

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Form sections B through M: B Check if applicable; C Name of organization (POCONO MEDICAL CENTER); D Employer identification number (24-0795623); E Telephone number (484-224-1876); F Name and address of principal officer (CORNELIO CATENA); G Gross receipts (\$344,104,792); H(a) Is this a group return; H(b) Are all subordinates included?; I Tax-exempt status; J Website (WWW.LVHN.ORG); K Form of organization (Corporation); L Year of formation (1915); M State of legal domicile (PA)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS WHO WE ARE AND WHAT WE DO: TO PROVIDE WORLD CLASS CARE CLOSE TO HOME. OUR VISION IS WHAT WE AIM FOR TO BEST SERVE OUR COMMUNITY: TO BUILD A HEALTHIER COMMUNITY.

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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 249,844,310. including grants of \$ ) (Revenue \$ 298,029,628. ) POCONO MEDICAL CENTER OPERATES LEHIGH VALLEY HOSPITAL-POCONO (LVH-P), A 264 BED, ACUTE CARE, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN EAST STROUDSBURG, PA.

LVH-P ALSO OPERATES LEHIGH VALLEY HOSPITAL-DICKSON CITY (LVH-DC), A NEW STATE-OF-THE-ART HOSPITAL CAMPUS LOCATED IN DICKSON CITY, PA. THIS NEW FACILITY OPENED IN MAY 2022, SO FY2022'S DATA ONLY COVERS TWO MONTHS OF ACTIVITY AT THIS NEW CAMPUS.

WITH OVER 400 PHYSICIANS WITH CLINICAL PRIVILEGES AT LVH-POCONO AND LVH-DICKSON CITY AND OVER 1,800 STAFF MEMBERS, OUR ORGANIZATION'S MISSION IS TO PROVIDE WORLD-CLASS HEALTHCARE TO OUR COMMUNITY FOR THOSE

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) DALE AND FRANCES HUGHES CANCER CENTER:

THE DALE AND FRANCES HUGHES CANCER CENTER OFFICIALLY OPENING ITS DOORS ON JUNE 18, 2012, AND PROVIDES A FULL SPECTRUM OF STATE-OF-THE-ART CANCER TREATMENTS FOR PATIENTS IN OUR COMMUNITY, WITH A HUMAN-CENTERED APPROACH THAT EMBRACES RESPECT AND COMPASSION FOR PATIENTS AND THEIR LOVED ONES.

THE HUGHES CANCER CENTER ALSO RECEIVED THE SEAL OF ACCREDITATION FROM THE AMERICAN COLLEGE OF RADIATION (ACR) FOR LUNG CANCER SCREENING, BREAST CANCER MAMMOGRAPHY AND IS RECOGNIZED BY THE ACR AS A BREAST CENTER OF EXCELLENCE AND AN IMAGING CENTER OF EXCELLENCE. WE ARE ALSO

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) WOMEN'S AND CHILDREN'S SERVICES:

THE LEVEL III NICU COMPLIMENTS A HOST OF OTHER SERVICES WITHIN OUR OB-GYN SERVICE LINE, INCLUDING PERINATOLOGY FOR HIGH-RISK MOTHERS, MATERNAL-FETAL SERVICES, AND A MIDWIFERY PROGRAM. A UROGYNECOLOGY PROGRAM PROVIDES ADVANCED TREATMENT, INCLUDING MINIMALLY INVASIVE SURGERY, FOR CONDITIONS SUCH AS INCONTINENCE, ABNORMAL BLEEDING, AND OTHERS. LVH-P ALSO OFFERS DIGITAL MAMMOGRAPHY AND THE MOST TECHNOLOGICALLY ADVANCED BREAST CANCER TREATMENTS. WE ALSO HAVE DEDICATED BREAST HEALTH NURSE NAVIGATORS TO ASSIST PATIENTS WITH A BREAST CANCER DIAGNOSIS AND THE TREATMENT PROCESS. FOUR CONVENIENTLY-LOCATED LEHIGH VALLEY PHYSICIAN GROUP-POCONO OB-GYN

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

4e Total program service expenses 249,844,310.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. 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... 14; 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 18105-4000

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAJESH G. BHAGAT, MD TREASURER/TRUSTEE	1.00 2.00	X		X				0.	0.	0.
(2) CAROLYN BORTZ, EDD TRUSTEE	1.00 1.00	X						0.	0.	0.
(3) CORNELIO CATENA PRESIDENT/TRUSTEE	20.00 40.00	X		X				0.	0.	0.
(4) LYNN A. COURTRIGHT SECRETARY/TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(5) EDWARD C. DOUGHERTY, MBA TRUSTEE	1.00 39.00	X						0.	982,393.	21,609.
(6) ANDREW A. FORTE, PHD CHAIR/TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(7) THOMAS GRAYUSKI TRUSTEE	1.00 1.00	X						0.	0.	0.
(8) KIM JORDAN TRUSTEE	1.00 39.00	X						0.	651,994.	19,517.
(9) THOMAS KIRKWOOD TRUSTEE	1.00 1.00	X						0.	0.	0.
(10) LYNN LANSDOWNE VP, LABOR RELATIONS	40.00				X			304,315.	0.	19,064.
(11) JOHN M. PIERRO, MBA TRUSTEE	1.00 40.00	X						0.	698,201.	16,236.
(12) BRIAN POWERS, MD TRUSTEE	1.00 1.00	X						0.	0.	0.
(13) DEBRA SCOCOZZA TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) STEPHEN SOMERS TRUSTEE	1.00 1.00	X						0.	0.	0.
(15) W. ANDREW WORTHINGTON, ESQ. VICE CHAIR/TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(16) VIRGINIA A. GORTYCH-BARNES, MD PHYSICIAN ADVISOR	40.00					X		272,569.	0.	30,176.
(17) GARY G. KOGUT VP, LVPG OPERATIONS	40.00					X		268,201.	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			
(18) MARYANN E. CORTESE-RUBINO VP, PATIENT CARE SERVICES	40.00					X	253,814.	0.	16,938.	
(19) GEOFFREY T. DIECK MANAGER, CLINICAL PHYSICS	40.00					X	215,542.	0.	26,676.	
(20) SCOTT F. JENKINS DIRECTOR, PHARMACY SERVICES	40.00					X	186,225.	0.	9,873.	
(21) TERRY CAPUANO FORMER TRUSTEE	0.00 0.00						0.	1,827,912.	3,244.	
(22) WILLIAM CORS, MD FORMER TRUSTEE	0.00 0.00						486,362.	0.	23,180.	
(23) STEPHEN CUNNINGHAM FORMER TRUSTEE	0.00 0.00						156,707.	0.	0.	
(24) VINCENT FRANCESCANGELI, MD FORMER TRUSTEE	0.00 0.00						0.	97,964.	162.	
(26) THOMAS MARCHOZZI, MBA, CPA FORMER TREASURER	0.00 60.00						0.	1,849,278.	26,498.	
(27) ELIZABETH WISE FORMER PRESIDENT/TRUSTEE	0.00 0.00						555,337.	0.	18,877.	
<b>1b Subtotal</b>							2,699,072.	6,107,742.	232,050.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,699,072.	6,107,742.	232,050.	

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 **121**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
HEALTHTRUST WORKFORCE SOLUTIONS LLC, 1000 SAWGRASS CORPORATE PARKWAY, 6TH FLOOR, EMERGENCY PHYSICIAN ASSOCIATES	STAFFING SERVICES	5,069,333.
PO BOX 634850, CINCINNATI, OH 45263-4850	STAFFING SERVICES	4,300,676.
NORTH AMERICAN PARTNERS IN ANESTHESIA LLC, 1305 WALT WHITMAN ROAD, SUITE 300,	STAFFING SERVICES	3,835,000.
MOUNTAIN VALLEY ORTHOPEDICS, P.C., 600 PLAZA COURT, SUITE C, EAST STROUDSBURG, PA	STAFFING SERVICES	872,405.
MEDICAL IMAGING OF THE LEHIGH VALLEY, 1255 SOUTH CEDAR CREST BOULEVARD, SUITE 2500,	STAFFING SERVICES	408,083.

