

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization: Highmark Health Group
 % MATT PETERSON
 Doing business as

D Employer identification number: 82-1406555

Number and street (or P.O. box if mail is not delivered to street address): 120 Fifth Avenue FAPHM-192B
 Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Pittsburgh, PA 15222

E Telephone number: (412) 544-6668

G Gross receipts \$ 4,420,395,764

F Name and address of principal officer:
 DAVID HOLMBERG
 120 FIFTH AVENUE
 PITTSBURGH, PA 15222

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 6169

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

J Website: ▶ www.AHN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 PROMOTE HEALTH & WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT.

2 Check this box

3 Number of voting members of the governing body (Part VI, line 1a)	3	212
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	89
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25,609
6 Total number of volunteers (estimate if necessary)	6	992
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,032,357
7b Net unrelated business taxable income from Form 990-T, line 39	7b	111,208

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,508,408	69,279,252
9 Program service revenue (Part VIII, line 2g)	3,737,184,630	3,737,490,610
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,291,258	51,736,656
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132,212,417	146,718,772
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,934,196,713	4,005,225,290

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,140,450	1,045,395
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,891,592,268	2,032,562,356
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	112,865
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 948,898		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,956,502,102	2,086,504,412
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,849,234,820	4,120,225,028
19 Revenue less expenses. Subtract line 18 from line 12	84,961,893	-114,999,738

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,792,772,543	4,274,556,698
21 Total liabilities (Part X, line 26)	2,189,461,024	2,512,538,677
22 Net assets or fund balances. Subtract line 21 from line 20	1,603,311,519	1,762,018,021

Part II Signature Block

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

Sign Here Signature of officer: SAURABH TRIPATHI, TREASURER & CFO
 Date: 2021-11-11

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
 HIGHMARK HEALTH IS AN INTERDEPENDENT SYSTEM DESIGNED TO DELIVER HIGH QUALITY, ACCESSIBLE, UNDERSTANDABLE AND AFFORDABLE EXPERIENCES, OUTCOMES AND SOLUTIONS FOR OUR CUSTOMERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **2,812,737,038** including grants of \$ **865,189**) (Revenue \$ **2,786,018,728**)
 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.

4b (Code:) (Expenses \$ **384,053,324** including grants of \$ **63,606**) (Revenue \$ **404,944,062**)
 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.

4c (Code:) (Expenses \$ **262,766,536** including grants of \$ **0**) (Revenue \$ **305,696,160**)
 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.

(Code:) (Expenses \$ **290,516,520** including grants of \$ **116,600**) (Revenue \$ **235,799,303**)
 Other Program Services

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **290,516,520** including grants of \$ **116,600**) (Revenue \$ **235,799,303**)

4e Total program service expenses ▶ **3,750,073,418**

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <i>Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <i>Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <i>Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <i>Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <i>Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes
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

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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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25,609		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	

d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 212		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 89		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6 Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a Yes	
b	Each committee with authority to act on behalf of the governing body?	8b Yes	

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) DAVID HOLMBERG	5.0	X					0	7,763,225	60,342

Director & Secretary	0.0	X		X				0	948,196	45,157
(23) Ngoc Thai MD	60.0									
PHYSICIAN	0.0			X				927,001	0	26,160
(24) Venkatraman Srinivasan MD	60.0	X						913,039	0	23,834
Trustee	0.0									
(25) WILLIAM JOHNJULIO MD	60.0			X				846,092	0	24,982
PHYSICIAN	0.0									
(26) Robert Lupo MD	60.0	X						840,018	0	25,503
Director	0.0									
(27) DAVID BARTLETT	60.0			X				845,513	0	18,334
PHYSICIAN	0.0									
(28) Srinavas Murali MD	60.0			X				804,752	0	17,522
Physician	0.0									
(29) PETER LUND MD	60.0	X						797,232	0	22,419
DIRECTOR	0.0									
(30) Claire Zangerle	60.0			X				793,304	0	11,711
Chief Nursing Officer	0.0									
(31) Parminder Sharma MD	60.0	X						768,593	0	24,968
Director	0.0									
(32) JOHN BALACKO MD	60.0	X						726,318	0	21,795
DIRECTOR	0.0									
(33) George J Magovern Jr MD	60.0			X				704,856	0	23,050
Physician	0.0									
(34) DENZIL RUPERT	50.0			X				676,572	0	24,179
CHIEF OPERATING OFFICER - AGH	0.0									
(35) James Rohrbaugh	50.0			X				646,344	0	53,318
Treasurer	0.0									
(36) Madhusudan Menon MD	60.0	X						684,110	0	3,886
Director	0.0									
(37) Mark Rubino MD	50.0	X		X				663,447	0	21,724
Director & President	0.0									
(38) Susan Manzi MD	60.0			X				664,353	0	10,304
Physician	0.0									
(39) John Lawrence MD	60.0			X				624,874	0	26,106
Physician	0.0									
(40) Louise Urban	60.0	X		X				626,210	0	23,023
Director & President	0.0									
(41) Ronald Andro MD	60.0	X		X				613,954	0	25,672
Director & President	0.0									
(42) Richard Thompson	60.0			X				602,650	0	26,745
Vice President	0.0									
(43) Beth Casagrande MD	60.0			X				597,675	0	26,106
Physician	0.0									
(44) Chong Park MD	60.0			X				594,767	0	24,829
Chief Medical Officer	0.0									
(45) Jeffrey McGovern MD	60.0	X						573,134	0	25,476
Director	0.0									
(46) Mark Nussbaum	60.0	X		X				567,326	0	28,720
Director & Vice President	0.0									
(47) Christopher Clark DO	59.0	X		X				540,683	0	24,865
Director & President	1.0									
(48) JOSEPH ARACRI	60.0			X				538,944	0	19,352
PHYSICIAN CHAIRPERSON	0.0									
(49) DANIEL MUCCIO MD	60.0	X						524,867	0	25,480
DIRECTOR	0.0									
(50) KYMBERLE GYURE	60.0			X				524,143	0	11,928
PHYSICIAN	0.0									
(51) Jason Roebach	49.0	X						508,819	0	25,411
Director	1.0									
(52) VICENTA GASPAR-YOO MD	50.0	X		X				508,904	0	4,176
DIRECTOR	0.0									
(53) JAMES VALERIANO	60.0			X				474,087	0	22,564
PHYSICIAN CHAIRPERSON	0.0									
(54) THOMAS CAMPBELL MD	60.0			X				449,448	0	26,581
PHYSICIAN CHAIRPERSON	0.0									
(55) Paul Gausman DO	50.0	X						415,257	0	24,088
Director	0.0									
(56) Allison Quick	50.0	X		X				391,285	0	42,944

Director & Secretary	0.0	X	X							0	0	0
(126) Tracey Bennett	1.0											
Director & Treasurer	0.0	X	X							0	0	0
(127) Barbara VanKirk	1.0											
Director	0.0	X								0	0	0
(128) DEBORAH SMITH	1.0											
DIRECTOR	0.0	X								0	0	0
(129) JOSEPH HALL	1.0											
DIRECTOR	0.0	X								0	0	0
(130) MARK PERRY	1.0											
DIRECTOR	0.0	X								0	0	0
(131) LEANNE ROBERTS	1.0											
DIRECTOR	0.0	X								0	0	0
(132) RICHARD SULLIVAN MD	1.0											
DIRECTOR	0.0	X								0	0	0
(133) BETH PATRI	1.0											
DIRECTOR	0.0	X								0	0	0
(134) CATHERINE A CAPONI	1.0											
DIRECTOR	0.0	X								0	0	0
(135) CHARLENE NEWKIRK	1.0											
DIRECTOR	0.0	X								0	0	0
(136) GREGORY GUTTING	1.0											
DIRECTOR	0.0	X								0	0	0
(137) TIMOTHY BONNER	1.0											
DIRECTOR	0.0	X								0	0	0
(138) ROBERT GALBRAITH	1.0											
DIRECTOR	0.0	X								0	0	0
(139) ROBERT POMPEANI	1.0											
DIRECTOR	0.0	X								0	0	0
(140) MARY ECKERT	1.0											
DIRECTOR/SECRETARY/TREASURER	1.0	X	X							0	0	0
(141) MICHAEL HELLER	1.0											
DIRECTOR	0.0	X								0	0	0
(142) RICHARD OLINGER	1.0											
DIRECTOR	1.0	X								0	0	0
(143) EARL BOHN	1.0											
DIRECTOR	0.0	X								0	0	0
(144) ROBERT CINCALA	1.0											
DIRECTOR	0.0	X								0	0	0
(145) MATTHEW COPPOLA	1.0											
DIRECTOR	0.0	X								0	0	0
(146) RICHARD HERCHENROETHER	1.0											
DIRECTOR	0.0	X								0	0	0
(147) DAWN LANDIS	1.0											
DIRECTOR	0.0	X								0	0	0
(148) CHARLES PEREGO	1.0											
DIRECTOR	0.0	X								0	0	0
(149) CRAIG MILLER	1.0											
DIRECTOR	0.0	X								0	0	0
(150) MATTHEW HOWARD	1.0											
DIRECTOR (EX-OFFICIO)	0.0	X								0	0	0
(151) ALEX SILIOUTSKI	1.0											
DIRECTOR	0.0	X								0	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	26,929,405	17,549,885	1,239,041

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 ▶ **2,627**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

(A) Name and business address	(B) Description of services	(C) Compensation
GILBANE BUILDING CO, 7 JACKSON WALKWAY PROVIDENCE, RI 029033694	Construction	95,715,275
MASSARO CORP, 120 DELTA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	22,487,768
MBM CONTRACTING INC, 4999 OLD CLAIRTON RD PITTSBURGH, PA 15236	CONSTRUCTION	18,078,638
RYCON CONSTRUCTION INC, 2501 SMALLMAN STREET SUITE 100 PITTSBURGH, PA 15222	CONSTRUCTION	12,743,417
SHEARWATER HEALTH INC, 20 BURTON HILLS BLVD SUITE 400 NASHVILLE, TN 37215	TEMP LABOR	10,647,293
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 ▶ 778		

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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Moderated campaigns				
1b Membership dues				
1c Fundraising events	177,381			
1d Related organizations	607,784			
1e Government grants (contributions)	15,267,288			
1f All other contributions, gifts, grants, and similar amounts not included above	53,226,799			
1g Noncash contributions included in lines 1a-1f: \$	1,921,434			
h Total. Add lines 1a-1f	69,279,252			

2a PATIENT SERVICE REVENUE	Business Code	(A)	(B)	(C)	(D)
	621000	3,244,356,065	3,239,323,708	5,032,357	
2b AFFILIATE EXPENSE REIMBURSEMENT	900099	424,417,731	424,417,731		
2c SCIENTIFIC RESEARCH	541712	64,838,953	64,838,953		
2d MEDICAL EDUCATION	621111	3,877,861	3,877,861		
2e					
2f All other program service revenue.					
g Total. Add lines 2a-2f.		3,737,490,610			

3 Investment income (including dividends, interest, and other similar amounts)	▶	36,598,866			36,598,866
4 Income from investment of tax-exempt bond proceeds	▶	151,508			151,508
5 Royalties	▶	0			
6a Gross rents	6a	(i) Real	6,684,888		
		(ii) Personal			
b Less: rental expenses	6b				
c Rental income					

or (loss)		6c	6,684,888	0				
d Net rental income or (loss)					6,684,888			6,684,888
7a Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other					
	7a	423,502,168	6,613,791					
	7b	408,300,777	6,828,900					
c Gain or (loss)		7c	15,201,391	-215,109				
d Net gain or (loss)					14,986,282			14,986,282
7 Gross income from fundraising events (not including \$ 177,381 of contributions reported on line 1c). See Part IV, line 18		8a	33,066					
b Less: direct expenses		8b	40,797					
c Net income or (loss) from fundraising events					-7,731			-7,731
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			0
10a Gross 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			0
Miscellaneous Revenue		Business Code						
11a PHARMACY REVENUE		900099		45,095,120				45,095,120
b CAFETERIA SALES		621110		7,757,341				7,757,341
c PARKING		900099		5,978,572				5,978,572
d All other revenue				81,210,582				81,210,582
e Total. Add lines 11a–11d				140,041,615				
12 Total revenue. See instructions				4,005,225,290	3,732,458,253	5,032,357		198,455,428

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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	968,234	968,234		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	77,161	77,161		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	72,709,140	67,315,801	5,375,913	17,426
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	1,667,791,302	1,551,324,804	115,779,099	687,399
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-23,726,902	-21,886,017	-1,840,885	0
9 Other employee benefits	217,278,891	199,178,844	18,091,459	8,588

	98,509,925	90,628,112	7,839,949	41,864
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,193,847	249,074	1,944,773	
c Accounting	1,519,097	608	1,518,489	
d Lobbying	245,866	245,866		
e Professional fundraising services. See Part IV, line 17	112,865			112,865
f Investment management fees	2,011,454		2,011,454	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	343,302,551	258,037,206	85,237,408	27,937
12 Advertising and promotion	1,974,739	1,801,848	172,891	
13 Office expenses	32,183,523	29,238,279	2,932,024	13,220
14 Information technology	39,249,539	36,296,483	2,952,563	493
15 Royalties	0			
16 Occupancy	196,525,893	180,880,873	15,645,020	
17 Travel	2,752,043	2,519,550	232,147	346
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,926,389	2,629,140	296,799	450
20 Interest	23,082,091	20,774,321	2,307,770	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	167,799,486	150,881,626	16,917,770	90
23 Insurance	38,145,789	36,181,538	1,964,251	
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	734,573,247	734,291,987	281,260	
b REIMBURSEMENTS TO AFFILIATES	337,643,956	253,702,889	83,941,067	
c PATIENT BAD DEBT	60,072,416	60,072,416		
d FOOD/DIETARY PROVISIONS	12,901,025	11,621,221	1,279,741	63
e All other expenses	87,401,461	83,041,554	4,321,750	38,157
25 Total functional expenses. Add lines 1 through 24e	4,120,225,028	3,750,073,418	369,202,712	948,898
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).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	429,074	1	405,878
	2 Savings and temporary cash investments	171,756,184	2	199,859,762
	3 Pledges and grants receivable, net	8,371,467	3	15,433,578
	4 Accounts receivable, net	394,247,623	4	426,230,498
	5 Loans and other receivables from 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	4,311,761	7	1,780,265
	8 Inventories for sale or use	53,019,349	8	58,038,237
	9 Prepaid expenses and deferred charges	46,402,927	9	41,228,579
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,511,500,282		
	b Less: accumulated depreciation	10b 942,253,551	1,399,440,606	10c 1,569,246,731
	11 Investments—publicly traded securities		374,680,231	11 407,370,165
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	138,842,986	14	146,101,028
	15	Other assets. See Part IV, line 11	1,201,118,809	15	1,408,710,451
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,792,772,543	16	4,274,556,698
Liabilities	17	Accounts payable and accrued expenses	436,827,517	17	541,008,803
	18	Grants payable	0	18	0
	19	Deferred revenue	54,135,934	19	60,522,157
	20	Tax-exempt bond liabilities	985,858,041	20	980,647,414
	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	2,826,193	23	3,437,277
	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	709,813,339	25	926,923,026
	26	Total liabilities. Add lines 17 through 25	2,189,461,024	26	2,512,538,677
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,264,475,481	27	1,396,207,656
	28	Net assets with donor restrictions	338,836,038	28	365,810,365
	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	1,603,311,519	32	1,762,018,021
	33	Total liabilities and net assets/fund balances	3,792,772,543	33	4,274,556,698

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,005,225,290
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,120,225,028
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,999,738
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,603,311,519
5	Net unrealized gains (losses) on investments	5	-28,761,591
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	302,467,831
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,762,018,021

Part XII Financial Statements and Reporting

Check 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?	Yes	

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a	Yes	
3b	Yes	

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Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990-EZ)

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
2020
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 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 13
 - 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		
(A) SAINT VINCENT HEALTH CENTER	250965547	3	Yes		8,755,235	0
(B) WEST PENN ALLEGHENY HEALTH SYSTEM INC	250969492	3	Yes		199,167,063	0
(C) ALLE-KISKI MEDICAL CENTER	251875178	3	Yes		0	0
(D) ALLEGHENY SINGER RESEARCH INSTITUTE	251320493	4	Yes		0	0
(E) CANONSBURG GENERAL HOSPITAL	251737079	3	Yes		0	0
(F) ALLEGHENY MEDICAL PRACTICE NETWORK	251838457	3	Yes		0	0
(G) ALLEGHENY CLINIC	251838458	3	Yes		0	0
(H) JEFFERSON REGIONAL MEDICAL CENTER	251260215	3	Yes		12,486,442	0
(I) WESTFIELD MEMORIAL HOSPITAL INC	160743222	3	Yes		0	0
(J) GROVE CITY MEDICAL CENTER	251340370	3	Yes		0	0
Total	10				220,408,740	0

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2020; 15 Public support percentage for 2019; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3.

						0
c	Add lines 7a and 7b.					0
8	Public support. (Subtract line 7c from line 6.)					290,864,842

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	52,834,545	56,882,970	58,126,358	63,984,739	59,036,230	290,864,842
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	86,253	97,896	146,400	391,552	392,135	1,114,236
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	86,253	97,896	146,400	391,552	392,135	1,114,236
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.)	8,311,500	6,910,183	5,394,780	5,904,266	6,294,155	32,814,884
13 Total support. (Add lines 9, 10c, 11, and 12.)	61,232,298	63,891,049	63,667,538	70,280,557	65,722,520	324,793,962
14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	89.554 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	89.860 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0.343 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.261 %

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? 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.		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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Yes	

c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Schedule A (Form 990 or 990-EZ) 2020

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		

2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.**

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No", provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	0	
2	Recoveries of prior-year distributions	0	
3	Other gross income (see instructions)	0	
4	Add lines 1 through 3	0	
5	Depreciation and depletion	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)	0	
7	Other expenses (see instructions)	0	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	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):		
a	Average monthly value of securities	0	
b	Average monthly cash balances	0	
c	Fair market value of other non-exempt-use assets	0	
d	Total (add lines 1a, 1b, and 1c)	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	0	
3	Subtract line 2 from line 1d	0	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	
6	Multiply line 5 by 0.035	0	
7	Recoveries of prior-year distributions	0	
8	Minimum Asset Amount (add line 7 to line 6)	0	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3		0
5	Income tax imposed in prior year		0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		0

7 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 - provide details in Part VI)	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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 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 2020:			
a From 2015. 0			
b From 2016. 0			
c From 2017. 0			
d From 2018. 0			
e From 2019. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7:			
\$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016. 0			
b Excess from 2017. 0			
c Excess from 2018. 0			
d Excess from 2019. 0			
e Excess from 2020. 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

Return Reference	Explanation
MEMBERS OF HIGHMARK HEALTH GROUP (36)	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 CAMONSBURG GENERAL HOSPITAL: STATUS 3 CAMONSBURG

	<p>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 GROVE CITY MEDICAL CENTER: STATUS 3 WOLF CREEK MEDICAL ASSOCIATES: STATUS 10 SUBURBAN HEALTH FOUNDATION: STATUS 12, TYPE 1 PITT. PULMONARY AND CRITICAL CARE ASSOC.: STATUS 12, TYPE 1 PRIMARY CARE GROUP 8 INC.: STATUS 12, TYPE 1 FAMILY PRACTICE MED. ASSOC. SOUTH, INC.: STATUS 12, TYPE 1</p>
SCHEDULE A, PART I	<p>REASON FOR PUBLIC CHARITY STATUS NOTE THAT THE MAJORITY OF THE 36 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.</p>
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 a - 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. - SUBURBAN HEALTH FOUNDATION - PITT. PULMONARY AND CRITICAL CARE ASSOC. - PRIMARY CARE GROUP 8 INC. - FAMILY PRACTICE MED. ASSOC. SOUTH, INC. PART IV, SECTION A, LINE 5A ADDITION OF SUPPORTED ORGANIZATION PURSUANT TO HIGHMARK HEALTH GROUP'S GOVERNING DOCUMENTS, GROVE CITY MEDICAL CENTER (EIN: 25-1340370) BECAME A HOSPITAL AFFILIATE OF HIGHMARK HEALTH GROUP DURING 2020. SO, UNDER THE ORGANIZING DOCUMENTS, GROVE CITY MEDICAL CENTER BECAME A SUPPORTED ORGANIZATION OF HIGHMARK HEALTH GROUP.</p>
Part IV, Section A, Lines 1 and 2	<p>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.</p>

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2020

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----------	-----------------------------------	----------------------------	-----------------------------

NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Highmark Health Group	Employer identification number 82-1406555
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Highmark Health Group	Employer identification number 82-1406555
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
 ● Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 ● Section 527 organizations: Complete Part I-A only.
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Highmark Health Group	Employer identification number 82-1406555
---	--

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

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

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

3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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					

Schedule C (Form 990 or 990-EZ) 2020

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		289,070
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			289,070
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, LINES 1B AND 1G	ALLEGHENY HEALTH NETWORK MANAGEMENT, AS NEEDED, WILL MAKE CONTACT WITH ELECTED AND APPOINTED OFFICIALS AT THE FEDERAL, STATE AND LOCAL LEVELS. THIS CONTACT IS NECESSARY TO PROMOTE LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND HAVE ADVERSE CONSEQUENCES FOR THE COMMUNITIES WE SERVE.

Schedule C (Form 990 or 990EZ) 2020

Additional Data

Return to Form

Software ID:
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

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?
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?

