

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending MAY 9, 2022

B Check if applicable: X Address change... C Name of organization LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM... D Employer identification number 84-3864735... E Telephone number 484-224-1876... G Gross receipts \$ 23,779,920... H(a) Is this a group return for subordinates? Yes No... H(b) Are all subordinates included? Yes No... H(c) Group exemption number... I Tax-exempt status: X 501(c)(3)... J Website: WWW.LVHN.ORG... K Form of organization: X Corporation... L Year of formation: 2019... M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer ROBERT THOMAS, ASSISTANT TREASURER... Date... Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 17,348,688. including grants of \$) (Revenue \$ 23,779,920.)
COORDINATED HEALTH, PART OF LEHIGH VALLEY HEALTH NETWORK (LVHN), IS AN INTEGRATED HEALTHCARE SYSTEM WITH LOCATIONS THROUGHOUT EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. COORDINATED HEALTH IS PART OF THE LVHN REFERRAL REGION FOR OVER TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN AND NORTHEASTERN PENNSYLVANIA, AND WESTERN NEW JERSEY. THE NEW LEHIGH VALLEY HEALTH NETWORK - COORDINATED HEALTH (LVHN-CH) SYSTEM IS COMPOSED OF 22 MULTI-SPECIALTY LOCATIONS INCLUDING TWO HOSPITALS - LVH-CH ALLENTOWN AT 1503 NORTH CEDAR CREST BOULEVARD, ALLENTOWN, PA AND LVH-CH BETHLEHEM AT 2300 HIGHLAND AVENUE, BETHLEHEM, PA; TWO AMBULATORY SURGERY CENTERS LOCATED AT 511 VNA ROAD, EAST STROUDSBURG, PA AND 212 RED SCHOOL LANE, PHILLIPSBURG, NJ, EIGHT LOCATIONS WITH ADVANCED IMAGING, ELEVEN OUTPATIENT REHABILITATION

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

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

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

4e Total program service expenses **17,348,688.**

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input type="checkbox"/>	<input checked="" 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? <i>If "Yes," complete 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? <i>If "Yes," complete 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 Rev. Proc. 98-19? <i>If "Yes," complete 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? <i>If "Yes," complete 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? <i>If "Yes," complete 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? <i>If "Yes," complete Schedule D, Part III</i>	<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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	X	
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

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

		Yes	No
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		87
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
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	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
10b	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?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION - 484-224-1876
PO BOX 4000, ALLENTOWN, PA 18105-4000

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE ARANGIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(2) JOHN BRODSKY ASSISTANT TREASURER	1.00 39.00			X				0.	657,429.	27,680.
(3) DAVID CACCESE TRUSTEE	1.00 0.00	X						0.	0.	0.
(4) DENISE DEANGELIS ASSISTANT SECRETARY	1.00 39.00			X				0.	73,846.	20,963.
(5) THOMAS MARCHOZZI, MBA, CPA TREASURER/TRUSTEE	1.00 39.00	X		X				0.	1,849,278.	26,498.
(6) AMY NYBERG PRESIDENT & CHAIRPERSON	40.00 0.00	X		X				0.	473,179.	28,334.
(7) ANNETTE WHITE, ESQ. SECRETARY/TRUSTEE	1.00 39.00	X		X				0.	573,833.	25,075.
(8) CHRISTINA A. HOUGH REGISTERED NURSE	40.00 0.00					X		150,169.	0.	14,760.
(9) CHRISTINE HUBANY REGISTERED NURSE	40.00 0.00					X		131,387.	0.	9,649.
(10) TINA SANDT DIRECTOR, CLINICAL SERVICES	40.00 0.00					X		129,930.	0.	9,701.
(11) ROBERT A. WOOLSLAYER MANAGER, REHABILITATION	40.00 0.00					X		103,488.	0.	104.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							514,974.	3,627,565.	162,764.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							514,974.	3,627,565.	162,764.	

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROFESSIONAL ANESTHESIA SERVICES OF NORTH A 7914 MAIN STREET, SUITE 204, FOGELSVILLE, P	STAFFING SERVICES	357,241.
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		1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f				
Program Service Revenue	2 a	OUTPATIENT REVENUE	621400	19,780,944.	19780944.	
	b	INPATIENT REVENUE	621990	3,697,997.	3,697,997.	
	c	HHS COVID REVENUE	621990	500.	500.	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		23,479,441.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19					
		9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
		10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	300,479.	300,479.	
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		300,479.		
12	Total revenue. See instructions		23,779,920.	23779920.	0.	0.

**LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM**

Form 990 (2021)

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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 **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,436,777.	3,367,704.	69,073.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,994.	149,806.	3,188.	
9 Other employee benefits	919,752.	900,404.	19,348.	
10 Payroll taxes	315,665.	310,595.	5,070.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,758,870.	1,758,870.		
12 Advertising and promotion				
13 Office expenses	66,454.	66,454.		
14 Information technology	10,825.	10,825.		
15 Royalties				
16 Occupancy	608,815.	608,815.		
17 Travel	3,256.	3,256.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	550.	550.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,387,149.	1,387,149.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	6,573,409.	6,567,926.	5,483.	
b BAD DEBT	1,011,726.	1,011,726.		
c PURCHASED SERVICES	576,322.	576,322.		
d MA MODERNIZATION	561,443.	543,833.	17,610.	
e All other expenses	84,453.	84,453.		
25 Total functional expenses. Add lines 1 through 24e	17,468,460.	17,348,688.	119,772.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	0.
	2 Savings and temporary cash investments	2,572,304.	2	0.
	3 Pledges and grants receivable, net		3	0.
	4 Accounts receivable, net	3,313,457.	4	0.
	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		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)		6	0.
	7 Notes and loans receivable, net		7	0.
	8 Inventories for sale or use	644,182.	8	0.
	9 Prepaid expenses and deferred charges	15,575.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0.		
	b Less: accumulated depreciation	0.		
		42,407,948.	10c	0.
	11 Investments - publicly traded securities		11	0.
	12 Investments - other securities. See Part IV, line 11		12	0.
	13 Investments - program-related. See Part IV, line 11		13	0.
	14 Intangible assets		14	0.
15 Other assets. See Part IV, line 11	40,260,962.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,214,428.	16	0.	
Liabilities	17 Accounts payable and accrued expenses	1,215,557.	17	0.
	18 Grants payable		18	
	19 Deferred revenue	3,310,854.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	92,069.	25	0.
	26 Total liabilities. Add lines 17 through 25	4,618,480.	26	0.
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	84,595,948.	27	0.
	28 Net assets with donor restrictions		28	
	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	84,595,948.	32	0.
	33 Total liabilities and net assets/fund balances	89,214,428.	33	0.

Form **990** (2021)

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	23,779,920.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,468,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,311,460.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,595,948.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	-90,907,408.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM** Employer identification number
84-3864735

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).)
- 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 **section 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on 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>		
1		
2		
3		

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 governmental 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM

Schedule A (Form 990) 2021

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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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization LEHIGH VALLEY HOSPITAL – COORDINATED HEALTH BETHLEHEM	Employer identification number 84-3864735
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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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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 (grassroots 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.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP). A PERCENTAGE OF THE DUES PAID TO THESE ORGANIZATIONS GOES TOWARDS LOBBYING EFFORTS. THEIR MISSION IS TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES TO

Part IV Supplemental Information *(continued)*

LEAD, REPRESENT, AND SERVE HEALTH CARE PROVIDER ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT. THE MEMBERSHIP DUES FOR AHA AND HAP ARE PAID BY LEHIGH VALLEY HOSPITAL, INC. THEREFORE, THE LOBBYING PORTION OF THE DUES ARE REFLECTED ON THE LEHIGH VALLEY HOSPITAL, INC. FORM 990, SCHEDULE C.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM** **Employer identification number**
84-3864735

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2021

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FASB 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.

PART X, LINE 2:

LEHIGH VALLEY HEALTH NETWORK (LVHN), ITS HOSPITALS, AND OTHER SUBSIDIARIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS INCOME. THE MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION, IS DATED MAY 1, 2014. LVHN AND ITS SUBSIDIARIES ACCOUNT FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740. THE ORGANIZATION'S FOR-PROFIT COMPONENTS RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR THE FUTURE TAX IMPACT OF TEMPORARY DIFFERENCES BETWEEN AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THEIR RESPECTIVE TAX BASES AND THE FUTURE BENEFIT OF UTILIZATION NET OPERATING LOSS CARRYFORWARDS. DEFERRED

Part XIII Supplemental Information *(continued)*

TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. INCOME TAXES OF THE ORGANIZATION'S TAX-EXEMPT AND FOR-PROFIT COMPONENTS ARE NOT MATERIAL TO THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM** Employer identification number **84-3864735**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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)						
b Medicaid (from Worksheet 3, column a)			1418425.	614,342.	804,083.	4.89%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1418425.	614,342.	804,083.	4.89%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,248.		8,248.	.05%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			8,248.		8,248.	.05%
k Total. Add lines 7d and 7j			1426673.	614,342.	812,331.	4.94%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
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	161,768.	
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	41,269.	
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	4,454,840.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	4,710,342.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-255,502.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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 %

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 LEHIGH VALLEY HOSPITAL - COORDINATED H
2300 HIGHLAND AVENUE
BETHLEHEM, PA 18020
WWW.LVHN.ORG
10370101

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
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 LEHIGH VALLEY HOSPITAL - COORDINATED HEA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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	X	
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)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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	X	
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	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.LVHN.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.LVHN.ORG/CHNA</u>		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL - COORDINATED HEA

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
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 <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
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): <u>WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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 Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL - COORDINATED HEA

	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?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input checked="" type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		X
If "No," indicate why:			
a <input checked="" 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)

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL - COORDINATED HEA

	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 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 checked="" 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	X
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	X

Schedule H (Form 990) 2021

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.

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLE:

PART V, SECTION B, LINE 5: FOR THE PURPOSES OF THE COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA), LVHN DEFINES THE COMMUNITY IT SERVES AS ALL

INDIVIDUALS LIVING WITHIN THE COUNTIES THAT CONTAIN OUR HOSPITAL CAMPUSES.

LVHN IS REQUIRED TO PRODUCE A CHNA HEALTH PROFILE FOR EACH OF OUR LICENSED

FACILITIES TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT COMMUNITIES WE

SERVE. THEREFORE, LVHN HAS PRODUCED SEVEN CHNA HEALTH PROFILES FOR OUR

LEHIGH VALLEY HOSPITAL (LVH) CAMPUSES: LVH-CARBON (CARBON COUNTY);

LVH-DICKSON CITY (LACKAWANNA COUNTY); LVH-HAZLETON (LUZERNE COUNTY);

LVH-POCONO (MONROE COUNTY); LVH-CEDAR CREST AND 17TH STREET (LEHIGH

COUNTY); LVH-HECKTOWN OAKS AND MUHLENBERG (NORTHAMPTON COUNTY); AND

LVH-SCHUYLKILL (SCHUYLKILL COUNTY). LEHIGH AND NORTHAMPTON COUNTY ARE ALSO

INCLUSIVE OF OUR COORDINATED HEALTH - ALLENTOWN AND COORDINATED HEALTH -

BETHLEHEM CAMPUSES, RESPECTIVELY.

WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO

REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS IN THE

LEHIGH COUNTY REPORT. WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES

UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING

INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A

GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES BECAUSE OF

THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

IT IS WELL DOCUMENTED THAT THE CLINICAL CARE PROVIDED TO COMMUNITY MEMBERS

ONLY ACCOUNTS FOR A SMALL PORTION OF AN INDIVIDUAL'S OVERALL HEALTH. THERE

ARE MANY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL

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.

WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE. THEY INCLUDE:

- SOCIAL AND ECONOMIC FACTORS, SUCH AS EDUCATION, EMPLOYMENT, AND SOCIAL SUPPORT

- PHYSICAL ENVIRONMENT FACTORS, SUCH AS HOUSING, TRANSPORTATION, AND AIR QUALITY

- HEALTH BEHAVIORS, SUCH AS SMOKING, DRINKING, DIET, AND EXERCISE

THEREFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEALTH FACTORS FOLLOWED BY HEALTH OUTCOMES. THERE ARE TWO TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES. THE FIRST TYPE IS QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION IN THE COMMUNITY. THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE, AND NATIONAL SOURCES INCLUDING THE CENSUS, THE CENTER FOR DISEASE CONTROL, THE DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. MOST OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A PLATFORM CALLED SPARKMAP FROM CARES AT THE UNIVERSITY OF MISSOURI EXTENSION, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH PROFILES, ADDING OTHER KEY STATE AND LOCAL DATA SOURCES TO THE DATA PROVIDED THROUGH THIS HEALTH REPORT.

IN ADDITION, NON-PROFIT HOSPITAL SYSTEMS ARE REQUIRED TO OBTAIN INPUT FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN CHOSE TO OBTAIN THIS INPUT THROUGH COMMUNITY CONVERSATIONS AND KEY STAKEHOLDER INTERVIEWS WITH COMMUNITY MEMBERS AND LEADERS. THIS TYPE OF DATA IS REFERRED TO AS QUALITATIVE DATA. FOR EACH CAMPUS, WE PARTNERED

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.

WITH AN EXTERNAL COMMUNITY COLLABORATOR WHO HAS EXPERIENCE IN QUALITATIVE DATA COLLECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S BEHALF. THIS PROCESS PROVIDED COMMUNITY MEMBERS WITH AN INDEPENDENT AND OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE THEIR PERSONAL EXPERIENCES AND PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR COMMUNITY AS WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION.

IN LEHIGH AND NORTHAMPTON COUNTY, LVH PARTNERED WITH TWO FACULTY MEMBERS FROM CEDAR CREST COLLEGE.

THE FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED BETWEEN NOVEMBER 2021 AND JANUARY 2022. IN NORTHAMPTON COUNTY, WHERE OUR COORDINATED HEALTH BETHLEHEM CAMPUS IS LOCATED, 42 PARTICIPANTS WERE INVOLVED IN COMMUNITY CONVERSATIONS AND 5 ADDITIONAL KEY STAKEHOLDERS WERE INTERVIEWED.

BELOW IS A SUMMARY OF THE ORGANIZATIONS REPRESENTED IN THE COMMUNITY CONVERSATIONS AND INTERVIEWS AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF THOSE WHO PARTICIPATED. RESIDENTS, INCLUDING THOSE FROM LOW-INCOME POPULATIONS AND OTHER GROUPS OF FOCUS, WERE ALSO INCLUDED IN THE COMMUNITY CONVERSATIONS IN EACH COUNTY.

ORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY:

BETHLEHEM AREA SCHOOL DISTRICT

BETHLEHEM HEALTH BUREAU

EASTON AREA SCHOOL DISTRICT (PAXINOSA ELEMENTARY SCHOOL)

FORKS UNITED CHURCH OF CHRIST

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.