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 **18**



**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>	731,386.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,880.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			744,266.			
Program Service Revenue	<b>2 a</b> OUTPATIENT REVENUE	Business Code	621400	169284714.	169284714.		
	<b>b</b> INPATIENT REVENUE		621990	120846538.	120846538.		
	<b>c</b> HHS COVID REVENUE		621990	4,376,114.	4,376,114.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			294507366.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,933,652.		3933652.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	2,645,345.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		2,248,543.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		396,802.			
	<b>d</b> Net rental income or (loss)			396,802.		396,802.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	41,339,319.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	38,714,746.	37,155.			
<b>c</b> Gain or (loss)	<b>7c</b>	2,624,573.	-37,155.				
<b>d</b> Net gain or (loss)			2,587,418.	2,587,418.			
<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> RESEARCH & MISC INCOME	Business Code	900099	934,844.	934,844.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			934,844.			
<b>12 Total revenue.</b> See instructions			303104348.	298029628.	0.	4330454.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	75,668,593.	73,522,970.	2,145,623.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	817,696.	714,490.	103,206.	
9 Other employee benefits .....	18,418,151.	18,285,203.	132,948.	
10 Payroll taxes .....	5,782,193.	5,644,736.	137,457.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	12,190.	4,490.	7,700.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	24,509,370.	24,152,695.	356,675.	
12 Advertising and promotion .....	109,462.	19,635.	89,827.	
13 Office expenses .....	247,619.	230,080.	17,539.	
14 Information technology .....	381,801.	381,801.		
15 Royalties .....				
16 Occupancy .....	4,686,906.	3,604,318.	1,082,588.	
17 Travel .....	131,585.	125,463.	6,122.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	109,398.	103,258.	6,140.	
20 Interest .....	3,938,513.	3,938,513.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	12,305,425.	12,292,743.	12,682.	
23 Insurance .....	2,203,337.	2,203,337.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	44,557,206.	44,601,288.	-44,082.	
b <b>CONTRACTED LABOR</b>	25,626,331.	25,468,250.	158,081.	
c <b>BAD DEBTS EXPENSE</b>	15,546,876.	15,546,876.		
d <b>PURCHASED SERVICES</b>	10,872,902.	10,715,419.	157,483.	
e All other expenses	8,410,319.	8,288,745.	121,574.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	254,335,873.	249,844,310.	4,491,563.	0.
26 <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 <input type="checkbox"/> 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 .....	2,851.	<b>1</b>	3,050.	
	<b>2</b> Savings and temporary cash investments .....	114,985,390.	<b>2</b>	50,581,780.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	28,214,924.	<b>4</b>	34,125,102.	
	<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 .....	30,077,030.	<b>7</b>	104,574,436.	
	<b>8</b> Inventories for sale or use .....	4,332,621.	<b>8</b>	7,640,650.	
	<b>9</b> Prepaid expenses and deferred charges .....	378,555.	<b>9</b>	227,949.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 253,361,247.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 68,145,087.			
	<b>11</b> Investments - publicly traded securities .....	135,547,478.	<b>10c</b>	185,216,160.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	189,555,116.	<b>11</b>	182,369,520.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....	7,989,226.	<b>13</b>	8,202,109.	
	<b>15</b> Other assets. See Part IV, line 11 .....	21,103,055.	<b>14</b>	9,176,321.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	532,186,246.	<b>15</b>	582,117,077.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	17,246,340.	<b>16</b>	582,117,077.	
	<b>18</b> Grants payable .....		<b>17</b>	25,586,888.	
	<b>19</b> Deferred revenue .....	26,314,930.	<b>18</b>		
	<b>20</b> Tax-exempt bond liabilities .....	112,666,482.	<b>19</b>	9,297,610.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	151,859,048.	
	<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>21</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
	<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 .....	37,218,421.	<b>24</b>	34,358,691.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	193,446,173.	<b>25</b>	221,102,237.	
<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 .....	338,740,073.	<b>26</b>	221,102,237.	
	<b>28</b> Net assets with donor restrictions .....		<b>27</b>	361,014,840.	
	<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>28</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>		
	<b>32</b> Total net assets or fund balances .....	338,740,073.	<b>31</b>	361,014,840.	
	<b>33</b> Total liabilities and net assets/fund balances .....	532,186,246.	<b>32</b>	582,117,077.	

**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	303,104,348.
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,335,873.
3	Revenue less expenses. Subtract line 2 from line 1	3	48,768,475.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	338,740,073.
5	Net unrealized gains (losses) on investments	5	-26,103,466.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-390,242.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	361,014,840.

**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)



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

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

<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



**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>POCONO MEDICAL CENTER</b>	Employer identification number <b>24-0795623</b>
--	---

**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.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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?	.....		

Yes  No

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

<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)).**

	(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:**

THE ORGANIZATION PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP). THE MEMBERSHIP DUES FOR AHA AND HAP ARE PAID BY LEHIGH VALLEY HOSPITAL, INC. THEREFORE, THE LOBBYING PORTION OF THE DUES ARE REFLECTED ON THE LEHIGH VALLEY HOSPITAL, INC. FORM 990, SCHEDULE C.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization POCONO MEDICAL CENTER Employer identification number 24-0795623

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 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. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 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. 1b 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.

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**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		28,760,886.		28,760,886.
b Buildings		165,140,716.	36,367,730.	128,772,986.
c Leasehold improvements		4,768,175.	2,468,357.	2,299,818.
d Equipment		51,534,607.	29,218,417.	22,316,190.
e Other		3,156,863.	90,583.	3,066,280.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				185,216,160.

**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) COST SETTLEMENT RESERVES	-617,160.
(3) DEFERRED COMPENSATION PLANS	4,299,493.
(4) PENSION LIABILITY	4,391,386.
(5) WORKERS COMPENSATION	6,020,609.
(6) PROFESSIONAL INSURANCE LIABILITY	
(7) RESERVES	11,140,932.
(8) ASSET RETIREMENT OBLIGATION	745,641.
(9) CURRENT DEBT - LEASE ACCOUNTING	1,352,556.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,358,691.

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:**

THE ORGANIZATION AND ITS SUBSIDIARIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS INCOME. THE MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION, IS DATED MAY 1, 2014. THE ORGANIZATION 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 OF 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 **POCONO MEDICAL CENTER** Employer identification number **24-0795623**

**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</i> care? 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</i> care? 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) .....			484,211.		484,211.	.20%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			41638022.	30923601.	10714421.	4.49%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			42122233.	30923601.	11198632.	4.69%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			109,272.		109,272.	.05%
<b>f</b> Health professions education (from Worksheet 5) .....			364,537.		364,537.	.15%
<b>g</b> Subsidized health services (from Worksheet 6) .....			1738689.		1738689.	.73%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....			2212498.		2212498.	.93%
<b>k Total.</b> Add lines 7d and 7j .....			44334731.	30923601.	13411130.	5.62%







**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 FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

	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: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.LVHN.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.LVHN.ORG/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

		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)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	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? .....	X	
<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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input checked="" type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <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? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <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):		
<b>a</b> <input 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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <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? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <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 FACILITY REPORTING GROUP - A

		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>		<b>23</b>	<b>X</b>		
<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>		<b>24</b>	<b>X</b>		

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.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

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

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

FACILITY REPORTING GROUP A, PART V, SECTION B, LINES 1 AND 2:

LEHIGH VALLEY HOSPITAL - DICKSON CITY WAS FIRST LICENSED AND PLACED INTO SERVICE AS A TAX-EXEMPT HOSPITAL IN THE CURRENT TAX YEAR. THE HOSPITAL WAS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IMMEDIATELY DUE TO ITS AFFILIATION WITH POCONO MEDICAL CENTER DBA LEHIGH VALLEY HOSPITAL - POCONO.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: POCONO MEDICAL CENTER
- FACILITY 2: LEHIGH VALLEY HOSPITAL - DICKSON CITY

FACILITY REPORTING GROUP - A

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

**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.

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; 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.

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

IT IS WELL DOCUMENTED THAT THE CLINICAL CARE PROVIDED TO COMMUNITY MEMBERS ONLY ACCOUNTS FOR A SMALL PORTION OF AN INDIVIDUAL'S OVERALL HEALTH. THERE ARE MANY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL 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

**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.

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

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

**Part V Facility Information** (continued)

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

IN MONROE COUNTY, LVH-POCONO PARTNERED WITH THE INSTITUTE FOR PUBLIC HEALTH RESEARCH AND INNOVATION AT EAST STROUDSBURG UNIVERSITY. IN LACKAWANNA COUNTY, LVH-DICKSON CITY PARTNERED WITH HAILSTONE ECONOMIC, LLC, WHICH PROVIDES COMMUNITY-BASED DATA COLLECTION.

THE FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED BETWEEN NOVEMBER 2021 AND JANUARY 2022. IN MONROE COUNTY, WHERE OUR POCONO CAMPUS IS LOCATED, 54 PARTICIPANTS WERE INVOLVED IN COMMUNITY CONVERSATIONS AND 6 ADDITIONAL KEY STAKEHOLDERS WERE INTERVIEWED. IN LACKAWANNA COUNTY, WHERE OUR DICKSON CITY CAMPUS IS LOCATED, 40 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. RESIDENTS, INCLUDING THOSE FROM LOW-INCOME POPULATIONS AND OTHER GROUPS OF FOCUS, WERE ALSO INCLUDED IN THE COMMUNITY CONVERSATIONS.

ORGANIZATIONS REPRESENTED IN MONROE COUNTY:

CARBON/MONROE/PIKE DRUG AND ALCOHOL COMMISSION

MONROE COUNTY FISCAL AFFAIRS OFFICE

MONROE COUNTY MEALS ON WHEELS

PLEASANT VALLEY ECUMENICAL NETWORK FOOD PANTRY

POCONO FAMILY YMCA

POCONO MOUNTAINS UNITED WAY

POCONO SERVICE FOR FAMILIES AND CHILDREN

SALVATION ARMY OF EAST STROUDSBURG

STROUDSBURG AREA SCHOOL DISTRICT



**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.

STROUDSBURG WESLEYAN CHURCH

ORGANIZATIONS REPRESENTED IN LACKAWANNA COUNTY:

FALLBROOK HEALTHY AGING CAMPUS

LACKAWANNA COLLEGE

LACKAWANNA COUNTY COMMUNITY LEADERS

LACKAWANNA COUNTY HUMAN SERVICES

LACKAWANNA COUNTY MATERNAL AND FAMILY HEALTH SERVICES

UNITED NEIGHBORHOOD CENTERS

UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES

VALLEY IN MOTION

DEMOGRAPHICS OF LACKAWANNA COUNTY FOCUS GROUPS:

GENDER: 76% FEMALE, 24% MALE

AVERAGE AGE: 61, AGE RANGE: 20-90

RACE: 96% WHITE, 2% ASIAN, 2% BLACK/AFRICAN AMERICAN

ETHNICITY: 100% NON-HISPANIC

FACILITY REPORTING GROUP - A

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.

**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.

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 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.

