

# Return of Organization Exempt From Income Tax

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

## 2021

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTHEASTERN PENNSYLVANIA HEALTH CORP.</b> Doing business as <b>LEHIGH VALLEY HOSPITAL-HAZLETON</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 4000</b> City or town, state or province, country, and ZIP or foreign postal code <b>ALLENTOWN, PA 18105</b> <b>F</b> Name and address of principal officer: <b>TERRENCE PURCELL</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>23-2421970</b>  <b>E</b> Telephone number <b>484-224-1876</b>  <b>G</b> Gross receipts \$ <b>191,693,938.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LVHN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1985</b>
		<b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <b>WE HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND COMPASSIONATE</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	727
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 13,349.
9		Program service revenue (Part VIII, line 2g)	130,962,839.	139,491,643.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,950,960.	7,020,015.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,306,990.	14,580,839.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,234,138.	161,139,447.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,971,997.	51,261,843.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,949,889.	75,888,122.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,921,886.	127,149,965.
	19	Revenue less expenses. Subtract line 18 from line 12	32,312,252.	33,989,482.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 304,803,492.	End of Year 317,465,847.
	21	Total liabilities (Part X, line 26)	86,303,976.	80,579,813.
	22	Net assets or fund balances. Subtract line 21 from line 20	218,499,516.	236,886,034.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ROBERT THOMAS, ASSISTANT TREASURER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 106,252,041. including grants of \$ ) (Revenue \$ 158,052,778. ) NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION, D/B/A LEHIGH VALLEY HOSPITAL-HAZLETON (LVH-H) IS PART OF LEHIGH VALLEY HEALTH NETWORK (LVHN), A MULTI-HOSPITAL SYSTEM LOCATED IN ALLENTOWN, PENNSYLVANIA. LVH-H IS THE ONLY INPATIENT HEALTH CARE PROVIDER IN THE GREATER HAZLETON AREA SERVING A POPULATION OF OVER 80,000 PEOPLE WITHIN THREE COUNTIES, INCLUDING A SIGNIFICANT INCREASE IN THE HISPANIC POPULATION. WE OFFER QUALITY CONTINUUM OF CARE SERVICES BEGINNING AT BIRTH IN THE FAMILY BIRTH AND NEWBORN CENTER, ACUTE INPATIENT MEDICAL AND SURGICAL SERVICES, EMERGENCY SERVICES, INPATIENT REHAB AT THE GUNDERSON CENTER FOR INPATIENT REHABILITATION AND HOME CARE SERVICES THROUGH LEHIGH VALLEY HOME CARE-HAZLETON. OUTPATIENT DIAGNOSTIC TESTING AND REHAB SERVICES ARE PROVIDED AT THE HEALTH & WELLNESS CENTER AT HAZLETON

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) NEW/EXPANDED SERVICES LVH-H IS ALWAYS LOOKING FOR WAYS TO PROVIDE OUR COMMUNITY WITH ACCESS TO QUALITY MEDICAL CARE, WHETHER IT'S THROUGH NEW OR ENHANCED SERVICES OR BY DIRECTING THEM TO SPECIALIZED CARE AT ONE OF OUR SISTER HOSPITALS AT LVHN. HERE ARE JUST SOME OF THE NEW OR ENHANCED SERVICES LVH-H PROVIDED IN FY 2022.

COMPREHENSIVE CANCER CENTER

LVH-H ANNOUNCED PLANS IN APRIL 2021 TO BUILD A COMPREHENSIVE CANCER CENTER ON THE HOSPITAL CAMPUS. WHEN COMPLETED IN LATE SUMMER 2023, THE NEW 32,000 SQ. FT., \$20 MILLION CANCER CENTER WILL HOUSE MEDICAL ONCOLOGY WITH SEVEN EXAM ROOMS, A PROCEDURE ROOM AND A PHLEBOTOMY LAB;

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) INITIATIVES: - PARTNERED WITH LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ACCESS TO HEALTHY FOOD - PROVIDED FITNESS AND NUTRITION EDUCATION WITHIN THE COMMUNITY

BEHAVIORAL HEALTH NEED TO BETTER ADDRESS BEHAVIORAL HEALTH IN THE COMMUNITY WITH FOCUS ON MENTAL HEALTH, SUBSTANCE ABUSE AND SUICIDE PREVENTION

INITIATIVES:

- DEVELOPED A CENTRALIZED REFERRAL PROCESS FOR OUTPATIENT BEHAVIORAL HEALTH SERVICES. - CONTINUED PARTNERSHIP WITH NORTHEAST COUNSELING TO PROVIDE

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

4e Total program service expenses 106,252,041.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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> .....		X
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	X	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included on line 1a... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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; 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.
[X] Own website [X] Another's website [X] 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

**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) ANTHONY N. CUSATIS CHAIRPERSON	1.00 0.25	X		X				0.	0.	0.
(2) JANE DANISH SECRETARY	28.00 12.00			X			117,453.	0.	19,709.	
(3) JOHN R. FLETCHER FORMER PRESIDENT/TRUSTEE	0.00 0.00					X	490,406.	0.	34,896.	
(4) BARBARA A. FORTE ASSISTANT SECRETARY	28.00 12.00			X			61,329.	0.	10,549.	
(5) ANTOINETTE M. FRITZ TRUSTEE	0.50 0.25	X					0.	0.	0.	
(7) GREGORY G. KILE TRUSTEE	1.00 40.00	X					0.	641,618.	11,639.	
(8) MARY CELESTE KOSKO TRUSTEE	1.00 0.25	X					0.	0.	0.	
(9) LINDA L. LAPOS, MD TRUSTEE	0.50 0.25	X					0.	0.	0.	
(10) MICHAEL J. LEIB TRUSTEE	0.50 0.25	X					0.	0.	0.	
(11) MARK J. LOBITZ, DO VICE CHAIR	0.50 0.25	X		X			0.	0.	0.	
(12) THOMAS MARCHOZZI, MBA CPA TREASURER	3.00 57.00			X			0.	1,849,278.	26,498.	
(13) MARYANNE C. PETRILLA TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) TERRENCE J. PURCELL, MBA PRESIDENT/TRUSTEE	20.00 40.00	X		X			0.	314,036.	19,517.	
(15) KRISTA SCHNEIDER TRUSTEE	0.50 0.25	X					0.	0.	0.	
(16) STEPHEN SEACH TRUSTEE	0.50 0.25	X					0.	0.	0.	
(18) ROBERT L. THOMAS, CPA ASSISTANT TREASURER	3.00 57.00			X			0.	392,665.	10,056.	
(19) EDDY ULERIO TRUSTEE	0.50 0.25	X					0.	0.	0.	

**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			
(21) RAYMOND J. BERNARDI VP, OPERATIONS	40.00					X		211,324.	0.	10,706.
(22) MELISSA N. CURTO VP, PATIENT CARE OPERATIONS	40.00					X		203,242.	0.	0.
(23) JOSEPH R. WILSON MANAGER, PHARMACY	40.00					X		149,639.	0.	20,853.
(24) PRISCILLA BOLINSKY REGISTERED NURSE	40.00					X		143,241.	0.	26,516.
(25) KATHLEEN A. FOGARTY DIRECTOR, APPLICATION DEVELOPMENT &	40.00					X		142,338.	0.	19,884.
<b>1b Subtotal</b> .....								1,518,972.	3,197,597.	210,823.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,518,972.	3,197,597.	210,823.

**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 **43**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> 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	
<b>5</b> 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
HAZLETON ANESTHESIA SERVICES 100 COMMERCE DR, NEW ROCHELLE, NY 10801	MEDICAL SERVICES	2,699,432.
PINNACLE CLEANING SERVICE PO BOX 128, MOUNTAIN TOP, PA 18707	HOUSEKEEPING SERVICES	707,417.
ADVANCED INPATIENT MEDICINE - LEHIGH, LLC 7250 PARKWAY DR STE 500, HANOVER, MD 21076	PHYSICIAN SERVICES	561,041.
HEALTHTRUST WORKFORCE SOLUTIONS LLC PO BOX 742697, ATLANTA, GA 30374-2697	STAFFING SERVICES	263,449.
FRESENIUS MANAGEMENT SERVICES, 16343 COLLECTION CENTER DR, CHICAGO, IL 60693	PHYSICIAN SERVICES	220,159.

**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 **7**



**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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	46,950.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			46,950.			
Program Service Revenue	<b>2 a</b>	OUTPATIENT REVENUE	Business Code	621990	73,028,524.	73028524.		
	<b>b</b>	INPATIENT REVENUE	621990	64,420,347.	64420347.			
	<b>c</b>	HHS COVID REVENUE	621990	2,042,772.	2,042,772.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....	621990					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			139491643.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			3,039,719.		3039719.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real					
			(ii) Personal					
				1,532,554.				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	1,302,671.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	229,883.				
	<b>d</b>	Net rental income or (loss) .....			229,883.	229,883.		
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				33,232,116.				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	29,190,402.	61,418.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	4,041,714.	-61,418.				
<b>d</b>	Net gain or (loss) .....			3,980,296.	3,980,296.			
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	OTHER OPERATING REVENUE	Business Code	621990	14,350,956.	14350956.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			14,350,956.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			161139447.	158052778.	0.	3039719.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	734,341.	734,341.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	34,488,234.	33,940,112.	548,122.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	951,411.	882,629.	68,782.	
<b>9</b> Other employee benefits .....	12,371,456.	12,313,331.	58,125.	
<b>10</b> Payroll taxes .....	2,716,401.	2,679,910.	36,491.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,565.	1,565.		
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	22,296,759.	12,483,974.	9,812,785.	
<b>12</b> Advertising and promotion .....	65,631.	1,842.	63,789.	
<b>13</b> Office expenses .....	212,726.	186,294.	26,432.	
<b>14</b> Information technology .....	165,780.	148,936.	16,844.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	5,658,991.	5,268,484.	390,507.	
<b>17</b> Travel .....	143,044.	142,351.	693.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	15,123.	14,373.	750.	
<b>20</b> Interest .....	1,064,660.	77,334.	987,326.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	4,567,285.	2,981,953.	1,585,332.	
<b>23</b> Insurance .....	991,602.		991,602.	
<b>24</b> 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.)				
<b>a</b> <b>MEDICAL SUPPLIES</b>	17,034,235.	17,129,295.	-95,060.	
<b>b</b> <b>PURCHASED SERVICES</b>	9,528,775.	6,185,327.	3,343,448.	
<b>c</b> <b>BAD DEBT EXPENSE</b>	6,851,441.	6,674,221.	177,220.	
<b>d</b> <b>CONTRACT LABOR</b>	3,766,623.	3,766,623.		
<b>e</b> All other expenses	3,523,882.	639,146.	2,884,736.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	127,149,965.	106,252,041.	20,897,924.	0.
<b>26</b> <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		1,220.	<b>1</b>	1,219.
	<b>2</b> Savings and temporary cash investments .....		54,681,985.	<b>2</b>	37,924,020.
	<b>3</b> Pledges and grants receivable, net .....			<b>3</b>	
	<b>4</b> Accounts receivable, net .....		15,111,824.	<b>4</b>	16,705,643.
	<b>5</b> 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 .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		1,586,251.	<b>7</b>	25,522,508.
	<b>8</b> Inventories for sale or use .....		2,910,848.	<b>8</b>	3,158,026.
	<b>9</b> Prepaid expenses and deferred charges .....		278,758.	<b>9</b>	129,476.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	89,814,730.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	31,977,407.		
	<b>11</b> Investments - publicly traded securities .....		51,962,981.	<b>10c</b>	57,837,323.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		159,834,528.	<b>11</b>	144,874,452.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		556,412.	<b>12</b>	
	<b>14</b> Intangible assets .....		16,430,185.	<b>13</b>	11,854,460.
	<b>15</b> Other assets. See Part IV, line 11 .....		1,448,500.	<b>14</b>	18,109,757.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		304,803,492.	<b>15</b>	1,348,963.	
			<b>16</b>	317,465,847.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		7,519,265.	<b>17</b>	13,380,166.
	<b>18</b> Grants payable .....			<b>18</b>	
	<b>19</b> Deferred revenue .....		13,757,784.	<b>19</b>	3,858,748.
	<b>20</b> Tax-exempt bond liabilities .....			<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			<b>21</b>	
	<b>22</b> 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 .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		41,242,528.	<b>24</b>	40,043,282.
	<b>25</b> 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 .....		23,784,399.	<b>25</b>	23,297,617.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....		86,303,976.	<b>26</b>	80,579,813.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....		217,429,890.	<b>27</b>	235,925,312.
	<b>28</b> Net assets with donor restrictions .....		1,069,626.	<b>28</b>	960,722.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
	<b>32</b> Total net assets or fund balances .....		218,499,516.	<b>32</b>	236,886,034.
<b>33</b> Total liabilities and net assets/fund balances .....		304,803,492.	<b>33</b>	317,465,847.	