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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

Table for lines 2a-2d: Held at the End of the Year. Columns: Line number, Description, 2a, 2b, 2c, 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?
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)?
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 FASB 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 FASB 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 FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
d Loan or exchange programs

Scholarly research e Other

c Preservation for future generations

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	356,617,611	316,961,387	338,653,894	314,504,019	308,814,600
b Contributions	7,933,664	11,208,765	10,466,540	2,378,887	6,086,053
c Net investment earnings, gains, and losses	49,107,369	45,810,701	-15,453,352	36,108,383	15,032,444
d Grants or scholarships					
e Other expenditures for facilities and programs	20,899,237	15,995,604	16,302,712	13,107,770	14,618,247
f Administrative expenses	1,023,035	1,367,638	402,983	1,229,625	810,831
g End of year balance	391,736,372	356,617,611	316,961,387	338,653,894	314,504,019

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

a Board designated or quasi-endowment ▶ 6.340 %
 b Permanent endowment ▶ 85.890 %
 c Term endowment ▶ 7.770 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations
 (ii) Related organizations

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

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

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		46,208,622		46,208,622
b Buildings		949,335,854	322,135,708	627,200,145
c Leasehold improvements		42,589,805	21,971,460	20,618,345
d Equipment		920,445,196	576,968,806	343,476,389
e Other		552,920,806	21,177,576	531,743,230
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,569,246,731

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		

(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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	479,656,507	
(2) EQUITY INVESTMENTS	191,527,496	
(3) MALPRACTICE RECEIVABLE	101,124,757	
(4) INTERCOMPANY RECEIVABLES	104,604,371	
(5) OTHER ASSETS	234,902,983	
(6) SELF INSURANCE CAPITALIZATION	3,333	
(7) RIGHT TO USE ASSETS	296,891,004	
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		1,408,710,451

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		926,923,026

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
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.
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.
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 D (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2020 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Highmark Health Group

Employer identification number 82-1406555

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for TUESENSE MARKETING.

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

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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Includes entry for FEST. OF TREES.

Revenue					
1	Gross receipts	210,447		0	210,447
2	Less: Contributions	177,381		0	177,381
3	Gross income (line 1 minus line 2)	33,066		0	33,066
Direct Expenses					
4	Cash prizes			0	0
5	Noncash prizes			0	0
6	Rent/facility costs	6,134		0	6,134
7	Food and beverages	41		0	41
8	Entertainment	17,224		0	17,224
9	Other direct expenses	17,398		0	17,398
10	Direct expense summary. Add lines 4 through 9 in column (d)				40,797
11	Net income summary. Subtract line 10 from line 3, column (d)				-7,731

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
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: _____

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

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 (Form 990 or 990-EZ) 2020

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**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
2020
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	Yes	
1b If "Yes," was it a written policy?	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 _____ %	Yes	
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 _____ %		No
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			27,613,482	16,942,368	10,671,114	0.260 %
b Medicaid (from Worksheet 3, column a)			210,699,756	181,887,872	28,811,884	0.710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			238,313,238	198,830,240	39,482,998	0.970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			31,741,471	0	31,741,471	0.780 %
f Health professions education (from Worksheet 5)			92,443,121	35,346,656	57,096,465	1.410 %
g Subsidized health services (from Worksheet 6)			187,302,842	143,227,111	44,075,731	1.090 %
h Research (from Worksheet 7)			7,181,848	0	7,181,848	0.180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,712	0	16,712	0 %
j Total. Other Benefits			318,685,994	178,573,767	140,112,227	3.460 %
k Total. Add lines 7d and 7j			556,999,232	377,404,007	179,595,225	4.430 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			268,585		268,585	0 %
4 Environmental improvements						
5 Leadership development and training for community members			1,000		1,000	0 %
6 Coalition building			2,500		2,500	0 %
7 Community health improvement advocacy						
8 Workforce development			500		500	0 %
9 Other			112,000		112,000	0 %
10 Total			384,585		384,585	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	41,568,821	
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	9,127,019	
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	292,692,915
6 Enter Medicare allowable costs of care relating to payments on line 5	6	398,406,165
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-105,713,250
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Jef Med Assoc LP	Physician Practice	89.7 %		10.3 %
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				

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?

10

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	ALLEGHENY GENERAL HOSPITAL 320 EAST NORTH AVENUE PITTSBURGH, PA 15224 See Section C for website 530101 ALIE-KISKI MEDCAL CENTER 251875178	X	X		X	X	X	X			A
2	THE WESTERN PENNSYLVANIA HOSPITAL 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 See Section C for website 234401 CANONSBURG GENERAL HOSPITAL 251737079	X	X		X	X	X	X			A
3	SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544 See Section C for website 196001 JEFFERSON REGIONAL MED CTR 251260215	X	X		X			X			

4	<p>JEFFERSON REGIONAL MEDICAL CENTER 565 COAL VALLEY ROAD PO BOX 1811 PITTSBURGH, PA 15236 See Section C for website 711801 SAINT VINCENT HEALTH CENTER 250965547</p>	X	X						X								A
5	<p>FORBES REGIONAL HOSPITAL 2570 HAYMAKER ROAD MONROEVILLE, PA 15146 See Section C for website 311101 WEST PENN ALLEGHEY HEALTH 250969492</p>	X	X		X					X							A
6	<p>ALLEGHENY VALLEY HOSPITAL 1301 Carlisle Street Natrona Heights, PA 15065 See Section C for website 790101 WEST PENN ALLEGHENY HEALTH 250969492</p>	X	X						X								A
7	<p>CANONSBURG GENERAL HOSPITAL 100 MEDICAL BOULEVARD CANONSBURG, PA 15317 See Section C for website 295301 WEST PENN ALLEGHENY HEALTH 250969492</p>	X	X						X								A
8	<p>GROVE CITY MEDICAL CENTER 631 N BROAD STREET EXT GROVE CITY, PA 16127 See Section C for website 210801 WESTFIELD MEMORIAL HOSPITAL 160743222</p>	X	X						X								

9	AHN EMERUS WESTMORELAND LLC 6321 ROUTE 30 SUITE 100 GREENSBURG, PA 15601 SEE SECTION C FOR WEBSITE 50520101 GROVE CITY MEDICAL CENTER 251340370	X						X	
10	WESTFIELD MEMORIAL HOSPITAL INC 189 East Main Street Westfield, NY 14787 See Section C for website 0632000h AHN EMERUS WESTMORELAND LLC 823697883	X	X					X	

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)

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
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)		
i	<input type="checkbox"/> Other (describe in Section C)		

4 Other (describe in Section C) _____
 Indicate the tax year the hospital facility last conducted a CHNA: 20 18

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

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

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

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):

a Hospital facility's website (list url): See Section C _____

b Other website (list url): _____

c Made a paper copy available for public inspection without charge at the hospital facility

d 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.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
 If "Yes" (list url): SEE SECTION C _____

a _____

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12 a 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)?

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

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

- c A plain language summary of the FAP was widely available on a website (list url):
See Section C
- d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f 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 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j 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? If "Yes," check all actions in which the hospital facility or a third party engaged:	19	No
	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? If "No," indicate why:	21 Yes	
	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)

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	No
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.	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):

3

		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
6a	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
6b	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

10b		
12a		No
12b		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: 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: 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)	Yes	
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): 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)	Yes	
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): 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)	Yes	

Part V Facility Information (continued)

Billing and Collections

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: <ul style="list-style-type: none"> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: <ul style="list-style-type: none"> a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) 	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): <ul style="list-style-type: none"> 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? If "No," indicate why: <ul style="list-style-type: none"> a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) 	21	Yes
----	---	----	-----

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

		Yes	No
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. <ul style="list-style-type: none"> a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.	23	No
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.	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): 10

Table with 3 columns: Question, Yes, No. Contains questions 1-12b regarding Community Health Needs Assessment (CHNA).

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Contains question 13 regarding financial assistance policy.

If "Yes," indicate the eligibility criteria explained in the FAP:

- a 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 Income level other than FPG (describe in Section C)
- c Asset level
- d Medical indigency
- e Insurance status
- f Underinsurance discount
- g Residency
- h 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	
	<ul style="list-style-type: none"> 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	
	<ul style="list-style-type: none"> a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Section C</u> d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input type="checkbox"/> Other (describe in Section C) 			

Part V Facility Information (continued)

Billing and Collections

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:			
<ul style="list-style-type: none"> 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:			
<ul style="list-style-type: none"> 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 			

bill for care covered under the hospital facility's FAP

d Actions that require a legal or judicial process

e 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 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 Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)

c Processed incomplete and complete FAP applications (if not, describe in Section C)

d Made presumptive eligibility determinations (if not, describe in Section C)

e Other (describe in Section C)

f 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 The hospital facility did not provide care for any emergency medical conditions

b The hospital facility's policy was not in writing

c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d 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 _____

	Yes	No
--	-----	----

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?

23		No
----	--	----

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?

24		No
----	--	----

If "Yes," explain in Section C.

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)

AHN EMERUS WESTMORELAND LLC

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): _____ 9

	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	Yes	
---	-----	--

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.

3		No
---	--	----

If "Yes," indicate what the CHNA report describes (check all that apply):

a A definition of the community served by the hospital facility

b Demographics of the community

c Financial health of the facility

Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d How data was obtained

e The significant health needs of the community

f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g The process for identifying and prioritizing community health needs and services to meet the community health needs

h The process for consulting with persons representing the community's interests

i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)

j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 ____

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

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

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

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):

a Hospital facility's website (list url): _____

b Other website (list url): _____

c Made a paper copy available for public inspection without charge at the hospital facility

d 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.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ____

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

a If "Yes" (list url): _____

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

AHN EMERUS WESTMORELAND LLC

Name of hospital facility or letter of facility reporting group

	Yes	No
13 Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 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?	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		

<p><input type="checkbox"/> Other (describe in Section C)</p> <p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SECTION C</p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SECTION C</p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>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)</p> <p>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)</p> <p>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</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>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</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>	16	Yes	
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Part V Facility Information (continued)

Billing and Collections

AHN EMERUS WESTMORELAND LLC

Name of hospital facility or letter of facility reporting group

	Yes	No
<p>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? </p>	17	Yes
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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? </p>	19	No
<p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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? </p>	21	Yes
<p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p>		

Part V Facility Information (continued)

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

AHN EMERUS WESTMORELAND LLC

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?

Table with 3 columns: Question, Yes, No. Rows 22, 23, 24.

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?

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)

GROVE CITY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

8

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?
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?
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)?
a A definition of the community served by the hospital facility
b Demographics of the community
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d How data was obtained
e The significant health needs of the community
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g The process for identifying and prioritizing community health needs and services to meet the community health needs
h The process for consulting with persons representing the community's interests
i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
j Other (describe in Section C)

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 5, 6a, 6b, 7.

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 18

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?

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

6b 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

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):

- a Hospital facility's website (list url): SEE SECTION C

Other website (list url): _____

c Made a paper copy available for public inspection without charge at the hospital facility

d 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	
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9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

10	Yes	
----	-----	--

If "Yes" (list url): SEE SECTION C

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)

GROVE CITY MEDICAL 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?

	Yes	No
13	Yes	

If "Yes," indicate the eligibility criteria explained in the FAP:

a 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 300 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h 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?

15	Yes	
----	-----	--

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):

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

16	Yes	
----	-----	--

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a The FAP was widely available on a website (list url): SEE SECTION C

b The FAP application form was widely available on a website (list url): SEE SECTION C

c A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f 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 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP

i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

Part V Facility Information (continued)

Billing and Collections

GROVE CITY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Row 17: Did the hospital facility have in place during the tax year a separate billing and collections policy... Row 18: Check all of the following actions against an individual... Row 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?

Policy Relating to Emergency Medical Care

Table with 3 columns: Question, Yes, No. Row 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?

Part V Facility Information (continued)

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

GROVE CITY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Row 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. Row 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 care?

necessary services more than the amounts generally billed to individuals who had insurance covering such care?

23		No
24		No

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.

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
PART V, SECTION A, LINE 9	<p>AHN EMERUS WESTMORELAND, LLC MAINTAINS ONE HOSPITAL FACILITY AS IT HAS ONE STATE HOSPITAL LICENSE. IT OPERATES UNDER THIS LICENSE AT FOUR LOCATIONS: AHN HEMPFIELD, AHN BRENTWOOD, AHN MCCANDELESS, AND AHN HARMAR. FOR PURPOSES OF THE NARRATIVES IN SCHEDULE H AND SCHEDULE O THE ACTIVITIES AND ACCOMPLISHMENTS OF EACH LOCATION ARE SPECIFICALLY PROVIDED RATHER THAN CONSOLIDATED AT THE HOSPITAL FACILITY LEVEL. 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 GROVE CITY MEDICAL CENTER: https://grovecitymedical.org/ AHN EMERUS WESTMORELAND LLC https://www.ahnneighborhood.org/ PART V, SECTION B, GROUP A THIS REPORTING GROUP INCLUDES THE FACILITIES LISTED ON LINES 1, 2, 4, 5, 6, AND 7 OF PART V, SECTION A.</p>
PART V, SECTION B, LINE 5	<p>AS PART OF THE CHNA PROCESS FOR ALL HOSPITALS, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE PRIMARY SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. DURING THE PHONE INTERVIEWS, FEEDBACK ON THE PREVIOUS CHNA WAS SOLICITED TO EVALUATE THE PROGRESS OVER THE PRIOR THREE YEARS AND TO IMPROVE ANALYSIS AND REPORTING FOR THE CURRENT CHNA PROCESS. COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED BETWEEN THE MONTHS OF JUNE 2018 AND SEPTEMBER OF 2018. COMMUNITY STAKEHOLDERS IDENTIFIED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTS; 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS; THE INTERVIEWS OFFERED COMMUNITY STAKEHOLDERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SECONDARY DATA RESOURCES, AND OTHER INFORMATION RELEVANT TO THE STUDY. AHN HIRED A FIRM (TRIPP UMBACH) WITH EXTENSIVE EXPERIENCE IN CONDUCTING CHNA'S WHO WORKED CLOSELY WITH THE INTERNAL STEERING COMMITTEE FOR ALL HOSPITALS TO IDENTIFY COMMUNITY LEADERS FROM VARIOUS SECTORS WHO ARE ENGAGED IN THE COMMUNITY AND HAVE A KNOWLEDGE OF THE COMMUNITY NEEDS. AN INTERVIEW WAS CONDUCTED AND EACH COMMUNITY STAKEHOLDER WAS ASKED THE SAME SET OF QUESTIONS. THE INTERVIEWS PROVIDED A PLATFORM FOR STAKEHOLDERS TO</p>

PROVIDED A PLATFORM FOR STAKEHOLDERS TO IDENTIFY HEALTH ISSUES AND CONCERNS AFFECTING RESIDENTS IN THE SERVICE AREA, AS WELL AS WAYS TO ADDRESS THOSE CONCERNS. IN ADDITION, THE PRESIDENT/CEO OF EACH FACILITY WAS INTERVIEWED. THESE INTERVIEWS ENSURED THAT THE SPECTRUM OF INTERVIEWEES INCLUDED EVERYONE FROM MEMBERS OF THE COMMUNITY TO THE INDIVIDUALS WHO OPERATE THE FACILITY ON A DAILY BASIS. FROM THE ONSET OF THE PROJECT, EACH HOSPITAL MADE IT A PRIORITY TO BE TRANSPARENT IN THE IDENTIFICATION OF THE NEEDS FOR EACH FACILITY. THE QUALITATIVE DATA COLLECTED FROM COMMUNITY STAKEHOLDERS ARE THE OPINIONS, PERCEPTIONS AND INSIGHTS OF THOSE WHO WERE INTERVIEWED AS PART OF THE CHNA PROCESS. THE INDIVIDUALS INTERVIEWED FOR THE PURPOSE OF CONDUCTING THE CHNA FOR ALL OF THE HOSPITALS INCLUDED THE FOLLOWING: 1. ANNETTE FETCHKO - ALLEGHENY HEALTH NETWORK CENTER FOR INCLUSION HEALTH 2. ASHLEY CARTER- NORTH SIDE CHRISTIAN HEALTH CENTER 3. SHARON WOLF- NORTH HILLS COMMUNITY OUTREACH 4. JERRY ALLEN- ALLEN PLACE COMMUNITY SERVICES 5. LORI SHOTTS- RN NURSE NAVIGATOR, COMMUNITY CARE NETWORK 6. RITA M. HORST, MANAGER PATIENT EXPERIENCE, AHN 7. KIM GIOVANNELLI, DIRECTOR COMMUNITY SERVICES, AHN 8. RAJI JAYAKRISHNAN M.S; M.H.A EXECUTIVE DIRECTOR COMMUNITY HEALTH CLINIC 9. DAVID RHOME - MAYOR OF CANONSBURG 10. PEGGY TSENG- DIRECTOR, FRANK SARRIS PUBLIC LIBRARY 11. ERICH CURNOW - DIRECTOR OF CLINICAL & CASE MANAGEMENT SERVICES, WASHINGTON DRUG & ALCOHOL COMMISSION 12. LORRAINE STARSKY - 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 CHAIR, DEPARTMENT OF EMERGENCY MEDICINE, AHN 16. PETER NAMAN, EXECUTIVE VICE CHAIR, DEPARTMENT OF SURGERY, AHN 17. DANIEL MUCCIO, MD, VICE PRESIDENT OF MEDICAL AFFAIRS, AHN 18. MAUREEN MELIA CHADWICK PHD, MSN, RN, NE-BC, CHIEF NURSING OFFICER, AHN 19. WAYNE JONES, DO, EMERGENCY ROOM MEDICAL DIRECTOR, AHN 20. BILL HAGERTY, PRESIDENT/EXECUTIVE DIRECTOR, EMERGYCARE 21. CRAIG ULMER, EXECUTIVE DIRECTOR, COMMUNITY HEALTH NET 22. MARK KRESSE, HEALTHCARE MANAGER, GE TRANSPORTATION 23. RICHARD SWARTZ, EXECUTIVE DIRECTOR, BLOOMFIELD GARFIELD CORPORATION 24. CHRISTINA HOWELL, EXECUTIVE DIRECTOR BLOOMFIELD GARFIELD CORPORATION 25. HELEN BARAN, CHAIR WESTFIELD MEMORIAL HOSPITAL BOARD OF DIRECTORS 26. DOC HAMELS, VICE CHAIR WESTFIELD MEMORIAL HOSPITAL 27. ANN ABDELLA, EXECUTIVE DIRECTOR, CHAUTAUQUA COUNTY HEALTH NETWORK 28. BREE AGETT, CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH GROVE CITY MEDICAL CENTER When Preparing the Community Health Needs Assessment, local individuals were contacted and individual meetings were conducted to gather information relating to the community. Representatives of the following agencies were contacted for discussions: Mercer County Area Agency on Aging, Mercer County 211, Grove City YMCA, United Way, Pennsylvania Department of Health, Mercer County District Attorney, Grove City Schools, Community Health Partnership of Mercer County, Grove City Medical Center CEO, Grove City Medical Center CFO and Grove City Medical Center Board Member.

