MANAGEMENT TO REDUCE RISK OF DIABETES AND CARDIOVASCULAR DISEASE IN HIGH-RISK INDIVIDUALS, RECEIVE QUAR TERLY DATA SUMMARY OF PRACTICE AND REGION PERFORMANCE ON DIABETES MEASURES, PROVIDE WORKFL OW REDESIGN SUPPORT FOR DIABETES QI EFFORTS INITIATIVE MEASURE NUMBER OF RN NAVIGATORS, A1C LEVELS FOR TARGET POPULATION, PERFORMANCE ON DIABETES MEASURES IMPACT INCREASED NUMB ER OF RN NAVIGATORS, DECREASED A1C LEVELS AMONG TARGET POPULATION, IMPROVE OUTCOMES FOR DI ABETES MEASURES, IMPROVED QUALITY OF LIFE FOR DIABETIC PATIENTS HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED HEART DISEASE STRATEGY DEVELOP CHRONIC DISEASE SPECIALTY CENTER A T FORBES HOSPITAL ACTION STEPS EMBED RN NAVIGATORS AT FORBES HOSPITAL, DEVELOP TRANSITIO N OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, EDUCATE PCPS AND PATIENTS ON HEART DISE ASE MANAGEMENT, EDUCATE PATIENTS MEASURE NUMBER OF RN NAVIGATORS EMBEDDED THROUGHOUT THE HOSPITAL, DEVELOPMENT OF CHRONIC DISEASE CARE MODEL IMPACT INCREASED NUMBER OF RN NAVIG ATORS, INCREASED UTILIZATION OF A CHRONIC DISEASE CARE MODEL JEFFERSON HOSPITAL HEALTH PR IORITY ACCESS TO CARE COMMUNITY NEED COST OF CARE (GOAL 1) STRATEGIES IMPLEMENT AT LEAS T ONE PROJECT AIMED AT REDUCING RX EXPENDITURES, REDUCE INCIDENCE OF NEGATIVE SIDE-AFFECTS OR INEFFECTIVE ANTIBIOTIC TREATMENT FOR INFECTION, IMPLEMENT A PROJECT TO ADDRESS MEDICAT ION NEEDS OF DISCHARGED PATIENTS

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
ACTION STEPS REVIEW PATIENTS HIGH COST RX, TARGET RESTRICTING HIGH COST	<p>GENERICS IN FAVOR OF LOWER COST MANUFACTURERS FOR THE IDENTICAL GENERIC MEDICATION, ENGAGE AHN QUALITY SPECIALISTS TO PROVIDE PCP AND SPECIALISTS WITH EDUCATIONAL CAMPAIGNS DESIGNED TO PROMOTE THE USE AND BENEFITS OF GENERIC AND OTHER LOWER COST OPTIONS TO PATIENTS, PHARMACISTS WILL BE INVOLVED IN CULTURE FOLLOW-UP PROCESS FOR ED VISITS FOR UTIS, WOUND INFECTIONS, THROAT CULTURES, AND STDs, DEVELOP AN ALGORITHM OR A STANDARDIZED PROTOCOL BY WHICH PHARMACISTS CAN RECOMMEND APPROPRIATE ACTIONS, REVIEW CULTURE ALERTS RECEIVED AFTER DISCHARGE FROM ED AND WHEN APPROPRIATE, MODIFY TREATMENT RECOMMENDATIONS BASED ON CONSULT BETWEEN ED PHARMACIST AND ED PROVIDER, DEVELOP MEDS TO BED PROGRAM TO IMPROVE PATIENT OUTCOMES WITH MEDICATION ADHERENCE THROUGH UPFRONT EDUCATION, CLARIFICATION OF QUESTIONS AND RESOLUTION OF INSURANCE ISSUES MEASURES THE COST SAVINGS OF MOVING THE PATIENTS TO THE LOWER COST MEDICATIONS, PERCENT OF APPROPRIATE ANTIBIOTIC BASED ON BACTERIA, PERCENT OF APPROPRIATE DURATION OF TREATMENT BASED ON TYPE OF INFECTION, PERCENT OF READMISSIONS RETURN VISITS TO ED FOR SAME ISSUE OR SIDE-AFFECT FROM TREATMENT DRUG, NUMBER OF PATIENTS UTILIZING THE MEDS TO BEDS PROGRAM, NUMBER OF PATIENTS UTILIZING MEDS TO BEDS WITH MEDICATION RELATED READMISSIONS IMPACT INCREASED USE IN GENERIC FROM LOWER COST MANUFACTURES, DECREASE OUT OF POCKET EXPENDITURES FOR MEDICATIONS, REDUCED READMISSIONS DUE TO INCIDENCE OF NEGATIVE SIDE EFFECTS OR INEFFECTIVE ANTIBIOTIC TREATMENT, REDUCED ED VISITS DUE TO INCIDENCE OF NEGATIVE SIDE EFFECTS OR INEFFECTIVE ANTIBIOTIC TREATMENT, DECREASE MEDICATION RELATED READMISSION RATES, REDUCED OUT OF POCKET EXPENSES TO THE PATIENT HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED COST OF CARE (GOAL 2) STRATEGIES IMPLEMENT PHASE I OF FRONT DOOR INITIATIVE FOR SOCIAL EMERGENCY MEDICINE GRANT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH, IMPLEMENT A PROGRAM DESIGNED TO ADDRESS FOOD INSECURITY AND LACK OF NUTRITION ACTION STEPS SCREEN/ASSESS SOCIAL FACTORS IMPACTING PATIENT HEALTH AND ACUTE PHYSICAL EMERGENCIES, ESTABLISH REFERRAL PROCESS WITH COMMUNITY PARTNERS FOR COORDINATED CARE OUTSIDE OF THE ED, REINFORCE A SENSE OF PRIDE AND TRUST OF THE ED BY THE COMMUNITY AS A CENTRAL ASSET, ESTABLISH A ADVISORY COUNCIL INCLUSIVE OF INTERNAL STAFF, COMMUNITY ORGANIZATIONS AND VISIONARIES, REVIEW NATIONAL MODELS OF EXCELLENCE IN SOCIAL EMERGENCY MEDICINE, UNDERSTAND AND ANALYZE COMMUNITY AND ED POPULATION DATA, IMPROVE REFERRAL AND FOLLOW UP PROCESS, IMPLEMENT STAFF TRAINING ON CULTURAL COMPETENCY, SOCIAL DETERMINANTS OF HEALTH, ENCP, INTEGRATE SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL IN EPIC FOR ED PATIENTS, COLLABORATE WITH THE GREATER PITTSBURGH COMMUNITY FOOD BANK TO PROVIDE A MEDICALLY-TAILORED FOOD PACKAGE FOR PATIENTS AT DISCHARGE, SCREEN FOR FOOD INSECURITY, PROVIDE FOOD PACKAGES WITH FOOD ASSISTANCE RESOURCES MEASURES ED UTILIZATION FOR TARGET POPULATION, HOSPITAL READMISSIONS FOR TARGET POPULATION, REFERRALS TO NEEDED COMMUNITY</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
ACTION STEPS REVIEW PATIENTS HIGH COST RX, TARGET RESTRICTING HIGH COST	<p>TY SERVICES, 30-DAY UNPLANNED READMISSIONS, ADHERENCE TO MEDICAL TEST AND FOLLOW UP APPOIN TMENTS, PATIENT REPORTED QUALITY OF LIFE IMPROVEMENT IMPACT DECREASED NON URGENT ED VISI TS, DECREASED READMISSION RATES, INCREASE COMMUNITY REFERRALS, INCREASE NUMBER OF FOOD PAC KAGES PROVIDED, REDUCED READMISSION RATES, IMPROVED ADHERENCE TO MEDICAL TEST AND FOLLOW-U P APPOINTMENTS, IMPROVED QUALITY OF LIFE HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED COST OF CARE (GOAL 3) STRATEGIES ENGAGE TRANSITIONAL CARE MANAGEMENT TEAM TO CONDUCT OUTR EACH TO PATIENTS UPON DISCHARGE FROM HOSPITAL AND AFTER ED VISITS ACTION STEPS PCP OFFIC E CONTACTS PATIENTS WITHIN 2 DAYS OF A HOSPITAL DISCHARGE TO REVIEW DISCHARGE INSTRUCTIONS AND MEDICATIONS, IDENTIFY BARRIERS TO PATIENTS FOLLOWING UP WITH THE CARE PLAN, SCHEDULE A TRANSITIONAL CARE MANAGEMENT VISIT WITH THE PCP, PLACE HIGH PRIORITY ON PATIENTS WITH FR EQUENT ED UTILIZATION, PROVIDE PATIENT EDUCATION ON WHEN TO USE THE ED VS PCP, SCHEDULE F OLLOW-UP PCP APPOINTMENTS MEASURES HOSPITAL 30 DAY READMISSIONS FOR TARGET POPULATION, E D UTILIZATION FOR TARGETED POPULATIONS IMPACT DECREASED READMISSION RATES, DECREASED NON URGENT ED UTILIZATION, INCREASE IN PCP UTILIZATION TO AVOID ESCALATION TO ACUTE HEALTH CO NDITIONS HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED MENTAL HEALTH SERVICES STRATE GIES PROVIDE EDUCATION TO PUBLIC ABOUT MENTAL HEALTH ISSUES AND TREATMENT OPTIONS, RECRUI T, HIRE, TRAIN AND INTEGRATE BEHAVIORAL HEALTH CONSULTANTS (BHC) INTO AMBULATORY PRACTICES ACTION STEPS COLLABORATE WITH JEFFERSON REGIONAL FOUNDATION TO SPONSOR MENTAL HEALTH FI RST AID TRAIN-THE-TRAINER AND COMMUNITY MHFA TRAININGS TO THE PUBLIC, IDENTIFY PATIENTS WH O MAY BE IN NEED OF BEHAVIORAL HEALTH SUPPORT, ADMINISTER THE PHQ-2 AT EVERY PRIMARY CARE VISIT AND PHQ-9 FOR PATIENTS WHO SCREEN POSITIVE ON THE PHQ-2, OFFER CONSULTATION & TREATM ENT WITH THE PRACTICES BHC, MONITOR PHQ-9 SCORES OVER TIME FOR IMPROVEMENT MEASURES NUMB ER OF EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF BHCS INTEGRATED INTO PHYSICIAN & AMBULATOR Y PRACTICES, BEHAVIORAL HEALTH AND PSYCHO SOCIAL ISSUE REDUCTION BY MONITORING PHQ-9 SCORE S IMPACT INCREASED AWARENESS OF SIGNS OF MENTAL HEALTH ILLNESS, INCREASE AWARENESS OF AV AILABLE RESOURCES FOR RECOVERY, INCREASED NUMBER OF BHCS IN PRACTICES, IMPROVED PHQ9 SCORE S HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED DIABETES STRATEGIES DEVELOP CHRONIC D ISEASE SPECIALTY CENTERS IN ALL AHN HOSPITALS, PROVIDE SUPPORT TO PRIMARY CARE PROVIDERS W ITH DATA ABOUT PERFORMANCE ON DIABETES MEASURES AND SUPPORT FOR QUALITY IMPROVEMENT ACTIVI TIES TO ENHANCE PERFORMANCE ON DIABETES CARE ACTION STEPS EMBED RN NAVIGATORS AT ALL AHN HOSPITALS, DEVELOP DIABETES TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, E DUCATE PCPS AND PATIENTS ON DIABETES MANAGEMENT, PROMOTE LIFESTYLE CHANGE INTERVENTIONS AN D INTENSIVE CASE MANAGEMENT TO REDUCE RISK OF DIABETES AND CARDIOVASCULAR DISEASE IN HIGH- RISK INDIVIDUALS, CONTINUE PAR</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
ACTION STEPS REVIEW PATIENTS HIGH COST RX, TARGET RESTRICTING HIGH COST	TNERSHIP WITH PRIMARY CARE REDESIGN, PROVIDE QUARTERLY DATA SUMMARY OF PRACTICE AND REGION PERFORMANCE ON DIABETES MEASURES AND ON-DEMAND PATIENT-LEVEL DATA VIA THE EMR TO GUIDE PO PULATION HEALTH MANAGEMENT ACTIVITIES, PROVIDE TRAINING AND WORKFLOW REDESIGN SUPPORT FOR DIABETES QI EFFORTS VIA COACHING FROM A PRACTICE TRANSFORMATION SPECIALIST AND CONSULTATIO N WITH ENDOCRINOLOGISTS FROM THE AHN DIABETES PRIMARY CARE SUPPORT INITIATIVE MEASURES N UMBER OF RN NAVIGATORS AT AHN HOSPITALS, A1C LEVELS FOR TARGET POPULATION, PERFORMANCE ON DIABETES MEASURES HBA1C AT GOAL, RETINAL EYE EXAM, STATIN THERAPY, BP CONTROL, ANNUAL URI NE MICRO ALBUMIN RE NEPHROPATHY, FOOT EXAM AND PERCENTAGE OF DIABETICS WHO ARE NON-SMOKER S IMPACT INCREASE NUMBER OF RN NAVIGATORS, DECREASED A1C LEVELS AMONG TARGET POPULATION, IMPROVE OUTCOMES FOR DIABETES MEASURES, IMPROVE QUALITY OF LIFE FOR DIABETIC PATIENTS HE ALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED CANCER (GOAL 1) STRATEGIES PROVIDE RESOURC E TO HELP INDIVIDUALS STOP THE USE OF TOBACCO PRODUCTS, INCREASE THE NUMBER OF ADULTS WHO RECEIVE TIMELY AGE APPROPRIATE CANCER SCREENINGS BASED ON THE MOST RECENT GUIDELINES ACTI ON STEPS COLLABORATE WITH JEFFERSON REGIONAL FOUNDATION TO PROVIDE A GRANT TO CONSUMER HE ALTH COALITION TO TRAIN TOBACCO CESSATION COUNSELORS AND ORGANIZE QUITTING WORKSHOPS, TRAI N HOSPITAL EMPLOYEES ON TOBACCO CESSATION COUNSELING, OFFER WORKSHOPS AT JEFFERSON HOSPITA L, PLAN FREE CANCER SCREENINGS FOR PROSTATE, BREAST, SKIN, CERVICAL, COLON/RECTAL, AND LUN G CANCER, DISTRIBUTE BOOKLET ON AGE-APPROPRIATE CANCER SCREENINGS MEASURES NUMBER OF EDU CATIONAL EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF SCREENINGS PERFORMED, NUMBER OF ABNORMA L SCREENINGS IDENTIFIED AND REFERRED FOR ADDITIONAL TESTING, NUMBER OF INDIVIDUALS SCREENE D FOR AT LEAST ONE CANCER IMPACT INCREASED NUMBER OF EDUCATION EVENTS AT AHN HOSPITAL SI TES, ESPECIALLY HIGH -RISK AREAS, INCREASE NUMBER OF TRAINED HOSPITAL EMPLOYEES, INCREASED NUMBER OF TRAINED COMMUNITY PARTNERS, INCREASED NUMBER OF CANCER SCREENINGS, INCREASED NU MBER OF PATIENTS DIAGNOSED EARLY FOR BETTER OUTCOME HEALTH PRIORITY CHRONIC DISEASE COMM UNITY NEED CANCER (GOAL 2) STRATEGIES INCREASE THE VOLUME OF PATIENTS PARTICIPATING IN P ROGRAMS THAT HELP PEOPLE DEALING WITH A CANCER DIAGNOSIS AND THE CHALLENGES RELATED TO TRE ATMENT

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
ACTION STEPS PROMOTE CANCER CARE CENTERS CANCER SUPPORT GROUP, PROMOTE	THE LOOK GOOD FEEL BETTER, PROMOTE AHN CANCER INSTITUTE HAS STARTED PRE-CHEMO TREATMENT VI SITS FOR ALL PATIENTS UNDERGOING CHEMOTHERAPY AT THE JEFFERSON HOSPITAL, PARTNERS WITH OUR CLUBHOUSE, TO OFFER LIVING LIFE POST CANCER TREATMENT, PARTNER WITH THE AMERICAN CANCER S OCIETY TO PROMOTE A FREE WIG SALON, PROVIDE SATCHELS OF CARING FOR CANCER PATIENTS, PROVID E FREE NUTRITION CONSULTATION TO ONCOLOGY PATIENTS, ENGAGE AN ONCOLOGY SOCIAL WORKER TO OF FER FREE ASSISTANCE TO ONCOLOGY PATIENTS WITH THEIR SOCIAL DETERMINANTS OF NEED, UTILIZE A NURSE NAVIGATOR TO PROVIDE COORDINATION OF THEIR CARE AS PATIENTS GO THROUGH THEIR CANCER JOURNEY MEASURES NUMBER OF PROGRAMS, NUMBER OF PARTICIPANTS IMPACT INCREASED NUMBER O F CANCER SUPPORT EVENTS, INCREASED NUMBER INDIVIDUALS ACCESSING SERVICES OF SUPPORT GROUPS HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED OBESITY STRATEGIES COLLABORATE WITH LO CAL SCHOOL, AFTER SCHOOL PROGRAM, AND PEDIATRIC PRACTICES TO ENCOURAGE CHILDREN TO BECOME MORE ACTIVE, IMPLEMENT A PROGRAM TO REDUCE OBESITY IN ADULTS, IMPROVE HEALTH LITERACY ON I SSUES RELATED TO OBESITY, OFFER SUPPORT TO INDIVIDUALS WORKING ON WEIGHT MANAGEMENT ACTIO N STEPS WORK WITH LOCAL SCHOOLS/AFTER SCHOOL PROGRAM TO IMPLEMENT CATCH KIDS CLUB (NIH PR OGRAM) OR SIMILAR EVIDENCE-BASED CURRICULUM, OFFER EAT HEALTHY, BE ACTIVE COMMUNITY WORKSH OPS (OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM) OR SIMILAR PROGRAM, COLLAB ORATE WITH VENTURE OUTDOORS OR SIMILAR PROGRAMS TO GET PEOPLE ACTIVE, ESTABLISH A SPEAKERS BUREAU TO PROVIDE EDUCATION TO COMMUNITY ORGANIZATIONS ON TOPICS SUCH AS NUTRITION, DIABE TES, AND EXERCISE, OFFER A MONTHLY SUPPORT GROUP FOR PEOPLE TO SHARE PERSONAL EXPERIENCES, FEELINGS, AND COPING STRATEGIES ON WEIGHT MANAGEMENT MEASURES NUMBER OF CHILDREN ENROLL ED IN PROGRAMS, NUMBER PROGRAMS OFFERED, NUMBER OF COMMUNITY-BASED EDUCATION EVENTS, NUMBE R OF PARTICIPANTS, NUMBER OF ACTIVITIES, NUMBER OF PROGRAMS PROVIDED, NUMBER OF PARTICIPAN TS, IMPACT INCREASED AWARENESS OF HEALTHY BEHAVIORS FOR CHILDREN GRADES K-5, INCREASE NUM BER OF COMMUNITY-BASED EVENTS ON OBESITY, INCREASE NUMBER OF OPPORTUNITIES FOR PHYSICAL AC TIVITY, EDUCATION, AND NUTRITION, INCREASE NUMBER OF PEOPLE ENGAGED IN ACTIVITIES TO REDUC E OBESITY, IMPROVED ABILITY TO OBTAIN, PROCESS, AND UNDERSTAND HEALTH INFORMATION NEEDED T O MAKE INFORMED HEALTH DECISIONS, FILL THE GAP BETWEEN MEDICAL TREATMENT AND EMOTIONAL SUP PORT FOR THOSE WITH WEIGHT MANAGEMENT CHALLENGES SAINT VINCENT HOSPITAL HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED ACCESS TO PRIMARY CARE STRATEGIES IDENTIFY AND EDUCATE PAT IENTS THAT DO NOT HAVE A PCP, INCREASE THE NUMBER OF NEW PRIMARY CARE PATIENT VISITS, INCR EASE NUMBER OF SCHEDULED PCP APPOINTMENTS ACTION STEPS IDENTIFY UNATTRIBUTED PATIENTS TH ROUGH SCHEDULING TOOL, IDENTIFY UNATTRIBUTED PATIENTS THROUGH BIOMETRIC SCREENING PROCESS, CREATE HANDOFF TO CALL CENTER, PARTNER WITH LOCAL BUSINESSES TO PROMOTE PCP ENGAGEMENT, U TILIZE MEET DR RIGHT EVENTS,