**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	161,139,447.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,149,965.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,989,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	218,499,516.
5	Net unrealized gains (losses) on investments	5	-21,291,578.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-108,902.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5,797,516.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	236,886,034.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b>	<b>Employer identification number</b>
NORTHEASTERN PENNSYLVANIA HEALTH CORP.	23-2421970

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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		
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2021

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**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](http://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 <b>NORTHEASTERN PENNSYLVANIA HEALTH CORP.</b>	Employer identification number <b>23-2421970</b>
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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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		0.
<b>j</b> Total. Add lines 1c through 1i .....			0.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	2a
<b>b</b> Carryover from last year .....	2b
<b>c</b> Total .....	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3
<b>4</b> 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
<b>5</b> 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 - HAZLETON IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP). A PERCENTAGE OF THE DUES PAID TO THESE ORGANIZATIONS GOES TOWARDS LOBBYING EFFORTS. THEIR MISSION IS TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES TO LEAD, REPRESENT,

**Part IV** Supplemental Information *(continued)*

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

	(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? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,410,000.		8,410,000.
b Buildings		43,710,817.	13,508,341.	30,202,476.
c Leasehold improvements		204,913.	65,811.	139,102.
d Equipment		29,316,890.	18,403,255.	10,913,635.
e Other		8,172,110.		8,172,110.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>57,837,323.</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PLANS	897,957.
(3) PENSION LIABILITY	14,852,283.
(4) COST SETTLEMENT RESERVES - THIRD	
(5) PARTIES	2,355,711.
(6) PROFESSIONAL INSURANCE LIABILITY	1,348,963.
(7) CURRENT PORTION DEBT - THIRD	
(8) PARTIES	2,579,530.
(9) LONG TERM PORTION - THIRD PARTY	1,263,173.
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**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:**

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

**Part XIII** Supplemental Information *(continued)*

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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>b</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 _____ %		
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> 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? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			101,920.		101,920.	.08%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			25748299.	23602535.	2145764.	1.78%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			0.			
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			25850219.	23602535.	2247684.	1.86%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			243,403.		243,403.	.20%
<b>f</b> Health professions education (from Worksheet 5) .....			1,221.		1,221.	.00%
<b>g</b> Subsidized health services (from Worksheet 6) .....			3617695.		3617695.	3.01%
<b>h</b> Research (from Worksheet 7) .....			0.			
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			0.			
<b>j Total.</b> Other Benefits .....			3862319.		3862319.	3.21%
<b>k Total.</b> Add lines 7d and 7j .....			29712538.	23602535.	6110003.	5.07%

**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? .....	1 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	2,364,252.
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	882,920.
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	35,100,873.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	40,712,704.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-5,611,831.
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 %
1 BELTWAY HEALTH LP	REAL ESTATE SERVICES	99.00%	.00%	.00%
2 LVHN RECIPROCAL RISK RETENTION GROUP	MALPRACTICE INSURANCE	10.00%	.00%	.00%

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 NORTHEASTERN PENNSYLVANIA HEALTH CORP
700 E BROAD ST
HAZLETON, PA 18201
WWW.LVHN.ORG
083701

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first three and seventh columns.



**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 NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

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

	Yes	No
<b>Community Health Needs Assessment</b>		
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: <u>20 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: <u>20 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 NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

	Yes	No
<b>17</b> 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? .....	<b>X</b>	
<b>18</b> 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		
<b>19</b> 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? .....		<b>X</b>
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)		
<b>20</b> 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**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

		Yes	No			
<p><b>22</b> 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.</p> <p><b>a</b> <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</p> <p><b>b</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</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>		23	X			
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>		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.

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION:

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, 17TH STREET, MUHLENBERG (LEHIGH COUNTY); LVH-HECKTOWN OAKS (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 HAZLETON TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR HAZLETON CAMPUS IN THE LUZERNE COUNTY REPORT, WHERE DATA 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.

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

**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.

ARE MANY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE. THEY INCLUDE:

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

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

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

THEREFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEALTH FACTORS FOLLOWED BY HEALTH OUTCOMES. THERE ARE TWO TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES. THE FIRST TYPE IS QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION IN THE COMMUNITY. THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE, AND NATIONAL SOURCES INCLUDING THE CENSUS, THE CENTER FOR DISEASE CONTROL, THE DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. 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

**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.

DATA IS REFERRED TO AS QUALITATIVE DATA. FOR EACH CAMPUS, WE PARTNERED 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 LUZERNE COUNTY, LVH-HAZLETON PARTNERED WITH NEXT EDGE STRATEGIES, AN ORGANIZATION THAT FOCUSES ON STRATEGIC DESIGN AND APPRECIATIVE INQUIRY.

THE FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED BETWEEN NOVEMBER 2021 AND JANUARY 2022. IN LUZERNE COUNTY, WHERE OUR HAZLETON CAMPUS IS LOCATED, 68 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.

ORGANIZATIONS REPRESENTED IN LUZERNE COUNTY:

HAZLETON AREA SCHOOL DISTRICT

HAZLETON INTEGRATION PROJECT

GREATER HAZLETON CHAMBER OF COMMERCE

**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 HAZLETON CAN-DO

PENNSYLVANIA CAREERLINK LUZERNE COUNTY/HAZLETON

UNITED WAY OF GREATER HAZLETON

DEMOGRAPHICS OF LUZERNE COUNTY:

GENDER: 85% FEMALE, 15% MALE

AVERAGE AGE: 44, AGE RANGE: 23-72

RACE: 63% WHITE, 21% MULTI-RACIAL, 16% OTHER RACE

ETHNICITY: 53% NON-HISPANIC, 47% HISPANIC (OF ANY RACE)

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION:

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, 17TH STREET, MUHLENBERG; LVH-HECKTOWN OAKS (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 ABOUT THE HEALTH NEEDS IN THE CITY OF HAZLETON WHERE IT WAS AVAILABLE.

WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE



**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.

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.

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION:

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

HAZLETON AREA SCHOOL DISTRICT

HAZLETON INTEGRATION PROJECT

GREATER HAZLETON CHAMBER OF COMMERCE

GREATER HAZLETON CAN-DO

PENNSYLVANIA CAREERLINK LUZERNE COUNTY/HAZLETON

UNITED WAY OF GREATER HAZLETON

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION:

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

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION:

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

LVHN'S 2019 CHNA HIGHLIGHTED VULNERABLE POPULATIONS THAT CONTINUE 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.

**EXPERIENCE BARRIERS TO ACCESS TO CARE INCLUDING:**

- OUR VETERAN POPULATION, WHO MAKE UP APPROXIMATELY 9% OF THE POPULATION IN LUZERNE COUNTY
- MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT 7.6% OF THE TOTAL POPULATION IN LUZERNE COUNTY.

THROUGH THE FOCUS GROUPS DISCUSSIONS, 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, PARTICULARLY IN THE MORE RURAL SCHUYLKILL AND MONROE COUNTIES.

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

**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. IN FY20, THE INTEGRATED CARE COORDINATION TEAM

**Part V Facility Information** *(continued)*

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ADDRESSED A TOTAL OF 3,386 CASES TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE. 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.

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 RESULTED IN OVER \$30 MILLION IN PAYMENTS, 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.

**Part V Facility Information** (continued)

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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-HAZLETON RECEIVED 986 APPLICATIONS WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. IN FY21, LVH-HAZLETON RECEIVED 189 APPLICATIONS WITH A 5-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVERAGE OF 73% OF APPLICATIONS WERE APPROVED, UP FROM 64% IN FY20. IN FY22, FOR THE PATIENTS WHO LIVE IN COUNTIES PRIMARILY SERVED BY LVH-HAZLETON, THERE WERE 1,030 APPLICATIONS RECEIVED. THE AVERAGE TURNAROUND TIME FOR APPLICATIONS WAS 4 DAYS, AND THE PERCENT APPROVED WAS 77%. PLEASE NOTE THAT IN FY22 REPORTING IMPROVEMENTS WERE MADE IN THE ELECTRONIC HEALTH RECORD RESULTING IN A MORE ACCURATE COUNT OF LVH-H APPLICATIONS COMPARED TO THE COUNTS FROM THE PREVIOUS YEARS.

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

**Part V Facility Information** (continued)

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TO PROMOTE FREE AND LOW-COST SCREENINGS FOR CHRONIC CONDITIONS AND CANCER SCREENINGS IN NEIGHBORHOODS WHERE VULNERABLE POPULATIONS ARE LOCATED IN ORDER TO INCREASE UTILIZATION OF THESE SERVICES AND EARLY DETECTION.

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

LUZERNE (LVH-H) - 18201, 18202, 18223, 18224

IN FY20 & 21 ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR PROVIDE HEALTHCARE SCREENINGS IN THE FOLLOWING WAYS:

PREVENTATIVE HEALTH SCREENINGS & SERVICES

LVHN ALSO HAD A VARIETY OF SCREENING OPPORTUNITIES, INCLUDING 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 6% OF THE MAMMOGRAMS PROVIDED IN LUZERNE COUNTY 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 FOR LUZERNE COUNTY IS PROVIDED BELOW WITH 95 MAMMOGRAMS WERE COMPLETED IN LUZERNE COUNTY, 36%

**Part V Facility Information** (continued)

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OF WHICH WERE FOR PATIENTS FROM THE TARGET ZIP CODES. IN FY22, THERE WERE A TOTAL OF 2,075 MAMMOGRAMS COMPLETED THROUGH LVHN'S MAMMOGRAM COACH; 21% WERE FOR PATIENTS FROM THE TARGET ZIP CODES.