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](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](https://www.ahn.org/community-health-needs-assessments)

PART V, SECTION B, LINE 11

THE HOSPITALS OF THE AHN DEVELOPED AN IMPLEMENTATION PLAN TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THEIR RESPECTIVE SERVICE AREAS. THE FOLLOWING ILLUSTRATES HOW EACH HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AS WELL AS ANY NEED THAT IS NOT BEING ADDRESSED AND WHY: ALLEGHENY GENERAL 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; COLLABORATE WITH PREHOSPITAL CARE SERVICES (PCS) TO UTILIZE A CENTRALIZED COORDINATION CENTER; EDUCATE PCS ON TRANSPORTATION SERVICES; EDUCATE

PCPS ON TRANSPORTATION SERVICES; EDUCATE 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 TRANSPORTATION SERVICES FOR MEDICAL APPOINTMENTS. IMPACT: INCREASED TRANSPORTATION SERVICES; INCREASED EDUCATION ON TRANSPORTATION SERVICES. HEALTH PRIORITY: ACCESS TO CARE COMMUNITY NEED: WORKFORCE DEVELOPMENT STRATEGIES: INCREASE THE NUMBER OF PEOPLE THAT RECEIVE INFORMATION ON RELEVANT JOBS AND PRE-EMPLOYMENT CAREER READINESS. ACTION STEPS: PARTNER WITH LOCAL PUBLIC 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 EMPLOYMENT PIPELINES SPECIFIC TO JOB OPENINGS. MEASURE: NUMBER OF COMMUNITY EVENTS PROVIDED; NUMBER OF INDIVIDUAL SCREENED FOR EMPLOYMENT; INCREASED NUMBER OF POSITIONS FILLED. IMPACT: INCREASED NUMBER OF COMMUNITY EVENTS; DECREASE NUMBER OF HIGH TURNOVER JOBS. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: SUBSTANCE USE DISORDER STRATEGIES: TO INCREASE ACCESS 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. 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 STRATEGIES: DEVELOP CHRONIC DISEASE SPECIALTY CENTERS IN AHN HOSPITALS. ACTION STEPS: EMBED RN NAVIGATORS AT ALL AHN HOSPITALS; DEVELOP DIABETES TRANSITION OF CARE MODELS; DEVELOP INPATIENT CARE PATHWAYS; EDUCATE PCPS AND PATIENTS ON DIABETES MANAGEMENT; EDUCATE PATIENTS. MEASURE: NUMBER OF RN NAVIGATORS AT AHN HOSPITALS; A1C LEVELS FOR TARGET POPULATION. IMPACT: INCREASED NUMBER OF RN NAVIGATORS; DECREASED A1C LEVELS AMONG TARGET POPULATION. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: HEART DISEASE STRATEGIES: DEVELOP CHRONIC DISEASE SPECIALTY CENTER AT AGH. ACTION 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 MANAGEMENT; EDUCATE PATIENTS. MEASURE: NUMBER OF RN NAVIGATORS EMBEDDED THROUGHOUT THE HOSPITAL; DEVELOPMENT OF CHRONIC DISEASE CARE MODEL. IMPACT: INCREASED NUMBER OF RN NAVIGATORS; INCREASED UTILIZATION OF A CHRONIC DISEASE CARE MODEL. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: CANCER STRATEGIES: INCREASE THE NUMBER OF ADULTS WHO RECEIVE TIMELY AGE APPROPRIATE 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 LEAST ONE CANCER. IMPACT: INCREASED NUMBER OF CANCER SCREENINGS; INCREASED NUMBER OF PATIENTS 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; COLLABORATE WITH PREHOSPITAL CARE SERVICES (PCS) TO UTILIZE A CENTRALIZED COORDINATION CENTER; EDUCATE PCPS ON TRANSPORTATION SERVICES; EDUCATE PATIENTS ON TRANSPORTATION SERVICES; IMPLEMENT TRANSPORTATION PROTOCOL WITH COMMUNITY PARTNER; CONTINUE TO WORK TO IMPROVE CONNECTIVITY WITH ONE CALL SYSTEM. MEASURE: INCREASED NUMBER OF DOCUMENTED COMMUNITY BASED TRANSPORTATION RESOURCES; INCREASE THE NUMBER OF PATIENTS THAT UTILIZE TRANSPORTATION RESOURCES. IMPACT: INCREASED EDUCATION ON

RESOURCES. IMPACT: INCREASED EDUCATION ON TRANSPORTATION SERVICES FOR STAFF; INCREASE TRANSPORTATION SERVICES FOR PATIENTS; IMPROVED DISCHARGE PROCESS. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: MENTAL HEALTH SERVICES STRATEGY: IMPROVE QUALITY OUTCOMES FOR MENTAL HEALTH DOMAIN; COLLABORATE WITH AHN BEHAVIORAL HEALTH CONSULTANTS (BHC) IN THE PRIMARY CARE PRACTICES. ACTION STEPS: UTILIZE NEEDS ASSESSMENT COUNSELORS/SOCIAL SERVICES TO MONITOR PATIENT ENCOUNTERS IN ED; IDENTIFY PATIENTS WHO MAY BE IN NEED OF BEHAVIORAL HEALTH SUPPORT; UTILIZE THE BHC TO PROVIDE SUPPORT FOR PATIENTS WITH MENTAL HEALTH ISSUES. MEASURE: NUMBER OF PATIENTS REFERRED TO INPATIENT OR OUTPATIENT FACILITIES. IMPACT: IMPROVED QUALITY OUTCOMES; INCREASE AWARENESS OF AVAILABLE RESOURCES; INCREASE NUMBER OF PATIENTS RECEIVING TREATMENT. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: SUBSTANCE ABUSE DISORDER STRATEGY: TO INCREASE ACCESS TO SERVICES IN THE ED FOR POST OVERDOSE MANAGEMENT. ACTION STEPS: CONSULT WITH NEEDS ASSESSMENT COUNSELORS TO DISCUSS TREATMENT OPTIONS FOR ED PATIENTS; USE ED PATHWAY FOR INITIATION OF 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. 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

	<p>IMPACT: INCREASED ACCESS TO PCP, INCREASED PCP OFFICE VISITS. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: SUBSTANCE USE DISORDER STRATEGY: STRENGTHEN ED PATIENT ACCESS TO DRUG AND ALCOHOL SPECIALISTS; PROVIDE MEDICATION TO OVERDOSE PATIENTS IN THE ED.</p>
<p>ACTION STEPS: PROVIDE ACCESS FROM ED TO APPROPRIATE INPATIENT OR</p>	<p>OUTPATIENT TREATMENT PROGRAMS; COLLABORATE WITH WASHINGTON DRUG & ALCOHOL CENTER (WDAC) TO HAVE DRUG AND ALCOHOL COUNSELOR AVAILABLE TO THE ED OR OFFSITE. IDENTIFY PATIENTS WITH 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. ACTION STEPS: ASSESS CURRENT TRANSPORTATION SERVICES; COLLABORATE WITH PREHOSPITAL CARE SERVICES TO UTILIZE A CENTRALIZED COORDINATION CENTER; EDUCATE PCPS ON TRANSPORTATION SERVICES; EDUCATE PATIENTS ON TRANSPORTATION SERVICES; CONDUCT SCREENING FOR SOCIAL DETERMINANTS OF 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 MUNICIPALITY LEADERS TO ESTABLISH A PAT BUS STOP ON THE FORBES CAMPUS. MEASURE: REDUCED MISSED APPOINTMENTS DUE TO INABILITY TO ACCESS TRANSPORTATION SERVICES; REDUCED ED ADMISSIONS DUE TO INABILITY TO ACCESS TRANSPORTATION SERVICES FOR MEDICAL APPOINTMENTS. IMPACT:</p>

INCREASED TRANSPORTATION SERVICES;
INCREASE EDUCATION ON TRANSPORTATION
SERVICES; IMPROVE BUS ACCESS TO THE FORBES
CAMPUS. HEALTH PRIORITY: ACCESS TO CARE
COMMUNITY NEED: LESBIAN, GAY, BISEXUAL,
TRANSGENDER, QUESTIONING (LGBTQ)
STRATEGY: TRAIN STAFF ON BASIC CULTURAL
COMPETENCY MODULE; MODIFY CARE DELIVERY
MODEL TO BE MORE AFFIRMING AND WELCOMING
TO LGBTQ PATIENTS. ACTION STEPS: ESTABLISH
GUIDELINES FOR IMPLEMENTATION, USING THE
HEALTHCARE EQUALITY INDEX AS A METRIC;
SHARE MODEL WITH OTHER AHN HOSPITALS;
EVALUATE AND MODIFY POLICIES AND
PROCEDURES, USING ESTABLISHED BEST
PRACTICES AND PATIENT ADVOCACY. MEASURE:
PRE- AND POST-TRAINING ASSESSMENTS; USE
HEALTHCARE EQUALITY INDEX. IMPACT:
INCREASED KNOWLEDGE CULTURAL
COMPETENCE; INCREASED KNOWLEDGE SYSTEM-
WIDE; IMPROVE CARE DELIVERY. HEALTH
PRIORITY: BEHAVIORAL HEALTH COMMUNITY
NEED: MENTAL HEALTH SERVICES STRATEGY:
PROVIDE EDUCATION TO PUBLIC ABOUT MENTAL
HEALTH ISSUES AND TREATMENT OPTIONS;
COLLABORATE WITH BEHAVIORAL HEALTH
CONSULTANTS (BHC) INTO PRIMARY CARE
PRACTICES; DEVELOP AND IMPLEMENT
OUTPATIENT CHILD AND ADOLESCENT MENTAL
HEALTH SERVICES. ACTION STEPS: SPONSOR
MENTAL HEALTH FIRST AID TRAIN-THE-TRAINER
AND COMMUNITY MHFA TRAININGS TO THE
PUBLIC; IDENTIFY PATIENTS WHO 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 AND
TREATMENT WITH THE PRACTICES BHC; MONITOR
PHQ-9 SCORES OVER TIME FOR IMPROVEMENT;
COLLABORATE WITH PSYCHIATRIC AND
BEHAVIORAL HEALTH INSTITUTE TO DEVELOP
STRATEGIES AND FUNDING TO IMPLEMENT
OUTPATIENT FACILITY. MEASURE: NUMBER OF
EVENTS; NUMBER OF PARTICIPANTS; NUMBER OF
PATIENTS REFERRED TO INPATIENT OR
OUTPATIENT FACILITIES; NUMBER OF CHILDREN
REFERRED TO OUTPATIENT SERVICES. IMPACT:
INCREASED AWARENESS OF SIGNS OF MENTAL
HEALTH ILLNESS; INCREASE AWARENESS OF
AVAILABLE RESOURCES FOR RECOVERY;
INCREASE NUMBER OF BHCS IN PRACTICES;
IMPROVED PHQ9 SCORES; INCREASED ACCESS TO
MENTAL HEALTH SERVICES FOR CHILDREN.
HEALTH PRIORITY: BEHAVIORAL HEALTH
COMMUNITY 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 ASSISTED THERAPY
(MAT) AND WARM HAND OFF PROGRAM; EDUCATE
ED PROVIDERS ON SUBSTANCE USE DISORDER
MAT AS AN EFFECTIVE TREATMENT FOR POST
OVERDOSE MANAGEMENT; PROVIDE WARM HAND-
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 FORBES
HOSPITAL; DEVELOP PARTNERSHIP WITH PRIMARY
CARE REDESIGN. ACTION STEPS: EMBED RN
NAVIGATORS FORBES 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; RECEIVE
QUARTERLY DATA SUMMARY OF PRACTICE AND
REGION PERFORMANCE ON DIABETES MEASURES;
PROVIDE WORKFLOW REDESIGN SUPPORT FOR
DIABETES QI EFFORTS INITIATIVE. MEASURE:
NUMBER OF RN NAVIGATORS; A1C LEVELS FOR
TARGET POPULATION; PERFORMANCE ON
DIABETES MEASURES. IMPACT: INCREASED
NUMBER OF RN NAVIGATORS; DECREASED A1C
LEVELS AMONG TARGET POPULATION; IMPROVE
OUTCOMES FOR DIABETES MEASURES; IMPROVED
QUALITY OF LIFE FOR DIABETIC PATIENTS. HEALTH
PRIORITY: CHRONIC DISEASE COMMUNITY NEED:
HEART DISEASE STRATEGY: DEVELOP CHRONIC
DISEASE SPECIALTY CENTER AT FORBES
HOSPITAL. ACTION STEPS: EMBED RN NAVIGATORS
AT FORBES HOSPITAL; DEVELOP TRANSITION OF
CARE MODELS; DEVELOP INPATIENT CARE
PATHWAYS; EDUCATE PCPS AND PATIENTS ON
HEART DISEASE MANAGEMENT; EDUCATE
PATIENTS. MEASURE: NUMBER OF RN NAVIGATORS
EMBEDDED THROUGHOUT THE HOSPITAL;

DEVELOPMENT OF CHRONIC DISEASE CARE MODEL. IMPACT: INCREASED NUMBER OF RN NAVIGATORS; INCREASED UTILIZATION OF A CHRONIC DISEASE CARE MODEL. JEFFERSON HOSPITAL HEALTH PRIORITY: ACCESS TO CARE COMMUNITY NEED: COST OF CARE (GOAL 1) STRATEGIES: IMPLEMENT AT LEAST ONE PROJECT AIMED AT REDUCING RX EXPENDITURES; REDUCE INCIDENCE OF NEGATIVE SIDE-EFFECTS OR INEFFECTIVE ANTIBIOTIC TREATMENT FOR INFECTION; IMPLEMENT A PROJECT TO ADDRESS MEDICATION NEEDS OF DISCHARGED PATIENTS.

ACTION STEPS: REVIEW PATIENTS HIGH COST RX, TARGET RESTRICTING HIGH COST

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 GENERICS 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 GENERICS 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 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 SERVICES; 30-DAY UNPLANNED READMISSIONS; ADHERENCE TO MEDICAL TEST AND FOLLOW UP APPOINTMENTS; PATIENT REPORTED QUALITY OF LIFE IMPROVEMENT. IMPACT: DECREASED NON URGENT ED VISITS; DECREASED READMISSION RATES; INCREASE COMMUNITY REFERRALS; INCREASE NUMBER OF FOOD PACKAGES PROVIDED; REDUCED READMISSION RATES; IMPROVED ADHERENCE TO MEDICAL TEST AND FOLLOW-UP APPOINTMENTS; IMPROVED QUALITY OF LIFE. HEALTH PRIORITY: ACCESS TO CARE COMMUNITY NEED: COST OF CARE (GOAL 2) STRATEGIES: ENGAGE

CARE (GOAL 3) STRATEGIES: ENGAGE TRANSITIONAL CARE MANAGEMENT TEAM TO CONDUCT OUTREACH TO PATIENTS UPON DISCHARGE FROM HOSPITAL AND AFTER ED VISITS. ACTION STEPS: PCP OFFICE 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 FREQUENT ED UTILIZATION; PROVIDE PATIENT EDUCATION ON WHEN TO USE THE ED VS. PCP; SCHEDULE FOLLOW-UP PCP APPOINTMENTS. MEASURES: HOSPITAL 30 DAY READMISSIONS FOR TARGET POPULATION; ED UTILIZATION FOR TARGETED POPULATIONS. IMPACT: DECREASED READMISSION RATES; DECREASED NON URGENT ED UTILIZATION; INCREASE IN PCP UTILIZATION TO AVOID ESCALATION TO ACUTE HEALTH CONDITIONS. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: MENTAL HEALTH SERVICES STRATEGIES: PROVIDE EDUCATION TO PUBLIC ABOUT MENTAL HEALTH ISSUES AND TREATMENT OPTIONS; RECRUIT, HIRE, TRAIN AND INTEGRATE BEHAVIORAL HEALTH CONSULTANTS (BHC) INTO AMBULATORY PRACTICES. ACTION STEPS: COLLABORATE WITH JEFFERSON REGIONAL FOUNDATION TO SPONSOR MENTAL HEALTH FIRST AID TRAIN-THE-TRAINER AND COMMUNITY MHFA TRAININGS TO THE PUBLIC; IDENTIFY PATIENTS WHO 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 & TREATMENT WITH THE PRACTICES BHC; MONITOR PHQ-9 SCORES OVER TIME FOR IMPROVEMENT. MEASURES: NUMBER OF EVENTS; NUMBER OF PARTICIPANTS; NUMBER OF BHCS INTEGRATED INTO PHYSICIAN & AMBULATORY PRACTICES; BEHAVIORAL HEALTH AND PSYCHO SOCIAL ISSUE REDUCTION BY MONITORING PHQ-9 SCORES. IMPACT: INCREASED AWARENESS OF SIGNS OF MENTAL HEALTH ILLNESS; INCREASE AWARENESS OF AVAILABLE RESOURCES FOR RECOVERY; INCREASED NUMBER OF BHCS IN PRACTICES; IMPROVED PHQ9 SCORES. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: DIABETES STRATEGIES: DEVELOP CHRONIC DISEASE SPECIALTY CENTERS IN ALL AHN HOSPITALS; PROVIDE SUPPORT TO PRIMARY CARE PROVIDERS WITH DATA ABOUT PERFORMANCE ON DIABETES MEASURES AND SUPPORT FOR QUALITY IMPROVEMENT ACTIVITIES 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; 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; CONTINUE PARTNERSHIP 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 POPULATION HEALTH MANAGEMENT ACTIVITIES; PROVIDE TRAINING AND WORKFLOW REDESIGN SUPPORT FOR DIABETES QI EFFORTS VIA COACHING FROM A PRACTICE TRANSFORMATION SPECIALIST AND CONSULTATION WITH ENDOCRINOLOGISTS FROM THE AHN DIABETES PRIMARY CARE SUPPORT INITIATIVE. MEASURES: NUMBER 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 URINE MICRO ALBUMIN RE: NEPHROPATHY, FOOT EXAM AND PERCENTAGE OF DIABETICS WHO ARE NON-SMOKERS. IMPACT: INCREASE NUMBER OF RN NAVIGATORS; DECREASED A1C LEVELS AMONG TARGET POPULATION; IMPROVE OUTCOMES FOR DIABETES MEASURES; IMPROVE QUALITY OF LIFE FOR DIABETIC PATIENTS. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: CANCER (GOAL 1) STRATEGIES: PROVIDE RESOURCE 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. ACTION STEPS: COLLABORATE WITH JEFFERSON REGIONAL FOUNDATION TO PROVIDE A GRANT TO CONSUMER HEALTH COALITION TO TRAIN TOBACCO CESSATION COUNSELORS AND ORGANIZE QUITTING WORKSHOPS; TRAIN HOSPITAL EMPLOYEES ON TOBACCO CESSATION COUNSELING; OFFER WORKSHOPS AT JEFFERSON HOSPITAL; PLAN FREE CANCER SCREENINGS FOR PROSTATE, BREAST, COLON, CERVIX, CAI

PROSTATE, BREAST, SKIN, CERVICAL, COLON/RECTAL, AND LUNG CANCER; DISTRIBUTE BOOKLET ON AGE-APPROPRIATE CANCER SCREENINGS. MEASURES: NUMBER OF EDUCATIONAL EVENTS; NUMBER OF PARTICIPANTS; NUMBER OF SCREENINGS PERFORMED; NUMBER OF ABNORMAL SCREENINGS IDENTIFIED AND REFERRED FOR ADDITIONAL TESTING; NUMBER OF INDIVIDUALS SCREENED FOR AT LEAST ONE CANCER. IMPACT: INCREASED NUMBER OF EDUCATION EVENTS AT AHN HOSPITAL SITES, ESPECIALLY HIGH-RISK AREAS; INCREASE NUMBER OF TRAINED HOSPITAL EMPLOYEES; INCREASED NUMBER OF TRAINED COMMUNITY PARTNERS; INCREASED NUMBER OF CANCER SCREENINGS; INCREASED NUMBER OF PATIENTS DIAGNOSED EARLY FOR BETTER OUTCOME. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: CANCER (GOAL 2) STRATEGIES: INCREASE THE VOLUME OF PATIENTS PARTICIPATING IN PROGRAMS THAT HELP PEOPLE DEALING WITH A CANCER DIAGNOSIS AND THE CHALLENGES RELATED TO TREATMENT.

ACTION STEPS: PROMOTE CANCER CARE CENTERS CANCER SUPPORT GROUP; PROMOTE

THE LOOK GOOD FEEL BETTER; PROMOTE AHN CANCER INSTITUTE HAS STARTED PRE-CHEMO TREATMENT VISITS 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 SOCIETY TO PROMOTE A FREE WIG SALON; PROVIDE SATCHELS OF CARING FOR CANCER PATIENTS; PROVIDE FREE NUTRITION CONSULTATION TO ONCOLOGY PATIENTS; ENGAGE AN ONCOLOGY SOCIAL WORKER TO OFFER 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 OF CANCER SUPPORT EVENTS; INCREASED NUMBER INDIVIDUALS ACCESSING SERVICES OF SUPPORT GROUPS. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: OBESITY STRATEGIES: COLLABORATE WITH LOCAL 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 ISSUES RELATED TO OBESITY; OFFER SUPPORT TO INDIVIDUALS WORKING ON WEIGHT MANAGEMENT. ACTION STEPS: WORK WITH LOCAL SCHOOLS/AFTER SCHOOL PROGRAM TO IMPLEMENT CATCH KIDS CLUB (NIH PROGRAM) OR SIMILAR EVIDENCE-BASED CURRICULUM; OFFER EAT HEALTHY, BE ACTIVE COMMUNITY WORKSHOPS (OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM) OR SIMILAR PROGRAM; COLLABORATE 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, DIABETES, AND EXERCISE; OFFER A MONTHLY SUPPORT GROUP FOR PEOPLE TO SHARE PERSONAL EXPERIENCES, FEELINGS, AND COPING STRATEGIES ON WEIGHT MANAGEMENT. MEASURES: NUMBER OF CHILDREN ENROLLED IN PROGRAMS; NUMBER PROGRAMS OFFERED; NUMBER OF COMMUNITY-BASED EDUCATION EVENTS; NUMBER OF PARTICIPANTS; NUMBER OF ACTIVITIES; NUMBER OF PROGRAMS PROVIDED; NUMBER OF PARTICIPANTS; IMPACT: INCREASED AWARENESS OF HEALTHY BEHAVIORS FOR CHILDREN GRADES K-5; INCREASE NUMBER OF COMMUNITY-BASED EVENTS ON OBESITY; INCREASE NUMBER OF OPPORTUNITIES FOR PHYSICAL ACTIVITY, EDUCATION, AND NUTRITION; INCREASE NUMBER OF PEOPLE ENGAGED IN ACTIVITIES TO REDUCE OBESITY; IMPROVED ABILITY TO OBTAIN, PROCESS, AND UNDERSTAND HEALTH INFORMATION NEEDED TO MAKE INFORMED HEALTH DECISIONS; FILL THE GAP BETWEEN MEDICAL TREATMENT AND EMOTIONAL SUPPORT FOR THOSE WITH WEIGHT MANAGEMENT CHALLENGES. SAINT VINCENT HOSPITAL HEALTH PRIORITY: ACCESS TO CARE COMMUNITY NEED: ACCESS TO PRIMARY CARE STRATEGIES: IDENTIFY AND EDUCATE PATIENTS THAT DO NOT HAVE A PCP; INCREASE THE NUMBER OF NEW PRIMARY CARE PATIENT VISITS; INCREASE NUMBER OF SCHEDULED PCP APPOINTMENTS. ACTION STEPS: IDENTIFY UNATTRIBUTED PATIENTS THROUGH SCHEDULING TOOL; IDENTIFY UNATTRIBUTED PATIENTS THROUGH BIOMETRIC SCREENING PROCESS; CREATE HANDOFF TO CALL CENTER; PARTNER WITH LOCAL BUSINESSES TO PROMOTE PCP ENGAGEMENT; UTILIZE MEET DR. RIGHT EVENTS; PARTNER WITH CLINICAL ACCESS TEAM; IMPLEMENT CENTRALIZED SCHEDULING;