## FACILITY REPORTING GROUP - A

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

CARBON/MONROE/PIKE DRUG AND ALCOHOL COMMISSION

MONROE COUNTY FISCAL AFFAIRS OFFICE

MONROE COUNTY MEALS ON WHEELS

PLEASANT VALLEY ECUMENICAL NETWORK FOOD PANTRY

POCONO FAMILY YMCA

POCONO MOUNTAINS UNITED WAY

POCONO SERVICE FOR FAMILIES AND CHILDREN

SALVATION ARMY OF EAST STROUDSBURG

STROUDSBURG AREA SCHOOL DISTRICT

STROUDSBURG WESLEYAN CHURCH

## ORGANIZATIONS REPRESENTED IN LACKAWANNA COUNTY:

FALLBROOK HEALTHY AGING CAMPUS

LACKAWANNA COLLEGE

**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.

LACKAWANNA COUNTY COMMUNITY LEADERS

LACKAWANNA COUNTY HUMAN SERVICES

LACKAWANNA COUNTY MATERNAL AND FAMILY HEALTH SERVICES

UNITED NEIGHBORHOOD CENTERS

UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES

VALLEY IN MOTION

FACILITY REPORTING GROUP - A

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

FACILITY REPORTING GROUP - A

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

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

- VETERANS WHO MAKE UP APPROXIMATELY 8% OF THE POPULATION IN MONROE COUNTY

- UNINSURED WHO REPRESENT 9% OF THE TOTAL POPULATION IN MONROE COUNTY

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.

**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.

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. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A  
TOTAL OF 3,386 CASES TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE IN  
FY20. IN FY21, THE TEAM ADDRESSED 3,023 CASES IN FY21 TOTALING  
\$6,161,747.62. 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**

**Part V Facility Information** (continued)

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

FOR 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 ON BEHALF OF PATIENTS, NEARLY DOUBLING TOTALS FROM THE PREVIOUS FISCAL YEAR. IN FY22, THE PATHS PROGRAM RESULTED IN JUST UNDER \$26 MILLION IN PAYMENTS. THE TOTAL NUMBER OF REFERRALS DECREASED FROM LAST YEAR DUE TO PREVIOUS ELIGIBILITY BEING EXTENDED THROUGHOUT THE COVID PANDEMIC.

IN ADDITION TO THE PATHS PROGRAM, LVHN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO ARE NOT ABLE TO COVER THE COST OF THEIR HEALTH CARE. IN FY20, LVH-POCONO RECEIVED 1,019 APPLICATIONS WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. IN FY21 THE NUMBER OF APPLICATIONS DROPPED TO 267 WITH 59% APPROVED ON A 5-DAY TURNAROUND AVERAGE. IN FY22, FOR THE PATIENTS WHO LIVE IN COUNTIES PRIMARILY SERVED BY LVH-POCONO, THERE WERE 2,497 APPLICATIONS RECEIVED. THE AVERAGE TURNAROUND TIME FOR APPLICATIONS WAS 4 DAYS, AND THE PERCENT APPROVED WAS 76%. PLEASE NOTE THAT IN FY22 REPORTING IMPROVEMENTS WERE MADE IN INTEGRATION WITH THE ELECTRONIC HEALTH RECORD RESULTING IN A MORE ACCURATE COUNT OF APPLICATIONS COMPARED TO THE COUNTS FROM THE PREVIOUS YEARS.

**Part V Facility Information** (continued)

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

PRIORITY AREA: HEALTH PROMOTION AND PREVENTION

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

THE ZIP CODE WHERE AN INDIVIDUAL RESIDES CAN BE A SIGNIFICANT INFLUENCER OF HEALTH OUTCOMES. 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 IN EACH COUNTY:

**Part V Facility Information** (continued)

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

MONROE (LVH-P) - 18342, 18466, 18301, 18302, 18360

IN FY20 THROUGH FY22, 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 10% OF THE MAMMOGRAMS PROVIDED IN MONROE COUNTY ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES. THIS TREND CONTINUED IN FY21 WITH 1,840 MAMMOGRAMS COMPLETED, BUT THE TARGET PERCENTAGE ROSE TO 28% IN MONROE COUNTY. IN FY22, THERE WERE A TOTAL OF 2,075 MAMMOGRAMS COMPLETED THROUGH LVHN'S MAMMOGRAM COACH; 20% WERE FOR PATIENTS FROM THE TARGET ZIP CODES.

IN FY22, 521 SCREENINGS WERE HELD, AND 60 SCREENINGS RESULTED IN FOLLOW-UP IMAGING ORDERS, AND 2 CANCERS WERE FOUND BECAUSE OF THESE SCREENINGS.

PRIORITY AREA: INCLUSION AND DIVERSITY

COMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. THE TABLE SHOWS THAT THE

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

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

HISPANIC POPULATION IS 14% OF THE TOTAL POPULATION IN MONROE COUNTY, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS. 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 MONROE COUNTY, THE TOTAL POPULATION IS APPROXIMATELY 167,000. 77.4% OF THE POPULATION IS WHITE, 13.9% BLACK/AFRICAN AMERICAN, 2.1% ASIAN, 3.4% OTHER RACE, AND 3.1% MULTIPLE RACES. 14.6% OF THE POPULATION IS HISPANIC, AND 85.4% IS NON-HISPANIC.

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

**INTERPRETER SERVICES**

AT EVERY LVHN CAMPUS, INTERPRETER SERVICES ARE PROVIDED TO ENSURE THAT PATIENTS CAN 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.



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

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

IN FY20, 15 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 602,682 MINUTES OF INTERPRETATION ACROSS ALL LVHN SITES.

IN FY21, 22 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 701,340 MINUTES OF INTERPRETATION DURING NEARLY 41,000 UNIQUE ENCOUNTERS ACROSS ALL LVHN SITES. AS THE COVID-19 PANDEMIC CONTINUES, VIRTUAL INTERPRETATION IS A VITAL SERVICE FOR PATIENTS. THE CHART BELOW SHOWS THE TOTAL OF COMBINED (PREVIOUSLY TRACKED PHONE AND VIDEO SEPARATELY) VIRTUAL INTERPRETING SERVICES PROVIDED IN FY21 FOR LVH-POCONO.

FACILITY REPORTING GROUP - A

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

FACILITY REPORTING GROUP A, PART V, SECTION B, LINE 11 (CONTINUATION A): CULTURAL AWARENESS AND STAFF EDUCATION

THE CHIEF DIVERSITY, EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL AWARENESS COVERED AT "CONNECTIONS" (THE ORIENTATION PROGRAM FOR ALL NEW LVHN EMPLOYEES) TO AUDIENCE-SPECIFIC CONTENT INCLUSIVE LEADERSHIP, UNCONSCIOUS BIAS, RESPONDING TO MICROAGGRESSIONS, AND CROSS-CULTURAL CARE. IN FY20, OVER 60 TRAININGS WERE HELD WITH JUST OVER 4,000 EMPLOYEES ATTENDING. IN FY21, NEARLY 50 TRAININGS WERE HELD WITH JUST

**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.

OVER 4,000 EMPLOYEES ATTENDING IN TOTAL. 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. 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.

PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH

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

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

- AT LEAST A QUARTER OF THE POPULATION SPENDS MORE THAN 30% OF THEIR

**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.

**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 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

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

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

AND 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.

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

IN FY22, WELLER REACHED 21,688 STUDENTS THROUGH IN-PERSON AND SYNCHRONOUS VIRTUAL LEARNING OPPORTUNITIES DESIGNED TO MEET THE VARYING NEEDS OF STUDENTS AND SCHOOL DISTRICTS ACROSS OUR REGION. NUTRITION AND EXERCISE ACCOUNTED FOR 8% OF THE PROGRAMMING PROVIDED IN THE SCHOOLS.

LVH-POCONO SUPPORTED THE DEVELOPMENT OF AND IS A PARTNER FOR A WELLNESS

**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.

PARK ESTABLISHED IN MIDDLE SMITHFIELD TOWNSHIP. LVH-POCONO EFFORTS IN FY20 INCLUDE SUPPORTING A COMMUNITY GROUP TO GET GRANT TO BUILD A HANDICAP ACCESSIBLE FISHING PIER AS A PART OF THIS PARK. LVH-POCONO ALSO SUPPORTS THE MONROE COUNTY FARMER'S MARKET. THIS INVOLVES SUPPORT OF THE DOUBLE BUCKS PROGRAM IN COLLABORATION FOR THE POCONO MOUNTAINS UNITED WAY. LVH-POCONO PROVIDED \$6,000 IN DOUBLE BUCKS IN FY20 AND ANOTHER \$5,000 IN FY21. IN FY22, LVH-POCONO PROVIDED \$6,000 IN DOUBLE BUCKS.

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 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 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.

**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.

FACILITY REPORTING GROUP A, PART V, SECTION B, LINE 11 (CONTINUATION B):

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. 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:

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 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.

CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN THEY

**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 UNABLE TO DO SO UTILIZING THE BEHAVIORAL HEALTH RESOURCES

SHAREPOINT AND PAST REFERRAL EDUCATION.

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

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

**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.

## INNOVATION

THE THIRD STRATEGY LVHN HAS COMMITTED 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 ADDITION, TELE-CONSULTS WERE PROVIDED FOR PRIMARY CARE PROVIDERS. A PSYCHIATRIC OUTPATIENT CONSULTATION REFERRAL ORDER WAS ESTABLISHED IN FY20 TO FACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST OR APC WITH THE GOAL OF EVALUATING AND PROVIDING TREATMENT RECOMMENDATIONS WHICH MAY INCLUDE THE PRESCRIBING OF PSYCHOTROPIC MEDICATIONS, AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING CARE. IN FY21, 618 TELE-PRIMARY CARE CONSULTS AND 268 ECONSULTS WERE COMPLETED, UP FROM 80 AND 208, RESPECTIVELY IN FY20, WITH SOME CONSULTS COMPLETED IN LVH-POCONO. IN FY22, 591 TELE-PRIMARY CARE CONSULTS AND 254 ECONSULTS WERE COMPLETED.

## SUBSTANCE ABUSE

LVHN HAS ADOPTED A 4-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE ABUSE



**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.

EPIDEMIC IN THE COMMUNITIES WE SERVE:

STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO THE COMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE DISORDER AND ADDICTION.