IN FY20 63 MAMMOGRAMS WERE PERFORMED IN LUZERNE COUNTY, WITH 8 FOLLOW-UP IMAGING, AND 0 CANCERS FOUND. IN FY21 95 MAMMOGRAMS WERE PERFORMED IN LUZERNE COUNTY, WITH 21 FOLLOW-UP IMAGING, AND 1 CANCER FOUND. IN FY22 87 MAMMOGRAMS WERE PERFORMED IN LUZERNE COUNTY, WITH 19 FOLLOW-UP IMAGING, AND 0 CANCERS FOUND.

THE LVHN CANCER CENTER ALSO FACILITATES LOW-DOSE LUNG CANCER SCREENINGS, A SPECIAL KIND OF X-RAY THAT TAKES MULTIPLE PICTURES OF THE LUNGS THAT ARE COMBINED INTO A DETAILED PICTURE OF THE LUNGS FOR EARLY CANCER DETECTION, FOR LVH-HAZLETON PATIENTS WHO ARE REFERRED TO THE CANCER CENTER BY THEIR PCP. PATIENTS ARE REFERRED AND SCHEDULED BASED ON THE MEDICARE ELIGIBILITY GUIDELINES. ONCE THE RESULTS OF THE SCAN ARE AVAILABLE, A LETTER IS SENT TO THE PATIENT AND A PATIENT NAVIGATOR ASSISTS THE PATIENT WITH FOLLOW-UP APPOINTMENTS OR FUTURE SCANS IF NEEDED. A TOTAL OF 227 LOW-DOSE CT (LDCT) LUNG CANCER SCREENINGS WERE COMPLETED AT LVH-HAZLETON IN FY20, 44% OF WHICH WERE FOR PATIENTS WITHIN THE TARGET ZIP CODES LISTED ABOVE. IN FY21 THAT NUMBER DECREASED SLIGHTLY DUE TO THE ONGOING PANDEMIC, BUT NEARLY 200 WERE COMPLETED WITH A LARGE TARGET PERCENTAGE INCREASE WITH NEARLY 70% IN THE TARGET ZIP CODES. IN FY22, 312 SCREENINGS WERE COMPLETED. OF THOSE 47% WERE IN THE TARGET ZIP CODE AREAS.

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

**Part V Facility Information** (continued)

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PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

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

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION:

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

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

HEALTH PROMOTION & HEALTH FAIRS

AT LVH-HAZLETON, COLLEAGUES ENGAGED IN A WIDE VARIETY OF OUTREACH AND EDUCATION EVENTS, MANY OF WHICH FOCUSED ON LUNG CANCER AND COLORECTAL CANCER SCREENINGS, MAMMOGRAMS, AND CARDIOVASCULAR HEALTH IN FY20. DUE TO THE PANDEMIC, THESE EVENTS WERE MOSTLY ON HOLD IN FY21. IN FY22, LVH-HAZELTON PARTNERED WITH, ENGAGED, AND EDUCATED THE COMMUNITY IN NUMEROUS WAYS, INCLUDING ABOUT COVID-19, THE IMPORTANCE OF THE VACCINE, AND HEALTHY LIVING, PARTICIPATED IN 13 INTERACTIVE EVENTS THE 1ST QUARTER OF FY22. THE OMICRON VARIANT SLOWED IN-PERSON COMMUNITY ENGAGEMENT THE SECOND AND THIRD QUARTERS, BUT LVH-HAZLETON PARTICIPATED

**Part V Facility Information** (continued)

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IN OR HELD A NUMBER OF COMMUNITY-RELATED EVENTS WITH OUR PARTNERS, INCLUDING THE HAZELTON ROTARY CLUB AND THE HAZELTON SCHOOL DISTRICT, AND IN A SENIOR HEALTH FAIR. IN ADDITION, LVH-HAZLETON PARTICIPATED IN A DROP THE DRUGS EVENT, IN WHICH OVER 46 POUNDS OF RETURNED DRUGS WERE COLLECTED.

LVH-HAZLETON CONTINUES TO SPONSOR A TV NEWS SEGMENT CALLED "WELLNESS WEDNESDAYS" ON LOCAL WYNL TV 35 NEWS, WHERE LVHN PROVIDERS AND STAFF ARE ABLE TO SPEAK AND EDUCATE ABOUT IMPORTANT PREVENTATIVE CARE AND OTHER HEALTH-RELATED ISSUES. THESE NEWS SEGMENTS OFFER AN OPPORTUNITY TO PROMOTE HEALTH AND WELLNESS TO A WIDE AUDIENCE WITHIN THE HAZLETON AREA. IN FY20, A WELLNESS WEDNESDAY SEGMENT FOCUSED ON PANCREATIC CANCER, COLONOSCOPY ELIGIBILITY CRITERIA AND PROCEDURES, AND THE IMPORTANCE OF LUNG CANCER SCREENINGS AND SMOKING CESSATION. TWO PROVIDERS ALSO TAPED SEGMENTS ON CANCER SCREENING IMPORTANCE FOR WYLN TV 35, WHICH AIRED DURING THE AMERICAN CANCER SOCIETY TELETHON. IN FY21, THIS CONTINUED, WITH TOPICS ON HEALTHY EATING AND HEALTHY CHILD DEVELOPMENT AS WELL AS A NUMBER OF SEGMENTS RELATED TO COVID-19. IN FY22, TOPICS INCLUDED FLU SHOTS, CHILDREN AND MEDICATION, THE BABY FORMULA SHORTAGE, HEART DISEASE, SEASONAL TOPICS SUCH AS POOL SAFETY, ALLERGIES, AND COLD WEATHER, AND MORE.

LVH-HAZLETON'S SECOND ANNUAL FREE FLU DRIVE PROVIDED 311 SHOTS TO COMMUNITY MEMBERS, AN INCREASE FROM FY21.

PRIORITY AREA: INCLUSION AND DIVERSITY



**Part V Facility Information** (continued)

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COMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. THIS IS MOST NEEDED IN LUZERNE COUNTY, WHERE 4% OF THE POPULATION IS CONSIDERED "LINGUISTICALLY ISOLATED." THIS NUMBER BALLOONS TO 17% IN HAZLETON CITY PROPER. BELOW IS THE RACIAL DEMOGRAPHICS OF OUR SERVICE AREA. THE TABLE SHOWS THAT THE HISPANIC POPULATION IS JUST UNDER 10% IN LUZERNE COUNTY, BUT THERE IS A CONCENTRATION OF THE HISPANIC POPULATION IN THE CITY OF HAZLETON, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS, PARTICULARLY IN LEHIGH, LUZERNE, AND NORTHAMPTON COUNTIES. LVHN LEADERSHIP AGREED, RANKING INCLUSION AND DIVERSITY RELATED ISSUES AS ONE THAT WOULD HAVE A MODERATE IMPACT ON OVERALL HEALTH, BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND WAS AN INITIATIVE WE HAVE THE CAPACITY TO ADDRESS.

IN LUZERNE COUNTY, THE TOTAL POPULATION IS 319,000, OF WHICH 90% OF THE POPULATION IDENTIFIES AS WHITE, 4% BLACK, 1.1% ASIAN, AND 3.5% OTHER. MULTIPLE RACES ARE IDENTIFIED AS 1.8% OF THE POPULATION, 9.3% OF THE POPULATION IDENTIFIES AS HISPANIC, AND 90.7% IDENTIFIES AS NON-HISPANIC.

LVHN WILL FOCUS ON TWO IMPORTANT STRATEGIES. FIRST, LVHN WILL INCREASE ACCESS TO LANGUAGE INTERPRETATION AT ALL HEALTH CARE SERVICE SITES,

**Part V Facility Information** (continued)

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BUILDING ON THE ALREADY STRONG SET OF SERVICES AVAILABLE. SECOND, LVHN WILL CUSTOMIZE ROBUST COLLEAGUE EDUCATION AROUND CULTURAL AWARENESS AND INCLUSION AND DIVERSITY TO ENSURE ALL PATIENTS RECEIVE A WARM WELCOME, PARTICULARLY POPULATIONS WITH SPECIAL NEEDS AT EACH OF OUR CAMPUSES.

INTERPRETER SERVICES

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

IN FY20, 15 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 602,682 MINUTES OF INTERPRETATION ACROSS ALL LVHN SITES. IN FY20, ADDITIONAL INTERPRETER IPADS WERE ADDED TO THE LVH-HAZLETON EMERGENCY DEPARTMENT TO INCREASE ACCESS TO INTERPRETER SERVICES.

IN FY2020 AT LVH-HAZLETON, 15,459 VIDEO INTERPRETER ENCOUNTERS ACCOUNTED FOR 186,450 MINUTES OF VIDEO TRANSMISSION. AT PHYSICIAN PRACTICES AFFILIATED WITH LVH-HAZLETON, 46,604 VIDEO ENCOUNTERS WERE RECORDED, ACCOUNTING FOR 732,953 MINUTES OF VIDEO INTERPRETER SERVICES.

IN 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

**Part V Facility Information** (continued)

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IS A VITAL SERVICE FOR PATIENTS.

IN FY2021 AT LVH-HAZLETON, 7,344 VIDEO INTERPRETER ENCOUNTERS ACCOUNTED FOR 141,600 MINUTES OF VIDEO TRANSMISSION. AT PHYSICIAN PRACTICES AFFILIATED WITH LVH-HAZLETON, 43,135 VIDEO ENCOUNTERS WERE RECORDED, ACCOUNTING FOR 708,507 MINUTES OF VIDEO INTERPRETER SERVICES.

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 TOTAL. IN FY21, NEARLY 50 TRAININGS WERE HELD WITH OVER 4,000 EMPLOYEES ATTENDING. 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.

AT LVH-HAZLETON, THE PATIENT ACCESS TEAM HAS IMPLEMENTED AN EFFORT TO ENSURE THE STAFF REFLECT AND ARE REPRESENTATIVE OF THE POPULATIONS THEY SERVE. AS THE DIRECTOR OF PATIENT ACCESS RELAYED: "AS I SAW CHANGES WITHIN THE HAZLETON AREA, I KNEW I HAD TO CHANGE THE WAY I RECRUITED COLLEAGUES TO JOIN MY TEAM. LANGUAGE BARRIERS WERE PRESENT AND PATIENTS AT TIMES WERE UNCOMFORTABLE USING TRANSLATION IPADS. HIRING BILINGUAL

**Part V Facility Information** *(continued)*

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STAFF ELIMINATED THE ANXIETY OF PATIENTS WONDERING IF WE UNDERSTOOD THEIR HEALTH CARE NEEDS AS IT DEVELOPED A LEVEL OF COMFORT AND TRUST THAT IS NOT EASILY PRESENT USING TECHNOLOGY. OUR PATIENT INTERACTIONS BECAME MORE PERSONAL. THE PATIENT ACCESS TEAM CONTINUES TO STRIVE TO MEET THE NEEDS OF OUR PATIENTS BY DELIVERING EXCEPTIONAL CUSTOMER SERVICE AND ADAPTING TO PATIENTS DAILY." WITHIN PATIENT ACCESS, 37% OF THE HOSPITAL REGISTRATION STAFF AND 38% OF THE REGISTRATION STAFF AT THE HEALTH AND WELLNESS CENTER ARE BILINGUAL.