IMPLEMENT ONLINE SCHEDULING; INCREASE # OF SAME DAY SLOTS OFFERED; PARTNER WITH AHN TEMPLATE TEAM TO ACHIEVE TEMPLATE STANDARDIZATION AND OPTIMIZATION. MEASURE: NUMBER OF PATIENTS CONNECTED TO A PCP; NUMBER 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 ASSIGNED TO A PCP; INCREASE ACCESS TO PCP; NUMBER OF NEW PATIENTS; INCREASE IN NUMBER OF ONLINE APPOINTMENTS. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: MENTAL HEALTH SERVICES STRATEGIES: INCREASE ACCESS TO COMMUNITY-BASED MENTAL HEALTH EDUCATION SESSIONS; INCREASE PRIMARY CARE PROVIDER NETWORK AWARENESS OF GERIATRIC BEHAVIORAL HEALTH SERVICES. ACTION STEPS: PROVIDE COMMUNITY-BASED SEMINARS AND PROGRAMS ON SIGNS OF MENTAL HEALTH ILLNESS; PROVIDE COMMUNITY EVENTS ON AVAILABLE SERVICES TO SUPPORT RECOVERY; SCHEDULE GERIATRIC BEHAVIORAL HEALTH LIAISON TO MEET WITH EACH PRACTICE TO PROVIDE EDUCATION ON AVAILABLE SERVICES; PRIMARY CARE PROVIDERS WILL CALL GERIATRIC BEHAVIORAL HEALTH LIAISON FOR POTENTIAL ADMISSIONS. 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 GERIATRIC BEHAVIORAL HEALTH UNIT. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: SUBSTANCE ABUSE DISORDER STRATEGIES: INCREASE ACCESS TO COMMUNITY-BASED EDUCATION SESSIONS; INCREASE NUMBER OF PATIENTS ELIGIBLE FOR THE WARM HAND OFF PROGRAM. ACTION STEPS: PROVIDE COMMUNITY-BASED SEMINARS AND PROGRAMS ON SUBSTANCE USE DISORDER; PROVIDE COMMUNITY EVENTS THAT INCREASE AWARENESS OF AVAILABLE SERVICES TO SUPPORT RECOVERY; SCREEN OVERDOSE PATIENTS COMING TO THE ED FOR CRITERIA MEETING MEDICATION ASSISTED TREATMENT (MAT); BEGIN MEDICATING PATIENTS THAT MEET CRITERIA AND TRANSITION TO GAUDENZIA FOR DETOX; EDUCATION TO EMS SERVICES OF THIS PROGRAM; PUBLIC EDUCATION FOR DETOX SERVICES. MEASURE: NUMBER OF EVENTS; NUMBER OF PARTICIPANTS; 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 RESOURCES 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 COMMUNITY NEED: DIABETES STRATEGIES: PROMOTE DIABETES PREVENTION PROGRAMMING TO THE COMMUNITY; IMPROVE CARE MANAGEMENT OF RISING RISK PATIENTS WITH CHRONIC DISEASE. ACTION STEPS: CONDUCT SCREENINGS AND EDUCATION AT COMMUNITY EVENTS; IDENTIFY PARTICIPANTS THROUGH THE BIOMETRIC 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 COUNSELED ON RISK FACTORS; ED UTILIZATION; HOSPITAL ADMISSIONS; A1C LEVELS FOR TARGET POPULATION. IMPACT: INCREASE AWARENESS OF RISK FACTORS OF DIABETES; DECREASED ED UTILIZATION; DECREASED HOSPITAL ADMISSIONS FOR DIABETES RELATED ILLNESS; DECREASED A1C LEVELS. HEALTH PRIORITY: 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 AND EDUCATION EVENTS; IMPLEMENT LUNG CANCER SCREENING NAVIGATION; EXPAND CT LUNG SCREENING ACCESS/LOCATIONS; PROMOTE TO PUBLIC AND PROVIDERS; INCREASE SCREENING BREAST ULTRASOUND CAPACITY; EDUCATE PRIMARY CARE PROVIDERS ON SCREENING BREAST ULTRASOUND; EXPAND NUMBER OF SONOGRAPHERS TRAINED ON ABUS. MEASURE: NUMBER OF SCREENING EVENTS; NUMBER OF PARTICIPANTS; NUMBER OF STUDIES PERFORMED; NUMBER OF SCREENING BREAST ULTRASOUNDS PERFORMED. IMPACT: INCREASED NUMBER OF CANCER SCREENING AND EDUCATION EVENTS; INCREASE NUMBER OF CANCER SCREENINGS;

INCREASED NUMBER OF CT LUNG SCREENINGS; INCREASE NUMBER OF BREAST SCREENINGS. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: OBESITY STRATEGIES: INCREASE COMMUNITY-BASED EDUCATION 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: WORK WITH LOCAL SCHOOL DISTRICTS ON CHILDHOOD OBESITY EDUCATION; COORDINATE PROGRAMMING AND BMI SCREENINGS FOR HEALTH FAIRS; PROVIDE NUTRITION FOCUSED LECTURES; IDENTIFY PARTICIPANTS THROUGH THE BIOMETRIC SCREENING PROCESS; PARTNER WITH COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATION ON OBESITY; INCREASE PCP AWARENESS OF THE BARIATRIC PROGRAM; UTILIZE MEET DR. RIGHT EVENTS TO INCREASE ACCESS TO THE BARIATRIC PROGRAM; INCREASE EVENTS THAT ENCOURAGE HEALTH AND WELLNESS ACTIVITIES THAT INCLUDE PHYSICAL EXERCISE, NUTRITIONAL COUNSELING, STRESS MANAGEMENT AND PREDIABETES EDUCATION. MEASURE: NUMBER OF PATIENTS COUNSELED ON RISK FACTORS; NUMBER OF BMI SCREENINGS; NUMBER OF COMMUNITY-BASED EDUCATION EVENTS; NUMBER OF PARTICIPANTS; NUMBER OF PATIENTS THAT SCHEDULE APPOINTMENTS AT MEET DR. RIGHT EVENTS. IMPACT: INCREASE IN AWARENESS OF RISK FACTORS OF OBESITY; INCREASE IN NUMBER OF PATIENTS SCREENED FOR BMI; INCREASE IN NUMBER OF COMMUNITY-BASED EVENTS; INCREASE NUMBER OF EVALUATIONS FOR BARIATRIC PROGRAM; INCREASE AWARENESS OF PHYSICAL HEALTH AND WELLNESS. WESTFIELD MEMORIAL HOSPITAL HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: MENTAL HEALTH SERVICES STRATEGIES: PROVIDE PATIENTS PRESENTING TO THE ED WITH LOCAL OPTIONS FOR FOLLOW-UP CARE. ACTION STEPS: DEVELOP PARTNERSHIPS WITH AREA BEHAVIORAL HEALTH PROVIDERS; DEVELOP A REFERRAL PATHWAY FOR POST-ED FOLLOW-UP CARE OF ADDICTION AND OTHER MENTAL HEALTH ISSUES.

MEASURE: NUMBER OF PATIENTS REFERRED TO OUTPATIENT FACILITIES; NUMBER OF

LOCAL SERVICES IDENTIFIED. IMPACT: INCREASED REFERRALS TO SERVICES; INCREASED AWARENESS OF AVAILABLE RESOURCES. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: SUBSTANCE USE DISORDER (GOAL 1) STRATEGIES: BEGIN MEDICATING PATIENTS THAT MEET CRITERIA WITH FIRST DOSE OF BUPRENORPHINE AND TRANSITION TO MEDICATION ASSISTED TREATMENT (MAT) FOR DETOX. ACTION STEPS: SCREEN OVERDOSE PATIENTS IN THE EMERGENCY DEPARTMENT FOR MAT CRITERIA; EDUCATE ED PROVIDERS ON SUBSTANCE USE DISORDER AND MEDICATION ASSISTED THERAPY (MAT) AS AN EFFECTIVE TREATMENT 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 ELIGIBILITY FOR MAT; NUMBER OF PATIENTS THAT PARTICIPATE IN MAT PROGRAM. IMPACT: INCREASED AWARENESS OF TREATMENT FOR OVERDOSE COMPLICATIONS; INCREASED SERVICES FOR OVERDOSE CASES. HEALTH PRIORITY: BEHAVIORAL HEALTH COMMUNITY NEED: SUBSTANCE USE DISORDER (GOAL 2) STRATEGIES: INCREASE COMMUNITY KNOWLEDGE AND ACCESS TO SUBSTANCE USE DISORDER RESOURCES. ACTION STEPS: PARTNER WITH COMMUNITY BASED PROVIDERS; HOST PUBLIC INFORMATION SESSIONS WITH LOCAL PROVIDERS. MEASURE: NUMBER OF COMMUNITY EVENTS. IMPACT: INCREASED AWARENESS OF TREATMENT RESOURCES FOR SUBSTANCE USE DISORDER. HEALTH PRIORITY: CHRONIC DISEASE COMMUNITY NEED: DIABETES STRATEGIES: PROMOTE DIABETES PREVENTION IN THE COMMUNITY; PARTNER WITH LOCAL CHILDRENS DIABETIC CAMPS. ACTION STEPS: HOST SCREENING AND EDUCATION EVENTS; IDENTIFY AT RISK PATIENTS THROUGH BIOMETRIC SCREENINGS; PRESENT AT SCHOOLS AND COMMUNITY GROUP ON HEALTHY LIVING; INCLUDE DIABETES/WELLNESS EDUCATION ON SOCIAL MEDIA SITE MONTHLY; PROVIDE SUBJECT MATTER SUPPORT TO CHILDREN AT THE CAMP; EDUCATE CAMPERS ON DIABETES MANAGEMENT STRATEGIES. MEASURE: NUMBER OF COMMUNITY EVENTS; NUMBER OF AT RISK PATIENTS IDENTIFIED THROUGH BIOMETRIC SCREENINGS; NUMBER OF SOCIAL MEDIA EDUCATION TOPICS POSTED; STAFF HOURS FOR PLANNING AND PRESENTING AT THE CAMP; NUMBER OF CAMPERS EDUCATED. IMPACT: INCREASED COMMUNITY PROGRAMS; INCREASE SCREENINGS; INCREASE

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

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.

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. GROVE CITY MEDICAL CENTER THE IMPLEMENTATION PLAN WAS APPROVED AT A BOARD MEETING ON JUNE 24, 2019. THE THREE PRIORITY NEEDS IDENTIFIED AT THAT TIME INCLUDED ADULT OBESITY, HEART DISEASE, AND PHYSICAL FITNESS. OVER THE COURSE OF THIS PAST YEAR, GROVE CITY MEDICAL CENTER HAS PARTNERED WITH OTHER LOCAL GROUPS TO INITIATE AND CONDUCT VARIOUS PROGRAMS AND EDUCATIONAL SEMINARS AS WELL AS ATTENDING VARIOUS COMMUNITY ACTIVITIES TO BRING AWARENESS AND EDUCATION TO THE COMMUNITY AT LARGE REGARDING THESE IDENTIFIED ISSUES. 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.

PART V, SECTION B, LINE 16A, B, AND C

OUR FINANCIAL ASSISTANCE POLICY, APPLICATION FORM AND BILINGUAL LANGUAGE SUMMARY CARE

FORM AND PLAIN LANGUAGE SUMMARY CAN BE FOUND ON THE FOLLOWING WEBSITE:
<https://www.ahn.org/about/uninsured-financial-assistance>

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>.

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? 52

Name and address	Type of Facility (describe)
1 WEXFORD MEDICAL MALLWHWP 12311 PERRY HWY PINE TOWNSHIP, PA 15090	Medical Office
2 AGH SOUTH TOWER 320 E NORTH AVE PITTSBURGH, PA 15212	Medical Office
3 WPH - MELLON PAVILION 4815 LIBERTY AVE PITTSBURGH, PA 15225	Medical Office
4 SUBURBAN MOB - MAIN 100 SOUTH JACKSON AVENUE BELLEVUE, PA 15202	Medical Office
5 SVH - HARDNER BUILDING 2315 MYRTLE ST ERIE, PA 16544	Medical Office
6 FEDERAL NORTH BUILDING 1307 FEDERAL ST PITTSBURGH, PA 15212	MIXED USE
7 JH - SOUTH HILLS MEDICAL BUILDING 575 Coal Valley Rd Jefferson Hills, PA 15025	MEDICAL OFFICE
8 HEMLOCK BUILDING 491 HEMLOCK STREET Pittsburgh, PA 15212	Medical Office
9 JH - BIBRO PAVILION 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	MIXED USE
10 SVH - OUTPATIENT SURGERY CENTER 312 W 25TH ST ERIE, PA 16502	MIXED USE
11 AGH ALLEGHENY PROFESS BLDG 490 E NORTH AVE PITTSBURGH, PA 15212	Medical Office
12 AGH EAST WING OFFICE BUILDING 390 E NORTH AVE McCandless, PA 15212	Medical Office
13 JMA BUILDING 1200 BROOKS LN JEFFERSON HILLS, PA 15025	Medical Office
14 FORBES CANCER & IMAGINE CENTER 2626 HAYMAKER ROAD MONREVILLE, PA 15146	Medical Office
15 BETHEL PARK HWPBHP 1000 HIGBEE DRIVE	Medical Office

	BETHEL PARK, PA 15102	
16	FH - POB #1 2566 HAYMAKER RD MONROEVILLE, PA 15146	MEDICAL OFFICE
17	FH - POB #2 1580 HAYMAKER RD MONROEVILLE, PA 15146	MEDICAL OFFICE
18	WEST SIDE MOBEWHWP 4247 W RIDGE RD MILLCREEK TOWNSHIP, PA 16506	Medical Office
19	YORKTOWN CENTER 2501 W 12TH ST ERIE, PA 16505	Medical Office
20	JRMC - SURGERY CENTERBHP 990 HUGBEE DRIVE BETHEL PARK, PA 15102	SURGERY CENTER
21	BUTLER COMMUNITY CANCER CENTER 160 HOLLYWOOD DRIVE BUTLER CITY, PA 16001	MEDICAL OFFICE
22	495 EAST WATERFRONT DRIVE 495 E WATERFRONT DR HOMESTEAD, PA 15120	Medical Office
23	MONROEVILLE MEDICAL ARTS BLDG 2550 MOSSIDE BLVD MONROEVILLE, PA 15146	MEDICAL OFFICE
24	MCCANDLESS MOB 9335 MCKNIGHT RD MCCANDLESS, PA 15237	Medical Office
25	BRENTWOOD PROFESSIONAL PLAZA 3720 BROWNSVILLE RD BRENTWOOD, PA 15227	Medical Office
26	CENTURY III MEDICAL BUILDING 2027 LEBANON CHURCH RD WEST MIFFLIN, PA 15122	MEDICAL OFFICE
27	GROVE CITY HOSPITAL - MOB 647 N BROAD ST EXT GROVE CITY, PA 16127	Medical Office
28	ALLEGHENY IMAGING AT ROBINSON 133 CHURCH HILL RD ROBINSON, PA 15136	Medical Office
29	SUBURBAN MOB - LINCOLN 575 LINCOLN AVE BELLEVUE, PA 15202	Medical Office
30	WILSON SQ PROFESSIONAL BLDG 224 LONGFELLOW STREET VANDERGIFT, PA 15690	Medical Office
31	CERCONE BUILDING 4727 FRIENDSHIP AVE PITTSBURGH, PA 15224	Medical Office
32	RTE 51 MED CTR 810 CLAIRTON BLVD PLEASANT HILLS, PA 15236	Medical Office
33	MURRYSVILLE MEDICAL COMMONS 4262 OLD WILLIAM PENN HWY MURRYSVILLE, PA 15065	Medical Office
34	2801 FREEPORT ROAD 2801 FREEPORT RD HARRISON, PA 15065	Medical Office
35	RICHLAND MALL 5375 WILIAM FLYNN HWY RICHLAND, PA 150449628	Medical Office
36	CRANBERRY INTERNAL MEDICINE ASSO 20826 ROUTE 19 CRANBERRY TOWNSHIP, PA 16066	Medical Office
37	THREE ROBINSON PLAZA 3 ROBINSON PLAZA ROBINSON, PA 15205	Medical Office
38	HEIGHTS PLAZA 1624 PACIFIC 1624 PACIFIC AVE HARRISON, PA 15065	Medical Office
39	FORT COUCH COMMONS 59 FORT COUCH ROAD BETHEL PARK, PA 15102	Medical Office
40	CRANBERRY SHOPPES SUITE 101 20215 ROUTE 19 CRANBERRY TOWNSHIP, PA 16066	Medical Office
41	Dinnerbell Square 333 W Main St Saxonburg, PA 16056	Medical Office
42	YADAGANI BUILDING 97 DELAWARE AVE UNIONTOWN, PA 15401	Medical Office
43	5140 LIBERTY MOB 5140 LIBERTY AVE PITTSBURGH, PA 15224	Medical Office
44	6041 WALLACE ROAD 6041 WALLACE ROAD PINE TOWNSHIP, PA 15090	Medical Office
45	BEAVER COMMUNITY CANCER CENTER 81 WAGNER ROAD CENTER TOWNSHIP, PA 15061	Medical Office
46	CHAUTAUGUA INSTITUTION 23 ROBERTS AVENUE CHAUTUGUA, NY 14722	Medical Office
47	CITIZENS GENERAL 651 FOURTH AVE NEW KENSINGTON, PA 15068	Medical Office
48	HEIGHTS PLAZA 1600-1719 UNION/PACIFIC AVE HARRISON, PA 15065	Medical Office

49	HARRISON, PA 15065 HIGHPOINT TOWERS 2314 SASSAFRAS ST ERIE, PA 16502	MIXED USE
50	ONE PELUSO PLACE 2692 LEECHBURG RD NEW KENSINGTON, PA 15068	Medical Office
51	PAIN INSTITUTE 5124 LIBERTY AVE PITTSBURGH, PA 15224	Medical Office
52	ROSTRAVER MEDICAL BUILDING 1533 BROAD AVE ROSTRAVER TOWNSHIP, PA 15012	Medical Office

Part VI Supplemental Information

Provide the following information.

- 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.
- 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.
- 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.
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 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.).
- 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.
- 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
ELIGIBILITY FOR FREE OR DISCOUNTED CARE	PART I, LINE 3C AHN'S FINANCIAL ASSISTANCE POLICY STATES THE CRITERIA FOR DETERMINING PATIENT'S 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 AHN's 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 ACA 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 patient's 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 MEDICARE'S 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 PATIENT'S FINANCIAL CIRCUMSTANCES; (5) DECEASED PATIENT'S 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 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 patient's 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 guarantor's

	<p>patient still owes a balance, then the patient will be evaluated on an income basis. If the patient and/or guarantor's 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 patient's 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>
FREE OR DISCOUNTED CARE BUDGET	PART 1, LINE 5B WESTFIELD MEMORIAL HOSPITAL'S FINANCIAL ASSISTANCE EXPENSES DID NOT EXCEED THE BUDGETED AMOUNT.
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.
BAD DEBT	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.
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.
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.
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. GROVE CITY MEDICAL CENTER BEGAN CONDUCTING ITS COMMUNITY HEALTH NEEDS ASSESSMENT IN APRIL, 2018, AND COMPLETED IT IN JUNE, 2019. THE ASSESSMENT INCLUDED AN ANALYSIS OF OUTPATIENT DISCHARGE DATA BY ZIP CODE TO DETERMINE THE MEDICAL CENTER'S COMMUNITY. THE GEOGRAPHIC AREA OF THE DEFINED COMMUNITY BASED ON THIS ANALYSIS COVERED MOST OF MERCER COUNTY AND PARTS OF BUTLER, LAWRENCE, AND VENANGO COUNTIES. THE MEDICAL CENTER THEN GATHERED A SIGNIFICANT AMOUNT OF DATA RELATED TO THE COMMUNITY, SUCH AS POPULATION AND DEMOGRAPHICS, SOCIOECONOMIC CHARACTERISTICS, LEADING CAUSES OF DEATH AND OTHER HEALTH OUTCOMES AND FACTORS. THE ASSESSMENT ALSO DESCRIBED OTHER HEALTH CARE RESOURCES IN THE COMMUNITY AND AN ESTIMATE FOR DEMAND FOR PHYSICIAN SERVICES. TO GAIN INPUT FROM THE COMMUNITY THE MEDICAL CENTER DISTRIBUTED A COMMUNITY HEALTH SURVEY AND CONDUCTED KEY INFORMANT INTERVIEWS, WHICH TARGETED INDIVIDUALS WITH EXPERTISE IN PUBLIC HEALTH AND INDIVIDUALS WITH KNOWLEDGE ABOUT PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS. AFTER ALL OF THE DATA AND INPUT WAS GATHERED AND ANALYZED THE MEDICAL CENTER PRIORITIZED THE NEEDS. THE FOLLOWING LIST REPRESENTS THE TOP NEEDS IN ORDER: ADULT OBESITY, HEART DISEASE, AND PHYSICAL FITNESS.
PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE	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. AHN'S 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 AHN'S 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.
COMMUNITY INFORMATION	PART VI, LINE 4 THE FOURTEEN HOSPITALS (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, GROVE CITY MEDICAL CENTER, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL, WEST PENN, AHN WEXFORD, AHN HEMPFIELD, AHN HARMAR, AHN MCCANDLESS, AND AHN BRENTWOOD), FIVE HEALTH + WELLNESS PAVILIONS, AND MORE THAN 300 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), THE ERIE MSA (ERIE COUNTY), AND MERCER COUNTY, PA (PART OF THE YOUNGSTOWN-WARREN-BOARDMAN, OH-PAMAS). TOGETHER, THESE AREAS HAVE A POPULATION OF MORE THAN 2.7 MILLION. THE MSAs ARE SIMILAR DEMOGRAPHICALLY, WITH A WHITE / CAUCASIAN POPULATION OF NEARLY 90 PERCENT, AND A BLACK / AFRICAN-AMERICAN POPULATION OF NEARLY 8 PERCENT. THE PITTSBURGH, ERIE AND YOUNGSTOWN MSAs SKEW OLDER THAN THE NATIONAL AVERAGE, MEANING HOSPITALS IN THOSE MSAs SEE HIGHER-THAN-AVERAGE PROPORTION OF MEDICARE PATIENTS. THE PITTSBURGH MSA'S 65-AND-OVER POPULATION IS MORE THAN 17 PERCENT; ERIE COUNTY'S PROPORTION OF SENIOR CITIZENS IS MORE THAN 16 PERCENT. MERCER COUNTY'S PROPORTION OF SENIOR CITIZENS IS MORE THAN 19 PERCENT. NATIONALLY, ABOUT 15 PERCENT OF AMERICANS ARE AGED 65 OR OLDER. HOUSEHOLDS WITHIN THE PITTSBURGH, ERIE, AND YOUNGSTOWN MSAs HAVE A LOWER-THAN-AVERAGE MEDIAN INCOME. IN THE PITTSBURGH MSA, THE MEDIAN HOUSEHOLD INCOME WAS ABOUT \$62,600 IN 2019, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN THE ERIE REGION, MEDIAN HOUSEHOLD INCOME WAS ABOUT \$51,500 IN 2019. THE LATEST YEAR FOR WHICH DATA IS AVAILABLE IN MERCER COUNTY THE

MEDIAN HOUSEHOLD INCOME WAS \$50,700 IN 2019. THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN 2019, THE U.S. MEDIAN HOUSEHOLD INCOME WAS \$68,703, ACCORDING TO U.S. CENSUS ESTIMATES. NEW YORK'S CHAUTAUQUA COUNTY, HOME TO AHN'S WESTFIELD MEMORIAL HOSPITAL, HAS A POPULATION OF ABOUT 127,000, AND A MEDIAN HOUSEHOLD INCOME OF ABOUT \$46,000 IN 2019, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE.