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
ACTION STEPS PROMOTE CANCER CARE CENTERS CANCER SUPPORT GROUP, PROMOTE	PARTNER WITH CLINICAL ACCESS TEAM, IMPLEMENT CENTRALIZED SCHEDULING, IMPLEMENT ONLINE SCHE DULING, INCREASE # OF SAME DAY SLOTS OFFERED, PARTNER WITH AHN TEMPLATE TEAM TO ACHIEVE TE MPLATE STANDARDIZATION AND OPTIMIZATION MEASURE NUMBER OF PATIENTS CONNECTED TO A PCP, N UMBER OF PARTICIPANTS AT COMMUNITY EVENTS, NUMBER OF NEW PATIENT VISITS, NUMBER OF ONLINE SCHEDULED CALLS, NUMBER OF SAME DAY APPOINTMENTS IMPACT INCREASE IN NUMBER OF PATIENTS A SSIGNED TO A PCP, INCREASE ACCESS TO PCP, NUMBER OF NEW PATIENTS, INCREASE IN NUMBER OF ON LINE APPOINTMENTS HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED MENTAL HEALTH SERVIC ES STRATEGIES INCREASE ACCESS TO COMMUNITY-BASED MENTAL HEALTH EDUCATION SESSIONS, INCREA SE PRIMARY CARE PROVIDER NETWORK AWARENESS OF GERIATRIC BEHAVIORAL HEALTH SERVICES ACTION STEPS PROVIDE COMMUNITY-BASED SEMINARS AND PROGRAMS ON SIGNS OF MENTAL HEALTH ILLNESS, P ROVIDE COMMUNITY EVENTS ON AVAILABLE SERVICES TO SUPPORT RECOVERY, SCHEDULE GERIATRIC BEHA VIORAL HEALTH LIAISON TO MEET WITH EACH PRACTICE TO PROVIDE EDUCATION ON AVAILABLE SERVICE S, PRIMARY CARE PROVIDERS WILL CALL GERIATRIC BEHAVIORAL HEALTH LIAISON FOR POTENTIAL ADMI SSIONS MEASURE NUMBER OF EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF GERIATRIC ADMISSIONS FROM PRIMARY CARE PROVIDERS IMPACT INCREASE AWARENESS OF SIGNS OF MENTAL HEALTH ILLNESS, INCREASED AWARENESS OF AVAILABLE RESOURCES FOR RECOVERY, INCREASED ADMISSIONS TO GERIATRI C BEHAVIORAL HEALTH UNIT HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED SUBSTANCE ABU SE DISORDER STRATEGIES INCREASE ACCESS TO COMMUNITY-BASED EDUCATION SESSIONS, INCREASE NU MBER OF PATIENTS ELIGIBLE FOR THE WARM HAND OFF PROGRAM ACTION STEPS PROVIDE COMMUNITY-B ASED SEMINARS AND PROGRAMS ON SUBSTANCE USE DISORDER, PROVIDE COMMUNITY EVENTS THAT INCREA SE AWARENESS OF AVAILABLE SERVICES TO SUPPORT RECOVERY, SCREEN OVERDOSE PATIENTS COMING TO THE ED FOR CRITERIA MEETING MEDICATION ASSISTED TREATMENT (MAT), BEGIN MEDICATING PATIENT S THAT MEET CRITERIA AND TRANSITION TO GAUDENZIA FOR DETOX, EDUCATION TO EMS SERVICES OF T HIS PROGRAM, PUBLIC EDUCATION FOR DETOX SERVICES MEASURE NUMBER OF EVENTS, NUMBER OF PAR TICIPANTS, NUMBER OF PATIENTS IN MAT, NUMBER OF PATIENTS IN WARM HAND OFF PROGRAM IMPACT INCREASE AWARENESS OF SIGNS OF MENTAL HEALTH ILLNESS, INCREASED AWARENESS OF AVAILABLE RE SOURCES FOR RECOVERY, INCREASE IN NUMBER OF PATIENTS WHO RECEIVE MEDICATION FOR ADDICTION, INCREASED NUMBER OF PATIENTS IN WARM HAND OFF PROGRAM HEALTH PRIORITY CHRONIC DISEASE C OMMUNITY NEED DIABETES STRATEGIES PROMOTE DIABETES PREVENTION PROGRAMMING TO THE COMMUNI TY, IMPROVE CARE MANAGEMENT OF RISING RISK PATIENTS WITH CHRONIC DISEASE ACTION STEPS CO NDUCT SCREENINGS AND EDUCATION AT COMMUNITY EVENTS, IDENTIFY PARTICIPANTS THROUGH THE BIOM ETRIC SCREENING PROCESS, IDENTIFY PATIENTS THROUGH RISK STRATIFICATION TOOLS, PARTNER WITH POPULATION HEALTH MANAGEMENT TEAMS, DEVELOP A TOOL WITHIN THE ELECTRONIC MEDICAL RECORDS MEASURE NUMBER OF PATIENTS C

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
ACTION STEPS PROMOTE CANCER CARE CENTERS CANCER SUPPORT GROUP, PROMOTE	OUNSELED ON RISK FACTORS, ED UTILIZATION, HOSPITAL ADMISSIONS, A1C LEVELS FOR TARGET POPUL ATION IMPACT INCREASE AWARENESS OF RISK FACTORS OF DIABETES, DECREASED ED UTILIZATION, D ECREASED HOSPITAL ADMISSIONS FOR DIABETES RELATED ILLNESS, DECREASED A1C LEVELS HEALTH PR IORITY CHRONIC DISEASE COMMUNITY NEED CANCER STRATEGIES PROVIDE COMMUNITY-BASED CANCER SCREENING EVENTS, INCREASE CT LUNG CANCER SCREENING UTILIZATION, INCREASE SCREENINGS WITH ASYMPTOMATIC BREAST ULTRASOUND (ABUS) ACTION STEPS PROVIDE COMMUNITY CANCER SCREENING AN D EDUCATION EVENTS, IMPLEMENT LUNG CANCER SCREENING NAVIGATION, EXPAND CT LUNG SCREENING A CCESS/LOCATIONS, PROMOTE TO PUBLIC AND PROVIDERS, INCREASE SCREENING BREAST ULTRASOUND CAP ACITY, EDUCATE PRIMARY CARE PROVIDERS ON SCREENING BREAST ULTRASOUND, EXPAND NUMBER OF SON OGRAPHERS TRAINED ON ABUS MEASURE NUMBER OF SCREENING EVENTS, NUMBER OF PARTICIPANTS, NU MBER OF STUDIES PERFORMED, NUMBER OF SCREENING BREAST ULTRASOUNDS PERFORMED IMPACT INCRE ASED NUMBER OF CANCER SCREENING AND EDUCATION EVENTS, INCREASE NUMBER OF CANCER SCREENINGS , INCREASED NUMBER OF CT LUNG SCREENINGS, INCREASE NUMBER OF BREAST SCREENINGS HEALTH PRI ORITY CHRONIC DISEASE COMMUNITY NEED OBESITY STRATEGIES INCREASE COMMUNITY-BASED EDUCAT ION PROGRAMS, EDUCATE COMMUNITY ON CORRELATION BETWEEN WEIGHT AND HEALTH, INCREASE ACCESS TO BARIATRIC PROGRAM FOR TREATMENT OF OBESITY, PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS TO BECOME INVOLVED IN EVENTS THAT ENCOURAGE PHYSICAL HEALTH AND WELLNESS ACTION STEPS W ORK WITH LOCAL SCHOOL DISTRICTS ON CHILDHOOD OBESITY EDUCATION, COORDINATE PROGRAMMING AND BMI SCREENINGS FOR HEALTH FAIRS, PROVIDE NUTRITION FOCUSED LECTURES, IDENTIFY PARTICIPANT S THROUGH THE BIOMETRIC SCREENING PROCESS, PARTNER WITH COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATION ON OBESITY, INCREASE PCP AWARENESS OF THE BARIATRIC PROGRAM, UTILIZE MEET DR R IGH T EVENTS TO INCREASE ACCESS TO THE BARIATRIC PROGRAM, INCREASE EVENTS THAT ENCOURAGE HE ALTH AND WELLNESS ACTIVITIES THAT INCLUDE PHYSICAL EXERCISE, NUTRITIONAL COUNSELING, STRES S MANAGEMENT AND PREDIABETES EDUCATION MEASURE NUMBER OF PATIENTS COUNSELED ON RISK FACT ORS, NUMBER OF BMI SCREENINGS, NUMBER OF COMMUNITY-BASED EDUCATION EVENTS, NUMBER OF PARTI CIPANTS, NUMBER OF PATIENTS THAT SCHEDULE APPOINTMENTS AT MEET DR R IGH T EVENTS IMPACT I NCREASE IN AWARENESS OF RISK FACTORS OF OBESITY, INCREASE IN NUMBER OF PATIENTS SCREENED F OR BMI, INCREASE IN NUMBER OF COMMUNITY-BASED EVENTS, INCREASE NUMBER OF EVALUATIONS FOR B ARIATRIC PROGRAM, INCREASE AWARENESS OF PHYSICAL HEALTH AND WELLNESS WESTFIELD MEMORIAL H OSPITAL HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED MENTAL HEALTH SERVICES STRATEGI ES PROVIDE PATIENTS PRESENTING TO THE ED WITH LOCAL OPTIONS FOR FOLLOW-UP CARE ACTION ST EPS DEVELOP PARTNERSHIPS WITH AREA BEHAVIORAL HEALTH PROVIDERS, DEVELOP A REFERRAL PATHWA Y FOR POST-ED FOLLOW-UP CARE OF ADDICTION AND OTHER MENTAL HEALTH ISSUES

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
MEASURE NUMBER OF PATIENTS REFERRED TO OUTPATIENT FACILITIES, NUMBER OF	LOCAL SERVICES IDENTIFIED IMPACT INCREASED REFERRALS TO SERVICES, INCREASED AWARENESS OF AVAILABLE RESOURCES HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED SUBSTANCE USE DIS ORDER (GOAL 1) STRATEGIES BEGIN MEDICATING PATIENTS THAT MEET CRITERIA WITH FIRST DOSE OF BUPRENORPHINE AND TRANSITION TO MEDICATION ASSISTED TREATMENT (MAT) FOR DETOX ACTION STE PS SCREEN OVERDOSE PATIENTS IN THE EMERGENCY DEPARTMENT FOR MAT CRITERIA, EDUCATE ED PROV IDERS ON SUBSTANCE USE DISORDER AND MEDICATION ASSISTED THERAPY (MAT) AS AN EFFECTIVE TREA TMENT FOR POST OVERDOSE MANAGEMENT, COLLABORATE WITH BUFFALO MATTERS TO DEVELOP PROTOCOLS FOR WARM HAND-OFF TO MAT TREATMENT SERVICES MEASURE NUMBER OF PATIENTS SCREENED FOR ELIG IBLITY FOR MAT, NUMBER OF PATIENTS THAT PARTICIPATE IN MAT PROGRAM IMPACT INCREASED AWA RENESS OF TREATMENT FOR OVERDOSE COMPLICATIONS, INCREASED SERVICES FOR OVERDOSE CASES HEA LTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED SUBSTANCE USE DISORDER (GOAL 2) STRATEGIES INCREASE COMMUNITY KNOWLEDGE AND ACCESS TO SUBSTANCE USE DISORDER RESOURCES ACTION STEP S PARTNER WITH COMMUNITY BASED PROVIDERS, HOST PUBLIC INFORMATION SESSIONS WITH LOCAL PRO VIDERS MEASURE NUMBER OF COMMUNITY EVENTS IMPACT INCREASED AWARENESS OF TREATMENT RESO URCES FOR SUBSTANCE USE DISORDER HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED DIABETE S STRATEGIES PROMOTE DIABETES PREVENTION IN THE COMMUNITY, PARTNER WITH LOCAL CHILDRENS D IABETIC CAMPS ACTION STEPS HOST SCREENING AND EDUCATION EVENTS, IDENTIFY AT RISK PATIENT S THROUGH BIOMETRIC SCREENINGS, PRESENT AT SCHOOLS AND COMMUNITY GROUP ON HEALTHY LIVING, INCLUDE DIABETES/WELLNESS EDUCATION ON SOCIAL MEDIA SITE MONTHLY, PROVIDE SUBJECT MATTER S UPPORT TO CHILDREN AT THE CAMP, EDUCATE CAMPERS ON DIABETES MANAGEMENT STRATEGIES MEASURE NUMBER OF COMMUNITY EVENTS, NUMBER OF AT RISK PATIENTS IDENTIFIED THROUGH BIOMETRIC SCRE ENINGS, NUMBER OF SOCIAL MEDIA EDUCATION TOPICS POSTED, STAFF HOURS FOR PLANNING AND PRESE NTING AT THE CAMP, NUMBER OF CAMPERS EDUCATED IMPACT INCREASED COMMUNITY PROGRAMS, INCRE ASE SCREENINGS, INCREASE PARTICIPATION IN CHILDRENS CAMP, INCREASE EDUCATION FOR CAMPERS, INCREASE SCREENINGS HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED HEART DISEASE STRATE GIES DEVELOP CHRONIC DISEASE SPECIALTY CENTER AT WMH ACTION STEPS EMBED RN NAVIGATORS A T WMH, DEVELOP TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, EDUCATE PCPS AN D PATIENTS ON HEART DISEASE MANAGEMENT, EDUCATE PATIENTS MEASURE NUMBER OF RN NAVIGATORS EMBEDDED THROUGHOUT THE HOSPITAL, DEVELOPMENT OF CHRONIC DISEASE CARE MODEL IMPACT INCR EASED NUMBER OF RN NAVIGATORS, INCREASED UTILIZATION OF A CHRONIC DISEASE CARE MODEL HEAL TH PRIORITY CHRONIC DISEASE COMMUNITY NEED CANCER STRATEGIES DEVELOP CT LUNG CANCER SCR EENING PROGRAM ACTION STEPS IMPLEMENT LUNG CANCER SCREENING PROTOCOLS, EDUCATE REFERRING PROVIDERS OF SERVICES MEASURE NUMBER OF STUDIES PERFORMED IMPACT INCREASED NUMBER OF CT LUNG SCREENINGS, INCREASED

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
MEASURE NUMBER OF PATIENTS REFERRED TO OUTPATIENT FACILITIES, NUMBER OF	NUMBER OF EARLY LUNG CANCER DETECTIONS WEST PENN HOSPITAL HEALTH PRIORITY ACCESS TO CARE COMMUNITY NEED FOOD INSECURITY, DIET, NUTRITION STRATEGY INCREASE ACCESS TO THE HEALTHY FOOD CENTER ACTION STEPS UTILIZE THE HEALTHY FOOD CENTER TO EDUCATE ON CHRONIC DISEASES , PARTNER WITH THE HEALTHY FOOD CENTER TO PROVIDE EDUCATION ON HEALTHY CHOICES, PARTNER WITH PCP OFFICES TO UTILIZE THE SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL FOR FOOD INSECURITIES, REFER PATIENTS TO THE HEALTHY FOOD CENTER MEASURE NUMBER OF REFERRALS FROM PCP OFFICES, NUMBER OF REFERRALS THAT UTILIZE THE HEALTHY FOOD CENTER IMPACT INCREASED UTILIZATION OF THE HEALTHY FOOD CENTER, INCREASED EDUCATION AND AWARENESS OF FOOD INSECURITIES HEALTH PRIORITY BEHAVIORAL HEALTH COMMUNITY NEED POST-PARTUM DEPRESSION STRATEGY IDENTIFY WOMEN AT RISK FOR PERINATAL OR POST-PARTUM DEPRESSION AND ANXIETY DISORDERS ACTION STEPS CONDUCT EARLY SCREENINGS FOR PERINATAL AND POST-PARTUM DEPRESSION, CONDUCT BEHAVIORAL HEALTH ASSESSMENT PRIOR TO DISCHARGE, PROVIDE ACCESS TO APPROPRIATE LEVEL CARE, DESTIGMATIZE POST-PARTUM DEPRESSION AND ANXIETY DISORDERS, CONDUCT BEHAVIORAL HEALTH ASSESSMENT AT FOLLOW UP VISITS MEASURE NUMBER OF WOMEN SCREENED, NUMBER OF WOMEN REFERRED TO ALEXIS JOY DACHILLE CENTER FOR PERINATAL MENTAL HEALTH, NUMBER OF WOMEN REFERRED TO OTHER LOCATIONS FOR APPROPRIATE CARE, NUMBER OF BEHAVIORAL HEALTH ASSESSMENTS IMPACT INCREASED AWARENESS OF SIGNS OF PERINATAL AND POST-PARTUM DEPRESSIONS, INCREASED USE OF APPROPRIATE BEHAVIORAL HEALTH SERVICES FOR WOMEN HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED DIABETES STRATEGY DEVELOP CHRONIC DISEASE SPECIALTY CENTER AT WEST PENN HOSPITAL ACTION STEPS EMBED RN NAVIGATORS AT WEST PENN HOSPITAL, DEVELOP DIABETES TRANSITION OF CARE MODELS, DEVELOP INPATIENT CARE PATHWAYS, EDUCATE PCPS AND PATIENTS ON DIABETES MANAGEMENT, PROMOTE LIFESTYLE CHANGE INTERVENTIONS AND INTENSIVE CASE MANAGEMENT TO REDUCE RISK OF DIABETES AND CARDIOVASCULAR DISEASE IN HIGH-RISK INDIVIDUALS, REFER PATIENTS TO DIABETIC MEAL PILOT ALLOWING PATIENTS TO RECEIVE UPON DISCHARGE FOOD FOR 30 DAYS (2 MEALS/DAY) THIS ALSO WILL INCLUDE A FOLLOW UP REFERRAL TO THE HEALTHY FOOD CENTER MEASURE NUMBER OF RN NAVIGATORS AT WEST PENN HOSPITAL, A1C LEVELS FOR TARGET POPULATION, NUMBER OF EDUCATION PROGRAMS FOR PROVIDERS, NUMBER OF EDUCATION PROGRAMS FOR PATIENTS, NUMBER OF REFERRALS TO THE HEALTHY FOOD CENTER IMPACT INCREASE NUMBER OF RN NAVIGATORS, DECREASED A1C LEVELS AMONG TARGET POPULATION, IMPROVE OUTCOMES FOR DIABETES MEASURES, IMPROVED QUALITY OF LIFE FOR DIABETIC PATIENTS HEALTH PRIORITY CHRONIC DISEASE COMMUNITY NEED CANCER STRATEGY INCREASE THE NUMBER OF ADULTS WHO RECEIVE TIMELY AGE APPROPRIATE CANCER SCREENINGS BASED ON THE MOST RECENT GUIDE LINES, EDUCATE ADULTS ON THE IMPORTANCE OF EARLY DETECTION ACTION STEPS PLAN FREE CANCER SCREENINGS FOR PROSTATE, BREAST, SKIN, CERVICAL, COLON/RECTAL, AND LUNG CANCER, DISTRIBUTE BOOKLET ON AGE-APPROPRIATE C

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
MEASURE NUMBER OF PATIENTS REFERRED TO OUTPATIENT FACILITIES, NUMBER OF	ANCER SCREENINGS, COLLABORATE WITH COMMUNITY PARTNERS TO ENHANCE COMMUNITY OUTREACH AND ED UCATION, COLLABORATE WITH BREATH PA AMERICAN LUNG ASSOCIATION AND CONSUMER HEALTH COALITIO N ON SMOKING CESSATION, WORK WITH PCPS ON SMOKING CESSATION EDUCATION/COUNSELING, EDUCATE PCPS ON RECOMMENDING HOME COLON/RECTAL SCREENINGS KITS MEASURE NUMBER OF SCREENINGS PERF ORMED, NUMBER OF ABNORMAL SCREENINGS IDENTIFIED AND REFERRED FOR ADDITIONAL TESTING, NUMBE R OF INDIVIDUALS SCREENED FOR AT LEAST ONE CANCER, NUMBER OF EDUCATIONAL EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF COLLABORATIONS, NUMBER OF PROGRAMS, NUMBER OF EDUCATIONS AND COUN SELING IMPACT INCREASED NUMBER OF CANCER SCREENINGS, INCREASED NUMBER OF PATIENTS DIAGNO SED EARLY FOR BETTER OUTCOME INCREASED EARLY DETECTION OF CANCER, INCREASED PCP EDUCATION , INCREASE COMMUNITY EDUCATION, INCREASE USE OF HOME CANCER SCREENING KITS HEALTH PRIORIT Y CHRONIC DISEASE COMMUNITY NEED OBESITY STRATEGY COLLABORATE WITH LOCAL SCHOOL, AFTER SCHOOL PROGRAM, AND PEDIATRIC PRACTICES TO ENCOURAGE CHILDREN TO BECOME MORE ACTIVE, IMPLE MENT PROGRAMS TO REDUCE OBESITY IN ADULTS

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
ACTION STEPS WORK WITH LOCAL SCHOOLS/AFTER SCHOOL PROGRAM TO ENCOURAGE	HEALTHY EATING AND PHYSICAL ACTIVITY OFFER MEAL PLANNING AND NUTRITION COUNSELING, OFFER MEDICAL WEIGHT LOSS PROGRAMS, PROVIDE A COMPREHENSIVE MULTIDISCIPLINARY APPROACH TO SURGICAL INTERVENTION, PROVIDE EDUCATION SESSIONS ON SURGICAL INTERVENTIONS, PROVIDE SUPPORT GROUPS, PROVIDE WEB-BASED EDUCATION AND COOKING CLASSES MEASURE NUMBER OF CHILDREN ENROLLED IN PROGRAMS, NUMBER PROGRAMS OFFERED, NUMBER OF COMMUNITY-BASED EDUCATION EVENTS, NUMBER OF PARTICIPANTS, NUMBER OF PATIENTS WITH SURGICAL INTERVENTIONS, NUMBER OF SUPPORT GROUP MEETINGS, NUMBER OF ATTENDEES IMPACT INCREASED AWARENESS OF HEALTHY BEHAVIORS FOR CHILDREN, INCREASED NUMBER OF COMMUNITY-BASED EVENTS ON OBESITY, INCREASED AWARENESS OF OPTIONS FOR WEIGHT MANAGEMENT, INCREASED NUMBER OF SURGICAL INTERVENTIONS PART V, SECTION B, LINE 13H ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALL THE HOSPITALS LISTED IN PART V, SECTION A OF THIS SCHEDULE H ARE PART OF THE INTEGRATED DELIVERY SYSTEM AHN All AHN hospitals use the uniform AHN financial assistance policy, the last to adopt being Westfield Memorial Hospital which made the adoption on 1/1/2018 AHN'S FINANCIAL ASSISTANCE POLICY USES A PRESUMPTIVE ELIGIBILITY PROGRAM THAT ENABLES AHN TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT THE HEALTH SYSTEM UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED MODEL THAT INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IT IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS THE ELECTRONIC TECHNOLOGY IS DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED THIS ALLOWS AHN TO SCREEN ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS THE DATA RETURNED FROM THIS ELECTRONIC ELIGIBILITY REVIEW CONSTITUTES ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THE AHN POLICY WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE PATIENT IS NOTIFIED OF THE DETERMINATION AND THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY FOR RETROSPECTIVE DATES OF SERVICE ONLY

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A, B, AND C	OUR FINANCIAL ASSISTANCE POLICY, APPLICATION FORM AND PLAIN LANGUAGE SUMMARY CAN BE FOUND ON THE FOLLOWING WEBSITE HTTPS //WWW AHN ORG/CARE-FOR-UNINSURED