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.

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

**Part V Facility Information** *(continued)*

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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.

FOOD ACCESS

THE FIRST STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS IMPROVE ACCESS TO HEALTHY FOOD AND REDUCE OBESITY RATES IN OUR COMMUNITIES, THROUGH IN-SCHOOL EDUCATION, PROMOTION OF HEALTHY LIFESTYLES AND COMMUNITIES, AND SUPPORT OF MOBILE MARKET FOOD DISTRIBUTION.

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

**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.

SPECIALLY TRAINED HEALTH EDUCATORS WHO ARE EXPERTS AT CONNECTING WITH YOUNG PEOPLE AND TRANSLATING COMPLEX INFORMATION INTO EASY-TO-UNDERSTAND CONCEPTS. LVHN IS THE ONLY HEALTH SYSTEM IN THE REGION OFFERING THIS TYPE OF PREVENTIVE HEALTH EDUCATION FOR CHILDREN AND FAMILIES.

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. NUTRITION AND EXERCISE ACCOUNTED FOR 6% OF THE PROGRAMMING PROVIDED IN THE SCHOOLS IN FY20.

IN ADDITION TO ESTABLISHING A PARTNERSHIP BETWEEN WELLER AND THE HAZLETON SCHOOL DISTRICT FOR IN-SCHOOL EDUCATION IN FY20, LVH-HAZLETON ALSO PROVIDED EDUCATION IN SCHOOLS THROUGH A PHYSICIAN, ATHLETIC TRAINER, OR OTHER QUALIFIED STAFF MEMBER FROM LVHN AS NEEDED BY THE SCHOOL. LVH-HAZLETON FITNESS STAFF ALSO CONDUCTED TALKS FOR THE HAZLETON AREA CAREER CENTER FOR YOUTH TO SPEAK TO THEM ABOUT POTENTIAL CAREERS IN THE HEALTH AND FITNESS FIELDS. THIS WORK WAS MOSTLY ON PAUSE DURING THE PROGRESSING STAGES OF THE PANDEMIC BUT WILL BE REVISITED.

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 FY22, WELLER REACHED 21,688 STUDENTS THROUGH IN-PERSON AND

**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.

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.

LVH-HAZLETON STAFF ALSO ENGAGE IN SIGNIFICANT COMMUNITY OUTREACH AND EDUCATION REGARDING NUTRITION AND EXERCISE, SUPPORTING THE DEVELOPMENT OF HEALTHY COMMUNITIES. AS PREVIOUSLY MENTIONED, LVH-HAZLETON SPONSORS A SEGMENT CALLED "WELLNESS WEDNESDAYS" ON LOCAL WYNL TV 35 NEWS, WHERE LVHN PROVIDERS AND STAFF PROVIDE PREVENTATIVE CARE AND OTHER HEALTH-RELATED EDUCATION. IN FY21, LVH-HAZLETON STAFF PROVIDED WELLNESS WEDNESDAY SEGMENTS ABOUT THE FOLLOWING FOOD, NUTRITION, AND EDUCATION TOPICS:

- GROUP EXERCISE
- BETTER FOOD AND SNACK CHOICES
- DIABETES
- HEART HEALTHY DIET FOR EVERYONE AGE 2 AND OLDER AHEAD OF HEART MONTH IN FEBRUARY
- COVID-19
- CHILD DEVELOPMENT

IN FY21, LVH-HAZLETON STAFF PARTICIPATED IN HAZLETON CITY'S EASTER CELEBRATION, HANDING OUT BAGS WHICH INCLUDED FRESH FRUIT, CHOOSE MY PLATE DIAGRAMS, AND LISTS OF 25 HEALTHY SNACKS FOR KIDS IN BOTH ENGLISH AND SPANISH. APPROXIMATELY 250 BAGS WERE GIVEN.

IN ADDITION, 250 PIECES OF FRESH FRUIT WERE THEN GIVEN TO PEDIATRIC

**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.

PATIENTS AT THREE LVH-HAZLETON SERVICE LOCATIONS AT THE TIME OF APPOINTMENTS, ALONG WITH HEALTHY SNACK LISTS. PROVIDERS ALSO CONTINUE TO GIVE AFTER VISIT SUMMARIES WITH INFORMATION ON HEALTHY EATING AT THE TIME OF A VISIT.

AT HAZLETON'S INTEGRATION PROJECT'S ANNUAL OPEN HOUSE, PARENTS AND KIDS COME TO THE LOCAL FACILITY AND TAKE PART IN GAMES, ACTIVITIES, AND EXERCISE DEMONSTRATIONS (LED BY LVH-H FITNESS STAFF). THIS EVENT IS OPEN TO THE PUBLIC AND FREE OF CHARGE AND PRIMARILY SERVES THE HISPANIC POPULATION IN HAZLETON.

IN FY22, WORKING ALONGSIDE OUR COMMUNITY PARTNERS, STAFF FROM LVH-HAZLETON DELIVERED FOOD TO THOSE WHO UNABLE TO LEAVE THEIR HOMES, PRESENTED ON CARDIAC CARE AND NUTRITION TO ADULTS AT AN ACTIVE LIFE CENTER, AND COORDINATED WALK-WITH-A-DOC ACTIVITIES WITH A LOCAL PARTNER.

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 IN ALL FIVE COUNTIES AND THEREFORE WAS MADE A CROSS-CUTTING PRIORITY AREA FOR THE IMPLEMENTATION PLAN. WITHIN THE BEHAVIORAL HEALTH PRIORITY



**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.

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

**MENTAL HEALTH****REFERRAL COORDINATION**

THE SECOND STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS A CENTRALIZED REFERRAL PROCESS TO OUTPATIENT BEHAVIORAL HEALTH SERVICES. IN FY19, LVHN RECEIVED 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 PROVIDES SUPPORT TO PROVIDERS, PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE 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 ABUSE 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

**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.

EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABUSE 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 REFERRALS FOR LVHN AFFILIATED PRACTICES. THIS NEW PROCESS WAS MADE TO IMPROVE THE REFERRAL EXPERIENCE FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BETTER ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE 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

**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.

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 COMPLETED NEARLY 45,000 VIRTUAL VISITS. IN FY22, 591 TELE-PRIMARY CARE CONSULTS AND 254 ECONSULTS WERE COMPLETED.

AT LVH-HAZELTON, THEY OPENED THE ED ON MARCH 2, 2020, THAT INCLUDED A 5 BED LOCKED BH UNIT IN THE ED AND TWO TRANSITIONAL BEDS. CURRENTLY ASSESSMENTS ARE BEING DONE IN PERSON OR BY PHONE BY A PSYCHIATRIST. THE AIM IS TO PROVIDE TELE-PSYCH SERVICES IN THE FUTURE GIVEN THE SPACE HAS BEEN THIS CAPABILITY. NORTHEAST COUNSELING SENDS ONE OF THEIR CRISIS PROFESSIONALS TO THE ED TO DO THE ASSESSMENT AND DETERMINE IF THE PATIENT NEEDS TO BE ADMITTED AS AN INPATIENT, SEEN BY A PSYCHIATRIST, OR SENT HOME AND REFERRED TO SERVICES. THERE WERE STAFFING ISSUES AT

**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 BEGINNING THAT LIMITED THE NUMBER OF PATIENTS SEEN WITHIN THIS BH UNIT, BUT THERE WERE ABLE TO TREAT 25 PATIENTS IN FY20 (BETWEEN MARCH 2020 WHEN IT OPENED AND JUNE 30, 2020). THIS NUMBER GREW TO A STEADY AVERAGE OF 10 PATIENTS PER MONTH THROUGH FY21. IN FY22, PSYCHIATRIC EVALUATION SERVICES CONTINUED TO SUPPORT LVH-HAZELTON ED WITH PSYCHIATRIST COVERAGE FOR 303 MENTAL HEALTH COMMITMENT HEARINGS.

SUBSTANCE ABUSE

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

1. STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO THE COMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE DISORDER AND ADDICTION.
2. OPIOID STEWARDSHIP BY PROVIDING EDUCATION TO FRONT-LINE STAFF (E.G., PROVIDERS, NURSES) TO MINIMIZE OPIOID PRESCRIBING, PROMOTE SAFETY MEASURES TO MINIMIZE ADDICTION TO OPIOIDS, AND INCREASE AWARENESS OF TOOLS AVAILABLE.
3. LINKAGE TO TREATMENT BY REDUCING THE BARRIERS BETWEEN A PATIENT WHO IS STRUGGLING WITH SUBSTANCE ABUSE OR ADDICTION AND THEIR ACCESS TO TREATMENT OPTIONS.
4. HARM REDUCTION BY REDUCING THE LIKELIHOOD THAT HARM WILL COME TO THOSE WHO ARE STRUGGLING WITH ADDICTION.

ADDITIONAL DETAILS ABOUT EFFORTS FOR EACH OF THE ELEMENTS OF LVHN'S 4-PRONGED APPROACH IS OUTLINED BELOW.

**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.

## OPIOID STEWARDSHIP

IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT EDUCATION TO 340 PROVIDERS AND HEALTHCARE WORKERS 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:

-ED BACK PAIN PROTOCOL IN COLLABORATION WITH PT

**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.

-DEVELOPMENT OF A NON-OPIOID PAIN MANAGEMENT ORDER SET WITH PT/OT

INTERVENTIONS

-IMPLEMENTATION OF AN OT-LED AROMATHERAPY FOR PAIN PROTOCOL WITHIN THE  
ED OBSERVATION UNIT

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

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:

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

-IMPLEMENTATION OF AN OMM & ACUPUNCTURE REFERRAL PROCESS WITHIN LVPG  
PRIMARY CARE,

-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

**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.

MODALITIES INCLUDING EMPOWERED RELIEF AND EXPLAIN PAIN, AS WELL AS

MOTIVATIONAL INTERVIEWING AND PEER SUPPORT TRAINING.

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.

