

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

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

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 onthe 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 programservices? ☐ 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 \$ 2,682,257,711 including grants of \$ 921,319) (Revenue \$ 2,829,409,313)

See Additional Data

4b (Code:) (Expenses \$ 244,447,494 including grants of \$ 1,500) (Revenue \$ 313,027,394)

See Additional Data

4c (Code:) (Expenses \$ 380,420,594 including grants of \$ 114,561) (Revenue \$ 417,309,368)

See Additional Data

(Code:) (Expenses \$ 203,786,739 including grants of \$ 103,070) (Revenue \$ 172,468,347)

Other Program Services

4d Other program services (Describe in Schedule O.)

(Expenses \$ 203,786,739 including grants of \$ 103,070) (Revenue \$ 172,468,347)

4e **Total program service expenses** ▶ 3,510,912,538

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	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 Yes	
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? If "Yes," complete Schedule R, Part I	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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 2,268	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

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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	210	
	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	88	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	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 ☒

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

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

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

[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)	26,587,752	17,057,611	3,286,102

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 ▶ 2,395

		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	No
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
GILBANE BUILDING CO MASSARO CORP, 7 JACKSON WALKWAY PROVIDENCE, RI 029033694	Construction	57,677,402
MASSARO CORP, 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	40,685,230
MBM CONTRACTING INC, 4999 OLD CLAIRTON RD PITTSBURGH, PA 15236	CONSTRUCTION	35,552,439
EE AUSTIN SON INC, 1919 REED ST ERIE, PA 16503	CONSTRUCTION	25,596,810
MASCARO CONSTRUCTION CO LP, 1720 METROPOLITAN ST PITTSBURGH, PA 15233	CONSTRUCTION	14,818,717

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 ► 156

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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	2,925,970			
	d Related organizations	1d	2,016,401			
	e Government grants (contributions)	1e	4,497,025			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,069,012			
	g Noncash contributions included in lines 1a - 1f:\$	1g	952,979			
	h Total. Add lines 1a-1f		14,508,408			
Program Service Revenue	Business Code					
	2a PATIENT SERVICE REVENUE	621000	3,280,575,881	3,275,605,673	4,970,208	
	b AFFILIATE EXPENSE REIMBURSEMENT	900099	407,074,107	407,074,107		
	c SCIENTIFIC RESEARCH	541712	44,494,030	44,494,030		
	d MEDICAL EDUCATION	621111	5,040,612	5,040,612		
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		3,737,184,630				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,486,549		36,486,549	
	4 Income from investment of tax-exempt bond proceeds		2,755,831		2,755,831	
	5 Royalties		0			
	6a Gross rents	(i) Real	(ii) Personal			
		6a	7,855,087			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c	7,855,087	0	
	d Net rental income or (loss)		7,855,087		7,855,087	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	837,330,929	94,363,000		
		b Less: cost or other basis and sales expenses	7b	826,376,722	94,268,329	
		c Gain or (loss)	7c	10,954,207	94,671	
	d Net gain or (loss)		11,048,878		11,048,878	
	8a Gross income from fundraising events (not including \$ 2,925,970 of contributions reported on line 1c). See Part IV, line 18	8a	369,302			
		b Less: direct expenses	8b	1,092,738		
		c Net income or (loss) from fundraising events		-723,436		-723,436
	9a Gross income from gaming activities. See Part IV, line 19	9a	0			
		b Less: direct expenses	9b	0		
		c Net income or (loss) from gaming activities		0		
	10aGross sales of inventory, less returns and allowances	10a	0			
		b Less: cost of goods sold	10b	0		
		c Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code				
11aPHARMACY REVENUE		900099	13,434,859		13,434,859	
b CAFETERIA SALES		621110	10,709,939		10,709,939	
c PARKING		900099	7,870,632		7,870,632	
d All other revenue			93,065,336		93,065,336	
e Total. Add lines 11a-11d		125,080,766				
12 Total revenue. See instructions		3,934,196,713	3,732,214,422	4,970,208	182,503,675	

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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	996,922	996,922		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	142,250	142,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,278	1,278		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	44,377,800	40,904,273	3,106,446	367,081
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,558,988,729	1,450,494,719	108,200,246	293,764
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-19,152,011	-17,556,009	-1,596,002	
9 Other employee benefits	210,884,886	193,317,480	17,559,071	8,335
10 Payroll taxes	96,492,864	88,772,437	7,679,420	41,007
11 Fees for services (non-employees):				
a Management	3,359,084		3,359,084	
b Legal	1,356,821	154,044	1,202,777	
c Accounting	973,799	390	973,409	
d Lobbying	311,641	311,641		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,792,947		1,792,947	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	279,571,464	210,038,119	69,418,674	114,671
12 Advertising and promotion	1,477,157	1,347,830	129,327	
13 Office expenses	32,603,060	29,456,232	3,146,828	
14 Information technology	29,062,205	26,875,624	2,186,216	365
15 Royalties	0			
16 Occupancy	190,902,951	175,705,561	15,197,390	
17 Travel	6,024,478	5,515,531	508,191	756
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,572,299	5,006,290	565,151	858
20 Interest	25,736,704	23,163,523	2,573,181	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	146,478,620	131,710,370	14,768,172	78
23 Insurance	26,769,963	25,391,490	1,378,473	
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 & DRUGS	698,763,286	698,495,738	267,548	
b REIMBURSEMENTS TO AFFILIATES	336,971,550	255,510,150	81,461,400	
c PATIENT BAD DEBT	66,692,169	66,719,038	-26,869	
d FOOD/DIETARY PROVISIONS	15,444,687	13,912,548	1,532,064	75
e All other expenses	86,637,217	84,525,069	2,073,898	38,250
25 Total functional expenses. Add lines 1 through 24e	3,849,234,820	3,510,912,538	337,457,042	865,240
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		562,457	1	429,074	
	2	Savings and temporary cash investments		286,596,206	2	171,756,184	
	3	Pledges and grants receivable, net		7,557,154	3	8,371,467	
	4	Accounts receivable, net		375,128,525	4	394,247,623	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		3,185,000	7	4,311,761	
	8	Inventories for sale or use		50,985,484	8	53,019,349	
	9	Prepaid expenses and deferred charges		42,335,054	9	46,402,927	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,183,328,836			
	b	Less: accumulated depreciation	10b	783,888,230	1,179,077,451	10c	1,399,440,606
	11	Investments—publicly traded securities		322,559,662	11	374,680,231	
	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		130,809,188	14	138,842,986	
	15	Other assets. See Part IV, line 11		750,686,511	15	1,201,118,809	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,149,634,218	16	3,792,772,543		
Liabilities	17	Accounts payable and accrued expenses		421,971,839	17	436,827,517	
	18	Grants payable		0	18	0	
	19	Deferred revenue		58,640,534	19	54,135,934	
	20	Tax-exempt bond liabilities		991,068,667	20	985,858,041	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		8,671,462	23	2,826,193	
	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		492,822,952	25	709,813,339	
	26	Total liabilities. Add lines 17 through 25		1,973,175,454	26	2,189,461,024	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		885,107,227	27	1,264,475,481	
	28	Net assets with donor restrictions		291,351,537	28	338,836,038	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,176,458,764	32	1,603,311,519	
33	Total liabilities and net assets/fund balances		3,149,634,218	33	3,792,772,543		

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	3,934,196,713
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,849,234,820
3	Revenue less expenses. Subtract line 2 from line 1	3	84,961,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,176,458,764
5	Net unrealized gains (losses) on investments	5	-41,554,582
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	383,445,444
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,603,311,519

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?		No
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.		

Additional Data

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

Form 990 (2019)

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 HOLMBERG DIRECTOR	5.0 60.0	X						0	8,092,338	54,414
Jeffrey Crudele Director & Treasurer	60.0 0.0	X		X				1,402,663	0	2,055,626
Karen Hanlon Director	5.0 60.0	X						0	3,041,353	279,887
Cynthia Hundorfean Director & President	60.0 0.0	X		X				3,108,172	0	25,416
Thomas Vankirk Director	5.0 60.0	X						0	2,596,116	32,790
Tony Farah MD Director	5.0 60.0	X						0	2,273,622	38,826
EDWARD WESTRICK MD Physician	60.0 0.0					X		1,788,072	0	28,639
James Benedict Director/COO	60.0 0.0	X		X				1,776,752	0	39,897
Daniel Altman MD Physician	60.0 0.0					X		1,595,222	0	30,152
Donald Whiting MD Director/CHAIRMAN	60.0 0.0	X		X				1,490,510	0	128,276

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gregory Altman MD Physician	60.0 0.0					X		1,485,172	0	27,533
GEORGE EID MD Physician	60.0 0.0					X		1,367,892	0	23,680
Alexander Yu MD PHYSICIAN	60.0 0.0					X		1,337,432	0	11,555
SRICHARAN CHALIKONDA CHIEF MEDICAL OPS OFFICER	60.0 0.0				X			1,190,391	0	104,315
Patrick Demeo MD Physician	60.0 0.0				X			1,202,679	0	26,217
Robert White MD Chief Medical Info Officer	60.0 0.0				X			1,137,075	0	33,929
BRIAN MATTHEW PARKER DIRECTOR	60.0 0.0	X						1,029,063	0	82,177
Jacqueline Bauer Director & Secretary	60.0 0.0	X		X				0	1,054,182	51,915
Kenyokee Crowell Sr. Vice President	60.0 0.0				X			1,022,525	0	65,252
David Parda MD Director	60.0 0.0	X						1,020,395	0	29,929

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Lupo MD Director	60.0 0.0	X						970,967	0	26,486
Ngoc Thai MD PHYSICIAN	60.0 0.0				X			945,756	0	27,259
Venkatraman Srinivasan Trustee	60.0 0.0	X						929,104	0	24,166
G Scott Long MD Director & President	60.0 0.0	X		X				921,988	0	9,624
Ross Peterson MD Director	60.0 0.0	X						865,922	0	28,142
Srinavas Murali MD Physician	60.0 0.0				X			799,665	0	22,263
Jeffrey McGovern MD Director	60.0 0.0	X						768,836	0	26,295
Parminder Sharma MD Director	60.0 0.0	X						766,773	0	25,899
WILLIAM JOHNJULIO MD MEDICAL DIRECTOR - CIN	60.0 0.0				X			763,562	0	25,649
PETER LUND MD DIRECTOR	1.0 0.0	X						759,587	0	23,361

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Claire Zangerle Chief Nursing Officer	60.0 0.0				X			743,716	0	11,366
George J Magovern Jr Physician	60.0 0.0				X			698,600	0	27,202
Madhusudan Menon MD Director	60.0 0.0	X						706,288	0	4,007
JOHN BALACKO MD DIRECTOR	60.0 0.0	X						675,947	0	22,419
Allan Klapper MD Physician	60.0 0.0				X			670,319	0	27,074
Beth Casagrande MD Physician	60.0 0.0				X			659,576	0	27,099
Mark Rubino MD Director & President	50.0 0.0	X		X				654,220	0	22,521
Susan Manzi MD Physician	60.0 0.0				X			662,325	0	10,732
Chong Park MD Chief Medical Officer	60.0 0.0				X			622,658	0	25,823
John Lawrence MD Physician	60.0 0.0				X			620,118	0	27,099

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Louise Urban Director & President	60.0 0.0	X		X				608,859	0	22,600
Richard Thompson Vice President	60.0 0.0				X			606,022	0	18,194
DENZIL RUPERT CHIEF OPERATING OFFICER - AGH	50.0 0.0				X			556,295	0	24,405
DANIEL MUCCIO MD DIRECTOR	1.0 0.0	X						548,836	0	26,601
Jan Silverman MD Physician	60.0 0.0				X			546,539	0	19,673
Ronald Andro MD Director & President	60.0 0.0	X		X				529,722	0	26,761
Christopher Clark DO Director & President	60.0 0.0	X		X				528,484	0	25,352
JAMES VALERIANO PHYSICIAN CHAIRPERSON	1.0 0.0				X			504,364	0	23,362
James Rohrbaugh Treasurer	50.0 0.0			X				479,917	0	39,808
Mark Nussbaum Director & Vice President	60.0 0.0	X		X				487,206	0	28,614

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS CAMPBELL MD PHYSICIAN CHAIRPERSON	60.0 0.0				X			475,896	0	27,317
JOSEPH ARACRI PHYSICIAN CHAIRPERSON	60.0 0.0				X			453,372	0	20,627
Jason Roeback Director	50.0 0.0	X						419,985	0	26,262
JEFFREY CARLSON DIRECTOR	1.0 0.0	X		X				404,754	0	35,741
Allison Quick Director & President	50.0 0.0	X		X				376,486	0	38,019
Keith LeJeune Director & Vice President	50.0 0.0	X		X				363,099	0	33,893
Daniel R Casper MD Director	50.0 0.0	X						360,702	0	22,051
William Englert Director & Pres (until 2/2019)	50.0 0.0	X		X				346,738	0	33,981
Thomas Corkery DO Director	50.0 0.0	X						351,721	0	21,335
Paul Gausman DO Director	50.0 0.0	X						347,934	0	24,836

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jennifer Lewis MD Director	50.0 0.0	X						340,679	0	25,012
Rand Levis Assistant Treasurer	50.0 0.0			X				333,793	0	26,682
Mark Leone DO Director	50.0 0.0	X						301,044	0	25,327
Jeffrey Kim MD Director	50.0 0.0	X						302,103	0	24,237
Michael Culig MD Director	50.0 0.0	X						302,076	0	15,219
Carol Bucci Director	50.0 0.0	X						0	274,674	8,712
Scott Hankinson Director	50.0 0.0	X						224,533	0	26,340
Thomas Murphy Director	50.0 0.0	X		X				217,204	0	27,381
Donald McNary Director	50.0 0.0	X						230,649	0	10,606
THOMAS HIPKISS Chief Financial Officer	60.0 0.0			X				214,458	0	26,462

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICENTA GASPAR-YOO M DIRECTOR	50.0 0.0	X		X				233,293	0	1,716
KELLY KASSAB VICE PRESIDENT & DIRECTOR	50.0 0.0	X		X				218,212	0	3,044
Susan Moore MD Director	50.0 0.0	X						179,941	0	23,016
Paul Reilly MD Director	50.0 0.0	X						155,034	0	23,380
Dawn Karns DO Director	50.0 0.0	X						168,642	0	2,292
BRAD GROSTEFFON DIR/TREAS/SEC'Y (UNTIL 6/2019)	50.0 0.0	X		X				124,084	0	9,125
Joseph C Guyaux Director	5.0 10.0	X						0	129,824	0
KAREN SURKALA PRESIDENT	1.0 0.0			X				123,972	0	3,665
David Celko MD Director	50.0 0.0	X						124,998	0	1,269
David Blandino MD Board Chair	5.0 15.0	X		X				0	119,612	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Michael Matter Director	5.0 10.0	X						0	114,312	0
Susan Barrett Assistant Secretary	50.0 0.0			X				94,772	0	19,358
Victor Roque Director	10.0 5.0	X						0	113,312	0
ALFRED MANSFIELD CHIEF FINANCIAL OFFICER	1.0 0.0			X				98,560	0	0
David Malone Director	5.0 10.0	X						0	84,024	0
VALARIE JACKSON PRESIDENT	50.0 0.0	X						47,279	0	1,670
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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
James Graham Director	5.0 0.0	X						0	0	0
Michael Redlawsk Director	5.0 0.0	X						0	0	0
Pamela Lapczynski Director	1.0 0.0	X						0	0	0
Jason Ross Director	1.0 0.0	X						0	0	0
Michael Alterio Director	1.0 0.0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carole Pankas Director	1.0 0.0	X						0	0	0
John Finnegan Director	1.0 0.0	X						0	0	0
LaDonna Fuge MD Director	1.0 0.0	X						0	0	0
William Richardson Director	1.0 0.0	X						0	0	0
Richard Talarico Director	1.0 0.0	X						0	0	0
Helen Baran Director	1.0 0.0	X						0	0	0
R Steven Jones Director	1.0 0.0	X						0	0	0
Kathryn Burns Director	1.0 0.0	X						0	0	0
Marne Roche Director	1.0 0.0	X						0	0	0
Chris Scott Director	1.0 0.0	X						0	0	0

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		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
Doris Carson Williams Director	1.0 5.0	X						0	0	0
Richard S Bartek Director	1.0 0.0	X						0	0	0
Lauren McAndrews Director	1.0 0.0	X						0	0	0
Thomas Tarpley Director	1.0 0.0	X						0	0	0
Thomas Berkhouse Director	1.0 0.0	X						0	0	0
Robert Crane Director	1.0 0.0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
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
Marilyn Pesci Trustee	1.0 0.0	X						0	0	0
Diana Holt Director & Secretary	1.0 0.0	X		X				0	0	0
Tracey Bennett Director & Treasurer	1.0 0.0	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barbara VanKirk Director	1.0 0.0	X						0	0	0
GENE G FINELY MD DIRECTOR	1.0 0.0	X						0	0	0
DEBORAH SMITH DIRECTOR	1.0 0.0	X						0	0	0
JOSEPH HALL DIRECTOR	1.0 0.0	X						0	0	0
MARK PERRY DIRECTOR	1.0 0.0	X						0	0	0
LEANNE ROBERTS DIRECTOR	1.0 0.0	X						0	0	0
RICHARD SULLIVAN MD DIRECTOR	1.0 0.0	X						0	0	0
BETH PATRI DIRECTOR	1.0 0.0	X						0	0	0
CATHERINE A CAPONI DIRECTOR	1.0 0.0	X						0	0	0
CHARLENE NEWKIRK 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			
GREGORY GUTTING DIRECTOR	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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				274,297,195	

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2018 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	0	0	9,500	131,451	0	140,951
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	51,180,600	52,834,545	56,873,470	57,994,907	63,984,739	282,868,261
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	51,180,600	52,834,545	56,882,970	58,126,358	63,984,739	283,009,212
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.)						283,009,212

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	51,180,600	52,834,545	56,882,970	58,126,358	63,984,739	283,009,212
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	100,626	86,253	97,896	146,400	391,552	822,727
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	100,626	86,253	97,896	146,400	391,552	822,727
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.) . .	4,591,976	8,311,500	6,910,183	5,394,780	5,904,266	31,112,705
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	55,873,202	61,232,298	63,891,049	63,667,538	70,280,557	314,944,644
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	89.860 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	89.674 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.261 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.229 %

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		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		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
	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			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 0			
b From 2015. 0			
c From 2016. 0			
d From 2017. 0			
e From 2018. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. 0			
b Excess from 2016. 0			
c Excess from 2017. 0			
d Excess from 2018. 0			
e Excess from 2019. 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 Group's 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).