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16I	PLAIN LANGUAGE SUMMARY AVAILABLE IN FOREIGN LANGUAGES THE HOSPITALS OF THE AHN have translated the Financial Assistance Policy into 19 languages THE AVAILABILITY OF TRANSLATIONS IS BASED ON A COMPREHENSIVE STUDY CONDUCTED BY THE HOSPITALS THE STUDY LEVERAGED U S CENSUS DATA TO IDENTIFY HOUSEHOLDS THAT SPOKE A FOREIGN LANGUAGE WITHIN AHN'S SERVICE AREA THE FINANCIAL ASSISTANCE POLICIES ARE TRANSLATED INTO ALL NECESSARY FOREIGN LANGUAGES IN ACCORDANCE WITH THE STUDY AND PUBLISHED ON AHN'S WEBSITE AT WWW AHN ORG/FINANCIAL-ASSISTANCE-AHN-BILLS

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 AGH South Tower 320 E North Ave Pittsburgh, PA 15212	Medical Office
1 WPH - Mellon Pavilion 4815 Liberty Ave Pittsburgh, PA 15224	Medical Office
2 Suburban General Hospital 100 South Jackson Avenue Bellevue, PA 15202	Medical Office
3 SVH - Hardner Building 2315 Myrtle Street Erie, PA 16544	Medical Office
4 JH - South Hills Medical Building 575 Coal Valley Road Jefferson Hills, PA 15025	Medical Office
5 AGH Cancer Center 491 Hemlock St Pittsburgh, PA 15212	Medical Office
6 JH - Bibro Pavilion 565 Coal Valley Rd Jefferson Hills, PA 15025	MIXED USE
7 AGH Allegheny Professional Building 490 E North Ave Pittsburgh, PA 15212	Medical Office
8 AGH East Wing Office Building 390 E North Ave Pittsburgh, PA 15212	Medical Office
9 Bethel Park 1000 Highbee Drive Bethel Park, PA 15102	Medical Office
10 McCandless Medical Office Building 9335 McKnight Road McCandless, PA 15237	Medical Office
11 Blazier Building 500 Blazier Drive McCandless, PA 15090	Medical Office
12 Suburban Medical Office Building 575 Lincoln Ave Bellevue, PA 15202	Medical Office
13 Bethel HWP - ImagingBHWP 1010 Higbee Drive Bethel Park, PA 15102	Medical Office
14 Canonsburg Community Health Care 36 E Pike St Canonsburg, PA 15317	Medical Office

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)
16 Forbes Cancer & Imaging Center 2626 Haymaker Road Monroeville, PA 15146	Medical Office
1 SVH - Outpatient Surgery Center 312 W 25th Street Erie, PA 16502	Medical Office
2 SVHC - Albion 155 E State Street Albion, PA 16401	Medical Office
3 SVH - Professional Building 312 W 25th Street Erie, PA 16502	Medical Office
4 St Vincent Union City Medical Building 130 N Main Street Union City, PA 16438	Medical Office
5 Meyer Professional Building 185 E Main Street Westfield, NY 14787	Medical Office
6 1515 Main Street 1515 Main Street Sharpsburg, PA 15215	Medical Office
7 Allegheny Imaging at Robinson 133 Church Hill Road Robinson, PA 15136	Medical Office
8 Century III Medical Building 2027 Lebanon Church Road West Mifflin, PA 15122	Medical Office
9 Cranberry Internal Medicine Association 20826 Route 19 Cranberry Township, PA 16066	Medical Office
10 Cranberry Shoppes 20215 Route 19 Suite 101 Cranberry Township, PA 16066	Medical Office
11 Federal North Clinic 1307 Federal St Pittsburgh, PA 15212	Medical Office
12 Fort Couch Commons 59 Fort Couch Road Bethel Park, PA 15102	Medical Office
13 Richland Mall 5375 William Flynn Highway Richland, PA 150449628	Medical Office
14 FH - POB #1 2566 Haymaker Road Monroeville, PA 15146	Medical Office

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)
31 Murrysville Medical Commons 4262 Old William Penn Highway Murrysville, PA 15668	Medical Office
1 2801 Freeport Road 2801 Freeport Road Harrison, PA 15065	Medical Office
2 Heights Plaza 1600-1719 Union/Pacific Ave Harrison, PA 15065	Medical Office
3 One Peluso Place 2692 Leechsburg Road New Kenington, PA 15068	Medical Office
4 Wilson Sq Professional Building 224 Longfellow Street Vandergrift, PA 15690	Medical Office
5 5140 Liberty Medical Office Building 5140 Liberty Ave Pittsburgh, PA 15224	Medical Office
6 Cercone Building 4727 Friendship Ave Pittsburgh, PA 15224	Medical Office
7 FH - POB #2 2580 Haymaker Road Monroeville, PA 15146	Medical Office
8 Pain Institute 5124 Liberty Ave Pittsburgh, PA 15224	Medical Office
9 Three Robinson Plaza 3 Robinson Plaza Robinson, PA 15205	Medical Office
10 Erie Buffalo Road Medical Office Buildin 4916 Buffalo Road Harborcreek Township, PA 16510	Medical Office
11 Sassafra Medical Center 1910 Sassafra St Erie, PA 16502	Medical Office
12 West Side Medical Office BuildingEWHWP 4247 W Ridge Road Millcreek Township, PA 15506	Medical Office
13 Yorktown Center 2501 W 12th St Erie, PA 16505	Medical Office
14 495 East Waterfront Drive 495 E Waterfront Dr Homestead, PA 15120	Medical Office

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)
46 Brentwood Professional Plaza 3720 Brownsville Rd Brentwood, PA 15227	Medical Office
1 Curry Hollow Medical Building 140 Curry Hollow Rd Pleasant Hills, PA 15236	Medical Office
2 JMA Building 1200 Brooks Ln Jefferson Hills, PA 15025	Medical Office
3 Outpatient Cardiac & Pulmonary 720 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
4 Rostraver Medical Building 1533 Broad Ave Rostaver Township, PA 15012	Medical Office
5 Rte 51 Medical Center 810 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
6 Yadagani Building 97 Delaware Ave Uniontown, PA 15401	Medical Office
7 Chautauqua Institution 23 Roberts Avenue Chautauqua, NY 14722	Medical Office

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization
Highmark Health Group

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

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

82-1406555

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37

3 Enter total number of other organizations listed in the line 1 table 3

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) AGH NURSING ALUMNI SCHOLARSHIP	2	3,800			
(2) SEYBOLD NURSING SCHOLARSHIP	1	4,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	Schedule I, Part I, Line 2 ALLEGHENY HEALTH NETWORK UPPER MANAGEMENT ANALYZES REQUESTS FOR CHARITABLE DISBURSEMENTS ON AN ONGOING BASIS DISBURSEMENTS ARE REWARDED TO ORGANIZATIONS THAT DEMONSTRATE A CHARITABLE PURPOSE AND/OR A COMMUNITY BENEFIT AND WHO WILL PUT THE USE OF THE FUNDS TOWARDS THE CHARITABLE MISSION ON WHICH ALLEGHENY HEALTH NETWORK WAS FOUNDED
SCHEDULE I, PART II - NON-CHARITABLE GRANTS	THE HIGHMARK HEALTH GROUP PROVIDES ASSISTANCE TO GOVERNMENTAL UNITS THESE UNITS WERE PROVIDED ASSISTANCE TO SUPPORT THEIR CIVIC ENDEAVORS

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Glimmer of Hope Inc PO BOX 908 WEXFORD, PA 150900908	25-1627978	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT
Alexis Joy D'Achille Foundation for Postpartum Dep 2012 LAKE MARSHALL DR GIBSONIA, PA 150447425	46-4212454	501(c)(3)	11,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Allegheny County Medical Society Foundation 713 RIDGE AVE PITTSBURGH, PA 152126002	25-6064355	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT
American Cancer Society 250 WILLIAMS ST STE 400 ATLANTA, GA 303031032	13-1788491	501(c)(3)	18,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Diabetes Association 2451 CRYSTAL DR STE 900 ARLINGTON, VA 222024804	13-1623888	501(c)(3)	15,000		FMV	N/A	PROGRAM SUPPORT
American Heart Association 7272 GREENVILLE AVE DALLAS, TX 752315129	13-5613797	501(c)(3)	65,250		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Lung Association 21 WEST 38TH ST 3RD FL NEW YORK, NY 100182254	13-1632524	501(c)(3)	6,500		FMV	N/A	PROGRAM SUPPORT
Arthritis Foundation Inc 1355 PEACHTREE ST NE STE 600 ATLANTA, GA 303093234	58-1341679	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bike Share Pittsburgh Inc 5500 WALNUT STREET SUITE 300 PITTSBURGH, PA 152322367	46-1701053	501(c)(3)	20,833		FMV	N/A	PROGRAM SUPPORT
Bloomfield Little Italy Days 2549 Penn Avenue Pittsburgh, PA 15222	46-0691769	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carnegie Institute 4400 FORBES AVE PITTSBURGH, PA 152134080	25-0965280	501(c)(3)	25,000		FMV	N/A	PROGRAM SUPPORT
Carnegie Mellon University 5000 Forbes Ave Warner Hall 6 PITTSBURGH, PA 15213	25-0969449	501(c)(3)	25,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALLENGE PROGRAM INC Three Gateway Center Suite 2400 PITTSBURGH, PA 15222	20-1644028	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT
City of Pittsburgh Pittsburgh Three Rivers Marath 414 Grant Street PITTSBURGH, PA 15219	25-6000879	GOV'T	42,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Liver Alliance 100 W STATION SQUARE DR STE 1 PITTSBURGH, PA 152191138	46-1909171	501(C)(3)	10,000		FMV	N/A	PROGRAM SUPPORT
Cultures Arts Festivals & Events of Erie (CAFE) 626 STATE STREET ERIE, PA 165011128	61-1428869	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Delta Foundation of Pittsburgh 911 GALVESTON AVE PITTSBURGH, PA 152331732	23-2874576	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT
Dr Gertrude A Foundation 100 BARBER PL ERIE, PA 165071863	25-1753149	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Edinboro University Foundation 210 Meadville St Edinboro, PA 16412	25-1819940	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT
Epilepsy Foundation WesternCentral Pennsylvania 1501 REEDSDALE ST STE 3002 PITTSBURGH, PA 152332310	23-7241930	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Erie Western Pennsylvania Port Authority 1 Holland Street Erie, PA 16507	25-1261547	GOV'T	10,000		FMV	N/A	PROGRAM SUPPORT
Grantmakers of Western PA 650 SMITHFIELD ST STE 210 PITTSBURGH, PA 152223907	25-1496312	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON HILLS BOROUGH 925 Old Clairton Road JEFFERSON HILLS, PA 150253197	25-1857820	GOV'T	20,000		FMV	N/A	PROGRAM SUPPORT
Jewish Healthcare Foundation 650 Smithfield Street PITTSBURGH, PA 15222	25-1624347	501(C)(3)	10,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Juvenile Diabetes Research Foundation 26 BROADWAY 14TH FLR NEW YORK, NY 100041703	23-1907729	501(c)(3)	75,000		FMV	N/A	PROGRAM SUPPORT
March of Dimes Foundation 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	13-1846366	501(c)(3)	19,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Monroeville Area Chamber of Commerce 2790 MOSSIDE BLVD STE 715 MONROEVILLE, PA 151462747	25-1293687	501(c)(6)	15,750		FMV	N/A	PROGRAM SUPPORT
Monroeville Foundation 2700 MONROEVILLE BLVD MONROEVILLE, PA 151462359	20-1073113	501(c)(3)	15,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Kidney Foundation of the Alleghenies 30 EAST 33RD STREET NEW YORK, NY 100165337	13-1673104	501(c)(3)	15,500		FMV	N/A	PROGRAM SUPPORT
National Ovarian Cancer Coalition 2501 OAK LAWN AVE DALLAS, TX 752194019	65-0628064	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Side Chamber of Commerce 809 MIDDLE ST PITTSBURGH, PA 152124918	25-0696267	501(c)(6)	7,000		FMV	N/A	PROGRAM SUPPORT
Northside Leadership Conference 1319 ALLEGHENY AVE 2ND FL PITTSBURGH, PA 152331531	25-1689304	501(c)(3)	12,500		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pittsburgh North Regional Chamber of Commerce STE 100 WEXFORD, PA 150900000	25-1374594	501(c)(6)	13,500		FMV	N/A	PROGRAM SUPPORT
Prevention Point Pittsburgh 460 Melwood Ave PITTSBURGH, PA 15213	25-1852314	501(c)(3)	50,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rotary District 7300 Foundation 4014 HANCOCK DR ALIQUIPPA, PA 150019556	25-1550778	501(c)(3)	6,000		FMV	N/A	PROGRAM SUPPORT
Susan G Komen Pittsburgh 1133 S BRADDOCK AVE STE PITTSBURGH, PA 152181286	81-0665396	501(c)(3)	10,000		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Team PHenomenal Hope 1936 5TH AVE PITTSBURGH, PA 152195544	45-4956117	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT
The ALS Association Western Pennsylvania Chapter 416 LINCOLN AVE PITTSBURGH, PA 152095612	23-7123851	501(c)(3)	7,500		FMV	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Open Door PO Box 99243 Pittsburgh, PA 15233	30-0354607	501(c)(3)	55,000		FMV	N/A	PROGRAM SUPPORT
WQLN Public Media (Public Broadcasting of Northwes 8425 PEACH ST ERIE, PA 165094718	25-1154116	501(c)(3)	9,000		FMV	N/A	PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information 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 <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization Highmark Health Group	Employer identification number 82-1406555	

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

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.

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

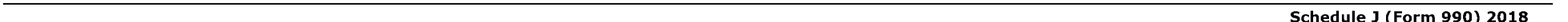
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED TAX GROSS-UP PAYMENTS FROM THE ORGANIZATION DURING THE YEAR ENDED DECEMBER 31, 2018. THESE WERE INCLUDED IN BOX 5 OF THEIR IRS FORM W-2. THESE EXECUTIVES INCLUDE TWO DIRECTORS, AN OFFICER AND A KEY EMPLOYEE.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31, 2018 THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2 SCOTT WHALEN \$326,605 WILLIAM GOLDFARB \$14,808

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS RECEIVED OR PROVIDED 457(F) CONTRIBUTIONS INCLUDED IN 2018 W-2 COMPENSATION JEFFREY CRUDELE \$194,129 THE FOLLOWING INDIVIDUALS HAD 457(F) OR CONTRIBUTIONS DEFERRED IN 2017 CYNTHIA HUNDORFEAN \$153,930 JACQUELINE BAUER \$41,655 JAMES BENEDICT \$63,030 BRIAN PARKER, MD \$40,232 KAREN HANLON \$177,345 ROBERT WHITE \$34,907 KENYOOKE CROWELL \$27,538 CLAIRE ZANGERLE \$11,456 JEFFREY COHEN \$13,813 DONALD WHITING \$73,000 SRICHARAN CHALIKONDA \$28,115

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NONFIXED PAYMENTS HIGHMARK HEALTH GROUP (HHG) PROVIDES BONUS COMPENSATION AS PART OF ITS TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES IN THE VAST MAJORITY OF ARRANGEMENTS, THIS COMPONENT IS BASED UPON ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES AND RESULTS IN FIXED PAYMENTS CERTAIN ENTITIES WITHIN THE HIGHMARK HEALTH GROUP, HOWEVER, HAVE ENTERED INTO ARRANGEMENTS WHICH PROVIDE FOR OTHER BONUSES WHICH ARE DISCRETIONARY IN NATURE, TO A LIMITED NUMBER OF THOSE PERSONS LISTED IN THIS FORM 990, PART VII, SECTION A, LINE 1A NOTWITHSTANDING SUCH DISCRETION AND ASSUMING FULL PAYOUT OF SUCH DISCRETIONARY PAYMENTS, THE TOTAL COMPENSATION PAID TO THOSE PERSONS FALLS WITHIN THE RANGE OF FAIR MARKET VALUE

Return Reference	Explanation
SCHEDULE J, PART I, LINES 8 AND 9	PAID OR ACCRUED COMPENSATION PURSUANT TO A CONTRACT SUBJECT TO THE INITIAL CONTRACT EXCEPTION HIGHMARK HEALTH GROUP (HHG) HAS CERTAIN EMPLOYMENT CONTRACTS WHICH MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION UNDER IRC REGULATION 53 4958-4(A)(3) IF SO QUALIFIED THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED IN IRC REGULATION 53 4958-6(C) WERE FOLLOWED



Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Carol Buccì Director	(i)	0	0	0	0	0	0	0
	(ii)	223,392	46,177	1,331	17,714	6,307	294,921	0
Scott Hankinson Director	(i)	194,080	33,252	1,261	7,957	20,548	257,098	0
	(ii)	0	0	0	0	0	0	0
Tony Farah MD Director	(i)	0	0	0	0	0	0	0
	(ii)	877,058	1,073,612	144,447	9,625	27,752	2,132,494	0
David Goldberg Director (UNTIL 09/2018)	(i)	403,101	518,619	40,823	0	21,254	983,797	0
	(ii)	0	0	0	0	0	0	0
Daniel R Casper MD Director	(i)	333,235	6,084	19,170	2,750	18,007	379,246	0
	(ii)	0	0	0	0	0	0	0
Paul Reilly MD Director	(i)	153,005	0	7,960	1,594	20,230	182,789	0
	(ii)	0	0	0	0	0	0	0
David Parda MD Director	(i)	874,994	150,000	4,257	2,750	25,573	1,057,574	0
	(ii)	0	0	0	0	0	0	0
Thomas Corkery DO Director	(i)	293,910	14,495	19,045	2,750	17,140	347,340	0
	(ii)	0	0	0	0	0	0	0
Jennifer Lewis MD Director	(i)	267,010	35,750	12,872	2,750	20,756	339,138	0
	(ii)	0	0	0	0	0	0	0
Michael Culig MD Director	(i)	499,990	50,000	3,564	2,750	21,607	577,911	0
	(ii)	0	0	0	0	0	0	0
Jason Roebach Director	(i)	362,491	40,000	8,612	2,750	21,086	434,939	0
	(ii)	0	0	0	0	0	0	0
Thomas Murphy Director	(i)	217,922	0	869	2,179	20,557	241,527	0
	(ii)	0	0	0	0	0	0	0
David Stapor MD Director	(i)	450,008	21,083	5,488	2,750	20,277	499,606	0
	(ii)	0	0	0	0	0	0	0
Thomas Vankirk Director	(i)	0	0	0	0	0	0	0
	(ii)	643,303	1,645,757	149,270	20,898	8,622	2,467,850	0
Karen Hanlon Director	(i)	0	0	0	0	0	0	0
	(ii)	729,005	1,842,414	22,223	206,493	20,099	2,820,234	0
Paul Gausman DO Director	(i)	224,070	125,148	483	2,750	20,580	373,031	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Kim MD Director	(i)	210,631	88,241	193	2,750	19,716	321,531	0
	(ii)	0	0	0	0	0	0	0
Chris Serafini DO Director	(i)	260,000	145,180	253	2,750	20,712	428,895	0
	(ii)	0	0	0	0	0	0	0
Susan Moore MD Director	(i)	148,000	69,235	1,256	2,180	22,901	243,572	0
	(ii)	0	0	0	0	0	0	0
Donald McNary Director	(i)	201,376	0	781	2,014	8,031	212,202	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Madhusudan Menon MD Director	(i)	329,992	413,236	1,445	2,750	1,207	748,630	0
	(ii)	0	0	0	0	0	0	0
Robert Lupo MD Director	(i)	559,000	158,621	2,252	2,750	21,631	744,254	0
	(ii)	0	0	0	0	0	0	0
Jeffrey McGovern MD Director	(i)	550,000	112,426	2,580	2,750	21,624	689,380	0
	(ii)	0	0	0	0	0	0	0
Ross Peterson MD Director	(i)	420,183	226,083	129,164	2,750	19,561	797,741	0
	(ii)	0	0	0	0	0	0	0
Salam Shameen MD Director	(i)	408,654	40,015	433	2,750	7,532	459,384	0
	(ii)	0	0	0	0	0	0	0
Donald Whiting MD Director/CHAIRMAN	(i)	964,660	397,836	29,045	82,625	21,413	1,495,579	0
	(ii)	0	0	0	0	0	0	0
James Benedict Director/COO	(i)	678,341	486,249	20,236	72,655	29,881	1,287,362	0
	(ii)	0	0	0	0	0	0	0
Brian Parker MD Director	(i)	546,568	387,219	19,871	49,857	25,858	1,029,373	0
	(ii)	0	0	0	0	0	0	0
Parminder Sharma MD Director	(i)	550,014	75,619	7,635	2,750	21,643	657,661	0
	(ii)	0	0	0	0	0	0	0
Venkatraman Srinivasan MD Trustee	(i)	630,011	308,594	8,855	2,750	18,710	968,920	0
	(ii)	0	0	0	0	0	0	0
Cynthia Hundorfean Director & President	(i)	966,309	1,268,144	27,509	163,555	15,381	2,440,898	0
	(ii)	0	0	0	0	0	0	0
William Englert Director & President	(i)	270,129	36,779	1,747	2,701	1,205	312,561	0
	(ii)	0	0	0	0	0	0	0
Louise Urban Director & President	(i)	436,515	86,703	24,789	2,750	18,505	569,262	0
	(ii)	0	0	0	0	0	0	0
Mark Rubino MD Director & President	(i)	447,250	109,417	16,928	2,750	20,725	597,070	0
	(ii)	0	0	0	0	0	0	0
Christopher Clark DO Director & President	(i)	385,893	151,648	9,477	2,750	15,125	564,893	0
	(ii)	0	0	0	0	0	0	0
Ronald Andro MD Director & President	(i)	421,100	83,641	14,632	2,750	22,384	544,507	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Cohen MD PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	678,912	142,500	23,355	16,563	23,326	884,656	0
G Scott Long MD Director & President	(i)	594,232	314,586	10,813	2,750	11,029	933,410	0
	(ii)	0	0	0	0	0	0	0
Allison Quick Director & President	(i)	281,108	30,351	5,083	9,625	27,738	353,905	0
	(ii)	0	0	0	0	0	0	0
Scott Whalen Former Dir & President	(i)	0	180,000	326,605	0	677	507,282	507,282
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mark Nussbaum Director & Vice President	(i)	337,330	61,014	9,529	9,625	21,394	438,892	0
	(ii)	0	0	0	0	0	0	0
Keith LeJeune Director & Vice President	(i)	301,804	54,884	8,739	9,625	22,181	397,233	0
	(ii)	0	0	0	0	0	0	0
Jacqueline Bauer Director & Secretary	(i)	0	0	0	0	0	0	0
	(ii)	406,674	476,809	19,485	76,303	15,364	994,635	0
Jeffrey Crudele Director & Treasurer	(i)	617,880	627,527	158,791	9,625	24,848	1,438,671	70,549
	(ii)	0	0	0	0	0	0	0
James Rohrbaugh Director/Treas (UNTIL 04/2018)	(i)	343,269	0	59,784	9,689	22,423	435,165	0
	(ii)	0	0	0	0	0	0	0
Mark Leone DO Director	(i)	247,500	78,618	3,414	2,750	20,656	352,938	0
	(ii)	0	0	0	0	0	0	0
Maureen Chadwick Asst Secretary (UNTIL 11/2018)	(i)	212,243	0	14,919	0	17,161	244,323	0
	(ii)	0	0	0	0	0	0	0
Rand Levis Assistant Treasurer	(i)	334,750	0	90,842	2,750	22,148	450,490	0
	(ii)	0	0	0	0	0	0	0
Chong Park MD Chief Medical Officer	(i)	565,011	0	2,663	2,750	29,130	599,554	0
	(ii)	0	0	0	0	0	0	0
Richard Thompson Vice President	(i)	343,371	211,295	19,479	9,625	7,813	591,583	0
	(ii)	0	0	0	0	0	0	0
George J Magovern Jr MD Physician	(i)	695,011	0	9,845	2,750	21,911	729,517	0
	(ii)	0	0	0	0	0	0	0
Patrick Demeo MD Physician	(i)	900,001	200,000	104,902	2,750	21,961	1,229,614	0
	(ii)	0	0	0	0	0	0	0
Susan Manzi MD Physician	(i)	599,997	0	2,838	2,750	7,413	612,998	0
	(ii)	0	0	0	0	0	0	0
Allan Klapper MD Physician	(i)	599,997	75,000	1,518	2,750	22,818	702,083	0
	(ii)	0	0	0	0	0	0	0
Ngoc Thai MD PHYSICIAN	(i)	775,008	150,000	2,004	2,750	23,003	952,765	0
	(ii)	0	0	0	0	0	0	0
Robert White MD Chief Medical Info Officer	(i)	494,853	398,462	23,778	44,532	22,892	984,517	0
	(ii)	0	0	0	0	0	0	0
Kenyokee Crowell Sr. Vice President	(i)	475,854	364,484	19,267	37,163	28,456	925,224	0
	(ii)	0	0	0	0	0	0	0
Beth Casagrande MD Physician	(i)	549,994	109,158	600	2,750	22,843	685,345	0
	(ii)	0	0	0	0	0	0	0
Jan Silverman MD Physician	(i)	550,035	110,000	5,574	2,750	19,659	688,018	0
	(ii)	0	0	0	0	0	0	0
Claire Zangerle Chief Nursing Officer	(i)	415,667	219,368	19,511	21,081	422	676,049	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SRICHARAN CHALIKONDA MD CHIEF MEDICAL OPS OFFICER	(i)	663,462	0	268,932	37,740	25,667	995,801	0
	(ii)	0	0	0	0	0	0	0
John Lawrence MD Physician	(i)	549,994	75,000	1,380	2,750	22,843	651,967	0
	(ii)	0	0	0	0	0	0	0
Donald Jaffee Chief Financial Officer - AGH	(i)	370,742	0	9,259	2,750	19,984	402,735	0
	(ii)	0	0	0	0	0	0	0
DENZIL RUPERT CHIEF OPERATING OFFICER - AGH	(i)	457,424	88,820	15,684	2,750	20,290	584,968	0
	(ii)	0	0	0	0	0	0	0
Srinavas Murali MD Physician	(i)	557,640	32,500	92,502	2,750	18,588	703,980	0
	(ii)	0	0	0	0	0	0	0
David Alexander Sr Vice President	(i)	286,474	145,671	23,764	0	20,885	476,794	0
	(ii)	0	0	0	0	0	0	0
EDWARD WESTRICK MD Physician	(i)	997,505	755,607	53,526	2,750	23,955	1,833,343	0
	(ii)	0	0	0	0	0	0	0
Daniel Altman MD Physician	(i)	840,004	648,939	226,103	2,750	22,512	1,740,308	0
	(ii)	0	0	0	0	0	0	0
Gregory Altman MD Physician	(i)	840,004	594,153	221,923	2,750	23,559	1,682,389	0
	(ii)	0	0	0	0	0	0	0
GEORGE EID MD Physician	(i)	899,995	510,276	1,637	2,750	24,031	1,438,689	0
	(ii)	0	0	0	0	0	0	0
William Goldfarb Former Director	(i)	0	0	14,808	0	0	14,808	0
	(ii)	0	0	0	0	0	0	0
JOHN BALACKO MD DIRECTOR	(i)	480,002	187,756	3,414	2,750	18,363	692,285	0
	(ii)	0	0	0	0	0	0	0
NICHOLAS SOTEREANOS MD PHYSICIAN	(i)	1,115,548	184,994	17,602	2,750	23,473	1,344,367	0
	(ii)	0	0	0	0	0	0	0
DAVID HOLMBERG DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,400,000	5,468,347	573,911	18,148	32,065	7,492,471	0
BRAD GROSTEFFON DIRECTOR/TREASURER/SECRETARY	(i)	217,292	15,000	54,274	2,046	15,544	304,156	0
	(ii)	0	0	0	0	0	0	0
KELLY KASSAB VICE PRESIDENT & DIRECTOR	(i)	210,642	0	439	2,106	783	213,970	0
	(ii)	0	0	0	0	0	0	0
THOMAS CAMPBELL MD PHYSICIAN CHAIRPERSON	(i)	266,925	0	117,565	2,750	23,260	410,500	0
	(ii)	0	0	0	0	0	0	0
WILLIAM JOHNJULIO MD MEDICAL DIRECTOR - CIN	(i)	700,003	0	25,117	2,750	21,996	749,866	0
	(ii)	0	0	0	0	0	0	0
VICENTE REYES MD DIRECTOR	(i)	241,154	33,234	642	0	6,091	281,121	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

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 the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

82-1406555

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 ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728A4A1	08-29-2018	1,000,004,532	NEW CONSTRUCTIONS/REFUND PRIOR ISS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	1,000,004,532							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	4,532							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	25,702,858							
11	Other spent proceeds	806,545,185							
12	Other unspent proceeds	167,756,489							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
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	1 788 %							
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	1 788 %							
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Written Bond Procedures ALLEGHENY HEALTH NETWORK HAS NOT VIOLATED ANY APPLICABLE REQUIREMENTS FOR TAX EXEMPT BONDS BENEFITING THE HOSPITAL THE HOSPITAL IS WORKING TO ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS RELATING TO PRIVATE BUSINESS USE, ARBITRAGE, AND ENSURE TIMELY IDENTIFICATION OF FEDERAL TAX REQUIREMENTS AND TIMELY CORRECTIONS OF ANY IDENTIFIED VIOLATIONS

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Return Reference	Explanation
Part VI	Written Bond Procedures ALLEGHENY HEALTH NETWORK HAS NOT VIOLATED ANY APPLICABLE REQUIREMENTS FOR TAX EXEMPT BONDS BENEFITING THE HOSPITAL THE HOSPITAL IS WORKING TO ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS RELATING TO PRIVATE BUSINESS USE, ARBITRAGE, AND ENSURE TIMELY IDENTIFICATION OF FEDERAL TAX REQUIREMENTS AND TIMELY CORRECTIONS OF ANY IDENTIFIED VIOLATIONS

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

3

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

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
PART IV	ALL EMPLOYMENT AND BUSINESS RELATIONS BETWEEN INTERESTED PERSONS AND MEMBERS OF THE HIGHMARK HEALTH GROUP LISTED ABOVE WERE CONDUCTED AT ARMS-LENGTH AND FAIR MARKET VALUE
PART IV, LINE 1, COLUMN D	DESCRIPTION OF TRANSACTION More than 35% controlled entity by Edward Marasco, director
PART IV, LINE 2, COLUMN D	DESCRIPTION OF TRANSACTION More than 35% owned entity by Michael Redlawsk, director

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
QUICK MED CLAIMS	35% CONTROLLED ENTITY	517,723	SEE SCHEDULE L, PART V		No
WEST RIDGE MEDICAL PARTNERS	35% CONTROLLED ENTITY	2,149,812	SEE SCHEDULE L, PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
Mary Beth Kroemer	FAMILY OF BOARD MEMBER	84,408	EMPLOYMENT		No
Peter Kroemer	FAMILY OF BOARD MEMBER	192,743	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
Caitlin Clark	FAMILY OF BOARD MEMBER	270,800	EMPLOYMENT		No
Kyung Park	FAMILY OF KEY EMPLOYEE	646,607	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
JESSICA RUBINO	FAMILY OF BOARD MEMBER	62,543	EMPLOYMENT		No
CHRISTINA MAFFEO	FAMILY OF BOARD MEMBER	40,981	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	585,097	GENERAL BUSINESS PURPOSE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	400,812	GENERAL BUSINESS PURPOSE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	279,114	GENERAL BUSINESS PURPOSE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,327,473	GENERAL BUSINESS PURPOSE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	274,631	GENERAL BUSINESS PURPOSE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	8,340,955	GENERAL BUSINESS PURPOSE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,595,116	GENERAL BUSINESS PURPOSE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	166,037	GENERAL BUSINESS PURPOSE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	104,000	GENERAL BUSINESS PURPOSE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,068,753	GENERAL BUSINESS PURPOSE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,200,111	GENERAL BUSINESS PURPOSE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,464,262	GENERAL BUSINESS PURPOSE		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,312	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	318,143	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	12	52,963	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ADVERTISING PANELS)	X	11	9,350	COST
26 Other ► (SPORTING EVENT TICKETS)	X	2	5,450	COST
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

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

Yes

No

30a

No

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

31

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

Yes

31

32a

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

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I, Column B	HIGHMARK HEALTH GROUP IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493315010999
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization Highmark Health Group	Employer identification number 82-1406555		

990 Schedule O, Supplemental Information

Return Reference	Explanation
INTRODUCTION TO AHN	<p>ALLEGHENY HEALTH NETWORK (AHN), BASED IN PITTSBURGH, PENNSYLVANIA, IS A TAX-EXEMPT, PATIENT-CENTERED AND PHYSICIAN-LED ACADEMIC HEALTHCARE SYSTEM THAT PROVIDES CHARITABLE CARE AND HIGH-QUALITY, COMPREHENSIVE HEALTH CARE SERVICES TO PATIENTS FROM WESTERN PENNSYLVANIA AND THE ADJACENT REGIONS OF OHIO, WEST VIRGINIA, NEW YORK AND MARYLAND. AHN COMPRISES EIGHT HOSPITALS AND MORE THAN 250 HEALTHCARE SITES, INCLUDING FIVE HEALTH + WELLNESS PAVILIONS, SURGICAL CENTERS AND OUTPATIENT CLINICS, A RESEARCH INSTITUTE, MORE THAN 2,400 EMPLOYED AND AFFILIATED PHYSICIANS, APPROXIMATELY 21,000 TOTAL EMPLOYEES, 2,000 VOLUNTEERS, A GROUP PURCHASING ORGANIZATION, AND A COMPLETE SPECTRUM OF HOME AND COMMUNITY BASED HEALTHCARE SERVICES. THE NETWORK'S HOSPITALS INCLUDE ONE QUATERNARY ACADEMIC MEDICAL CENTER (ALLEGHENY GENERAL HOSPITAL IN PITTSBURGH) AND SEVEN TERTIARY/COMMUNITY HOSPITALS THAT PROVIDE A WIDE ARRAY OF GENERAL AND ADVANCED CLINICAL SERVICES (ALLEGHENY VALLEY HOSPITAL, NATRONA HEIGHTS, PA, CANONSBURG HOSPITAL, CANONSBURG, PA, FORBES HOSPITAL, MONROEVILLE, PA, JEFFERSON HOSPITAL, JEFFERSON HILLS, PA, SAINT VINCENT HOSPITAL, ERIE, PA, WEST PENN HOSPITAL, PITTSBURGH, PA, AND WESTFIELD MEMORIAL HOSPITAL, WESTFIELD, NY). AHN WAS ESTABLISHED IN 2013, BUT ITS MEMBER HOSPITALS SHARE LEGACIES OF CHARITABLE CARE THAT DATE BACK 170 YEARS (WEST PENN HOSPITAL WAS CHARTERED IN 1848). AHN WAS FORMED TO ACT AS THE PARENT COMPANY OF THE HOSPITALS OF THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS), AS WELL AS JEFFERSON HOSPITAL, SAINT VINCENT HOSPITAL AND WESTFIELD MEMORIAL HOSPITAL. HIGHMARK HEALTH (HH), IN TURN, SERVES AS THE ULTIMATE PARENT OF AHN AND ITS AFFILIATES. IN 2018, THE HOSPITALS AND CLINICS OF AHN TOGETHER ADMITTED NEARLY 90,000 PATIENTS, LOGGED NEARLY 300,000 EMERGENCY ROOM VISITS AND DELIVERED NEARLY 8,000 BABIES, AND ITS PHYSICIANS PERFORMED MORE THAN 100,000 SURGICAL PROCEDURES. ANCHORED BY NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL AND RESEARCH PROGRAMS IN THE AREAS OF BONE AND JOINT CARE, SPORTS MEDICINE, CARDIOVASCULAR DISEASE, NEUROSURGERY AND NEUROLOGY, WOMEN'S HEALTH, CANCER, EMERGENCY MEDICINE, BARIATRIC AND METABOLIC DISEASE, AHN PROVIDES A COMPLETE SPECTRUM OF ADVANCED DIAGNOSTIC, MEDICAL AND SURGICAL CARE ACROSS ALL MEDICAL SPECIALTIES, INCLUDING PRIMARY CARE, TRAUMA AND BURN CARE, GENERAL SURGERY, DIABETES, AUTOIMMUNE DISEASES, CRITICAL CARE, DIGESTIVE DISEASES, MEN'S HEALTH/UROLOGY, LUNG AND ESOPHAGEAL DISEASES AND REHABILITATION SERVICES. AHN ALSO PLAYS A PIVOTAL ROLE IN THE TRAINING OF FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS BY OFFERING FOUR DOZEN GRADUATE MEDICAL PROGRAMS, AND BY MAINTAINING AFFILIATIONS WITH THREE MEDICAL SCHOOLS AND TWO NURSING SCHOOLS. THE NETWORK'S HOSPITALS SERVE AS CLINICAL CAMPUSES FOR THE MEDICAL SCHOOLS OF DREXEL UNIVERSITY, TEMPLE UNIVERSITY AND THE LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM). NEARLY 250 STUDENTS ARE ENROLLED EACH YEAR IN NURSING PROGRAMS AT THE WEST PENN HOSPITAL SCHOOL OF NURSING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
INTRODUCTION TO AHN	<p>RSING AND THE CITIZENS SCHOOL OF NURSING IN NATRONA HEIGHTS, AND ABOUT 450 MEDICAL RESIDENTS AND FELLOWS RECEIVE ADVANCED TRAINING ON STAFF AT AHN HOSPITALS. AHN'S PLAN IS TO TRANSFORM THE CURRENT MODEL OF HEALTH CARE DELIVERY IN WESTERN PENNSYLVANIA BY ENCOURAGING HEALTH CARE PROVIDERS WITHIN AHN, WHETHER HOSPITALS OR PHYSICIANS, TO USE THE MOST COST-EFFECTIVE VENUE FOR CARE, ADHERE TO THE HIGHEST, EVIDENCE-BASED STANDARDS OF CARE, AND DELIVER SUPERIOR OUTCOMES BY REDUCING UNNECESSARY READMISSIONS AND HEALTHCARE ASSOCIATED COMPLICATIONS. PROVIDING COST-EFFICIENT, CONVENIENTLY ACCESSED CARE DELIVERS VALUE AND BENEFIT TO LOCAL COMMUNITIES, PARTNER HEALTH CARRIERS, AREA BUSINESSES, AND MOST OF ALL TO AHN'S PATIENTS. THE GOAL OF AHN IS TO PROMOTE HEALTH AND WELLNESS IN ITS COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY. VISION AND STRATEGY: AHN IS FULLY COMMITTED TO BUILDING A VALUE-BASED SYSTEM, REQUIRING A FULL-SCALE CULTURAL CHANGE IN THE WAY THAT CLINICAL SERVICES ARE DELIVERED. THIS INVOLVES MOVING CARE TO LOWER-COST SETTINGS, REDESIGNING CARE MODELS TO PROMOTE INTEGRATION AND CLINICAL STANDARDIZATION AND PASSING THOSE BENEFITS ALONG TO EMPLOYERS AND MEMBERS, REALIGNING PAYMENT TO QUALITY-AND COST-PERFORMANCE, AND EMBRACING NOVEL FORMS OF INTEGRATION AND PARTNERSHIPS AMONG DIFFERENT PROVIDERS AND PAYERS. AHN AND HH BELIEVE THIS PATH HOLDS PROMISE OF CORRECTING MANY OF THE FUNDAMENTAL ISSUES AFFECTING THE HEALTH CARE INDUSTRY TODAY. TRANSITION TO THAT MODEL, REQUIRES SUBSTANTIAL INVESTMENT TO BUILD THE CAPABILITIES AND NEW PROCESSES TO SUPPORT THE NECESSARY TYPE OF CARE, AND REQUIRES A NEW STRATEGY. CUSTOMER VALUE CREATION: AHN IS BUILDING SERVICES, CAPABILITIES AND PRODUCTS THAT ARE ALIGNED TO PATIENTS DEMANDS FOR VALUE (ACCESS, EXPERIENCE, AND QUALITY AT AN AFFORDABLE COST). SUSTAINABLE GROWTH: FOCUSING ON BUSINESSES AND CUSTOMERS WHERE HH-AHN'S COMMITMENT TO CUSTOMER VALUE MOST RESONATES, THAT INCLUDES BUILDING ON AHN'S HISTORY OF INVESTING IN DIVERSIFIED HEALTHCARE BUSINESSES THAT CAN ADD JOBS AND VALUE TO THE COMMUNITY. CLINICIAN-LED CARE DELIVERY TRANSFORMATION: CREATING CARE MODELS AND UNDERLYING PRODUCTS AND SERVICES THAT IMPROVE THE EXPERIENCE AND OUTCOMES OF PATIENTS, AND THAT ARE ORIENTED TOWARD REDUCING WASTE IN THE HEALTHCARE SYSTEM, BY PUTTING CLINICIANS IN CHARGE. CORE BUSINESS PERFORMANCE: IMPROVING THE CORE SYSTEMS THAT ARE REQUIRED FOR DELIVERING HEALTH CARE. UNPARALLELED EXECUTION: BUILDING THE RIGHT SYSTEMS, PROCESSES AND CARE TEAMS TO ENSURE TRANSFORMATIONAL EXECUTION ACROSS THE NETWORK.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFITS	<p>AHN AND ITS TAX-EXEMPT SUBSIDIARY FACILITIES SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES TO THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE, SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS, SUPPORT GROUPS), AND MAKING CHARITABLE DONATIONS. THE SERVICES BENEFIT CHILDREN AND TEENS, ADULTS AND SENIORS, PATIENTS AND THEIR FAMILIES, AND THE COMMUNITY AT LARGE. THE FOLLOWING IS NOT A TOTAL ACCOUNT OF ALL OF AHN'S CHARITABLE ACTIVITIES, BUT A SAMPLING OF AHN'S MANY CONTRIBUTIONS TO THE COMMUNITY, AND ITS COMMITMENT TO PROVIDE A WIDE RANGE OF QUALITY HEALTH SERVICES TO DIVERSE COMMUNITIES, AND TO ALL WHO SEEK AHN'S CARE.</p> <p>AHN POSITIVE HEALTH CLINIC THE POSITIVE HEALTH CLINIC (PHC) IS A COMPREHENSIVE HIV PRIMARY CARE CLINIC PROVIDING STATE-OF-THE-ART CARE TO HIV-POSITIVE PERSONS. ITS SUPPORT STAFF INCLUDES PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS, PSYCHIATRISTS AND PATIENT ADVOCATES. THE TEAM TREATS MORE THAN 750 PATIENTS AND HAS EXTENSIVE EXPERIENCE WITH ALL ASPECTS OF HIV MANAGEMENT, PROVIDING A WIDE RANGE OF PRIMARY AND SPECIALIZED HIV CARE, REGARDLESS OF AN INDIVIDUAL'S MEDICAL INSURANCE COVERAGE OR ABILITY TO PAY. SERVICES AND PROGRAMS INCLUDE COMPREHENSIVE HIV CARE, RAPID HIV TESTING AND COUNSELING AND PARTNER TESTING, MEDICATION ADHERENCE COUNSELING AND PHARMACY SUPPORT, GYNECOLOGIC CARE, NUTRITIONAL ASSESSMENT AND COUNSELING BY A REGISTERED DIETITIAN, TREATMENT FOR PERSONS CO-INFECTED WITH HIV AND HEPATITIS C, SMOKING CESSATION PROGRAMS, MENTAL HEALTH ASSESSMENT, COUNSELING AND PSYCHIATRIC SUPPORT, AND CASE-MANAGEMENT FOR NON-MEDICAL NEEDS. THE STAFF ASSISTS WITH FINANCIAL OR SOCIAL ISSUES THAT MAY INTERFERE WITH THE PROVISION OF MEDICAL CARE. AHN ALSO PROVIDES SIGNIFICANT FINANCIAL SUPPORT TO A REGIONAL AIDS-PREVENTION PARTNERSHIP WHOSE GOAL IS TO END NEW HIV INFECTIONS IN ALLEGHENY COUNTY, PA, BY 2020.</p> <p>ALEXIS JOY DACHILLE CENTER FOR PERINATAL MENTAL HEALTH IN 2018, AHN OPENED THE ALEXIS JOY DACHILLE CENTER FOR PERINATAL MENTAL HEALTH AT WEST PENN HOSPITAL, AN INNOVATIVE NEW FACILITY THAT OFFERS WOMEN WITH PREGNANCY-RELATED DEPRESSION ACCESS TO A SPECTRUM OF FAMILY-FOCUSED CARE OPTIONS UNDER ONE ROOF. THE 7,300-SQUARE-FOOT, \$25 MILLION CENTER IS DESIGNED SO THAT MOTHERS CAN STAY WITH THEIR BABIES WHILE UNDERGOING TREATMENT. THE FACILITY HOUSES ROOMS FOR INDIVIDUAL THERAPY AS WELL AS SPACE FOR INTENSIVE OUTPATIENT CARE - A THREE-HOURS-DAILY, THREE-DAY-A-WEEK PROGRAM THAT FOCUSES ON GROUP THERAPY, MOTHER-CHILD BONDING AND COMPLEMENTARY MODALITIES FOR STRESS RELIEF, SUCH AS YOGA AND MEDITATION. THE CENTER WILL ALSO OFFER CHILD CARE SERVICES FOR OLDER CHILDREN, ADDRESSING A MAJOR BARRIER TO CARE FOR WOMEN.</p> <p>BRADDOCK URGENT CARE IN 2015, AHN AND HH OPENED THE AHN URGENT CARE CENTER, SUBSIDIZING HEALTH CARE ACCESS FOR THE UNDERSERVED BRADDOCK, PA, COMMUNITY, BY PROVIDING CARE ON A CHARITABLE BASIS AND SERVING A SIGNIFICANT SHARE OF MEDICARE AND MEDICAID PATIENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFITS	<p>WITH THE HELP OF A GRANT FROM HIGHMARK INC , AHN HAS LAUNCHED A COMMUNITY HEALTH IMPROVEM ENT PLAN, INTENDED TO EDUCATE AND IMPROVE OUTCOMES FOR BRADDOCK-AREA RESIDENTS IN FOUR KEY AREAS BEHAVIORAL HEALTH, INCLUDING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS, CANCER, PARTICULARLY OF THE PROSTATE, LUNG, COLON OR BREAST, CHRONIC DISEASE, WITH A FOCUS ON ASTH MA AND DIABETES, AND MATERNAL AND CHILD HEALTH, WITH A PARTICULAR FOCUS ON SEXUALLY TRANSM ITTED DISEASE PREVENTION THE AHN URGENT CARE CENTER WAS BUILT FOLLOWING THE CLOSURE OF BR ADDOCKS COMMUNITY HOSPITAL, WHICH HAD BEEN THE PRIMARY JOBS SOURCE AND HEALTH CARE ACCESS POINT FOR BRADDOCK RESIDENTS THE AHN URGENT CARE CENTER IS STAFFED BY BOARD CERTIFIED PHY SICIANS, REGISTERED NURSES, MEDICAL ASSISTANTS AND RADIOLOGY TECHNICIANS, AND EQUIPPED WIT H 12 PATIENT EXAM ROOMS AND DIAGNOSTIC CAPABILITIES SUCH AS X-RAY IMAGING AND BLOOD WORK BUILD THE BUILD HEALTH CHALLENGE, A NATIONAL PROGRAM THAT LEVERAGES MULTI-SECTOR COMMUNIT Y PARTNERSHIPS IN ORDER TO IMPROVE PUBLIC HEALTH IN PITTSBURGH'S NORTHERN NEIGHBORHOODS AH N AND ITS FLAGSHIP HOSPITAL, ALLEGHENY GENERAL HOSPITAL, ALONG WITH PARENT COMPANY HIGHMAR K HEALTH ARE WORKING WITH LOCAL ORGANIZATIONS INCLUDING PROJECT DESTINY, THE ALLEGHENY COU NTY HEALTH DEPARTMENT, AND THE BUHL FOUNDATION TO IMPLEMENT INNOVATIVE SOLUTIONS TO THE HE ALTH CHALLENGES FACED BY RESIDENTS OF PITTSBURGH'S NORTHSIDE COMMUNITY A \$250,000 AWARD FR OM BUILD, COMBINED WITH MATCHING FUNDS FROM BOTH HIGHMARK AND THE BUHL FOUNDATION, ARE BEI NG USED TO CREATE THE "CENTER FOR LIFTING UP EVERYONE" (CLUB) - A HEALTH AND WELLNESS MODE L AIMED AT REACHING THE NORTHSIDES MOST VULNERABLE RESIDENTS CHARITY CARE TOGETHER AS AN ENTERPRISE, AHN PROVIDED MORE THAN \$164.9 MILLION IN CHARITY AND UNCOMPENSATED CARE IN 2018 COMMUNITY HEALTH NEEDS ASSESSMENT IN 2018, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AHN EMBARKED ON ANOTHER COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSME NT (CHNA), BUILDING UPON THE HOSPITALS PREVIOUS CHNAS CONDUCTED IN 2013 AND 2015 THE RESU LTS OF THE CHNA ENABLE AHN AND ITS EIGHT HOSPITALS, ALONG WITH OTHER COMMUNITY AGENCIES AN D PROVIDERS, TO SET PRIORITIES, DEVELOP INTERVENTIONS, AND DIRECT RESOURCES TO IMPROVE THE HEALTH OF PEOPLE LIVING IN WESTERN PENNSYLVANIA AND SOUTHWESTERN NEW YORK THE CHNA PROVI DES A COMPREHENSIVE GUIDE FOR AHNS COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT EFFO RTS, THE CHNAS IDENTIFIES NEEDS WITHIN EACH OF AHNS HOSPITAL COMMUNITIES AND ENABLES AHN T O WORK WITH LOCAL PARTNERS IN A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT, DI RECTING SYSTEM-WIDE RESOURCES TO IMPROVE ACCESS AND OUTCOMES AND REDUCE HEALTH DISPARITIES THROUGHOUT AHNS SERVICE FOOTPRINT THE CHNA INITIATIVE ALIGNS WITH ONGOING COMMUNITY HEAL TH IMPROVEMENT ACTIVITIES IN AHNS LOCAL HOSPITAL SERVICE AREAS, AS WELL AS PUBLIC HEALTH E FFORTS DIRECTED BY THE ALLEGHENY AND ERIE COUNTY HEALTH DEPARTMENTS, WHERE APPLICABLE, AHN HAS ALIGNED PRIORITIES AND PL</p>