IN FY20, THE DEPARTMENT OF PSYCHIATRY ALSO CONDUCTED A SURVEY OF

LEADERS AND STAFF ABOUT BIASES AROUND SUBSTANCE ABUSE AND PREPAREDNESS

FOR TREATING PATIENTS WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH

DISORDERS. LEADERS (N=7) IN PSYCHIATRY REPORTED:

A NEED FOR ADDITIONAL TRAINING AROUND HOW TO BEST MANAGE PATIENTS WITH

CO-OCCURRING DISORDERS

A LACK OF KNOWLEDGE ABOUT SUBSTANCE ABUSE TREATMENT BEST PRACTICES

AN OPPORTUNITY FOR BETTER COORDINATION WITH SUBSTANCE ABUSE TREATMENT

AGENCIES

AMONG THE 86 DOCTORS, CASE MANAGERS, AND THERAPISTS THAT COMPLETED THE

SURVEY, THEY FELT THAT THEIR TRAINING AND EDUCATION AROUND HOW TO

ADDRESS CO-OCCURRING DISORDERS WAS PRETTY GOOD AND THEY FELT THEY WERE

ABLE TO ADDRESS THE NEEDS OF PATIENTS WITH CO-OCCURRING DISORDERS.

HOWEVER, THERE IS STILL ROOM FOR ADDITIONAL TRAINING FOR MENTAL HEALTH

**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.

PROFESSIONALS AROUND BEST PRACTICES AND FOR BETTER COORDINATION WITH  
SUBSTANCE USE TREATMENT PROVIDERS.

LINKAGE TO TREATMENT

WARM HAND-OFFS (WHO) IN THE LVH-HAZLETON EMERGENCY DEPARTMENT ARE  
COMPLETED THROUGH A CONTRACTED BEHAVIORAL HEALTH PROVIDER, NORTHEAST  
COUNSELING SERVICES. A TOTAL OF 119 PATIENTS RECEIVED A WHO AT  
LVH-HAZLETON IN FY21, UP FROM 35 IN FY20 (LAUNCHED MID-FISCAL YEAR).  
THE PLATFORM FOR TRACKING PROGRAM STATISTICS IS STILL A WORK IN  
PROGRESS, BUT REGULAR METRICS ARE NOW ABLE TO BE TRACKED AND REPORTED.  
IN FY22, LVHN CONTINUED TO COLLABORATE WITH THE COUNTY DRUG AND ALCOHOL  
AUTHORITIES IN LEHIGH, NORTHAMPTON, SCHUYLKILL, LUZERNE, AND  
CARBON/MONROE/PIKE COUNTIES TO DELIVER WARM HAND OFF SERVICES IN BOTH  
THE ED AND INPATIENT SETTINGS AT ALL LVHN SITES. IN FY22, THERE WERE  
143 WARM HAND-OFFS AT LVH-HAZLETON.

IN JANUARY OF 2022, LVHN LEADERS MET WITH HAZLETON AREA LVPG PROVIDERS  
TO INTRODUCE THE CONCEPT OF INCORPORATING MAT INTO PRIMARY CARE. THE  
SESSION WAS ALSO ATTENDED BY LVPG PROVIDER LIAISON.

HARM REDUCTION

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



**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.

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.

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

**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.

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**PART I, LINE 6A:**

THE COMMUNITY BENEFIT REPORT IS ISSUED BY LEHIGH VALLEY HEALTH NETWORK -  
EIN #22-2458317, THE PARENT COMPANY OF LEHIGH VALLEY HOSPITAL-HAZLETON.

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**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.

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**PART I, LINE 7G:**

THE SUBSIDIZED HEALTH SERVICES AMOUNT OF \$3,617,695 IS THE DIFFERENCE  
BETWEEN PAYMENTS AND COSTS FOR ANESTHESIA SERVICES, TELEMEDICINE, AND  
HOSPITALIST SERVICES. THESE SERVICE EXPENSES ARE NOT INCLUDED IN THE  
MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CARE VALUES REPORTED ABOVE.

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**PART I, LINE 7, COLUMN (F):**

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),  
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN  
THIS COLUMN IS \$ 6,851,441.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

PATIENT ACCOUNTS WRITTEN OFF AS BAD DEBT ARE IDENTIFIED. THE COST TO PROVIDE CARE TO THESE PATIENTS IS CALCULATED BY MULTIPLYING THE TOTAL CHARGES WRITTEN OFF AS BAD DEBT BY THE COST TO CHARGE RATIO.

PART III, LINE 3:

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

PART III, LINE 4:

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

**Part VI** Supplemental Information (Continuation)

AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE. FOR THE YEARS ENDED JUNE 30, 2022, AND 2021, RESPECTIVELY, LVH-HAZLETON RECORDED A PROVISION FOR IMPLICIT PRICE CONCESSIONS OF \$6,674,221 AND \$8,633,471 AS A DIRECT REDUCTION TO PATIENT SERVICES REVENUES.

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

## 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

**Part VI** Supplemental Information (Continuation)

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 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](http://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

**Part VI** Supplemental Information (Continuation)

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](http://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 IS THE POLICY TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR SERVICES. THE PATIENT FINANCIAL ASSISTANCE PROGRAM APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVH-H SERVICES.

THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVH-H FOLLOWS THE FEDERAL POVERTY GUIDELINES TO EVALUATE ELIGIBILITY. PATIENTS WHOSE FAMILY INCOME FALLS BELOW 200% OF THE FEDERAL POVERTY GUIDELINE WILL HAVE THEIR ENTIRE BALANCE FORGIVEN FOR THEIR QUALIFYING SERVICES AT LVH-H. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT LVH-H.

PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING LVH-H PATIENT FINANCIAL COUNSELING DEPARTMENT. THE COUNSELOR EXPLAINS THE AVAILABLE PROGRAMS, SUCH AS PENNSYLVANIA MEDICAL ASSISTANCE, CHIP, THE

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

FEDERAL INSURANCE EXCHANGE AND PATIENT FINANCIAL ASSISTANCE.

PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH UNINSURED AND UNDER-INSURED PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT INPATIENTS IN THEIR ROOMS AND OUTPATIENTS IN THE EMERGENCY DEPARTMENT (ED).

INFORMATION REGARDING FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS VIA SIGNAGE IN THE REGISTRATION AREAS AS WELL AS THE ED WAITING ROOM. ALSO, WHEN THE FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING A MEDICAL ASSISTANCE UNINSURED AND UNDER-INSURED APPLICATION, THEY ALSO INFORM THE PATIENT ABOUT THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM. IN ADDITION, LVH-H ADVERTISES OUR FINANCIAL ASSISTANCE PROGRAM ON OUR PUBLIC WEBSITE, AS WELL AS ON ALL BILLING STATEMENTS SENT TO OUT PATIENTS.

PART VI, LINE 4:

THE PRIMARY SERVICE AREA OF LVH-HAZLETON IS LUZERNE COUNTY.

THE U.S. CENSUS BUREAU DATA FOR THE 2020 CENSUS INDICATES THE PRIMARY SERVICE AREA POPULATION WAS APPROXIMATELY 325,924. DURING THE CALENDAR YEAR 2021, 79.3% OF THE DISCHARGES FROM LVH-HAZLETON WERE RESIDENTS OF THE PRIMARY SERVICE AREA. ACCORDING TO 2021 U.S. CENSUS BUREAU ESTIMATES, THE PRIMARY SERVICE AREA POPULATION IS 326,053.

THE 2020 POPULATION OF THE SECONDARY SERVICE AREA WAS APPROXIMATELY 207,798. DURING THE CALENDAR YEAR 2021, ABOUT 20.2% OF THE DISCHARGES FROM LVH-HAZLETON WERE RESIDENTS OF THE SECONDARY SERVICE AREA, CARBON, AND

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

SCHUYLKILL COUNTIES. THE ESTIMATED 2021 U.S. CENSUS BUREAU ACS POPULATION OF THE SECONDARY SERVICE AREA IS 208,676.

DURING THE CALENDAR YEAR 2021, 0.5% OF THE DISCHARGES FROM LVH-HAZLETON WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS.

BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE PRIMARY SERVICE AREA'S CURRENT POPULATION PROJECTION IS A DECREASE OF .02% BY 2027.

PART VI, LINE 5:

LEHIGH VALLEY HOSPITAL-HAZLETON QUALIFIES AS AN INSTITUTE OF PURELY PUBLIC CHARITY IN PENNSYLVANIA. THIS REGULATION IS REFERRED TO AS ACT 55. TO BE CONSIDERED A PURELY PUBLIC CHARITY, NONPROFITS MUST:

- (1) ADVANCE A CHARITABLE PURPOSE;
- (2) DONATE OR RENDER GRATUITOUSLY A SUBSTANTIAL PORTION OF ITS SERVICES;
- (3) BENEFIT A SUBSTANTIAL AND INDEFINITE CLASS OF PERSONS WHO ARE LEGITIMATE SUBJECTS OF CHARITY;
- (4) RELIEVE THE GOVERNMENT OF SOME BURDEN; AND
- (5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE.

LVH-H IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH JULY 31, 2023.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021

**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 R. FLETCHER FORMER PRESIDENT/TRUSTEE	(i)	372,832.	71,457.	46,117.	0.	34,896.	525,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGORY G. KILE TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	395,022.	186,375.	60,221.	0.	11,639.	653,257.	0.
(3) THOMAS MARCHOZZI, MBA CPA TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	756,923.	459,424.	632,931.	0.	26,498.	1,875,776.	0.
(4) TERRENCE J. PURCELL, MBA PRESIDENT/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	275,613.	40,775.	-2,352.	0.	19,517.	333,553.	0.
(5) ROBERT L. THOMAS, CPA ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	328,169.	65,408.	-912.	0.	10,056.	402,721.	0.
(6) RAYMOND J. BERNARDI VP, OPERATIONS	(i)	178,688.	35,623.	-2,987.	0.	10,706.	222,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MELISSA N. CURTO VP, PATIENT CARE OPERATIONS	(i)	163,927.	32,412.	6,903.	0.	0.	203,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH R. WILSON MANAGER, PHARMACY	(i)	152,523.	1,000.	-3,884.	0.	20,853.	170,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PRISCILLA BOLINSKY REGISTERED NURSE	(i)	114,508.	33,094.	-4,361.	0.	26,516.	169,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHLEEN A. FOGARTY DIRECTOR, APPLICATION DEVELOPMENT &	(i)	134,442.	11,696.	-3,800.	0.	19,884.	162,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 4B:**

THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE 457(F) SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL - HAZLETON AND  
RECEIVED A DISTRIBUTION IN CALENDAR YEAR 2021:

JOHN R. FLETCHER, FORMER PRESIDENT/TRUSTEE - \$43,020

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

GREGORY G. KILE, TRUSTEE - \$52,385

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

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
	A	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDW1	11/13/19	24920314.	CONSTRUCT, RENOVATE & EQUIP		X		X		X
	B	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDY7	11/13/19	18921044.	REFUND HAZLETON REVENUE NOTE SERI		X		X		X
	C												
	D												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	482,400.		1,787,800.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	24,970,530.		18,921,044.					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	1,020,062.							
6	Proceeds in refunding escrows			18,849,600.					
7	Issuance costs from proceeds	120,523.		63,463.					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	17,588,445.							
11	Other spent proceeds	10,050.		7,981.					
12	Other unspent proceeds	6,231,449.							
13	Year of substantial completion	2021		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2021

<b>Part III Private Business Use</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b>	Total of lines 4 and 5 .....		%		%		%		%
<b>7</b>	Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X					

<b>Part IV Arbitrage</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b>	If "No" to line 1, did the following apply?								
<b>a</b>	Rebate not due yet? .....		X		X				
<b>b</b>	Exception to rebate? .....	X		X					
<b>c</b>	No rebate due? .....		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b>	Is the bond issue a variable rate issue? .....		X		X				

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X					

**Part V Procedures To Undertake Corrective Action**

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

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

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCT, RENOVATE & EQUIP FACILITIES

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND HAZLETON REVENUE NOTE SERIES 2012

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUSAN C YEE - FORMER TRUST	PARTNERSHIP IN 94 B	124,818.	94 BROADHEAD		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUSAN C YEE - FORMER TRUSTEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PARTNERSHIP IN 94 BROADHEAD ASSOCIATES - FORMER TRUSTEE LVHN/LVH/LVHM/LVHH

(C) AMOUNT OF TRANSACTION \$ 124,818.