[illegible]

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

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

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

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

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

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

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
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		323,328
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			323,328
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B, LINE 1D ALLEGHENY HEALTH NETWORK INCURRED INSUBSTANTIAL EXPENSES IN SENDING MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND HAVE ADVERSE CONSEQUENCES FOR THE COMMUNITIES WE SERVE.
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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	316,961,387	338,653,894	314,504,019	308,814,600	323,361,457
b Contributions	11,208,765	10,466,540	2,378,887	6,086,053	11,096,627
c Net investment earnings, gains, and losses	45,810,701	-15,453,352	36,108,383	15,032,444	-9,567,841
d Grants or scholarships					
e Other expenditures for facilities and programs	15,995,604	16,302,712	13,107,770	14,618,247	16,129,681
f Administrative expenses	1,367,638	402,983	1,229,625	810,831	718,696
g End of year balance	356,617,611	316,961,387	338,653,894	314,504,019	308,041,866

2

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

a

Board designated or quasi-endowment ▶ 6.670 %

b

Permanent endowment ▶ 86.240 %

c

Temporarily restricted endowment ▶ 7.090 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,208,623		46,208,623
b Buildings		811,376,833	258,864,313	552,512,520
c Leasehold improvements		46,674,584	25,541,324	21,133,260
d Equipment		815,100,710	487,380,251	327,720,459
e Other		463,968,086	12,102,342	451,865,744
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,399,440,606

Schedule D (Form 990) 2019

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	533,316,623
(2) EQUITY INVESTMENTS	187,882,650
(3) MALPRACTICE RECEIVABLE	92,859,548
(4) INTERCOMPANY RECEIVABLES	98,619,006
(5) OTHER ASSETS	24,401,950
(6) SELF INSURANCE CAPITALIZATION	30,000
(7) RIGHT TO USE ASSETS	264,009,032
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	1,201,118,809

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	709,813,339

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

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

2019

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					47,171
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					47,171

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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 ► _____
- 3 Enter total number of other organizations or entities ► _____

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

Part III can be duplicated if additional space is needed.

[illegible]

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)			Program Services	CONFERENCES	4,377
North America			Program Services	CONFERENCES	31,513

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
East Asia and the Pacific			Program Services	CONFERENCES	11,281

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AHN GALA (event type)	GOLF EVENTS (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,733,407	707,269	485,292	2,925,968
	2 Less: Contributions	1,602,697	563,170	390,799	2,556,666
	3 Gross income (line 1 minus line 2)	130,710	144,099	94,493	369,302
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	84,148	110,901	64,498	259,547
	7 Food and beverages	169,243	33,537	2,724	205,504
	8 Entertainment	21,818	3,450	37,577	62,845
	9 Other direct expenses	437,052	55,151	72,639	564,842
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,092,738
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-723,436

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ 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 \$723,436 REFLECTED IN PART II, LINE 11 IS A PRODUCT OF HOW WE ARE REQUIRED TO REPORT FUNDRAISING EVENTS PER THE IRS INSTRUCTIONS. CONTRIBUTION REVENUE DIRECTLY ATTRIBUTABLE TO THE EVENTS IN THE AMOUNT OF \$2,556,668 IS NOT TAKEN INTO CONSIDERATION WHEN CALCULATING THE NET LOSS OF \$723,436. WHEN TAKEN INTO CONSIDERATION, THE CONTRIBUTION REVENUE ADDED TO THE GROSS RECEIPTS FROM THE EVENTS OF \$2,925,970, RESULTS IN TRUE NET INCOME ATTRIBUTABLE TO THE OPERATION OF THE FUNDRAISING EVENTS OF \$4,389,901.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			79,507,898	63,776,332	15,731,566	0.420 %
b Medicaid (from Worksheet 3, column a)			225,532,023	179,944,458	45,537,565	1.200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			305,039,921	243,720,790	61,269,131	1.620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,086,628		5,086,628	0.130 %
f Health professions education (from Worksheet 5)			84,909,320	34,447,254	50,462,066	1.330 %
g Subsidized health services (from Worksheet 6)			119,819,363	96,074,485	23,744,878	0.630 %
h Research (from Worksheet 7)			6,815,989		6,815,989	0.180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			168,770		168,770	
j Total. Other Benefits			216,800,070	130,521,739	86,278,331	2.270 %
k Total. Add lines 7d and 7j			521,839,991	374,242,529	147,547,462	3.890 %

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			180,310		180,310	
4 Environmental improvements						
5 Leadership development and training for community members			3,236		3,236	
6 Coalition building			98,717		98,717	
7 Community health improvement advocacy			5,700		5,700	
8 Workforce development			2,760		2,760	
9 Other			14,080		14,080	
10 Total			304,803		304,803	

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

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 47,845,293

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 10,563,968

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)

5 305,868,263

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

6 379,150,163

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

7 -73,281,900

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

Section C. Collection Practices

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

9a Yes

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

9b Yes

Part IV

Management Companies and Joint Ventures

(a) Name of entity <small>(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)</small>	(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	23.5 %		76.5 %
5 S Hills Surg Center	Surgery Center	41.9 %		58.1 %
6 Osteophilicity LLC	Medical Services	39 %		61 %
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

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

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

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

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)

	See Additional Data Table	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

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: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	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: 20 <u>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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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):** _____ **7**

	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: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	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: 20 <u>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			
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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
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):** _____

8

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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 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 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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
22		
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 55

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.

Form and Line Reference	Explanation
<p>ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>PART I, LINE 3C AHN'S FINANCIAL ASSISTANCE POLICY STATES THE CRITERIA FOR DETERMINING PATIENTS ELIGIBILITY FOR FREE OR DISCOUNTED CARE. PATIENTS WHO MEET THE CRITERIA AS ESTABLISHED IN THE POLICY WILL BE ELIGIBLE FOR FINANCIAL ASSISTANCE INCLUDING FREE OR DISCOUNTED CARE. A patient must be a citizen of the United States of America or a lawful permanent resident of the United States of America, and a resident of the Commonwealth of Pennsylvania, or New York State for Westfield Memorial Hospital. International patients or unauthorized immigrants may qualify for Financial Assistance if they are eligible for Medicaid. There may be special circumstances for out-of-state and international patients (e.g., auto accident, emergent illness) under which, at AHNs sole discretion, such individuals could be considered for qualification for Financial Assistance under the Policy. THE PATIENT/GUARANTOR MUST BE ABLE TO DEMONSTRATE A GOOD FAITH EFFORT IN HAVING APPLIED FOR AND COMPLIED WITH AVAILABLE AFFORDABLE HEALTHCARE BENEFIT ALTERNATIVES (E.G., MEDICAID ELIGIBILITY AND OTHER AVAILABLE SUBSIDIZED HEALTHCARE BENEFIT PROGRAMS), OR PROVIDE EVIDENCE THAT COVERAGE FOR MEDICAID OR OTHER PROGRAMS WOULD NOT BE GRANTED BEFORE BECOMING ELIGIBLE FOR CHARITY CARE. THE PATIENT MUST SUBMIT A COMPLETED APPLICATION FOR CHARITY CARE WITHIN THE APPLICATION PERIOD. AHN WILL MAKE REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR OUTSIDE ASSISTANCE BEFORE ENGAGING AN EXTRAORDINARY COLLECTION ACTION (ECAS) AGAINST THE INDIVIDUAL. REASONABLE EFFORTS FOR PURPOSES OF MEETING THESE REQUIREMENTS INCLUDE, A NOTIFICATION PERIOD AND AN APPLICATION PERIOD. THE NOTIFICATION PERIOD IS THE PERIOD IN WHICH AHN MUST NOTIFY AN INDIVIDUAL ABOUT THIS POLICY, AND BEGINS ON THE DATE CARE IS PROVIDED TO THE INDIVIDUAL AND ENDS ON THE 120TH DAY AFTER AHN PROVIDES THE PATIENT WITH THE FIRST BILLING STATEMENT FOR THE CARE. IF THE INDIVIDUAL HAS FAILED TO SUBMIT AN APPLICATION BY THE END OF THE NOTIFICATION PERIOD, AHN MAY ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL. HOWEVER, AHN WILL ACCEPT AND PROCESS APPLICATIONS SUBMITTED BY AN INDIVIDUAL DURING THE LONGER APPLICATION PERIOD THAT ENDS ON THE 240TH DAY AFTER AHN PROVIDES THE INDIVIDUAL WITH THE FIRST BILLING STATEMENT FOR THE CARE. PATIENTS WHO FAIL TO SUBMIT A COMPLETE APPLICATION OR FAIL TO RETURN THE APPLICATION INCLUDING SUPPORTING DOCUMENTATION AFTER 240 DAYS MAY BE DENIED DUE TO FAILURE TO COMPLY. COVERAGE BY CHARITY CARE IS LIMITED TO BASIC MEDICAL CARE, AND WILL ONLY APPLY TO EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES. CHARITY CARE WILL NOT BE AVAILABLE TO A PATIENT THAT REFUSES DISCHARGE AND INCURS ADDITIONAL CHARGES THAT ARE CONSIDERED MEDICALLY UNNECESSARY. CHARITY CARE DISCOUNTS APPLY ONLY TO DRUGS THAT ARE ADMINISTERED DURING AN INPATIENT STAY OR OUTPATIENT SERVICE. THESE DISCOUNTS DO NOT APPLY TO ANY OTHER DRUGS OR MAIL ORDER PRESCRIPTIONS. CHARITY CARE WILL NOT APPLY TO SERVICES THAT ARE COVERED BY AN INSURANCE CARRIER THAT HAS DENIED SERVICES DUE TO LITIGATION, LACK OF COOPERATION FROM THE PATIENT OR ERRONEOUS INFORMATION FROM THE PATIENT. PENSION ACCOUNTS ARE EXCLUDED. Once a patient is approved, Charity Care is granted for a period of six months beginning on the date of approval. AHN will apply Charity Care adjustments to prior accounts that are within 240 days from the first post-discharge patient billing statement that triggered the Financial Assistance application. However, AHN reserves the right to limit retroactive application of Charity Care for time frames in excess of what is generally required under 501(r). Generally, this limitation would only apply when extraordinary differences exist between the patients current financial condition and their financial condition in the six month period prior to approval and when such differences are also accompanied by a clear indication that sufficient funds or income were available in the prior period to pay outstanding medical bills. CHARITY CARE DISCOUNTS APPLY TO PATIENT LIABILITY AMOUNTS ONLY, AND NO INSURANCE AMOUNTS WILL BE CONSIDERED. APPROVED AMOUNTS MAY BE A RESULT OF THE FOLLOWING: (1) PATIENT DOES NOT HAVE MEDICAL ASSISTANCE OR ADEQUATE INSURANCE COVERAGE; (2) PATIENT HAS EXHAUSTED HIS/HER INSURANCE BENEFITS (E.G., EXCEEDED MAXIMUM COVERED DAYS/AMOUNT, EXCEEDED MEDICAID LIFETIME RESERVE DAYS); (3) PATIENT HAS A PRIMARY INSURANCE CARRIER WHO HAS RENDERED PAYMENT BUT A SECONDARY LIABILITY EXISTS FOR WHICH HE/ SHE DOES NOT HAVE COVERAGE; (4) PATIENT IS CONSIDERED INDIGENT DUE TO THE AMOUNT OF MEDICAL DEBT INCURRED IN COMPARISON TO THE PATIENTS FINANCIAL CIRCUMSTANCES; (5) DECEASED PATIENTS ESTATE WILL EXHAUST PRIOR TO PAYMENT OF THE FULL PATIENT BALANCE; (6) PATIENT HAS PROVIDED A FORMAL BANKRUPTCY JUDGMENT THAT IMPACTS THE DATE ON WHICH SERVICES WERE PROVIDED ALONG WITH UNDATED INCOME/ASSET INFORMATION; (7) PATIENT IS HOMELESS OR HAS PROVEN TO BE A RESIDENT OF A HOMELESS SHELTER; (8) PATIENT HAS PROVIDED</p>

Form and Line Reference	Explanation
ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p> IDED A FORMAL AFFIDAVIT OR DOCUMENTATION REGARDING INCOME/ASSET INFORMATION AND/OR HOMELESS STATUS THAT QUALIFIES THE PATIENT FOR CHARITY CARE; OR (9) THE PATIENT HAS MEDICAID PART PAY BALANCES AND QUALIFIES FOR CHARITY CARE. There are three principal financial criteria that are applied as follows in order to determine whether a patient has economic means to pay and whether that patient meets eligibility for Financial Assistance under this Policy , assuming other criteria in the Policy (such as residency) are also met. (1) First, a patients liquid assets are determined (see earlier definition of liquid assets). If liquid assets exceed the calculated threshold level indicated in Appendix F, then all liquid assets above the threshold level must first be used to satisfy any outstanding balance owed to AHN by a patient. (2) Once step one has been completed, if the patient still owes a balance , then the patient will be evaluated on an income basis. If the patient and/or guarantors household income is at or below 200% of the Federal Poverty Level (FPL) Guidelines, then 100% of the balance for which the patient is still responsible and for which Financial Assistance is available under this Policy, will be forgiven by AHN. No Financial Assistance is available for a patient or a guarantor whose Annual Income is greater than 200% of the FPL unless they qualify under Medical Hardship.(3) As an alternative to step 2, a patient may demonstrate Medical Hardship. Patients that meet Medical Hardship criteria qualify for the same Financial Assistance benefit as individuals whose income is at or below 200% of the FPL Guidelines. Generally AHN does not provide Financial Assistance to patients whose income exceeds 200% of the FPL unless they meet the criteria for Medical Hardship. AHN does not use any previous Financial Assistance eligibility determinations to presumptively approve a patient for Financial Assistance. When a patients Financial Assistance has terminated, the patient must reapply for Financial Assistance. Generally, once qualified, an individual qualifies and remains eligible for Financial Assistance for a six month period before requiring re-qualification for Financial Assistance under the Policy. In addition, a Financial Assistance application filed and approved at any AHN hospital shall apply to all AHN hospitals with the exception of Westfield Memorial Hospital. HARDSHIP DOCUMENTATION MAY BE REQUIRED (I.E., CASES WITH EXCESSIVE MEDICATIONS, TERMINAL ILLNESS OR MULTIPLE HOSPITALIZATIONS). FOR A PATIENT THAT EXCEEDS 200% OF THE FEDERAL POVERTY GUIDELINES AND WHOSE ACCOUNT BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, AHN MAY CLAIM THE EXCESS BALANCE AS A HARDSHIP PROVIDED THAT THE PATIENT PROVIDES DOCUMENTATION OF INCOME, OR INCOME CAN BE DERIVED FROM OUTSIDE DATABASE SOURCES. </p>

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Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT BY ENTITY	PART I, LINE 7 THIS RETURN REPORTS THE GROUP COMBINED RESPONSE FOR THE TABLE IN PART I, LINE 7. THE HOSPITAL ORGANIZATIONS REPORTED THE FOLLOWING SEPARATE NET COMMUNITY BENEFIT EXPENSE: ALLE-KISKI MEDICAL CENTER: \$13,443,648 CANONSBURG GENERAL HOSPITAL: \$3,166,657 JEFFERSON REGIONAL MEDICAL CENTER: \$5,799,133 SAINT VINCENT HEALTH CENTER: \$16,387,811 WESTFIELD MEMORIAL HOSPITAL, INC.: \$3,354,476 WEST PENN ALLEGHENY HEALTH SYSTEM, INC.: \$105,395,737 (ALLEGHENY GENERAL, FORBES AND WEST PENN HOSPITALS) TOTAL NET COMMUNITY BENEFIT EXPENSE: \$147,547,462

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Form and Line Reference	Explanation
FREE OR DISCOUNTED CARE BUDGET	PART 1, LINE 5B WESTFIELD MEMORIAL HOSPITAL'S FINANCIAL ASSISTANCE EXPENSES DID NOT EXCEED THE BUDGETED AMOUNT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT	PART I, LINE 7, COLUMN F BAD DEBT WAS REMOVED FROM TOTAL FUNCTIONAL EXPENSES AS REPORTED IN PART IX OF FORM 990 IN ORDER TO COMPUTE THE PERCENTAGES FOR COLUMN F OF LINE 7.