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5 THE HOSPITALS OF AHN 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 MEDICINE PHYSICIANS 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 EXPRESSION, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY. 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, BENEFITS 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 2020, IN RESPONSE TO THE GLOBAL COVID-19 (CORONAVIRUS) PANDEMIC, AHN PARTICIPATED IN AN UNPRECEDENTED PUBLIC HEALTH RESPONSE EFFORT, TO PROTECT AND EDUCATE THE COMMUNITY ABOUT THE THREATS POSED BY COVID-19, AND TO MITIGATE THE SPREAD OF THE VIRUS AND THE ILLNESS ASSOCIATED WITH IT. (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.) 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 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 PRIMARILY SERVES PATIENTS WITH DIABETES WHO ARE SCREENED BY THEIR DOCTOR AS BEING FOOD INSECURE. PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER WHERE THEY INITIALLY MEET WITH AN ONSITE DIETITIAN TO DISCUSS THEIR DIETARY NEEDS BASED ON THEIR CONDITION. AFTER SHOPPING AT THE CENTER FOR THE RECOMMENDED FOOD ITEMS, PATIENTS GO HOME WITH TWO TO THREE DAYS' WORTH OF FOOD FOR ALL MEMBERS OF THEIR HOUSEHOLD. THE FOOD CENTERS ARE HOUSED AT ALLEGHENY GENERAL, WEST PENN, JEFFERSON AND WEST PENN HOSPITALS. -HEALTHCARE@HOME: AHN MAKES IT EASIER FOR PATIENTS TO ACCESS A FULL RANGE OF CUSTOMIZED HEALTHCARE SERVICES IN THE PRIVACY AND COMFORT OF THEIR OWN HOMES. THROUGH AHN'S HEALTHCARE@HOME PROGRAM, AHN IS HELPING MANY PATIENTS MAINTAIN THEIR INDEPENDENCE AND CONTINUE THE HEALING PROCESS AT HOME AS LONG AS POSSIBLE. THE SERVICE ARRANGES FOR HOME HEALTH, HOSPICE, PALLIATIVE AND INFUSION THERAPY SERVICES, AS WELL AS THE DELIVERY OF MEDICAL EQUIPMENT AND SUPPLIES, ALLOWING PATIENTS TO REMAIN IN THEIR OWN HOMES, AND IN THEIR OWN COMMUNITIES, AND OUT OF THE HOSPITAL OR A SKILLED NURSING FACILITY. -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 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 DISTRIBUTED 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, CARFENTANIL, AND OTHER SYNTHETIC OPIATES. IN 2019, AHN RECEIVED A \$5 MILLION FEDERAL GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TO WILL SUPPORT THE IMPLEMENTATION AND EVALUATION 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 MANAGEMENT PROGRAM WHICH TAKES A NOVEL, HOLISTIC APPROACH TO TREATING A PATIENT'S PAIN WITHOUT OPIOIDS. THE FIRST SUCH CLINIC HAS OPENED AT THE AHN INSTITUTE FOR PAIN MEDICINE NEAR WEST PENN HOSPITAL, WITH MORE LOCATIONS BEING PLANNED. AHN AND PARTNER ORGANIZATIONS OPENED A NEW 45-BED UNIT AT THE KANE COMMUNITY LIVING CENTER IN MCKEESPORT, PA.; IT HAS BEEN OPERATING SINCE 2018 AS A POST-ACUTE UNIT FOR PATIENTS WITH MEDICAL CONDITIONS AND CO-OCCURRING SUBSTANCE USE DISORDERS. AHN MAINTAINS SECURE, PERMANENT DRUG TAKE-BACK BOXES AT SIX AHN HOSPITALS, AS WELL AS AT THE WEXFORD HEALTH + WELLNESS PAVILION; THE BOXES HAVE ALLOWED PATIENTS AND VISITORS TO DISPOSE OF SURPLUS OR EXPIRED MEDICATIONS YEAR-ROUND SINCE 2018.

-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" STRANGERS); IN SCHOOL YOUTH (A PROGRAM FOCUSED ON PITTSBURGH HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTHCARE); OUT OF SCHOOL YOUTH (A PROGRAM FOR PITTSBURGH HIGH SCHOOL STUDENTS WHO HAVE NOT DECIDED A CAREER PATH); SCIENCE, TECHNOLOGY,

PITTSBURGH HIGH SCHOOL STUDENTS WHO HAVE NOT DECIDED A CAREER PATH); SCIENCE, TECHNOLOGY, ENGINEERING, MATH, MEDICINE (A ONE-DAY STEM SEMINAR IS DESIGNED FOR HIGH SCHOOL JUNIORS AND SENIORS); GATEWAY MEDICAL SOCIETY-JOURNEY INTO MEDICINE (AN EDUCATIONAL PROGRAM OFFERED TO STUDENTS WHO ARE INTERESTED PURSUING A CAREER IN THE ALLIED HEALTH FIELD FOR SIXTH- AND SEVENTH-GRADERS); AND SEVERAL OTHER PARTNERSHIPS. -CENTER FOR INCLUSION HEALTH: AHN'S CENTER FOR INCLUSION HEALTH SEEKS TO ADDRESS THE OBSTACLES THAT MAKE IT HARD FOR TRADITIONALLY UNDERSERVED PATIENTS AND POPULATIONS ACCESS CARE, HELPING TO IMPROVE PEOPLE'S HEALTH WHILE REDUCING COSTS. THE CENTER HOUSES PROGRAMS FOR ADDICTION MEDICINE; HOMELESS HEALTH CARE; POSITIVE (HIV) HEALTH CLINIC; FOOD INSECURITY; IMMIGRANT AND REFUGEE HEALTH; AND TRANSGENDER HEALTH CARE, AMONG OTHER PROGRAMS. -AHN EQUITABLE HEALTH INSTITUTE: THE EQUITABLE HEALTH INSTITUTE, WHICH WAS FORMED IN 2020, AIMS TO ADDRESS AND MITIGATE MANY OF THE HEALTH OUTCOMES DISPARITIES AFFECTING PEOPLE OF COLOR AND OTHER MARGINALIZED COMMUNITIES. ITS FIRST PROGRAMS WILL ADDRESS THE ISSUE OF INFANT MORTALITY AMONG AFRICAN AMERICANS; PITTSBURGH'S RATE OF INFANT MORTALITY FOR BLACK BABIES IS MORE THAN SIX TIMES HIGHER THAN IT IS FOR WHITE BABIES - 13 DEATHS PER 1,000 BIRTHS, COMPARED TO TWO DEATHS FOR WHITE BABIES. THE INSTITUTE IS LED BY CHIEF CLINICAL DIVERSITY, EQUITY AND INCLUSION OFFICER DR. MARGARET LARKINS-PETTIGREW. -DIVERSITY IN EMPLOYMENT AND CONTRACTING: AHN IS COMMITTED TO DIVERSITY AND MITIGATE MANY OF THE HEALTH OUTCOMES DISPARITIES AFFECTING PEOPLE OF COLOR AND OTHER MARGINALIZED COMMUNITIES. ITS FIRST PROGRAMS WILL ADDRESS THE ISSUE OF INFANT MORTALITY AMONG AFRICAN AMERICANS; PITTSBURGH'S RATE OF INFANT MORTALITY FOR BLACK BABIES IS MORE THAN SIX TIMES HIGHER THAN IT IS FOR WHITE BABIES - 13 DEATHS PER 1,000 BIRTHS, COMPARED TO TWO DEATHS FOR WHITE BABIES. THE INSTITUTE IS LED BY CHIEF CLINICAL DIVERSITY, EQUITY AND INCLUSION OFFICER DR. MARGARET LARKINS-PETTIGREW. -DIVERSITY IN EMPLOYMENT AND CONTRACTING: AHN IS COMMITTED TO DIVERSITY AND MITIGATE MANY OF THE HEALTH OUTCOMES DISPARITIES AFFECTING PEOPLE OF COLOR AND OTHER MARGINALIZED COMMUNITIES. ITS FIRST PROGRAMS WILL ADDRESS THE ISSUE OF INFANT MORTALITY AMONG AFRICAN AMERICANS; PITTSBURGH'S RATE OF INFANT MORTALITY FOR BLACK BABIES IS MORE THAN SIX TIMES HIGHER THAN IT IS FOR WHITE BABIES - 13 DEATHS PER 1,000 BIRTHS, COMPARED TO TWO DEATHS FOR WHITE BABIES. THE INSTITUTE IS LED BY CHIEF CLINICAL DIVERSITY, EQUITY AND INCLUSION OFFICER DR. MARGARET LARKINS-PETTIGREW. THE GOAL OF THE OFFICE IS TO ADVANCE DIVERSITY AND INCLUSION AMONG THE CLINICAL AND CAREGIVING STAFF AT AHN, AND TO ADVOCATE FOR EQUITABLE HEALTH OUTCOMES AMONG ALL PATIENT POPULATIONS BY DEVELOPING PROGRAMS THAT TARGET DISPARITIES IN MEDICAL CARE, ACROSS AHN AND HH. -LIFELIGHT: LIFELIGHT, THE FIRST AIR MEDICAL TRANSPORT SERVICE IN THE NORTHEASTERN UNITED STATES, IS PART OF AHN AND HAS COMPLETED MORE THAN 70,000 MISSIONS IN MORE THAN 40 YEARS OF FLYING. HOSPITAL-BASED AIR-MEDICAL TRANSPORT PROGRAMS THAT FIRST TOOK FLIGHT IN THE LATE 1970S ARE CREDITED WITH SIGNIFICANTLY IMPROVING A CRITICALLY INJURED PATIENT'S CHANCE OF SURVIVAL. THEY PROVIDE TIMELY ACCESS TO SPECIALTY LIFE-SAVING INTERVENTIONS FOR PEOPLE SUFFERING FROM TRAUMA, HEART ATTACKS, STROKES, AND OTHER CRITICAL ILLNESSES. AHN'S LIFELIGHT HAS FIVE BASES THROUGHOUT THE REGION. -PERINATAL HEALTH: IN 2018, AHN OPENED THE ALEXIS JOY D'ACHILLE 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-DAYS-A-WEEK PROGRAM THAT FOCUSES ON GROUP THERAPY, MOTHER-CHILD BONDING AND COMPLEMENTARY MODALITIES FOR STRESS RELIEF, SUCH AS YOGA AND MEDIATION. THE CENTER WILL ALSO OFFER CHILD CARE SERVICES FOR OLDER CHILDREN, ADDRESSING A MAJOR BARRIER TO CARE FOR WOMEN. -VETERANS: AHN IS A PARTNER IN THE "WE HONOR VETERANS PROGRAM," A PROGRAM DEVELOPED BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) IN COLLABORATION WITH THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO SPECIFICALLY RECOGNIZE THE UNIQUE NEEDS OF AMERICA'S VETERANS AND THEIR FAMILIES. AHN'S HEALTHCARE@HOME UNIT RECOGNIZES THAT VETERANS AND THEIR FAMILIES MAY FACE UNIQUE AND SPECIAL 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 LISTENING AND GRATEFUL ACKNOWLEDGMENT. ADDITIONALLY, AHN SUPPORTS THE HEALTH OF WESTERN PENNSYLVANIA'S SUBSTANTIAL VETERANS COMMUNITY THROUGH THE INTEGRATION OF THE AHN AND VA ELECTRONIC MEDICAL RECORDS (EMR) PLATFORMS. THE TWO ORGANIZATIONS CAN NOW EXCHANGE VETERANS' HEALTH RECORDS SECURELY AND SEAMLESSLY FOR A MORE CONNECTED PATIENT-PROVIDER EXPERIENCE. -RESEARCH: AT THE ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE, THE PATH TO ADVANCING THE SCIENCE OF 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 DISEASE. AHN OFFERS COMMUNITY 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. AHN PARTNERS WITH LOCAL INDUSTRY, GOVERNMENT, ACADEMIA, AND HEALTH SYSTEMS ACROSS THE REGION TO WORK TOWARD A COMMON GOAL: DISCOVERING CURES 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 ADVANCING THE SCIENCE OF MEDICINE. ADDITIONALLY, AHN PARTICIPATES IN HIGHMARK HEALTH'S "VITAL" (VERIFICATION OF INNOVATION BY TESTING, ANALYSIS AND LEARNING) PROGRAM, A CLINICAL INNOVATION PROGRAM THAT LEVERAGES HIGHMARK HEALTH'S SIZE AND MARKET POSITION, AND AHN'S 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.

AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6 SEE SCHEDULE O.
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

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

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Highmark Health Group

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) Alexis Joy D'Achille Foundation for PPD 2012 Lake Marshall Drive Gibsonia, PA 15044	46-4212454	501(C)(3)	11,000		N/A	N/A	SEE PART IV
(2) American Cancer Society 320 Bilmar Drive Pittsburgh, PA 15205	13-1788491	501(C)(3)	12,000		N/A	N/A	SEE PART IV
(3) American Diabetes Association Two Chatham Center 112 Washington Pittsburgh, PA 15219	13-1623888	501(C)(3)	10,000		N/A	N/A	SEE PART IV
(4) American Heart Association 444 Liberty Avenue Suite 1300 Pittsburgh, PA 15222	13-5613797	501(C)(3)	53,500		N/A	N/A	SEE PART IV
(5) American Lung Association 810 River Avenue Pittsburgh, PA 15212	13-1632524	501(C)(3)	6,500		N/A	N/A	SEE PART IV
(6) Arthritis Foundation 790 Holiday Drive Pittsburgh, PA 15220	58-1341679	501(C)(3)	12,000		N/A	N/A	SEE PART IV
(7) Bayfront NATO Inc MLK JR Memorial Center 312 Chestnut Street Erie, PA 16507	25-6085619	501(C)(3)	7,500		N/A	N/A	SEE PART IV
(8) Bemus Bay Pops Inc PO BOX 9250 BEUMUS POINT, NY 14712	05-0555451	501(C)(3)	10,000		N/A	N/A	SEE PART IV
(9) City of Pittsburgh 310 Grant Street Pittsburgh, PA 152190000	25-6000879	GOVT	25,000		N/A	N/A	SEE PART IV
(10) Community Blood Bank of Erie County 2646 Peach St Erie, PA 16508	25-1181389	501(C)(3)	10,000		N/A	N/A	SEE PART IV
(11) Community Food Warehouse of Mercer County 109 S Sharpsville Ave Sharon, PA 16146	25-1446242	501(C)(3)	10,000		N/A	N/A	SEE PART IV
(12) Crohn's & Colitis Foundation 5001 Baum Blvd Pittsburgh, PA 15213	13-6193105	501(C)(3)	6,000		N/A	N/A	SEE PART IV
(13) Cultures Arts Festivals & Events of Erie 626 State St Erie, PA 16501	61-1428869	501(C)(3)	15,000		N/A	N/A	SEE PART IV
(14) Dr Gertrude A Barber Foundation 100 Barber Place Erie, PA 16507	25-1753149	501(C)(3)	7,500		N/A	N/A	SEE PART IV
(15) Epilepsy Assoc of Western and Central PA 1501 Reedsdale Street Pittsburgh, PA 15233	23-7241930	501(C)(3)	6,000		N/A	N/A	SEE PART IV
(16) expERIENCE Children's Museum 420 French Street Erie, PA 16507	25-1693861	501(C)(3)	10,000		N/A	N/A	SEE PART IV
(17) JDRF International 501 Martindale Street Pittsburgh, PA 15212	23-1907729	501(C)(3)	10,000		N/A	N/A	SEE PART IV
(18) March of Dimes Inc 300 Cedar Ridge Drive Pittsburgh, PA 15205	13-1846366	501(C)(3)	14,000		N/A	N/A	SEE PART IV
(19) Mercy Center for Women 1039 East 27th St Erie, PA 16504	25-1695659	501(C)(3)	20,000		N/A	N/A	SEE PART IV
(20) National Kidney Foundation 2403 Sidney Street Pittsburgh, PA 15203	13-1673104	501(C)(3)	6,000		N/A	N/A	SEE PART IV
(21) National MS Society PA Keystone Chapter 1501 Reedsdale St Suite 105 Pittsburgh, PA 15233	13-5661935	501(C)(3)	6,500		N/A	N/A	SEE PART IV
(22) Nat'l Ovarian Cancer Coalition- PCH Chapter 1310 Old Freeport Road Pittsburgh, PA 15215	65-0628064	501(C)(3)	7,500		N/A	N/A	SEE PART IV
(23) Northside Chamber of Commerce 809 Middle Street Pittsburgh, PA 15212	25-0696267	501(C)(6)	7,000		N/A	N/A	SEE PART IV
(24) Pittsburgh Zoo & PPG Aquarium One Wild Place Pittsburgh, PA 15206	25-1418766	501(C)(3)	12,500		N/A	N/A	SEE PART IV
(25) Presque Isle Partnership 301 Peninsula Dr Erie, PA 16505	25-1737521	501(C)(3)	20,000		N/A	N/A	SEE PART IV
(26) Public Broadcasting of NW PA Inc 8425 Peach Street Erie, PA 16509	25-1154116	501(C)(3)	9,000		N/A	N/A	SEE PART IV
(27) Second Harvest Food Bank of NW PA 1507 Grimm Drive	25-1405798	501(C)(3)	25,000		N/A	N/A	SEE PART IV

(28) Street Medicine Institute 1503 Abby Rose Ct Pittsburgh, PA 15237	94-3489183	501(C)(3)	10,000	N/A	N/A	SEE PART IV
(29) The Leukemia & Lymphoma Society 333 East Carson Street Pittsburgh, PA 15219	13-5644916	501(C)(3)	6,500	N/A	N/A	SEE PART IV
(30) Westfield Memorial Hosp Foundation INC 189 East Main Street Westfield, NY 14787	22-2270533	501(C)(3)	50,000	N/A	N/A	SEE PART IV

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	29
3	Enter total number of other organizations listed in the line 1 table	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) 2020**