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.

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

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

STIGMA REDUCTION

SMALLER, FREE PRESENTATIONS WERE HELD THROUGHOUT FY20 IN THE COUNTIES SERVED BY LVHN, INCLUDING:

IN SEPTEMBER 2019, A LVHN PROVIDER PRESENTED "SCIENCE, STIGMA & SOLUTIONS" AT A GRAND ROUNDS AT LVH-POCONO. IT WAS ALSO ATTENDED BY COMMUNITY MEMBERS AND THE MONROE COUNTY OPIOID TASK FORCE MEMBERS FOR A TOTAL OF 40 ATTENDEES.

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

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

IN MARCH 2020, A LVHN PROVIDER WAS THE FEATURED GUEST SPEAKER FOR THE EAST STROUDSBURG UNIVERSITY PROVOST'S COLLOQUIUM SERIES (LVH-POCONO), PRESENTING "SCIENCE, STIGMA, SOLUTIONS: WHAT THE COMMUNITY CAN DO TO ADDRESS THE CRISIS OF SUBSTANCE USE DISORDERS" TO THE 45 ATTENDEES.

THROUGHOUT FY21, LVHN LEADERS AND COLLEAGUES CONTINUED TO WORK TO REDUCE THE STIGMA SURROUND SUBSTANCE USE DISORDERS AND PROMOTE THE RESOURCES AVAILABLE TO ADDRESS THIS COMMUNITY CONCERN. IN FY22, EDUCATIONAL BROCHURES ADDRESSING STIGMA WERE PRINTED IN BOTH ENGLISH AND SPANISH.

OPIOID STEWARDSHIP

IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT EDUCATION TO 451 PROVIDERS AND HEALTHCARE WORKERS TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIGNS AND IMPACTS OF SUBSTANCE USE DISORDER. IN ADDITION, IN FY21, THE FOLLOWING TACTICS WERE DEPLOYED:

A 2-HOUR TLC (EDUCATIONAL LEARNING MANAGEMENT SYSTEM) BUNDLE 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

**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 TO PROVIDERS.

UTILIZATION OF STANDARDIZED DISCHARGE OPIOID WEANING PROTOCOLS FOR THE EMERGENCY DEPARTMENT (ED) AND INPATIENT SETTINGS HAS BEEN TRACKED SINCE 2018. BASED ON UTILIZATION DATA AND MULTIDISCIPLINARY INPUT FROM ALL SURGICAL AND HOSPITAL MEDICINE STAKEHOLDER SPECIALTIES, THE OPIOID WEANING PROTOCOLS ARE CURRENTLY UNDERGOING REVISION TO INCREASE MEDICATION OPTIONS AND DURATION OF WEANING PROTOCOLS.

PRESCRIBER FEEDBACK IS EMAILED MONTHLY TO GENERAL SURGERY, CT SURGERY, AND ORTHOPEDIC SURGERY.

LIDOCAINE PROTOCOL FOR NEPHROLITHIASIS WAS IMPLEMENTED ACROSS ALL ED AND INPATIENT SETTINGS IN OCTOBER 2020.

NON-OPIOID PAIN MODALITY INITIATIVES IMPLEMENTED IN FY21 HAVE INCLUDED:

- ED BACK PAIN PROTOCOL IN COLLABORATION WITH PT
- 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

**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.

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 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.

FACILITY REPORTING GROUP A, PART V, SECTION B, LINE 11 (CONTINUATION C):

**Part V Facility Information** (continued)

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

**LINKAGE TO TREATMENT**

AT THE LVH-POCONO CAMPUS, THE HOSPITAL PARTNERS WITH MONROE COUNTY ON A WARM-HAND OFF PROGRAM THROUGH THIS PROGRAM, WHEN PATIENTS COME INTO THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE CONCERNS LVHN STAFF CAN CALL A COUNTY ASSESSOR WHO COMES DIRECTLY TO THE ED TO PROVIDE AN ASSESSMENT AND CONNECT THE PATIENT TO TREATMENT, DECREASING THE TIME BETWEEN IDENTIFICATION AND REFERRAL TO TREATMENT. WHILE DATA COLLABORATION IS DIFFICULT DUE TO DIFFERING SYSTEMS, THE WARM-HANDOFF STAFF HAS BEEN A CONSISTENT PRESENCE FOR PATIENTS IN NEED. IN FY22, LVHN CONTINUES TO COLLABORATE WITH THE 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.

**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 LOCATIONS WHERE A PATIENT WITH A NALOXONE PRESCRIPTION IS UNINSURED OR UNDER-INSURED.

LVHN MARKETING AND PUBLIC AFFAIRS, IN COLLABORATION WITH LEHIGH COUNTY, HAS FUNDED THE PURCHASE OF 4000 MEDICATION DISPOSAL KITS WHICH WILL BE

**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.

DISTRIBUTED TO PATIENTS AT RISK AT BOTH HOSPITAL PHARMACIES, AND AT  
LOCAL COMMUNITY EVENTS ACROSS THE NETWORK.

Multiple horizontal lines for providing supplemental information.



**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 7:**

LEHIGH VALLEY HOSPITAL - POCONO USES A COST-TO-CHARGE RATIO IN DETERMINING THE FIGURES REPORTED IN THIS TABLE. TOTAL OPERATING EXPENSES LESS BAD DEBT EXPENSES LESS NON-PATIENT ACTIVITIES LESS MEDICAID PROVIDER TAXES EQUALS COSTS RELATED TO PATIENT CARE DIVIDED BY GROSS PATIENT CHARGES.

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**PART I, LN 7 COL(F):**

THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25 IS \$15,546,876.

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

LVH-POCONO AND LVH-DICKSON CITY PROVIDE A MYRIAD OF HEALTH SCREENINGS AND COMMUNITY PRESENTATIONS ON HEALTHY LIFESTYLES AND DISEASE AWARENESS THROUGH THE WELLNESS INSTITUTE AND THE SPIRIT OF WOMEN INITIATIVE. ACTIVITIES INCLUDE PROVIDING TRANSPORTATION FOR PATIENTS IN NEED, PROVIDING FREE SPACE FOR COMMUNITY MEETINGS, TELEVISION AND RADIO HEALTH EDUCATION PROGRAMS, AND COMMUNITY WELLNESS OUTREACH.



**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 AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR

**Part VI** Supplemental Information (Continuation)

UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE. FOR THE YEARS ENDED JUNE 30, 2022, AND 2021, RESPECTIVELY, LVH-P RECORDED A PROVISION FOR IMPLICIT PRICE CONCESSIONS OF \$8,684,000 AND \$14,914,000 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 SHORTFALL SHOULD BE TREATED AS 100% COMMUNITY BENEFIT. THE FISCAL YEAR 2022 MEDICARE COST REPORT WAS UTILIZED TO CALCULATE THE COST REPORTED ON LINE 6. SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX EXEMPT HOSPITALS ARE HELD TO. THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

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:

**Part VI** Supplemental Information (Continuation)

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

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

**Part VI** Supplemental Information (Continuation)

SPECIAL TOPICS - COVID-19. TO INCREASE THE READABILITY OF THE REPORT, THE COMMUNITY WILL FIND TWO TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT PAGE, PROVIDING EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY. THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND COMMUNITY CONVERSATIONS. THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF THE BOARD.

VISIT [WWW.LVHN.ORG/CHNA](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 FINANCIAL ASSISTANCE POLICY APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVHN SERVICES.

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

**Part VI** Supplemental Information (Continuation)

PARTICIPATING LVHN PROVIDER.

PATIENTS ARE EVALUATED FOR NO COST OR REDUCED PREMIUM INSURANCE PLANS.

THE LVHN FINANCIAL COUNSELORS WILL OFFER INFORMATION TO PATIENTS WHO ARE INTERESTED IN SEEING IF THEY QUALIFY FOR THESE PROGRAMS OFFERED BY COMMERCIAL INSURANCE COMPANIES.

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

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

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

PART VI, LINE 4:

POCONO MEDICAL CENTER DBA LEHIGH VALLEY HOSPITAL-POCONO (LVH-P) IS A PENNSYLVANIA NOT-FOR-PROFIT MEMBERSHIP CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS A CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

**Part VI** Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA OF OUR LVH-POCONO SITE INCLUDES MONROE,  
NORTHAMPTON, AND PIKE COUNTIES.

U.S. CENSUS BUREAU DATA FOR THE 2020 CENSUS INDICATES THE PRIMARY SERVICE  
AREA POPULATION WAS APPROXIMATELY 539,813. DURING THE CALENDAR YEAR 2021,  
94.5% OF THE DISCHARGES FROM LVH-POCONO WERE RESIDENTS OF THE PRIMARY  
SERVICE AREA. BASED ON THE U.S. CENSUS BUREAU ACS, THE PRIMARY SERVICE  
AREA ESTIMATED POPULATION IN 2021 IS 542,863.

THE 2010 POPULATION OF THE SECONDARY SERVICE AREA, CARBON, AND LACKAWANNA  
COUNTIES WAS APPROXIMATELY 279,686. DURING THE CALENDAR YEAR 2021, 3.6% OF  
THE DISCHARGES FROM LVH-POCONO WERE RESIDENTS OF THE SECONDARY SERVICE  
AREA. THE ESTIMATED 2021 POPULATION OF THE SECONDARY SERVICE AREA IS  
281,075 (U.S. CENSUS BUREAU ACS).

DURING THE CALENDAR YEAR 2021, 1.9% OF THE DISCHARGES FROM LVH-POCONO WERE  
RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS.

BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE PRIMARY SERVICE AREA  
CURRENT POPULATION PROJECTION WILL INCREASE BY LESS THAN 1% BY 2027.