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Form and Line Reference	Explanation
BAD DEBT	<p>PART III, SECTION A, LINE 2, 3, AND 4 THE AUDITED FINANCIAL STATEMENTS ARE ISSUED ON A CONSOLIDATED BASIS AND INCLUDE ENTITIES OTHER THAN THOSE INCLUDED IN THIS FILING. THEREFORE, THE FOOTNOTE REGARDING BAD DEBT IS NOT RELEVANT TO THIS RETURN. THE FIGURE REFLECTED ON LINE 2 IS THE SUMMATION OF ALL BAD DEBT EXPENSE FOR THE HOSPITALS INCLUDED IN SCHEDULE H. BAD DEBT EXPENSE IS ACCOUNTED FOR ON A CHARGE BASIS IN OUR INTERNAL FINANCIAL STATEMENTS.</p>

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Form and Line Reference	Explanation
SHORTFALL TREATMENT AS COMMUNITY BENEFIT	PART III, SECTION B, LINE 8 AHN RECEIVES OVERALL REIMBURSEMENT FROM MEDICARE LESS THAN THE COST OF THE SERVICES PROVIDED. AS SUCH, WE CONSIDER THE SHORTFALL A COMMUNITY BENEFIT. THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS THE COST ACCOUNTING SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
WRITTEN DEBT COLLECTION POLICY	PATIENTS THAT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE PROVIDED WITH AN APPROVAL LETTER WITH THE EFFECTIVE DATES FOR THE ASSISTANCE. AT ANY TIME THE INDIVIDUAL PRESENTS FOR SERVICES WITHIN 240 days from the first post-discharge patient billing statement PRECEDING AND 6 months FOLLOWING APPROVAL, THEY SHOW THE LETTER AND WILL BE REGISTERED AS A CHARITY CARE CASE. CHARITY CARE CASES ARE DESIGNATED IN THE INTERNAL COMPUTERIZED SYSTEMS WITH UNIQUE billing indicators THAT PREVENT BILLING TO THE PATIENT. REPORTS ARE RUN TO CAPTURE THE PATIENT ACCOUNTS REGISTERED WITH THE CHARITY CARE billing indicator SO THEY CAN BE WRITTEN OFF TO CHARITY CARE.

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Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	PART VI, LINE 2 IN ADDITION TO THE FORMAL CHNA, THE HOSPITALS MANAGEMENT AND STAFF UTILIZE MULTIPLE STRATEGIES TO CONTINUALLY MONITOR AND ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THIS INCLUDES OUTREACH TO COMMUNITY MEMBERS IN AN EFFORT TO RECEIVE INPUT RELATED TO CURRENT HEALTH NEEDS AND TRENDS. THE HOSPITALS ACT ON SPECIFIC REQUESTS RECEIVED FOR HEALTH RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS. THE HOSPITAL PARTICIPATES IN AREA GROUPS AND PARTNERSHIPS IN AN EFFORT TO UNDERSTAND THE COMMUNITY AND OBTAIN A SENSE OF SPECIFIC ISSUES. THE HOSPITAL ALSO ACTS ON SURVEY RESULTS RECEIVED FROM PATIENTS AND THE PATIENT FAMILIES AS WELL AS BEING CONNECTED TO WORLD-WIDE, NATIONAL AND LOCAL HEALTH TRENDS AND NEEDS AND ACTING ACCORDINGLY TO ENSURE OUR PATIENTS HAVE THE BEST CARE AVAILABLE TO THEM.

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Form and Line Reference	Explanation
PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE	<p>PART VI, LINE 3 AHN DISPLAYS SIGNAGE IN VARIOUS PATIENT ADMISSION, REGISTRATION, AND EMERGENCY DEPARTMENT AREAS THAT ALERT PATIENTS TO THE AVAILABILITY OF A FINANCIAL ASSISTANCE PROGRAM AND CONTACT INFORMATION FOR THE OFFICE RESPONSIBLE FOR THE FINANCIAL ASSISTANCE PROGRAM. DURING THE PRE-SERVICE PROCESS, PATIENTS ARE EVALUATED TO DETERMINE FINANCIAL ASSISTANCE OPTIONS. EACH HOSPITAL OFFERS THE FINANCIAL ASSISTANCE PROGRAM, WHICH CONSISTS OF APPLICATION ASSISTANCE FOR GOVERNMENTAL ELIGIBILITY, CHARITY CARE APPLICATION COMPLETION AND SUBMISSION SUPPORT, AS WELL AS FINANCIAL ASSISTANCE FOR THE UNINSURED. AHNS FINANCIAL ASSISTANCE POLICY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE AVAILABLE AT EACH HOSPITAL, AND EACH HOSPITAL ALSO PROVIDES ON-SITE SUPPORT THROUGH FINANCIAL COUNSELORS, WHO ARE AVAILABLE TO WORK WITH PATIENTS. FINANCIAL COUNSELORS WORK DIRECTLY WITH THE PATIENTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE, AS WELL AS TO PROVIDE GUIDANCE TO PATIENTS REGARDING MEDICAL ASSISTANCE ELIGIBILITY. BOTH WEEKDAY AND WEEKEND COVERAGE IS AVAILABLE TO THE PATIENTS, AS WELL AS FIELD SUPPORT NEEDED FOR POST-DISCHARGE FOLLOW UP NEEDED FOR FINANCIAL ASSISTANCE APPLICATION SUBMISSION. THE ABOVE SUPPORT IS AVAILABLE AT NO CHARGE TO THE PATIENT. INFORMATION ABOUT AHNS FINANCIAL ASSISTANCE PROGRAM IS ALSO COMMUNICATED THROUGH BROCHURES THAT ARE AVAILABLE IN THE REGISTRATION DEPARTMENTS THAT EXPLAIN THE PROGRAMS. THE BROCHURES INCLUDE CONTACT INFORMATION FOR THE OFFICE RESPONSIBLE FOR ASSISTING PATIENTS WITH FINANCIAL ASSISTANCE DETERMINATIONS. THE BACK OF THE PATIENT STATEMENT INCLUDES A SECTION REGARDING THE FINANCIAL ASSISTANCE PROGRAM, AND CONTACT INFORMATION FOR THE OFFICE RESPONSIBLE FOR ADMINISTERING THE FINANCIAL ASSISTANCE PROGRAM IS LISTED THERE AS WELL. WESTFIELD MEMORIAL HOSPITAL: WMH PROVIDES A SUMMARY DESCRIPTION OF THE CHARITY CARE POLICY IN PATIENT REGISTRATION AREAS AND FROM FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND CHARITY CARE.</p>

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Form and Line Reference	Explanation
COMMUNITY INFORMATION	<p>PART VI, LINE 4 THE EIGHT HOSPITALS (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL AND WEST PENN), FIVE HEALTH + WELLNESS PAVILIONS, AND MORE THAN 250 CLINICAL SITES THAT COMPRISE ALLEGHENY HEALTH NETWORK SERVE ALL OF WESTERN PENNSYLVANIA, AND PARTS OF WEST VIRGINIA, OHIO AND NEW YORK. ITS PRIMARY SERVICE AREAS INCLUDE THE PITTSBURGH METROPOLITAN STATISTICAL AREA (ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, FAYETTE, WASHINGTON, AND WESTMORELAND COUNTIES) AND THE ERIE MSA (ERIE COUNTY). TOGETHER, THESE AREAS HAVE A POPULATION OF MORE THAN 2.6 MILLION. THE TWO MSAS ARE SIMILAR DEMOGRAPHICALLY, WITH A WHITE / CAUCASIAN POPULATION OF ABOUT 89 PERCENT, AND A BLACK / AFRICAN-AMERICAN POPULATION OF NEARLY 8 PERCENT. ERIE COUNTY HAS A LARGER LATINO / HISPANIC POPULATION (MORE THAN 3 PERCENT) THAN DOES THE PITTSBURGH MSA (LESS THAN 1 PERCENT). ERIE, PA., HOME TO SAINT VINCENT HOSPITAL, ALSO HAS A SIGNIFICANT REFUGEE POPULATION; ACCORDING TO THE CITYS MAYOR, REFUGEES MAKE UP ABOUT 18 PERCENT (OR ABOUT 18,000) OF THE CITYS POPULATION OF ABOUT 100,000. BOTH THE PITTSBURGH AND ERIE MSA SKEW OLDER THAN THE NATIONAL AVERAGE, MEANING HOSPITALS IN THOSE MSAS SEE HIGHER-THAN-AVERAGE PROPORTION OF MEDICARE PATIENTS. THE PITTSBURGH MSAS 65-AND-OVER POPULATION IS MORE THAN 17 PERCENT; ERIE COUNTYS PROPORTION OF SENIOR CITIZENS IS MORE THAN 16 PERCENT. NATIONALLY, ABOUT 15 PERCENT OF AMERICANS ARE AGED 65 OR OLDER. HOUSEHOLDS WITHIN THE PITTSBURGH AND ERIE MSAS HAVE A LOWER-THAN-AVERAGE MEDIAN INCOME. IN THE PITTSBURGH MSA, THE MEDIAN HOUSEHOLD INCOME WAS ABOUT \$58,500 IN 2017, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN THE ERIE REGION, MEDIAN HOUSEHOLD INCOME WAS ABOUT \$50,600 IN 2017, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN 2017, THE U.S. MEDIAN HOUSEHOLD INCOME WAS \$60,336, ACCORDING TO U.S. CENSUS ESTIMATES. NEW YORKS CHAUTAUQUA COUNTY, HOME TO AHNS WESTFIELD MEMORIAL HOSPITAL, HAS A POPULATION OF ABOUT 133,000, AND A MEDIAN HOUSEHOLD INCOME OF ABOUT \$44,000 IN 2017, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE.</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>PART VI, LINE 5 THE HOSPITALS OF AHN (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL AND WEST PENN) PROMOTE THE HEALTH AND WELL-BEING OF THEIR RESPECTIVE COMMUNITIES IN A VARIETY OF WAYS. FIRST AND FOREMOST, THEY DO SO THROUGH THE PROVISION OF EMERGENCY CARE AND TRAUMA CARE, OPERATING EMERGENCY DEPARTMENTS 24 HOURS A DAY, 7 DAYS A WEEK, WITH HIGHLY SKILLED AND TRAINED EMERGENCY MEDICINICIANS AND NURSES. THE EMERGENCY DEPARTMENTS ARE OPEN TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY, AND PROVIDE SPECIALIZED, LIFE-SAVING CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY. ADDITIONALLY, THE HOSPITALS AND CLINICS OF AHN SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES AND PROGRAMS TO THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE; SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS, BENEFIT 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. SOME OF THOSE SERVICES AND INITIATIVES INCLUDE: THE AHN POSITIVE HEALTH CLINIC; THE BRADDOCK URGENT CARE CENTER; FREE CANCER SCREENINGS; A MEDICAL RESPITE PROGRAM; THE OPEN HEART SURGERY OBSERVATION PROGRAM; THE PERINATAL HOPE PROGRAM; AND MORE. (FOR ADDITIONAL DETAIL, SEE SCHEDULE O.) IN 2018, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AHN EMBARKED ON A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO COLLECT HEALTH AND SOCIO-ECONOMIC DATA TO DETERMINE THE COMMUNITY HEALTH NEEDS ACROSS AHN'S WESTERN PENNSYLVANIA SERVICE FOOTPRINT. IN TAKING A SYSTEM-WIDE APPROACH TO COMMUNITY HEALTH IMPROVEMENT, AHN SOUGHT TO IDENTIFY REGIONAL HEALTH TRENDS AND UNIQUE DISPARITIES WITHIN HOSPITAL SERVICE AREAS. (FOR ADDITIONAL DETAIL, SEE SCHEDULE O.) NOTABLY, AHN AND ITS MEMBER FACILITIES SUPPORT THE HEALTH OF THEIR RESPECTIVE COMMUNITIES, COUNTIES AND THE STATE OF PENNSYLVANIA THROUGH TAX CONTRIBUTIONS OF NEARLY \$10.793 MILLION IN 2019. COLLECTIVELY, AHN CREATES DIRECT AND INDIRECT ECONOMIC BENEFIT TO THE REGION'S ECONOMIES (INCLUSIVE OF SPENDING AND SALARIES) TOTALING \$3.6 BILLION. THROUGH DIRECT SPENDING, CAPITAL SPENDING, AND SALARIES (AHN EMPLOYS MORE THAN 21,000 ACROSS ITS FOOTPRINT), AHN SERVES AS AN ECONOMIC CATALYST TO THE REGION, AND ITS MEMBER HOSPITALS AND FACILITIES SUPPORT THEIR RESPECTIVE COMMUNITIES BY CREATING HEALTH-CARE JOBS AND HELPING TO SUSTAIN DOWNSTREAM JOBS AND BUSINESSES. OTHER INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE MANY COMMUNITIES SERVED BY AHN INCLUDE: -HEALTHY FOOD CENTER: A FIRST OF ITS KIND IN THE REGION, AHN'S NEW HEALTHY FOOD CENTER 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. -COMMUNITY-BASED DIABETES CARE: AHN, WITH FINANCIAL SUPPORT FROM THE RICHARD KING MELLON FOUNDATION, IS ADVANCING A TRANSFORMATIONAL, COMMUNITY-BASED DIABETES CARE MODEL IN THE REGION. MORE THAN 29 MILLION PEOPLE IN THE UNITED STATES, OR NEARLY 10% OF THE POPULATION, ARE AFFECTED BY DIABETES. AT THE CURRENT PACE OF THE EPIDEMIC, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ESTIMATES THAT AS MANY AS ONE IN THREE PEOPLE COULD HAVE DIABETES BY THE YEAR 2050. THE YEARLY ECONOMIC IMPACT OF THE DISEASE AND ITS COMPLICATIONS EXCEEDS \$245 BILLION; TO BETTER ADDRESS THE GROWING INCIDENCE AND IMPACT OF DIABETES IN WESTERN PENNSYLVANIA, AHN HAS ESTABLISHED A PATIENT-CENTERED MODEL OF CARE TO MORE EFFECTIVELY MEET THE COMPREHENSIVE NEEDS OF THOSE LIVING WITH THE DISEASE. THE RICHARD KING MELLON FOUNDATION GRANT PROVIDES PATIENTS IN THE AHN PROGRAM WITH ACCESS TO A RANGE OF MEDICAL AND OTHER SUPPORT SERVICES IN THE COMMUNITY. AT THE CORE OF THE NEW CARE MODEL ARE PHYSICIAN-LED, HOLISTIC ASSESSMENTS TO UNDERSTAND A PATIENT'S INDIVIDUAL NEEDS AND TO UNCOVER POTENTIAL BARRIERS TO SUCCESSFUL DISEASE MANAGEMENT. CRUCIALLY, DIABETES CARE COORDINATORS ARE HELPING TO CONNECT PATIENTS WITH A VARIETY OF S</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p> SPECIALISTS TO HELP THEM MANAGE THEIR DISEASE MORE EFFECTIVELY, INCLUDING NUTRITIONISTS, BEHAVIORAL HEALTH COUNSELORS AND SOCIAL WORKERS. IN ADDITION, PATIENTS ARE CONNECTED WITH SERVICES AND ORGANIZATIONS WITHIN THEIR COMMUNITIES TO HELP FURTHER IMPROVE AND ENHANCE THEIR OVERALL CARE, SUCH AS LOCAL FOOD BANKS OFFERING HEALTHY DIETARY OPTIONS, THE AMERICAN DIABETES ASSOCIATION AND JDRF. -CHILD SAFETY DAY: CANONSBURG HOSPITAL (PART OF AHN) SPONSORS A SPRING CHILD SAFETY DAY ON ITS HOSPITAL GROUNDS FOR A DAY OF FUN, EDUCATION, AND PRIZES. EACH FAMILY ATTENDING IS GIVEN A FREE FIRST-AID KIT, AND HOSPITAL STAFF WILL DISTRIBUTE MORE THAN 300 BICYCLE HELMETS. WHILE CHILD DEATHS RELATED TO UNINTENTIONAL INJURY OR TRAUMA HAVE DROPPED DRAMATICALLY OVER THE LAST 30 YEARS, UNINTENTIONAL INJURIES (MOTOR VEHICLE /TRAFFIC ACCIDENTS, SUFFOCATION, DROWNING, POISONING, AND FIRE/BURNING) ARE STILL THE LEADING CAUSE OF DEATH FOR CHILDREN, AND MANY TRAUMA-RELATED INJURIES INCREASE IN THE SUMMER AFTER SCHOOL LETS OUT. - OPIOIDS AND ADDICTION MEDICINE: OVER THE LAST SEVERAL YEARS, AHN HAS TAKEN NUMEROUS STEPS TO CURB PAINKILLER MISUSE AND ADDICTION, OPIOID USE DISORDER, AND OVERDOSE DEATHS RELATED TO FENTANYL, CARFENTANYL, 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 MAINTAIN LONG-TERM WELLNESS. CALLED THE AHN CENTER OF EXCELLENCE FOR OPIOID USE DISORDER, THE CENTER IS ONE OF 45 PROGRAMS IMPLEMENTED ACROSS PENNSYLVANIA, ALL OF WHICH ARE SUPPORTED BY A GRANT FROM THE STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. IN 2018, AHN AND PARTNER ORGANIZATIONS OPENED A NEW 45-BED UNIT AT THE KANE COMMUNITY LIVING CENTER IN MCKEESPORT, PA., A POST-ACUTE UNIT FOR PATIENTS WITH MEDICAL CONDITIONS AND CO-OCCURRING SUBSTANCE USE DISORDERS. ALSO IN 2018, AHN BEGAN INSTALLING SECURE, PERMANENT DRUG TAKE-BACK BOXES AT SIX AHN HOSPITALS, AS WELL AS AT THE WEXFORD HEALTH + WELLNESS PAVILION; THE BOXES 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 LAW ENFORCEMENT TO HELP CURB THE DEADLY EFFECTS OF OPIOID OVERDOSES; STARTING IN 2014, EMERGENCY MEDICAL PROFESSIONALS AT FORBES HOSPITAL BEGAN TRAINING POLICE OFFICERS FROM THE PITCAIRN POLICE DEPARTMENT TO DISPENSE NARCAN, A NARCOTIC "ANTIDOTE" DRUG, TO OVERDOSE VICTIMS. SINCE THEN, AHN PROVIDED THE TRAINING TO OTHER POLICE DEPARTMENTS, INCLUDING MONROEVILLE, EAST MCKEESPORT AND THE WESTMORELAND COUNTY SHERIFFS DEPARTMENT. AHN'S RESEARCH INSTITUTE IS STUDYING AND DEVELOPING SINGLE-DOSE, LONGER-LASTING OPIOID OVERDOSE ANTIDOTES. -SCHOOL PARTNERSHIPS: AHN IS INVOLVED IN NUMEROUS CAREER AND EDUCATIONAL DEVELOPMENT PARTNERSHIPS, INCLUDING THE FUTURE IS MINE (STUDENTS TOUR VARIOUS AHN HOSPITAL DEPARTMENTS AND LEARN ABOUT CAREERS, EDUCATION, AND WORKING IN THE MEDICAL FIELD); DISABILITY MENTORING DAY (STUDENTS ARE ABLE TO TOUR PART HOSPITAL DEPARTMENTS AND LEARN ABOUT VARIOUS TASKS AND DUTIES ONE PERFORMS IN THEIR FIELD); WORKREADY (A SIX-WEEK MENTORING FOR WESTERN PENNSYLVANIA HIGH SCHOOL STUDENTS THAT GIVE STUDENTS REAL-WORK EXPERIENCE); CITY CONNECTIONS (A PROGRAM THAT HELPS HIGH SCHOOL STUDENTS WITH SEVERE DISABILITIES GAIN REAL WORK EXPERIENCE AND KNOWLEDGE FROM THEIR SELECTED DEPARTMENT MENTOR); PROJECT MOVE (AN EIGHT-WEEK MENTORING PROGRAM AT AGH); START ON SUCCESS (A COMMUNITY WORK PROGRAM THAT ASSIGNS STUDENTS TO WORK ALONGSIDE REGULAR STAFF AND COMPLETE ASSIGNED TASKS AND RESPONSIBILITIES; STUDENTS RECEIVE AN HOURLY WAGE AND ARE AT THE HOSPITAL M-F FOR TWO HOURS A DAY); STRANGER AWARENESS (AGH AND TWO HIGH SCHOOL STUDENTS CREATED THE STRANGER AWARENESS PROGRAM TO HELP YOUNGER STUDENTS PRACTICE WHAT TO DO WHEN A STRANGER APPROACHES THEM AND RECOGNIZE "SAFE" </p>