GREATER EASTON DEVELOPMENT PARTNERSHIP

LEHIGH VALLEY PLANNING COMMISSION

NORTHAMPTON COMMUNITY COLLEGE

NORTHAMPTON COUNTY GOVERNMENT

SLATE BELT CHAMBER OF COMMERCE

DEMOGRAPHICS OF PARTICIPANTS IN NORTHAMPTON COUNTY:

GENDER: 67% FEMALE, 33% MALE

AVERAGE AGE: 49, AGE RANGE: 23-74

RACE: 73% WHITE, 13% MULTI-RACIAL, 13% OTHER RACE

ETHNICITY: 87% NON-HISPANIC, 13% HISPANIC (OF ANY RACE)

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLE:

PART V, SECTION B, LINE 6A: LVHN HAS PRODUCED SEVEN CHNA HEALTH PROFILES FOR OUR LEHIGH VALLEY HOSPITAL (LVH) CAMPUSES: LVH-CARBON (CARBON COUNTY); LVH-DICKSON CITY (LACKAWANNA COUNTY); LVH-HAZLETON (LUZERNE COUNTY); LVH-POCONO (MONROE COUNTY); LVH-CEDAR CREST AND 17TH STREET (LEHIGH COUNTY); LVH-HECKTOWN OAKS AND MUHLENBERG (NORTHAMPTON COUNTY); AND LVH-SCHUYLKILL (SCHUYLKILL COUNTY). LEHIGH AND NORTHAMPTON COUNTY ARE ALSO INCLUSIVE OF OUR COORDINATED HEALTH - ALLENTOWN AND COORDINATED HEALTH - BETHLEHEM CAMPUSES, RESPECTIVELY.

WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS IN THE LEHIGH COUNTY REPORT, AND THE LUZERNE COUNTY REPORT INCLUDES INFORMATION

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.

ABOUT THE HEALTH NEEDS IN THE CITY OF HAZLETON WHERE IT WAS AVAILABLE.
WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE
SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE
COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR
WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES BECAUSE OF THE SOCIAL AND
ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLE:

PART V, SECTION B, LINE 6B: ORGANIZATIONS REPRESENTED IN NORTHAMPTON
COUNTY:

BETHLEHEM AREA SCHOOL DISTRICT

BETHLEHEM HEALTH BUREAU

EASTON AREA SCHOOL DISTRICT (PAXINOSA ELEMENTARY SCHOOL)

FORKS UNITED CHURCH OF CHRIST

GREATER EASTON DEVELOPMENT PARTNERSHIP

LEHIGH VALLEY PLANNING COMMISSION

NORTHAMPTON COMMUNITY COLLEGE

NORTHAMPTON COUNTY GOVERNMENT

SLATE BELT CHAMBER OF COMMERCE

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLE:

PART V, SECTION B, LINE 7D: OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO
AVAILABLE UPON REQUEST.

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.

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLE:

PART V, SECTION B, LINE 11: PRIORITY AREA: ACCESS TO CARE FOR VULNERABLE POPULATIONS

LVHN'S 2019 CHNA HIGHLIGHTED VULNERABLE POPULATIONS THAT CONTINUE TO EXPERIENCE BARRIERS TO ACCESS TO CARE INCLUDING:

- OUR VETERAN POPULATION, WHO MAKE UP APPROXIMATELY 8% OF THE POPULATIONS LVHN SERVES

- MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT A SIGNIFICANT PORTION OF OUR ADULT POPULATION IN OUR FIVE-COUNTY SERVICE AREA, RANGING BETWEEN 7% AND 9% OF THE TOTAL POPULATION.

THROUGH THE FOCUS GROUPS DISCUSSIONS, COMMUNITY MEMBERS IN ALL COUNTIES EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRITICAL MEDICATIONS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS. THEY ACKNOWLEDGED THAT THE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR MEDICATIONS OFTEN RESULTED IN LIMITING THE USE OF THE HEALTHCARE SYSTEM OR ADDRESSING CHRONIC CONDITIONS. TRANSPORTATION WAS ALSO ACKNOWLEDGED AS ANOTHER BARRIER TO CARE.

THESE INPUTS FROM THE COMMUNITY ALIGN WITH LVHN'S MISSION OF ADDRESSING THE HEALTH NEEDS FOR ALL MEMBERS OF OUR COMMUNITY AND, THEREFORE, WERE PRIORITIZED WITHIN THE IMPLEMENTATION PLAN AS DISCUSSED BELOW.

REDUCING BARRIERS TO CARE FOR VULNERABLE POPULATIONS

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.

THE VETERANS HEALTH PROGRAM (VHP) WAS ESTABLISHED TO ADDRESS COMPLEX CARE COORDINATION NEEDS WITH VETERANS AND THEIR FAMILIES, WHO OFTEN STRUGGLE TO NAVIGATE THREE DISTINCT HEALTHCARE SYSTEMS: THE VETERANS HEALTH ADMINISTRATION, DEFENSE HEALTH SYSTEM, AND COMMERCIAL HEALTHCARE CARE. THE VHP OFFERS A ONE STOP, WRAP-AROUND EXPERIENCE.

IN FY20, VHP, PRIMARILY SERVING THE LVH-LEHIGH VALLEY, FORMALIZED A RELATIONSHIP WITH DISABLED AMERICAN VETERANS (DAV) TO HAVE A VETERAN SUPPORT OFFICER CO-LOCATED WITH THE VHP TEAM SINCE VHP ACCOUNTED FOR NEARLY 50% OF THEIR WORK IN THE REGIONAL AREA. THE PROGRAM SERVED A TOTAL OF 261 NEW VETERANS AND FAMILY MEMBERS IN FY20. OVER THE YEAR, THE PROGRAM MANAGED AN INCREASING PATIENT LOAD, WHICH PEAKED AT 100 PATIENTS IN FEBRUARY 2020, AND THANKS TO THE RAPID PIVOT TO REMOTE CARE EARLY ON IN THE PANDEMIC, THE PROGRAM WAS ABLE TO SUSTAIN AN AVERAGE OF 76 PATIENTS MONTHLY THROUGH THE CLOSE OF THE FISCAL YEAR IN JUNE.

IN MARCH OF 2021 THE DECISION WAS MADE TO TRANSITION THE VETERAN HEALTH PROGRAM FROM LEHIGH VALLEY HEALTH NETWORK TO VALLEY HEALTH PARTNERS. THE EXCEPTIONAL SUCCESS OF THIS PROGRAM AND THE RECENTLY CREATED VALLEY HEALTH PARTNERS, WHOSE MISSION IS ALIGNED WITH VETERANS HEALTH, IS A NATURAL FIT OPERATIONALLY. VALLEY HEALTH PARTNERS IS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE. FOR PATIENTS, THIS MEANS THEY CAN BE ASSURED THAT THEY CAN ACHIEVE THEIR HEALTH AND WELLNESS GOALS DESPITE ANY SOCIAL ECONOMIC BARRIERS. VHP IS A SERVICE THAT SUPPORTS A UNIQUE RISK GROUP THAT EFFECTIVELY ADDRESS AND OFFER SOLUTIONS TO EACH VETERAN'S SOCIAL DETERMINANTS OF HEALTH AND MEDICAL NEEDS. AS OF THE END OF FY21, THE

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.

PROGRAM MOVED TO VALLEY HEALTH PARTNERS SUCCESSFULLY.

MEDICATION ASSISTANCE

TO ADDRESS THE RISING CONCERN ABOUT THE COST OF MEDICATIONS, LVHN'S INTEGRATED CARE COORDINATION TEAM WORKS TO GET PATIENTS DIRECTLY CONNECTED TO PRESCRIPTION DISCOUNT PROGRAMS, THEREBY REDUCING THE COST BURDEN ON THE PATIENT. PATIENTS FROM 40 LVPG PRACTICES ACROSS ALL 5 COUNTIES RECEIVED THIS SERVICE. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A TOTAL OF 3,386 CASES TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE IN FY20. IN FY21, THE TEAM ADDRESSED 3,023 CASES TOTALING \$6,161,748. IN FY22, THE TEAM ADDRESSED 2,974 CASES TOTALING \$6,824,758.

CONNECTION TO HEALTH INSURANCE & FINANCIAL ASSISTANCE

LEHIGH VALLEY HEALTH NETWORK PROVIDES DIRECT LINKAGES TO RESOURCES AIMED AT ASSISTING UNINSURED PATIENTS IN GETTING INSURANCE COVERAGE, AS WELL AS A ROBUST FINANCIAL ASSISTANCE PROGRAM, CREATING ADDITIONAL ACCESS TO HEALTHCARE FOR VULNERABLE POPULATIONS.

THE PATHS PROGRAM AT LVHN HELPS DETERMINE THE ELIGIBILITY FOR INSURANCE FOR UNDERINSURED AND UNINSURED PATIENTS, AS QUICKLY AS POSSIBLE. PATHS REPRESENTATIVES ARE EMBEDDED IN MULTIPLE AREAS IN OUR HOSPITALS, WORKING ALONGSIDE LVHN STAFF. THIS HELPS EXPEDITE THE REFERRAL PROCESS QUICKLY AND EFFICIENTLY AS PATHS COLLEAGUES CAN CONNECT DIRECTLY WITH PATIENTS AND COUNTY OFFICES TO EXPEDITE PAPERWORK THAT IS REQUIRED AND IF NEEDED FACILITATE IN-PERSON INTERACTIONS.

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.

ON AVERAGE, BETWEEN 75 AND 90% OF APPLICATIONS THAT ARE ELIGIBLE ARE APPROVED. IN FY20, THIS RESULTED IN OVER \$17 MILLION IN PAYMENTS FROM THE STATE OF PENNSYLVANIA AND SURROUNDING STATES. IN FY21, THE PATHS PROGRAM OBTAINED \$30 MILLION IN PAYMENTS ON BEHALF OF PATIENTS, NEARLY DOUBLING TOTALS FROM THE PREVIOUS FISCAL YEAR. IN FY22, THE PATHS PROGRAM RESULTED IN JUST UNDER \$26 MILLION IN PAYMENTS. THE TOTAL NUMBER OF REFERRALS DECREASED FROM LAST YEAR DUE TO PREVIOUS ELIGIBILITY BEING EXTENDED THROUGHOUT THE COVID PANDEMIC.

IN ADDITION TO THE PATHS PROGRAM, LVHN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO ARE NOT ABLE TO COVER THE COST OF THEIR HEALTH CARE. IN FY20, LVH-LEHIGH VALLEY RECEIVED 37,767 APPLICATIONS, WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVERAGE OF 64% OF APPLICATIONS AT EACH SITE WERE APPROVED. IN FY21, LVH-LEHIGH VALLEY RECEIVED 34,630 APPLICATIONS, WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVERAGE OF 69% OF APPLICATIONS AT EACH SITE WERE APPROVED. IN FY22, FOR THE PATIENTS WHO LIVE IN COUNTIES PRIMARILY SERVED BY LVH-LEHIGH VALLEY, THERE WERE 25,887 APPLICATIONS RECEIVED. THE AVERAGE TURNAROUND TIME FOR APPLICATIONS WAS 4 DAYS, AND THE PERCENT APPROVED WAS 82%. PLEASE NOTE THAT IN FY22 REPORTING IMPROVEMENTS WERE MADE IN INTEGRATION WITH THE ELECTRONIC HEALTH RECORD RESULTING IN A MORE ACCURATE COUNT OF APPLICATIONS COMPARED TO THE COUNTS FROM THE PREVIOUS YEARS. THIS CHANGE RESULTED IN A DECREASE IN APPLICATIONS BEING COUNTED UNDER LVH-LEHIGH VALLEY, AS SOME OF THOSE APPLICATIONS WERE MOVED UNDER MORE APPROPRIATE SITES.

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.

PRIORITY AREA: HEALTH PROMOTION AND PREVENTION

IN THE 2019 LVHN CHNA FOCUS GROUPS, PARTICIPANTS ASKED FOR A GREATER PRESENCE IN THE COMMUNITY FROM HEALTH CARE SYSTEMS IN THE PLACES WHERE PEOPLE MOST FREQUENTLY LIVE, WORK, AND PLAY. COMMUNITY MEMBERS IN ALL 5 COUNTIES CALLED FOR ADDITIONAL CARE IN THEIR NEIGHBORHOODS, INCLUDING FOLLOW-UPS AT HOME, SERVICES AT SCHOOLS AND SENIOR CENTERS WHERE PEOPLE ARE LOCATED, AND OUTREACH AND EDUCATION ABOUT AVAILABLE RESOURCES. FOCUS GROUP PARTICIPANTS ALSO SAID THEY ARE GENERALLY UNAWARE OF WHEN OR WHERE VARIOUS LVHN SCREENING EVENTS OR SERVICES ARE AVAILABLE. THIS RANKED IN THE TOP THREE HEALTH CARE PRIORITIES THAT COMMUNITY MEMBERS WANTED TO SEE ADDRESSED. AS SUCH, LVHN LEADERSHIP PRIORITIZED THIS AS AN ISSUE THAT HAD SIGNIFICANT MAGNITUDE, CAPACITY, AND ALIGNMENT. THEREFORE, LVHN COMMITTED TO PROMOTE FREE AND LOW-COST SCREENINGS FOR CHRONIC CONDITIONS AND CANCER SCREENINGS IN NEIGHBORHOODS WHERE VULNERABLE POPULATIONS ARE LOCATED IN ORDER TO INCREASE UTILIZATION OF THESE SERVICES AND EARLY DETECTION.

THE ZIP CODE WHERE AN INDIVIDUAL RESIDES CAN BE A SIGNIFICANT INFLUENCER OF HEALTH OUTCOMES. IN ORDER TO FOCUS HEALTH PROMOTION AND PREVENTION EFFORTS, LVHN DETERMINED WHICH ZIP CODES REPRESENT THE VULNERABLE POPULATIONS WITHIN EACH OF THE 5 COUNTIES OUR PATIENTS RESIDE. THIS WAS DEFINED BY A METRIC OF 15% OR MORE OF THE POPULATION LIVING BELOW THE POVERTY LINE AND HAVING LESS THAN A HIGH SCHOOL EDUCATION. IN ADDITION, LVHN SERVES A SUBSTANTIAL MEDICAID POPULATION IN THESE ZIP CODES. THE FOLLOWING ZIP CODES HAVE BEEN IDENTIFIED:

LEHIGH (CEDAR CREST, 17TH STREET, CH-AlLENTOWN) - 18102, 18109, 18101

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.

NORTHAMPTON (MUHLENBERG, HECKTOWN OAKS, CH-BETHLEHEM) - 18042, 18015

LEHIGH VALLEY HOSPITAL - COORDINATED HEA

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

LEHIGH VALLEY HOSPITAL - COORDINATED HEA

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLE:

PART V, SECTION B, LINE 18E: COLLECTION ACTIVITIES ARE LIMITED TO HOSPITAL
SENDING FOUR STATEMENTS REQUESTING PAYMENT. THE STATEMENTS INCLUDE
INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SOLICITING
THE PATIENT'S PARTICIPATION IN THE FINANCIAL ASSISTANCE PROGRAM.

PART V, SECTION B, LINE 11 (CONTINUATION A)

IN FY2022, ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR
PROVIDE HEALTHCARE SCREENINGS IN THE FOLLOWING WAYS:

PREVENTATIVE HEALTH SCREENINGS & SERVICES

A CONSTANT IN LVH-LEHIGH VALLEY'S PREVENTATIVE EFFORTS, THE ANNUAL
DRIVE-THRU FLU DRIVE, OCCURS IN THE FALL EACH YEAR. IN FY20, A TOTAL OF

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.

9,000 FLU SHOTS WERE PROVIDED THROUGH THE FLU DRIVE. IN FY21, LVH-LV STAFF PROVIDED FREE FLU SHOTS TO OVER 6,000 PEOPLE - AND COLLECTED 8 TONS OF FOOD FOR AREA FOOD BANKS - WHICH WAS LOWER THAN FY20 NUMBERS DUE TO THE PANDEMIC AND INTENSE FOCUS ON PROVIDING COVID-19 VACCINATIONS FOR THE COMMUNITY. IN FY22, LVH-LV STAFF PROVIDED FREE FLU SHOTS TO OVER 12,000 PEOPLE AND COLLECTED 8,800 LBS. OF FOOD. THESE FREE FLU-SHOT CLINICS WILL CONTINUE TO EXPAND WITHIN THE LVHN SERVICE AREA.