DUE TO THE SHORT OPERATING PERIOD OF OUR LVH-DICKSON CITY LOCATION, NO  
COMMUNITY/DEMOGRAPHIC DATA IS AVAILABLE FOR FY2022.

PART VI, LINE 5:

POCONO MEDICAL CENTER DBA LEHIGH VALLEY HOSPITAL - POCONO QUALIFIES AS AN  
INSTITUTION OF PURELY PUBLIC CHARITY IN PENNSYLVANIA. THIS REGULATION IS  
REFERRED TO AS ACT 55. TO BE CONSIDERED A PURELY PUBLIC CHARITY,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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.

POCONO MEDICAL CENTER DBA LEHIGH VALLEY HOSPITAL - POCONO IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH SEPTEMBER 30, 2023.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

PA

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [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

**POCONO MEDICAL CENTER**

Employer identification number

**24-0795623**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<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) EDWARD C. DOUGHERTY, MBA TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	570,677.	286,363.	125,353.	0.	21,609.	1,004,002.	0.
(2) KIM JORDAN TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	420,076.	174,052.	57,866.	0.	19,517.	671,511.	0.
(3) LYNN LANSDOWNE VP, LABOR RELATIONS	(i)	258,370.	39,293.	6,652.	0.	19,064.	323,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN M. PIERRO, MBA TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	473,077.	210,500.	14,624.	0.	16,236.	714,437.	0.
(5) VIRGINIA A. GORTYCH-BARNES, MD PHYSICIAN ADVISOR	(i)	275,477.	1,000.	-3,908.	0.	30,176.	302,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GARY G. KOGUT VP, LVPG OPERATIONS	(i)	214,492.	28,151.	25,558.	0.	0.	268,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARYANN E. CORTESE-RUBINO VP, PATIENT CARE SERVICES	(i)	209,221.	22,676.	21,917.	0.	16,938.	270,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GEOFFREY T. DIECK MANAGER, CLINICAL PHYSICS	(i)	218,877.	1,000.	-4,335.	0.	26,676.	242,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SCOTT F. JENKINS DIRECTOR, PHARMACY SERVICES	(i)	184,632.	1,000.	593.	0.	9,873.	196,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TERRY CAPUANO FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	70,915.	217,144.	1,539,853.	0.	3,244.	1,831,156.	0.
(11) WILLIAM CORS, MD FORMER TRUSTEE	(i)	431,796.	38,167.	16,399.	0.	23,180.	509,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHEN CUNNINGHAM FORMER TRUSTEE	(i)	144,822.	0.	11,885.	0.	0.	156,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) VINCENT FRANCESCANGELI, MD FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	18,013.	18,668.	61,283.	0.	162.	98,126.	0.
(14) THOMAS MARCHOZZI, MBA, CPA FORMER TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	756,923.	459,424.	632,931.	0.	26,498.	1,875,776.	0.
(15) ELIZABETH WISE FORMER PRESIDENT/TRUSTEE	(i)	442,413.	48,770.	64,154.	0.	18,877.	574,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, LINES 4A-B:**

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN OF POCONO MEDICAL CENTER DBA LEHIGH VALLEY  
HOSPITAL - POCONO IN CALENDAR YEAR 2021:

ELIZABETH WISE, FORMER PRESIDENT/TRUSTEE - \$49,118

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

TERRY CAPUANO, FORMER TRUSTEE - \$10,063

EDWARD C. DOUGHERTY, MBA, TRUSTEE - \$118,647

KIM JORDAN, TRUSTEE - \$54,047

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

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM LEHIGH VALLEY  
HOSPITAL, A RELATED ORGANIZATION, IN CALENDAR YEAR 2021:

**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.

TERRY CAPUANO, FORMER TRUSTEE - \$1,530,000

**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 **POCONO MEDICAL CENTER** Employer identification number **24-0795623**

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (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	MONROE COUNTY HOSPITAL AUTHORITY	23-2928969	610773GK3	12/01/16	64223519.	REFUND 6/27/07 & 4/17/12 ISSUES		X		X		X	
B	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDW1	11/13/19	54525994.	REFUND 6/1/17 ISSUE		X		X		X	
C	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	NONE	11/13/20	71756403.	CONSTRUCT & EQUIP FACILITIES		X		X		X	
D													

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		13,265,000.		1,056,600.				
2	Amount of bonds legally defeased								
3	Total proceeds of issue		64,223,519.		54,525,994.		71,756,403.		
4	Gross proceeds in reserve funds						194,780.		
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows		63,262,792.		54,240,000.				
7	Issuance costs from proceeds		954,376.		263,982.		256,000.		
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds						44,200,515.		
11	Other spent proceeds		6,351.		22,013.		144,000.		
12	Other unspent proceeds						26,961,108.		
13	Year of substantial completion		2016						
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			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		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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>		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		
3a	Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
6	Total of lines 4 and 5 .....		%		%		%		%
7	Does the bond issue meet the private security or payment test? .....		X		X		X		
8a	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		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			

<b>Part IV Arbitrage</b>		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet? .....		X		X		X		
b	Exception to rebate? .....	X		X		X			
c	No rebate due? .....		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3	Is the bond issue a variable rate issue? .....		X		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		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		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		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		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		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: REFUND 6/1/17 ISSUE

(A) ISSUER NAME: NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY

**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

POCONO MEDICAL CENTER

Employer identification number

24-0795623

FORM 990, ITEM C, DOING BUSINESS AS:

LEHIGH VALLEY HOSPITAL - POCONO

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:

SERVICES MOST CRITICAL TO THE COMMUNITY'S HEALTH NEEDS.

LVH-P HAD 40,837 PATIENT DAYS OF STAY IN FY22. 4,255 SURGERIES WERE  
COMPLETED, AND LVH-P RECEIVED 197,970 OUTPATIENT VISITS, WITH 38,929  
BEING EMERGENCY DEPARTMENT VISITS.

LVH-DC HAD 412 PATIENT DAYS OF STAY IN FY22. 194 SURGERIES WERE  
COMPLETED, AND LVH-DC RECEIVED 1,598 OUTPATIENT VISITS, WITH 1,574  
BEING EMERGENCY DEPARTMENT VISITS.

LVH-P AND LVH-DC PROVIDE SERVICES OF DIRECT PATIENT CARE, COMMUNITY  
HEALTH EDUCATION, PROFESSIONAL AND PATIENT EDUCATION, AND COMMUNITY  
PARTNERSHIPS. LVH-P AND LVH-DC PROVIDE QUALITY, COST-EFFECTIVE  
HEALTHCARE REGARDLESS OF AGE, CREED, SEX, NATIONAL ORIGIN, HANDICAP,  
AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENTS FOR SERVICES RENDERED  
ARE CRITICAL TO THE OPERATION AND STABILITY OF LVH-P AND LVH-DC, IT IS  
RECOGNIZED THAT NOT ALL INDIVIDUALS HAVE THE SAME ABILITY TO PAY FOR  
VITAL MEDICAL SERVICES. TO THAT END, AS PART OF OUR CHARITABLE MISSION

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 POCONO MEDICAL CENTER	Employer identification number 24-0795623
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TO SERVE ALL MEMBERS OF THE COMMUNITY, FREE CARE, SUBSIDIZED CARE, AND HEALTH ACTIVITIES, PROGRAMS, AND SCREENINGS ARE AVAILABLE TO ALL COMMUNITY MEMBERS, REGARDLESS OF THEIR ABILITY TO PAY.

EMERGENCY DEPARTMENT:

LVH-P AND LVH-DC PROVIDE SEVERAL DIRECT PATIENT CARE SERVICES TO THE UNINSURED AND UNDERINSURED IN OUR COMMUNITY. THE EMERGENCY DEPARTMENT TYPICALLY SERVES AS THE PRINCIPAL MEANS OF HEALTHCARE FOR THESE PATIENTS.

DURING FY2022, THE ED AT LVH-P SAW 38,929 PATIENTS, WITH NEARLY 14.1% BEING ADMITTED TO THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT, MAKING UP 61% OF LVH-P'S TOTAL ADMISSIONS.

THE ED AT LVH-DC SAW 1,574 PATIENTS DURING FY2022, WITH NEARLY 7.3% BEING ADMITTED TO THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT, MAKING UP 57% OF LVH-DC'S TOTAL ADMISSIONS.

ESSA HEART AND VASCULAR CENTER PART OF LEHIGH VALLEY HEART AND VASCULAR INSTITUTE:

LVH-P'S ESSA HEART AND VASCULAR INSTITUTE (HVI) PROVIDES COMPREHENSIVE CARE FOR ADDRESSING THE SECOND HIGHEST CAUSE OF DEATH OF ADULTS IN OUR COUNTY, HEART DISEASE. FOR THE CONVENIENCE OF OUR PATIENTS AND TO IMPROVE OPERATIONAL EFFICIENCIES, WE CENTRALIZED OUR CARDIAC CARE SERVICES AND OPENED A NEW HEART RHYTHM CENTER. THE CARDIAC CATHERIZATION LABS, CARDIAC REHABILITATION DEPARTMENT, AND VARIOUS



Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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NON-INVASIVE CARDIAC SERVICES (SUCH AS PACEMAKER CHECKS, CARDIAC STRESS TESTING, NUCLEAR STRESS TESTING, PULMONARY REHAB, AND STRESS ECHO) WERE RELOCATED TO OFFER COMPREHENSIVE HEART CARE IN ONE LOCATION. IN ADDITION TO OFFERING MINIMALLY INVASIVE SURGICAL PROCEDURES TO TREAT HEART ARRHYTHMIAS, OUR HEART RHYTHM CENTER PROVIDES A FULLY EQUIPPED ELECTROPHYSIOLOGY (EP) LAB. THE EP LAB PROVIDES ATRIAL AND VENTRICULAR NODE DIAGNOSTICS AND ABLATION, INTRA CARDIAC 3D ECHO AND 3D CARDIO CAPABILITIES, AS WELL AS BI-VENTRICULAR PACEMAKER - SERVICES PATIENTS PREVIOUSLY HAD TO TRAVEL TO OTHER FACILITIES TO RECEIVE.