Form and Line Reference	Explanation
STRANGERS); IN SCHOOL YOUTH (A PROGRAM FOCUSED ON PITTSBURGH HIGH SCHOOL	<p>STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTHCARE); OUT OF SCHOOL YOUTH (A PROGRAM FO R PITTSBURGH HIGH SCHOOL STUDENTS WHO HAVE NOT DECIDED A CAREER PATH); SCIENCE, TECHNOLOGY , ENGINEERING, MATH, MEDICINE (A ONE-DAY STEMM SEMINAR IS DESIGNED FOR HIGH SCHOOL JUNIORS AND SENIORS); GATEWAY MEDICAL SOCIETY-JOURNEY INTO MEDICINE (AN EDUCATIONAL PROGRAM OFFER ED TO STUDENTS WHO ARE INTERESTED PURSUING A CAREER IN THE ALLIED HEALTH FIELD FOR SIXTH- AND SEVENTH-GRADERS); AND SEVERAL OTHER PARTNERSHIPS.</p> <p>-DIVERSITY IN EMPLOYMENT AND CONTRAC TING: AHN IS COMMITTED TO DIVERSITY AND THE CREATION OF AN INCLUSIVE WORK ENVIRONMENT FOR NOT ONLY ITS EMPLOYEES, BUT ALSO VENDORS AND CONTRACTORS WHO SUPPORT THE NETWORK. AS AN EQ UAL OPPORTUNITY EMPLOYER, AHN RECOGNIZES AND EMBRACES THE MANY DIVERSE PERSPECTIVES AND LI FE EXPERIENCES THAT EACH INDIVIDUAL BRINGS TO THE WORKPLACE; CREATING A DIVERSE WORKFORCE, AND PROVIDING OPPORTUNITIES FOR WOMEN-OWNED AND MINORITY-OWNED VENDORS, IS PART OF AHNS E MPLOYMENT AND BUSINESS SUPPLY CHAIN STRATEGY. - LIFEFLIGHT: LIFEFLIGHT, THE FIRST AIR MEDI CAL TRANSPORT SERVICE IN THE NORTHEASTERN UNITED STATES, IS PART OF AHN AND HAS COMPLETED MORE THAN 70,000 MISSIONS IN 40 YEARS OF FLYING. HOSPITAL-BASED AIR-MEDICAL TRANSPORT PROG RAMS THAT FIRST TOOK FLIGHT IN THE LATE 1970S ARE CREDITED WITH SIGNIFICANTLY IMPROVING A CRITICALLY INJURED PATIENTS CHANCE OF SURVIVAL. THEY PROVIDE TIMELY ACCESS TO SPECIALTY LI FE-SAVING INTERVENTIONS FOR PEOPLE SUFFERING FROM TRAUMA, HEART ATTACKS, STROKES, AND OTHE R CRITICAL ILLNESSES. AHNS LIFEFLIGHT HAS FIVE BASES THROUGHOUT THE REGION. -PERINATAL HEA LTH: IN 2018, AHN OPENED THE ALEXIS JOY DACHILLE CENTER FOR PERINATAL MENTAL HEALTH AT WES T PENN HOSPITAL, AN INNOVATIVE NEW FACILITY THAT OFFERS WOMEN WITH PREGNANCY-RELATED DEPRE SSION ACCESS TO A SPECTRUM OF FAMILY-FOCUSED CARE OPTIONS UNDER ONE ROOF. THE 7,300-SQUARE -FOOT, \$2.5 MILLION CENTER IS DESIGNED SO THAT MOTHERS CAN STAY WITH THEIR BABIES WHILE UN DERGOING 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 A S YOGA AND MEDIATION. THE CENTER WILL ALSO OFFER CHILD CARE SERVICES FOR OLDER CHILDREN, A DDRESSING A MAJOR BARRIER TO CARE FOR WOMEN. ADDITIONALLY, IN 2016, AHN LAUNCHED ITS PERIN ATAL 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 REGIONS FIRST ALL-INCLUSIVE PRO GRAM FOR MATERNAL ADDICTION THAT COMBINES OBSTETRICAL CARE, AND DRUG AND ALCOHOL THERAPY A ND MEDICATION-ASSISTED TREATMENT INTO ONE CLINIC VISIT. PERINATAL HOPE IS SUPPORTED IN PAR T BY GRANTS FROM THE MARCH OF DIMES FOUNDATION WESTERN PENNSYLVANIA, THE HIGHMARK FOUNDATI ON AND THE JEWISH WOMENS FOUNDATION OF GREATER PITTSBURGH. -VETERANS: AHN IS A PARTNER IN THE "WE HONOR VETERANS PROGRAM," A PROGRAM DEVELOPED BY THE NATIONAL HOSPICE AND PALLIATIV E CARE ORGANIZATION (NHPCO) IN COLLABORATION WITH THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO SPECIFICALLY RECOGNIZE THE UNIQUE NEEDS OF AMERICAS VETERANS AND THEIR FAMILIES. AHNS H EALTHCARE@HOME UNIT RECOGNIZES THAT VETERANS AND THEIR FAMILIES MAY FACE UNIQUE AND SPECIA L NEEDS AND CHALLENGES BECAUSE OF THEIR ILLNESS, ISOLATION OR TRAUMATIC LIFE EXPERIENCES. THE GOALS OF THE WE HONOR VETERANS PROGRAM FOCUS ON RESPECTFUL INQUIRY, COMPASSIONATE LIST ENING AND GRATEFUL ACKNOWLEDGMENT. ADDITIONALLY, AHN SUPPORTS THE HEALTH OF WESTERN PENNSY LVANIAS SUBSTANTIAL VETERANS COMMUNITY THROUGH THE INTEGRATION OF THE AHN AND VA ELECTRONI C MEDICAL RECORDS (EMR) PLATFORMS. THE TWO ORGANIZATIONS CAN NOW EXCHANGE VETERANS HEALTH RECORDS SECURELY AND SEAMLESSLY FOR A MORE CONNECTED PATIENT-PROVIDER EXPERIENCE. -RESEARC H: AT THE ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE, THE PATH TO ADVANCING THE SCIENCE O F MEDICINE STARTS WITH DISCOVERY. AHN RESEARCH SCIENTISTS AND PHYSICIAN INVESTIGATORS ARE FORGING NEW MEDICAL FRONTIERS LOOKING FOR CURES TO SOME OF THE MOST COMPLEX CAUSES OF DISE ASE. AHN OFFERS COMMUNITY ACCESS TO NEW DRUG THERAPIES, HONES REVOLUTIONARY SURGICAL PROCE DURES, AND HAS ADVANCED EXPERTISE WITH INNOVATIVE DEVICES AND WEARABLE TECHNOLOGIES THAT H EL P REDUCE THE IMPACT OF CHRONIC DISEASE. AHN PARTNERS WITH LOCAL INDUSTRY, GOVERNMENT, AC ADEMIA, AND HEALTH SYSTEMS ACROSS THE REGION TO WORK TOWARD A COMMON GOAL: DISCOVERING CUR ES AND DEVELOPING THE NEXT "BEST PRACTICES" IN MEDICINE. BY REDEFINING THE WAY AHN TREATS DISEASE, THE NETWORK IS IMPROVING THE HEALTH OF ITS COMMUNITY, AND ITS PATIENTS, WHILE ADV ANcing THE SCIENCE OF MEDICINE. ADDITIONALLY, AHN PARTICIPATES IN HIGHMARK HEALTH'S "VITAL " (VERIFICATION OF INNOVATION BY TESTING, ANALYSIS AND LEARNING) PROGRAM, A CLINICAL INNOV ATION PROGRAM THAT LEVERAGES HIGHMARK HEALTH'S SIZ</p>

Form and Line Reference	Explanation
STRANGERS); IN SCHOOL YOUTH (A PROGRAM FOCUSED ON PITTSBURGH HIGH SCHOOL	E AND MARKET POSITION, AND AHNS PATIENTS AND CLINICIANS, TO ACCELERATE THE PACE AT WHICH NOVEL THERAPIES AND SERVICES ARE MADE AVAILABLE TO THE COMMUNITY CUSTOMERS. THE VITAL INNOVATION PROGRAM IS A TEST BED DESIGNED TO FACILITATE EARLY USE OF TECHNOLOGIES THAT HAVE RECEIVED REGULATORY APPROVAL, BUT ARE NOT YET COVERED BY MOST COMMERCIAL INSURERS. VITAL AND AHN CLINICIANS TEST THOSE TECHNOLOGIES AND THERAPIES, SEE HOW WELL THEY WORK ON AHN PATIENTS THROUGH CLINICAL TRIALS, AND DETERMINE WHETHER THEY ARE COST EFFECTIVE IN HOPES OF SPEEDING THOSE TECHNOLOGIES TO THE FULL WESTERN PENNSYLVANIA POPULATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6 SEE SCHEDULE O.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7 WESTFIELD MEMORIAL HOSPITAL FILES THE COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW YORK AS PART OF ITS OBLIGATION TO FURNISH THE STATE OF NEW YORK WITH A COPY OF THE IRS FORM 990 AND RELATED SCHEDULES.

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		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
(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											
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	SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544 See Section C for website 196001	X	X		X			X			
8	Westfield Memorial Hospital Inc 189 East Main Street Westfield, NY 14787 See Section C for website 0632000h	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-hospital

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 CO MMUNITY STAKEHOLDERS IN THE PRIMARY SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNI TY HEALTH ENVIRONMENT. DURING THE PHONE INTERVIEWS, FEEDBACK ON THE PREVIOUS CHNA WAS SOLI CITED TO EVALUATE THE PROGRESS OVER THE PRIOR THREE YEARS AND TO IMPROVE ANALYSIS AND REPO RTING FOR THE CURRENT CHNA PROCESS. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED BETWEE N THE MONTHS OF JUNE 2018 AND SEPTEMBER OF 2018. COMMUNITY STAKEHOLDERS IDENTIFIED FOR INT ERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTS; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVE S OF UNDERSERVED POPULATIONS; THE INTERVIEWS OFFERED COMMUNITY STAKEHOLDERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES, AND OTHER IN FORMATION 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 HOSPI TALS TO IDENTIFY COMMUNITY LEADERS FROM VARIOUS SECTORS WHO ARE ENGAGED IN THE COMMUNITY A ND 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 ST AKEHOLDERS 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 FACILIT Y WAS INTERVIEWED. THESE INTERVIEWS ENSURED THAT THE SPECTRUM OF INTERVIEWEES INCLUDED EVE RYONE 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 INTERV IEWED AS PART OF THE CHNA PROCESS. THE INDIVIDUALS INTERVIEWED FOR THE PURPOSE OF CONDUCTI NG THE CHNA FOR ALL OF THE HOSPITALS INCLUDED THE FOLLOWING: 1. ANNETTE FETCHKO - ALLEGHEN Y 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 COMMUNI TY SERVICES 5. LORI SHOTTS- RN NURSE NAVIGATOR, COMMUNITY CARE NETWORK 6. RITA M. HORST, M ANAGER 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 DIRE CTOR OF CLINICAL & CASE MANAGEMENT SERVICES, WASHINGTON DRUG & ALCOHOL COMMISSION 12. LORR AINE STARKSY - ALLEGHENY COUNTY HEALTH DEPARTMENT 13. EZZ ELDIN 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	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

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 UBLIC 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.</p> <p>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 UNTERS 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 CHF 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	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 OVERDOSE OR SYMPTOMS OF DRUG USE; PROVIDE NARCAN AND EDUCATION TO THOSE PATIENTS WITH OVERDOSE OR SYMPTOMS OF DRUG USE. MEASURE: NUMBER OF PATIENTS SEEN ON SITE; NUMBER OF PATIENTS REFERRED 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 ACCESS TO DRUG AND ALCOHOL SPECIALIST; INCREASED NUMBER OF PATIENTS REFERRED TO APPROPRIATE TREATMENT; INCREASED EDUCATION ON NARCAN KIT USE; DECREASE NUMBER OF OVERDOSE DEATHS; DECREASE IN NUMBER OF PATIENTS WITH MULTIPLE OVERDOSE ENCOUNTERS. HEALTH PRIORITY: CHRONIC DISEASE 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 FIRST GENERATION (OLDER) ANTI-DIABETIC MEDICATIONS; CONDUCT INTERVIEW WITH ELIGIBLE PATIENTS REGARDING HYPOGLYCEMIC EPISODES; WHEN APPROPRIATE, CONVERT DIABETIC PATIENTS TO NEWER DIABETIC MEDICATIONS THAT HAVE LOWER POTENTIAL FOR HYPOGLYCEMIA; EMBED RN NAVIGATORS IN CANONSBURG 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. MEASURE: NUMBER OF PATIENTS IDENTIFIED AS USING OLDER MEDICATIONS; NUMBER OF PATIENTS CONVERTED TO NEW MEDICATIONS; NUMBER OF RN NAVIGATORS; A1C LEVELS FOR TARGET POPULATION. IMPACT: DECREASE IN THE USE OF OLDER DIABETES MEDICATIONS; DECREASE IN HYPOGLYCEMIC EPISODES; INCREASE NUMBER OF RN NAVIGATORS; DECREASED A1C LEVELS AMONG TARGET POPULATION. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: HEART DISEASE STRATEGY: PROVIDE EDUCATION ON SITE AND IN THE COMMUNITY ON THE HEALTH RISKS OF HEART DISEASE; DEVELOP CHRONIC DISEASE SPECIALTY CENTER AT CANONSBURG HOSPITAL. ACTION STEPS: PARTNER WITH THE COMMUNITY TO PROVIDE HEART DISEASE EDUCATION CLASSES; CONDUCT HEALTH FAIRS; EMBED RN NAVIGATORS AT CANONSBURG HOSPITAL; DEVELOP TRANSITION OF CARE MODELS; DEVELOP INPATIENT CARE PATHWAYS; EDUCATE PCPS AND PATIENTS ON HEART DISEASE MANAGEMENT; EDUCATE PATIENTS. MEASURE: NUMBER OF EDUCATION CLASSES PROVIDED; NUMBER OF HEALTH FAIRS; NUMBER OF RN NAVIGATORS EMBEDDED THROUGHOUT THE HOSPITAL; DEVELOPMENT OF CHRONIC DISEASE CARE MODEL. IMPACT: INCREASED EDUCATION AND AWARENESS OF HEART DISEASE RISK FACTORS; INCREASE NUMBER OF RN NAVIGATORS; INCREASED 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

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	<p> TNSERSHIP 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. </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: 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;

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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 ASSED 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. RIGHT 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.