LVHN ALSO HAD A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER. IN FY20, A TOTAL OF 1,865 MAMMOGRAMS WERE COMPLETED THROUGH LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH 5% AND 8% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY, RESPECTIVELY, ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES. IN FY21, A TOTAL OF 1,840 MAMMOGRAMS WERE COMPLETED THROUGH LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH 6% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY (3% IN EACH COUNTY), ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES. IN FY22, THERE WERE A TOTAL OF 2,075 MAMMOGRAMS COMPLETED THROUGH LVHN'S MAMMOGRAM COACH, WITH 4% BEING FOR PATIENTS FROM THE TARGET ZIP CODES IN LEHIGH AND NORTHAMPTON COUNTY.

IN FY2022, 571 SCREENINGS WERE HELD IN LEHIGH COUNTY, WITH 77 FOLLOW-UP IMAGING ORDERS PLACED AND 3 CANCERS FOUND. 162 SCREENINGS WERE HELD IN NORTHAMPTON COUNTY, WITH 20 FOLLOW-UP IMAGING ORDERS PLACED AND NO CANCERS FOUND.

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.

PRIORITY AREA: INCLUSION AND DIVERSITY

COMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. BELOW IS THE RACIAL DEMOGRAPHICS OF LEHIGH AND NORTHAMPTON COUNTIES. THE TABLE SHOWS THAT THE HISPANIC POPULATION IS GREATER THAN 10% OF THE TOTAL POPULATION IN BOTH COUNTIES, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS, PARTICULARLY IN LEHIGH, LUZERNE, AND NORTHAMPTON COUNTIES. LVHN LEADERSHIP AGREED, RANKING INCLUSION AND DIVERSITY AS AN ISSUE THAT WOULD HAVE A MODERATE IMPACT ON OVERALL HEALTH, BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND WAS AN INITIATIVE WE HAVE THE CAPACITY TO ADDRESS.

LEHIGH COUNTY HAS A TOTAL POPULATION OF APPROXIMATELY 359,000. OF THOSE, 21.8% ARE HISPANIC. IN NORTHAMPTON COUNTY, THE POPULATION IS APPROXIMATELY 301,000. OF THOSE, 12.1% ARE HISPANIC.

LVHN WILL FOCUS ON TWO IMPORTANT STRATEGIES. FIRST, LVHN WILL INCREASE ACCESS TO LANGUAGE INTERPRETATION AT ALL HEALTH CARE SERVICE SITES, BUILDING ON THE ALREADY STRONG SET OF SERVICES AVAILABLE. SECOND, LVHN WILL CUSTOMIZE ROBUST COLLEAGUE EDUCATION AROUND CULTURAL AWARENESS AND INCLUSION AND DIVERSITY TO ENSURE ALL PATIENTS RECEIVE A WARM WELCOME, PARTICULARLY POPULATIONS WITH SPECIAL NEEDS AT EACH OF OUR CAMPUSES.

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.

INTERPRETER SERVICES

AT EVERY LVHN CAMPUS, INTERPRETER SERVICES ARE PROVIDED TO ENSURE THAT PATIENTS ARE ABLE TO COMMUNICATE WITH CLINICIANS AND STAFF IN THEIR PREFERRED LANGUAGE. LVHN PROVIDES A COMBINATION OF LIVE INTERPRETATION WITH THE PATIENT, PHONE INTERPRETATION, AND VIDEO INTERPRETATION VIA IPAD. THIS MIXED MEDIA APPROACH OFFERS THE FASTEST RESPONSE BASED ON PATIENT NEEDS.

IN FY20, 15 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 602,682 MINUTES OF INTERPRETATION ACROSS ALL LVHN SITES. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 583,006 MINUTES WERE SPENT ON VIDEO ACROSS 49,034 VIDEO ENCOUNTERS. AT LVH-MUHLENBERG, 52,647 MINUTES WERE SPENT ON VIDEO ACROSS 5,106 VIDEO ENCOUNTERS.

IN FY21, 22 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 701,340 MINUTES OF INTERPRETATION DURING NEARLY 41,000 UNIQUE ENCOUNTERS ACROSS ALL LVHN SITES. AS THE COVID-19 PANDEMIC CONTINUES, VIRTUAL INTERPRETATION IS A VITAL SERVICE FOR PATIENTS. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 844,970 MINUTES WERE SPENT ON VIDEO ACROSS 81,272 VIDEO ENCOUNTERS. AT LVH-MUHLENBERG, 64,223 MINUTES WERE SPENT ON VIDEO ACROSS 7,520 VIDEO ENCOUNTERS.

IN FY22, 27 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 1,072,889 MINUTES OF INTERPRETATION DURING OVER 100,000 UNIQUE ENCOUNTERS ACROSS ALL LVHN SITES. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 998,788

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.

MINUTES WERE SPENT ON VIDEO ACROSS 87,555 VIDEO ENCOUNTERS. AT
LVH-MUHLENBERG, 74,101 MINUTES WERE SPENT ON VIDEO ACROSS 8,754 VIDEO
ENCOUNTERS.

CULTURAL AWARENESS AND STAFF EDUCATION

THE CHIEF DIVERSITY, EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE
OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL
AWARENESS COVERED AT "CONNECTIONS" (THE ORIENTATION PROGRAM FOR ALL NEW
LVHN EMPLOYEES) TO AUDIENCE-SPECIFIC CONTENT INCLUSIVE LEADERSHIP,
UNCONSCIOUS BIAS, RESPONDING TO MICROAGGRESSIONS, AND CROSS-CULTURAL
CARE. IN FY20, OVER 60 TRAININGS WERE HELD WITH JUST OVER 4,000
EMPLOYEES ATTENDING. IN FY21, NEARLY 50 TRAININGS WERE HELD WITH JUST
OVER 4,000 EMPLOYEES ATTENDING IN TOTAL. IN FY22, 37 TRAININGS WERE
HELD FOR 2,641 EMPLOYEES IN ATTENDANCE. ADDITIONAL DIVERSITY, EQUITY
AND INCLUSION EDUCATIONAL CONTENT AND RESOURCES ARE ALSO AVAILABLE TO
COLLEAGUES VIA A NEW DEI INTRANET SITE THAT LAUNCHED IN FEBRUARY 2022.

WITH LVHN LEADERSHIP'S INCREASED STRATEGIC FOCUS ON DIVERSITY AND
INCLUSION IN THE NETWORK, IT WAS IMPORTANT TO INCREASE RESOURCES IN
SUPPORT OF THIS IMPORTANT WORK. ON MARCH 8, 2021, A DIVERSITY EQUITY
AND INCLUSION (DEI) PROJECT MANAGER COLLEAGUE WAS BROUGHT ON STAFF.
THIS IMPORTANT ROLE SUPPORTS NETWORK INITIATIVES INCLUDING THE ACTIONS
AGAINST RACISM AND ADVANCING EQUITY COUNCIL, CULTURAL AWARENESS
LEADERSHIP COUNCIL AND THE LGBTQ PATIENT AND FAMILY CARE EXPERIENCE
PROJECT TEAM.

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.

PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH ARE AT THE HEART OF COMMUNITY HEALTH WORK AT LVHN. DURING THE PRIMARY DATA COLLECTION PROCESS, LVHN RECEIVED COMMUNITY FEEDBACK THAT CONFIRMED THE IMPORTANCE OF ADDRESSING SOCIAL DETERMINANTS BOTH DIRECTLY AND THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. EXAMPLES OF SOCIAL DETERMINANTS THAT REQUIRE MULTIPLE AGENCIES AND ORGANIZATIONS WORKING TOGETHER IN A COORDINATED MANNER ARE HOUSING AND FOOD INSECURITY. BOTH WERE HIGHLIGHTED DURING COMMUNITY FOCUS GROUPS. IN ALL COUNTIES LVHN SERVES:

- AN AVERAGE OF 20% OF THE POPULATIONS ARE AT RISK FOR FOOD INSECURITY.

- AT LEAST A QUARTER OF THE POPULATION SPENDS MORE THAN 30% OF THEIR INCOME ON HOUSING.

LVHN CHNA EXECUTIVE TEAMS RECOGNIZED THE MAGNITUDE OF HOUSING AND FOOD INSECURITY ISSUES, BUT ALSO WERE LESS CERTAIN ABOUT HEALTHCARE'S ABILITY TO HAVE AN IMPACT IN THIS AREA, PARTICULARLY BECAUSE THESE ARE NOT ISSUES THAT HEALTHCARE CAN ADDRESS ALONE. THE IMPORTANCE OF PARTNERSHIPS IN THIS AREA IS HIGHLIGHTED IN LVHN'S CHNA IMPLEMENTATION PLAN. BELOW ARE BOTH INTERNAL AND CROSS-SECTOR PARTNERSHIP EFFORTS ADDRESSING THESE ISSUES IN OUR COMMUNITIES.

PART V, SECTION B, LINE 11 (CONTINUATION B)

FOOD ACCESS

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.

THE FIRST STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS IMPROVE ACCESS TO HEALTHY FOOD AND REDUCE OBESITY RATES IN OUR COMMUNITIES, THROUGH IN-SCHOOL EDUCATION, PROMOTION OF HEALTHY LIFESTYLES AND COMMUNITIES, AND SUPPORT OF MOBILE MARKET FOOD DISTRIBUTION. AT LVH-LEHIGH VALLEY CAMPUSES, TWO PILOT PARTNERSHIPS WITH MOBILE FOOD MARKET VENDORS WERE CONTINUED IN FY21.

PARTNERSHIP WITH THE KELLYN FOUNDATION: LVHN DEVELOPED PARTNERSHIPS WITH KEY NON-PROFIT ORGANIZATIONS, WHO ARE WORKING TO IMPROVE HEALTHY FOOD ACCESS IN THE COMMUNITY. THE KELLYN FOUNDATION ENSURES AVAILABILITY OF LOW-COST/NO-COST, HEALTHY FOOD OPTIONS AT KEY LOCATIONS THAT OPTIMIZE ACCESSIBILITY TO FAMILIES IN NEED. THE EAT REAL FOOD MOBILE MARKET PILOT WITH KELLYN FOUNDATION PILOT AIMED TO PROVIDE FRESH FRUITS AND VEGETABLES, GRAINS, AND PREPARED MEALS FOR LVHN FAMILIES LIVING IN SOCIALLY DISADVANTAGED ALLENTOWN NEIGHBORHOODS WHO ARE FOOD INSECURE OR DO NOT HAVE EASY ACCESS TO AFFORDABLE HEALTHY FOOD OPTIONS DUE TO UNEMPLOYMENT OR INABILITY TO PAY. KELLYN USED THEIR EXISTING MOBILE MARKET AND COMMUNITY RELATIONSHIPS TO DISTRIBUTE HEALTHY FRUITS AND VEGETABLES AND PREPARED MEALS IN AND AROUND ALLENTOWN SCHOOLS. LVHN 17TH STREET COMMUNITY PRACTICE FAMILIES WERE PROVIDED A WEEKLY \$20 CREDIT THAT COULD BE REDEEMED AT THE MOBILE MARKET AND LEVERAGED WITH OTHER PUBLIC BENEFITS (EBT, WIC, FMNP VOUCHERS). BETWEEN THE END OF JUNE AND SEPTEMBER 2020 THE KELLYN FOUNDATION PROVIDED SERVICES TO 545 INDIVIDUALS IN THE COMMUNITY WITH THE SUPPORT OF \$39,640 IN VOUCHERS FROM LVHN. ONCE AWARE OF THE PROGRAM, 26% PARTICIPATED EVERY WEEK AND A TOTAL OF 57.61% PARTICIPATED MORE THAT 50% OF THE TIME. IN FY22, THE PROGRAM PROVIDED 153,131 POUNDS OF HEALTHY FOOD TO 2,737 PEOPLE. THE

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.

TOTAL SALES WERE \$352,750. OF THE TOTAL SALES, \$186,266 WERE VOUCHER SALES FOR 1,543 CUSTOMERS BETWEEN 65% AND 85% OF CUSTOMERS SERVED IN COMMUNITY SITES HAVE A REPORTED INCOME BELOW THE AVERAGE MEDIAN INCOME FOR THE AREA.

CARDIAC HEART FAILURE (CHF) FOOD PRESCRIPTION PILOT WITH MEALS ON WHEELS OF THE LEHIGH VALLEY (MOWGLV): MOWGLV IS DELIVERING DIET-APPROPRIATE MEALS FOR 90-DAYS POST-DISCHARGE TO 19-25 INDIVIDUALS WHO HAVE A DIAGNOSIS OF CHF AND WERE RECENTLY DISCHARGED FROM LVHN'S INPATIENT SETTING. PATIENTS SERVED THROUGH THIS PILOT RECEIVED WEEKDAY HOT MEALS AND WEEKEND COLD MEALS FOR 90 DAYS AT NO COST TO ENSURE HEALTHY MEALS ARE AVAILABLE TO PATIENTS AS QUICKLY AS POSSIBLE AFTER TRANSITION FROM THE HOSPITAL TO HOME. THE PILOT WAS INTENDED TO PROVIDE A BRIDGING PERIOD DURING WHICH THE PATIENT CAN BE ASSESSED FOR ELIGIBILITY OF MEALS BEYOND THAT 90-DAY PERIOD AND MAINTAIN COMPLIANCE WITH THE HEART HEALTHY NUTRITION PLAN. 19 HEART FAILURE PATIENTS HAVE BEEN REFERRED TO THE MOW PILOT. LVHN DEDICATED \$30,000 TO SUPPORT THE FUNDING OF MEALS FOR HEART FAILURE PATIENTS IN FY21.

PRIORITY AREA: BEHAVIORAL HEALTH

ONE CONSISTENT AREA OF NEED VOICED BY THE COMMUNITY, IN BOTH THE 2016 AND 2019 LVHN CHNAS, WAS THE NEED TO BETTER ADDRESS BEHAVIORAL HEALTH AND MENTAL WELL-BEING IN THE COMMUNITY. ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, MEMBERS OF THE COMMUNITY EXPERIENCE MORE THAN 4 "UNHEALTHY" MENTAL HEALTH DAYS PER MONTH, ECHOING THE DIRECT FEEDBACK FROM FOCUS GROUPS. THIS NEED WAS DISCUSSED

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.

IN ALL FIVE COUNTIES AND, THEREFORE, WAS MADE A CROSS-CUTTING PRIORITY AREA FOR THE IMPLEMENTATION PLAN. WITHIN THE BEHAVIORAL HEALTH PRIORITY AREA, THERE ARE 3 AREAS OF FOCUS: MENTAL HEALTH, SUBSTANCE USE DISORDER, AND SUICIDE PREVENTION. WHILE PUBLIC DATA AROUND SUBSTANCE USE DISORDER IS LACKING, IT WAS A CLEAR CONCERN EXPRESSED COMMUNITY MEMBERS WHO PARTICIPATED IN FOCUS GROUPS AND INTERVIEWS. LVHN LEADERSHIP BELIEVES THIS IS A HIGH IMPACT AREA OF WORK, BUT WE NEED TO INCREASE CAPACITY IN ORDER TO ADDRESS THESE NEEDS ADEQUATELY. THE SECTIONS BELOW OUTLINE THE APPROACHES BEING IMPLEMENTED IN EACH OF THESE FOCUS AREAS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITIES LVHN SERVES.