Schedule I (Form 990) 2020 Page 2

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) WEST PENN SCHOOL OF NURSING SCHOLARSHIPS	23	12,988			
(2) AHN SCHOLARSHIPS	28	24,818			
(3) AGH ALUMNAE SCHOLARSHIPS	14	17,105			
(4) NEUBERT & SEYBOLD (AKMC TRUST) SCHOLARSHIPS	24	22,250			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.	Schedule I, Part I, Line 2 ALLEGHENY HEALTH NETWORK UPPER MANAGEMENT ANALYZES REQUESTS FOR CHARITABLE DISBURSEMENTS ON AN ONGOING BASIS. DISBURSEMENTS ARE AWARDED 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. THE FUNDING REQUESTS ARE RECEIVED AND TRACKED THROUGH THE CHARITABLE GIVING PLATFORM AND MONITORED BY THE CORPORATE GIVING TEAM TO ENSURE ADHERENCE TO THE CHARITABLE MISSION.
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.
SCHEDULE I, PART II, COLUMN (H)	THE PURPOSE OF EACH GRANT IS AS FOLLOWS: ALEXIS JOY D'ACHILLE FOUNDATION FOR PPD: SPONSORSHIP: A NIGHT OF JOY 2020 AMERICAN CANCER SOCIETY: SPONSORSHIP: AMERICAN CANCER SOCIETY REQUEST FOR SUPPORT FOR PITTSBURGH AND ERIE AMERICAN DIABETES ASSOCIATION: SPONSORSHIP: 2020 IMAGINE CAMP AND COURAGE WEEK, 2020 VIRTUAL TOUR DE CURE AMERICAN HEART ASSOCIATION: SPONSORSHIP: 2020 WESTERN PENNSYLVANIA AMERICAN LUNG ASSOCIATION: SPONSORSHIP: AMERICAN LUNG ASSOCIATION FY20 EVENTS ARTHRITIS FOUNDATION: SPONSORSHIP: 2020 WALK TO CURE ARTHRITIS PITTSBURGH BAYFRONT NATO, INC. MLK, JR MEMORIAL CENTER: SPONSORSHIP: FAMILIES MATTER VOCATIONAL TRAINING PROGRAM BEMUS BAY POPS, INC.: SPONSORSHIP: AHN FLOATING STAGE SPONSORSHIP: 2020 CITY OF PITTSBURGH: 2020 RICHARD S. CALIGUIRI CITY OF PITTSBURGH GREAT RACE COMMUNITY BLOOD BANK OF ERIE COUNTY: SPONSORSHIP: ALYX INSTRUMENT COMMUNITY FOOD WAREHOUSE OF MERCER COUNTY: SPONSORSHIP: CORPORATE GIFT TO SUPPORT COVID-19 RESPONSE CROHN'S & COLITIS FOUNDATION: SPONSORSHIP: 2020 CROHN'S & COLITIS FOUNDATION CORPORATE SPONSORSHIP CULTURES, ARTS, FESTIVALS, & EVENTS OF ERIE: SPONSORSHIP: CELEBRATE ERIE PRESENTING SPONSORSHIP DR GERTRUDE A BARBER FOUNDATION: SPONSORSHIP: 2020 BARBER INSTITUTE EVENT SPONSORSHIPS EPILEPSY ASSOC. OF WESTERN AND CENTRAL PA: SPONSORSHIP: 26TH ANNUAL MARDI GRAS GALA EXPERIENCE CHILDREN'S MUSEUM: SPONSORSHIP: CULTURE CONNECTION JDRF INTERNATIONAL: SPONSORSHIP: JDRF WESTERN PA 2020 MARCH OF DIMES, INC.: SPONSORSHIP: 2020 MARCH OF DIMES PARTNERSHIP PROPOSAL MERCY CENTER FOR WOMEN: SPONSORSHIP: MERCY CENTER SOCIAL DETERMINANTS OF HEALTH SUPPORT NATIONAL KIDNEY FOUNDATION: SPONSORSHIP: NATIONAL KIDNEY FOUNDATION 2020 ANNUAL PARTNERSHIP NATIONAL MS SOCIETY, PA KEYSTONE CHAPTER: SPONSORSHIP: 2019 2018 WPA HIGHMARK AND MS SOCIETY PA KEYSTONE CHAPTER - PARTNERSHIP REQUEST NATL OVARIAN CANCER COALITION-PGH CHAPTER: SPONSORSHIP: NOCC PITTSBURGH PROGRAMMING 2020 NORTHSIDE CHAMBER OF COMMERCE: 2020 SPONSORSHIP PACKAGE PITTSBURGH ZOO & PPG AQUARIUM: SPONSORSHIP: ZOO BOO PRESQUE ISLE PARTNERSHIP: SPONSORSHIP: PRESQUE ISLE LIGHTS PUBLIC BROADCASTING OF NW PA INC.: SPONSORSHIP: LAKE ERIE CYCLEFEST SECOND HARVEST FOOD BANK OF NW PA: SPONSORSHIP: CORPORATE GIFT FOR COVID-19 RESPONSE STREET MEDICINE INSTITUTE: SPONSORSHIP: 15TH ANNUAL INTERNATIONAL STREET MEDICINE SYMPOSIUM THE LEUKEMIA & LYMPHOMA SOCIETY: SPONSORSHIP: THE LEUKEMIA & LYMPHOMA SOCIETY, WESTERN PA/WV CHAPTER WESTFIELD MEMORIAL HOSP FOUNDATION INC: GREATEST NEED

Additional Data

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11	Gregory K. Williams MD Director	(i)	90,197	193	2,850	21,117	324,988	0
		(ii)	0	0	0	0	0	0
12	Susan Moore MD Director	(i)	148,000	44,721	506	1,927	216,184	0
		(ii)	0	0	0	0	0	0
13	Donald McNary Director	(i)	213,639	51,521	848	2,136	276,343	0
		(ii)	0	0	0	0	0	0
14	Madhusudan Menon MD Director	(i)	329,992	352,673	1,445	2,850	687,996	0
		(ii)	0	0	0	0	0	0
15	Dawn Karns DO Director	(i)	123,280	43,515	188	1,669	169,252	0
		(ii)	0	0	0	0	0	0
16	Robert Lupo MD Director	(i)	611,835	226,625	1,558	2,850	865,521	0
		(ii)	0	0	0	0	0	0
17	Jeffrey McGovern MD Director	(i)	504,423	58,866	9,845	2,850	598,610	0
		(ii)	0	0	0	0	0	0
18	Donald Whiting MD Director/CHAIRMAN	(i)	1,004,968	528,300	374,725	9,975	1,944,436	0
		(ii)	0	0	0	0	0	0
19	Joseph C Guyaux Director	(i)	0	0	0	0	0	0
		(ii)	155,430	0	0	0	155,430	0
20	James Benedict Director/COO	(i)	439,820	825,011	65,750	5,755	1,359,073	0
		(ii)	334,231	0	106,542	4,220	459,754	0
21	Parminder Sharma MD Director	(i)	550,000	210,973	7,620	2,850	793,561	0
		(ii)	0	0	0	0	0	0
22	Venkatraman Srinivasan MD Trustee	(i)	629,990	274,210	8,839	2,850	936,873	0
		(ii)	0	0	0	0	0	0
23	Cynthia Hundorfean Director & President	(i)	1,041,464	1,539,335	295,876	9,975	2,908,695	0
		(ii)	0	0	0	0	0	0
24	Louise Urban Director & President	(i)	480,288	97,577	48,345	3,924	649,233	0
		(ii)	0	0	0	0	0	0
25	Mark Rubino MD Director & President	(i)	474,729	130,092	58,626	2,850	685,171	0
		(ii)	0	0	0	0	0	0
26	Christopher Clark DO Director & President	(i)	428,145	86,171	26,367	2,850	565,548	0
		(ii)	0	0	0	0	0	0
27	Ronald Andro MD Director & President	(i)	452,501	103,250	58,203	2,850	639,626	0
		(ii)	0	0	0	0	0	0
28	G Scott Long MD Director & President	(i)	600,000	363,531	12,364	2,850	997,622	0
		(ii)	0	0	0	0	0	0
29	Allison Quick Director & President	(i)	297,648	86,854	6,783	9,975	434,229	0
		(ii)	0	0	0	0	0	0
30	Mark Nussbaum Director & Vice President	(i)	375,857	165,086	26,383	11,286	596,046	0
		(ii)	0	0	0	0	0	0
31	Keith LeJeune Director & Vice President	(i)	326,041	44,498	8,935	9,975	416,798	0
		(ii)	0	0	0	0	0	0
32	Jacqueline Bauer Director & Secretary	(i)	0	0	0	0	0	0
		(ii)	433,528	438,435	76,233	26,269	993,353	0
33	Jeffrey Crudele Former Director & Treasurer	(i)	17,236	635,099	1,037,262	0	1,705,305	1,036,587
		(ii)	0	0	0	0	0	0
34	James Rohrbaugh Treasurer	(i)	456,202	168,336	21,806	19,679	699,662	0
		(ii)	0	0	0	0	0	0
35	Mark Leone DO Director	(i)	245,000	72,790	541	2,850	343,006	0
		(ii)	0	0	0	0	0	0
36	Rand Levis Assistant Treasurer	(i)	334,750	32,500	5,399	2,850	398,453	0
		(ii)	0	0	0	0	0	0
37	Chong Park MD Chief Medical Officer	(i)	590,166	0	4,601	2,850	619,596	0
		(ii)	0	0	0	0	0	0
38	Richard Thompson Vice President	(i)	365,380	217,884	19,386	9,975	629,395	0
		(ii)	0	0	0	0	0	0
39	George J Magovern Jr MD Physician	(i)	695,011	0	9,845	2,850	727,906	0
		(ii)	0	0	0	0	0	0
40	Patrick Demeo MD Physician	(i)	700,000	83,333	307,524	2,850	1,115,870	0
		(ii)	0	0	0	0	0	0
41	Susan Manzi MD Physician	(i)	599,997	60,000	4,356	2,850	674,657	0
		(ii)	0	0	0	0	0	0
42	Ngoc Thai MD PHYSICIAN	(i)	775,000	150,000	2,001	2,850	953,161	0
		(ii)	0	0	0	0	0	0
43	Robert White MD Chief Medical Info Officer	(i)	523,460	535,675	135,603	9,975	1,228,731	0
		(ii)	0	0	0	0	0	0
44	Kenyokee Crowell Sr. Vice President	(i)	95,391	432,958	11,252	9,975	556,490	0
		(ii)	415,665	0	63,692	47,676	556,091	0
45	Beth Casagrande MD Physician	(i)	549,994	46,781	900	2,850	623,781	0
		(ii)	0	0	0	0	0	0
46	Claire Zangerle Chief Nursing Officer	(i)	440,992	297,947	54,365	9,975	805,015	0
		(ii)	0	0	0	0	0	0
47	SRICHARAN CHALIKONDA MD CHIEF MEDICAL OPS OFFICER	(i)	791,355	491,848	40,472	80,727	1,435,916	0
		(ii)	0	0	0	0	0	0
48	John Lawrence MD Physician	(i)	549,994	73,500	1,380	2,850	650,980	0
		(ii)	0	0	0	0	0	0
49	DENZIL RUPERT CHIEF OPERATING OFFICER - AGH	(i)	467,733	188,820	20,019	3,996	700,751	0
		(ii)	0	0	0	0	0	0

50 Srinavas Murali MD Physician	(i)	562,250	150,000	92,502	2,850	14,672	822,274	0
	(ii)	0	0	0	0	0	0	0
51 EDWARD WESTRICK MD Physician	(i)	1,050,000	783,593	1,140	2,850	25,019	1,862,602	0
	(ii)	0	0	0	0	0	0	0
52 Daniel Altman MD Physician	(i)	1,050,000	385,523	4,902	2,850	23,603	1,466,878	0
	(ii)	0	0	0	0	0	0	0
53 Gregory Altman MD Physician	(i)	1,050,000	492,018	4,902	2,850	23,584	1,573,354	0
	(ii)	0	0	0	0	0	0	0
54 GEORGE EID MD Physician	(i)	899,995	527,426	2,346	2,850	19,740	1,452,357	0
	(ii)	0	0	0	0	0	0	0
55 JOHN BALACKO MD DIRECTOR	(i)	480,000	242,913	3,405	2,850	18,945	748,113	0
	(ii)	0	0	0	0	0	0	0
56 Alexander Yu MD PHYSICIAN	(i)	719,616	841,607	811	2,850	8,760	1,573,644	0
	(ii)	0	0	0	0	0	0	0
57 GENE G FINELY MD DIRECTOR	(i)	550,001	484,586	15,635	2,850	19,324	1,072,396	0
	(ii)	0	0	0	0	0	0	0
58 DAVID HOLMBERG DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,460,577	5,592,104	710,544	18,669	41,673	7,823,567	0
59 THOMAS CAMPBELL MD PHYSICIAN CHAIRPERSON	(i)	280,001	46,667	122,780	2,850	23,731	476,029	0
	(ii)	0	0	0	0	0	0	0
60 WILLIAM JOHNJULIO MD PHYSICIAN	(i)	700,003	66,972	79,117	2,850	22,132	871,074	0
	(ii)	0	0	0	0	0	0	0
61 JOSEPH ARACRI PHYSICIAN CHAIRPERSON	(i)	500,000	36,699	2,245	2,850	16,502	558,296	0
	(ii)	0	0	0	0	0	0	0
62 VICENTA GASPAR-YOO MD DIRECTOR	(i)	422,334	42,985	43,585	2,850	1,326	513,080	0
	(ii)	0	0	0	0	0	0	0
63 THOMAS HIPKISS Chief Financial Officer	(i)	235,185	28,500	512	2,352	23,554	290,103	0
	(ii)	0	0	0	0	0	0	0
64 PETER LUND MD DIRECTOR	(i)	650,000	138,088	9,144	2,850	19,569	819,651	0
	(ii)	0	0	0	0	0	0	0
65 DANIEL MUCCIO MD DIRECTOR	(i)	521,154	0	3,713	2,850	22,630	550,347	0
	(ii)	0	0	0	0	0	0	0
66 BRIAN PARKER MD DIRECTOR	(i)	581,879	524,965	52,321	53,099	33,425	1,245,689	0
	(ii)	0	0	0	0	0	0	0
67 KAREN SURKALA PRESIDENT	(i)	243,669	13,224	535	2,437	10,380	270,245	0
	(ii)	0	0	0	0	0	0	0
68 JAMES VALERIANO PHYSICIAN CHAIRPERSON	(i)	360,000	109,352	4,735	2,850	19,714	496,651	0
	(ii)	0	0	0	0	0	0	0
69 KELLY KASSAB VICE PRESIDENT & DIRECTOR	(i)	240,001	22,279	407	2,400	20,291	285,378	0
	(ii)	0	0	0	0	0	0	0
70 DAVID BARTLETT PHYSICIAN	(i)	842,308	0	3,205	2,850	15,484	863,847	0
	(ii)	0	0	0	0	0	0	0
71 KYMBERLE GYURE PHYSICIAN	(i)	498,816	23,000	2,327	2,850	9,078	536,071	0
	(ii)	0	0	0	0	0	0	0
72 HENRY WARD DIRECTOR	(i)	148,835	14,450	262	1,488	20,387	185,422	0
	(ii)	0	0	0	0	0	0	0
73 BETSY BLAZEK-O'NEILL DIRECTOR	(i)	174,720	0	0	1,747	15,426	191,893	0
	(ii)	0	0	0	0	0	0	0
74 JOHN SMITH DIRECTOR & TREASURER	(i)	187,623	17,750	280	1,876	21,190	228,719	0
	(ii)	0	0	0	0	0	0	0
75 ALLAN KLAPPER MD PHYSICIAN	(i)	115,465	176,121	115,465	2,850	17,343	427,244	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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.
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31, 2020. THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2. SCOTT HANKINSON \$158,432 THOMAS MURPHY \$123,633 JEFFREY CRUDELE \$642,232
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN HIGHMARK HEALTH HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THE SUPPLEMENTAL RETIREMENT PLAN IS OFFERED TO ELIGIBLE EMPLOYEES WHOSE RETIREMENT BENEFITS IN QUALIFIED PLANS ARE LIMITED DUE TO IRS REGULATIONS. AMOUNTS IN THE PLAN ARE VESTED WHEN THE PARTICIPANT REACHES AGE 55 AND HAS 3 YEARS OF SERVICE. ONCE VESTED, THE 457F BALANCE IS PAID TO THE PARTICIPANT, BOTH INITIALLY AND THEN EVERY DECEMBER THEREAFTER (WHEN A NEW 457F CONTRIBUTION IS MADE). PARTICIPANTS WHO VOLUNTARILY LEAVE THE ORGANIZATION BEFORE AGE 55 OR 3 YEARS OF SERVICE FORFEIT THEIR ENTIRE 457F BENEFIT UPON TERMINATION. THE FOLLOWING INDIVIDUALS RECEIVED OR PROVIDED 457(F) CONTRIBUTIONS INCLUDED IN 2020 W-2 COMPENSATION: CLAIRE ZANGERLE \$10,909 CYNTHIA HUNDORFEAN \$152,985 DAVID PARDA, M.D. \$23,044 DONALD WHITING, M.D. \$273,111 ROBERT WHITE, M.D. \$33,405 DAVID HOLMBERG \$540,997 JAMES BENEDICT \$85,426 TONY FARAH, M.D. \$116,992 THOMAS VANKIRK \$127,454 JACQUELINE BAUER \$33,928 THE FOLLOWING INDIVIDUALS HAD 457(F) OR CONTRIBUTIONS DEFERRED IN 2020: BRIAN PARKER, MD \$43,124 JAMES ROHRBAUGH \$9,704 SRICHARAN CHALIKONDA, M.D. \$70,753 KAREN HANLON \$252,290
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.

Schedule J (Form 990) 2020

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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.

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

OMB No. 1545-0047

2020

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

Table with columns: (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. Row 1: ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY, 25-1327925, 01728A4A1, 08-29-2018, 1,000,004,532, NEW CONSTRUCTIONS/REFUND PRIOR ISS.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.), 14-17 (Were the bonds issued as part of a current refunding issue, etc.).

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

Cat. No. 50193E

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020

Part III Private Business Use

Table with columns: 1-9 (Was the organization a partner in a partnership, Are there any lease arrangements, etc.), 4-7 (Enter the percentage of financed property used, Total of lines 4 and 5, etc.), 8a-9 (Has there been a sale or disposition, Remedial action taken, etc.).

Part IV Arbitrage

Table with columns: 1-3 (Has the issuer filed Form 8038-T, Rebate not due yet?, Exception to rebate?, etc.), 3 (Is the bond issue a variable rate issue?).

Schedule K (Form 990) 2020

Part IV Arbitrage (Continued)

Table with columns: 4a-4d (Has the organization or the governmental issuer entered into a qualified hedge, Name of provider, Term of hedge, Was the hedge superintegrated?).

e	Was the hedge terminated?								
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 2020 INCLUDES THE PERIOD INVESTMENT EARNINGS OF \$151,508 AND A PRIOR YEAR INVESTMENT EARNINGS OF \$2,755,831.
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 2020 FORM 990, WRITTEN PROCEDURES HAVE BEEN ESTABLISHED.

Schedule K (Form 990) 2020

Additional Data

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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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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
(1) CAITLIN CLARK	FAMILY OF A BOARD MEMBER, CHRISTOPHER CLARK	300,170	EMPLOYMENT		No
(2) MARY BETH KROMER	FAMILY OF A BOARD MEMBER, CHRISTOPHER CLARK	91,680	EMPLOYMENT		No
(3) KYUNG PARK	FAMILY OF A BOARD MEMBER, CHONG PARK	647,846	EMPLOYMENT		No
(4) QUICK MED CLAIMS	35% CONTROLLED ENTITY	566,130	SEE SCHEDULE L, PART V		No
(5) WEST RIDGE MEDICAL PARTNERS	35% CONTROLLED ENTITY	842,120	SEE SCHEDULE L, PART V		No

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

Return Reference	Explanation
PART IV, LINE 4, COLUMN D	DESCRIPTION OF TRANSACTION MORE THAN 35% CONTROLLED ENTITY BY EDWARD MARASCO. ALL BUSINESS IS TRANSACTED AT ARMS LENGTH AND FAIR MARKET VALUE.
PART IV, LINE 5, COLUMN D	DESCRIPTION OF TRANSACTION MORE THAN 35% CONTROLLED ENTITY BY MICHAEL REDLAWSK. ALL BUSINESS IS TRANSACTED AT ARMS LENGTH AND FAIR MARKET VALUE.

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

Noncash Contributions

OMB No. 1545-0047
2020
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▶ 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.