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Form and Line Reference	Explanation
MEASURE: NUMBER OF PATIENTS REFERRED TO OUTPATIENT FACILITIES; NUMBER OF	<p>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/WE L L N E S S EDUCATION ON SOCIAL MEDIA SITE MONTHLY; PROVIDE SUBJECT MATTER S U P P O R T 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</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
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 STE PS: UTILIZE THE HEALTHY FOOD CENTER TO EDUCATE ON CHRONIC DISEASES ; PARTNER WITH THE HEALTHY FOOD CENTER TO PROVIDE EDUCATION ON HEALTHY CHOICES; PARTNER WI TH PCP OFFICES TO UTILIZE THE SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL FOR FOOD INSECU RITIES; REFER PATIENTS TO THE HEALTHY FOOD CENTER. MEASURE: NUMBER OF REFERRALS FROM PCP O FFICES; NUMBER OF REFERRALS THAT UTILIZE THE HEALTHY FOOD CENTER. IMPACT: INCREASED UTILIZ ATION OF THE HEALTHY FOOD CENTER; INCREASED EDUCATION AND AWARENESS OF FOOD INSECURITIES. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: POST-PARTUM DEPRESSION STRATEGY: IDENTI FY WOMEN AT RISK FOR PERINATAL OR POST-PARTUM DEPRESSION AND ANXIETY DISORDERS. ACTION STE PS: CONDUCT EARLY SCREENINGS FOR PERINATAL AND POST-PARTUM DEPRESSION; CONDUCT BEHAVIORAL HEALTH ASSESSMENT PRIOR TO DISCHARGE; PROVIDE ACCESS TO APPROPRIATE LEVEL CARE; DESTIGMATI ZE POST-PARTUM DEPRESSION AND ANXIETY DISORDERS; CONDUCT BEHAVIORAL HEALTH ASSESSMENT AT F OLLOW 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 BEHAVIORA L HEALTH SERVICES FOR WOMEN. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: DIABETES STR ATEGY: DEVELOP CHRONIC DISEASE SPECIALTY CENTER AT WEST PENN HOSPITAL. ACTION STE PS: 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 LIFESTY LE CHANGE INTERVENTIONS AND INTENSIVE CASE MANAGEMENT TO REDUCE RISK OF DIABETES AND CARDI OVASCULAR 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 PROVIDE RS; NUMBER OF EDUCATION PROGRAMS FOR PATIENTS; NUMBER OF REFERRALS TO THE HEALTHY FOOD CEN TER. IMPACT: INCREASE NUMBER OF RN NAVIGATORS; DECREASED A1C LEVELS AMONG TARGET POPULATIO N; 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 STE PS: PLAN FREE CANCER SCREENINGS FOR PROSTATE, BREAST, SKIN, CERVICAL, COLON/RECTAL, AND LUNG CANCER; DISTRIBUT E 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 EDUCATION; COLLABORATE WITH BREATH PA AMERICAN LUNG ASSOCIATION AND CONSUMER HEALTH COALITION ON SMOKING CESSATION; WORK WITH PCPS ON SMOKING CESSATION EDUCATION/COUNSELING; EDUCATE PCPS ON RECOMMENDING HOME COLON/RECTAL SCREENINGS KITS. MEASURE: NUMBER OF SCREENINGS PERFORMED; NUMBER OF ABNORMAL SCREENINGS IDENTIFIED AND REFERRED FOR ADDITIONAL TESTING; NUMBER 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 COUNSELING. IMPACT: INCREASED NUMBER OF CANCER SCREENINGS; INCREASED NUMBER OF PATIENTS DIAGNOSED EARLY FOR BETTER OUTCOME. INCREASED EARLY DETECTION OF CANCER; INCREASED PCP EDUCATION ; INCREASE COMMUNITY EDUCATION; INCREASE USE OF HOME CANCER SCREENING KITS. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: OBESITY STRATEGY: COLLABORATE WITH LOCAL SCHOOL, AFTER SCHOOL PROGRAM, AND PEDIATRIC PRACTICES TO ENCOURAGE CHILDREN TO BECOME MORE ACTIVE; IMPLEMENT 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.

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/about/uninsured-financial-assistance

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 https://www.ahn.org/about/uninsured-financial-assistance .

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 Belleview, 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 HWP - BHWP 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 Belleview, PA 15202	Medical Office
13 Wexford Medical MallWHWP 12311 Perry Hwy Pine Township, PA 15090	Medical Office
14 Forbes Cancer & Imaging Center 2626 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)
16 SVH - Outpatient Surgery Center 312 W 25th Street Erie, PA 16502	MIXED USE
1 Fededral North Building 1307 Federal St Pittsburgh, PA 15212	Mixed use
2 JMA Building 1200 Brooks Ln Jefferson Hills, PA 15025	Medical Office
3 St Vincent Union City Medical Building 130 N Main Street Union City, PA 16438	Medical Office
4 FH - POB #1 2566 Haymaker Rd Monroeville, PA 15146	Medical Office
5 Hemfield - Micro 6321 Route 30 Hempfield, PA 15601	Mixed use
6 Allegheny Imaging at Robinson 133 Church Hill Road Robinson, PA 15136	Medical Office
7 Century III Medical Building 2027 Lebanon Church Road West Mifflin, PA 15122	Medical Office
8 Cranberry Internal Medicine Association 20826 Route 19 Cranberry Township, PA 16066	Medical Office
9 Cranberry Shoppes 20215 Route 19 Suite 101 Cranberry Township, PA 16066	Medical Office
10 JRMC - Surgery CenterBHWP 990 Higbee Drive Bethel Park, PA 15102	Mixed use
11 Fort Couch Commons 59 Fort Couch Road Bethel Park, PA 15102	Medical Office
12 Richland Mall 5375 William Flynn Highway Richland, PA 150449628	Medical Office
13 Monroeville Medical Arts Bldg 2550 Mossie Blvd Monroeville, PA 15146	Medical Office
14 Murrys ville Medical Commons 4262 Old William Penn Highway Murrys ville, PA 15668	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 MEDICAL OFFICE BUILDING 2801 Freeport Road Harrison, PA 15065	Medical Office
1 Heights Plaza 1600-1719 Union/Pacific Ave Harrison, PA 15065	Medical Office
2 One Peluso Place 2692 Leechsburg Road New Kenington, PA 15068	Medical Office
3 Wilson Sq Professional Building 224 Longfellow Street Vandergrift, PA 15690	Medical Office
4 5140 Liberty Medical Office Building 5140 Liberty Ave Pittsburgh, PA 15224	Medical Office
5 Cercone Building 4727 Friendship Ave Pittsburgh, PA 15224	Medical Office
6 FH - POB #2 2580 Haymaker Road Monroeville, PA 15146	Medical Office
7 Pain Institute 5124 Liberty Ave Pittsburgh, PA 15224	Medical Office
8 Medical Office Building 3 Robinson Plaza Robinson, PA 15205	Medical Office
9 Valley School 550 Coal Valley Rd Jefferson Hills, PA 15025	Medical Office
10 Dinnerbell Square 333 W Main St Saxonburg, PA 16056	Medical Office
11 West Side Medical Office BuildingEWHWP 4247 W Ridge Road Millcreek Township, PA 15506	Medical Office
12 Yorktown Center 2501 W 12th St Erie, PA 16505	Medical Office
13 MEDICAL OFFICE BUILDING 495 E Waterfront Dr Homestead, PA 15120	Medical Office
14 Brentwood Professional Plaza 3720 Brownsville Rd Brentwood, PA 15227	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 AVH Medical Office Building 1301 Alabama Ave Harrison, PA 15065	Medical Office
1 Beaver Community Cancer Center 81 Wagner Road Center Township, PA 15061	Medical Office
2 Outpatient Cardiac & Pulmonary 720 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
3 Medical Office Building 1533 Broad Ave Rostaver Township, PA 15012	Medical Office
4 Rte 51 Medical Center 810 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
5 Yadagani Building 97 Delaware Ave Uniontown, PA 15401	Medical Office
6 Chautauqua Institution 23 Roberts Avenue Chautauqua, NY 14722	Medical Office
7 Butler Community Cancer Center 160 Hollywood Drive Butler City, PA 16001	Medical Office
8 Citizens General 651 Fourth Ave New Kensington, PA 15068	Medical Office
9 Highpoint Towers 2314 Sassafras St Erie, PA 16502	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