MENTAL HEALTH

PREVENTION AND EDUCATION: THE FIRST STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS DECREASE THE STIGMA AND INCREASE SKILLS OF PROFESSIONALS AND COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH CONCERNS AND PROMOTE MENTAL WELLNESS. IN ADDITION, LVHN WILL PARTICIPATE IN AND PARTNER AROUND COMMUNITY-BASED TRAUMA-INFORMED CARE COLLABORATIVE TO CREATE MORE TRAUMA-INFORMED COMMUNITIES.

IN THE LEHIGH VALLEY (LVH-LEHIGH VALLEY), LVHN ENGAGED WITH LAKESIDE GLOBAL INSTITUTE TO PROVIDE TRAUMA 101 AND 102 TRAININGS FOR PROVIDERS AND PROFESSIONALS IN THE LEHIGH VALLEY. THE TRAININGS REACHED 500 PEOPLE IN FY20. WITH THE COVID-19 PANDEMIC, THESE TRAININGS WERE PUT ON HOLD IN THE SECOND HALF OF FY20. DURING THE COVID-19 PANDEMIC, LVHN PARTICIPATED IN A COMMUNITY OUTREACH PSA THAT NORTHAMPTON COUNTY

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.

DEPARTMENT OF MENTAL HEALTH PUBLISHED CALLED "OUT FRONT." IT WAS
CREATED BY NAMI-LV AND LIVING PROOF PICTURES RECOGNIZING OUR FRONT-LINE
WORKERS AND PROMOTING SELF-CARE AMONG THEM. IT FEATURED THE NORTHAMPTON
FIRE DEPARTMENT, BETHLEHEM POLICE, LVHN DOCTORS & NURSES, EASTON EMTS
AND THOSE ADMINISTERING FREE COVID-19 TESTING.

IN ADDITION, LVH-LEHIGH VALLEY IS A PARTNER IN A COLLABORATIVE CALLED
RESILIENT LEHIGH VALLEY, WHICH IS LED BY THE UNITED WAY OF THE GREATER
LEHIGH VALLEY. IN FY20, THIS COLLABORATIVE CREATED A WEBSITE THAT
PROVIDES MINDFULNESS AND SOCIAL EMOTIONAL LEARNING (SEL) LESSONS AND
RESOURCES FOR EDUCATORS, PARENTS AND CAREGIVERS, AND K-12 STUDENTS. IN
FY21, THE GROUP DEVELOPED A SERIES OF FACEBOOK LIVE SESSIONS. IN
ADDITION, THEY HAVE DEVELOPED A PROPRIETARY SERIES OF ONGOING TRAININGS
ON A VARIETY OF TOPICS INCLUDING:

- SECONDARY, VICARIOUS TRAUMA, AND SELF CARE
- PRACTICAL TRAUMA-INFORMED STRATEGIES
- TRAUMA-INFORMED DE-ESCALATION TECHNIQUES
- UNDERSTANDING HISTORICAL AND RACIAL TRAUMA

IN FY22, STAFF FROM LVH-LEHIGH VALLEY CO-CHAired THE RESILIENT LEHIGH
VALLEY COMMUNITY OUTREACH AND ENGAGEMENT TEAM WITH LEHIGH COUNTY OFFICE
OF CHILDREN AND YOUTH SERVICES. THE GROUP HAS CONDUCTED COMMUNITY
OUTREACH EFFORTS ABOUT RESILIENCY AND TRAUMA-INFORMED CARE THROUGH
ATTENDING COMMUNITY EVENTS AND RECRUITING OTHER ORGANIZATIONS TO JOIN
THE INITIATIVE. RESILIENT LV ALSO CONTINUED TO PROVIDE FREE TRAININGS
TO PROFESSIONALS AND TEACHERS AND EXPAND THEIR TOOL KIT OF RESOURCES

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.

AND EDUCATIONAL MATERIAL.

ALSO, IN FY22 LVHN'S BEHAVIORAL HEALTH EDUCATION SPECIALIST HOSTED A PSYCHOEDUCATION GROUP SESSION, CALLED WAY TO WELLNESS GROUP, MONTHLY AT CHANGE ON HAMILTON IN ALLENTOWN. THESE GROUPS FOCUSED ON THE EIGHT DIMENSIONS OF WELLNESS: EMOTIONAL, PHYSICAL, OCCUPATIONAL, INTELLECTUAL, FINANCIAL, SOCIAL, ENVIRONMENTAL, AND SPIRITUAL. FOCUSED TOPICS AND INTERVENTIONS INCLUDE STRESS MANAGEMENT SKILLS, FINANCIAL LITERACY, SOCIAL SKILLS, MINDFULNESS, SOFT SKILLS, AND NUTRITION.

OVER THE PAST SEVERAL YEARS, LVHN HAS ALSO MADE A TARGETED EFFORT TO DEVELOP SUPPORTS FOR THE PREGNANT AND PARENTING POPULATION IN OUR REGION. IN THE LEHIGH VALLEY, THE CONNECTIONS CLINIC IS A PROGRAM FOR PREGNANT AND/OR POSTPARTUM SUBSTANCE USE DISORDER INCLUDING OPIOIDS AND IS A COLLABORATION BETWEEN OBSTETRICS AND PEDIATRICS. THIS PROGRAM PROVIDES AN ADDED LAYER OF PATIENT SUPPORT FROM OBGYN STAFF AND PHYSICIANS ALONG WITH PARTNERSHIPS WITH TREATMENT PROVIDERS AND FACILITIES.

PART V, SECTION B, LINE 11 (CONTINUATION C)

REFERRAL COORDINATION: THE SECOND STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS A CENTRALIZED REFERRAL PROCESS TO OUTPATIENT BEHAVIORAL HEALTH SERVICES. IN FY19, LVHN RECEIVED OVER 9,000 REFERRALS FOR BEHAVIORAL HEALTH SERVICES AND WERE ABLE TO SERVE 1 IN 8. IN ORDER TO IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS, LVHN CREATED A BEHAVIORAL HEALTH REFERRAL SPECIALIST ROLE. THIS ROLE

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.

PROVIDES SUPPORT TO PROVIDERS, PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER SERVICES. SUPPORT BY THIS ROLE IS PROVIDED ON THREE LEVELS:

1. INFORMATION DISSEMINATION AND EDUCATION: PRACTICES RECEIVE RESOURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER REFERRALS FROM THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT DATABASE WITH INFORMATION THAT IS ALWAYS CURRENT AND ACCURATE. IN ADDITION, THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVIDING EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER SERVICES TO THE FOLLOWING: PEDIATRIC PRIMARY CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN LEADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES.

2. CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN THEY ARE UNABLE TO DO SO UTILIZING THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT AND PAST REFERRAL EDUCATION.

3. DIRECT PATIENT CONTACT TO PROVIDE SUPPORT AND RESOURCES IF THE FIRST TWO LEVELS OF SERVICE FAIL TO SUPPORT THE PATIENT.

IN FY19, THERE WERE 620 REQUESTS FOR ASSISTANCE FROM THE BEHAVIORAL HEALTH REFERRAL SPECIALIST. IN FY20, DUE TO THE HIGH DEMAND, A NEW PROCESS WAS IMPLEMENTED TO HAVE THE BEHAVIORAL HEALTH REFERRAL SPECIALIST MANAGE ALL OUTPATIENT PSYCHIATRY REFERRALS FOR LVHN AFFILIATED PRACTICES. THIS NEW PROCESS WAS MADE TO IMPROVE THE REFERRAL EXPERIENCE FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BETTER

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.

ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECOME A TEAM OF 5.5 FTE DEDICATED TO MANAGING ALL REFERRALS TO AMBULATORY PSYCHIATRY PRACTICES, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS SERVICE OFFICIALLY WENT LIVE ON MAY 4, 2020, AND THEY RECEIVE REFERRALS FROM OUTPATIENT PRACTICES FROM ALL LVHN CAMPUSES. IN FY21, CENTRALIZED INTAKE RECEIVED 10,179 REFERRALS. OF THE 10,179 REFERRALS, 6,240 (61%) WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDED WITH A LIST OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL ASSISTANCE IF UNABLE TO CONNECT WITH A PROVIDER. IN FY22, CENTRALIZED INTAKE RECEIVED 10,922 REFERRALS. OF THE 10,922 REFERRALS, 7,440 (68%) WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDED WITH A LIST OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL ASSISTANCE IF UNABLE TO CONNECT WITH A PROVIDER.

INNOVATION: THE THIRD STRATEGY LVHN HAS COMMITTED TO IN ORDER TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS INNOVATION THROUGH THE USE OF TECHNOLOGY TO PROVIDE TELE-PSYCHIATRY, TELE-THERAPY, AN APP DEPLOYMENT, AND ECONSULTS. THE DEVELOPMENT AND IMPLEMENTATION OF TELE-PSYCHIATRY AND THERAPY SERVICES WAS UNDERWAY AT THE START OF FY20. WITH THE ONSET OF THE COVID-19 PANDEMIC, THE SCALE AND REACH OF THESE SERVICES INCREASED RAPIDLY AND DRAMATICALLY. OUTPATIENT BEHAVIORAL HEALTH VIRTUAL VISITS INCREASED FROM 2% BEFORE COVID-19 TO 98% SOON AFTER THE START OF THE PANDEMIC

IN FY21, THE DEPARTMENT OF PSYCHIATRY PROVIDED A TOTAL OF 66,457 OUTPATIENT BEHAVIORAL HEALTH ENCOUNTERS, OF WHICH 44,942 ENCOUNTERS

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.

(68%) WERE VIRTUAL. IN FY22, THE DEPARTMENT OF PSYCHIATRY PROVIDED A TOTAL OF 137,750 OUTPATIENT BEHAVIORAL HEALTH ENCOUNTERS, OF WHICH 70,253 ENCOUNTERS (51%) WERE VIRTUAL. A GREATER NUMBER OF VISITS WERE IN-PERSON AGAIN AS WE CAME BACK FROM THE PANDEMIC.

THE STREET MEDICINE TELE-BEHAVIORAL HEALTH GRANT-FUNDED PILOT PROGRAM ELIMINATED MANY OF THE BARRIERS FACED BY HOMELESS PATIENTS WHEN ACCESSING HEALTHCARE. CRUCIALLY, IT PROVIDED CARE LITERALLY WHERE THE PATIENTS ARE, USING SECURE, INTERACTIVE TELECOMMUNICATION TECHNOLOGY. LICENSED THERAPISTS PROVIDED ASSESSMENTS, THERAPY, AND BEHAVIORAL HEALTH CASE MANAGEMENT VIA VIDEO VISITS FROM AUGUST 2019 TO AUGUST 2021. ENCOUNTERS HAVE OCCURRED AT MULTIPLE "STREET MEDICINE" LOCATIONS, SUCH AS AVAILABLE SOUP KITCHENS IN ALLENTOWN AND BETHLEHEM. SINCE THE FIRST VISIT IN AUGUST 2019, LVHN PROVIDED 279 VISITS TO HOMELESS PATIENTS, AS WELL AS DEDICATED 597 HOURS TO COORDINATED LINKAGES TO MEDICAL AND SOCIAL SERVICES, THUS REDUCING MANY BARRIERS TO THIS AT-RISK POPULATION. WHILE THE GRANT HAS ENDED, THE SUCCESS OF THE PROGRAM HAS LED STREET MEDICINE TO EMPLOY A FULL TIME LICENSED THERAPIST TO CARRY ON THIS MEANINGFUL WORK, AND THE PROGRAM IS NOW MANAGED THROUGH VALLEY HEALTH PARTNERS.

IN ADDITION, TELE-CONSULTS WERE PROVIDED FOR PRIMARY CARE PROVIDERS. A PSYCHIATRIC OUTPATIENT CONSULTATION REFERRAL ORDER WAS ESTABLISHED IN FY20 TO FACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST OR APC WITH THE GOAL OF EVALUATING AND PROVIDING TREATMENT RECOMMENDATIONS, WHICH MAY INCLUDE THE PRESCRIBING OF PSYCHOTROPIC MEDICATIONS, AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING

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.

CARE. IN FY21, 618 TELE-PRIMARY CARE CONSULTS AND 268 ECONSULTS WERE COMPLETED AT LVH-LEHIGH VALLEY PRIMARILY, UP FROM 80 AND 208, RESPECTIVELY IN FY20. IN FY22, 591 TELE-PRIMARY CARE CONSULTS AND 254 ECONSULTS WERE COMPLETED AT LVH-LEHIGH VALLEY PRIMARILY.

LVH - LEHIGH VALLEY HAS ALSO ROLLED OUT A NEW APPLICATION CALLED GUIDEBOOK WHICH PROVIDES PATIENTS AND COMMUNITY MEMBERS MENTAL HEALTH RELATED RESOURCES. COMMUNICATION ABOUT THE AVAILABILITY OF THE APP BEGAN IN JANUARY OF 2020. THERE WERE 400 DOWNLOADS AS OF MARCH 2020 WITH AVG. TIME SPENT IN THE APP OF ABOUT 1 MINUTE. BETWEEN MARCH AND MAY 2020 (DURING THE HEIGHT OF THE COVID-19 RESPONSE), THE DOWNLOADS JUMPED TO 600 WITH THE AVERAGE TIME SPENT INCREASING TO OVER A MINUTE. IN FY21, THE DEPARTMENT OF PSYCHIATRY CONTINUED TO EXPAND THE RESOURCES AVAILABLE TO PATIENTS ON THE GUIDEBOOK APP, AND THERE WAS AN ADDITIONAL 275 DOWNLOADS WHICH PUT THE TOTAL NUMBER OF DOWNLOADS AT 947. THE AVERAGE NUMBER OF SESSIONS PER USER IN FY21 WAS 2.1 AND THE AVERAGE AMOUNT OF TIME ON THE APP DURING EACH SESSION IS ABOUT 1 MINUTE. IN FY22, THE APPLICATION WAS DOWNLOADED BY AN ADDITIONAL 273 USERS.

SCHOOL-BASED BEHAVIORAL HEALTH

THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL SCHOOL-BASED BEHAVIORAL HEALTH (SBBH) PROGRAM PARTNERS WITH SCHOOL DISTRICTS ACROSS THE HEALTH NETWORK'S SERVICE AREA TO REMOVE BARRIERS TO MENTAL HEALTH TREATMENT BY PROVIDING OUTPATIENT THERAPY FOR STUDENTS DURING THE SCHOOL DAY. EACH YEAR, HUNDREDS OF CHILDREN WHO OTHERWISE WOULD NOT HAVE ACCESS TO MENTAL HEALTH TREATMENT ARE ABLE TO PARTICIPATE IN SCHOOL-BASED THERAPY

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.

TO HELP THEM ADDRESS THEIR TRAUMA, IMPROVE THEIR SCHOOL PERFORMANCE,
AND STRENGTHEN THEIR OVERALL WELL-BEING. THE PROGRAM IS LICENSED
THROUGH THE DEPARTMENT OF HUMAN SERVICES TO ENABLE BILLING THROUGH
MEDICAL ASSISTANCE AND EACH THERAPIST CARRIES A CASELOAD OF 25 - 35
STUDENTS.