24/7 EXPERT STROKE CARE:

LVH-P IS CERTIFIED BY THE JOINT COMMISSION AS A PRIMARY STROKE CENTER AND IS PART OF THE LEHIGH VALLEY HEALTH NETWORK, WHICH GIVES OUR PATIENTS AND PHYSICIANS ON-CALL ACCESS TO OUR JOINT COMMISSION CERTIFIED COMPREHENSIVE STROKE CENTER AT CEDAR CREST. OUR NETWORK PROVIDES TELE CONSULT SERVICES TO OUR NEUROLOGY AND NEURO-INTERVENTIONAL TEAMS, AS WELL AS ARTIFICIAL INTELLIGENCE SOFTWARE IN OUR CT SCANNERS TO DETECT LARGE VESSEL OCCLUSIONS ENABLING OUR PHYSICIANS TO PROVIDE FASTER DIAGNOSIS AND MORE EFFECTIVE AND APPROPRIATE TREATMENT.

LEVEL III TRAUMA CENTER:

OUR LEVEL III TRAUMA DESIGNATION BRINGS AN ADVANCED, LIFESAVING LEVEL OF CARE FOR SEVERELY INJURED PATIENTS, CLOSE TO HOME. THIS MILESTONE ALLOWED US TO PROVIDE QUALITY, PATIENT-CENTERED TRAUMA CARE TO THE INDIVIDUALS WHO LIVE, VISIT, AND WORK IN OUR COMMUNITY. OUR

Name of the organization <b>POCONO MEDICAL CENTER</b>	Employer identification number <b>24-0795623</b>
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COORDINATED, COMPREHENSIVE TEAM OF TRAUMA SURGEONS, ORTHOPEDIC SURGEONS, CARDIAC SURGEONS, RADIOLOGISTS, NURSES, LAB IMAGING TECHNICIANS, AND OTHER SUPPORT STAFF ARE AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR.

ADVANCED WOUND CARE:

OUR WOUND CARE CENTER HAS TWO HYPERBARIC OXYGEN THERAPY CHAMBERS, ENHANCING THE CENTER'S ABILITY TO CARE FOR PATIENTS WITH WOUNDS THAT DON'T HEAL AS THEY SHOULD. INSIDE THE CHAMBER, A PATIENT BREATHE PURE OXYGEN AT A PRESSURE TWO TO THREE TIMES HIGHER THAN NORMAL. THE THERAPY IS DESIGNED TO PROMOTE HEALING OF DAMAGED TISSUE.

WELLNESS PROGRAM:

AS A FREE WELLNESS PROGRAM AT LVH-P AND LVH-DC, HEALTHY LIVING AIMS TO MOTIVATE AND INSPIRE PEOPLE TO MAKE POSITIVE CHANGES TO LEAD THEIR HEALTHIEST, HAPPIEST LIFE. AS A MEMBER, PEOPLE THROUGHOUT MONROE AND LACKAWANNA COUNTIES ARE PROVIDED WITH LIFE-CHANGING HEALTH INFORMATION AND ACCESS TO MEDICAL SERVICES AVAILABLE THROUGH LEADING EXPERTS, FUN AND INFORMATIONAL ACTIVITIES. AT LVH-P AND LVH-DC, WE OFFER A WIDE VARIETY OF HEALTHY LIVING PROGRAMS, INCLUDING:

- EDUCATIONAL TALKS BY HEALTH CARE PROVIDERS
- COMMUNITY WELLNESS EVENTS
- FREE HEALTH SCREENINGS
- MEMBERSHIP EVENTS AND ACTIVITIES THAT ARE GEARED AT IMPROVING YOUR LIFESTYLE AND HAVING FUN

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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- MONTHLY EMAILS ABOUT WHAT'S GOING ON IN THE COMMUNITY AND INFORMATION ON CURRENT HEALTH TOPICS.

LEHIGH VALLEY PHYSICIAN GROUP - POCONO:

LVH-P'S COMMUNITY CARE NETWORK WILL ASSIST THOSE PATIENTS THAT REQUIRE ADDITIONAL SERVICES AT HOME. LVH-P PROVIDES CARE FOR OUTPATIENTS AT 447 PLAZA, BARTONSVILLE HEALTHCARE CENTER, WEST END HEALTHCARE CENTER LOCATED IN BRODHEADSVILLE, EAST STROUDSBURG HEALTHCARE CENTER AND MOUNTAIN HEALTH CENTER IN TOBYHANNA. THESE LOCATIONS PROVIDE CONVENIENT ACCESS FOR MEDICAL CARE WITH COMPREHENSIVE SERVICES INCLUDING PRIMARY CARE, ENDOCRINOLOGY, OB/GYN, BREAST CENTER INCLUDING 3D MAMMOGRAPHY, IMAGING, AND A LAB.

EXPRESSCARE CENTERS:

DOTTED THROUGHOUT THE POCONOS, EXPRESSCARE CENTERS ARE ESTABLISHED IN EAST STROUDSBURG, BARTONSVILLE, TOBYHANNA, AND BRODHEADSVILLE. THEY OFFER WALK-IN MEDICAL CARE 12 HOURS A DAY, WITHOUT THE COST OF ED CO-PAYS. THESE FACILITIES ARE FULLY BACKED BY THE SERVICES AT LVH-P AND LVH-DC. EXPRESSCARE CENTERS PROVIDE URGENT TREATMENT WHEN NEEDED WITHOUT REQUIRING AN APPOINTMENT.

RECENT ACCOMPLISHMENTS:

-LVH-P RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S PRESTIGIOUS "GET WITH THE GUIDELINES" - STROKE GOLD PLUS, TARGET TYPE 2 DIABETES HONOR ROLL QUALITY ACHIEVEMENT AWARD.

Name of the organization <b>POCONO MEDICAL CENTER</b>	Employer identification number <b>24-0795623</b>
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-LVH-P EARNED AN "A" GRADE FOR PATIENT SAFETY FROM THE LEAPFROG GROUP, A NATIONAL NONPROFIT ORGANIZATION THAT COLLECTS DATA AND REPORTS HOSPITALS' PERFORMANCE BY ASSIGNING A TRADITIONAL LETTER GRADE.

-HEALTHGRADES HAS AWARDED LABOR & DELIVERY AT LVH-P WITH ITS PRESTIGIOUS 5-STAR RATING FOR SUPERIOR DELIVERY OF PATIENT CARE.

- LGBTQ+ HEALTHCARE EQUALITY INDEX LEADER

- FORTUNE BEST WORKPLACE

POCONO RECORD BEST OF THE BEST WINNERS:

- BEST PEDIATRICIAN - DR. SUSHIL MODY (LVPG - EAST STROUDSBURG)
- BEST URGENT CARE/WALK-IN CLINIC - LVHN EXPRESSCARE
- BEST HOSPITAL - LEHIGH VALLEY HOSPITAL
- BEST EMPLOYEE RECOGNITION PROGRAM - LEHIGH VALLEY HEALTH NETWORK
- BEST HOME HEALTH CARE SERVICES - LEHIGH VALLEY HOME CARE
- BEST BENEFITS PROGRAM - LEHIGH VALLEY HEALTH NETWORK

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

RECOGNIZED BY THE COMMISSION ON CANCER AND THE NATIONAL QUALITY MEASURES FOR BREAST CANCER AS A CENTER OF EXCELLENCE. THE CENTER HAS ALSO EARNED NATIONAL QUALITY APPROVAL FROM THE JOINT COMMISSION AND WAS NAMED A TOP REGIONAL CANCER CENTER BY US NEWS & WORLD REPORT.

THE HUGHES CANCER CENTER OFFERS SOME OF THE MOST SOPHISTICATED

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
---	--

RADIATION EQUIPMENT, FACILITIES, AND EXPERTLY TRAINED STAFF FOR CANCER TREATMENT, INCLUDING A CERTIFIED MEDICAL DOSIMETRIST, TWO RADIATION PHYSICISTS, AND A TEAM OF SURGICAL ONCOLOGISTS, INCLUDING BOTH BREAST AND GYNECOLOGICAL. THE CENTER IS ONE OF THE FIRST OF 25 CANCER CENTERS IN THE COUNTRY TO USE INTENSITY MODULATED RADIATION THERAPY (IMRT) AND ONE OF THE FIRST 50 IN THE WORLD TO USE IMAGE-GUIDED RADIATION THERAPY (IGRT). THE HUGHES CANCER CENTER CONTINUES TO EXPLORE NEW, INNOVATIVE TREATMENTS, SUCH AS BRACHYTHERAPY GUIDANCE SYSTEMS, THE VARIAN EDGE FOR TARGETED RADIATION THERAPY AND STEREOTACTIC BODY RADIATION THERAPY FOR TREATING NON-OPERABLE LUNG CANCER MAKING US THE LEADING CANCER IN OUR COMMUNITY AND NATIONWIDE.

AFTER BECOMING A PART OF THE LEHIGH VALLEY CANCER INSTITUTE IN 2017, MEMORIAL SLOAN KETTERING (MSK) CANCER ALLIANCE MEMBERSHIP WAS EXTENDED TO LVH-POCONO AT THE DALE AND FRANCES HUGHES CANCER CENTER IN 2018. ONCOLOGY TEAMS REVIEW PROCESSES AND CLINICAL STANDARDS ACROSS SIX DISEASE SPECIALTIES AND DISCIPLINES WITHIN THE CANCER INSTITUTE MELANOMA, BREAST, COLON, ENDOMETRIAL, LUNG AND PROSTATE TO ENSURE ALIGNMENT WITH MSK STANDARD OF CARE. SINCE THAT TIME, WE HAVE INITIATED SITE-SPECIFIC DISEASE MANAGEMENT TEAMS WHO SPECIALIZE IN A PARTICULAR TYPE OF CANCER CARE. OUR CLINICAL PROVIDERS WORK CLOSELY WITH THEIR MSK COUNTERPARTS ON INDIVIDUAL PATIENT CASES. IN 2022, WE ARE NOW ABLE TO PARTICIPATE IN MORE THAN 150 ELITE CLINICAL TRIALS RIGHT HERE AT THE DALE & FRANCES HUGHES CANCER CENTER.