2019

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 33

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) SCHOLARSHIP CONTRIBUTION FOR NAZARETH PREP INTERN	15	15,000			
(2) SCHOLARSHIP FOX CHAPEL AREA SCHOOL DISTRICT	10	10,000			
(3) NEUBERT & SEYBOLD (AKMC TRUST) SCHOLARSHIPS	10	38,000			
(4) WEST PENN SCHOOL OF NURSING SCHOLARSHIPS	12	21,500			
(5) AHN SCHOLARSHIPS	16	35,000			
(6) AGH ALUMNAE SCHOLARSHIPS	11	22,750			
(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)	11,250		FMV	N/A	Program Support
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST 4TH FL ATLANTA, GA 303031032	13-1788491	501(c)(3)	22,500		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
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	13-1623888	501(c)(3)	15,000		FMV	N/A	Program Support
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 752315129	13-5613797	501(c)(3)	68,250		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)	10,500		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
Avonworth School District 304 Josephs Lane Pittsburgh, PA 15237	25-6000137	Government	8,300		FMV	N/A	Program Support
BEMUS BAY POPS INC PO BOX 9250 BEMUS POINT, NY 147120925	05-0555451	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 152134007	25-0965280	501(c)(3)	20,000		FMV	N/A	Program Support
Children's Miracle Network 1249 Cocoa Ave 115 HERSHEY, PA 17033	87-0387205	501(c)(3)	52,544		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 1930 PITTSBURGH, PA 152191139	46-1909171	501(c)(3)	10,000		FMV	N/A	Program Support
CRIBS FOR KIDS 5450 2ND AVE PITTSBURGH, PA 152071859	25-1442806	501(c)(3)	6,000		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
CROHNS & COLITIS FOUNDATION INC 733 3RD AVE STE 510 NEW YORK, NY 100173218	13-6193105	501(c)(3)	5,500		FMV	N/A	Program Support
CULTURAL ARTS FESTIVALS AND EVENTS OF ERIE 626 STATE STREET ERIE, PA 165011128	61-1428869	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
DELTA FOUNDATION OF PITTSBURGH INC 911 GALVESTON AVE PITTSBURGH, PA 152331732	23-2874576	501(c)(3)	10,000		FMV	N/A	Program Support
DR GERTRUDE A BARBER FOUNDATION INC 100 BARBER PL ERIE, PA 165071863	25-1753149	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
EPILEPSY FOUNDATION OF WESTERN PA 1501 REEDSDALE ST STE 3002 PITTSBURGH, PA 152332310	23-7241930	501(c)(3)	15,000		FMV	N/A	Program Support
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 100041828	23-1907729	501(c)(3)	52,500		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
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE RYE BROOK, NY 105737500	13-5644916	501(c)(3)	6,500		FMV	N/A	Program Support
MARCH OF DIMES INC 1275 MAMARONECK AVE WHITE PLAINS, NY 106055201	13-1846366	501(c)(3)	14,000		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)	15,000		FMV	N/A	Program Support
MONROEVILLE FOUNDATION INC 2700 MONROEVILLE BLVD MONROEVILLE, PA 151462359	20-1073113	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
NATIONAL DOWN SYNDROME CONGRESS 30 MANSELL CT STE 108 ROSWELL, GA 300764858	51-0163631	501(c)(3)	10,000		FMV	N/A	Program Support
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 100165337	13-1673104	501(c)(3)	8,000		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 OVARIAN CANCER COALITION INC 3800 MAPLE AVE STE 435 DALLAS, TX 752194070	65-0628064	501(c)(3)	10,000		FMV	N/A	Program Support
North Hills School District 53 Rochester Road Pittsburgh, PA 15229	25-6002325	Government	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 INC 5000 BROOKTREE ROAD WEXFORD, PA 150909261	25-1374594	501(c)(6)	9,550		FMV	N/A	Program Support
PITTSBURGH THREE RIVERS MARATHON INC 810 RIVER AVE STE 120 PITTSBURGH, PA 152125960	26-2524046	501(c)(3)	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
Prevention Point Pittsburgh 460 Melwood Ave Pittsburgh, PA 15213	25-1852314	501(c)(3)	55,000		FMV	N/A	Program Support
PUBLIC BROADCASTING OF NW PA INC 8425 PEACH ST ERIE, PA 165094718	25-1154116	501(c)(3)	9,000		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
Seneca Valley School District 128 Seneca School Road Harmony, PA 16037	25-6011213	Government	10,000		FMV	N/A	Program Support
THE FLAGSHIP NIAGARA LEAGUE 150 EAST FRONT STREET ERIE, PA 165071594	25-1422309	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
UNITED WAY 1250 Penn Ave Pittsburgh, PA 15222	13-1635294	501(c)(3)	7,240		FMV	N/A	Program Support
WESTFIELD MEMORIAL HOSP FOUNDATION INC 189 East Main Street Westfield, PA 14787	22-2270533	501(c)(3)	50,000		FMV	N/A	Program Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization 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.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b 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 on 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a 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?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
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. THESE WERE INCLUDED IN BOX 5 OF THEIR IRS FORM W-2. VICENTA GASPAR-YOO
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31, 2019. THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2. WILLIAM ENGLERT \$259,679
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS RECEIVED OR PROVIDED 457(F) CONTRIBUTIONS INCLUDED IN 2019 W-2 COMPENSATION: JEFFREY CRUDELE \$56,382 CYNTHIA HUNDORFEAN \$494,476 JAMES BENEDICT \$176,969 ROBERT WHITE \$98,753 CLAIRE ZANGERLE \$25,307 JACQUELINE BAUER \$16,866 THE FOLLOWING INDIVIDUALS HAD 457(F) OR CONTRIBUTIONS DEFERRED IN 2017: BRIAN PARKER, MD \$43,991 KENYOKEE CROWELL \$24,121 JEFFREY COHEN \$12,301 DONALD WHITING \$95,207 SRICHARAN CHALIKONDA \$68,174
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.
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				
1Carol Bucci Director	(i)	0	0	0	0	0	0	0
	(ii)	226,392	46,951	1,331	0	8,712	283,386	0
1Scott Hankinson Director	(i)	195,322	28,941	270	7,993	18,347	250,873	0
	(ii)	0	0	0	0	0	0	0
2Tony Farah MD Director	(i)	0	0	0	0	0	0	0
	(ii)	884,803	1,239,075	149,744	9,800	29,026	2,312,448	0
3Daniel R. Casper MD Director	(i)	325,756	13,129	21,817	2,800	19,251	382,753	0
	(ii)	0	0	0	0	0	0	0
4Paul Reilly MD Director	(i)	147,949	0	7,085	1,585	21,795	178,414	0
	(ii)	0	0	0	0	0	0	0
5David Parda MD Director	(i)	866,138	150,000	4,257	2,800	27,129	1,050,324	0
	(ii)	0	0	0	0	0	0	0
6Thomas Corkery DO Director	(i)	298,356	10,285	43,080	2,800	18,535	373,056	0
	(ii)	0	0	0	0	0	0	0
7Jennifer Lewis MD Director	(i)	261,954	77,239	1,486	2,800	22,212	365,691	0
	(ii)	0	0	0	0	0	0	0
8Michael Culig MD Director	(i)	262,657	37,500	1,919	2,800	12,419	317,295	0
	(ii)	0	0	0	0	0	0	0
9Jason Roebach Director	(i)	370,597	40,000	9,388	2,800	23,462	446,247	0
	(ii)	0	0	0	0	0	0	0
10Thomas Murphy Director	(i)	216,303	0	901	2,245	25,136	244,585	0
	(ii)	0	0	0	0	0	0	0
11Thomas Vankirk Director	(i)	0	0	0	0	0	0	0
	(ii)	662,335	1,763,429	170,352	24,013	8,777	2,628,906	0
12Karen Hanlon Director	(i)	0	0	0	0	0	0	0
	(ii)	836,545	2,181,573	23,235	259,654	20,233	3,321,240	0
13Paul Gausman DO Director	(i)	219,014	128,437	483	2,800	22,036	372,770	0
	(ii)	0	0	0	0	0	0	0
14Jeffrey Kim MD Director	(i)	205,855	96,055	193	2,800	21,437	326,340	0
	(ii)	0	0	0	0	0	0	0
15Susan Moore MD Director	(i)	141,531	37,779	631	1,859	21,157	202,957	0
	(ii)	0	0	0	0	0	0	0
16Donald McNary Director	(i)	204,836	25,000	813	2,074	8,532	241,255	0
	(ii)	0	0	0	0	0	0	0
17Madhusudan Menon MD Director	(i)	329,992	374,851	1,445	2,800	1,207	710,295	0
	(ii)	0	0	0	0	0	0	0
18Dawn Karns DO Director	(i)	122,680	45,962	0	1,692	600	170,934	0
	(ii)	0	0	0	0	0	0	0
19Robert Lupo MD Director	(i)	553,344	416,218	1,405	2,800	23,686	997,453	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				
21Jeffrey McGovern MD Director	(i)	544,529	221,727	2,580	2,800	23,495	795,131	0
	(ii)	0	0	0	0	0	0	0
1Ross Peterson MD Director	(i)	410,498	326,825	128,599	2,800	25,342	894,064	0
	(ii)	0	0	0	0	0	0	0
2Donald Whiting MD Director/CHAIRMAN	(i)	975,357	487,753	27,400	105,007	23,269	1,618,786	0
	(ii)	0	0	0	0	0	0	0
3James Benedict Director/COO	(i)	729,799	847,427	199,526	9,800	30,097	1,816,649	0
	(ii)	0	0	0	0	0	0	0
4Parminder Sharma MD Director	(i)	544,958	214,180	7,635	2,800	23,099	792,672	0
	(ii)	0	0	0	0	0	0	0
5Venkatraman Srinivasan MD Trustee	(i)	624,366	295,884	8,854	2,800	21,366	953,270	0
	(ii)	0	0	0	0	0	0	0
6Cynthia Hunderfean Director & President	(i)	994,664	1,591,795	521,713	9,800	15,616	3,133,588	0
	(ii)	0	0	0	0	0	0	0
7William Englert Director & Pres (until 2/2019)	(i)	28,201	58,710	259,827	33,871	110	380,719	0
	(ii)	0	0	0	0	0	0	0
8Louise Urban Director & President	(i)	453,256	89,304	66,299	2,800	19,800	631,459	0
	(ii)	0	0	0	0	0	0	0
9Mark Rubino MD Director & President	(i)	454,023	182,700	17,497	2,800	19,721	676,741	0
	(ii)	0	0	0	0	0	0	0
10Christopher Clark DO Director & President	(i)	388,890	129,237	10,357	2,800	22,552	553,836	0
	(ii)	0	0	0	0	0	0	0
11Ronald Andro MD Director & President	(i)	428,365	86,150	15,207	2,800	23,961	556,483	0
	(ii)	0	0	0	0	0	0	0
12G Scott Long MD Director & President	(i)	599,091	310,533	12,364	2,800	6,824	931,612	0
	(ii)	0	0	0	0	0	0	0
13Allison Quick Director & President	(i)	276,355	92,951	7,180	9,800	28,219	414,505	0
	(ii)	0	0	0	0	0	0	0
14Mark Nussbaum Director & Vice President	(i)	341,904	133,069	12,233	9,800	18,814	515,820	0
	(ii)	0	0	0	0	0	0	0
15Keith LeJeune Director & Vice President	(i)	307,021	47,389	8,689	9,800	24,093	396,992	0
	(ii)	0	0	0	0	0	0	0
16Jacqueline Bauer Director & Secretary	(i)	0	0	0	0	0	0	0
	(ii)	414,535	447,761	191,886	35,213	16,702	1,106,097	0
17Jeffrey Crudele Director & Treasurer	(i)	630,568	692,183	79,912	2,028,730	26,896	3,458,289	0
	(ii)	0	0	0	0	0	0	0
18James Rohrbaugh Treasurer	(i)	348,959	116,929	14,029	9,800	30,008	519,725	0
	(ii)	0	0	0	0	0	0	0
19Mark Leone DO Director	(i)	239,529	59,945	1,570	2,800	22,527	326,371	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				
41Rand Levis Assistant Treasurer	(i)	327,994	0	5,799	2,800	23,882	360,475	0
	(ii)	0	0	0	0	0	0	0
1Chong Park MD Chief Medical Officer	(i)	559,995	60,000	2,663	2,800	23,023	648,481	0
	(ii)	0	0	0	0	0	0	0
2Richard Thompson Vice President	(i)	350,506	236,615	18,901	9,800	8,394	624,216	0
	(ii)	0	0	0	0	0	0	0
3George J Magovern Jr MD Physician	(i)	688,755	0	9,845	2,800	24,402	725,802	0
	(ii)	0	0	0	0	0	0	0
4Patrick Demeo MD Physician	(i)	879,561	200,000	123,118	2,800	23,417	1,228,896	0
	(ii)	0	0	0	0	0	0	0
5Susan Manzi MD Physician	(i)	597,969	60,000	4,356	2,800	7,932	673,057	0
	(ii)	0	0	0	0	0	0	0
6Allan Klapper MD Physician	(i)	593,801	75,000	1,518	2,800	24,274	697,393	0
	(ii)	0	0	0	0	0	0	0
7Ngoc Thai MD PHYSICIAN	(i)	768,752	175,000	2,004	2,800	24,459	973,015	0
	(ii)	0	0	0	0	0	0	0
8Robert White MD Chief Medical Info Officer	(i)	498,299	516,379	122,397	9,800	24,129	1,171,004	0
	(ii)	0	0	0	0	0	0	0
9Kenyokee Crowell Sr. Vice President	(i)	480,855	521,872	19,798	33,921	31,331	1,087,777	0
	(ii)	0	0	0	0	0	0	0
10Beth Casagranda MD Physician	(i)	543,738	115,238	600	2,800	24,299	686,675	0
	(ii)	0	0	0	0	0	0	0
11Jan Silverman MD Physician	(i)	432,037	110,000	4,502	2,800	16,873	566,212	0
	(ii)	0	0	0	0	0	0	0
12Claire Zangerle Chief Nursing Officer	(i)	427,437	270,014	46,265	9,800	1,566	755,082	0
	(ii)	0	0	0	0	0	0	0
13SRICHARAN CHALIKONDA MD CHIEF MEDICAL OPS OFFICER	(i)	750,820	418,278	21,293	77,974	26,341	1,294,706	0
	(ii)	0	0	0	0	0	0	0
14John Lawrence MD Physician	(i)	543,738	75,000	1,380	2,800	24,299	647,217	0
	(ii)	0	0	0	0	0	0	0
15DENZIL RUPERT CHIEF OPERATING OFFICER - AGH	(i)	451,243	88,820	16,232	2,800	21,605	580,700	0
	(ii)	0	0	0	0	0	0	0
16Srinavas Murali MD Physician	(i)	557,163	150,000	92,502	2,800	19,463	821,928	0
	(ii)	0	0	0	0	0	0	0
17EDWARD WESTRICK MD Physician	(i)	990,425	748,159	49,488	2,800	25,839	1,816,711	0
	(ii)	0	0	0	0	0	0	0
18Daniel Altman MD Physician	(i)	847,166	549,307	198,749	2,800	27,352	1,625,374	0
	(ii)	0	0	0	0	0	0	0
19Gregory Altman MD Physician	(i)	849,766	438,937	196,469	2,800	24,733	1,512,705	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				
61GEORGE EID MD Physician	(i)	893,668	472,694	1,530	2,800	20,880	1,391,572	0
	(ii)	0	0	0	0	0	0	0
1JOHN BALACKO MD DIRECTOR	(i)	475,921	196,612	3,414	2,800	19,619	698,366	0
	(ii)	0	0	0	0	0	0	0
2Alexander Yu MD PHYSICIAN	(i)	623,354	713,388	690	2,800	8,755	1,348,987	0
	(ii)	0	0	0	0	0	0	0
3DAVID HOLMBERG DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,382,716	6,032,346	677,276	18,413	36,001	8,146,752	0
4THOMAS CAMPBELL MD PHYSICIAN CHAIRPERSON	(i)	273,124	80,000	122,772	2,800	24,517	503,213	0
	(ii)	0	0	0	0	0	0	0
5WILLIAM JOHNJULIO MD MEDICAL DIRECTOR - CIN	(i)	689,738	50,000	23,824	2,800	22,849	789,211	0
	(ii)	0	0	0	0	0	0	0
6JOSEPH ARACRI PHYSICIAN CHAIRPERSON	(i)	397,429	53,000	2,943	2,800	17,827	473,999	0
	(ii)	0	0	0	0	0	0	0
7JEFFREY CARLSON DIRECTOR	(i)	314,989	78,920	10,845	9,800	25,941	440,495	0
	(ii)	0	0	0	0	0	0	0
8VICENTA GASPAR-YOO MD DIRECTOR	(i)	194,661	0	38,632	1,716	0	235,009	0
	(ii)	0	0	0	0	0	0	0
9THOMAS HIPKISS Chief Financial Officer	(i)	204,012	10,000	446	2,114	24,348	240,920	0
	(ii)	0	0	0	0	0	0	0
10PETER LUND MD DIRECTOR	(i)	645,155	105,288	9,144	2,800	20,561	782,948	0
	(ii)	0	0	0	0	0	0	0
11DANIEL MUCCIO MD DIRECTOR	(i)	544,368	500	3,968	2,800	23,801	575,437	0
	(ii)	0	0	0	0	0	0	0
12BRIAN MATTHEW PARKER MD DIRECTOR	(i)	558,086	450,551	20,426	53,791	28,386	1,111,240	0
	(ii)	0	0	0	0	0	0	0
13JAMES VALERIANO PHYSICIAN CHAIRPERSON	(i)	354,562	145,062	4,740	2,800	20,562	527,726	0
	(ii)	0	0	0	0	0	0	0
14KELLY KASSAB VICE PRESIDENT & DIRECTOR	(i)	217,747	0	465	2,178	866	221,256	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)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

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	1,002,760,363							
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	140,765,849							
11	Other spent proceeds	806,545,185							
12	Other unspent proceeds	55,449,329							
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	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	1.782 %							
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	1.782 %							
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 II, LINE 3	TOTAL PROCEEDS THE TOTAL AMOUNT OF PROCEEDS OF THE BOND ISSUE AS OF THE END OF YEAR 2019 INCLUDES THE PERIOD INVESTMENT EARNINGS OF \$2,755,831.

Return Reference	Explanation
PART VI	Written Bond Procedures ALLEGHENY HEALTH NETWORK HAS NOT VIOLATED ANY APPLICABLE REQUIREMENTS FOR TAX EXEMPT BONDS BENEFITING THE NETWORK. AT THE TIME OF FILING OF YEAR 2019 FORM 990, WRITTEN PROCEDURES HAVE BEEN ESTABLISHED.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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Open to Public Inspection

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
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 Redlawski, director.
PART IV, LINE 8, COLUMN D	DESCRIPTION OF TRANSACTION More than 35% owned entity by Michael Redlawski, 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
(1) QUICK MED CLAIMS	35% CONTROLLED ENTITY	397,322	SEE SCHEDULE L, PART V		No
(1) WEST RIDGE MEDICAL PARTNERS	35% CONTROLLED ENTITY	2,650,213	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
(3) CAITLIN CLARK	FAMILY OF BOARD MEMBER	295,430	EMPLOYMENT		No
(1) MARY BETH KROEMER	FAMILY OF BOARD MEMBER	91,249	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
(5) PETER KROEMER	FAMILY OF BOARD MEMBER	161,059	EMPLOYMENT		No
(1) ELIZABETH KROEMER	FAMILY OF BOARD MEMBER	16,498	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
(7) CHRISTINE MAFFEO	FAMILY OF BOARD MEMBER	42,645	EMPLOYMENT		No
(1) WESTMINSTER PLACE PARTNERSHIP	35% CONTROLLED ENTITY	857,979	SEE SCHEDULE L, PART V		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

2019

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		3,470	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	170,087	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	2	19,528	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
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

0

30a

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

30a

Yes

No

No

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

31

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

31

Yes

32a

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

32a

No

No

b If "Yes," describe in Part II.

33

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

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.

Additional Data

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

Part I, Lines 25-28

Other ▶ (OTHER)

Other ▶ (GIFT CERTIFICATES)

Other ▶ (ENTERTAINMENT VOUCHERS)

Other ▶ (FESTIVELY DECORATED TREE)

Other ▶ (EXERCISE EQUIPMENT)

Other ▶ (ADVERTISING PANELS)

Other ▶ (FOOD DONATIONS)

(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
X	51	30,331	COST
X	40	28,608	COST
X	53	26,922	COST
X	20	8,063	COST
X	5	6,356	COST
X	2	5,494	COST
X	15	886	COST

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SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Employer identification number

82-1406555

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
---	--	--------------------------	---	--	----------------------	-----------------------------------	---

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►		

Part I Liquidation, Termination, or Dissolution (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	
b If "Yes," did the organization provide such notice?	4b	
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	
6a Did the organization have any tax-exempt bonds outstanding during the year?	6a	
b If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	
c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part

if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

See Additional Data Table

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

	Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:		
a Become a director or trustee of a successor or transferee organization?	2a	
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c Become a direct or indirect owner of a successor or transferee organization?	2c	
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►		

Schedule N (Form 990 or 990-EZ) (2019)Page 3

Part III

Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
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Schedule N (Form 990 or 990-EZ) (2019)

Additional Data

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

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	JEFFERSON HILLS SURGICAL SPECIALISTS		249,403	Book Value	25-1838458	Allegheny Clinic 120 fifth avenue Pittsburgh, PA 15222	501(C)(3)
	Steel Valley Ortho & Sports Medicine		454,740	BOOK VALUE	25-1838458	Allegheny Clinic 120 Fifth Avenue Pittsburgh, PA 15222	501(C)(3)
	South Pittsburgh Urology Associates		273,943	BOOK VALUE	25-1838458	Allegheny Clinic 120 Fifth Avenue Pittsburgh, PA 15222	501(c)(3)
	Primary Care Group 3, Inc._Santiesteban		46,774	BOOK VALUE	25-1838458	Allegheny Clinic 120 Fifth Avenue Pittsburgh, PA 15222	501(C)(3)
	Primary Care Group 7, Inc._Menon		303,475	BOOK VALUE	25-1838458	Allegheny Clinic 120 Fifth Avenue Pittsburgh, PA 15222	501(C)(3)
	Pittsburgh Bone Joint & Spine, Inc.		810,901	BOOK VALUE	25-1838458	Allegheny Clinic 120 Fifth Avenue Pittsburgh, PA 15222	501(C)(3)

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization 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 12 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), 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; GROVE CITY HOSPITAL, GROVE CITY, PA; JEFFERSON HOSPITAL, JEFFERSON HILLS, PA; SAINT VINCENT HOSPITAL, ERIE, PA; WEST PENN HOSPITAL, PITTSBURGH, PA; AND WESTFIELD MEMORIAL HOSPITAL, WESTFIELD, NY.), AND THREE NEIGHBORHOOD HOSPITALS (AHN HEMPFIELD IN WESTMORELAND COUNTY; AHN MCCANDLESS IN ALLEGHENY COUNTY; AND AHN BRENTWOOD IN ALLEGHENY COUNTY). 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 2019, THE HOSPITALS AND CLINICS OF AHN TOGETHER REPORTED MORE THAN 120,000 PATIENT DISCHARGES AND OBSERVATIONS, LOGGED NEARLY 300,000 EMERGENCY ROOM VISITS, AND DELIVERED MORE THAN 8,000 BABIES; 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 MEDIC</p>