IN FY20, THE SBBH PROGRAM (LVH-LEHIGH VALLEY) TRANSFORMED FROM VISION
TO REALITY WITH AN OFFERING OF BEHAVIORAL HEALTH SERVICES TO STUDENTS
IN 15 SCHOOLS. IT ESTABLISHED PRIVATE SPACES TO OFFER THERAPEUTIC
SERVICES, INTRODUCED SCHOOL-BASED THERAPISTS TO FACULTY AND STAFF,
IMPLEMENTED A STREAMLINED AND CONFIDENTIAL REFERRAL PROCESS, AND
ESTABLISHED CLOSE COMMUNICATION WITH SCHOOL COUNSELORS AND SUPPORT
STAFF. IN FY20, THE SBBH PROGRAM SERVED ALMOST 150 STUDENTS, 20% OF
WHOM WERE UNINSURED. IN ADDITION, THROUGH ADDITIONAL IN-KIND HOURS, THE
PROGRAM STAFF PRESENTED MULTIPLE PROFESSIONAL DEVELOPMENT PROGRAMS,
CAREGIVER PRESENTATIONS, AND OFFERED SUPPORT GROUPS, RESOURCES AND
CRISIS SUPPORT TO SCHOOL COMMUNITIES AND FAMILIES THROUGHOUT THE
PANDEMIC.

A MAJORITY OF THE STUDENTS (93%) SERVED IN THE SBBH PROGRAM WERE
BETWEEN THE AGES OF 6 AND 17, AND 37% WERE CAUCASIAN AND 39% WERE
HISPANIC. THE TOP 4 REASONS FOR REFERRAL WERE: DEPRESSION AND ANXIETY;
ANGER, AGGRESSION, AND OPPOSITIONAL BEHAVIOR; ATTENTION, FOCUS, AND
IMPULSIVITY; AND TRAUMATIC EXPERIENCES. BOTH THE CHILDREN AND PARENTS
REPORTED THE COUNSELING PROVIDED BY THE SBBH PROGRAM MADE A POSITIVE
IMPACT ON THEIR BEHAVIOR AT HOME AND IN SCHOOL. SINCE SCHOOL CLOSURES
DUE TO COVID-19 IN MARCH 2020, THE SCHOOL-BASED PROGRAM HAS ASSISTED

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.

STUDENTS AND FAMILIES TO CONNECT TO VIDEO VISIT TECHNOLOGY. THE SBBH PROGRAM OFFERED VIDEO THERAPY SERVICES TO ALMOST 75% OF STUDENTS IN THE PROGRAM. SCHOOL-BASED THERAPISTS MAINTAIN THE ABILITY TO HAVE TELEPHONE SESSIONS WITH CLIENTS WHO ARE UNABLE TO PARTICIPATE BY VIDEO.

PART V, SECTION B, LINE 11 (CONTINUATION D)

IN FY21, 250 STUDENTS ACROSS 31 SCHOOL SITES RECEIVED SERVICES. OVER 600 HOURS OF IN-KIND (NON-BILLABLE) SERVICES WERE ALSO PROVIDED FOR STUDENTS WHO WERE UNINSURED. IN ADDITION TO REGULARLY ASSESSING PROGRESS TOWARD ACHIEVING EACH STUDENT'S TREATMENT GOALS, THE THERAPISTS ADMINISTER THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)--A WIDELY USED CHILD AND ADOLESCENT MENTAL HEALTH ASSESSMENT-- UPON INTAKE AND DISCHARGE TO HELP MEASURE PROGRAM OUTCOMES. IN FY21, 80% OF STUDENTS ASSESSED AT DISCHARGE DEMONSTRATED A DECREASE IN EMOTIONAL DISTRESS AND 88% OF STUDENTS AND CAREGIVERS ASSESSED AFTER 6 MONTHS OF TREATMENT REPORTED THAT THEIR (THEIR CHILD'S) PROBLEM HAD IMPROVED.

IN FY22, OVER 450 STUDENTS RECEIVED THERAPY OVER THE SCHOOL YEAR. SCHOOL-BASED TELEHEALTH SERVICES WERE EXPANDED THIS YEAR TO PROVIDE TELETHERAPY TO STUDENTS LOCATED IN SEVEN SCHOOLS ACROSS FOUR DISTRICTS OUTSIDE OF THE LEHIGH VALLEY. TELEHEALTH WAS ALSO USED TO PROVIDE SERVICES TO STUDENTS WHO WERE SICK OR QUARANTINED OR WERE PARTICIPATING IN EDUCATION OUTSIDE OF THE PRIMARY SCHOOL CLINIC LOCATION, SUCH AS AT RELIGIOUS SCHOOLS, VOCATIONAL TECHNICAL SCHOOLS, OR THROUGH REMOTE LEARNING. IN-KIND HOURS WERE ALSO UTILIZED TO OFFER AN ARRAY OF

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.

SUPPORTS AT THE INDIVIDUAL, SCHOOL, AND COMMUNITY LEVEL. IN TOTAL, 25% OF THE STUDENTS SERVED IN THE PROGRAM WERE UNINSURED AND RECEIVED SERVICES USING IN-KIND HOURS.

IN FY22, THE AVERAGE SDQ SCORE FOR OVERALL STRESS WAS REDUCED BY 28%, MOVING THE AVERAGE SCORE FROM HIGH TO AVERAGE STRESS OVER THE COURSE OF TREATMENT. SIMILARLY, THE AVERAGE SDQ SCORE FOR IMPACT OF DIFFICULTIES REDUCED BY 50%, MOVING THE AVERAGE SCORE FROM HIGH TO BORDERLINE IMPACT OVER THE COURSE OF TREATMENT. AT THE SIX-MONTH MARK IN TREATMENT, EMOTIONAL DISTRESS DECREASED BY 35%, BEHAVIORAL STRESS DECREASED BY 44%, 87% OF STUDENTS AND CAREGIVERS REPORTED PROBLEM IMPROVEMENT, AND 100% OF STUDENTS AND CAREGIVERS REPORTED THAT THE PROGRAM PROVIDED THEM WITH SUPPORT.

WELLER HEALTH EDUCATION AT LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL PARTNERS WITH OVER 25 SCHOOL DISTRICTS ACROSS THE HEALTH NETWORK'S EIGHT-COUNTY SERVICE AREA TO PROVIDE INTERACTIVE RESEARCH-BASED PROGRAMS THAT HELP PREVENT CHRONIC DISEASE AND IMPROVE CHILDREN'S OVERALL HEALTH, SAFETY, AND WELL-BEING. ALL PROGRAMS ARE PRESENTED BY SPECIALLY TRAINED HEALTH EDUCATORS WHO ARE EXPERTS AT CONNECTING WITH YOUNG PEOPLE AND TRANSLATING COMPLEX INFORMATION INTO EASY-TO-UNDERSTAND CONCEPTS. WITH THE GENEROUS SUPPORT OF THE CARL E. AND EMILY I. WELLER FOUNDATION, CORPORATE AND FOUNDATION FUNDERS, AND IN-KIND SUPPORT FROM THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL, PROGRAMS ARE PRESENTED FREE TO ALL SCHOOL DISTRICTS. OVER 80% OF THE STUDENTS SERVED ARE ECONOMICALLY DISADVANTAGED.

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.

IN FY21, WELLER REACHED 30,000 STUDENTS THROUGH A VARIETY OF IN-PERSON, VIRTUAL AND ASYNCHRONOUS LEARNING OPPORTUNITIES DESIGNED TO MEET THE VARYING NEEDS OF STUDENTS AND SCHOOL DISTRICTS ACROSS OUR REGION. IN ADDITION TO DELIVERING CLASSROOM PROGRAMS EITHER IN-PERSON OR VIA REMOTE LEARNING PLATFORMS, WELLER'S TEAM CREATED A VIDEO LIBRARY WITH NEARLY 40 ASYNCHRONOUS LESSONS THAT RANGE FROM DEALING WITH PANDEMIC-INDUCED STRESS, ANXIETY AND FATIGUE, TO SCHOOL DISTRICT CURRICULUM-BASED CONTENT ON MENTAL HEALTH, SUBSTANCE USE DISORDER PREVENTION, HEALTHY RELATIONSHIPS, AND NUTRITION AND FITNESS. THE PROGRAMS ARE PROVIDED AT NO COST TO THE SCHOOLS AND LVHN IS THE ONLY HEALTH SYSTEM IN THE REGION OFFERING THIS TYPE OF PREVENTIVE HEALTH EDUCATION FOR CHILDREN AND FAMILIES.

IN FY22, WELLER REACHED 21,688 STUDENTS THROUGH IN-PERSON AND SYNCHRONOUS VIRTUAL LEARNING OPPORTUNITIES DESIGNED TO MEET THE VARYING NEEDS OF STUDENTS AND SCHOOL DISTRICTS ACROSS OUR REGION. NUTRITION AND EXERCISE ACCOUNTED FOR 8% OF THE PROGRAMMING PROVIDED IN THE SCHOOLS. ALSO IN FY22, THE WELLER TEAM SERVED OVER 2,800 FREE HEALTHY LUNCHES TO ALLENTOWN STUDENTS THROUGH A GRANT FROM THE US DEPARTMENT OF AGRICULTURE'S SUMMER FOOD SERVICE PROGRAM (SFSP).

SUBSTANCE USE DISORDER

LVHN HAS ADOPTED A 4-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE USE DISORDER EPIDEMIC IN THE COMMUNITIES WE SERVE:

1. STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO

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.

THE COMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE
DISORDER AND ADDICTION.

2. OPIOID STEWARDSHIP BY PROVIDING EDUCATION TO FRONT-LINE STAFF (E.G.,
PROVIDERS, NURSES) TO MINIMIZE OPIOID PRESCRIBING, PROMOTE SAFETY
MEASURES TO MINIMIZE ADDICTION TO OPIOIDS, AND INCREASE AWARENESS OF
TOOLS AVAILABLE.

3. LINKAGE TO TREATMENT BY REDUCING THE BARRIERS BETWEEN A PATIENT WHO
IS STRUGGLING WITH SUBSTANCE USE DISORDER OR ADDICTION AND THEIR ACCESS
TO TREATMENT OPTIONS.

4. HARM REDUCTION BY REDUCING THE LIKELIHOOD THAT HARM WILL COME TO
THOSE WHO ARE STRUGGLING WITH ADDICTION.

STIGMA REDUCTION: IN FY20, LVHN LEADERS PRESENTED "SCIENCE, STIGMA &
SOLUTIONS: WHAT WE CAN DO TO ADDRESS THE SUD CRISIS" AT THE PA
DEPARTMENT OF HEALTH OPIOID COMMAND CENTER SUMMIT AND HELD "CARE TALKS:
CELEBRATING OUR HEALTHCARE PARTNERSHIPS", HIGHLIGHTING RELATIONSHIPS
WITH LVHN AND COMMUNITY PARTNERS AROUND LINKAGE TO TREATMENT FOR
SUBSTANCE USE DISORDERS AND REDUCING STIGMA. THIS WORK CONTINUED
THROUGHOUT FY21 AS LVHN LEADERS AND COLLEAGUES CONTINUED TO WORK TO
REDUCE THE STIGMA AROUND SUBSTANCE USE DISORDERS AND PROMOTE THE
RESOURCES AVAILABLE TO ADDRESS THIS COMMUNITY CONCERN. IN FY22, LVHN
SPONSORED AND PARTICIPATED IN 7 OUTREACH EVENTS TO RAISE AWARENESS
ABOUT THE IMPACTS OF SUBSTANCE USE DISORDER, INCLUDING BEING A SPEAKER
AT A LEHIGH COUNTY EVENT TO INCREASE AWARENESS, SUPPORT, AND RESOURCES

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.

FOR PROFESSIONALS SUPPORTING SUBSTANCE USE DISORDER RECOVERY, AND
DISTRIBUTED OVER 2,000 MEDICATION DISPOSAL BAGS TO COMMUNITY MEMBERS.

HIGHLIGHTS OF OTHER ANNUAL COMMUNITY EVENTS INCLUDE:

- LVHN SPONSORS RALLY IN THE VALLEY, A MUSIC FESTIVAL TO CELEBRATE
RECOVERY FROM SUBSTANCE USE DISORDER AS A COMMUNITY CONCEPT, EACH YEAR.
RALLY IN THE VALLEY BRINGS LIGHT TO THE MANY STRENGTHS THAT ACCOMPANY A
RECOVERING LIFESTYLE THROUGH GREAT MUSIC, DYNAMIC SPEAKERS, GOOD FOOD,
FUN FAMILY ACTIVITIES. OVER 2,000 COMMUNITY MEMBERS ATTEND THIS EVENT.

- LVHN SPONSORED THE UNIDOS HUMANKIND DAY FAMILY SUMMER EVENT IN JUNE
OF 2021 AND 2022.

IN ADDITION, EACH YEAR LVHN SPONSORS ANGELS IN THE VALLEY, WHICH IS A
BANNER PROJECT AIMED TO RAISE AWARENESS OF THE ISSUE OF DRUG OVERDOSE
AND REDUCE THE STIGMA ASSOCIATED WITH PEOPLE WHO HAVE LOST THEIR LIVES
DUE TO THE DISEASE OF SUBSTANCE USE DISORDER. THIS PROJECT ALSO
RECOGNIZES THE GRIEF FELT BY FAMILIES AND FRIENDS IN OUR COMMUNITY WHO
HAVE LOST A LOVED ONE AS A RESULT OF DRUG USE. THE BANNERS SIGNIFY THE
PASSING OF SOMEONE CHERISHED AND SENDS A MESSAGE THAT THE TRAGEDY OF
DRUG-RELATED DEATH IS PREVENTABLE, AND THOSE WHO ARE SUFFERING SHOULD
FEEL NO SHAME IN ASKING FOR HELP. PHOTOS OF LOVED ONES WHO HAVE BEEN
LOST ARE DISPLAYED THROUGH THE MONTH OF SEPTEMBER, WHICH IS NATIONAL
RECOVERY MONTH.

OPIOID STEWARDSHIP: IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN
THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT EDUCATION TO OVER

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.

450 PROVIDERS IN FY20. THIS EDUCATION CONTINUED IN FY21, WITH 340 PROVIDERS AND HEALTHCARE WORKERS PARTICIPATING IN ORDER TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIGNS AND IMPACTS OF SUBSTANCE USE DISORDER. IN FY22, STAFF EDUCATION ABOUT SUBSTANCE USE DISORDER AND OPIOID-RELATED ISSUES WAS PROVIDED TO STAFF IN PSYCHIATRY, SURGERY, FAMILY MEDICINE, NEUROLOGY, AND INTERNAL MEDICINE.

IN ADDITION, IN FY21, THE FOLLOWING TACTICS WERE DEPLOYED:

- A 2-HOUR LEARNING MODULE WAS DEVELOPED AND DISSEMINATED TO ALL LVHN PROVIDERS DURING FY21 TO ENSURE ADEQUATE EDUCATION AROUND OPIOID STEWARDSHIP AND LINKAGE TO TREATMENT, AND TO FULFILL LICENSING REQUIREMENTS FOR THE PA STATE MEDICAL BOARD.

- THE MULTIDISCIPLINARY OPIOID REVIEW COMMITTEE WAS IMPLEMENTED TO REVIEW OPIOID STEWARDSHIP CASES OF CONCERN AND TO PROVIDE OUTREACH AND EDUCATION TO PROVIDERS.

- REVISIONS WERE MADE TO THE STANDARDIZED DISCHARGE OPIOID WEANING PROTOCOLS FOR THE EMERGENCY DEPARTMENT (ED) AND INPATIENT SETTINGS TO INCREASE MEDICATION OPTIONS AND DURATION OF WEANING PROTOCOLS.

- NON-OPIOID PAIN MODALITY INITIATIVES WERE IMPLEMENTED INCLUDING:

- (1) ED BACK PAIN PROTOCOL IN COLLABORATION WITH PT
- (2) DEVELOPMENT OF A NON-OPIOID PAIN MANAGEMENT ORDER SET WITH PT/OT INTERVENTIONS

(3) IMPLEMENTATION OF AN OT-LED AROMATHERAPY FOR PAIN PROTOCOL WITHIN

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.