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		328,819	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	134,935	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	102	799,317	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	32	46,502	COST
GIFT CERTIFICATES	X	30	134,184	COST
26 Other ▶ (ENTERTAINMENT)	X	20	11,655	COST
27 Other ▶ (VOUCHERS)	X	3	5,733	COST
28 Other ▶ (TREE)	X	219	370,828	COST
FOOD DONATIONS)	X	11	94,661	COST
CARE PACKAGES)				

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**

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Employer identification number

82-1406555

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 13 HOSPITALS AND MORE THAN 300 HEALTHCARE SITES, INCLUDING FIVE HEALTH + WELLNESS PAVILIONS, SURGICAL CENTERS AND OUTPATIENT CLINICS; A RESEARCH INSTITUTE; MORE THAN 2,500 EMPLOYED AND AFFILIATED PHYSICIANS; APPROXIMATELY 25,000 TOTAL EMPLOYEES; 1,000 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), EIGHT 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 MEDICAL CENTER, 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 FOUR NEIGHBORHOOD HOSPITALS (AHN HEMPFIELD IN WESTMORELAND COUNTY; AHN McCANDLESS IN ALLEGHENY COUNTY; AHN HARMAR 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 MORE THAN 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 2020, THE HOSPITALS AND CLINICS OF AHN TOGETHER REPORTED MORE THAN 112,000 PATIENT DISCHARGES AND OBSERVATIONS, LOGGED MORE THAN 260,000 EMERGENCY ROOM VISITS, AND DELIVERED NEARLY 8,000 BABIES; ITS PHYSICIANS SAW MORE THAN 3 MILLION PATIENTS. ANCHORED BY NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL AND RESEARCH PROGRAMS IN THE AREAS OF BONE AND JOINT CARE, SPORTS MEDICINE, CARDIOVASCULAR DISEASE, NEUROSURGERY AND NEUROLOGY, WOMEN'S HEALTH, CANCER, EMERGENCY MEDICINE, BARIATRIC AND METABOLIC DISEASE, AHN PROVIDES A COMPLETE SPECTRUM OF ADVANCED DIAGNOSTIC, MEDICAL AND SURGICAL CARE ACROSS ALL MEDICAL SPECIALTIES, INCLUDING PRIMARY CARE, TRAUMA AND BURN CARE, GENERAL SURGERY, DIABETES, AUTOIMMUNE DISEASES, CRITICAL CARE, DIGESTIVE DISEASES, MEN'S HEALTH/UROLOGY, LUNG AND ESOPHAGEAL DISEASES AND REHABILITATION SERVICES. AHN ALSO PLAYS A PIVOTAL ROLE IN THE TRAINING OF FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS BY OFFERING FOUR DOZEN GRADUATE MEDICAL PROGRAMS, AND BY MAINTAINING AFFILIATIONS WITH THREE MEDICAL SCHOOLS AND TWO NURSING SCHOOLS. THE NETWORK'S HOSPITALS SERVE AS CLINICAL CAMPUSES FOR THE MEDICAL SCHOOLS OF DREXEL UNIVERSITY 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 IDENTITY OR SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY. MISSION AND VISION AHN'S MISSION, WHICH IS SHARED BY ITS PARENT COMPANY HIGHMARK HEALTH, IS TO CREATE A REMARKABLE HEALTH EXPERIENCE, FREEING PEOPLE TO BE THEIR BEST. OUR VISION IS A WORLD WHERE EVERYONE EMBRACES HEALTH.</p>
COMMUNITY BENEFITS	<p>AHN AND ITS TAX-EXEMPT SUBSIDIARY FACILITIES SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES TO THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE; SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS, SUPPORT GROUPS); AND MAKING CHARITABLE DONATIONS. THE SERVICES BENEFIT CHILDREN AND TEENS, ADULTS AND SENIORS, PATIENTS AND THEIR FAMILIES, AND THE COMMUNITY AT LARGE. THE FOLLOWING IS NOT A TOTAL ACCOUNT OF ALL OF AHN'S CHARITABLE ACTIVITIES, BUT A SAMPLING OF AHN'S MANY CONTRIBUTIONS TO THE COMMUNITY, AND ITS COMMITMENT TO PROVIDE A WIDE RANGE OF QUALITY HEALTH SERVICES TO DIVERSE COMMUNITIES, AND TO ALL WHO SEEK AHN'S CARE: AIDS-FREE PITTSBURGH: IN 2020, AIDS FREE PITTSBURGH (AFP) RECEIVED FUNDING COMMITMENTS FROM AHN TO SUPPORT ITS WORK TOWARDS ENDING THE HIV/AIDS EPIDEMIC IN ALLEGHENY COUNTY DURING 2021-2025. AUNT BERTHA: ALLEGHENY HEALTH NETWORK 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 INFORMATION 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. AHN HAS LAUNCHED A COMMUNITY HEALTH</p>

SERVING A SIGNIFICANT SHARE OF MEDICARE AND MEDICAID PATIENTS. 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. CENTER FOR INCLUSION HEALTH: AHN'S CENTER FOR INCLUSION HEALTH SEEKS TO ADDRESS THE OBSTACLES THAT MAKE IT HARD FOR TRADITIONALLY UNDERSERVED PATIENTS AND POPULATIONS TO ACCESS CARE, HELPING TO IMPROVE PEOPLE'S HEALTH WHILE REDUCING COSTS. THE CENTER HOUSES PROGRAMS FOR ADDICTION MEDICINE; HOMELESS HEALTH CARE; POSITIVE (HIV) HEALTH CLINIC; FOOD INSECURITY; IMMIGRANT AND REFUGEE HEALTH; AND TRANSGENDER HEALTH CARE, AMONG OTHER PROGRAMS. THE CENTER PROVIDES ITS PATIENT POPULATIONS WITH PRIMARY CARE ACCESS: A SUPPORT STAFF THAT INCLUDES PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS, PSYCHIATRISTS AND PATIENT ADVOCATES; SPECIALIZED HIV CARE; MEDICATION ADHERENCE COUNSELING AND PHARMACY SUPPORT; GYNECOLOGIC CARE; NUTRITIONAL ASSESSMENT AND COUNSELING BY A REGISTERED DIETITIAN; 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. THE CENTER INCLUDES AHN'S STREET MEDICINE AND HOMELESS HEALTH CARE PROGRAM. PEOPLE EXPERIENCING HOMELESSNESS OR LIVING IN UNSTABLE HOUSING SITUATIONS OFTEN FIND IT HARD TO GET ROUTINE HEALTH CARE THAT IS SENSITIVE AND FLEXIBLE ENOUGH TO MEET THEIR NEEDS. AHN'S HOMELESS HEALTH CARE SERVICES REACH PEOPLE BY PROVIDING CARE WHEREVER THEY ARE: AT HOMELESS SHELTERS, ON THE STREETS, IN HOSPITALS, AND AT OTHER LOCATIONS. AHN'S ULTIMATE GOAL IS TO BREAK THE CYCLE OF HOMELESSNESS, POVERTY, AND POOR HEALTH THROUGH TRUSTING, RESPECTFUL, AND COMPASSIONATE HEALTH CARE RELATIONSHIPS. PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS, INCLUDING STREET MEDICINE, AT HOMELESS CAMPS, AT HOMELESS SHELTERS, AND "BRIDGE" SERVICES FOR THOSE EXPERIENCING HOUSING INSTABILITY AND WHO HAVE EXPERIENCED A RECENT ILLNESS, SURGERY, OR HOSPITALIZATION. CENTER ALSO HOUSES A NEW AHN PROGRAM FOR HOMELESS AND URBAN POVERTY MEDICINE. THE PROGRAM PUTS TRAINED SOCIAL WORKERS AND OTHER HELPERS ON THE STREETS BETWEEN 8 A.M. AND 5 P.M. IN DOWNTOWN PITTSBURGH AND SURROUNDING NEIGHBORHOODS. THE AHN IS A 'FIRST-RESPONDER' TEAM THAT RESPONDS WITH CITY POLICE TO CALLS FOR ASSISTANCE THAT INVOLVE THE HOMELESS, PEOPLE IN MENTAL CRISIS OR THOSE WHO HAVE OVERDOSED ON DRUGS, IN NONVIOLENT AND NONDANGEROUS SITUATIONS. CHARITY CARE: TOGETHER AS AN ENTERPRISE, AHN PROVIDED MORE THAN \$174 MILLION IN CHARITY AND UNCOMPENSATED CARE IN 2020. CHILL: THE CHILL PROJECT USES MINDFULNESS-BASED EXERCISES TO EQUIP STUDENTS, TEACHERS, AND PARENTS WITH A COMMON LANGUAGE AND UNIVERSAL SKILLS TO IDENTIFY, DISCUSS, AND REACT POSITIVELY TO STRESS. SCHOOL HAS ALWAYS BEEN A SOURCE OF STRESS, WHETHER ONE IS TAKING CLASSES, TEACHING, OR PARENTING A STUDENT. NEGATIVE REACTIONS TO STRESS CREATE A SIGNIFICANT BARRIER TO LEARNING AND GROWTH. THE CHILL PROJECT FEATURES DEDICATED PROFESSIONALS, A CALMING SPACE, AND REGULAR INSTRUCTION TO HELP EVERY MEMBER OF A SCHOOL'S COMMUNITY BETTER HANDLE PRESSURE AND ANXIETY. THE PROJECT STARTED IN BALDWIN-WHITEHALL SCHOOL DISTRICT AND WEST JEFFERSON HILLS SCHOOL DISTRICT. PARTICIPATING SCHOOLS HAVE EXPERIENCED: REDUCED NUMBER OF BEHAVIORAL HEALTH INCIDENTS FOR STUDENTS, LIKE CHRONIC ABSENCE, DISRUPTIVE BEHAVIOR, DROPPING OUT, AND FEELINGS OF HOPELESSNESS; INCREASED ACCESS TO RESOURCES AND SENSE OF PROFESSIONAL QUALITY OF LIFE FOR EDUCATORS AND ADMINISTRATORS AS WELL AS INCREASED WELL-BEING FOR PARENTS AND CAREGIVERS; ENHANCED MINDFUL AWARENESS AND RESILIENCY ACROSS THE SCHOOL COMMUNITY. PARTICIPANTS IN THE CHILL PROJECT HAVE ACCESS TO: ONE-TO-ONE COUNSELING; SUPPORT GROUPS; MEDICATION MANAGEMENT; SCHOOL-BASED OUTPATIENT SERVICES; SCHOOL-WIDE PREVENTIVE SERVICES; PROFESSIONAL DEVELOPMENT OPPORTUNITIES; A SOCIAL-EMOTIONAL CURRICULUM AND CLASSROOM CONSULTATIONS; EXERCISES AND CONSULTATIONS SPECIFICALLY DESIGNED FOR STUDENT ATHLETES. THE PROGRAM WAS DESIGNED IN COLLABORATION WITH THE PARTICIPATING SCHOOLS. COMMUNITY HEALTH NEEDS ASSESSMENT: IN 2018, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AHN EMBARKED ON ANOTHER COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), BUILDING UPON THE HOSPITALS' PREVIOUS CHNAs CONDUCTED IN 2013 AND 2015. AHN'S 2018 CHNA INCLUDED THE EIGHT HOSPITALS THAT WERE PART OF THE HIGHMARK HEALTH GROUP AT THAT TIME. GROVE CITY MEDICAL CENTER CONDUCTED ITS OWN CHNA IN 2018 AS OUTLINED IN SCHEDULE H. AHN'S NEIGHBORHOOD HOSPITALS BEGAN OPERATIONS IN 2020.

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 AHN'S COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT EFFORTS; THE CHNA IDENTIFIES NEEDS WITHIN EACH OF AHN'S 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 AHN'S SERVICE FOOTPRINT. THE CHNA INITIATIVE ALIGNS WITH ONGOING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES IN AHN'S 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 2020, 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. COVID-19 RESPONSE: IN 2020, AS PART OF ITS UNPRECEDENTED PUBLIC HEALTH RESPONSE TO THE GLOBAL CORONAVIRUS PANDEMIC, AHN DEVELOPED NUMEROUS PUBLIC AND COMMUNITY-FACING HEALTH PROGRAMS TO MITIGATE THE SPREAD OF COVID-19 AND, LATER, TO VACCINATE THE PUBLIC. IN 2020, THOSE PROGRAMS INCLUDED: MOBILE COVID-19 TESTING CLINICS, INCLUDING CLINICS FOCUSING ON MINORITY POPULATIONS AND TRADITIONALLY UNDERSERVED COMMUNITIES; DONATING PPE (PERSONAL PROTECTIVE EQUIPMENT, SUCH AS MASKS) TO AREA EMS ORGANIZATIONS; DEVELOPING AND MANUFACTURING COVID-19 TEST-KITS IN HOUSE TO CONFRONT THE INITIAL TESTING SHORTAGE. FOR EXAMPLE: - ON MARCH 18, 2020, AHN ANNOUNCED THE OPENING OF FOUR DRIVE-UP COLLECTION SITES FOR COVID-19 TESTING ACROSS WESTERN PENNSYLVANIA; THREE SITES ARE IN ALLEGHENY COUNTY, AND ONE IS IN ERIE COUNTY. THE SITES WERE MEANT TO PROVIDE PEOPLE WITH "CLOSE-TO-HOME" TESTING OPTIONS, SO THEY DON'T HAVE TO TRAVEL INTO A CENTRAL DOWNTOWN COLLECTION LOCATION. IN APRIL 2020, AHN ADDED TWO-MORE DRIVE-UP TESTING LOCATIONS, ONE IN BRADDOCK AND ONE ON PITTSBURGH'S NORTH SIDE. ANOTHER WAS LATER ADDED IN THE ALLE-KISKI VALLEY, AND IN MAY 2020, AHN EXPANDED THE DRIVE-UP PROGRAM TO ACCOMMODATE NON-AHN AND NON-HIGHMARK PATIENTS AND MEMBERS. - ON MARCH 22, 2020, AHN, HH AND MSA SAFETY INC. SECURED A SHIPMENT OF 65,000 N95 PROTECTIVE MASKS FOR THE PITTSBURGH REGION:

AHN'S CHIEF MEDICAL OFFICER WORKED WITH REGIONAL HEALTH LEADERS TO DEVELOP A DISTRIBUTION STRATEGY FOR THE MASKS, FOR BOTH CARE FACILITY-BASED PROVIDERS AS WELL AS FIRST RESPONDERS AND EMS. - ON MARCH 22, 2020, ALL AHN PCPS AND SPECIALISTS BEGAN PROACTIVELY TO TRANSITION UPCOMING APPOINTMENTS TO VIDEO VISITS. THE NETWORK EXPANDED THE CLINICAL TEAM SUPPORTING THE VIDEO VISIT INITIATIVE AS WELL AS ITS TECHNOLOGICAL CAPACITY IN ORDER TO ACCOMMODATE THE INCREASED VIDEO VISIT VOLUME. BY THE END OF 2020, AHN HAD CARRIED OUT NEARLY 500,000 TELEMEDICINE OR VIRTUAL ENCOUNTERS, REPRESENTING A 4,000% INCREASE OVER 2019. ABOUT 25% OF ALL AMBULATORY VOLUME FOR THE YEAR WAS VIRTUAL (BY PHONE OR BY VIDEO). 44% OF TELE ENCOUNTERS WERE IN PRIMARY CARE; PSYCHIATRY ACCOUNTED FOR 12% AND CVI FOR 6%. VIRTUAL URGENT CARE ACCOUNTED FOR 30,000 ENCOUNTERS, ALLOWING PATIENTS TO BE CARED FOR EFFECTIVELY AND CONVENIENTLY IN THEIR OWN HOMES. - ON APRIL 2, 2020, AHN AND HH LAUNCHED A COVID-19 TEST KIT PRODUCTION CENTER AT THE PAP AUDITORIUM, WITH A GOAL OF CREATING TENS OF THOUSANDS OF TEST KITS IN-HOUSE, SO THAT PATIENTS IN THE COMMUNITY COULD HAVE MORE CONVENIENT ACCESS TO TESTS. IN ALL, AHN AND HH VOLUNTEERS ASSEMBLED 137,000 COVID TEST KITS. - IN THE FIRST WEEK OF APRIL 2020, AHN ANNOUNCED A NEW PROCEDURE FOR STERILIZING DISPOSABLE N95 MASKS, SO THAT THEY CAN BE REUSED BY CAREGIVERS. THE NOVEL PROCESS ALLOWED AHN TO EXTEND THE LIFE OF ITS RESPIRATOR MASKS, WHICH WERE IN SCARCE SUPPLY DUE TO PRODUCT CONSTRAINTS, ALLOWING AHN TO CARE FOR PATIENTS MORE EFFECTIVELY AND SAFELY. - ON APRIL 16, 2020, AHN ANNOUNCED THAT IT WAS PROCURING 10,000 INDUSTRIAL-GRADE P100 RESPIRATOR MASKS FROM MSA SAFETY. THESE MASKS ARE NOT DISPOSABLE, AND CAN BE WORN AGAIN AND AGAIN BY CAREGIVERS. - IN APRIL 2020, VITALANT (FORMERLY CENTRAL BLOOD BANK) ANNOUNCED A PILOT PARTNERSHIP WITH AHN AND UPMC TO TREAT PATIENTS WITH ACTIVE, SEVERE CASES OF COVID-19 WITH BLOOD PLASMA DONATED BY PEOPLE WHO HAVE RECOVERED FROM THE DISEASE. KNOWN AS "CONVALESCENT PLASMA," THIS PLASMA CONTAINS ANTIBODIES THAT MAY GIVE PATIENTS AN EXTRA BOOST TO FIGHT THEIR ILLNESS. - IN MAY 2020, AHN ANNOUNCED THE LAUNCH OF A NEW MOBILE STRATEGY TO BRING COVID-19 TESTING INTO UNDERSERVED WESTERN PENNSYLVANIA COMMUNITIES, PROVIDING ENHANCED ACCESS TO CARE FOR A MORE DIVERSE RANGE OF PATIENTS. MADE POSSIBLE BY GRANTS FROM THE HEINZ ENDOWMENTS AND THE HENRY L. HILLMAN FAMILY FOUNDATION, AHN IS USING A MOBILE HEALTH VEHICLE TO CONDUCT TESTING IN PITTSBURGH'S HOMEWOOD NEIGHBORHOOD, DUQUESNE, PITTSBURGH'S HAZELWOOD NEIGHBORHOOD, PITTSBURGH'S HILL DISTRICT NEIGHBORHOODS, ETC. - THROUGHOUT 2020, AHN LEADERS COLLABORATED CLOSELY WITH LOCAL AND STATE HEALTH DEPARTMENTS AND OTHER PROVIDERS IN THE REGION TO ASSESS THE REGION'S OVERALL PREPAREDNESS AND CAPABILITIES, AND TO ESTABLISH A UNIFIED REGIONAL RESPONSE PLAN. AHN SPEARHEADED THE ESTABLISHMENT OF A CONSORTIUM OF LOCAL HOSPITAL AND HEALTH SYSTEM CHIEF MEDICAL OFFICERS WHO MET WEEKLY TO DISCUSS COVID-19 DEVELOPMENTS AND COLLECTIVE RESOURCES TO MANAGE THE PANDEMIC (INCLUDING UPMC, EXCELA, BUTLER, WASHINGTON, ST. CLAIR, HERITAGE AND WVU). THE ERIE AREA HAS ITS OWN SIMILAR CONSORTIUM. AHN ALSO SPEARHEADED SIMILAR CONSORTIUMS MADE UP OF CHIEF NURSING OFFICERS, AS WELL AS ONE MADE UP OF HOME-HEALTH PROVIDERS, IN ORDER TO BETTER SERVE THE COMMUNITY. - THROUGHOUT 2020, AHN WORKED WITH OTHER REGIONAL CAREGIVERS AND THE JEWISH HEALTHCARE FOUNDATION TO PREVENT THE SPREAD OF COVID-19 IN NURSING HOMES, PERSONAL CARE HOMES, AND OTHER LONG-TERM-CARE SETTINGS. AHN PLAYED A KEY ROLE IN THE PROGRAM, WHICH IS MEANT TO ASSIST FACILITIES IN PROTECTING THOSE WHO ARE MOST VULNERABLE TO THE VIRUS. IN TOTAL, AHN SPENT APPROXIMATELY \$30 MILLION ON PANDEMIC RESPONSE ACTIVITIES IN 2020. DONATE LIFE MONTH: IN 2020, AHN'S COMMITMENT TO ORGAN, TISSUE, AND CORNEA DONATION RESULTED IN THOUSANDS OF LIVES SAVED OR IMPROVED, EITHER THROUGH TRANSPLANT PROCEDURES CARRIED OUT AT THE NETWORK'S 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. FRONT DOOR INITIATIVE: AHN'S JEFFERSON HOSPITAL IS UTILIZING A \$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 HOSPITAL'S 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.

<p>HEALTHY FOOD CENTER: A FIRST OF ITS KIND IN THE REGION, AHN'S HEALTHY</p>	<p>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 SUBSEQUENTLY EXPANDED TO AGH, JH, AND SVH. 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, AHN'S CENTER FOR INCLUSION HEALTH AND MORE THAN A DOZEN LOCAL COMMUNITY HEALTH AND SOCIAL SERVICE PROVIDERS WILL CONVE NE 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 WOMEN'S 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 AHN'S CARDIOVASCULAR</p>
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SURGEONS IN ACTION THROUGH THE CARDIOVASCULAR INSTITUTE'S (CVI) OPEN HEART SURGERY OBSERVATION PROGRAM. THE PROGRAM, WHICH HAS HOSTED MORE THAN 15,000 AREA STUDENTS FROM DOZENS OF SCHOOLS, IS SUPPORTED BY TWO PART-TIME POSITIONS, AND IS PART OF AHN'S AND THE CVI'S 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 SYNTHETIC OPIATES. IN 2019, AHN RECEIVED A \$5 MILLION FEDERAL GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA) TO SUPPORT THE IMPLEMENTATION AND EVALUATION 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 MANAGEMENT PROGRAM WHICH TAKES A NOVEL, HOLISTIC APPROACH TO TREATING A PATIENT'S PAIN WITHOUT OPIOIDS. THE FIRST SUCH CLINIC HAS OPENED AT THE AHN INSTITUTE FOR PAIN MEDICINE NEAR WEST PENN HOSPITAL, WITH MORE LOCATIONS BEING PLANNED. AHN AND PARTNER ORGANIZATIONS OPENED A NEW 45-BED UNIT AT THE KANE COMMUNITY LIVING CENTER IN MCKEESPORT, PA.; IT HAS BEEN OPERATING SINCE 2018 AS A POST-ACUTE UNIT FOR PATIENTS WITH MEDICAL CONDITIONS AND CO-OCCURRING SUBSTANCE USE DISORDERS. AHN MAINTAINS SECURE, PERMANENT DRUG TAKE-BACK BOXES AT SIX AHN HOSPITALS, AS WELL AS AT THE WEXFORD HEALTH + WELLNESS PAVILION; THE BOXES HAVE ALLOWED PATIENTS AND VISITORS TO DISPOSE OF SURPLUS OR EXPIRED MEDICATIONS YEAR-ROUND SINCE 2018. 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 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 STATE'S DEPARTMENT OF HEALTH AND HUMAN SERVICES. 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; 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 SHERIFF'S DEPARTMENT. AHN'S RESEARCH INSTITUTE IS STUDYING AND DEVELOPING SINGLE-DOSE, LONGER-LASTING OPIOID OVERDOSE ANTIDOTES. PERINATAL HOPE: THE PERINATAL HOPE PROGRAM IS A MEDICAL HOME CARE MODEL FOR MOTHERS-TO-BE WHO ARE ADDICTED TO DRUGS. THE PROGRAM PROVIDES COMPREHENSIVE AND COORDINATED TREATMENT THAT PUTS THE MOTHER AND BABY ON TRACK FOR A MORE HOPEFUL FUTURE. PERINATAL HOPE IS THE REGION'S FIRST ALL-INCLUSIVE PROGRAM FOR MATERNAL ADDICTION THAT COMBINES OBSTETRICAL CARE, AND DRUG AND ALCOHOL THERAPY AND MEDICATION-ASSISTED TREATMENT INTO ONE CLINIC VISIT. PERINATAL HOPE IS SUPPORTED IN PART BY GRANTS FROM THE MARCH OF DIMES FOUNDATION - WESTERN PENNSYLVANIA, THE HIGHMARK FOUNDATION AND THE JEWISH WOMEN'S FOUNDATION OF GREATER PITTSBURGH. ADDITIONALLY, AHN'S NEW WOMEN'S BEHAVIORAL HEALTH PROGRAM INCLUDES THE REGION'S FIRST INTENSIVE OUTPATIENT PROGRAM FOR WOMEN WITH PREGNANCY-RELATED DEPRESSION. 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 CAUSALLY 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. 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. 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 EVERYBODY" (CLUB) - A HEALTH AND WELLNESS MODEL AIMED AT REACHING THE NORTHSIDE'S MOST VULNERABLE RESIDENTS. HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS ALLEGHENY GENERAL HOSPITAL: FOUNDED IN 1885, ALLEGHENY GENERAL HOSPITAL (AGH) IS AHN'S FLAGSHIP HOSPITAL, SERVING AS AHN'S 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.