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INTRODUCTION TO AHN	<p>AL 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 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 EMPLOYEES 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>

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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 AHNS CHARITABLE ACTIVITIES, BUT A SAMPLING OF AHNS 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 AHNS CARE: AHN POSITIVE HEALTH CLINIC: THE POSITIVE HEALTH CLINIC (P HC) 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. 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, \$2.5 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. AUNT BERTHA: ALLEGHENY HEALTH NETWORK, HIGHMARK INC., AND GATEWAY HEALTH PARTNERED WITH AUNT BERTHA TO PROVIDE A FREE RESOURCE TOOL FOR INDIVIDUALS FACING FOOD, HOUSING OR OTHER CRISES DURING THESE DIFFICULT TIMES. THE AUNT BERTHA DIRECTORY CONTAINS GEOGRAPHIC-SPECIFIC INFO</p>

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COMMUNITY BENEFITS	<p>FORMATION ON SOCIAL SERVICE AGENCIES AND COMMUNITY BENEFIT ORGANIZATIONS (CBOS) ACROSS THE UNITED STATES. ONLINE USERS WILL ONLY NEED TO ENTER THEIR ZIP CODE, FOLLOWED BY APPLICATION OF FILTERS TO ENCOMPASS THEIR SPECIFIC NEEDS, TO ACCESS LOCAL OPTIONS. THE SERVICE IS FREE AND HAS NO INCOME CONSTRAINTS FOR USERS. AUNT BERTHA'S MISSION IS TO CONNECT ALL PEOPLE IN NEED AND THE PROGRAMS THAT SERVE THEM WITH DIGNITY AND EASE. THE ONLINE TOOL ALLOWS USERS TO FIND NEARBY CBOS, MAKING IT EASIER FOR INDIVIDUALS TO ACCESS SOCIAL SERVICE OPTIONS IN THEIR NEIGHBORHOODS. THANKS TO AUNT BERTHA, NON-PROFITS HAVE AN EASIER TIME COORDINATING THEIR EFFORTS, WHILE HEALTHCARE PROVIDERS CAN INTEGRATE SOCIAL CARE INTO THEIR WORK MORE APPROPRIATELY. BRADDOCK URGENT CARE: AHN AND HH OPERATE 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. WITH THE HELP OF A GRANT FROM HIGHMARK INC., AHN HAS LAUNCHED A COMMUNITY HEALTH IMPROVEMENT 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 ASTHMA AND DIABETES, AND MATERNAL AND CHILD HEALTH, WITH A PARTICULAR FOCUS ON SEXUALLY TRANSMITTED DISEASE PREVENTION. THE AHN URGENT CARE CENTER WAS BUILT FOLLOWING THE CLOSURE OF BRADDOCK'S 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 PHYSICIANS, REGISTERED NURSES, MEDICAL ASSISTANTS AND RADIOLOGY TECHNICIANS, AND EQUIPPED WITH 12 PATIENT EXAM ROOMS AND DIAGNOSTIC CAPABILITIES SUCH AS X-RAY IMAGING AND BLOOD WORK. THRIVE 18: THIS IS A NATIONAL PROGRAM THAT LEVERAGES MULTI-SECTOR COMMUNITY PARTNERSHIPS IN ORDER TO IMPROVE PUBLIC HEALTH IN PITTSBURGH'S NORTHERN NEIGHBORHOODS. AHN AND ITS FLAGSHIP HOSPITAL, ALLEGHENY GENERAL HOSPITAL, ALONG WITH PARENT COMPANY HIGHMARK HEALTH ARE WORKING WITH LOCAL ORGANIZATIONS INCLUDING PROJECT DESTINY, THE ALLEGHENY COUNTY HEALTH DEPARTMENT, AND THE BUHL FOUNDATION TO IMPLEMENT INNOVATIVE SOLUTIONS TO THE HEALTH CHALLENGES FACED BY RESIDENTS OF PITTSBURGH'S NORTHSIDE COMMUNITY. A \$250,000 AWARD, COMBINED WITH MATCHING FUNDS FROM BOTH HIGHMARK AND THE BUHL FOUNDATION, ARE BEING USED TO CREATE THE "CENTER FOR LIFTING UP EVERYONE" (CLUB) - A HEALTH AND WELLNESS MODEL AIMED AT REACHING THE NORTHSIDE'S MOST VULNERABLE RESIDENTS. CHARITY CARE: TOGETHER AS AN ENTERPRISE, AHN PROVIDED MORE THAN \$164.9 MILLION IN CHARITY AND UNCOMPENSATED CARE IN 2019. COMMUNITY HEALTH NEEDS ASSESSMENT: IN 2018, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AHN EMBARKEED ON ANOTHER COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), BUILDING UPON THE HOSPITAL'S PREVIOUS CHNAs CONDUCTED</p>

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COMMUNITY BENEFITS	<p>TED IN 2013 AND 2015. THE RESULTS OF THE CHNA ENABLE AHN AND ITS EIGHT HOSPITALS, ALONG WITH OTHER COMMUNITY AGENCIES AND 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 PROVIDES A COMPREHENSIVE GUIDE FOR AHNS COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT EFFORTS; THE CHNAS IDENTIFIES NEEDS WITHIN EACH OF AHNS HOSPITAL COMMUNITIES AND ENABLES AHN TO WORK WITH LOCAL PARTNERS IN A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT, DIRECTING SYSTEM-WIDE RESOURCES TO IMPROVE ACCESS AND OUTCOMES AND REDUCE HEALTH DISPARITIES THROUGHOUT AHNS SERVICE FOOTPRINT. THE CHNA INITIATIVE ALIGNS WITH ONGOING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES IN AHNS LOCAL HOSPITAL SERVICE AREAS, AS WELL AS PUBLIC HEALTH EFFORTS DIRECTED BY THE ALLEGHENY AND ERIE COUNTY HEALTH DEPARTMENTS; WHERE APPLICABLE, AHN HAS ALIGNED PRIORITIES AND PLANNING WITH THESE LOCAL AND REGIONAL INITIATIVES TO FOSTER COLLABORATION IN COMMUNITY HEALTH IMPROVEMENT. COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS: THROUGHOUT 2019, 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 2019, AHNS COMMITMENT TO ORGAN, TISSUE, AND CORNEA DONATION RESULTED IN THOUSANDS OF LIVES SAVED OR IMPROVED, EITHER THROUGH TRANSPLANT PROCEDURES CARRIED OUT AT THE NETWORKS HOSPITALS, OR BECAUSE OF THE GENEROSITY OF ORGAN AND TISSUE DONORS WHO WERE PATIENTS AT AHN HOSPITALS. 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. F.O.R.E. GRANT: THE FOUNDATION FOR OPIOID RESPONSE EFFORTS (F.O.R.E.) ANNOUNCED IN 2019 THAT AHN WOULD BE THE RECIPIENT OF A \$600,000 GRANT IN SUPPORT OF A PROGRAM THAT WILL PROVIDE COMMUNITY-BASED, OPIOID USE DISORDER (OUD) OUTREACH, ENGAGEMENT, AND PATIENT RETENTION INTERVENTION. AS PART OF THE PROJECT, MULTIDISCIPLINARY TEAMS MADE UP OF A PROVIDER, ADDICTION RECOVERY SPECIALIST, AND COMMUNITY PARAMEDIC ARE MOBILIZING INTO THE COMMUNITY TO ASSIST PEOPLE WITH THEIR OUD-RELATED TREATMENT NEEDS.</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 HEALTHY FOOD CENTERS ACT 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 PRIMARILY SERVES PATIENTS WITH DIABETES WHO ARE SCREENED BY THEIR DOCTOR AS BEING FOOD INSECURE. PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER AT WEST PENN AND ALLEGHENY GENERAL HOSPITALS 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 AT WPH AND EXPANDED TO AGH IN 2020. 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 IN 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 CONVEENE 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. OPEN HEART SURGERY OBSERVATION: SINCE 2008, HIGH SCHOOL STUDENTS FROM WESTERN PENNSYLVANIA, WEST VIRGINIA AND OHIO HAVE BEEN INVITED TO OBSERVE AHNS CARDIOVASCULAR SURGEONS IN ACTION THROUGH THE CARDIOVA</p>

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<p>FRONT DOOR INITIATIVE: AHN'S JEFFERSON HOSPITAL IS UTILIZING A</p>	<p>SCULAR INSTITUTES (CVI) OPEN HEART SURGERY OBSERVATION PROGRAM. THE PROGRAM, WHICH HAS HOS TED MORE THAN 15,000 AREA STUDENTS FROM DOZENS OF SCHOOLS, IS SUPPORTED BY TWO PART-TIME P OSITIONS, AND IS PART OF AHNS AND THE CVIS COMMITMENT TO COMMUNITY EDUCATION AND INSPIRING FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS. OPIOIDS AND ADDICTION MEDICINE: OVER THE LAST SEVERAL YEARS, AHN HAS TAKEN NUMEROUS STEPS TO CURB PAINKILLER MISUSE AND ADDICTION, OPIOID USE DISORDER, AND OVERDOSE DEATHS RELATED TO FENTANYL, CARFENTANIL, AND OTHER SYNTH ETIC OPIATES. IN 2019, AHN RECEIVED A \$5 MILLION FEDERAL GRANT FROM THE SUBSTANCE ABUSE AN D MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TO WILL SUPPORT THE IMPLEMENTATION AND EV ALUATION OF ENHANCED SUBSTANCE USE SCREENING AND INTERVENTION SERVICES IN THE PRIMARY CARE SETTING. ADDITIONALLY, AHN AND GATEWAY HEALTH HAVE PARTNERED TO LAUNCH AN ENHANCED PAIN M ANAGEMENT PROGRAM WHICH TAKES A NOVEL, HOLISTIC APPROACH TO TREATING A PATIENT'S PAIN WITH OUT OPIOIDS. THE FIRST SUCH CLINIC HAS OPENED AT THE AHN INSTITUTE FOR PAIN MEDICINE NEAR WEST PENN HOSPITAL, WITH MORE LOCATIONS BEING PLANNED. IN 2018, AHN AND PARTNER ORGANIZATI ONS OPENED A NEW 45-BED UNIT AT THE KANE COMMUNITY LIVING CENTER IN MCKEESPORT, PA., A POS T-ACUTE UNIT FOR PATIENTS WITH MEDICAL CONDITIONS AND CO-OCCURRING SUBSTANCE USE DISORDERS . ALSO IN 2018, AHN BEGAN INSTALLING SECURE, PERMANENT DRUG TAKE-BACK BOXES AT SIX AHN HOS PITALS, AS WELL AS AT THE WEXFORD HEALTH + WELLNESS PAVILION; THE BOXES WILL ALLOW PATIENT S OR VISITORS TO DISPOSE OF SURPLUS OR EXPIRED MEDICATIONS YEAR-ROUND. AHN has 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 FRO M THEIR ILLNESS AND MAINTAIN LONG-TERM WELLNESS. CALLED THE AHN CENTER OF EXCELLENCE FOR O PIOID USE DISORDER, THE CENTER IS ONE OF 45 PROGRAMS IMPLEMENTED ACROSS PENNSYLVANIA, ALL OF WHICH ARE SUPPORTED BY A GRANT FROM THE STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. 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; EMERGENCY MEDICAL PROF ESSIONALS AT FORBES HOSPITAL BEGAN TRAINING POLICE OFFICERS FROM THE PITCAIRN POLICE DEPAR TMENT TO DISPENSE NARCAN, A NARCOTIC "ANTIDOTE" DRUG, TO OVERDOSE VICTIMS. SINCE THEN, AHN PROVIDED THE TRAINING TO OTHER POLICE DEPARTMENTS, INCLUDING MONROEVILLE, EAST MCKEESPORT AND THE WESTMORELAND COUNTY SHERIFFS DEPARTMENT. AHNS RESEARCH INSTITUTE IS STUDYING AND DEVELOPING SINGLE-DOSE, LONGER-LASTING OPIOID OVERDOSE ANTIDOTES. PERINATAL HOPE: The PERI NATAL HOPE PROGRAM is a MEDICAL HOME CARE MODEL FOR MOTHERS-TO-BE WHO ARE ADDICTED TO DRUG S. THE PROGRAM PROVIDES COMPREHENSIVE AND COORDINATED TREATMENT THAT PUTS THE MOTHER AND B ABY ON TRACK FOR A MORE HOPEFUL FUTURE. PERINATAL HOPE IS THE REGIONS FIRST ALL-INCLUSIVE PROGRAM FOR MATERNAL ADDICTION</p>

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FRONT DOOR INITIATIVE: AHN'S JEFFERSON HOSPITAL IS UTILIZING A	<p>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 WOMENS FOUNDATION OF GREATER PITTSBURGH. ADDITIONALLY, AHNS NEW WOMENS BEHAVIORAL HEALTH PROGRAM INCLUDES THE REGIONS FIRST INTENSIVE OUTPATIENT PROGRAM FOR WOMEN WITH PREGNANCY-RELATED DEPRESSION.</p> <p>SPECIAL OLYMPICS: FOR THE LAST SEVERAL YEARS, AHNS SPORTS MEDICINE TEAM HAS PROVIDED ON-SITE MEDICAL SUPPORT TO ATHLETES COMPETING IN THE SPECIAL OLYMPICS PENNSYLVANIA (SO PA) 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 IS ALSO A LEVEL I SHOCK TRAUMA CENTER, AND ITS LIFEFLIGHT AEROMEDICAL SERVICE WAS THE FIRST TO FLY IN THE NORTHEASTERN UNITED STATES. ALLEGHENY VALLEY HOSPITAL: ALLEGHENY VALLEY HOSPITAL (AVH) HAS SERVED NATRONA HEIGHTS, PA., AND THE SURROUNDING COMMUNITY FOR OVER 100 YEARS. AVH PROVIDES EMERGENCY CARE, SURGICAL CARE, REHABILITATION CARE AND OTHER QUALITY HEALTH CARE SERVICES FOR ITS PATIENTS. CANONSBURG HOSPITAL: SINCE 1904, 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. FORBES HOSPITAL: SINCE 1978, MONROEVILLE'S 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 GYNCOLOGY SERVICE AMONG ITS MANY CLINICAL OFFERINGS. GROVE CITY HOSPITAL: GROVE CITY MEDICAL CENTER, NOW AHN GROVE CITY, WAS CREATED IN 1978, THROUGH THE MERGER OF TWO EXISTING GROVE CITY, PA., HOSPITALS. TODAY, THE HOSPITAL OPERATES SIX OUTPATIENT CLINICS AND LAB SITES THROUGHOUT ITS SERVICE FOOTPRINT. IT PROVIDES CANCER CARE, CARDIAC CARE, GENERAL SURGERY, LAB SERVICES, HOME HEALTH AND DIAGNOSTIC IMAGING, AMONG OTHER CLINICAL SERVICES. JEFFERSON HOSPITAL: JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973. LOCATED JUST SOUTH OF PITTSBURGH, THE HOSPITAL PROVIDES A WIDE SPECTRUM OF HIGH QUALITY HEALTH CARE SERVICES, FROM EMERGENCY CARE AND INTENSIVE CARE, to COMPREHENSIVE SURGICAL PROGRAMS AND REHABILITATION, cancer care and comprehensive LABOR AND DELIVERY services including a level II neonatal intensive care unit. SAINT VINCENT HOSPITAL: SAINT VINCENT HOSPITAL (SVH) PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF NORTHWESTERN PENNSYLVANIA AND ADJACENT AREAS OF NEW YORK AND OHIO. FOUNDED BY THE SISTERS OF ST. JOSEPH IN 1875, SVH CONTINUES TO EXEMPLIFY THE VALUES OF THE SISTERS IN PROVIDING COMPASSIONATE CARE TO ALL. ADDITIONALLY, SVH'S 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. IN 2019, THE HOSPITAL OPENED A NEW COMPREHENSIVE CANCER CENTER, A NEW, GREATLY EXPANDED EMERGENCY DEPARTMENT, NEW OPERATING ROOM SUITE AND A SECOND HEALTH & WELLNESS PAVILION ON THE CITY'S WESTSIDE. WEST PENN HOSPITAL: SERVING THE BLOOMFIELD AREA OF PITTSBURGH AND ITS SURROUNDING COMMUNITIES SINCE 1848, WEST PENN HOSPITAL (WPH) IS AN ACADEMIC MEDICAL CENTER WITH PRIVATE</p>

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HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS	TE ACUTE-CARE PATIENT ROOMS AND ONE OF PENNSYLVANIAS MOST ADVANCED OBSTETRICAL AND NEWBORN 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 WESTERN PENNSYLVANIA TO EARN MAGNET RECOGNITION STATUS FROM THE AMERICAN NURSES CREDENTIALING CENTER (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. IN 2019, WPH WAS NAMED ONE OF THE NATIONS TOP 100 HOSPITALS BY IBM WATSON.