THE ED OBSERVATION UNIT

- CLINICIANS ACROSS MULTIPLE DISCIPLINES WERE TRAINED IN NON-OPIOID PAIN MANAGEMENT MODALITIES INCLUDING EMPOWERED RELIEF AND EXPLAIN PAIN.

PART V, SECTION B, LINE 11 (CONTINUATION E)

BUILDING ON THE WORK OF PAST YEARS, THE FOLLOWING ACTIVITIES WERE COMPLETED IN FY22:

- THE MULTIDISCIPLINARY OPIOID REVIEW COMMITTEE FURTHER EVOLVED TO REVIEW OPIOID STEWARDSHIP CASES OF CONCERN AND TO PROVIDE OUTREACH AND EDUCATION TO PROVIDERS.

- ALTERNATIVES TO OPIOID (ALTO) PAIN MODALITY INITIATIVES CONTINUED INCLUDING:

(1) ONGOING IMPLEMENTATION OF AN OT-LED AROMATHERAPY FOR PAIN PROTOCOL WITHIN THE ED OBSERVATION UNIT

(2) IMPLEMENTATION OF AN OMM & ACUPUNCTURE REFERRAL PROCESS WITHIN LVPG PRIMARY CARE,

(3) DOEHM US TEAM PROVIDED FASCIA ILIACA NERVE BLOCK TRAINING OFFERED TO FACULTY AND RESIDENTS DURING 2 SESSIONS IN 2021-2022.

- FLEMING FUNDS AND COMMUNITY HEALTH CHAIR FUNDS WERE USED TO TRAIN CLINICIANS ACROSS MULTIPLE DISCIPLINES IN NON-OPIOID PAIN MANAGEMENT MODALITIES INCLUDING EMPOWERED RELIEF AND EXPLAIN PAIN, AS WELL AS MOTIVATIONAL INTERVIEWING AND PEER SUPPORT TRAINING.

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.

- RELEASED A REVISED OPIOID PRESCRIBING DASHBOARD WHICH BETTER
ADDRESSED TRACKING OF COMPLIANCE WITH OPIOID TREATMENT AGREEMENTS.

- IN APRIL 2022, ELECTRONIC SIGNATURES FOR OPIOID TREATMENT AGREEMENTS
HAD GO-LIVE.

LINKAGE TO TREATMENT: AT THE LVH-LEHIGH VALLEY CAMPUSES, THE HOSPITAL
PARTNERS WITH LEHIGH AND NORTHAMPTON COUNTIES ON A WARM-HAND OFF
PROGRAM CALLED THE HOSPITAL OPIOID SUPPORT TEAM (HOST). THROUGH THIS
PROGRAM, WHEN PATIENTS COME INTO THE EMERGENCY DEPARTMENT (ED) WITH
SUBSTANCE USE DISORDER CONCERNS LVHN STAFF ARE ABLE TO CALL A HOST
ASSESSOR WHO COMES DIRECTLY TO THE ED TO PROVIDE AN ASSESSMENT AND
CONNECT THE PATIENT TO TREATMENT, DECREASING THE TIME BETWEEN
IDENTIFICATION AND REFERRAL TO TREATMENT. IN ADDITION, LVH-LEHIGH
VALLEY HAS AN ADDICTION RECOVERY SPECIALIST (ARS) AND HIRED ANOTHER
CERTIFIED RECOVERY SPECIALIST (CRS) TO HELP CONNECT PATIENTS ADMITTED
TO THE HOSPITAL TO DRUG AND ALCOHOL TREATMENT (AS WELL AS ENGAGE IN
STIGMA REDUCTION AND EDUCATION ACTIVITIES).

IN FY20, THE LVH CAMPUSES HAD 1,981 HOST ENCOUNTERS AND 257 ARS/CRS
ENCOUNTERS. IN FY21, THERE WERE 1,746 HOST ENCOUNTERS AND 238 ARS/CRS
ENCOUNTERS. IN FY22, THERE WERE 1,623 HOST ENCOUNTERS AND 405 ARS/CRS
ENCOUNTERS.

HARM REDUCTION

IN THE PAST FEW YEARS, LVH-LEHIGH VALLEY HAS INCREASED ITS ACTIVITIES

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.

RELATED TO HARM REDUCTION.

- TAKE-HOME NALOXONE WAS PROVIDED AT NO COST TO PATIENTS FROM ALL NETWORK EMERGENCY DEPARTMENTS (ED) AS WELL AS LEHIGH VALLEY PHARMACY SERVICES LOCATIONS WHERE A PATIENT WITH A NALOXONE PRESCRIPTION IS UNINSURED OR UNDER-INSURED.

- LVHN MARKETING AND PUBLIC AFFAIRS, IN COLLABORATION WITH LEHIGH COUNTY, HAS FUNDED THE PURCHASE OF 4000 MEDICATION DISPOSAL KITS WHICH WILL BE DISTRIBUTED TO PATIENTS AT RISK AT BOTH HOSPITAL PHARMACIES, AND AT LOCAL COMMUNITY EVENTS ACROSS THE NETWORK.

- IN FY22, LVH-LEHIGH VALLEY WORKED WITH COUNTY DRUG AND ALCOHOL AUTHORITIES IN LEHIGH AND ONE OTHER COUNTY TO OBTAIN OVER 450 NALOXONE KITS TO PROVIDE TO PATIENTS AT RISK IN OUR HEALTHCARE SETTINGS.

SUICIDE PREVENTION

LVHN IS COMMITTED TO ADDRESSING SUICIDE PREVENTION IN THE COMMUNITIES WE SERVE. THE GOAL IS TO PROVIDE EDUCATION, INCREASE AWARENESS, AND DECREASE STIGMA BY COLLABORATING WITH THE COMMUNITY TO PREVENT SUICIDE. IN LEHIGH, NORTHAMPTON, AND SCHUYLKILL COUNTIES, SUICIDE PREVENTION TASK FORCES HAVE BEEN ESTABLISHED WITH ACTIVE PARTICIPATION FROM LVHN THROUGHOUT FY20, FY21, AND FY22.

IN LEHIGH COUNTY, THE LEHIGH COUNTY TASK FORCE IS A COLLABORATION BETWEEN LVHN, THE LEHIGH COUNTY CORONER, THE ALLENTOWN HEALTH BUREAU,

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.

LEHIGH COUNTY MENTAL HEALTH SERVICES, AND PINEBROOK FAMILY ANSWERS. IN
FY20, THEY FOCUSED ON THE CORONER'S DATA REGARDING SUICIDES IN LEHIGH
COUNTY OVER A 10-YEAR PERIOD, IN ORDER TO BETTER UNDERSTAND TRENDS AND
THE GEOGRAPHIC CONCENTRATION OF SUICIDES IN THE COUNTY. IN FEBRUARY
2021, THIS DATA AND REPORT WERE HIGHLIGHTED AS AN EXEMPLAR THAT OTHER
COUNTIES SHOULD REPLICATE BY THE NEWLY FORMED STATEWIDE SUICIDE
PREVENTION ALLIANCE. BASED ON THAT DATA, THE GROUP IS:

- FACILITATING CONVERSATIONS WITHIN LEHIGH COUNTY THAT HAVE HIGHER
RATES OF SUICIDE TO BETTER UNDERSTAND THE ISSUE AND CO-DESIGN POTENTIAL
SOLUTIONS.

- DEVELOPING A PUBLIC SERVICE ANNOUNCEMENT.

- DETERMINING WAYS, THEY CAN PROMOTE HEALTH AND WELL-BEING AMONG YOUTH
BEFORE SUICIDE BECOMES A REALITY.

- LVHN CREATED BROCHURES FOR THE PRIMARY AND SPECIALTY CARE PRACTICES
ABOUT LETHAL MEANS AND SUICIDE TO CREATE AWARENESS AMONG THE COMMUNITY.

- A VIDEO ENTITLED DO NO HARM WAS PREVIEWED IN OCTOBER 2019 AND AIRED
ON PBS IN MAY 2020. THE VIDEO LOOKS AT SUICIDE AMONG PHYSICIANS AND
RESIDENTS.

IN NORTHAMPTON COUNTY, THE NORTHAMPTON SUICIDE PREVENTION TASKFORCE
AIMS TO DEVELOP AND IMPLEMENT STRATEGIES TO REDUCE THE RISK OF SUICIDE
AND STIGMA OF MENTAL ILLNESS IN NORTHAMPTON COUNTY THROUGH THE

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.

COLLABORATIVE EFFORTS OF COMMUNITY AGENCIES AND SERVICE PROVIDERS. THE GOAL IS TO REDUCE DEATH-BY-SUICIDE IN NORTHAMPTON COUNTY BY 20%. FROM 2018 TO 2019, NORTHAMPTON COUNTY SAW A DECREASE IN SUICIDES FROM 53 IN 2018 TO 40 IN 2019. IN FY20, THE GROUP APPLIED FOR AND RECEIVED GRANT FUNDING TO TRAIN PROFESSIONAL IN THE QPR MODEL AND HELD TRAININGS PARTICULARLY FOR THE ELDERLY IN NORTHAMPTON COUNTY AND HOSTED A SERIES OF QPR GATEKEEPER TRAININGS IN 2020 AND 2021. ALSO IN 2020, IN 2020, THE TASK FORCE PARTNERED WITH NAMI TO CREATE THE PUBLIC SERVICE ANNOUNCEMENTS BELOW. THEY WERE FILMED IN NORTHAMPTON COUNTY WITH NORTHAMPTON COUNTY RESIDENTS. IN EARLY 2021, NORTHAMPTON COUNTY FORMED ITS FIRST LOSS TEAM. LOSS STANDS FOR LOCAL OUTREACH TO SUICIDE SURVIVORS. NORTHAMPTON COUNTY IS ONE OF THE FIRST IN THE STATE TO HAVE A TEAM LIKE THIS. A LOSS TEAM IS MADE UP OF TRAINED SURVIVORS AND/OR THOSE WHO HAVE BEEN IMPACTED BY A SUICIDE. THE TEAM WOULD BE CALLED TO ASSIST INDIVIDUALS WHO HAVE JUST LOST SOMEONE TO SUICIDE TO DISSEMINATE INFORMATION ABOUT RESOURCES AND BE A SOURCE OF HOPE FOR THE NEWLY BEREAVED. THE PRIMARY GOAL IS TO PROVIDE SURVIVORS OF SUICIDE WITH RESOURCES AND TO LET THEM KNOW THAT RESOURCES EXIST TO HELP THEM FOLLOWING THE SUICIDE.

LVHN PARTICIPATES IN THE REGIONAL ACTIVITIES TO RAISE AWARENESS ON SUICIDE INCLUDING THE OUT OF DARKNESS WALK IN OCTOBER EACH YEAR AND THE SUICIDE PREVENTION & AWARENESS NIGHT AT AN IRON PIG'S GAME IN SEPTEMBER 2021 AND JULY 2022. IN ADDITION, IN MAY 2022 LVH-LEHIGH VALLEY CAMPUSES STARTED A WARM HAND-OFF PROGRAM. THIS PROGRAM FOLLOWS INDIVIDUALS WHO HAVE HAD SUICIDAL THOUGHTS AND BEHAVIORS AS THEY ARE DISCHARGED FROM LVHN INPATIENT AND EMERGENCY DEPARTMENTS INTO THE COMMUNITY TO CONFIRM

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

THE COSTING METHODOLOGY IS COST TO CHARGE RATIO FOR PROGRAMS WITH GROSS CHARGES AND DIRECT COSTS FOR PROGRAMS WITHOUT GROSS CHARGES.

PART I, LN 7 COL(F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A) IS \$1,011,726.

PART III, LINE 2:

AMOUNTS REPORTED AS BAD DEBT EXPENSE ARE REPORTED NET OF APPLICABLE PATIENT PAYMENTS, INSURANCE PAYMENTS AND CONTRACTUAL ALLOWANCES AS WELL AS OTHER HOSPITAL DISCOUNTS FOR WHICH THE PATIENT IS DEEMED ELIGIBLE. THE RATIO OF COSTS-TO-CHARGES (RCC) IS APPLIED TO THE NET AMOUNT TO DETERMINE THE BAD DEBT EXPENSE.

PART III, LINE 3:

THIS AMOUNT IS THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE PROCESS TO DETERMINE IF THEY ARE ELIGIBLE FOR FINANCIAL

Part VI Supplemental Information (Continuation)

ASSISTANCE. THE COST IS DETERMINED USING COST TO CHARGE RATIOS. THE RATIONALE FOR INCLUDING THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS IS THE HOSPITAL'S EXPERIENCE WITH UNINSURED PATIENTS THAT DO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM. WHEN THE HOSPITAL EVALUATES UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE, THE MOST COMMON FINDING IS THAT UNINSURED PATIENTS HAVE INCOME LESS THAN 400% OF THE FEDERAL POVERTY GUIDELINE AND QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL BELIEVES THAT UNINSURED PEOPLE WHO CHOOSE NOT TO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS AND HAVE THEIR ACCOUNTS WRITTEN OFF AS BAD DEBT, HAVE INCOME THAT WOULD QUALIFY FOR THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM.

PART III, LINE 4:

THE ORGANIZATION ESTIMATES AN IMPLICIT PRICE CONCESSION RELATED TO UNINSURED ACCOUNTS, NET OF THE AGB (AMOUNTS GENERALLY BILLED) DISCOUNT, TO RECORD THE NET SELF-PAY ACCOUNTS RECEIVABLE AT THE ESTIMATED AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT. COINSURANCES AND DEDUCTIBLES WITHIN THE THIRD-PARTY PAYER AGREEMENTS ARE THE PATIENT'S RESPONSIBILITY SO THE ORGANIZATION INCLUDES THESE AMOUNTS IN THE SELF-PAY ACCOUNTS RECEIVABLE AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE.

IN INSTANCES WHERE THE ORGANIZATION BELIEVES A PATIENT HAS THE ABILITY TO PAY FOR SERVICES AND, AFTER APPROPRIATE COLLECTION EFFORTS, PAYMENT IS NOT MADE, THE UNPAID PORTION OF THE ACCOUNT BALANCE IS WRITTEN-OFF TO THE PROVISION FOR BAD DEBTS. AMOUNTS RECORDED AS PROVISION FOR BAD DEBTS DO NOT INCLUDE CHARITY CARE.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

THE SOURCE OF THE MEDICARE ALLOWABLE COSTS RELATING TO REVENUE RECEIVED FROM MEDICARE IS THE FY2022 MEDICARE COST REPORT. THE ENTIRE SHORTFALL ON LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT. THE REVENUE AND EXPENSES ARE BOTH DETERMINED USING MEDICARE PRINCIPLES.

PART III, LINE 9B:

FINANCIAL COUNSELING STAFF WILL DETERMINE WHETHER PATIENTS MEET ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. ACCOUNTS THAT DO NOT MEET THE ELIGIBILITY REQUIREMENTS WILL BE REFERRED TO AN EXTERNAL RECEIVABLES FOLLOW UP AGENCY, AND IF NOT PAID, REFERRED TO A COLLECTION AGENCY AND SUBSEQUENTLY TRANSFERRED TO BAD DEBT STATUS IF THE ACCOUNTS REMAIN UNPAID.

PART VI, LINE 2:

AS PART OF THE AFFORDABLE CARE ACT, STARTING IN 2013, ALL NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS ARE REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. THE CHNA REPORT EXAMINES THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A PARTICULAR GEOGRAPHIC AREA. BEYOND ITS REGULATORY FUNCTION, THE CHNA IS AN IMPORTANT OVERVIEW OF THE CURRENT STATE OF HEALTH IN OUR REGION AND IDENTIFIES POTENTIAL AREAS OF CONCERN WHICH INFORMS LEHIGH VALLEY HEALTH NETWORK'S (LVHN) POPULATION HEALTH MANAGEMENT EFFORTS.