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COMMUNITY BENEFITS	<p>ANNING WITH THESE LOCAL AND REGIONAL INITIATIVES TO FOSTER COLLABORATION IN COMMUNITY HEALTH IMPROVEMENT COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS THROUGHOUT 2018, AHN PROVIDED OVER \$1 MILLION IN FUNDING TO SUPPORT COMMUNITY HEALTH AND ECONOMIC DEVELOPMENT INITIATIVES TO IMPROVE THE OVERALL WELL-BEING OF THE COMMUNITIES SERVED BY AHN SOME OF THOSE INITIATIVES INCLUDE PITTSBURGH'S "HEALTHY RIDE" BIKE SHARE PROGRAM, VARIOUS COMMUNITY HEALTH INITIATIVES IN ALIGNMENT WITH THE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY, BUILD ("BUILD, UPSTREAM, INTEGRATED, LOCAL, AND DATA-DRIVEN") HEALTH CHALLENGE, AND NUMEROUS HEALTH-RELATED COMMUNITY EVENTS DONATE LIFE MONTH IN 2018, AHNS COMMITMENT TO ORGAN, TISSUE, AND CORNEA DONATION RESULTED IN NEARLY 100 LIVES BEING SAVED BY ORGANS DONATED AT ITS HOSPITALS ADDITIONALLY, MORE THAN 9,500 LIVES WERE IMPROVED BECAUSE OF THE GENEROSITY OF TISSUE DONORS FROM AHN HOSPITALS AND MORE THAN 100 AHN DONORS PROVIDED THE GIFT OF SIGHT THROUGH CORNEAL TRANSPLANTATION AHN PROMOTES ORGAN AND TISSUE DONATION THROUGHOUT THE MONTH OF APRIL (NATIONAL DONATE LIFE MONTH) BY HOSTING A SERIES OF EVENTS ACROSS ITS HOSPITALS THE EVENTS WILL PAY TRIBUTE TO THOSE WHO HAVE GIVEN THE GIFT OF LIFE WHILE ALSO ENCOURAGING STAFF, PATIENTS AND VISITORS TO LEARN MORE ABOUT ORGAN DONATION AND HOW TO BECOME A REGISTERED ORGAN DONOR IN 2018, THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) RECOGNIZED AHN FOR ITS OUTSTANDING EFFORTS TO RAISE AWARENESS FOR ORGAN DONATION , EACH PARTICIPATING AHN HOSPITAL EARNED A TITANIUM-LEVEL FINISH, THE HIGHEST RANKING POSSIBLE FOR THE CELEBRATED, MONTH-LONG INITIATIVE THE TITANIUM RANKING, FIRST INTRODUCED IN 2017, RECOGNIZES HOSPITALS THAT ENGAGE IN UNPRECEDENTED LEVELS OF OUTREACH ACTIVITIES THROUGHOUT THE MONTH OF APRIL</p>

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FRONT DOOR INITIATIVE AHN'S JEFFERSON HOSPITAL IS UTILIZING A	<p>\$1 MILLION, FOUR-YEAR GRANT TO ESTABLISH THE "FRONT DOOR INITIATIVE FOR EMERGENCY MEDICINE ," A COMPREHENSIVE EFFORT TO BETTER UNDERSTAND AND ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AMONG PATIENTS WHO VISIT THE HOSPITALS EMERGENCY DEPARTMENT PATIENTS WHO FREQUENTLY UTILIZE EMERGENCY DEPARTMENT OFTEN DO SO BECAUSE OF CHALLENGES FACED IN THEIR SOCIAL ENVIRONMENT JEFFERSON HOSPITAL WILL APPLY THE GRANT TOWARD EXTENSIVE ASSESSMENT OF COMMUNITY NEEDS RELATED TO ITS EMERGENCY SERVICES, IDENTIFICATION OF MODEL PRACTICES FOR SOCIAL EMERGENCY MEDICINE, WORKING WITH COMMUNITY PARTNERS ON THE DEVELOPMENT OF A FRONT DOOR VISION AND PLAN, IMPLEMENTATION OF A STRONG DATA SYSTEM, EDUCATIONAL INTERVENTIONS FOR STAFF, AND DEVELOPMENT OF AN INTEGRATED SUPPORT NETWORK AND ENSURING PATIENTS ARE PROPERLY CONNECTED TO IT HEALTHY FOOD CENTER A FIRST OF ITS KIND IN THE REGION, AHNS NEW HEALTHY FOOD CENTER ACTS AS A "FOOD PHARMACY" WHERE PATIENTS WHO LACK ACCESS TO FOOD CAN RECEIVE NUTRITIOUS FOOD ITEMS, EDUCATION ON DISEASE-SPECIFIC DIETS, AND ADDITIONAL SERVICES FOR OTHER SOCIAL CHALLENGES THEY MIGHT FACE ACCORDING TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK, A PARTNER OF THE HEALTHY FOOD CENTER, FOOD INSECURITY AFFECTS MORE THAN 350,000 PEOPLE OR ONE IN SEVEN ADULTS IN THE PITTSBURGH REGION FOOD INSECURITY REFERS TO A LACK OF AVAILABLE FINANCIAL RESOURCES FOR NUTRITIONALLY-ADEQUATE FOOD SUCH AS FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS THE HEALTHY FOOD CENTER IS PILOTING ITS PROGRAM AMONG PATIENTS WITH DIABETES WHO ARE SCREENED BY THEIR DOCTOR AS BEING FOOD INSECURE PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER WHERE THEY INITIALLY MEET WITH AN ONSITE DIETITIAN TO DISCUSS THEIR DIETARY NEEDS BASED ON THEIR CONDITION AFTER SHOPPING AT THE CENTER FOR THE RECOMMENDED FOOD ITEMS, PATIENTS GO HOME WITH TWO TO THREE DAYS WORTH OF FOOD FOR ALL MEMBERS OF THEIR HOUSEHOLD THE HEALTHY FOOD CENTER OPENED IN 2018 IMMIGRANT HEALTH PROGRAM THE IMMIGRANT HEALTH PROGRAM AT AHN, PART OF THE AHN CENTER FOR INCLUSION HEALTH, WAS AWARDED A \$250,000 GRANT FROM THE JEWISH HEALTHCARE FOUNDATION IN SUPPORT OF ITS EFFORTS TO DELIVER A NEW COMMUNITY HEALTH MODEL AIMED AT MEETING THE HEALTH CARE NEEDS OF IMMIGRANT WOMEN OUR REGION FROM 2005-2015, THE NUMBER OF FOREIGN-BORN AREA RESIDENTS GREW FROM 48,266 TO 72,265, MORE THAN HALF OF WHOM ARE WOMEN OVER THE NEXT THREE YEARS, AHNS CENTER FOR INCLUSION HEALTH AND MORE THAN A DOZEN LOCAL COMMUNITY HEALTH AND SOCIAL SERVICE PROVIDERS WILL CONVENE TO DELIVER THE "IMMIGRANT WOMEN-COMMUNITY HEALTH MODEL" AIMED AT PROVIDING IMMIGRANT WOMEN ACCESS TO CULTURALLY- COMPETENT AND QUALITY PERINATAL SERVICES, AS WELL AS OTHER WOMENS HEALTH AND SOCIAL SERVICES MEDICAL RESPITE PROGRAM IN 2016, AHN ESTABLISHED A NEW MEDICAL RESPITE PROGRAM THAT PROVIDES ITINERANT PATIENTS RECOVERING FROM ILLNESSES WITH A SAFE PLACE TO RECUPERATE AND RECEIVE ONGOING NON-ACUTE CARE AND SUPPORT FOLLOWING A HOSPITAL STAY THIS INNOVATIVE MODEL</p>

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<p>FRONT DOOR INITIATIVE AHN'S JEFFERSON HOSPITAL IS UTILIZING A</p>	<p>REPRESENTS THE FIRST AND ONLY MEDICAL RESPITE PROGRAM IN THE PITTSBURGH REGION THE MEDIC AL RESPITE PROGRAM FIRST ADDRESSES THE PATIENTS PRIMARY NEEDS FOR SAFE TEMPORARY HOUSING A ND NUTRITION (THROUGH PARTNERSHIPS WITH LOCAL HOMELESS SERVICES FACILITIES LOCATED IN DOWN TOWN PITTSBURGH), THEN FOLLOWS UP WITH PATIENTS HEALTH NEEDS WITH VISITS FROM AHN HEALTH C ARE PROFESSIONALS (AHNS CENTER FOR INCLUSION HEALTH AND HEALTHCARE@HOME PROGRAMS) THROUGH THIS MODEL, THE PROGRAM HELPS ACHIEVE BETTER HEALTH OUTCOMES AND SOCIAL STABILITY FOR AT- RISK PATIENT POPULATIONS, WHILE LOWERING THEIR RISK OF DANGEROUS AND COSTLY RE-HOSPITALIZA TIONS OPEN HEART SURGERY OBSERVATION SINCE 2008, HIGH SCHOOL STUDENTS FROM WESTERN PENNS YLVANIA, WEST VIRGINIA AND OHIO HAVE BEEN INVITED TO OBSERVE AHNS CARDIOVASCULAR SURGEONS IN ACTION THROUGH THE CARDIOVASCULAR INSTITUTES (CVI) OPEN HEART SURGERY OBSERVATION PROGR AM THE PROGRAM, WHICH HAS HOSTED MORE THAN 15,000 AREA STUDENTS FROM DOZENS OF SCHOOLS, I S SUPPORTED BY TWO PART-TIME POSITIONS, AND IS PART OF AHNS AND THE CVIS COMMITMENT TO COM MUNITY EDUCATION AND INSPIRING FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS OPIOIDS AND ADDICTION MEDICINE OVER THE LAST SEVERAL YEARS, AHN HAS TAKEN NUMEROUS STEPS TO CURB PAI NKILLER MISUSE AND ADDICTION, OPIOID USE DISORDER, AND OVERDOSE DEATHS RELATED TO FENTANYL , CARFENTANIL, AND OTHER SYNTHETIC OPIATES IN 2017, AHN ESTABLISHED A NEW, COMPREHENSIVE PROGRAM DESIGNED TO HELP PATIENTS WITH OPIOID-RELATED SUBSTANCE USE DISORDERS RECEIVE THE HEALTH AND COMMUNITY-BASED CARE AND SUPPORT THEY NEED TO RECOVER FROM THEIR ILLNESS AND MA INTAIN LONG-TERM WELLNESS CALLED THE AHN CENTER OF EXCELLENCE FOR OPIOID USE DISORDER, TH E CENTER IS ONE OF 45 PROGRAMS IMPLEMENTED ACROSS PENNSYLVANIA, ALL OF WHICH ARE SUPPORTED BY A GRANT FROM THE STATES DEPARTMENT OF HUMAN SERVICES IN 2018, AHN AND PARTNER ORGANIZ ATIONS OPENED A NEW 45-BED UNIT AT THE KANE COMMUNITY LIVING CENTER IN MCKEESPORT, PA , A POST-ACUTE UNIT IS FOR PATIENTS WITH MEDICAL CONDITIONS AND CO-OCCURRING SUBSTANCE USE DIS ORDERS ALSO IN 2018, AHN ANNOUNCED AND BEGAN INSTALLING SECURE, PERMANENT DRUG TAKE-BACK BOXES AT SIX AHN HOSPITALS, AS WELL AS AT THE WEXFORD HEALTH + WELLNESS PAVILION, THE BOXE S WILL ALLOW PATIENTS OR VISITORS TO DISPOSE OF SURPLUS OR EXPIRED MEDICATIONS YEAR-ROUND AHN WAS ALSO ONE OF THE FIRST HEALTH CARE ORGANIZATIONS IN PENNSYLVANIA TO PARTNER WITH L AW ENFORCEMENT TO HELP CURB THE DEADLY EFFECTS OF OPIOID OVERDOSES, STARTING IN 2014, EMER GENCY MEDICAL PROFESSIONALS AT FORBES HOSPITAL BEGAN TRAINING POLICE OFFICERS FROM THE PIT CAIRN POLICE DEPARTMENT TO DISPENSE NARCAN, A NARCOTIC "ANTIDOTE" DRUG, TO OVERDOSE VICTIM S SINCE THEN, AHN PROVIDED THE TRAINING TO OTHER POLICE DEPARTMENTS, INCLUDING MONROEVILL E, EAST MCKEESPORT AND THE WESTMORELAND COUNTY SHERIFFS DEPARTMENT FINALLY, AHNS RESEARCH INSTITUTE IS STUDYING AND DEVELOPING SINGLE-DOSE, LONGER-LASTING OPIOID OVERDOSE ANTIDOTE S PERINATAL HOPE IN 2016, AH</p>

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FRONT DOOR INITIATIVE AHN'S JEFFERSON HOSPITAL IS UTILIZING A	<p>N LAUNCHED ITS PERINATAL HOPE PROGRAM, A MEDICAL HOME CARE MODEL FOR MOTHERS-TO-BE WHO ARE ADDICTED TO DRUGS. THE PROGRAM PROVIDES COMPREHENSIVE AND COORDINATED TREATMENT THAT PUTS THE MOTHER AND BABY ON TRACK FOR A MORE HOPEFUL FUTURE. PERINATAL HOPE IS THE REGION'S FIRST ALL-INCLUSIVE PROGRAM FOR MATERNAL ADDICTION THAT COMBINES OBSTETRICAL CARE, AND DRUG AND ALCOHOL THERAPY AND MEDICATION-ASSISTED TREATMENT INTO ONE CLINIC VISIT. PERINATAL HOPE IS SUPPORTED IN PART BY GRANTS FROM THE MARCH OF DIMES FOUNDATION WESTERN PENNSYLVANIA, THE HIGHMARK FOUNDATION AND THE JEWISH WOMEN'S FOUNDATION OF GREATER PITTSBURGH. ADDITIONALLY, AHN'S NEW WOMEN'S BEHAVIORAL HEALTH PROGRAM INCLUDES THE REGION'S FIRST INTENSIVE OUTPATIENT PROGRAM FOR WOMEN WITH PREGNANCY-RELATED DEPRESSION.</p> <p>SPECIAL OLYMPICS: FOR FIVE STRAIGHT YEARS, AHN'S SPORTS MEDICINE TEAM HAS PROVIDED ON-SITE MEDICAL SUPPORT TO ATHLETES COMPETING IN THE SPECIAL OLYMPICS PENNSYLVANIA (SOPA) WINTER GAMES. SPECIAL OLYMPICS PENNSYLVANIA PROVIDES YEAR-ROUND TRAINING AND COMPETITION IN 21 OLYMPIC-TYPE SPORTS TO NEARLY 20,000 CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.</p> <p>STOP THE BLEED: AS PART OF THIS ONGOING COMMUNITY AWARENESS CAMPAIGN, AHN TRAUMA CENTER REPRESENTATIVES PARTNER WITH EMS PROFESSIONALS TO PROVIDE SCHOOL OFFICIALS WITH TRAINING ON HOW TO HELP CONTROL BLEEDING FROM INJURIES IN THE EVENT OF A MASS CASUALTY INCIDENT. SIMILAR TO HOW HEALTH CARE PROVIDERS EDUCATE THE GENERAL PUBLIC IN CPR, THE "STOP THE BLEED" CAMPAIGN FOCUSES ON TRAINING THE GENERAL PUBLIC IN BLEEDING CONTROL TECHNIQUES. IN MASS CASUALTY INCIDENTS, INDIVIDUALS OFTEN SUFFER INJURIES THAT RESULT IN PREVENTABLE DEATHS. BY TRAINING THE GENERAL PUBLIC IN BASIC BLEEDING CONTROL TECHNIQUES, BYSTANDERS WILL BE ABLE TO INITIATE LIFESAVING MEASURES BEFORE THE FIRST RESPONDERS ARRIVE.</p> <p>SUMMER CAMP FOR BURN INJURED CHILDREN: IN 1986, WEST PENN BURN CENTER ESTABLISHED ITS SUMMER CAMP FOR BURN INJURED CHILDREN. THE CAMP GIVES CHILDREN WHO HAVE BEEN BURNED A CHANCE TO HEAL PHYSICALLY AND EMOTIONALLY IN A SUPPORTIVE ENVIRONMENT THAT OFFERED PLENTY OF OPPORTUNITIES FOR FUN. AT THE FREE, FIVE-DAY CAMP, KIDS AGES 7 TO 17 WHO HAVE BEEN TREATED AT THE WEST PENN BURN CENTER MEET TO SHARE THEIR STORIES AND ENJOY NEW EXPERIENCES. WITH THE GUIDANCE OF SKILLED PROFESSIONALS, CHILDREN ARE ENCOURAGED TO MEET NEW CHALLENGES AND TO TAKE POSITIVE RISKS BY PARTICIPATING IN ADVENTURES - SUCH AS ROPE CLIMBING - THAT HELPS BUILD CONFIDENCE WHILE ALSO BUILDING STRONG BODIES.</p>