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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), AS WELL AS SEVERAL URGENT CARE CLINICS AND SURGERY CENTERS. ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE: A HNS 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 NETWORK'S 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: 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. CLINICALLY INTEGRATED NETWORK (CIN): AHN'S CIN IS A REGIONAL PARTNERSHIP OF INDEPENDENT AND AHN-AFFILIATED PHYSICIANS. THE CIN, KNOWN AS "PHYSICIAN PARTNERS OF WESTERN PA," COORDINATES CARE FOR NEARLY A QUARTER-MILLION PATIENTS ACROSS VARIOUS MEDICAL SPECIALTIES AND CARE SITES BY SETTING COMMON GOALS IN THE AREAS OF OUTCOMES, VALUE, AND EVIDENCED-BASED CLINICAL MODELS. THE CIN HELPS PHYSICIANS AND PRACTICES PREPARE FOR CURRENT AND FUTURE CHALLENGES IN THE AREAS OF TECHNOLOGY INFRASTRUCTURE, GOVERNMENT REGULATIONS, AND PAYMENT REFORM. CLINICAL GOALS AND FINANCIAL INCENTIVES ARE ESTABLISHED THROUGH A PHYSICIAN-LED GOVERNANCE STRUCTURE. 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, SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES, AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION</p>

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OUTPATIENT CARE FACILITIES: IN ADDITION TO ITS HUNDREDS OF	ION. KEY INSTITUTES AND SERVICES LINES ALLEGHENY HEALTH NETWORK CANCER INSTITUTE: AHNS CAN CER 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 1 0,000 PATIENTS ANNUALLY IN WESTERN PENNSYLVANIA, ERIE, WEST VIRGINIA, AND OHIO. IN 2019, A HN OPENED NEW COMMUNITY CANCER CENTERS IN BUTLER, BEAVER, ALLEGHENY, AND ERIE COUNTIES. AH N ALSO PLANS TO OPEN A NEW ACADEMIC CANCER INSTITUTE AND CANCER GENOME LABORATORY ON THE A GH CAMPUS IN 2020. ADDITIONALLY, AHN COLLABORATES WITH JOHNS HOPKINS KIMMEL CANCER CENTER, TO OFFER MORE STREAM-LINED ACCESS TO CLINICAL TRIALS AND PROVIDE ADDITIONAL TREATMENT OPT IONS AND SECOND OPINIONS FOR PATIENTS WITH RARE AND COMPLEX CANCERS, AMONG OTHER BENEFITS.

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<p>ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE: ON THE</p>	<p>FRONTIER OF ADVANCED SPECIALTY HEART CARE, THE ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE (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 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. ADDITIONALLY, AHNS WOMENS 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: AHNS 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: AHNS NEUROSCIENCE INSTITUTE IS A NATIONAL LEADER IN PROVIDING INNOVATIVE, EXPERT CARE FOR COMPLEX BRAIN, SPINE, OR NEUROLOGICAL CONDITIONS. AHNS 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, AGH HAS EARNED A "COMPREHENSIVE STROKE CENTER" DESIGNATION, THE HIGHEST DISTINCTION OF STROKE CARE AWARDED BY THE AMERICAN HEART ASSOCIATIONS JOINT COMMISSION. AHNS NEUROSCIENCE PRO</p>

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ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE: ON THE	<p>GRAM INCLUDES RENOWNED EXPERTS IN THE SUBSPECIALTIES OF NEUROLOGY, NEURO-OTOLOGY, NEURORADIOLOGY, NEURO-CRITICAL CARE, AND NEUROSURGERY, AND THE INSTITUTE HAS BEEN IDENTIFIED AS A NEUROSCIENCES CENTER OF EXCELLENCE AND A SPINE CENTER OF EXCELLENCE, ENABLING 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: THE ORTHOPAEDIC INSTITUTES MULTIDISCIPLINARY TEAM OF SURGEONS, PHYSICIANS, NURSES, PHYSICIAN ASSISTANTS AND REHABILITATION SPECIALISTS WORK TOGETHER TO DEVELOP A COORDINATED TREATMENT PLAN SPECIFICALLY DESIGNED FOR EACH PATIENT, SPECIALIZING IN PEDIATRIC ORTHOPAEDICS, JOINT REPLACEMENT, ORTHOPAEDIC SURGERY, SPINAL SURGERY, AND SPORTS MEDICINE. TOGETHER, AHN AND HH HAVE MADE SIGNIFICANT INVESTMENTS IN AHN'S ORTHOPAEDIC CAPABILITIES AND INFRASTRUCTURE, INCLUDING THE OPENING OF THE AHN SPORTS COMPLEX AT COOL SPRINGS, A LARGE MULTI-SPORT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS MEDICINE, AND THE OPENING OF THE STATE-OF-THE-ART PEDIATRIC ORTHOPAEDIC INSTITUTE, A GROUP OF ORTHOPAEDIC SPECIALISTS WHO TREAT A WIDE RANGE OF NEURO- AND MUSCULOSKELETAL INJURIES AND CONDITIONS. AHN'S SPORTS MEDICINE TEAM IS THE OFFICIAL MEDICAL PROVIDER FOR THE PITTSBURGH PIRATES AND THE PITTSBURGH 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 HEALTH NETWORK TRANSPLANT INSTITUTE: THE AHN TRANSPLANT INSTITUTE PROVIDES PERSONALIZED, COMPASSIONATE CARE FROM A SPECIALIZED TEAM OF EXPERTS, INCLUDING TRANSPLANT SURGEONS, NEPHROLOGISTS, PSYCHIATRISTS, PHARMACISTS, SOCIAL WORKERS, DIETITIANS, TRANSPLANT NURSE COORDINATORS, AND OTHER HEALTHCARE PROFESSIONALS. THE TRANSPLANT INSTITUTES OFFERS HEART, KIDNEY, PANCREAS AND LIVER TRANSPLANTATION SERVICES, WITH A LEGACY OF TRANSPLANTATION CARE AND INNOVATION THAT DATES TO THE 1980S. IN ADDITION TO TRANSPLANTATION SERVICES, THE AHN TRANSPLANT INSTITUTE OFFERS PATIENTS ACCESS TO NOVEL IMMUNOSUPPRESSIVE AGENTS AND CLINICAL TRIALS. ADDITIONALLY, AHN AND ITS TRANSPLANT INSTITUTE ARE ADVOCATES FOR ORGAN DONATION EDUCATION AND AWARENESS. EMERGENCY MEDICINE AND TRAUMA CARE: IN 2019, AHN'S HOSPITALS RECORDED NEARLY 280,000 EMERGENCY DEPARTMENT VISITS AND AHN'S AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO 5,000 PATIENTS ANNUALLY. AHN'S EXPERIENCED, MULTIDISCIPLINARY TEAMS OF PHYSICIANS, SPECIALISTS, NURSES, TRAUMA SURGEONS AND SUPPORT STAFF PROVIDE AROUND-THE-CLOCK, AWARD-WINNING CARE FOR THE REGION'S SICK AND WOUNDED. AHN'S EMERGENCY DEPARTMENTS HAVE SOME OF THE SHORTEST WAIT TIMES IN THE STATE. AHN'S 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</p>

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ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE: ON THE	<p>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 WOMENS 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 D'ACHILLE 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 2019, AHNS OBSTETRICAL UNITS DELIVERED MORE THAN 8,100 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 2019, IT RECEIVED THE FOLLOWING AWARDS, RECOGNITIONS AND ACCREDITATIONS, AMONG OTHERS: THE AMERICAN STROKE ASSOCIATION RECOGNIZED AHN HOSPITALS FOR LEADING STROKE CARE. THE CARDIOTHORACIC INTENSIVE CARE UNIT AT FORBES HOSPITAL WAS ONE OF TWO PA HOSPITALS TO EARN NATIONAL THREE-YEAR BEACON AWARD FOR EXCELLENCE AHNS DR. SUSAN MANZI WAS HONORED AT THE ART ROONEY AWARDS EVENT FOR OUTSTANDING CONTRIBUTIONS TO THE COMMUNITY. AHN HOSPITALS EARNED 17 BLUE DISTINCTION CENTER DESIGNATIONS FOR HIGH QUALITY CARE. AGHS HEART TRANSPLANT PROGRAMS 3-YEAR SURVIVAL WAS RATED TOPS IN STATE, AND SEVENTH NATIONALLY. AHNS ALLEGHENY VALLEY HOSPITAL WAS AWARDED ADVANCED CERTIFICATION AS A PRIMARY STROKE CENTER. AHN'S ROBERT WHITE, MD, NAMED A "CIO OF THE YEAR" BY PITTSBURGH TECHNOLOGY COUNCIL. WEST PENN HOSPITAL WAS NAMED ONE OF THE NATION'S 100 TOP HOSPITALS BY IBM WATSON. AHN PRESIDENT AND CEO CYNTHIA HUNDORFEAN WAS NAMED TO MODERN HEALTHCARES TOP 25 WOMEN LEADERS LIST.</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 FORM 990, PART VI, SECTION A, LINE 7A MEMBERS OR STOCKHOLDERS WHO MAY ELECT PURSUANT TO THE BYLAWS OF EACH ENTITY, EITHER HIGHMARK HEALTH OR THE ENTITY'S SOLE DIRECT MEMBER HAS THE AUTHORITY 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 CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS AND APPROVE ALL AMENDMENTS OR REVISIONS OF THE CORPORATION'S 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 CORPORATION'S OR THE RELEVANT SUBSIDIARY'S 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 CORPORATION'S 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 CORPORATION'S OR ITS SUBSIDIARIES' ASSETS, OTHER THAN TO THE MEMBER OR TO THE CORPO</p>

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Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL	<p>RATION BY ITS SUBSIDIARIES, IN EXCESS OF \$10,000,000, UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S 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.</p>

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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.

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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 AND DECISION MAKING AUTHORITY, AND ANY OTHER EMPLOYEES AS DESIGNATED BY THE COMPLIANCE DEPARTMENT. INDIVIDUALS ARE REQUIRED TO REPORT TO THE COMPLIANCE DEPARTMENT THROUGHOUT THE YEAR IF CHANGES IN CIRCUMSTANCES ARISE THAT MAY GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST OR CHANGE A PREVIOUSLY-DISCLOSED CONFLICT. 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 and officers 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>

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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 compensa</p>

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Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	<p>tion 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>

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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.

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Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 EQUITY TRANSFERS 289,592,971 PENSION LIABILITY ADJUSTMENTS (11,089,000) OTHER 104,941,473 ----- TOTAL 383,445,444

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Highmark Health Group

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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	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
AHN Surgery Center - Bethel Park LLC 1000 Higbee Drive Bethel Park, PA 15102 47-3690355	Healthcare	PA	2,027,294	1,776,698	AHN
West Penn Allegheny Foundation LLC 4800 Friendship Avenue Pittsburgh, PA 15224 20-1107650	Capital Acq.	PA	3,174,836	27,308,880	WPAHS
Peters Township ASC LLC 160 Gallery Drive McMurray, PA 15317 27-3982341	Healthcare	PA	3,984,968	2,493,015	WPAHS
West Penn ASC LLC 4800 Friendship Avenue Pittsburgh, PA 15224 27-2344847	Inactive	PA	0	0	WPAHS
JRMC Diagnostic Services LLC 565 Coal Valley Road Pittsburgh, PA 15025 80-0069336	Healthcare	PA	404,561	1,272,249	JRMC
SV Shared Savings Program ACO LLC 232 West 25th Street Erie, PA 16544 45-5550348	Inactive	PA	0	0	SVHC
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
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) Dispropportionate 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	
5148 Liberty Assoc 5989 Centre Avenue Pittsburgh, PA 15206 25-1689871	Property Rental	PA	WPAHS Inc	EXCLUDED	106,049	758,866		No			No	50.000 %
AHN Emerus LLC 30 Isabella St Pittsburgh, PA 15212 82-3655381	Medical Practice	PA	AHN	RELATED	-1,629,731	33,906,413		No			No	51.000 %
AHN Home Infusion 312 West 25th Street Erie, PA 16502 25-1736527	Medical Practice	PA	SVHS	Related	24,194,995	10,483,830		No			No	80.000 %
Celtic Hospice 30 Isabella St Pittsburgh, PA 15212 20-5661063	Medical Practice	PA	WPAHS Inc	Related	3,210,346	18,797,628		No			No	79.900 %
JV Holdco LLC 30 Isabella St Pittsburgh, PA 15212 47-2368587	Holding Company	PA	WPAHS Inc	Related	4,236,230	30,455,822		No			No	59.610 %
Mccandles Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 26-1284448	Medical Practice	PA	WPAHS Inc	Related	587,446	514,374		No			No	50.000 %
N Shore Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 25-1880238	Medical Practice	PA	WPAHS Inc	Related	766,568	362,128		No			No	50.000 %
Provider PPI LLC 120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 32-0429947	Group Purchasing	PA	HMPG	Related	18,385,166	39,247,050		No			No	99.500 %
ST VINC PROF BLDG 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA	CSI	Related	355,435	373,034		No			No	82.660 %
Vantage HLDNG COMP 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA	CSI	Related	594,882	5,399,005		No			No	50.530 %
AHN-LECOM JV LLC 30 ISABELLA ST PITTSBURGH, PA 15212 82-5500526	HEALTHCARE	PA	AHN	RELATED	691,762	5,279,458		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)	(i)	
							Percentage ownership	Yes	No
Clinical Services Inc 232 West 25th Street Erie, PA 16544 25-1403846	Holding Company	PA	SVHS	C Corp	3,085,807	8,299,433	100.000 %	Yes	
Family Practice Medical Associates South 2414 Lytle Rd Ste 300 Bethel Park, PA 15102 25-1684735	Medical Practice	PA	JRMC	C Corp	5,469,532	3,683,435	100.000 %	Yes	
Grandis Rubin Shanahan & Assoc 565 Coal Valley Rd Jefferson Hills, PA 15025 45-3355906	Medical Practice	PA	JRMC	C Corp	5,996,565	2,124,005	100.000 %	Yes	
Health System Services Corp & Subs 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1403745	Real Estate Ops	PA	JRMC	C Corp	17,207,296	17,652,465	100.000 %	Yes	
HMPG Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444325	Holding Company	PA	AHN	C Corp	13,249,946	149,218,972	100.000 %	Yes	
JRMC Physician Service Corp 565 Coal Valley Rd Jefferson Hills, PA 15025 86-1159658	Medical Practice	PA	JRMC	C Corp	-115,096	0	100.000 %	Yes	
Lake Erie Medical Group PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444157	Medical Practice	PA	AC	C Corp	0	184,227	100.000 %	Yes	
Palladium Risk Retention Group 409 Broad St Ste 270 Sewickley, PA 15143 46-3476730	Insurance	VT	WPAHS Inc	C Corp	30,242,501	102,841,418	100.000 %	Yes	
Physician Landing Zone PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3913973	Health Care	PA	AC	C Corp	-344,941	645,437	100.000 %	Yes	
Pittsburgh Pulmonary & Critical Care 1200 BROOKS LN STE 130 Clairton, PA 15025 46-3274101	Medical Practice	PA	JRMC	C Corp	3,297,102	914,827	100.000 %	Yes	
Premier Medical Associates PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1742869	Medical Practice	PA	AC	C Corp	57,685,724	24,727,476	100.000 %	Yes	
Premier Women's Health 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4682160	Medical Practice	PA	AC	C Corp	6,528,644	1,383,254	100.000 %	Yes	
Primary Care Group 8 Inc 803 Miller Ave Clairton, PA 15025 01-0927360	Medical Practice	PA	JRMC	C Corp	8,785	294,020	100.000 %	Yes	
Primary Care Group 10 Inc 3726 Brownsville Rd Pittsburgh, PA 15227 38-3807173	Medical Practice	PA	JRMC	C Corp	160,875	118,228	100.000 %	Yes	
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	

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
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
Allegheny Clinic	P	162,210,697	FMV
Monroeville Ambulatory Surgery Center LLC	P	5,141,307	FMV
Physician Partners of Western PA LLC	P	946,177	FMV
Saint Vincent CIC Disease LLC	P	667,973	FMV
PROVIDER PPI LLC	P	572,433	FMV
Peters Township Surgery Center LLC	P	180,795	FMV
Allegheny Clinic	Q	23,132,462	FMV
Physician Landing Zone PC	Q	5,209,664	FMV
Wexford Medical Mall LLC	Q	3,401,466	FMV
AHN Home Infusion LLC	Q	1,513,592	FMV
HHPG Inc	Q	717,975	FMV
CLINICAL SERVICES INC	Q	246,248	FMV
Wexford Medical Mall LLC	Q	110,405	FMV
Summer Wind Management LLC	Q	108,451	FMV
Silver Rain LP	Q	52,126	FMV
Highmark Health	C	113,000	FMV