LVHN'S CHNA INCLUDES A HEALTH PROFILE, A REPORT THAT LOOKS AT ALL THE FACTORS THAT GO INTO MAKING PEOPLE IN A PARTICULAR AREA HEALTHY. THIS INCLUDES SOCIAL AND ENVIRONMENTAL FACTORS LIKE EMPLOYMENT, EDUCATION AND AIR QUALITY, INDIVIDUAL BEHAVIORS LIKE SMOKING OR HEALTHY EATING, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THEIR AREA. THIS INTRODUCTION

Part VI Supplemental Information (Continuation)

PROVIDES AN OVERVIEW OF THE 2022 CHNA HEALTH PROFILE AND LVHN'S CHNA PROCESS. THE 2022 HEALTH PROFILE COMBINES DATA AND INFORMATION FROM LOCAL, STATE, AND NATIONAL SOURCES ABOUT DISEASE, THE ENVIRONMENT, SOCIAL FACTORS, AND INDIVIDUAL BEHAVIORS, WITH IDEAS, STORIES, AND EXPERIENCES FROM COMMUNITY MEMBERS AND LEADERS FROM THROUGHOUT THE COUNTIES SERVED BY LVHN. THE SECOND COMPONENT OF THE LVHN'S CHNA INCLUDES AN IMPLEMENTATION PLAN, WHICH OUTLINES OUR PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE HEALTH PROFILE OVER THE COURSE OF THE NEXT THREE YEARS. THE 2022 CHNA HEALTH PROFILES AND IMPLEMENTATION PLAN ARE PROVIDED AT WWW.LVHN.ORG/CHNA.

THE 2022 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THE FOLLOWING SECTIONS: DEMOGRAPHICS, INCOME AND ECONOMICS, EDUCATION, HOUSING AND FAMILIES, OTHER SOCIAL AND ECONOMIC FACTORS, PHYSICAL ENVIRONMENT, CLINICAL CARE AND PREVENTION, HEALTH BEHAVIORS, HEALTH OUTCOMES, AND SPECIAL TOPICS - COVID-19. TO INCREASE THE READABILITY OF THE REPORT, THE COMMUNITY WILL FIND TWO TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT PAGE, PROVIDING EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY. THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND COMMUNITY CONVERSATIONS. THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF THE BOARD.

VISIT WWW.LVHN.ORG/CHNA TO VIEW THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENTLY CONDUCTED CHNA AND HOW WE ARE ADDRESSING THOSE NEEDS.

PART VI, LINE 3:

CONSISTENT WITH THE MISSION AND VALUES OF LEHIGH VALLEY HEALTH NETWORK, IT

Part VI Supplemental Information (Continuation)

IS THE POLICY TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR SERVICES. THE FINANCIAL ASSISTANCE POLICY APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVHN SERVICES.

PATIENTS ARE IDENTIFIED BY LVHN REGISTRATION, BENEFITS AND VERIFICATION, CUSTOMER SERVICE, AND FINANCIAL COUNSELORS AS BEING IN FINANCIAL NEED. THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVHN FOLLOWS THE FEDERAL POVERTY GUIDELINES TO EVALUATE ELIGIBILITY. PATIENTS WHOSE FAMILY INCOME FALLS BELOW 200% OF THE FEDERAL POVERTY GUIDELINE WILL HAVE THEIR ENTIRE BALANCE FORGIVEN FOR THEIR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER.

PATIENTS ARE EVALUATED FOR NO COST OR REDUCED PREMIUM INSURANCE PLANS. THE LVHN FINANCIAL COUNSELORS WILL OFFER INFORMATION TO PATIENTS WHO ARE INTERESTED IN SEEING IF THEY QUALIFY FOR THESE PROGRAMS OFFERED BY COMMERCIAL INSURANCE COMPANIES.

PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING THE LVHN CUSTOMER SERVICE DEPARTMENTS. THE CUSTOMER SERVICE REPRESENTATIVES EXPLAIN THE PROGRAMS AVAILABLE; FINANCIAL ASSISTANCE AND SUPPORT IN APPLYING FOR MEDICAL ASSISTANCE OR INSURANCE THROUGH THE FEDERAL HEALTH INSURANCE EXCHANGE.

PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH

Part VI Supplemental Information (Continuation)

PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT PATIENTS IN THEIR INPATIENT ROOMS, IN THE CANCER CENTER, AND IN THE EMERGENCY DEPARTMENT.

IN ADDITION, LVHN ADVERTISES FINANCIAL ASSISTANCE IN THE LOCAL NEWSPAPER, ON OUR PUBLIC WEBSITE AND ON THE STATEMENTS SENT TO OUR PATIENTS.

PART VI, LINE 4:

LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM IS A PENNSYLVANIA NOT-FOR-PROFIT MEMBERSHIP CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS A CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM PRIMARY SERVICE AREA CONSISTS OF LEHIGH, NORTHAMPTON, AND CARBON COUNTIES. BASED ON THE U.S. CENSUS BUREAU'S INFORMATION, FOR THE 2020 DECENNIAL CENSUS, THE PRIMARY SERVICE AREA POPULATION WAS ESTIMATED TO BE 752,257. ACCORDING TO THE U.S. CENSUS BUREAU, THE 2021 ESTIMATED POPULATION FOR THE THREE-COUNTY AREA IS 754,679.

THE SECONDARY SERVICE AREA CONSISTS OF PORTIONS OF BERKS, LUZERNE, MONROE, SCHUYLKILL, BUCKS, AND MONTGOMERY COUNTIES. THE 2020 DECENNIAL CENSUS POPULATION FOR THIS AREA WAS 760,266. THE 2021 U.S. CENSUS BUREAU ESTIMATED POPULATION OF THE SECONDARY SERVICE AREA IS 769,142.

BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE CURRENT POPULATION ESTIMATE OF THE PRIMARY SERVICE AREA FIVE-YEAR GROWTH RATE TO 2027 IS APPROXIMATELY 0.14% (LESS THAN 1.0%).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM** Employer identification number **84-3864735**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2021

LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM

Schedule J (Form 990) 2021

84-3864735

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN BRODSKY ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	381,226.	71,705.	204,498.	0.	27,680.	685,109.	0.
(2) THOMAS MARCHOZZI, MBA, CPA TREASURER/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	756,923.	459,424.	632,931.	0.	26,498.	1,875,776.	0.
(3) AMY NYBERG PRESIDENT & CHAIRPERSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	412,838.	63,140.	-2,799.	0.	28,334.	501,513.	0.
(4) ANNETTE WHITE, ESQ. SECRETARY/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	472,692.	92,708.	8,433.	0.	25,075.	598,908.	0.
(5) CHRISTINA A. HOUGH REGISTERED NURSE	(i)	148,938.	933.	298.	0.	14,760.	164,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 3:

COMPENSATION FOR ALL BOARD MEMBERS AND OFFICERS IS DETERMINED BY LEHIGH VALLEY HOSPITAL, A RELATED ORGANIZATION.

THIS RELATED ORGANIZATION USES THE FOLLOWING METHODS TO DETERMINE COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL, A RELATED ORGANIZATION, IN CALENDAR YEAR 2021:

JOHN BRODSKY, ASSISTANT TREASURER - \$198,355

THOMAS MARCHOZZI, MBA, CPA, TREASURER/TRUSTEE - \$631,407

SCHEDULE N
(Form 990)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM** Employer identification number **84-3864735**

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

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	VARIOUS BALANCE SHEET ITEMS	05/09/22	0.	N/A	23-1689692	LEHIGH VALLEY HOSPITAL PO BOX 4000 ALLENTOWN, PA 18105-4000	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶ **SEE PART III**

	Yes	No
2a	X	
2b	X	
2c		X
2d		X

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

Schedule N (Form 990) 2021

**LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM**

Part I Liquidation, Termination, or Dissolution *(continued)*

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

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

	Yes	No
3	X	
4a	X	
4b	X	
5	X	
6a		X
6b		

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

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

- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

	Yes	No
2a		
2b		
2c		
2d		

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

PART I, LINE 2E:

OFFICERS AND TRUSTEES

PART I, LINE 2E:

ALL OFFICERS AND TRUSTEES OF LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH
BETHLEHEM HAVE REMAINED EMPLOYEES AND OFFICERS/TRUSTEES OF LEHIGH VALLEY
HOSPITAL.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE, SUPPORTED BY
EDUCATION AND RESEARCH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTERS, SIX WALK-IN EXPRESSCARE CENTERS AND SIX ORTHOPEDIC INJURY
CENTERS. IT HAS ALWAYS BEEN THE MISSION, DUTY AND PURPOSE OF
COORDINATED HEALTH TO PROVIDE AFFORDABLE AND ACCESSIBLE HEALTHCARE TO
OUR COMMUNITY BY MAKING HEALTHCARE SIMPLER THROUGH PROCESS INNOVATIONS
AND IMPROVEMENTS THAT PROVIDE VALUE TO THE PATIENT. WE CONTINUOUSLY
STRIVE TO DELIVER A BETTER, COORDINATED PATIENT EXPERIENCE THROUGH
COLLABORATION OF CARE RESULTING IN THE BEST POSSIBLE OUTCOMES AS
EVIDENCED BY OUR NUMEROUS QUALITY AWARDS BASED ON THE CENTERS FOR
MEDICARE & MEDICAID (CMS) DATA.

ACQUIRED BY LEHIGH VALLEY HEALTH NETWORK IN DECEMBER 2019, THE
COORDINATED HEALTH FACILITIES ARE NOW OPERATED AS EIGHT SEPARATE LEGAL
ENTITIES: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN, LEHIGH
VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM, LVHN COORDINATED
PROFESSIONAL PRACTICE, LVHN SCRANTON ORTHOPEDIC SPECIALISTS, LVHN
AMBULATORY SURGERY CENTER OF LOPATCONG INC., LVHN COORDINATED
PROFESSIONAL PRACTICE OF NJ PC, CH UROLOGY SPECIALISTS PC, AND CH EYE
SPECIALISTS PC. AS SUCH, LVHN-CH IS DRIVEN BY THE LVHN MISSION TO
HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING
ADVANCED AND COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE
SUPPORTED BY EDUCATION AND CLINICAL RESEARCH. IN ADDITION, THE LVHN-CH

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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ENTITIES HAVE ADOPTED THE POLICIES AND PROCEDURES OF LEHIGH VALLEY HEALTH NETWORK, INCLUDING THOSE RELATED TO FINANCIAL ASSISTANCE PROGRAMS, CHARITY CARE, AND COMMUNITY HEALTH NEEDS.

THE SPORTS MEDICINE PROGRAM AT LVHN-CH BOASTS THE MOST FELLOWSHIP-TRAINED ORTHOPEDIC SPORTS MEDICINE SPECIALISTS IN THE REGION. THESE PHYSICIANS, WHO SUPPORT THE ONLY DIVISION I SCHOOLS IN OUR REGION (LEHIGH UNIVERSITY AND LAFAYETTE COLLEGE), AS WELL AS EAST STROUDSBURG UNIVERSITY, LACKAWANNA COLLEGE, AND 18 HIGH SCHOOLS THROUGHOUT OUR SERVICE AREAS, DEDICATE MORE THAN 1,000 HOURS ANNUALLY TO ON-FIELD COVERAGE FOR THE SCHOOLS' SPORTS PROGRAMS. THE SPORTS MEDICINE PROGRAM AND EMPLOYEE SERVICES PROGRAMS HAVE BEEN VITAL TO LOCAL SCHOOLS AND EMPLOYERS DURING THE COVID-19 PANDEMIC. IN 2022, WE CONTINUED OUR PARTNERSHIP WITH NORTHAMPTON COUNTY TO PROVIDE FOR COVID-19 TESTING AND VACCINE DRIVE THRU SERVICES. OUR COLLABORATION ALLOWED US TO SERVE HUNDREDS OF RESIDENTS OF NORTHAMPTON COUNTY WHO RECEIVED VACCINES AND BOOSTERS AS WELL AS FREE TESTING SERVICES WHICH WERE FUNDED BY NORTHAMPTON COUNTY.

THE ORTHOPEDIC WALK-IN INJURY CENTERS AT COORDINATED HEALTH WERE DEVELOPED TO PROVIDE PATIENTS WHO NEEDED URGENT ORTHOPEDIC CARE WITH IMMEDIATE ACCESS TO ORTHOPEDIC SPECIALISTS WITHOUT INCURRING THE COST OF AN EMERGENCY ROOM VISIT. THE ORTHOPEDIC WALK-IN INJURY CENTERS BECAME VIRTUAL DURING THE COVID-19 LOCKDOWN TO ENABLE PATIENTS TO ACCESS TRIAGE AND INJURY CARE FROM THEIR HOME OR WHEREVER THE INJURY MAY OCCUR. THIS VIRTUAL SERVICE CONTINUES TO THE PRESENT AS IN-PERSON SERVICES HAVE RESUMED.

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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LVH-COORDINATED HEALTH BETHLEHEM (LVH-CHB) IS A 20-BED SHORT-TERM ACUTE CARE INPATIENT HOSPITAL AND SURGERY CENTER. THIS HOSPITAL, LOCATED IN NORTHAMPTON COUNTY, PA SERVED 4,844 PATIENTS IN 2022 PROVIDING SPECIALTY SURGICAL SERVICES TO PATIENT ACROSS THE REGION. LVH-CHB IS THE PROUD RECIPIENT OF HEALTHGRADES' HOSPITAL QUALITY AWARD, THE PATIENT SAFETY EXCELLENCE AWARD (2019), DESIGNATING THE TOP IN THE NATION FOR PROVIDING EXCELLENCE IN PATIENT SAFETY BY PREVENTING INFECTIONS, MEDICAL ERRORS, AND OTHER PREVENTABLE COMPLICATIONS, AS WELL AS HEALTHGRADES' SPECIAL CLINICAL QUALITY AWARDS INCLUDING THE JOINT REPLACEMENT EXCELLENCE AWARD (2021) FOR SUPERIOR CLINICAL OUTCOMES IN KNEE AND HIP REPLACEMENT, AND AMERICA'S 100 BEST HOSPITALS FOR JOINT REPLACEMENT AWARD (2021, 2020, 2019) FOR SUPERIOR CLINICAL OUTCOMES IN KNEE AND HIP REPLACEMENT. AT THE ONSET OF THE PANDEMIC, LVH-CHB WAS THE SECOND OF THREE LVHN FACILITIES TO OFFER URGENT PROCEDURAL CARE IN A FACILITY DESIGNATED FOR PATIENTS WITHOUT A COVID DIAGNOSIS.

IN ITS CONTINUED EFFORT TO MAKE HIGH QUALITY WOMEN'S HEALTHCARE MORE ACCESSIBLE AND CONVENIENT, CH OPENED ITS' SECOND WOMEN'S HEALTH CENTER AT 2300 HIGHLAND AVENUE IN BETHLEHEM, PA IN 2019. SPECIALTIES INCLUDE GYNECOLOGY, BREAST CARE AND ENDOCRINOLOGY. WITH ACCESS BEING PARAMOUNT, PATIENTS CAN SCHEDULE APPOINTMENTS WITHIN 24-72 HOURS OF CALLING EITHER THE ALLENTOWN OR BETHLEHEM WOMEN'S HEALTH CENTER. FOR ABNORMAL MAMMOGRAM RESULTS, PATIENTS ARE CAN SEE A BREAST SURGEON WITHIN THE SAME TIME FRAME. BOTH WOMEN'S HEALTH CENTERS FEATURE STATE-OF-THE-ART 3D MAMMOGRAM TECHNOLOGY, PROVIDING SUPERIOR DIAGNOSTIC ACCURACY.