(D) DESCRIPTION OF TRANSACTION: 94 BROADHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

NORTHEASTERN PENNSYLVANIA HEALTH CORP.

Employer identification number

23-2421970

FORM 990, ITEM C, DOING BUSINESS AS:

LEHIGH VALLEY HOSPITAL-HAZLETON

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

(PA.), THE HEALTH CENTER AT MOUNTAIN TOP (PA.) AND STATION CIRCLE  
(HAZLE TOWNSHIP, PA.), AS WELL AS OUTPATIENT CANCER TREATMENT AT THE  
LVHN CANCER CENTER HAZLETON. LEHIGH VALLEY PHYSICIAN GROUP (LVPG), A  
SUBSIDIARY OF LVHN, IS A MULTI-SPECIALTY MEDICAL OUTPATIENT CARE  
PROVIDER. LVPG-HAZLETON (LVPG-H) IS THE OUTPATIENT MEDICAL PROVIDER  
GROUP ALIGNED WITH LVH-H. ADDITIONALLY, LVH-H HAS A ROBUST COMMUNITY  
ENGAGEMENT PROGRAM THAT DELIVERS HEALTH AND WELLNESS EDUCATION PROGRAMS  
AND HEALTH SCREENINGS FREE OF CHARGE TO THE COMMUNITY. A COMMUNITY  
HEALTH NEEDS ASSESSMENT (CHNA) IS CONDUCTED EVERY THREE YEARS. WE  
DELIVER OUR PROGRAMS AND SERVICES WITH COMPASSION AND HIGH STANDARDS OF  
QUALITY TO THE RESIDENTS OF GREATER HAZLETON REGARDLESS OF RACE, SEX,  
RELIGION OR ECONOMIC STATUS.

STRATEGIC DIRECTION

STRATEGIC PLANNING IN HEALTH CARE ORGANIZATIONS INVOLVES CREATING  
OBJECTIVES AND SETTING GOALS FOR WHERE THE ORGANIZATION SEES ITSELF  
LONG TERM AND HOW IT CAN STRENGTHEN ACCESS TO EFFICIENT AND AFFORDABLE  
CARE TO THE COMMUNITY SERVED. LVH-H'S THREE-YEAR STRATEGIC GOALS AND

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 NORTHEASTERN PENNSYLVANIA HEALTH CORP.	Employer identification number 23-2421970
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PRIORITIES INCLUDE INCREASED PATIENT SATISFACTION, PROVIDER RECRUITMENT, IMPROVED EMERGENCY DEPARTMENT SERVICES WITH FOCUSES ON TRANSFERS AND ADMISSIONS, REDUCTION IN LENGTH OF STAY, INTEGRATION OF MUSCULOSKELETAL (MSK) SERVICES AND BUILDING OF A NEW CANCER CENTER.

IN ADDITION, A MASTER FACILITIES PLAN WAS IN DEVELOPMENT IN FY 2022, TO INCLUDE THE HEALTH & WELLNESS CENTER AT HAZLETON AND CLINICS AT STATION CIRCLE AND 1000 ALLIANCE DRIVE (DESSEN CENTER), TO BEST DETERMINE WHAT SERVICES WOULD BEST BE LOCATED AT THESE FACILITIES TO ALLOW GREATER ACCESS TO PRIMARY AND SPECIALTY HEALTH CARE TO MEET THE GROWING NEEDS OF OUR COMMUNITY.

#### COVID-19 PANDEMIC RESPONSE

ONE OF THE PRIMARY FOCUSES IN FY 2022 CONTINUED TO BE RESPONDING TO THE CORONAVIRUS (COVID-19) PANDEMIC AS NEW VARIANTS EMERGED. LVH-H CONTINUED TO IMPLEMENT THE FOLLOWING INITIATIVES FROM FY 2021:

CONTINUED TO EDUCATE AND UPDATE LOCAL COMMUNITY LEADERS ON THE CURRENT STATUS OF COVID POSITIVE PATIENTS IN THE GREATER HAZLETON AREA.

CONTINUED TO PROVIDE FREE COVID-19 TESTING TO THE COMMUNITY. IN FY 2022, 11,647 TESTS WERE PROVIDED FREE OF CHARGE TO THE COMMUNITY.

OPENED A FREE COVID-19 VACCINATION CLINIC AT THE HOSPITAL IN DECEMBER 2020 AND PROVIDED 25,534 COVID-19 VACCINATIONS FREE TO 9,434 COMMUNITY MEMBERS DURING THE REST OF FY 2022. IN ADDITION, LVHN'S MOBILE VACCINATION TEAM BROUGHT VACCINES TO AREA SCHOOLS, INDUSTRIES, LOW-INCOME HOUSING COMPLEXES AND OTHER UNDERSERVED AREAS OF THE

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COMMUNITY.

IDENTIFIED ADDITIONAL INTERPRETATION SERVICES/INTERPRETER RESOURCES TO EFFECTIVELY COMMUNICATE WITH OUR HISPANIC PATIENTS.

DEVELOPED AND IMPLEMENTED A COMPREHENSIVE COMMUNICATION PLAN TARGETED TO THE HISPANIC COMMUNITY, WHICH MAKES UP 50% OF HAZLETON'S CENTER CITY POPULATION, TO CONTINUE EDUCATING THEM ON COVID-19, HOW TO STOP THE SPREAD AND THE IMPORTANCE OF GETTING THE COVID VACCINATION. THE TACTICS INCLUDED EMAIL BLASTS, SOCIAL MEDIA, PRINT MEDIA, DIGITAL BILLBOARDS, VIDEOS AND INTERVIEWS WITH HEALTH CARE PROVIDERS, ALL PROVIDED IN ENGLISH AND SPANISH.

QUALITY CARE

QUALITY HEALTH CARE IS CARE THAT IS SAFE, EFFECTIVE, PATIENT-CENTERED, TIMELY, EFFICIENT, AND EQUITABLE. AT LVHN, OUR MISSION IS TO HEAL, COMFORT AND CARE FOR OUR COMMUNITY. THIS IS DONE THROUGH COLLABORATION WITH ALL LEVELS OF HEALTH CARE PROVIDERS. STANDARD OF CARE AND BEST PRACTICES ARE ALWAYS THE GOAL.

THROUGH CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES, WE STRIVE TO IDENTIFY WAYS TO BRING ABOUT IMPROVEMENTS THAT RESULT IN IMPROVED OUTCOMES FOR OUR PATIENTS. THIS INVOLVES A TEAM EFFORT THAT STRIVES TO ENCOURAGE COLLABORATION ACROSS ALL DISCIPLINES AND ENABLE BEST USE OF OUR AVAILABLE RESOURCES. PROCESSES SPECIFIC TO QUALITY MANAGEMENT INCLUDE MONITORING AND EVALUATING DATA, FORMULATING STRATEGIES FOR IMPROVEMENT AND SHARING INFORMATION WITH KEY STAKEHOLDERS TO INITIATE PROCESS CHANGES AS NEEDED. SPECIFIC AREAS OF ATTENTION INCLUDES CARE OF

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PATIENTS WITH STROKE, HEART FAILURE, SEPSIS, ALL CAUSE READMISSION RATES, MORTALITY, PATIENT SAFETY AND RISK MANAGEMENT ALONG WITH COMPLIANCE WITH STATE DEPARTMENT OF HEALTH REGULATIONS AS WELL AS THOSE OF THE ACCREDITATION COMMISSION FOR HEALTHCARE. BELOW ARE SOME EXAMPLES OF PROGRAMS AT LVH-H AND ALSO SOME RECOGNITIONS FROM FY22 THAT ILLUSTRATES OUR COMMITMENT TO BEST PRACTICES AND QUALITY PATIENT OUTCOMES :

- SUBMISSION OF ABSTRACT AND PRESENTATION BY TWO LOCAL PHYSICIANS AT A VIZIENT CONFERENCE IN NOVEMBER 2021. PRESENTATION WAS ENTITLED "YOUR HEALTH DESERVES A PARTNER-NAVIGATING COVID 19 FOR THE LATINO POPULATION" AND WAS BASED ON LVH-H'S EDUCATION AND COMMUNICATION EFFORTS IN THE HISPANIC COMMUNITY DURING THE COVID-19 OUTBREAK AND PANDEMIC.

- ACHIEVED LEAPFROG SAFETY GRADE "A" FOR SPRING 2022

- RECEIVED AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES 2022 STROKE GOLD PLUS WITH TARGET: STROKE HONOR ROLL ELITE AND TARGET: TYPE 2 DIABETES HONOR ROLL ACHIEVEMENT AWARD

- RECEIVED AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES 2022 HEART FAILURE GOLD PLUS WITH TARGET: HEART FAILURE HONOR ROLL AND TARGET: TYPE 2 DIABETES HONOR ROLL ACHIEVEMENT AWARD

- RECOGNIZED BY THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) FOR EXCELLENCE IN PATIENT SAFETY

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- RECOGNIZED BY HAP FOR STELLAR PERFORMANCE ENSURING PATIENTS' SAFETY.

LVH-H WAS AMONG 17 HOSPITALS STATEWIDE TO RECEIVE HAP'S EXCELLENCE IN PATIENT SAFETY RECOGNITION IN FY 2022.

- RECOGNIZED IN U.S. NEWS & WORLD REPORT BEST HOSPITALS' EDITION AS

HIGH PERFORMING IN THREE COMMON ADULT PROCEDURES AND CONDITIONS:

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), HEART FAILURE AND KIDNEY FAILURE.

- LVH-HAZLETON IS A MEMBER OF VIZIENT, INC., THE NATION'S LARGEST

HEALTH CARE PERFORMANCE IMPROVEMENT COMPANY THAT COMPARES HOSPITAL

QUALITY AND PATIENT SATISFACTION. OUT OF 267 HOSPITALS IN OUR COHORT,

HAZLETON RANKED 135 IN FY 2022, WHICH IS THE 51ST PERCENTILE. THIS IS A

SIGNIFICANT IMPROVEMENT OVER PRIOR YEAR WHEN WE WERE AT THE 29TH

PERCENTILE. OUR CONTINUED FOCUS ON PATIENT SAFETY WAS THE BIGGEST

DRIVER IN THE IMPROVED RANKING.