CANONSBURGH HOSPITAL: SINCE 1904, CANONSBURGH HOSPITAL (CH), BASED IN

CANONSBURGH, 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 GYNECOLOGY SERVICE AMONG ITS MANY CLINICAL OFFERINGS. GROVE CITY MEDICAL CENTER: 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 ACUTE-CARE PATIENT ROOMS AND ONE OF PENNSYLVANIA'S MOST ADVANCED OBSTETRICAL AND NEWBORN CARE PROGRAMS, INCLUDING A LEVEL III 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 NATION'S TOP 100 HOSPITALS BY IBM WATSON. NEIGHBORHOOD HOSPITALS: AHN OPENED FOUR SMALL-SCALE, NEIGHBORHOOD HOSPITALS OVER IN 2020: AHN HEMPFIELD, AHN MCCANDLESS, AHN BRENTWOOD, AND AHN HARMAR. AGH SUBURBAN: THE FORMER ACUTE-CARE HOSPITAL IN BELLEVUE, PA., IS BEING REDEVELOPED INTO A COMMUNITY INNOVATION HUB THAT SEEKS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND OTHER CARE BARRIERS. AGH SUBURBAN IS NOW HOME TO ALPHALAB HEALTH, A HEALTH CARE BUSINESS ACCELERATOR THAT INVESTS IN EARLY-STAGE HEALTH TECHNOLOGIES, PRODUCTS, AND SERVICES. OUTPATIENT CARE FACILITIES: IN ADDITION TO ITS HUNDREDS OF 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 SINGER RESEARCH INSTITUTE: ALLEGHENY SINGER 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 NETWORK'S PROGRAMS IS A CRITICAL COMPONENT OF THE ORGANIZATION'S MISSION. THE NETWORK'S 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. 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. KEY INSTITUTES AND SERVICES LINES ALLEGHENY HEALTH NETWORK CANCER INSTITUTE: AHN'S CANCER INSTITUTE INCLUDES MORE THAN 50 CANCER INSTITUTE CLINICS, TWO DOZEN SEPARATE CLINICAL LOCATIONS AND A MULTIDISCIPLINARY TEAM OF MORE THAN 200 PHYSICIANS. THE INSTITUTE TREATS 10,000 PATIENTS ANNUALLY IN WESTERN PENNSYLVANIA, ERIE, WEST VIRGINIA, AND OHIO. IN 2019, AHN OPENED NEW COMMUNITY CANCER CENTERS IN BUTLER, BEAVER, ALLEGHENY, AND ERIE COUNTIES. AHN ALSO OPENED A NEW ACADEMIC CANCER INSTITUTE AND CANCER GENOME LABORATORY ON THE AGH 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 OPTIONS AND SECOND OPINIONS FOR PATIENTS WITH RARE AND COMPLEX CANCERS, AMONG OTHER BENEFITS.

ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE: ON THE

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'S SEVEN HOSPITALS AND 20 OUTPATIENT PITTSBURGH- AND ERIE-AREA LOCATIONS HAVE HELPED TO PIONEER THE USE OF THE LATEST GENERATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATORS; WERE AMONG THE FIRST IN THE NATION TO PERFORM TRANS-CATHETER AORTIC VALVE REPLACEMENT (TAVR), REPLACING DEFECTIVE AORTIC HEART VALVES VIA A MINIMALLY INVASIVE CATHETER PROCEDURE; INTRODUCED NEW TREATMENTS TO REPAIR DEFECTIVE MITRAL VALVES VIA ROBOT-ASSISTED MINIMALLY INVASIVE SURGERY; AND PLAYED AN INSTRUMENTAL ROLE IN THE DEVELOPMENT OF LEFT VENTRICULAR ASSIST DEVICES (LVAD), A MECHANICAL PUMP THAT IS SURGICALLY IMPLANTED TO ASSIST A WEAKENED HEART MUSCLE. CURRENTLY, THE PHYSICIANS AT THE CARDIOVASCULAR INSTITUTE ARE CONDUCTING RESEARCH THAT LEADS TO BETTER WAYS TO PREVENT, FIND AND TREAT HEART DISEASE. ADDITIONALLY, AHN'S WOMEN'S HEART CENTER, THE FIRST HEART CENTER OF ITS KIND IN ALLEGHENY COUNTY, TREATS COMPLEX CARDIOVASCULAR CONDITIONS FOR ADULT WOMEN OF ALL AGES. ALLEGHENY HEALTH NETWORK EQUITABLE HEALTH INSTITUTE: THE EQUITABLE HEALTH INSTITUTE, WHICH WAS FORMED IN 2020, AIMS TO ADDRESS AND MITIGATE MANY OF THE HEALTH OUTCOMES DISPARITIES AFFECTING PEOPLE OF COLOR AND OTHER MARGINALIZED COMMUNITIES. ITS FIRST PROGRAMS WILL ADDRESS THE ISSUE OF INFANT MORTALITY AMONG AFRICAN AMERICANS. PITTSBURGH'S RATE OF INFANT MORTALITY FOR BLACK BABIES IS MORE THAN SIX TIMES HIGHER THAN IT IS FOR WHITE BABIES - 13 DEATHS PER 1,000 BIRTHS, COMPARED TO TWO DEATHS FOR WHITE BABIES. THE INSTITUTE IS LED BY CHIEF CLINICAL DIVERSITY, EQUITY AND INCLUSION OFFICER DR. MARGARET LARKINS-PETTIGREW. ALLEGHENY HEALTH NETWORK MEDICINE INSTITUTE: AHN'S MEDICINE INSTITUTE'S 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

TO PERFORM SURGERY, INTERVENTION, DIAGNOSIS, REPAIR, AND RECONSTRUCTION OF THE HEART NETWORK NEUROSCIENCE INSTITUTE: THE NEUROSCIENCE INSTITUTE IS A NATIONAL LEADER IN PROVIDING INNOVATIVE, EXPERT CARE FOR COMPLEX BRAIN, SPINE, OR NEUROLOGICAL CONDITIONS. AHN'S RENOWNED NEUROSURGEONS HAVE DEVELOPED GROUNDBREAKING SURGERIES AND TREATMENT ADVANCEMENTS THAT LEAD TO IMPROVED CARE FOR PATIENTS EXPERIENCING THE SYMPTOMS OF PARKINSON'S 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 ASSOCIATION'S JOINT COMMISSION. AHN'S NEUROSCIENCE PROGRAM 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 INSTITUTE'S 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 INSTITUTE 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 2020, AHN'S HOSPITALS RECORDED NEARLY 270,000 EMERGENCY DEPARTMENT VISITS AND AHN'S AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO THOUSANDS OF 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 BOTH THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS, FOR THE TREATMENT OF BOTH PEDIATRIC AND ADULT BURN PATIENTS. ADDITIONALLY, AHN'S LIFEFLIGHT, WHICH PROVIDES REGIONAL EMERGENCY HELICOPTER AND CRITICAL CARE GROUND TRANSPORTATION SERVICES FOR CRITICALLY ILL AND INJURED PATIENTS WHO NEED IMMEDIATE SPECIALIZED CARE, OPERATES FIVE MEDICAL HELICOPTER BASES (AT CLARION HOSPITAL, CANONSBURG HOSPITAL, INDIANA REGIONAL MEDICAL CENTER, BUTLER AIRPORT, AND ROSTRAVER AIRPORT).

AHN WOMEN'S 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'S GROWING WOMEN'S HEALTH TEAM TREATS PATIENTS AT MORE THAN 50 WOMEN'S 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 2020, AHN'S OBSTETRICAL UNITS DELIVERED NEARLY 8,000 BABIES.

ACCOMPLISHMENTS 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 2020, IT RECEIVED THE FOLLOWING AWARDS, RECOGNITIONS AND ACCREDITATIONS, AMONG OTHERS: IN 2020, THE INTERNATIONAL BOARD OF LACTATION CONSULTANTS (IBCLC) AWARDED THE 2020 CARE AWARD, AN INDICATION OF ITS HIGHEST LEVEL OF SUPPORT TO BREASTFEEDING FAMILIES, TO THE AHN WOMEN AND INFANTS CENTER AT WEST PENN HOSPITAL FOR A SECOND CONSECUTIVE, TWO-YEAR TERM. IN 2020, WEST PENN HOSPITAL WAS AGAIN NAMED ONE OF THE NATION'S 100 TOP HOSPITALS BY IBM WATSON. PRESIDENT AND CEO OF ALLEGHENY HEALTH NETWORK WAS SELECTED BY MODERN HEALTHCARE MAGAZINE AS ONE OF 2020'S 100 MOST INFLUENTIAL PEOPLE IN HEALTH CARE. IN 2020, THE COMMISSION ON CANCER (COC) NAMED ALLEGHENY HEALTH NETWORK'S SYSTEM CHIEF OF COLON AND RECTAL SURGERY AND MEDICAL DIRECTOR OF THE RECTAL CANCER CENTER OF EXCELLENCE AT AHN CANCER INSTITUTE, AS RECIPIENT OF ITS STATE CHAIR OUTSTANDING PERFORMANCE AWARD. THE AHN ENDOSCOPY CENTER IN HEMPFIELD, WESTMORELAND COUNTY, WAS A 2020 RECIPIENT OF THE GUARDIAN OF EXCELLENCE AWARD FROM PRESS GANEY, EARNING AN HONOR IN THE PATIENT EXPERIENCE CATEGORY. THE ENDOSCOPY CENTER IS ONE OF JUST THREE FACILITIES IN THE PITTSBURGH AREA TO EARN THE DESIGNATION. IN 2020, SIX AHN HOSPITALS RECEIVED NATIONAL RECOGNITION FOR DELIVERING THE HIGHEST QUALITY OF HEART FAILURE TREATMENT. IN THIS YEAR'S AMERICAN HEART ASSOCIATION (AHA) GET WITH THE GUIDELINES- HEART FAILURE ACHIEVEMENT AWARDS, ALLEGHENY GENERAL, FORBES, JEFFERSON, ALLEGHENY VALLEY, SAINT VINCENT, AND WEST PENN HOSPITALS RECEIVED GOLD PLUS DESIGNATIONS, A MILESTONE FOR THE AHN CARDIOVASCULAR INSTITUTE WITH EACH HOSPITAL EARNING THE HIGHEST LEVEL OF ACHIEVEMENT. IN 2020, THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION (AHA/ASA) RECOGNIZED SIX AHN HOSPITALS FOR THE HIGH QUALITY OF THEIR STROKE PROGRAMS. ALLEGHENY GENERAL, ALLEGHENY VALLEY, FORBES, JEFFERSON AND SAINT VINCENT HOSPITAL EACH RECEIVED THE AHA/ASA GOLD PLUS ACHIEVEMENT AWARD WHILE WEST PENN HOSPITAL EARNED SILVER PLUS. IN 2020, THE AHN CANONSBURG AMBULANCE SERVICE RECEIVED THE AMERICAN HEART ASSOCIATION (AHA)'S MISSION: LIFELINE EMS SILVER PLUS AWARD FOR ITS REMARKABLE CARE AND TREATMENT FOR PATIENTS EXPERIENCING

	<p>CARDIAC ARREST, SPECIFICALLY, ST ELEVATION MYOCARDIAL INFARCTION INCIDENTS. IN 2020, AHN SAINT VINCENT EMERGENCY MEDICINE PHYSICIAN WAS NAMED THE PENNSYLVANIA COLLEGE OF EMERGENCY PHYSICIANS (PACEP) 2020 EMERGENCY PHYSICIAN OF THE YEAR. DIRECTOR OF UNDERGRADUATE MEDICAL EDUCATION FOR THE AHN MEDICINE INSTITUTE AT ALLEGHENY HEALTH NETWORK WAS RECOGNIZED BY DREXEL UNIVERSITY COLLEGE OF MEDICINE WITH THE 2020 DEAN'S SPECIAL AWARD FOR EXCELLENCE IN CLINICAL TEACHING AT AHN.</p>
<p>VOTING MEMBERS OF GOVERNING BOARD</p>	<p>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. THE ULTIMATE PARENT ORGANIZATION, HIGHMARK HEALTH, IS GOVERNED BY A BOARD OF DIRECTORS THAT CONSIST OF A MAJORITY OF INDEPENDENT PERSONS. HIGHMARK HEALTH HAS ULTIMATE AUTHORITY AND CONTROL OF ALL ORGANIZATIONS INCLUDED IN THIS GROUP FILING.</p>
<p>CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED</p>	<p>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.</p>
<p>BUSINESS RELATIONSHIPS</p>	<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 - GROVE CITY MEDICAL 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 GROVE CITY MEDICAL CENTER IS THE SOLE MEMBER OF: - WOLF CREEK MEDICAL ASSOCIATES AHN EMERUS WESTMORELAND, LLC OWNED THROUGH ANH 51% MEMBERSHIP IN THE AHN EMERUS LLC JOINT VENTURE. 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>
<p>DECISIONS SUBJECT TO APPROVAL</p>	<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 - JEFFERSON REGIONAL MEDICAL CENTER - ALLEGHENY SINGER RESEARCH INSTITUTE - ALLE-KISKI MEDICAL CENTER - WEST PENN 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 - GROVE CITY MEDICAL CENTER 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 CORPORATION 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</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization Highmark Health Group	Employer identification number 82-1406555
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AHN Surgery Center - Bethel Park LLC 1000 Higbee Drive Bethel Park, PA 15102 47-3690355	Healthcare	PA	6,568,065	1,721,942	AHN
(2) West Penn Allegheny Foundation LLC 4800 Friendship Avenue Pittsburgh, PA 15224 20-1107650	Capital Acq.	PA	3,174,836	25,563,939	WPAHS
(3) Peters Township ASC LLC 160 Gallery Drive McMurray, PA 15317 27-3982341	Healthcare	PA	-4,509	3,291,943	WPAHS
(4) West Penn ASC LLC 4800 Friendship Avenue Pittsburgh, PA 15224 27-2344847	Inactive	PA	0	0	WPAHS
(5) JRMC Diagnostic Services LLC 565 Coal Valley Road Pittsburgh, PA 15025 80-0069336	Healthcare	PA	425,328	260,431	JRMC
(6) SV Shared Savings Program ACO LLC 232 West 25th Street Erie, PA 16544 45-5550348	Inactive	PA	0	0	SVHC
(7) SVEC LLC 232 West 25th Street Erie, PA 16544 20-8572620	Inactive	PA	0	0	SVHC

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.

(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
(1) Canonsburg Hospital & Health Foundation 100 Medical Boulevard Canonsburg, PA 15317 25-1818505	Inactive	PA	501(C)(3)	12a-TYPE I	NA		No
(2) Clinical Pathology Institute Cooperative 1526 Peach Street Erie, PA 16501 25-1528055	Healthcare	PA	501(C)(3)	3	SVHC		No
(3) Community Blood Bank 232 West 25th Street Erie, PA 16544 25-1181389	Healthcare	PA	501(C)(3)	12a-TYPE I	SVHC		No
(4) Emergycare Inc 232 West 25th Street Erie, PA 16544 25-1430922	Healthcare	PA	501(C)(3)	10	SVHC		No
(5) Greater Canonsburg Health System 100 Medical Boulevard Canonsburg, PA 15317 25-1488089	Inactive	PA	501(C)(3)	12a-TYPE I	NA		No
(6) Highmark Health 120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 45-3674900	Healthcare	PA	501(C)(3)	12a-TYPE I	NA		No
(7) Regional Cancer Center 232 West 25th Street Erie, PA 16544 25-1385705	Healthcare	PA	501(C)(3)	3	SVHS		No
(8) Regional Heart Network 232 West 25th Street Erie, PA 16544 25-1856341	Healthcare	PA	501(C)(3)	3	SVHC		No
(9) Vantage Health Group 232 West 25th Street Erie, PA 16544 25-1498145	Healthcare	PA	501(C)(3)	3	SVHC		No
(10) West Allegheny Hospital 100 Medical Boulevard Pittsburgh, PA 15317 25-1054206	Inactive	PA	501(C)(3)	3	NA		No

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

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.

(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	
(1) 5148 Liberty Assoc 5989 Centre Avenue Pittsburgh, PA 15206 25-1689871	Property Rental	PA	WPAHS Inc	EXCLUDED	115,836	624,702		No		No	No	50.00 %
(2) AHN Emerus LLC 30 Isabella St Pittsburgh, PA 15212 82-3655381	Medical Practice	PA	AHN	RELATED	10,535,380	39,848,788		No		No	No	51.00 %
(3) AHN Home Infusion 312 West 25th Street Erie, PA 16502 25-1796527	Medical Practice	PA	SVHS	RELATED	34,089,099	13,153,388		No		No	No	80.00 %

(4) Celtic Hospice 30 Isabella St Pittsburgh, PA 15212 20-5661063	Medical Practice	PA	WPAHS Inc	RELATED	6,287,528	25,689,927		No		No	79.900 %
(5) JV Holdco LLC 30 Isabella St Pittsburgh, PA 15212 47-2368587	Holding Company	PA	WPAHS Inc	RELATED	9,416,833	29,851,318		No		No	59.610 %
(6) Mccandles Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 26-1284448	Medical Practice	PA	WPAHS Inc	RELATED	530,714	466,890		No		No	50.000 %
(7) N Shore Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 25-1880238	Medical Practice	PA	WPAHS Inc	RELATED	679,718	390,484		No		No	50.000 %
(8) Provider PPI LLC 120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 32-0429947	Group Purchasing	PA	HMPG	RELATED	10,609,405	42,167,435		No		No	99.500 %
(9) ST VINC PROF BLDG 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA	CSI	RELATED	355,435	519,086		No		No	82.660 %
(10) Vantage HLDNG COMP 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA	CSI	RELATED	325,192	4,847,630		No		No	50.530 %
(11) AHN-LECOM JV LLC 30 ISABELLA ST PITTSBURGH, PA 15212 82-5500526	HEALTHCARE	PA	AHN	RELATED	1,778,738	7,058,195		No		No	50.000 %

Part IV Identified 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Clinical Services Inc 232 West 25th Street Erie, PA 16544 25-1403846	Holding Company	PA	SVHS	C Corp	3,369,688	7,566,021	100.000 %	Yes	
(2) Grandis Rubin Shanahan & Assoc 565 Coal Valley Rd Jefferson Hills, PA 15025 45-3355906	Medical Practice	PA	JRMC	C Corp	-167,888	95,071	100.000 %	Yes	
(3) Health System Services Corp & Subs 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1403745	Real Estate Ops	PA	JRMC	C Corp	3,080,457	15,764,725	100.000 %	Yes	
(4) HMPG Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444325	Holding Company	PA	AHN	C Corp	3,889,829	151,533,517	100.000 %	Yes	
(5) JRMC Physician Service Corp 565 Coal Valley Rd Jefferson Hills, PA 15025 86-1159658	Medical Practice	PA	JRMC	C Corp	305	0	100.000 %	Yes	
(6) Lake Erie Medical Group PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444157	Medical Practice	PA	AC	C Corp	0	282,956	100.000 %	Yes	
(7) Palladium Risk Retention Group 409 Broad St Ste 270 Sewickley, PA 15143 46-3476730	Insurance	VT	WPAHS Inc	C Corp	30,303,961	114,512,002	100.000 %	Yes	
(8) Physician Landing Zone PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3913973	Health Care	PA	AC	C Corp	2,852,305	458,253	100.000 %	Yes	
(9) Premier Medical Associates PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1742869	Medical Practice	PA	AC	C Corp	64,683,922	29,340,011	100.000 %	Yes	
(10) Premier Women's Health 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4682160	Medical Practice	PA	AC	C Corp	2,752,398	460,381	100.000 %	Yes	
(11) Primary Care Group 10 Inc 3726 Brownsville Rd Pittsburgh, PA 15227 38-3807173	Medical Practice	PA	JRMC	C Corp	0	0	100.000 %	Yes	
(12) West Penn Corporate Medical Services Inc 4800 Friendship Avenue Pittsburgh, PA 15224 25-1437405	Inactive	PA	WPAHS Inc	C Corp	0	89,483	100.000 %	Yes	
(13) West Penn Neurosurgery PC 4800 Friendship Avenue Pittsburgh, PA 15224 25-1630719	Inactive	PA	WPAHS Inc	C Corp	0	0	100.000 %	Yes	

Schedule R (Form 990) 2020

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No

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.

Schedule R (Form 990) 2020

Additional Data

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