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S SOLE CORPORATE MEMBER IS LEHIGH VALLEY HEALTH NETWORK, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S SOLE CORPORATE MEMBER, LEHIGH VALLEY HEALTH NETWORK, INC., HAS THE POWER TO ELECT, APPOINT, APPROVE, OR REJECT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION'S SOLE CORPORATE MEMBER, LEHIGH VALLEY HEALTH NETWORK, INC., HAS THE POWER TO APPROVE OR REJECT CERTAIN MAJOR OPERATING DECISIONS MADE BY THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PROCESS TO REVIEW THE 990'S INCLUDES:

DRAFT 1 OF THE RETURNS IS REVIEWED IN DETAIL WITH A FOCUS ON ACCURACY, COMPLETENESS, AND PERSPECTIVE BY THE LVHN VICE-PRESIDENT, FINANCE AND CONTROLLER. DRAFT 2 OF THE RETURNS IS REVIEWED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER. ALL COMPENSATION DISCLOSURES ARE REVIEWED BY THE DIRECTOR, COMPENSATION - HUMAN RESOURCES. DRAFT 3 OF THE RETURNS IS REVIEWED TOGETHER WITH THE PRESIDENT & CEO, THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER, THE VICE-PRESIDENT, FINANCE AND CONTROLLER AND THE ADMINISTRATOR, TAX.

FINAL RETURNS ARE REVIEWED WITH THE LVHN BOARD LEADERSHIP GROUP (THE BOARD CHAIR AND THREE VICE CHAIRS). COPIES OF ALL 990'S ARE PROVIDED TO THE FULL BOARD PRIOR TO FILING.

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

LEHIGH VALLEY HEALTH NETWORK
2022 EXECUTIVE COMPENSATION REVIEW

IN COMPLIANCE WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCESS OUTLINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE); SULLIVAN COTTER AND ASSOCIATES, INC.

Name of the organization LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM

Employer identification number
84-3864735

(SULLIVAN COTTER) QUALIFIES AS AN INDEPENDENT EXECUTIVE COMPENSATION
EXPERT, SPECIALIZING IN THE HEALTH CARE INDUSTRY.

SULLIVAN COTTER PROVIDES ADVICE TO THE LEHIGH VALLEY HEALTH NETWORK
EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES TO SUPPORT ITS
ATTAINMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE
INTERMEDIATE SANCTIONS REGULATIONS. THEY ALSO SUPPORT THE COMMITTEE IN
ENSURING THAT THE LVHN EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE AND
ALIGNED WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY.

CHIEF EXECUTIVE OFFICER TOTAL COMPENSATION REVIEW:

PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (BASE
SALARY, INCENTIVE, BENEFITS, AND PERQUISITES) FOR LVHN'S PRESIDENT AND
CHIEF EXECUTIVE OFFICER (CEO) IN RELATION TO CEO MARKET DATA OBTAINED FOR A
DEFINED PEER GROUP OF COMPARABLE HEALTH SYSTEMS. THIS INCLUDES THE
PREPARATION OF TALLY SHEETS FOR THE PRESIDENT AND CEO AS WELL AS AN
ANALYSIS OF FORM 990 COMPENSATION DATA. THEY ASSESS THE ALIGNMENT OF THE
PRESIDENT AND CEO'S COMPENSATION WITH LVHN'S COMPENSATION PHILOSOPHY AND
NOTE THE IMPLICATIONS OF THE REVIEW. SULLIVAN COTTER'S ANALYSES AND
FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT PROVIDES A
REASONABLENESS OPINION FOR THE INTERMEDIATE SANCTIONS COMPLIANCE. THE
REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE SEPTEMBER 2, 2021 EXECUTIVE
COMPENSATION COMMITTEE MEETING.

CEO COUNCIL EXECUTIVE TOTAL COMPENSATION REVIEW:

PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION
(SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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EXECUTIVES (APPROXIMATELY 10 TOTAL POSITIONS) IN RELATION TO COMPARABLE POSITIONS IN PEER ORGANIZATIONS. THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR EACH INDIVIDUAL. SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT ALSO PROVIDES AN OPINION OF REASONABLENESS FOR INTERMEDIATE SANCTIONS COMPLIANCE. THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE SEPTEMBER 2, 2021 EXECUTIVE COMPENSATION COMMITTEE MEETING.

SUMMARY OF METHODOLOGY

TO CONDUCT THIS ANALYSIS, SULLIVAN COTTER:

COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE, AS WELL AS EACH POSITION'S DUTIES.

COMPILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COMMITTEE DURING ITS SEPTEMBER 21, 2021 MEETING:

THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF: (1) LVHN'S COMMITTEE-APPROVED PEER GROUP OF 25 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.8 BILLION AND \$7.6 BILLION (MEDIAN OF \$3.0 BILLION); AND (2) NATIONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN.

PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2021 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS, AS WELL AS OTHER PUBLISHED COMPENSATION SURVEYS REFLECTING PAY AT

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NATIONAL HOSPITALS AND NATIONAL MEDICAL GROUPS.

COMPILED MARKET DATA FOR THE LVHN CLINICAL CHAIRS PREPARED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CLINICAL DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR THESE JOBS.

ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2022 AT AN ANNUALIZED RATE OF 3.0% BASED ON SALARY INCREASE TRENDS.

COMPARED EACH COMPONENT OF LVHN'S BENEFIT PROGRAM AGAINST TYPICAL MARKET BENEFIT PRACTICES IN HEALTH SYSTEMS AND HOSPITALS BASED ON MULTIPLE PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE.

DEVELOPED MARKET TOTAL COMPENSATION DATA BY COMBINING MARKET TCC WITH TYPICAL MARKET BENEFIT COSTS.

COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING. FOR PHYSICIAN EXECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES, RELEVANT MARKET DATA WERE COLLECTED BASED ON FTE ALLOCATION.

SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICIANS' PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION, AS LVHN HAS ADVISED THAT SUCH AMOUNTS ARE APPROPRIATE AND WITHIN FMV.

SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM**

Employer identification number
84-3864735

**COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION
LEVELS:**

**COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE,
SIZE AND SCOPE.**

**COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT
COMPENSATION.**

**DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS
(TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS
OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION
OF EXECUTIVE PERQUISITES.**

**REVIEWED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH
POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS.**

**SELECTED THE APPROPRIATE BENCHMARK POSITION MATCH FOR EACH POSITION AND
APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE LVHN'S JOB
DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES.**

**POSITION MATCHES AND MARKET ADJUSTMENTS WERE REVIEWED WITH LVHN'S SENIOR
VICE PRESIDENT, HUMAN RESOURCES AND COMPENSATION STAFF.**

**LVHN'S PROJECTED FY2021 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE
SCOPE SIZE FOR EACH ENTITY.**

FORM 990, PART VI, SECTION C, LINE 18:

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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ANOTHER WEBSITE - GUIDESTAR. UPON REQUEST - HARD COPIES WITH SENIOR
MANAGEMENT AND MARKETING DEPARTMENT.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	966,427.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	966,427.

MAINTENANCE CONTRACTS & FEES:

PROGRAM SERVICE EXPENSES	376,044.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	376,044.

BANK & COLLECTION FEES:

PROGRAM SERVICE EXPENSES	1,667.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Employer identification number	84-3864735
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,667.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 2,655.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,655.

OUTSIDE LAB TEST FEES:

PROGRAM SERVICE EXPENSES 412,077.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 412,077.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,758,870.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FINAL CONTRIBUTION TO LEHIGH VALLEY HOSPITAL -90,907,408.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM** Employer identification number **84-3864735**

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

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

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

(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
FAMILY CARE CENTERS, INC. - 23-2349341 PO BOX 4000 ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		X
HAZLETON HEALTH & WELLNESS CENTER - 23-2580968, PO BOX 4000, ALLENTOWN, PA 18105-4000	STAFFING SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP.		X
HAZLETON PROFESSIONAL SERVICES - 20-5880364 PO BOX 4000 ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		X
HAZLETON SURGICAL ALLIANCE - 20-2038456 PO BOX 4000 ALLENTOWN, PA 18105-4000	SURGICAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP.		X

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM

Schedule R (Form 990)

84-3864735

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LEHIGH VALLEY HEALTH NETWORK - 22-2458317 PO BOX 4000 ALLENTOWN, PA 18105-4000	PARENT COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
LEHIGH VALLEY HEALTH NETWORK EMERGENCY MEDICAL SERVICES - 23-2532377, PO BOX 4000, ALLENTOWN, PA 18105-4000	AMBULATORY MEDICAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HEALTH NETWORK REALTY HOLDING CO. - 23-2586770, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE HOLDING CO.	PENNSYLVANIA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - 23-1689692 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN - 84-3843850, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - SCHUYLKILL - 23-1352202, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY PHYSICIAN GROUP - 23-2700908 PO BOX 4000 ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LVHN AMBULATORY SURGERY CENTER OF LOPATCONG, INC. - 84-4004771, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	NEW JERSEY	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED		X
LVHN COORDINATED PROFESSIONAL PRACTICE - 84-3878831, PO BOX 4000, ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED		X
LVHN SCRANTON ORTHOPEDIC SPECIALISTS - 84-3987128, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
MUHLENBERG REALTY CORPORATION - 23-2245513 PO BOX 4000 ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		X
NORTHEASTERN PENNSYLVANIA HEALTH CORP. - 23-2421970, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X

LEHIGH VALLEY HOSPITAL - COORDINATED
HEALTH BETHLEHEM

Schedule R (Form 990)

84-3864735

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
POCONO AMBULATORY SERVICES, INC. - 23-2611474, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		X
POCONO HEALTH FOUNDATION - 23-2516451 PO BOX 4000 ALLENTOWN, PA 18105-4000	FUNDRAISING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		X
POCONO HEALTH SYSTEM - 23-2336285 PO BOX 4000 ALLENTOWN, PA 18105-4000	SUPPORT RELATED ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 12B, II	LEHIGH VALLEY HEALTH NETWORK		X
POCONO HEALTH SYSTEM MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE TRUST - 2, PO BOX 4000, ALLENTOWN, PA 18105-4000	SELF-INSURANCE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		X
POCONO HEALTHCARE PARTNERS - 23-3014006 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		X
POCONO MEDICAL CENTER - 24-0795623 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		X
POCONO VNA-HOSPICE - 23-2535297 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		X
SCHUYLKILL HEALTH SYSTEM MEDICAL GROUP, INC. - 23-2866006, PO BOX 4000, ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		X
SCHUYLKILL REHABILITATION CENTER, INC. - 23-2440891, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X

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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	
BELTWAY HEALTH LP - 20-3586257, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
EASTERN PA ENDOSCOPY CENTER LLC - 84-2257961, 1501 N CEDAR CREST BLVD., STE. 100, ALLENTOWN, PA 18104-2309	ENDOSCOPY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
FAIRGROUNDS MEDICAL CENTER - 23-2530427, 400 N. 17TH STREET, STE. 102, ALLENTOWN, PA 18104-5052	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HAZLETON SURGERY CENTER LLC - 20-1232531, 17480 DALLAS PARKWAY, STE. 210, DALLAS, TX 75287-7304	SURGICAL SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AMERICAN PATIENT TRANSPORT SYSTEMS, INC. - 23-3022467, PO BOX 4000, ALLENTOWN, PA 18105-4000	AMBULATORY MEDICAL SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
CH EYE SPECIALISTS, P.C. - 83-1905823 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
CH UROLOGY SPECIALISTS, P.C. - 83-2261980 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING, INC. - 23-2500981, PO BOX 4000, ALLENTOWN, PA 18105-4000	MEDICAL OFFICE RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
LEHIGH VALLEY ANESTHESIA SERVICES, PC - 23-3906125, PO BOX 4000, ALLENTOWN, PA 18105-4000	ANESTHESIA SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X

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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
HEALTH NETWORK LABORATORIES LLC - 23-2932802, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HEALTH NETWORK LABORATORIES LP - 23-2948774, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
LEHIGH VALLEY IMAGING LLC - 46-4551937, 1247 S CEDAR CREST BLVD., STE. 105, ALLENTOWN, PA 18103-6202	IMAGING SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
LVHN RECIPROCAL RISK RETENTION GROUP - 20-0037118, 151 MEETING STREET, STE. 301, CHARLESTON, SC 29401-2238	INSURANCE SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NAZARETH ENDOSCOPY CENTER LLC - 82-4072967, 1501 N CEDAR CREST BLVD., STE. 110, ALLENTOWN, PA 18104-2309	ENDOSCOPY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
POCONO AMBULATORY SURGERY CENTER LTD - 23-2611442, 1 STORM STREET, STROUDSBURG, PA 18360-2406	SURGICAL SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP - 47-2125419, PO BOX 4000, ALLENTOWN, PA 18105-4000	INVESTMENTS	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP - 23-2514813, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LEHIGH VALLEY HEALTH SERVICES, INC. - 23-2263665, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC. - 23-2750430, 1605 N CEDAR CREST BLVD., STE. 411, ALLENTOWN, PA	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LVHN COORDINATED PROFESSIONAL PRACTICE OF NJ, P.C. - 84-4028262, PO BOX 4000, ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	NJ	N/A	C CORP	N/A	N/A	N/A		X
POPULYTICS, INC. - 23-2539282 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION - 23-2432417, PO BOX 4000, ALLENTOWN, PA 18105-4000	PURSUES, IMPLEMENTS & FURTHERS ACTIVITIES & PURPOSES OF HEALTH	PA	N/A	C CORP	N/A	N/A	N/A		X
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION - 23-2931821, PO BOX 4000, ALLENTOWN, PA 18105-4000	CONDOMINIUM ASSOCIATION	PA	N/A	C CORP	N/A	N/A	N/A		X
SPECTRUM HEALTH VENTURES, INC. - 23-2391479 PO BOX 4000 ALLENTOWN, PA 18105-4000	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
WESTGATE PROFESSIONAL CENTER, INC. - 23-1657333, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PA	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m	X	
1n	X	
1o	X	
1p		X
1q		X
1r	X	
1s	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

LEHIGH VALLEY HOSPITAL - COORDINATED

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LVHN AMBULATORY SURGERY CENTER OF LOPATCONG, INC.

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH
ALLENTOWN

NAME OF RELATED ORGANIZATION:

LVHN COORDINATED PROFESSIONAL PRACTICE

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH
ALLENTOWN

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

BELTWAY HEALTH LP

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP

DIRECT CONTROLLING ENTITY: SCHUYLKILL HEALTH SYSTEM DEVELOPMENT
CORPORATION

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

AMERICAN PATIENT TRANSPORT SYSTEMS, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC.

EIN: 23-2750430

1605 N CEDAR CREST BLVD., STE. 411

ALLENTOWN, PA 18104-2323

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION

PRIMARY ACTIVITY: PURSUES, IMPLEMENTS & FURTHERS ACTIVITIES & PURPOSES OF
HEALTH NETWORK

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM	Taxpayer identification number (TIN) 84-3864735
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 4000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18105-4000	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ▶ **PO BOX 4000 - ALLENTOWN, PA 18105-4000**

Telephone No. ▶ **484-224-1876**

Fax No. ▶ **484-884-0404**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MARCH 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2021**, and ending **MAY 9, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.