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

RADIATION ONCOLOGY WITH TWO EXAM ROOMS, A PROCEDURE ROOM, A LINEAR

ACCELERATOR AND A CT/SIM; AN INFUSION SUITE WITH 14 PRIVATE INFUSION

ROOMS; AND A SESSION SUITE WITH TWO EXAM ROOMS AND ONE PROCEDURE ROOM

FOR ROTATING PROVIDERS. CURRENTLY, INFUSION SERVICES ARE PROVIDED AT AN

OFF-SITE MEDICAL OFFICE THAT IS QUICKLY OUTGROWING ITS SPACE, AND

PATIENTS NEEDING RADIATION TREATMENT MUST TRAVEL TO OTHER LOCATIONS DUE

TO A LACK OF THIS SERVICE IN THE COMMUNITY. THE NEED IS VERY CLEAR, AND

THIS EXPANSION WILL ALLOW OUR PATIENTS TO RECEIVE MANY OF THEIR

TREATMENTS IN A CENTRALIZED LOCATION WITHOUT THE NEED TO TRAVEL LONG

DISTANCES.

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### EMERGENCY SERVICES

SINCE BECOMING A LEVEL IV TRAUMA CENTER IN 2015, THE TRAUMA PROGRAM AT LVH-H HAS CONTINUED TO PROVIDE OPTIMAL CARE AND REDUCE THE LIKELIHOOD OF DEATH OR DISABILITY TO INJURED PATIENTS WHO ENTER ITS EMERGENCY DEPARTMENT (ED). BECAUSE OF THE CONTINUED EFFORTS OF INCESSANTLY BEING PREPARED TO STABILIZE AND TREAT THE MOST SERIOUS LIFE-THREATENING AND DISABLING INJURIES PRIOR TO TRANSFER TO A LEVEL 1 TRAUMA CENTER, THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION (PTSF) IN FY 2022 HAS REACCREDITED LVH-HAZLETON AS A LEVEL IV TRAUMA CENTER FOR THE NEXT FOUR YEARS. THIS IS THE MAXIMUM NUMBER OF YEARS A TRAUMA CENTER MAY BE ACCREDITED.

LVH-HAZLETON EMERGENCY DEPARTMENT (ED), ALONG WITH ALL OF OUR HEALTH NETWORK HOSPITALS, CONTINUES TO BE CHALLENGED WITH HIGH PATIENT VOLUMES IMPACTED BY THE COVID-19 PANDEMIC. A RAPID IMPROVEMENT TEAM WAS DEVELOPED TO FOCUS ON IMPROVEMENT IN EFFICIENCIES OF OPERATIONS OF THE ED, REDUCE PATIENT WAIT TIMES AND IMPROVE PATIENT THROUGHPUT. THIS MULTI-DISCIPLINARY TEAM CONSISTED OF ALL AREAS THAT TOUCH THE ED INCLUDING LAB, RADIOLOGY, PHARMACY, HOUSEKEEPING, FOOD SERVICE, EMS, AND REGISTRATION. INITIATIVES WERE DEVELOPED RESULTING IN A DECREASE IN LEFT WITHOUT BEING SEEN (LWBS) FROM 18 PERCENT TO 5 PERCENT.

### HOSPICE SERVICES

IN PARTNERSHIP WITH LEHIGH VALLEY HOSPICE, INPATIENT AND HOME CARE HOSPICE SERVICES NOW ARE PROVIDED TO OUR LOCAL COMMUNITY. THIS IS THE ONLY INPATIENT HOSPICE PROGRAM SERVING THE GREATER HAZLETON AREA. THE PROGRAM MODEL IS DESIGNED TO DELIVER PERSON-CENTERED CARE RATHER THAN

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DISEASE-CENTERED CARE AND TO PROVIDE COMFORT AND CARE TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES. IN FY22, HOSPICE SERVICES WERE PROVIDED TO 53 LVH-H PATIENTS FOR A TOTAL OF 175 DAYS OF CARE. THIS IS A MUCH NEEDED AND WELCOMED ADDITION TO THE HAZLETON SERVICE LINE.

#### TELE-HEALTH SERVICES

AS TECHNOLOGY HAS ADVANCED, THE WAYS HEALTH CARE CAN BE PROVIDED HAVE CHANGED AND ADVANCED TOO. AT LVH-H, PATIENTS ARE BENEFITING FROM SECURE TELEHEALTH TECHNOLOGY THAT ALLOWS THEM TO ACCESS AND RECEIVE QUALITY, SPECIALIZED CARE CONVENIENTLY. IN FY 2022, LVH-H ADDED INPATIENT TELE-PSYCH, TELEHEALTH FOR MATERNAL FETAL MEDICINE AND TELEHEALTH FOR PALLIATIVE CARE TO ITS GROWING LIST OF TELE-HEALTH SERVICES THAT INCLUDE INFECTIOUS DISEASE, NEUROLOGY, ADVANCED INTENSIVE CARE UNIT (AICU), BURN, NEUROSURGERY AND TOXICOLOGY.

#### ORTHOPEDIC AND OCCUPATIONAL HEALTH

LVHN ACQUIRED COORDINATED HEALTH, A REGIONAL LEADER IN ORTHOPEDICS AND SPORTS MEDICINE, IN 2019. IN FY 22, LVH-H, LVPG-H AND COORDINATED HEALTH HAZLETON LOCATION CONTINUED TO PLAN FOR OPERATIONAL AND CLINICAL MUSCULOSKELETAL AND OCCUPATIONAL MEDICINE INTEGRATION TO PROVIDE BETTER, QUICKER ACCESS TO OUR PATIENTS AND TO MEET THE GROWING NEEDS OF OUR PATIENTS.

#### SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM

AN ATHLETIC TRAINING CONTRACT BETWEEN LVH-H AND THE HAZLETON AREA SCHOOL DISTRICT (HASD) HAS BEEN RENEWED FOR A TEN-YEAR PERIOD. THE CONTRACT NOW INCLUDES A NON-ATHLETIC COMPONENT WHEREBY LVHN WILL BRING ITS SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM TO HAZLETON. THIS PROGRAM



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WILL MEASURABLY IMPROVE STUDENTS' MENTAL HEALTH AND RESILIENCY IN THE HAZLETON AREA SCHOOL DISTRICT BY LAUNCHING EVIDENCE-BASED INDIVIDUAL THERAPY AND CASE MANAGEMENT SERVICES FOR STUDENTS ALONG WITH MENTAL HEALTH EDUCATION FOR FACULTY TO HELP STUDENTS ADDRESS THEIR TRAUMA, IMPROVE THEIR SCHOOL PERFORMANCE AND STRENGTHEN THEIR OVERALL WELL-BEING.

PROVIDER AND STAFF RECRUITMENT

RECRUITMENT OF PRIMARY AND SPECIALTY PHYSICIANS AND ADVANCED PRACTICE CLINICIANS TO MEET THE GROWING NEEDS OF OUR COMMUNITY CONTINUED TO BE A CHALLENGE FOR LVH-H AND LVPG-H IN FY 2022. IN SPITE OF THE CHALLENGES TO ATTRACT PROVIDERS TO OUR SMALL COMMUNITY, LVPGH WAS SUCCESSFUL IN RECRUITING ONE FAMILY PRACTICE PHYSICIAN, TWO CERTIFIED REGISTERED NURSE PRACTITIONERS, TWO PART-TIME CARDIOLOGISTS, A FULL-TIME PEDIATRICIAN AND ONE PART-TIME OB/GYN PHYSICIAN DURING THE FISCAL YEAR.

IN ADDITION, HAZLETON LOST A FEW LONG-TERM PRIMARY CARE PROVIDERS DUE TO RETIREMENT DURING THIS FISCAL YEAR, SO A STRATEGIC PLAN WAS DEVELOPED TO IDENTIFY THE NUMBER OF NEW PROVIDERS NEEDED TO SUFFICIENTLY CARE FOR OUR COMMUNITY AND THE BEST LOCATIONS TO RECRUIT AND PLACE PROVIDERS.

CLINICAL STAFFING WAS AND CONTINUES TO BE A HIGH PRIORITY FOR THE HEALTH NETWORK, PARTICULARLY FOR NURSES. SOME OF THE INITIATIVES AND OFFERINGS WE HAVE UNDERTAKEN TO RECRUIT NURSES AND OTHER HEALTH CARE PROFESSIONALS INCLUDE:

- FORMATION OF EMERGENCY STAFFING OPERATIONS COMMITTEE (ESOC)

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- NURSING RECRUITMENT EVENTS
- VISITING AREA COLLEGES WITH MEDICAL PROGRAMS
- OFFERING SIGN-ON BONUSES
- COLLEAGUE REFERRAL BONUSES
- CRISIS PAY
- COMPETITIVE WAGES
- MARKETING OUTSIDE OUR REGION
- BUILDING RELATIONSHIPS WITH AREA COLLEGES AND UNIVERSITIES WITH NURSING AND OTHER CLINICAL PROGRAMS

TECHNOLOGY/EQUIPMENT/FACILITIES

ADDITIONAL FACILITY RENOVATIONS TO THE HOSPITAL, THAT WERE NOT INCLUDED IN THE MOST RECENT HOSPITAL RENOVATIONS AND MODERNIZATION PROJECT, BEGAN IN FY 22. THESE INCLUDE RENOVATING AND UPDATING EQUIPMENT IN TWO OF THE HOSPITAL'S OPERATING ROOMS, A NEW ROOF FOR THE RENOVATED SECTION OF THE EMERGENCY DEPARTMENT, CHANGING OF AIR HANDLER UNITS AND WATERPROOFING THE BUILDING, UPGRADING INTERIORS OF THE PATIENT AND STAFF ELEVATORS, MISCELLANEOUS WINDOW AND PLUMBING REPAIRS/REPLACEMENTS AND UPGRADING PATIENT BATHROOMS.

LEHIGH VALLEY HOSPITAL HAZLETON'S FAMILY BIRTH AND NEWBORN CENTER HAS RECENTLY INSTALLED A NEW AND INNOVATIVE INFANT SAFETY SYSTEM DEVELOPED BY CERTASCAN TECHNOLOGIES. THE PROPRIETARY SYSTEM ALLOWS THE HOSPITAL TO CAPTURE HIGH RESOLUTION NEWBORN FOOTPRINTS WHICH CAN BE USED FOR PRECISE IDENTIFICATION IN SITUATIONS LIKE AN ABDUCTION, LOST BABY OR NATURAL DISASTER. THE NEWBORN SAFETY SYSTEM, WHICH USES LIVESCAN TECHNOLOGY, HAS GARNERED THE ATTENTION AND PRAISE FROM THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN (NCMEC) AND HAS BEEN INCLUDED

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AS A RECOMMENDATION FOR HOSPITALS IN ITS MOST RECENT INFANT SECURITY GUIDELINES.