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HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS	<p>ALLEGHENY GENERAL HOSPITAL FOUNDED IN 1885, ALLEGHENY GENERAL HOSPITAL (AGH) IS AHNS FLAG SHIP HOSPITAL, SERVING AS AHNS PRIMARY TEACHING HOSPITAL, ITS PREMIER QUATERNARY CARE FACILITY, OFFERING HIGHLY ADVANCED SPECIALTIES SUCH AS ORGAN TRANSPLANTATION, NEUROSURGERY, SURGICAL ONCOLOGY AND CARDIOVASCULAR SURGERY. LOCATED IN PITTSBURGH'S NORTH SIDE, AGH HAS 552 LICENSED BEDS AND APPROXIMATELY 800 PHYSICIANS AND 5,000 STAFF MEMBERS. AGH IS ALSO A LEVEL I SHOCK TRAUMA CENTER, AND ITS LIFEFLIGHT AEROMEDICAL SERVICE WAS THE FIRST TO FLY IN THE NORTHEASTERN UNITED STATES. FOR THE 2018 REPORTING PERIOD, TOTAL DISCHARGES PLUS OBSERVATIONS WERE APPROXIMATELY 28,000, EMERGENCY DEPARTMENT VISITS WERE 53,000, AND OUTPATIENT VISITS WERE 320,000. ALLEGHENY VALLEY HOSPITAL ALLEGHENY VALLEY HOSPITAL (AVH) HAS SERVED NATRONA HEIGHTS, PA, AND THE SURROUNDING COMMUNITY FOR OVER 100 YEARS. AVH HAS 188 LICENSED BEDS AND PROVIDES EMERGENCY CARE, SURGICAL CARE, REHABILITATION CARE AND OTHER QUALITY HEALTH CARE SERVICES FOR ITS PATIENTS FOR THE 2018 REPORTING PERIOD, TOTAL DISCHARGES PLUS OBSERVATIONS WERE APPROXIMATELY 7,500, EMERGENCY DEPARTMENT VISITS WERE 33,000, AND OUTPATIENT VISITS WERE 175,000. CANONSBURG HOSPITAL SINCE 1904, 104-BED CANONSBURG HOSPITAL (CH), BASED IN CANONSBURG, PA, HAS SERVED THE COMMUNITIES OF NORTHERN WASHINGTON AND SOUTHERN ALLEGHENY COUNTIES, PROVIDING QUALITY MEDICAL CARE AND IMPROVING THE HEALTH AND WELL-BEING OF ITS PATIENTS. FOR THE 2018 REPORTING PERIOD, TOTAL DISCHARGES PLUS OBSERVATIONS WERE APPROXIMATELY 3,000, EMERGENCY DEPARTMENT VISITS WERE 17,000 AND OUTPATIENT VISITS WERE 64,000. FORBES HOSPITAL SINCE 1978, FORBES HOSPITAL (FH) HAS BEEN PROVIDING HIGH-QUALITY CARE FOR THE COMMUNITIES OF EASTERN ALLEGHENY AND WESTMORELAND COUNTIES. FORBES FEATURES A LEVEL II TRAUMA CENTER, A TOP RATED CARDIOVASCULAR SURGERY PROGRAM AND A COMPREHENSIVE OBSTETRICS AND GYNECOLOGY SERVICE AMONG ITS MANY CLINICAL OFFERINGS. A 315-BED FACILITY BASED IN MONROEVILLE, PA, IN 2018, FH RECORDED APPROXIMATELY 21,000 DISCHARGES PLUS OBSERVATIONS, 41,000 EMERGENCY DEPARTMENT VISITS, 151,000 OUTPATIENT VISITS AND NEARLY 1,400 BIRTHS. JEFFERSON HOSPITAL JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973 LOCATED JUST SOUTH OF PITTSBURGH, THE 341-BED HOSPITAL PROVIDES A WIDE SPECTRUM OF HIGH QUALITY HEALTH CARE SERVICES, FROM EMERGENCY CARE AND INTENSIVE CARE, COMPREHENSIVE SURGICAL PROGRAMS AND REHABILITATION. IN 2014, JH OPENED A NEW LABOR AND DELIVERY UNIT, THE FIRST NEW HOSPITAL-BASED MATERNITY PROGRAM TO BE BUILT AND DEVELOPED IN PENNSYLVANIA IN THREE DECADES FOR THE 2018 REPORTING PERIOD, TOTAL DISCHARGES PLUS OBSERVATIONS WERE APPROXIMATELY 21,000, EMERGENCY DEPARTMENT VISITS WERE NEARLY 50,000, OUTPATIENT VISITS WERE 275,000 AND BIRTHS TOOK MORE THAN 1,000. SAINT VINCENT HOSPITAL SAINT VINCENT HOSPITAL (SVH) IS A 371-BED FACILITY THAT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF NORTHWESTERN PENNSYLVANIA AND ADJACENT</p>

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HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS	<p>AREAS OF NEW YORK AND OHIO FOUNDED BY THE SISTERS OF ST JOSEPH IN 1875, SVH CONTINUES T O EXEMPLIFY THE VALUES OF THE SISTERS IN PROVIDING COMPASSIONATE CARE TO ALL ADDITIONALLY , SVHS FOUR-BED SATELLITE FACILITY, WESTFIELD MEMORIAL HOSPITAL, HAS PROVIDED HIGH QUALITY HEALTH CARE TO RESIDENTS OF WESTERN NEW YORK FOR MORE THAN HALF A CENTURY FOR THE 2018 R EPORTING PERIOD, SVHS TOTAL DISCHARGES PLUS OBSERVATIONS WERE APPROXIMATELY 20,000, EMERGE NCY DEPARTMENT VISITS WERE 62,000, OUTPATIENT VISITS WERE 180,000, AND BIRTHS WERE NEARLY 900 WEST PENN HOSPITAL SERVING THE BLOOMFIELD AREA OF PITTSBURGH AND ITS SURROUNDING COM MUNITIES SINCE 1848, WEST PENN HOSPITAL (WPH) IS A 333-BED ACADEMIC MEDICAL CENTER WITH PR IVATE ACUTE-CARE PATIENT ROOMS AND ONE OF PENNSYLVANIAS MOST ADVANCED OBSTETRICAL AND NEWB ORN CARE PROGRAMS, INCLUDING A LEVEL 3 NEONATAL INTENSIVE CARE UNIT WPH HAS A REPUTATION FOR OUTSTANDING CLINICAL CARE AND NURSING EXCELLENCE, AND WAS THE FIRST HOSPITAL IN WESTER N PENNSYLVANIA TO EARN MAGNET RECOGNITION STATUS FROM THE AMERICAN NURSES CREDENTIALING CE NTER (ANCC) WPH ALSO IS HOME TO THE WEST PENN BURN CENTER, THE ONLY FACILITY OF ITS KIND IN THE REGION CERTIFIED TO TREAT BOTH PEDIATRIC AND ADULT BURN PATIENTS FOR THE 2018 REPO RTING PERIOD, WPHS TOTAL DISCHARGES PLUS OBSERVATIONS WERE APPROXIMATELY 19,000, EMERGENCY DEPARTMENT VISITS WERE 24,000, OUTPATIENT VISITS WERE 155,000, AND BIRTHS WERE 4,400</p>

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<p>OUTPATIENT CARE FACILITIES IN ADDITION TO ITS HUNDREDS OF</p>	<p>CLINICAL OFFICES, AHN OPERATES FIVE LARGE, MULTI-SPECIALTY HEALTH + WELLNESS PAVILIONS (TWO IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY, AND TWO IN ERIE COUNTY), FIVE URGENT CARE CLINICS (THREE IN ALLEGHENY COUNTY AND TWO IN ERIE COUNTY), AND EIGHT HOSPITAL-BASED AND FREE-STANDING SURGERY CENTERS (SIX IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY AND ONE IN ERIE COUNTY) ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE AHN'S RESEARCH INSTITUTE OFFERS ACCESS TO NEW DRUG THERAPIES, HONES REVOLUTIONARY SURGICAL PROCEDURES, AND HAS ADVANCED EXPERTISE WITH INNOVATIVE DEVICES AND WEARABLE TECHNOLOGIES THAT HELP REDUCE THE IMPACT OF CHRONIC DISEASE THE INSTITUTE PARTNERS WITH INDUSTRY, GOVERNMENT, ACADEMIA, AND HEALTH SYSTEMS ACROSS THE REGION TO WORK TOWARD A SERIES OF COMMON GOALS DISCOVERING CURES, DEVELOPING THE NEXT CLINICAL "BEST PRACTICES" IMPROVING THE HEALTH OF PATIENTS AND ADVANCING THE SCIENCE OF MEDICINE PHYSICIANS AND SCIENTISTS AT AHN ARE OFTEN ON THE CUTTING EDGE OF ADVANCED TREATMENTS AND NEW TECHNOLOGIES INNOVATIVE MEDICAL RESEARCH ACROSS ALL OF THE NETWORKS PROGRAMS IS A CRITICAL COMPONENT OF THE ORGANIZATIONS MISSION THE NETWORKS RESEARCH INSTITUTE COORDINATES PRIVATE AND FEDERALLY FUNDED INTERDISCIPLINARY PROGRAMS DESIGNED TO BETTER UNDERSTAND, TREAT AND PREVENT DISEASE, AND THE NETWORKS HOSPITALS ARE FREQUENTLY INVOLVED IN CLINICAL TRIALS OF BREAST, PROSTATE AND BOWEL CANCER, BURN AND TRAUMATIC INJURIES, GENE THERAPY, CARDIOVASCULAR DISEASE, LEUKEMIA AND LYMPHOMA, AUTOIMMUNE DISEASES, NEUROLOGICAL DISEASES, AND MORE THE NETWORK IS CURRENTLY HOME TO HUNDREDS OF ACTIVE CLINICAL RESEARCH TRIALS ALLEGHENY CLINIC WITH MORE THAN 1,200 EMPLOYED PHYSICIANS AND 4,700 TOTAL EMPLOYEES, THE ALLEGHENY CLINIC IS ONE OF WESTERN PENNSYLVANIA'S LARGEST PHYSICIAN GROUPS SINCE THE FORMATION OF AHN, AHN HAS ADDED HUNDREDS OF PRIMARY CARE PHYSICIANS, SPECIALISTS AND SURGEONS TO THE ALLEGHENY CLINIC THOSE PHYSICIANS AND ADMINISTRATIVE STAFF SUPPORT DOZENS OF SPECIALTY SERVICE LINES AND CLINICAL INSTITUTES, INCLUDING THE BARIATRIC AND METABOLIC INSTITUTE, THE CANCER INSTITUTE, THE CARDIOVASCULAR INSTITUTE, THE ESOPHAGEAL AND LUNG INSTITUTE, THE NEUROSCIENCE INSTITUTE, THE ORTHOPAEDIC INSTITUTE AND THE TRANSPLANT INSTITUTE FOUNDATIONS IN ADDITION TO THE AFOREMENTIONED ENTITIES, AHN ALSO INCLUDES A NUMBER OF AFFILIATED PHILANTHROPIC ORGANIZATIONS THE ALLE-KISKI MEDICAL CENTER TRUST, FORBES HEALTH FOUNDATION, SUBURBAN HEALTH FOUNDATION, AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION KEY INSTITUTES AND SERVICES LINES ALLEGHENY HEALTH NETWORK CANCER INSTITUTE AHN'S CANCER INSTITUTE INCLUDES MORE THAN 50 CANCER INSTITUTE CLINICS, TWO DOZEN SEPARATE CLINICAL LOCATIONS AND A MULTIDISCIPLINARY TEAM OF MORE THAN 200 PHYSICIANS THE INSTITUTE TREATS 10,000 PATIENTS ANNUALLY IN WESTERN PENNSYLVANIA, ERIE, WEST VIRGINIA, AND OHIO AHN RECENTLY OPENED AN EXTENDED HOURS ONCOLOGY CLINIC AT WEST PENN HOSPITAL TO BETTER CARE FOR PATIENTS EXPERIENCING THE SIDE EFFECTS OF CANCER TREATMENT</p>

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OUTPATIENT CARE FACILITIES IN ADDITION TO ITS HUNDREDS OF	FFECTS OF CHEMOTHERAPY TREATMENTS, AND OVER THE NEXT FEW YEARS, AHN WILL INVEST MORE THAN \$225 MILLION IN NEW INFRASTRUCTURE AND CAPABILITIES TO SUPPORT THEIR VISION AND STRATEGY F OR SERVING AHN PATIENTS WHO ARE DIAGNOSED WITH CANCER, THAT INFRASTRUCTURE WILL INCLUDE A NEW ACADEMIC CANCER INSTITUTE ON THE AGH CAMPUS AS WELL AS SEVERAL NEW COMMUNITY-BASED CAN CER CENTERS ADDITIONALLY, AHN COLLABORATES WITH JOHNS HOPKINS KIMMEL CANCER CENTER, TO OF FER MORE STREAM- LINED ACCESS TO CLINICAL TRIALS AND PROVIDE ADDITIONAL TREATMENT OPTIONS A ND SECOND OPINIONS FOR PATIENTS WITH RARE AND COMPLEX CANCERS, AMONG OTHER BENEFITS

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ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE ON THE	<p>FRONTIER OF ADVANCED SPECIALTY HEART CARE, THE ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INS TITUTE (CVI) IS ONE OF THE PREMIER CARDIAC PROGRAMS IN THE COUNTRY, PROVIDING SUPERIOR STATE-OF-THE-ART CARE FOR PATIENTS WITH HEART DISEASE AND ACCESS TO WESTERN PENNSYLVANIA'S MOST COMPREHENSIVE, MULTIDISCIPLINARY TEAM OF SPECIALISTS AND INNOVATIVE THERAPIES, INCLUDING MANY AVAILABLE ONLY THROUGH ADVANCED CLINICAL TRIALS. THE PHYSICIANS OF THE AHN CVI'S SEVEN HOSPITALS AND 20 OUTPATIENT PITTSBURGH- AND ERIE-AREA LOCATIONS HAVE HELPED TO PIONEER THE USE OF THE LATEST GENERATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATORS, WERE AMONG THE FIRST IN THE NATION TO PERFORM TRANS-CATHETER AORTIC VALVE REPLACEMENT (TAVR), REPLACING DEFECTIVE AORTIC HEART VALVES VIA A MINIMALLY INVASIVE CATHETER PROCEDURE, INTRODUCED NEW TREATMENTS TO REPAIR DEFECTIVE MITRAL VALVES VIA ROBOT-ASSISTED MINIMALLY INVASIVE SURGERY, AND PLAYED AN INSTRUMENTAL ROLE IN THE DEVELOPMENT OF LEFT VENTRICULAR ASSIST DEVICES (LVAD), A MECHANICAL PUMP THAT IS SURGICALLY IMPLANTED TO ASSIST A WEAKENED HEART MUSCLE. CURRENTLY, THE PHYSICIANS AT THE CARDIOVASCULAR INSTITUTE ARE CONDUCTING RESEARCH THAT LEADS TO BETTER WAYS TO PREVENT, FIND AND TREAT HEART DISEASE, CURRENTLY, AHN RESEARCHERS AND PHYSICIANS ARE WORKING ON MORE THAN 75 RESEARCH PROJECTS AND CLINICAL TRIALS. ADDITIONALLY, AHN'S WOMEN'S HEART CENTER, THE FIRST HEART CENTER OF ITS KIND IN ALLEGHENY COUNTY, TREATS COMPLEX CARDIOVASCULAR CONDITIONS FOR ADULT WOMEN OF ALL AGES. ALLEGHENY HEALTH NETWORK MEDICINE INSTITUTE. AHN'S MEDICINE INSTITUTES HOUSES THE ONE-OF-A-KIND AUTOIMMUNITY INSTITUTE, WHICH OPENED A NEW FACILITY IN 2018 THAT COMBINES MULTISPECIALTY CARE WITH CUTTING-EDGE RESEARCH, PATIENT EDUCATION AND ADVOCACY TO ADVANCE THE TREATMENT OF AUTOIMMUNE DISEASES AND ACCELERATE DISCOVERY OF A CURE FOR MORE THAN 100 DIFFERENT DISEASE TYPES. THE AHN AUTOIMMUNITY INSTITUTE HOSTS FOUR "CENTERS OF EXCELLENCE" FOR THE TREATMENT OF COMMON AUTOIMMUNE DISEASES INCLUDING LUPUS, RHEUMATOID ARTHRITIS, INFLAMMATORY BOWEL DISEASE AND CELIAC DISEASE. THE INSTITUTE INCLUDES PHYSICIANS FROM AN ARRAY OF CLINICAL SUBSPECIALTIES SUCH AS RHEUMATOLOGY, ALLERGY AND CLINICAL IMMUNOLOGY, PULMONARY, DERMATOLOGY, GASTROENTEROLOGY, NEPHROLOGY, ENDOCRINOLOGY, CARDIOLOGY AND INFUSION THERAPY. THE MEDICINE INSTITUTE ALSO INCLUDES SPECIALTY PROGRAMS DEDICATED TO DERMATOLOGY, DENTISTRY, INFECTIOUS DISEASE, NEPHROLOGY, AND INCLUSION HEALTH. ALLEGHENY HEALTH NETWORK NEUROSCIENCE INSTITUTE. AHN'S NEUROSCIENCE INSTITUTE IS A NATIONAL LEADER IN PROVIDING INNOVATIVE, EXPERT CARE FOR COMPLEX BRAIN, SPINE, OR NEUROLOGICAL CONDITIONS. AHN'S RENOWNED NEUROSURGEONS HAVE DEVELOPED GROUNDBREAKING SURGERIES AND TREATMENT ADVANCEMENTS THAT LEAD TO IMPROVED CARE FOR PATIENTS EXPERIENCING THE SYMPTOMS OF PARKINSONS DISEASE, TRIGEMINAL NEURALGIA, STROKE COMPLICATIONS, CONGENITAL SPINAL CONDITIONS, AND MORE. ADDITIONALLY, AHN HAS EARNED A "COMPREHENSIVE STROKE CENTER" DESIGNATION, THE HIGHEST</p>