EQUALLY IMPORTANT AS OUR WORLD CLASS TECHNOLOGY IS THE COMPASSION AND COMMITMENT OUR PHYSICIANS AND NURSES AT THE HUGHES CANCER CENTER BRING TO EVERY PATIENT. TO THAT END, THE HUGHES CANCER CENTER OFFERS A

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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VARIETY OF SUPPORT SERVICES FOR PATIENTS AND FAMILIES DEALING WITH CANCER DIAGNOSIS AND TREATMENT. OUR SUPPORT SERVICES INCLUDE A COMPLIMENTARY ALTERNATIVE MEDICINE PROGRAM, A FULL-TIME BREAST HEALTH NURSE NAVIGATOR AND THORACIC NURSE NAVIGATOR DEDICATED TO ASSISTING PATIENTS AND THEIR LOVED ONES WHO HAVE BEEN DIAGNOSED WITH BREAST AND LUNG CANCER. SURVIVORSHIP PROGRAMS, EDUCATIONAL SERVICES, SOCIAL SERVICES, COUNSELING AND GROUP SUPPORT, PASTORAL CARE, AND MORE ARE ALSO A PART OF THE SUPPORT SERVICES. IN ADDITION, FREE SCREENINGS, INCLUDING PROSTATE, BREAST, SKIN, ORAL, AND COLORECTAL ARE OFFERED TO THE COMMUNITY THROUGHOUT THE YEAR.

THE CULMINATION OF OUR EFFORTS HAS RESULTED IN THE 59,000 SQUARE-FOOT HUGHES CANCER CENTER PROVIDING WORLD-CLASS, PATIENT CENTERED, AND COMPREHENSIVE CANCER CARE UNDER ONE ROOF.

LVH-P OUTPATIENT DIAGNOSTIC LABORATORY:

LVH-P'S OUTPATIENT LABORATORY IS RECOGNIZED AS THE PRINCIPAL PROVIDER OF THE FINEST CLINICAL DIAGNOSTIC SERVICES TO OUTPATIENTS, AS WELL AS PHYSICIAN OFFICES AND NURSING HOMES IN THE AREA. IN FISCAL YEAR 2022, LVH-P'S OUTPATIENT DIAGNOSTIC LAB TESTS TOTALED 722,296 INCLUDING NURSING HOME COLLECTIONS AND OUTPATIENT TESTS AT OUTPATIENT COLLECTION SITES.

INPATIENT REHABILITATION CENTER (IRC):

THE LVH-POCONO IRC PROVIDES A FULL COMPLEMENT OF REHABILITATION SERVICES IN A STATE-OF-THE-ART FACILITY AND OUR OUTCOMES, LENGTH OF

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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STAY AND PATIENT SATISFACTION SCORES CONSISTENTLY RATE IN THE TOP 5% TIER WHEN COMPARED TO REGIONAL AND NATIONAL BENCHMARKS FOR SIMILAR PROGRAMS. NOW CELEBRATING THE 5TH ANNIVERSARY OF SERVING OUR COMMUNITY, THIS AWARD IS A WELCOME RECOGNITION OF THE SELFLESS DEDICATION OF OUR IRC REHABILITATION TEAM AND HIGHLIGHTS OUR COMMITMENT TO PROVIDE QUALITY REHABILITATION IN OUR AREA.

LEARNING INSTITUTE:

THE LEARNING INSTITUTE, AN OFF-SITE EDUCATIONAL FACILITY OPERATED BY LVH-POCONO AND STAFFED BY LVH-P NURSE EDUCATORS AND HUMAN RESOURCE DEVELOPMENT TRAINING STAFF, OFFERS COURSES AND SEMINARS TO LVH-POCONO EMPLOYEES AND COMMUNITY MEMBERS, INCLUDING CPR CERTIFICATION AND RE-CERTIFICATION, IN-SERVICE TRAINING, PRE-HOSPITAL TRAUMA LIFE SUPPORT COURSES, PREPARED CHILDBIRTH, AND BREASTFEEDING CLASSES. THE LEARNING INSTITUTE ALSO HOUSES A LOCAL NURSE-FAMILY PARTNERSHIP PROGRAM, WHICH IS A NATIONAL, RESEARCH-BASED ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR LOW-INCOME CHILDREN AND FAMILIES.

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION OPPORTUNITIES:

THE CONTINUING EDUCATION PROCESS PROVIDES OPPORTUNITIES TO THE ORGANIZATION AND EMPLOYEES TO REQUEST ATTENDANCE AT OFF-SITE MEETINGS AND PROGRAMS PERTAINING TO HEALTH CARE ORGANIZATIONS AND JOB SPECIFICATIONS.

AMERICAN HEART ASSOCIATION CERTIFICATION PROGRAMS:

Name of the organization

POCONO MEDICAL CENTER

Employer identification number

24-0795623

AS A DESIGNATED AMERICAN HEART ASSOCIATION PROGRAM PROVIDER, LVH-P AND LVH-DC CERTIFY ALL EMPLOYEES WHO ENROLL IN BLS (BASIC LIFE SUPPORT), ACLS (ADVANCED LIFE SUPPORT), AND PALS (PEDIATRIC ADVANCED LIFE SUPPORT).

**NURSE-FAMILY PARTNERSHIP:**

NATIONALLY, THE NURSE-FAMILY PARTNERSHIP (NFP) IS A RESEARCH-BASED ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR LOW-INCOME CHILDREN AND FAMILIES AND CELEBRATED 20 YEARS OF SERVICE IN JULY 2022. THE NURSE-FAMILY PARTNERSHIP AT LVH-P PROVIDES CRUCIAL SERVICES TO LOCAL AT-RISK NEW MOTHERS. REGISTERED NURSES WITH SPECIAL TRAINING IN PRENATAL AND INFANT CARE AS WELL AS PSYCHOSOCIAL DEVELOPMENT VISIT EXPECTANT MOTHERS IN THEIR OWN HOMES. THE VISITS BEGIN IN EARLY PREGNANCY AND CONTINUE UNTIL THE CHILD IS TWO YEARS OLD. HEALTHY LIFESTYLE HABITS ARE EMPHASIZED, PARENTING SKILLS ARE DEVELOPED, AND CAREER COUNSELING IS OFFERED. IN ADDITION, LIFESTYLE SKILLS SUCH AS MAKING THE HOME A SAFE PLACE FOR BABY, CONFLICT RESOLUTION, AND FISCAL RESPONSIBILITY ARE INTRODUCED THROUGH INDIVIDUAL INSTRUCTION AND GROUP ACTIVITIES. SINCE ITS INCEPTION IN AUGUST 2002, THE NURSE-FAMILY PARTNERSHIP OF MONROE COUNTY HAS ENROLLED OVER 1,200 MOMS IN THE NFP PROGRAM.

**COMMUNITY HEALTH AND OUTREACH:**

THE LVH-P AND LVH-DC COMMUNITY HEALTH AND OUTREACH PROGRAM IS COMMITTED TO PROVIDING THE TOOLS AND SERVICES NECESSARY FOR HELPING OUR COMMUNITY MEMBERS TO ENJOY LONGER, HEALTHIER LIVES. A VARIETY OF PROGRAMS OFFER A



Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
---	--

HOST OF CRUCIAL HEALTH AND WELLNESS SERVICES CONVENIENTLY DELIVERED TO BUSINESSES, CHURCHES, OR SOCIAL GROUPS AT NO COST. THE SCREENINGS AND SERVICES INCLUDED ARE CARDIAC RISK ASSESSMENTS, BREAST CANCER RISK, PROSTATE CANCER, SKIN CANCER, HEALTHY LUNCH AND LEARNS, HEALTH AND WELLNESS SEMINARS AND TALKS, AND SUPPORT GROUPS.

DIABETES EDUCATION:

CERTIFIED DIABETIC EDUCATORS, INCLUDING OUR NEW ENDOCRINOLOGY SERVICE LINE WITH DEDICATED ENDOCRINOLOGIST, REGISTERED NURSES, AND DIETICIANS, CONDUCT LVH-P'S SUCCESS WITH THE DIABETES SELF-MANAGEMENT PROGRAM, PROVIDING OUR COMMUNITY MEMBERS WITH THE TOOLS AND KNOWLEDGE THEY NEED TO ENSURE A HEALTHY LIFESTYLE. SELF-MANAGEMENT EDUCATION IS AN ESSENTIAL PART OF DIABETES TREATMENT. COMBINED WITH MEDICAL AND NUTRITIONAL THERAPY, EDUCATION GIVES THE LEARNER THE ABILITY TO BECOME AN ACTIVE PARTICIPANT IN HIS/HER CARE. WELL-MANAGED DIABETES HAS BEEN SHOWN TO PREVENT AND/OR DELAY THE ACUTE AND CHRONIC COMPLICATIONS OF DIABETES AND REDUCE THE NUMBER AND LENGTH OF HOSPITAL ADMISSIONS.