THE COVID-19 PANDEMIC ACCELERATED THE EXPANSION OF TELEHEALTH AND VIRTUAL OFFICES VISITS IN THE COMMUNITY. THROUGH THESE SERVICES, PATIENTS WERE ABLE TO RECEIVE CONSULTATIONS AND PRESCRIPTIONS FOR CARE WITHOUT LEAVING THEIR HOMES OR CONSULTATIONS WITH SPECIALTY PROVIDERS DURING VISITS WITH THEIR PRIMARY CARE PROVIDERS. THIS WAS JUST ONE OF THE MITIGATION EFFORTS PUT IN PLACE TO STOP THE SPREAD OF COVID-19 AND HAS CONTINUED TO PROVIDE PATIENTS WITH GREATER ACCESS TO CARE IN A TIMELY MANNER.

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

PSYCHIATRIC EVALUATION SERVICES IN THE LVH-H EMERGENCY DEPARTMENT.

- IMPLEMENTED THE USE OF TELE-PSYCHIATRY FOR INPATIENTS.

- EDUCATED STAFF IN PSYCHIATRY, SURGERY, FAMILY MEDICINE, NEUROLOGY AND INTERNAL MEDICINE ABOUT SUBSTANCE USE DISORDER AND OPIOID-RELATED ISSUES.

- CONTINUED TO COLLABORATE WITH THE COUNTY DRUG AND ALCOHOL COUNCIL TO DELIVER WARM HAND-OFF SERVICES IN BOTH THE ED AND INPATIENTS SETTINGS.

THERE WERE 143 WARM HAND-OFFS AT LVH-HAZLETON IN FY 2022.

COMMUNITY ENGAGEMENT

LVH-H HELD ITS ANNUAL FREE COMMUNITY DRIVE-THRU FLU SHOT CLINIC IN FY 2022. THE CLINIC PROVIDED OVER 300 FREE VACCINES AND WAS WELL RECEIVED BY THE COMMUNITY. VACCINES WERE PROVIDED TO CHILDREN 6 MONTHS TO 12 YEARS OF AGE FOR THE FIRST TIME THIS YEAR.

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HIGHMARK BLUE CROSS BLUE SHIELD AWARDED A \$15,000 GRANT TO THE HAZLETON INTEGRATION PROJECT (HIP) TO PROVIDE MEDICAL EXAMS FOR THE UNDERSERVED IN OUR AREA. LVH-H AND LVPG-H PARTNERED WITH HIP IN THIS HEALTH INITIATIVE TO SEE PEDIATRIC PATIENTS IN THE LVPG PEDIATRIC PRACTICES. THE HAZLETON INTEGRATION PROJECT IS A COMMUNITY-BASED EFFORT THAT SEEKS TO UNITE THE PEOPLE OF MANY DIFFERENT CULTURES WHO CALL HAZLETON HOME. THE PROJECT'S MAIN FOCUS IS THE OPERATION OF A HIGH-QUALITY COMMUNITY CENTER THAT SERVES ECONOMICALLY UNDERSERVED CHILDREN AND FAMILIES.

WHILE THE RATE OF COVID-19 CASES STARTED TO DECREASE SOMEWHAT IN FY 22, LVH-H CONTINUED TO LIMIT FACE-TO-FACE ENGAGEMENT IN THE COMMUNITY AND USED INNOVATIVE WAYS TO INTERACT AND INFORM OUR PUBLIC. HERE ARE SOME OF THOSE WAYS:

- VIRTUAL PRESENTATIONS BY HOSPITAL PRESIDENT TO VARIOUS CIVIC ORGANIZATIONS
- VIRTUAL PRESS CONFERENCES
- VIRTUAL QUESTION AND ANSWER SESSIONS WITH THE HISPANIC COMMUNITY
- PARTNERSHIPS WITH LOCAL ORGANIZATIONS, INDUSTRIES AND SCHOOLS TO DISTRIBUTE EDUCATIONAL MATERIALS ON COVID-19 AND OTHER SERVICES
- EXPERT GUEST APPEARANCES (VIRTUAL) ON LOCAL AND REGIONAL TV SHOWS
- PATIENT TESTIMONIAL VIDEOS FOR SOCIAL MEDIA
- FEATURED STORIES IN LOCAL NEWSPAPER

LVH-H CONTINUED TO SUPPORT COMMUNITY NON-PROFIT ORGANIZATIONS THROUGH MONETARY SPONSORSHIPS. IN FY 2022, APPROXIMATELY \$75,000 WAS AWARDED TO SUPPORT CHNA-RELATED AND OTHER ACTIVITIES.

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LVH-H CONTINUED ITS OUTREACH TO SENIORS IN OUR COMMUNITY THROUGH THE VITALCHOICE PROGRAM. THE PROGRAM IS DESIGNED TO HELP MEMBERS IN THEIR PERSONAL HEALTH AND WELLNESS JOURNEY BY PROVIDING THEM WITH MORE CHOICES, SERVICES, CONVENIENCE AND WELLNESS PROGRAMS. IN ADDITION, THE PROGRAM FEATURES A FITNESS CENTER DISCOUNT, ENROLLMENT IN SILVER SNEAKERS (IF INSURANCE APPLIES), FREE ANNUAL WELLNESS ASSESSMENT, COMPLIMENTARY PERSONALIZED TRAINING SESSION, FREE LUNCH AND LEARN SESSIONS AND MORE. VITALCHOICE ALSO KEEPS MEMBERS ENGAGED AND ACTIVE THROUGH SOCIAL AND ENRICHMENT PROGRAMS SUCH AS PICNICS, BUS TRIPS AND OTHER SOCIAL ACTIVITIES.

LVH-H COLLEAGUES PARTICIPATED IN COMMUNITY EVENTS SUCH AS COMMUNITY HEALTH FAIRS THAT PROVIDED FREE EDUCATION AND MEDICAL SCREENINGS, CPR TRAINING, PLAYGROUND CLEAN-UPS, SALVATION ARMY BELL RINGING PROGRAM, CITY HALLOWEEN EVENT AND SERVING MEALS AT THE LOCAL SALVATION ARMY.

THE HEALTHY YOU (NORTHWEST EDITION) PUBLICATION MADE ITS DEBUT IN JUNE WITH MAILED DISTRIBUTION THROUGHOUT COUNTIES WE SERVE. THIS FREE PUBLICATION IS YET ANOTHER WAY WE PROVIDE UP-TO-DATE INFORMATION ON SERVICES, AS WELL AS HEALTH AND WELLNESS EDUCATION.

IN FY 2022, A SPECIAL FUND WAS SET UP FOR LVH-H IN HONOR OF LONG-TIME BOARD MEMBER AND BOARD CHAIR THOMAS L. KENNEDY. CLOSE TO \$80,000 WAS RAISED FOR THE THOMAS L. KENNEDY COMMUNITY HEALTH FUND THROUGH A COMMUNITY FUNDRAISER. THESE FUNDS WILL BE USED FOR COMMUNITY HEALTH PROGRAMS FOR THE UNDERSERVED, SPECIFICALLY IN THE AREAS OF MENTAL AND BEHAVIORAL HEALTH, DRUG AND ALCOHOL, WOMEN'S AND CHILDREN'S SERVICES AND MEN'S HEALTH.

Name of the organization NORTHEASTERN PENNSYLVANIA HEALTH CORP.	Employer identification number 23-2421970
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LVH-HAZLETON WAS RECOGNIZED BY THE CASA DOMINICANA DE HAZLETON FOR SUPPORTING THE COMMUNITY, AND IN PARTICULAR THE PATRONS OF CASA DOMINICANA DE HAZLETON, DURING THE PANDEMIC. WE ARE PLEASED WITH THE PARTNERSHIPS WE HAVE FORMED WITH THE HISPANIC LEADERS IN OUR COMMUNITY AND CONTINUE TO WORK WITH THEM TO PROMOTE HEALTH AND WELLNESS OPPORTUNITIES.

LVH-HAZLETON WAS THE PROUD WINNER OF THE 2022 STANDARD SPEAKER READER'S CHOICE AWARDS IN THE FOLLOWING HEALTH CATEGORIES:

- BEST HOSPITAL-LVHN-HAZLETON
- BEST PATIENT CARE-LVHN-HAZLETON

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.

Name of the organization NORTHEASTERN PENNSYLVANIA HEALTH CORP.	Employer identification number 23-2421970
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FORM 990, PART VI, SECTION B, LINE 11B:

THE PROCESS TO REVIEW THE 990'S INCLUDES:

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

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.

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



Name of the organization

NORTHEASTERN PENNSYLVANIA HEALTH CORP.

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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 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.

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

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

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

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

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

SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE  
COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION  
LEVELS:

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

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

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

Name of the organization

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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:

ANOTHER'S 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 ORGANIZATION'S ANNUAL PUBLIC MEETING. THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IN ADDITION, IT IS DISTRIBUTED VIA MAIL TO MEMBERS OF THE COMMUNITY. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

BANK FEES:

Name of the organization NORTHEASTERN PENNSYLVANIA HEALTH CORP.	Employer identification number 23-2421970
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PROGRAM SERVICE EXPENSES	2,831.
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TOTAL EXPENSES	2,831.
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PORTFOLIO FEES:

PROGRAM SERVICE EXPENSES	249,136.
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TOTAL EXPENSES	249,136.
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BLOOD PROCESSING FEES:

PROGRAM SERVICE EXPENSES	532,740.
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TOTAL EXPENSES	532,740.
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OUTSIDE LAB TEST FEES:

PROGRAM SERVICE EXPENSES	4,619,158.
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TOTAL EXPENSES	4,619,158.
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PHYSICIAN & OTHER MEDICAL SERV:

PROGRAM SERVICE EXPENSES	5,696,267.
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TOTAL EXPENSES	5,696,267.
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OTHER SERVICES:

PROGRAM SERVICE EXPENSES	1,383,842.
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MANAGEMENT AND GENERAL EXPENSES	9,812,785.
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TOTAL EXPENSES	11,196,627.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,296,759.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REC OF UNFUNDED PENSION LIAB	-321,434.
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TRANSFERS TO AFFILIATES	6,118,950.
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TOTAL TO FORM 990, PART XI, LINE 9 5,797,516.

Blank lined area for additional entries or calculations.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

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

(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

**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 - COORDINATED HEALTH BETHLEHEM - 84-3864735, 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



**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

**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	NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	INVESTMENT	596,262.	19,090,547.		X	N/A		X	99.00%
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	NORTHEASTERN PENNSYLVANIA HEALTH	C CORP	-149,032.	0.	100%		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	NORTHEASTERN PENNSYLVANIA HEALTH	C CORP	-23,707.	120,794.	100%		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

**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	LEHIGH VALLEY HEALTH NETWORK	RELATED		10,939,384.		X	N/A	X		10.00%
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

**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?

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

**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





Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/18	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2014	116,269.	60,591.	60,591.								
B	2015	144,962.										
C	2016	159,280.										
D												
E												
F												
G												
H												
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J												
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P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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V												
W												

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NORTHEASTERN PENNSYLVANIA HEALTH CORP.</b>	Taxpayer identification number (TIN) <b>23-2421970</b>
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. <b>PO BOX 4000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18105</b>	

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**

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 **MAY 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 **JUN 30, 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.