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ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE ON THE	<p>DISTINCTION OF STROKE CARE AWARDED BY THE AMERICAN HEART ASSOCIATIONS JOINT COMMISSION AH NS NEUROSCIENCE PROGRAM INCLUDES RENOWNED EXPERTS IN THE SUBSPECIALTIES OF NEUROLOGY, NEUR O-OTOLOGY, NEURORADIOLOGY, NEURO-CRITICAL CARE, AND NEUROSURGERY, AND THE INSTITUTE HAS BE EN IDENTIFIED AS A NEUROSCIENCES CENTER OF EXCELLENCE AND A SPINE CENTER OF EXCELLENCE, EN ABLING AHN AND AGH TO SERVE AS A NATIONAL AND INTERNATIONAL REFERRAL CENTER FOR TREATMENT OF ALL TYPES OF NEUROLOGICAL CONDITIONS ALLEGHENY HEALTH NETWORK ORTHOPAEDIC INSTITUTE T HE ORTHOPAEDIC INSTITUTES MULTIDISCIPLINARY TEAM OF SURGEONS, PHYSICIANS, NURSES, PHYSICIA N ASSISTANTS AND REHABILITATION SPECIALISTS WORK TOGETHER TO DEVELOP A COORDINATED TREATME NT PLAN SPECIFICALLY DESIGNED FOR EACH PATIENT, SPECIALIZING IN PEDIATRIC ORTHOPAEDICS, JO INT REPLACEMENT, ORTHOPAEDIC SURGERY, SPINAL SURGERY, AND SPORTS MEDICINE TOGETHER, AHN A ND HH HAVE MADE SIGNIFICANT INVESTMENTS IN AHNS ORTHOPAEDIC CAPABILITIES AND INFRASTRUCTUR E, INCLUDING THE 2016 OPENING OF THE AHN SPORTS COMPLEX AT COOL SPRINGS, A LARGE MULTI-SPO RT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS MEDICINE, AND THE 2017 OPENING OF THE STATE-OF-THE-ART PEDIATRIC ORTHOPAEDIC INSTITUTE, A GROUP OF ORTHOPAEDIC SPECIALISTS W HO TREAT A WIDE RANGE OF NEURO- AND MUSCULOSKELETAL INJURIES AND CONDITIONS AHNS SPORTS M EDICINE TEAM IS THE OFFICIAL MEDICAL PROVIDER FOR THE PITTSBURGH PIRATES AND THE PITTSBURG H RIVERHOUNDS, AND HAS BEEN DESIGNATED AS AN OFFICIAL U S OLYMPIC REGIONAL MEDICAL CENTER AHN ALSO OFFERS SPORTS MEDICINE SERVICES FOR LOCAL COLLEGES AND DISTRICTS ALLEGHENY HEA LTH NETWORK TRANSPLANT INSTITUTE THE AHN TRANSPLANT INSTITUTE PROVIDES PERSONALIZED, COMP ASSIONATE CARE FROM A SPECIALIZED TEAM OF EXPERTS, INCLUDING TRANSPLANT SURGEONS, NEPHROLO GISTS, PSYCHIATRISTS, PHARMACISTS, SOCIAL WORKERS, DIETITIANS, TRANSPLANT NURSE COORDINATO RS, AND OTHER HEALTHCARE PROFESSIONALS THE TRANSPLANT INSTITUTES OFFERS HEART, KIDNEY, PA NCREAS AND LIVER TRANSPLANTATION SERVICES, WITH A LEGACY OF TRANSPLANTATION CATE AND INNOV ATION THAT DATES TO THE 1980S IN 2016, THE ALLEGHENY HEALTH NETWORK HEART TRANSPLANT INST ITUTE RANKED AMONG THE TOP 25 PROGRAMS IN THE COUNTRY, ACCORDING TO THE SCIENTIFIC REGISTR Y OF TRANSPLANT RECIPIENTS (SRTR), THE OFFICIAL NATIONAL DATABASE OF ORGAN TRANSPLANTATION STATISTICS IN ADDITION TO TRANSPLANTATION SERVICES, THE AHN TRANSPLANT INSTITUTE OFFERS PATIENTS ACCESS TO NOVEL IMMUNOSUPPRESSIVE AGENTS AND CLINICAL TRIALS ADDITIONALLY, AHN A ND ITS TRANSPLANT INSTITUTE ARE ADVOCATES FOR ORGAN DONATION EDUCATION AND AWARENESS EMER GENCY MEDICINE AND TRAUMA CARE IN 2018, AHNS HOSPITALS RECORDED NEARLY 280,000 EMERGENCY DEPARTMENT VISITS AND AHNS AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO 5,000 PAT IENTS ANNUALLY AHNS EXPERIENCED, MULTIDISCIPLINARY TEAMS OF PHYSICIANS, SPECIALISTS, NURS ES, TRAUMA SURGEONS AND SUPPORT STAFF PROVIDE AROUND-THE-CLOCK, AWARD-WINNING CARE FOR THE REGIONS SICK AND WOUNDED AHN</p>

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<p>ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE ON THE</p>	<p>S EMERGENCY DEPARTMENTS HAVE SOME OF THE SHORTEST WAIT TIMES IN THE STATE. AHNS HOSPITALS OPERATE EIGHT EMERGENCY DEPARTMENTS. AGH IS A LEVEL I TRAUMA CENTER, OFFERING TRAUMA SURGERY, SURGICAL CRITICAL CARE AND EMERGENCY GENERAL SURGERY, AS WELL AS A VARIETY OF RESEARCH AND EDUCATIONAL PROGRAMS. FH OPERATES A LEVEL II TRAUMA CENTER, AND WPH CARRIES A VERIFICATION FROM BOTH THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS, FOR THE TREATMENT OF BOTH PEDIATRIC AND ADULT BURN PATIENTS. ADDITIONALLY, AHNS LIFEFLIGHT, WHICH PROVIDES REGIONAL EMERGENCY HELICOPTER AND CRITICAL CARE GROUND TRANSPORTATION SERVICES FOR CRITICALLY ILL AND INJURED PATIENTS WHO NEED IMMEDIATE SPECIALIZED CARE, OPERATES FIVE MEDICAL HELICOPTER BASES (AT CLARION HOSPITAL, CANONSBURG HOSPITAL, INDIANA REGIONAL MEDICAL CENTER, BUTLER AIRPORT, AND ROSTRAVER AIRPORT). AHN WOMEN & CHILDREN INSTITUTE. AHN OFFERS COMPASSIONATE AND COMPREHENSIVE CARE THROUGH THE NETWORK OF MORE THAN 100 OBSTETRICIANS AND GYNECOLOGISTS, AND HUNDREDS OF OTHER SPECIALISTS WHO WORK TOGETHER TO CARE FOR WOMEN. AHN GROWING WOMENS HEALTH TEAM TREATS PATIENTS AT MORE THAN 50 WOMENS HEALTH OFFICE LOCATIONS, THROUGH EVERY LIFE STAGE. PREVENTION AND WELLNESS, LABOR AND DELIVERY SERVICES, ADVANCED GYNECOLOGIC SURGERIES, MIDLIFE CARE, SPECIALIZED CARDIOVASCULAR TREATMENTS, LEADING-EDGE BREAST CANCER DIAGNOSTIC AND THERAPEUTIC CAPABILITIES, MENOPAUSE AND OSTEOPOROSIS THERAPIES, AND INNOVATIVE CLINICAL TRIALS AND ADVANCED THERAPIES FOR GYNECOLOGIC CANCER. IN THE LAST THREE YEARS, AHN HAS MADE SIGNIFICANT UPGRADES TO ITS FACILITIES AND PROGRAMS FOR WOMEN, INCLUDING THE CONSTRUCTION OF A BRAND NEW MATERNITY UNIT AT JEFFERSON HOSPITAL, EXPANDED AND ENHANCED OBSTETRIC UNITS AT FORBES AND WEST PENN HOSPITALS, THE LAUNCH OF AN INTENSIVE OUTPATIENT PROGRAM FOR MOTHERS SUFFERING FROM SEVERE POSTPARTUM DEPRESSION, AND THE PLANNED CONSTRUCTION OF A NEW NEONATAL INTENSIVE CARE UNIT AT WEST PENN. IN 2018, AHN OPENED ITS ALEXIS JOY DACHILLE CENTER FOR PERINATAL MENTAL HEALTH, AN INNOVATIVE NEW FACILITY THAT OFFERS WOMEN WITH PREGNANCY-RELATED DEPRESSION ACCESS TO A SPECTRUM OF FAMILY-FOCUSED CARE OPTIONS UNDER ONE ROOF. IN 2018, AHNS OBSTETRICAL UNITS DELIVERED NEARLY 8,000 BABIES.</p>

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ACCOMPLISHMENTS	<p>OVER THE YEARS, AHN HAS BEEN RECOGNIZED FOR ITS ADVANCED TECHNOLOGIES, CLINICAL QUALITY, AND THE DEPTH AND BREADTH OF ITS PROFESSIONAL AND CLINICAL PROGRAMMING. IN 2018, IT RECEIVED THE FOLLOWING AWARDS, RECOGNITIONS AND ACCREDITATIONS, AMONG OTHERS: ALS ASSOCIATION WESTERN PENNSYLVANIA CHAPTER: SANDEEP RANA, MD, MEDICAL DIRECTOR OF THE ALS CERTIFIED CENTER OF EXCELLENCE AT AHN, WAS RECOGNIZED WITH THE ROBERT F. BALINT ABOVE AND BEYOND AWARD. AMERICAN HEART ASSOCIATION: ALLEGHENY GENERAL HOSPITAL AND JEFFERSON HOSPITAL EARNED GOLD PLUS HONORS FOR THE SIXTH CONSECUTIVE YEAR, WHILE FORBES HOSPITAL AND ALLEGHENY VALLEY HOSPITAL (AVH) RECEIVED SILVER PLUS RECOGNITION IN THIS YEAR'S AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES - HEART FAILURE ACHIEVEMENT AWARDS. THE AWARD RECOGNIZES HOSPITALS THAT IMPLEMENT SPECIFIC QUALITY IMPROVEMENT MEASURES OUTLINED BY THE AHA/AMERICAN COLLEGE OF CARDIOLOGY FOUNDATIONS SECONDARY PREVENTION GUIDELINES FOR PATIENTS WITH HEART FAILURE. AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION: FIVE AHN HOSPITALS RECEIVED NATIONAL RECOGNITION FOR THEIR COMMITMENT TO DELIVERING EXCELLENT, EVIDENCE-BASED CARE FOR STROKE PATIENTS. ALLEGHENY GENERAL, FORBES, JEFFERSON, AND SAINT VINCENT HOSPITALS EACH EARNED THE STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD IN THE GET WITH THE GUIDELINES ACHIEVEMENT AWARDS. WEST PENN HOSPITAL EARNED THE STROKE BRONZE QUALITY ACHIEVEMENT AWARD. AMERICAN NURSES CREDENTIALING CENTER: IN 2018, AHN'S WEST PENN HOSPITAL FOR THE THIRD TIME EARNED THE MAGNET RECOGNITION DESIGNATION. AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE: IN 2018, AHN'S CENTER FOR REPRODUCTIVE MEDICINE WAS NAMED A NURSING CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE. CENTERS FOR DISEASE CONTROL: THE CDC GRANTED WESTFIELD MEMORIAL HOSPITAL FULL RECOGNITION FOR ITS DIABETES PREVENTION PROGRAM (DPP). THIS DESIGNATION IS RESERVED FOR PROGRAMS THAT HAVE EFFECTIVELY DELIVERED A QUALITY, EVIDENCE-BASED PROGRAM THAT MEETS ALL OF THE STANDARDS FOR CDC RECOGNITION. COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES: ALLEGHENY GENERAL HOSPITAL, FORBES HOSPITAL, JEFFERSON HOSPITAL, SAINT VINCENT HOSPITAL, WEST PENN HOSPITAL, AND WESTFIELD MEMORIAL HOSPITAL WERE RECOGNIZED AS 2018 MOST WIRED HOSPITALS FOR ADVANCED TECHNOLOGICAL CAPABILITIES SUCH AS EPIC. COMMUNITY LIVER ALLIANCE: AHN'S ROBIN MIDIAN, MD, WAS A RECIPIENT OF THE COMMUNITY LIVER ALLIANCE'S 2018 "MAKE A DIFFERENCE" AWARD, WHICH RECOGNIZES INDIVIDUALS WHO GO ABOVE AND BEYOND TO EDUCATE THE COMMUNITY ABOUT LIVER HEALTH AND DRIVE AWARENESS ABOUT LIVER DISEASE. HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA: AHN WAS RECOGNIZED FOR ITS OUTSTANDING EFFORTS TO RAISE AWARENESS FOR ORGAN DONATION IN THE 2018 DONATE LIFE PA HOSPITAL CHALLENGE. EACH PARTICIPATING AHN HOSPITAL EARNED A TITANIUM-LEVEL FINISH, THE HIGHEST RANKING POSSIBLE FOR THE INITIATIVE WHICH RECOGNIZES HOSPITALS THAT ENGAGE IN UNPRECEDENTED LEVELS OF OUT</p>

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ACCOMPLISHMENTS	<p>REACH ACTIVITIES THROUGHOUT THE MONTH OF APRIL PARTICIPATING AHN HOSPITALS INCLUDED ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT AND WEST PENN INTERNATIONAL BOARD OF LACTATION CONSULTANTS THE AHN WOMEN AND INFANTS CENTER AT WEST PENN HOSPITAL RECEIVED THE INTERNATIONAL BOARD OF LACTATION CONSULTANTS CARE AWARD IN 2018 JOURNAL OF EMERGENCY MEDICAL SERVICES BENJAMIN J LAWNER, DO, MS, EMT-P, FACEP, MEDICAL DIRECTOR OF PREHOSPITAL CARE SERVICES, LIFEFLIGHT AND EMS AT AHN ALLEGHENY GENERAL HOSPITAL, WAS AWARDED THE JOHN P PRYOR, MD, STREET MEDICINE SOCIETY AWARD KEYSTONE 10 JEFFERSON HOSPITAL HAS RECEIVED "KEYSTONE 10" DESIGNATION, INDICATING THE HOSPITALS HIGH LEVEL OF SUPPORT FOR BREAST-FEEDING FAMILIES NATIONAL ADULT AND INFLUENZA IMMUNIZATION SUMMIT PREMIER MEDICAL ASSOCIATES RECEIVED AN IMMUNIZATION EXCELLENCE AWARD AT THE MAY 2018 SUMMIT NATIONAL KIDNEY FOUNDATION THE NATIONAL KIDNEY FOUNDATION OF THE ALLEGHENIES HONORED AHN'S BARBARA CLARK, MD, WITH THE GIFT OF LIFE MEDICAL AWARD FOR HER EXTRAORDINARY CONTRIBUTIONS TO THE FIELD OF NEPHROLOGY NATIONAL PANCREAS FOUNDATION SHYAM THAKKAR, MD, DIRECTOR OF ENDOSCOPY AND THE AHN MULTIDISCIPLINARY PANCREAS CENTER, WAS RECOGNIZED WITH A COURAGE OF CARE AWARD, AHN NURSES DEAH DAVIS, RN, BSN, AND PAMELA NERO, RN, BSN, CGRN, RECEIVED COMPASSIONATE CARE AWARDS PENNSYLVANIA MEDICAL SOCIETY FOUR PHYSICIANS FROM SAINT VINCENT HOSPITAL WERE NAMED 2018 PENNSYLVANIA MEDICAL SOCIETY TOP PHYSICIANS UNDER 40 THEY ARE THE ONLY ERIE PHYSICIANS TO BE RECOGNIZED THE PHYSICIANS INCLUDE KLARA ROMAN, MD, AND LYDIA TRAVNIK, DO, OF THE SAINT VINCENT-AHN HEALTH & WELLNESS PAVILION, RACHEL WILKERSON, DO, A SAINT VINCENT HOSPITALIST, AND AMANDA WINCIK, DO, CHIEF RESIDENT WITH THE SAINT VINCENT FAMILY MEDICINE PROGRAM PITTSBURGH BUSINESS TIMES THE BUSINESS TIMES HONORED AHN WITH ITS CORPORATE CITIZENSHIP AWARD AHN WAS ONE OF ABOUT A DOZEN COMPANIES IN THE PITTSBURGH REGION HONORED OUTSTANDING PHILANTHROPIC CONTRIBUTIONS AND COLLABORATIVE RELATIONSHIPS WITH NONPROFITS, CIVIC AND GOVERNMENTAL ORGANIZATIONS PITTSBURGH BUSINESS TIMES SEVERAL AHN HEALTH CARE PROVIDERS AND TEAMS WERE HONORED WITH HEALTHCARE HERO AWARDS IN 2018, WHICH RECOGNIZE OUTSTANDING PROFESSIONAL ACHIEVEMENT, INNOVATIVE CARE, AND COMMUNITY OUTREACH DAVID PARDA, MD, RECEIVED THE CAREER ACHIEVEMENT AWARD, SUSAN MANZI, MD, MARTA KOLTHOFF, MD, AND ALLISON FREEMAN, MD, RECEIVED HEALTH CARE PROVIDER AWARDS, THE AHN ADDICTION MEDICINE CARE TEAM AND BECKY ORLER AND HOLLY CHAPMAN (TRANSPLANT COORDINATORS) RECEIVED HEALTH CARE PROVIDER (NON-PHYSICIAN) AWARDS, KENYOSKEE CROWELL RECEIVED A HEALTHCARE EXECUTIVE AWARD, JUDITH SCHAAD, DPT, AND LINDA LEONARD (WEST PENN BURN CAMP) RECEIVED A COMMUNITY OUTREACH AWARD PITTSBURGH MAGAZINE AHN NURSES JACQUELINE COLLAVO, MA, BSN, RN, NE-BC, AND STUART FISK, CRNP, HAVE EACH RECEIVED TOP HONOR IN PITTSBURGH MAGAZINES THIRD ANNUAL EXCELLENCE IN NURSING AWARDS QUANTROS/CAREC</p>

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ACCOMPLISHMENTS	<p>HEX AS OF 2018, ALLEGHENY GENERAL HOSPITAL IS RATED AMONG THE TOP 10% OF HOSPITALS IN THE NATION FOR MEDICAL EXCELLENCE IN WOMENS HEALTH, AND IS RATED THE NO 1 HOSPITAL IN WESTERN PA FOR PATIENT SAFETY IN OVERALL MEDICAL CARE, CARDIAC CARE, HEART ATTACK TREATMENT, MAJOR NEURO-SURGERY, ORGAN TRANSPLANTS, PULMONARY CARE, STROKE CARE, HEART TRANSPLANT, KIDNEY TRANSPLANT AND TRAUMA CARE MARKET CLAIMS ARE BASED ON CARECHEX 2018 COMPOSITE QUALITY SCORES AND RATINGS FOR ACUTE CARE HOSPITALS SERVING THE COMBINED STATISTICAL AREA (CSA) OF PITTSBURGH-NEW CASTLE-WEIRTON QUANTROS/CARECHEX AS OF 2018, WEST PENN HOSPITAL IS RATED THE NO 1 HOSPITAL IN WESTERN PA FOR MEDICAL EXCELLENCE IN BARIATRIC SURGERY, AND IS RATED AMONG THE TOP 10% OF HOSPITALS IN THE NATION FOR MEDICAL EXCELLENCE IN STROKE CARE MARKET CLAIMS ARE BASED ON CARECHEX 2018 COMPOSITE QUALITY SCORES AND RATING FOR ACUTE CARE HOSPITALS SERVING THE COMBINED STATISTICAL AREA OF PITTSBURGH-NEW CASTLE-WEIRTON QUANTROS AS OF 2018, FORBES HOSPITAL IS RATED THE NO 1 HOSPITAL IN WESTERN PA FOR MEDICAL EXCELLENCE IN MAJOR NEURO-SURGERY MARKET CLAIMS ARE BASED ON CARECHEX 2018 COMPOSITE QUALITY SCORES AND RATING FOR ACUTE CARE HOSPITALS SERVING THE COMBINED STATISTICAL AREA OF PITTSBURGH-NEW CASTLE-WEIRTON UNIVERSITY OF PITTSBURGH FIFTEEN AHN NURSES RECEIVED CAMEOS OF CARING AWARDS FOR EXCELLENCE IN NURSING CARE AND PROFESSIONAL ACHIEVEMENT CATEGORIES AWARDED TO AHN NURSES INCLUDED ADVANCED PRACTICE AWARD, DONATE LIFE AWARD, NURSE EDUCATOR AWARD, CASE MANAGEMENT AWARD, AND QUALITY & SAFETY AWARD</p>

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VOTING MEMBERS OF GOVERNING BOARD	FORM 990, PART I, LINE 3 THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY REFLECTED IN IRS FORM 990, PAGE 1, PART I, LINE 3 WILL NOT CORRESPOND TO THE ACTUAL NUMBER OF VOTING MEMBERS LISTED IN IRS FORM 990, PAGE 7, PART VII BECAUSE CERTAIN VOTING MEMBERS OF THE GOVERNING BODY ARE VOTING MEMBERS FOR MORE THAN ONE OF THE ORGANIZATIONS INCLUDED IN THIS GROUP FILING IN THESE INSTANCES, THE INDIVIDUAL IS COUNTED IN PART I, LINE 3 IN ACCORDANCE WITH THE NUMBER OF ORGANIZATIONS FOR WHICH THEY ARE VOTING MEMBERS BUT WILL ONLY BE LISTED IN PART VII ONCE

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CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED	FORM 990, PART I, LINE 8 PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING ENTITY OF HIGHMARK HEALTH GROUP, HIGHMARK HEALTH, HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED, INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN INDEPENDENT CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE HIGHMARK HEALTH GROUP IN THE HIGHMARK HEALTH GROUP RETURN

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BUSINESS RELATIONSHIPS	<p>FORM 990, PART VI, SECTION A, LINE 2 THE FOLLOWING BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP THROUGH THEIR CONNECTION OF SERVING TOGETHER ON THE BOARD OF RELATED TAXABLE NON-PROFIT ORGANIZATIONS JOSEPH GUYAUX, DAVID BLANDINO, M D , VICTOR ROQUE, DAVID MALONE, DAVID MATTER, AND DAVID HOLMBERG MEMBERS OR STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 6 WEST PENN ALLEGHENY HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES - CANONSBURG GENERAL HOSPITAL - ALLEGHENY MEDICAL PRACTICE NETWORK - ALLEGHENY SINGER RESEARCH INSTITUTE - ALLE-KISKI MEDICAL CENTER - THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION - FORBES HEALTH FOUNDATION - ALLEGHENY CLINIC - ALLEGHENY CLINIC MEDICAL ONCOLOGY AHN IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES - JEFFERSON REGIONAL MEDICAL CENTER - WEST PENN ALLEGHENY HEALTH SYSTEM, INC - SAINT VINCENT HEALTH SYSTEM - SAINT VINCENT HEALTH CENTER ALLE-KISKI MEDICAL CENTER IS THE SOLE MEMBER OF - ALLE-KISKI MEDICAL CENTER TRUST HIGHMARK HEALTH IS THE SOLE MEMBER OF - ALLEGHENY HEALTH NETWORK SAINT VINCENT HEALTH SYSTEM IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES - SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES - SAINT VINCENT AFFILIATED PHYSICIANS - SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE - Westfield Memorial Hospital CANONSBURG GENERAL HOSPITAL IS THE SOLE MEMBER OF - CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE MEMBERS OR STOCKHOLDERS WHO MAY ELECT FORM 990, PART VI, SECTION A, LINE 7A PURSUANT TO THE BYLAWS OF EACH ENTITY, THE SOLE MEMBER OF SUCH ENTITY HAS THE POWER TO ELECT OR APPOINT ALL OR A SIGNIFICANT PORTION OF SUCH ENTITY'S BOARD OF DIRECTORS AND TO REMOVE OR REPLACE SUCH DIRECTORS</p>