EDUCATIONAL TOPICS PROVIDED BY LVH-P'S SUCCESS WITH DIABETES

SELF-MANAGEMENT PROGRAM INCLUDE:

- OVERVIEW OF DIABETES
- BEHAVIOR CHANGE STRATEGIES
- BLOOD GLUCOSE LEVELS
- PREVENTION, DETECTION, AND TREATMENTS OF ACUTE AND CHRONIC COMPLICATIONS
- FOOT, SKIN, AND DENTAL CARE
- STRESS MANAGEMENT AND PSYCHOLOGICAL ADJUSTMENT

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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- GOAL SETTING
- RISK FACTOR REDUCTION
- PROBLEM SOLVING
- APPROPRIATE USE OF HEALTH CARE SYSTEMS AND COMMUNITY RESOURCES

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

PRACTICES ARE IN KEY AREAS THROUGHOUT THE COMMUNITY TO IMPROVE ACCESS TO CARE.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE CORPORATION IS POCONO HEALTH SYSTEM (PHS), A PENNSYLVANIA NONPROFIT CORPORATION.

ON DECEMBER 11, 2015, LEHIGH VALLEY HEALTH NETWORK (LVHN) EXECUTED AN AFFILIATION AGREEMENT WITH THE POCONO HEALTH SYSTEM (PHS) PROVIDING FOR AN AFFILIATION BETWEEN LVHN AND POCONO MEDICAL CENTER (PMC), POCONO HEALTH FOUNDATION (FOUNDATION), FAMILY CARE CENTERS (FCC), POCONO VNA/HOSPICE (VNA), POCONO HEALTHCARE PARTNERS (PHP), AND POCONO AMBULATORY SERVICES (PAS). THE GOVERNING DOCUMENTS OF PHS WERE AMENDED SUCH THAT EFFECTIVE JANUARY 1, 2017, THE CLOSING DATE OF THE AFFILIATION, PHS MERGED INTO LVHN AND LVHN BECAME THE SOLE MEMBER OF POCONO HEALTH SYSTEM. PHS CONSISTS PRIMARILY OF PMC, A 239-BED ACUTE CARE HOSPITAL ALSO PROVIDING REHAB AND EMERGENCY CARE TO EAST STROUDSBURG, PENNSYLVANIA AND SURROUNDING COMMUNITIES; POCONO VNA/HOSPICE, PROVIDING HOME HEALTH AND HOSPICE SERVICES; AND FCC, A MULTI-SPECIALTY PHYSICIAN GROUP.

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

POCONO HEALTH SYSTEM, THE SOLE MEMBER OF THE CORPORATION, ELECTS/APPOINTS

Name of the organization <b>POCONO MEDICAL CENTER</b>	Employer identification number <b>24-0795623</b>
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THE BOARD MEMBERS OF POCONO MEDICAL CENTER (PMC).

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

THE FOLLOWING WAS NOTED IN SECTION 4-07 OF THE ORGANIZATION'S BY-LAWS:

"IN ADDITION TO ALL MATTERS REQUIRED BY LAW OR BY OTHER PROVISIONS OF THE BY-LAWS TO BE SUBMITTED TO A VOTE OF THE SOLE MEMBER, THE SOLE MEMBER IS EMPOWERED TO INITIATE AND IMPLEMENT ANY OF THE FOLLOWING ACTIONS WITH RESPECT TO THE CORPORATION AND IF ANY SUCH ACTION IS OTHERWISE INITIATED BY THE CORPORATION, SUCH ACTION WILL NOT BECOME EFFECTIVE UNLESS APPROVED BY THE SOLE MEMBER:

- (A) TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY, OR OBJECTIVES OF THIS CORPORATION OR ANY SUBSIDIARY CORPORATION;
- (B) TO DISSOLVE, REORGANIZE, DIVIDE, CONVERT, LIQUIDATE, OR WIND-UP ANY SUBSIDIARY CORPORATION OR CONSOLIDATE OR MERGE THIS CORPORATION WITH ANY OTHER CORPORATION OR ENTITY;
- (C) TO ANNUALLY APPROVE ALL CAPITAL AND OPERATING BUDGETS FOR THIS CORPORATION;
- (D) TO ANNUALLY APPROVE THE STRATEGIC AND OPERATING PLANS OR ANY CHANGES THERETO OF THIS CORPORATION;
- (E) TO APPROVE ANY UNBUDGETED EXPENSE ITEM OF THIS CORPORATION IN EXCESS OF FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS;
- (F) TO RECEIVE, REVIEW, AND APPROVE FINANCIAL AND OPERATING REPORTS FROM THIS CORPORATION ON AT LEAST A QUARTERLY BASIS;
- (G) TO APPROVE ANY NEW LINE(S) OF BUSINESS AND/OR MATERIAL CHANGES IN EXISTING SERVICES AND/OR PARTICIPATION BY THIS CORPORATION WITH ANY OTHER ENTITY WHERE LICENSURE BY THE COMMONWEALTH OF PENNSYLVANIA IS REQUIRED AAS A PRECONDITION FOR ANY SUCH ACTION, BUSINESS, SERVICE, OR PARTICIPATION;
- (H) TO APPROVE THE INCURRENCE OF INDEBTEDNESS BY THIS CORPORATION;

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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(I) TO APPROVE THE AMENDMENT OF THE ARTICLES OF INCORPORATION OR BY-LAWS OF THIS CORPORATION;

(J) TO SPECIFY THE NUMBER OF AND TO ELECT OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS OF THIS CORPORATION;

(K) TO APPROVE THE ELECTION OR REMOVAL OF THE CHAIRPERSON OF THE BOARD OF DIRECTORS OF THIS CORPORATION;

(L) TO REQUIRE EACH DIRECTOR OF THIS CORPORATION AND THE PRESIDENT, EACH VICE-PRESIDENT, AND ALL KEY MANAGEMENT PERSONNEL OF THIS CORPORATION TO ANNUALLY SUBMIT TO THE BOARD OF DIRECTORS OF THIS CORPORATION A CONFLICT OF INTEREST STATEMENT IN THE FORM FIRST APPROVED BY THE BOARD OF DIRECTORS OF THE SOLE MEMBER;

(M) TO ANNUALLY EVALUATE THE PERFORMANCE OF THIS CORPORATION'S BOARD OF DIRECTORS IN OVERSEEING THE MANAGEMENT AND PERFORMANCE OF THIS CORPORATION;

(N) TO REQUIRE THAT THIS CORPORATION'S GOVERNANCE, DELIBERATIONS, AND ACTIONS ARE ORIENTED TO COMMUNITY SERVICE."

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

THE PROCESS TO REVIEW THE FORM 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 AND 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 POCONO BOARD FINANCE COMMITTEE AND THEN

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
---	--

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. 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

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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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 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.

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
---	--

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.

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.

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
---	--

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 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,



Name of the organization

POCONO MEDICAL CENTER

Employer identification number

24-0795623

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.

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

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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SCOPE SIZE FOR EACH ENTITY.

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

POCONO MEDICAL CENTER'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IT IS ALSO AVAILABLE ON GUIDESTAR (ANOTHER'S WEBSITE) AND UPON REQUEST; PRINTED COPIES ARE HELD BY SENIOR MANAGEMENT AND BY THE 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 XI, LINE 9, CHANGES IN NET ASSETS:

UNFUNDED PENSION	-390,242.
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**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
NORTHEASTERN PENNSYLVANIA HEALTH CORP. - 23-2421970, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
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 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	N/A	N/A	N/A	N/A		X	N/A		X	N/A
EASTERN PA ENDOSCOPY CENTER LLC - 84-2257961, 1501 N CEDAR CREST BLVD., STE. 100, ALLENTOWN, PA 18104-2309	ENDOSCOPY SERVICES	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FAIRGROUNDS MEDICAL CENTER - 23-2530427, 400 N. 17TH STREET, STE. 102, ALLENTOWN, PA 18104-5052	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HAZLETON SURGERY CENTER LLC - 20-1232531, 17480 DALLAS PARKWAY, STE. 210, DALLAS, TX 75287-7304	SURGICAL SERVICES	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTH NETWORK LABORATORIES LLC - 23-2932802, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HEALTH NETWORK LABORATORIES LP - 23-2948774, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
LEHIGH VALLEY IMAGING LLC - 46-4551937, 1247 S CEDAR CREST BLVD., STE. 105, ALLENTOWN, PA 18103-6202	IMAGING SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
LVHN RECIPROCAL RISK RETENTION GROUP - 20-0037118, 151 MEETING STREET, STE. 301, CHARLESTON, SC 29401-2238	INSURANCE SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NAZARETH ENDOSCOPY CENTER LLC - 82-4072967, 1501 N CEDAR CREST BLVD., STE. 110, ALLENTOWN, PA 18104-2309	ENDOSCOPY SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
POCONO AMBULATORY SURGERY CENTER LTD - 23-2611442, 1 STORM STREET, STROUDSBURG, PA 18360-2406	SURGICAL SERVICES	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP - 47-2125419, PO BOX 4000, ALLENTOWN, PA 18105-4000	INVESTMENTS	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP - 23-2514813, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> 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 VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

LVHN AMBULATORY SURGERY CENTER OF LOPATCONG, INC.

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN

NAME OF RELATED ORGANIZATION:

LVHN COORDINATED PROFESSIONAL PRACTICE

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME OF RELATED ORGANIZATION:

BELTWAY HEALTH LP

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP

DIRECT CONTROLLING ENTITY: SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION

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

NAME OF RELATED ORGANIZATION:

AMERICAN PATIENT TRANSPORT SYSTEMS, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

**Part VII Supplemental Information**

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

NAME OF RELATED ORGANIZATION:

HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC.

EIN: 23-2750430

1605 N CEDAR CREST BLVD., STE. 411

ALLENTOWN, PA 18104-2323

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](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>POCONO MEDICAL CENTER</b>	Taxpayer identification number (TIN)  <b>24-0795623</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 18105-4000**

Telephone No. ▶ **484-224-1876**

Fax No. ▶ **484-884-0404**

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

**1** I request an automatic 6-month extension of time until **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.