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DECISIONS SUBJECT TO APPROVAL	<p>FORM 990, PART VI, SECTION A, LINE 7B For the following entities that comprise the group, Highmark Health, as the direct or indirect sole member, holds certain reserve powers pursuant to the bylaws of - CANONSBURG GENERAL HOSPITAL - ALLEGHENY HEALTH NETWORK - JEFFERSON REGIONAL MEDICAL CENTER - ALLEGHENY SINGER RESEARCH INSTITUTE - ALLE-KISKI MEDICAL CENTER - THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION - ALLE-KISKI MEDICAL CENTER TRUST - FORBES HEALTH FOUNDATION - WEST PENN ALLEGHENY HEALTH SYSTEM, INC - SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES - SAINT VINCENT MEDICAL EDUCATION AND RESEARCH INSTITUTE - SAINT VINCENT HEALTH SYSTEM - SAINT VINCENT HEALTH CENTER - SAINT VINCENT AFFILIATED PHYSICIANS - CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE - ALLEGHENY CLINIC - ALLEGHENY CLINIC MEDICAL ONCOLOGY - ALLEGHENY MEDICAL PRACTICE NETWORK THE FOLLOWING ARE THE RESERVED POWERS OF HIGHMARK HEALTH 1) TO APPROVE THE ELECTION, RE-ELECTION AND REMOVAL OF ALL OFFICERS, INCLUDING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OF THE CORPORATION AND ITS SUBSIDIARIES, 2) TO AMEND, REVISE OR RESTATE THE CORPORATIONS ARTICLES OF INCORPORATION AND BYLAWS AND APPROVE ALL AMENDMENTS OR REVISIONS OF THE CORPORATIONS ARTICLES OF INCORPORATION AND BYLAWS THAT MAY BE PROPOSED OR APPROVED BY AHN, THE MEMBER OR BOARD OF DIRECTORS OF THE CORPORATION, SUBJECT TO CERTAIN EXCEPTIONS 3) TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION OR ITS SUBSIDIARIES, 4) TO CHANGE THE GENERAL STRUCTURE OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES AS A VOLUNTARY, NONPROFIT CORPORATION, 5) TO (A) DISSOLVE, DIVIDE, CONVERT OR LIQUIDATE THE CORPORATION OR ITS SUBSIDIARIES, (B) CONSOLIDATE OR MERGE THE CORPORATION OR ITS SUBSIDIARIES WITH ANOTHER CORPORATION OR ENTITY, (C) SELL OR ACQUIRE ASSETS, WHETHER IN A SINGLE TRANSACTION OR SERIES OF TRANSACTIONS, WHERE THE CONSOLIDATION EXCEEDS 1% OF THE CORPORATIONS OR THE RELEVANT SUBSIDIARIES TOTAL ASSETS, AND (D) APPROVE ANY OF THE FOREGOING ACTIONS THAT MAY BE PROPOSED BY AHN, THE MEMBER OR THE BOARD OF DIRECTORS OF THE CORPORATION BEFORE SUCH ACTION BECOMES EFFECTIVE, 6) TO APPROVE THE ANNUAL CONSOLIDATED CAPITAL AND OPERATING PLAN AND BUDGET OF THE CORPORATION AND ITS SUBSIDIARIES, AND ANY AMENDMENTS THERETO OR SIGNIFICANT VARIANCES THEREFROM, 7) APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS SUBSIDIARIES OR THE MAKING OF CAPITAL EXPENDITURES BY THE CORPORATION AND THE SUBSIDIARIES DURING ANY FISCAL YEAR OF THE CORPORATION, IN EITHER CASE IN EXCESS OF ONE QUARTER OF 1% OF THE CONSOLIDATED ANNUAL OPERATING BUDGET OF THE CORPORATION AND ITS SUBSIDIARIES FOR EACH FISCAL YEAR IF SUCH DEBT OR CAPITAL EXPENDITURES ARE NOT INCLUDED IN THE CORPORATIONS SUBSIDIARIES APPROVED BUDGETS, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS 8) TO APPROVE ANY DONATION OR ANY OTHER TRANSFER OF THE CORPORATIONS OR ITS SUBSIDIARIES ASSETS, OTHER THAN TO THE MEMBER OR TO THE CORPORATION B</p>

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Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL	Y ITS SUBSIDIARIES, IN EXCESS OF \$10,000,000, UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATIONS OR ITS SUBSIDIARIES APPROVED BUDGETS 9) TO APPROVE STRATEGIC PLANS AND MISSION STATEMENTS OF THE CORPORATION AND ITS SUBSIDIARIES, 10) TO APPROVE INVESTMENT POLICIES OF THE CORPORATION AND SUBSIDIARIES, 11) TO APPROVE THE CLOSURE OR RELOCATION OF A LICENSED HEALTHCARE FACILITY OF THE CORPORATION AND ITS SUBSIDIARIES, 12) TO APPROVE THE FORMATION OF SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES OR TO MAKE NEW INVESTMENTS IN EXISTING SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES, IF THE NEW INVESTMENTS OF THE CORPORATION AND THE SUBSIDIARIES IN SUCH SUBSIDIARIES CORPORATIONS, PARTNERSHIPS, AND JOINT VENTURES DURING ANY FISCAL YEAR WOULD, IN THE AGGREGATE, EXCEED 1% OF THE CORPORATION'S CONSOLIDATED TOTAL ASSETS AT THE END OF THE PRIOR FISCAL YEAR OF THE CORPORATION, 13) TO ESTABLISH AND MANAGE THE CORPORATION'S PROGRAM FOR COMPLIANCE WITH ALL LEGAL REQUIREMENTS APPLICABLE TO THE CORPORATION, ALL ACCREDITATION AND LICENSING REQUIREMENTS AND THE CONDITIONS OF PARTICIPATION IN ALL GOVERNMENTAL PAYER PROGRAMS APPLICABLE TO THE CORPORATION, AND 14) TO SELECT AND APPOINT AUDITORS AND TO DESIGNATE THE FISCAL YEAR OF THE CORPORATION AND THE SUBSIDIARIES 15) TO GIVE SUCH OTHER APPROVALS AND TAKE SUCH OTHER ACTIONS AS ARE SPECIFICALLY RESERVED TO MEMBERS OF PENNSYLVANIA NONPROFIT CORPORATIONS UNDER THE NONPROFIT CORPORATION LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B HIGHMARK HEALTH GROUP IRS FORM 990 WAS PREPARED BY ITS EXTERNAL ADVISORS, PRICEWATERHOUSECOOPERS LLP AND REVIEWED BY THE HIGHMARK HEALTH TAX DEPARTMENT, SENIOR MANAGEMENT OF THE ORGANIZATION, AND THE AUDIT AND COMPLIANCE COMMITTEE Before filing the tax return with the Internal Revenue Service, a final copy was provided to all members of the Boards of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	<p>FORM 990, PART VI, SECTION B, LINE 12C Highmark Health (HH) has a corporate compliance department that monitors and oversees compliance with the Conflict of Interest Policy for all entities within the filing group. The following describes the manner in which the corporate compliance department monitors and oversees compliance with the conflict of interest policy.</p> <p>Conflict of interest disclosure statements are completed upon hire/appointment and on an annual basis by all board members, officers, key employees, supervisors and above, persons with purchasing authority including procurement department employees and committee members which may influence purchasing decisions, and any other employees as designated by the compliance department. Upon completion of the above disclosure statement by all applicable individuals, the Corporate Compliance Department reviews all disclosures. Those disclosure statements that require additional information or clarification are contacted by the corporate compliance department requesting such. Once received, the Corporate Compliance Department reviews the information to determine whether a real or potential conflict of interest exists. As applicable, Legal and Senior Management are consulted to determine whether a real or potential conflict of interest exists. When a conflict requires a mitigation plan, the mitigation plan is developed and approved in coordination with the respective responsible senior management. The senior managers are responsible for discussing the mitigation plan with the individual and monitoring compliance with the mitigation plan. A Conflict of Interest/Independence Disclosure Summary Report of all board members, officers, and executive management with reportable disclosures is provided to the Audit and Compliance committee of the Board of Highmark Health as well as the Board of Directors of Highmark Health, AHN and any applicable hospital.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	<p>FORM 990, PART VI, SECTION B, LINES 15A AND 15B AHN follows a process for determining compensation for executive positions, (including officers, key employees and other management positions), and is covered by the Highmark Health executive compensation policy. The policy was approved by the Highmark Health board of directors. It is the policy of AHN management to compensate its executives in accordance with the market and in relation to the experience, service and accomplishments of the individual both prior to and during their service with AHN. The Highmark Health personnel and compensation committee (P&C) of the Board of Directors approves the compensation for the president and CEO of AHN and all non-hospital senior executives who report directly to the president and CEO of AHN. The personnel and compensation committee uses comparability data provided by an independent compensation consultant. The external consultant provides a letter of reasonability for all offers made to new executives that report to the AHN CEO. Each P&C committee member voting on a senior executive's compensation arrangement ensures that he or she has no conflict of interest, including that he or she (a) does not economically benefit from the proposed employment, (b) does not receive compensation subject to the approval of the proposed employee, and (c) has no material financial interest affected by the transaction. The executive compensation program for the hospital entities within the group is administered by the CEO of AHN with respect to the CEOs, COOs and CFOs of each hospital, pursuant to overall guidelines established by the personnel and compensation committee of the board of directors of Highmark Health. It is the policy of AHN to compensate its executives in accordance with competitive market practices, taking into account organizational performance and the skills, experience, qualifications and performance of each executive. AHN generally targets the median of the relevant market with reasonable variation based on each executive's skills, experience, performance and current positioning relative to market. Highmark Health management, in coordination with the independent consultant to the P&C committee obtains appropriate market comparability data for each position, including nationally published compensation surveys and/or specific organization peer groups, to prepare compensation recommendations for all key executives, including officers, key employees, and other disqualified persons. Recommendations are reviewed and approved by a committee that is independent with respect to the compensation provided to the executives. Compensation may include several forms of cash compensation, including base salary, performance-based incentive compensation, and a competitive employee benefits program. Base salary is the fixed element of compensation intended to align with each executive's role, responsibilities, overall performance and other contributions. Incentive compensation</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	<p>n is used to provide variable, or "at risk" compensation, based on the performance of both the executive and the organization. Typically, AHN and hospital executives can earn incentive compensation only if the organization achieves certain pre-determined goals as approved by the P&C Committee. The plans are intended to hold executives accountable for achieving performance that is consistent with the long-term goals and objectives of the organization. All entities within the filing follow the requirement in the regulations to comply with the rebuttable presumption of the reasonableness of compensation. THE P&C COMMITTEE COMPLETED A REVIEW AND APPROVAL OF THE ANNUAL COMPENSATION STUDY OF CORPORATE EXECUTIVES PREPARED BY THE INDEPENDENT COMPENSATION CONSULTANT IN JULY 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE ON A CONSOLIDATED BASIS, AND ARE AVAILABLE UPON REQUEST AND APPROVAL BY THE CFO OF HIGHMARK HEALTH INDEPENDENT CONTRACTORS PART VII, SECTION B, LINE 2 LISTED IN THIS FORM 990, PART VII ARE THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS THAT PROVIDED SERVICES THE HIGHMARK HEALTH GROUP THE AMOUNT OF INDEPENDENT CONTRACTORS REPORTED ON LINE 2 INCLUDES THE TOTAL AMOUNT OF VENDORS PAID OVER \$100,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 EQUITY TRANSFERS 321,645,050 PENSION LIABILITY ADJUSTMENTS (71,431,241) OTHER (70,263,014) ----- TOTAL 179,950,795

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315010999

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
82-1406555

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

See Additional Data Table

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b Yes

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d Yes

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f Yes

g Sale of assets to related organization(s)

1g No

h Purchase of assets from related organization(s)

1h No

i Exchange of assets with related organization(s)

1i No

j Lease of facilities, equipment, or other assets to related organization(s)

1j Yes

k Lease of facilities, equipment, or other assets from related organization(s)

1k Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

r Other transfer of cash or property to related organization(s)

1r Yes

s Other transfer of cash or property from related organization(s)

1s No

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	HIGHMARK HEALTH GROUP TRANSACTS BUSINESS WITH THE LISTED RELATED ORGANIZATIONS IN THE MANNER IDENTIFIED IN COLUMN 2(B) HIGHMARK HEALTH GROUP HAS CHOSEN TO REFLECT THESE TRANSACTIONS COMBINED FOR PURPOSES OF DISCLOSURE ON SCHEDULE R, PART V, LINE 2



Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) AHN Surgery Center - Bethel Park LLC 1000 Higbee Drive Bethel Park, PA 15102 47-3690355	Healthcare	PA	2,510,972	906,861	AHN
(1) West Penn Allegheny Foundation LLC 4800 Friendship Avenue Pittsburgh, PA 15224 20-1107650	Capital Acq	PA	3,174,836	29,055,773	WPAHS
(2) Peters Township ASC LLC 160 Gallery Drive McMurray, PA 15317 27-3982341	Healthcare	PA	3,813,610	5,600,600	WPAHS
(3) West Penn ASC LLC 4800 Friendship Avenue Pittsburgh, PA 15224 27-2344847	Inactive	PA	0	0	WPAHS
(4) JRMC Diagnostic Services LLC 565 Coal Valley Road Pittsburgh, PA 15025 80-0069336	Healthcare	PA	1,219,837	269,113	JRMC
(5) SV Shared Savings Program ACO LLC 232 West 25th Street Erie, PA 16544 45-5550348	Inactive	PA	0	0	SVHC
(6) SVEC LLC 232 West 25th Street Erie, PA 16544 20-8572620	Inactive	PA	0	0	SVHC

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
100 Medical Boulevard Canonsburg, PA 15317 25-1818505	Inactive	PA	501(c)(3)	12a-TYPE I	NA		No
1526 Peach Street Erie, PA 16501 25-1528055	Healthcare	PA	501(c)(3)	3	SVHC		No
232 West 25th Street Erie, PA 16544 25-1181389	Healthcare	PA	501(c)(3)	12a-TYPE I	SVHC		No
232 West 25th Street Erie, PA 16544 25-1430922	Healthcare	PA	501(c)(3)	10	SVHC		No
100 Medical Boulevard Canonsburg, PA 15317 25-1488089	Inactive	PA	501(c)(3)	12a-TYPE I	NA		No
120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 45-3674900	Healthcare	PA	501(c)(3)	12a-TYPE I	NA		No
232 West 25th Street Erie, PA 16544 25-1385705	Healthcare	PA	501(c)(3)	3	SVHS		No
232 West 25th Street Erie, PA 16544 25-1856341	Healthcare	PA	501(c)(3)	3	SVHC		No
232 West 25th Street Erie, PA 16544 83-0371265	Healthcare	PA	501(c)(3)	9	SVHS		No
100 South Jackson Ave Pittsburgh, PA 15202 25-1472073	Fundraising	PA	501(c)(3)	12a-TYPE I	WPAHS INC		No
232 West 25th Street Erie, PA 16544 25-1498145	Healthcare	PA	501(c)(3)	3	SVHC		No
100 Medical Boulevard Pittsburgh, PA 15317 25-1054206	Inactive	PA	501(c)(3)	3	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproporionate 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	
(1) 5148 Liberty Assoc 5989 Centre Avenue Pittsburgh, PA 15206 25-1689871	Property Rental	PA	WPAHS Inc	EXCLUDED	75,632	903,150		No			No	50 000 %
(1) AHN Emerus LLC 30 Isabella St Pittsburgh, PA 15212 82-3655381	Medical Practice	PA	AHN	RELATED	-81,252	45,571		No			No	51 000 %
(2) AHN Home Infusion 312 West 25th Street Erie, PA 16502 25-1736527	Medical Practice	PA	SVHS	Related	17,596,951	7,365,597		No			No	80 000 %
(3) Celtic Hospice 30 Isabella St Pittsburgh, PA 15212 20-5661063	Medical Practice	PA	WPAHS Inc	Related	3,287,429	20,693,005		No			No	80 000 %
(4) JV Holdco LLC 30 Isabella St Pittsburgh, PA 15212 47-2368587	Holding Company	PA	WPAHS Inc	Related	1,173,965	32,261,928		No			No	60 000 %
(5) Mccandles Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 26-1284448	Medical Practice	PA	WPAHS Inc	Related	681,090	445,674		No			No	50 000 %
(6) N Shore Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 25-1880238	Medical Practice	PA	WPAHS Inc	Related	717,561	407,444		No			No	50 000 %
(7) Provider PPI LLC 120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 32-0429947	Group Purchasing	PA	HMPG	Related	15,818,989	27,506,102		No			No	99 000 %
(8) ST VINC PROF BLDG 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA	SVHC	Related	429,996	311,734		No			No	97 000 %
(9) Vantage HLDNG COMP 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA	CSI	Related	169,013	8,292,208		No			No	51 000 %
(10) AHN-LECOM JV LLC 30 ISABELLA ST PITTSBURGH, PA 15212 82-5500526	HEALTHCARE	PA	AHN	RELATED	-162,305	4,587,695		No			No	50 000 %

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
(1) Clinical Services Inc 232 West 25th Street Erie, PA 16544 25-1403846	Holding Company	PA	SVHS	C Corp	-768,312	8,766,025	100 000 %	Yes	
(1) Family Practice Medical Associates South 2414 Lytle Rd Ste 300 Bethel Park, PA 15102 25-1684735	Medical Practice	PA	JRMC	C Corp	8,821,439	3,043,958	100 000 %	Yes	
(2) Grandis Rubin Shanahan & Assoc 565 Coal Valley Rd Jefferson Hills, PA 15025 45-3355906	Medical Practice	PA	JRMC	C Corp	5,362,471	1,537,655	100 000 %	Yes	
(3) Health System Services Corp & Subs 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1403745	Real Estate Ops	PA	JRMC	C Corp	3,279,301	19,760,320	100 000 %	Yes	
(4) HMPG Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444325	Holding Company	PA	AHN	C Corp	8,174,348	131,019,341	100 000 %	Yes	
(5) JRMC Physician Service Corp 565 Coal Valley Rd Jefferson Hills, PA 15025 86-1159658	Medical Practice	PA	JRMC	C Corp	-66,211	108,584	100 000 %	Yes	
(6) Lake Erie Medical Group PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444157	Medical Practice	PA	AC	C Corp	147,742	599,315	100 000 %	Yes	
(7) Palladium Risk Retention Group 409 Broad St Ste 270 Sewickley, PA 15143 46-3476730	Insurance	VT	WPAHS Inc	C Corp	25,520,084	93,334,272	100 000 %	Yes	
(8) Physician Landing Zone PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3913973	Health Care	PA	AC	C Corp	9,034,060	637,319	100 000 %	Yes	
(9) Pittsburgh Pulmonary & Critical Care 1200 BROOKS LN STE 130 Clairton, PA 15025 46-3274101	Medical Practice	PA	JRMC	C Corp	3,818,841	834,501	100 000 %	Yes	
(10) Premier Medical Associates PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1742869	Medical Practice	PA	AC	C Corp	57,097,090	27,947,488	100 000 %	Yes	
(11) Premier Women's Health 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4682160	Medical Practice	PA	AC	C Corp	6,261,267	1,274,963	100 000 %	Yes	
(12) Primary Care Group 4 Inc 1907 Lebanon Church Rd West Mifflin, PA 15122 80-0403090	Medical Practice	PA	JRMC	C Corp	548,762	51,647	100 000 %	Yes	
(13) Primary Care Group 6 Inc PO Box 333 West Mifflin, PA 15122 90-0503600	Medical Practice	PA	JRMC	C Corp	408,368	68,108	100 000 %	Yes	
(14) Primary Care Group 8 Inc 803 Miller Ave Clairton, PA 15025 01-0927360	Medical Practice	PA	JRMC	C Corp	139,835	330,277	100 000 %	Yes	

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
(16) Primary Care Group 10 Inc 3726 Brownsville Rd Pittsburgh, PA 15227 38-3807173	Medical Practice	PA	JRMC	C Corp	391,162	156,867	100 000 %	Yes	
(1) Primary Care Group 12 Inc 17 Arentzen Blvd Ste 101 Charleroi, PA 15022 90-0614054	Medical Practice	PA	JRMC	C Corp	1,344,672	199,409	100 000 %	Yes	
(2) Specialty Group Practice 1 Inc 575 Coal Valley Rd Ste 365 Clairton, PA 15025 35-2367818	Medical Practice	PA	JRMC	C Corp	1,298,264	291,081	100 000 %	Yes	
(3) West Penn Corporate Medical ServicesInc 4800 Friendship Avenue Pittsburgh, PA 15224 25-1437405	Inactive	PA	WPAHS Inc	C Corp	0	89,483	100 000 %	Yes	
(4) West Penn Neurosurgery PC 4800 Friendship Avenue Pittsburgh, PA 15224 25-1630719	Inactive	PA	WPAHS Inc	C Corp	0	0	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Allegheny Clinic	P	135,595,514	FMV
(1)	PROVIDER PPI LLC	P	2,906,904	FMV
(2)	PARK CARDIOTHORACIC & VASCULAR INSTITUTE	P	599,921	FMV
(3)	OSIRIS PROPERTIES LLC	P	587,544	FMV
(4)	Gold Mist Advisors LLC	P	211,007	FMV
(5)	CLINICAL SERVICES INC	P	173,142	FMV
(6)	PROMEDIX LLC	P	133,698	FMV
(7)	REGIONAL HOME HEALTH AND HOSPICE	P	59,447	FMV
(8)	Allegheny Clinic	Q	30,961,769	FMV
(9)	Physician Landing Zone PC	Q	5,897,368	FMV
(10)	Wexford Medical Mall LLC	Q	3,935,149	FMV
(11)	Monroeville Ambulatory Surgery Center LLC	Q	2,141,460	FMV
(12)	Physician Partners of Western PA LLC	Q	961,925	FMV
(13)	HHPG Inc	Q	499,638	FMV
(14)	Saint Vincent CIC Disease LLC	Q	412,828	FMV
(15)	JRMC Physician Services Corporation	Q	238,957	FMV
(16)	Summer Wind Management LLC	Q	105,572	FMV
(17)	Peters Township Surgery Center LLC	Q	102,781	FMV
(18)	Highmark Health	C	77,000	FMV