

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEHIGH VALLEY HOSPITAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 4000 City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18105-4000 F Name and address of principal officer: BRIAN A. NESTER SAME AS C ABOVE	D Employer identification number 23-1689692 E Telephone number 484-224-1876 G Gross receipts \$ 2,992,469,102. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LVHN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1971		M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11910
	6	Total number of volunteers (estimate if necessary)	6	829
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,455,161.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	5,206,511.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	31,649,436.	20,775,505.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,167,587,529.	2,674,118,201.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,856,745.	25,884,844.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,979,522.	105,647,036.
12			2,362,073,232.	2,826,425,586.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	488,021.	1,653,666.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	805,513,456.	1,012,227,065.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,489,873.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,451,474,198.	1,677,823,594.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,257,475,675.	2,691,704,325.
	19	Revenue less expenses. Subtract line 18 from line 12	104,597,557.	134,721,261.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,119,568,929.	3,124,874,214.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,627,174,757.	1,535,495,266.
	22		1,492,394,172.	1,589,378,948.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 2,549,310,278. including grants of \$ 1,653,666.) (Revenue \$ 2,751,103,924.) LEHIGH VALLEY HOSPITAL (LVH) IS COMPRISED OF SEVEN HOSPITAL CAMPUSES INCLUDING LVH-CEDAR CREST, LVH-MUHLENBERG, LVH-17TH STREET, LVH-TILGHMAN, LVH-HECKTOWN OAKS, LVH-CARBON, AND LVH-COORDINATED HEALTH. LVH OFFERS A CONTINUUM OF PROGRAMS IN HEALTH CARE PROMOTION, PREVENTION, DIAGNOSIS, TREATMENT, AND REHABILITATION TO THE COMMUNITY. EXTENSIVE INPATIENT, OUTPATIENT AND EDUCATIONAL SERVICES ARE PROVIDED AT LOCATIONS THROUGHOUT THE REGION AND ARE PART OF THE LEHIGH VALLEY HEALTH NETWORK (LVHN) ESTABLISHED TO MEET THE MEDICAL, SURGICAL, AND EDUCATIONAL NEEDS OF THE RESIDENTS OF THE LEHIGH VALLEY AND BEYOND.

LVH SERVES AS A REFERRAL CENTER FOR APPROXIMATELY TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA, WITH A SPECIAL FOCUS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) THE LEHIGH VALLEY FLEMING NEUROSCIENCE INSTITUTE - THE LEHIGH VALLEY FLEMING NEUROSCIENCE INSTITUTE AT LEHIGH VALLEY HEALTH NETWORK SERVES APPROXIMATELY 32,000 NEUROLOGY PATIENTS AND 18,000 NEUROSURGERY PATIENTS ANNUALLY. THE INSTITUTE PROVIDES COMPREHENSIVE TREATMENT FOR STROKE, BRAIN TUMORS, SEIZURES, ANEURYSMS, SPINE CONDITIONS, TRAUMA, AND OTHER NEUROLOGICAL DISORDERS. AS A NEUROSCIENCE INSTITUTE PATIENT CARE IS ENHANCED THROUGH INNOVATION, RESEARCH, AND MEDICAL EDUCATION. CLINICAL RESEARCH CURRENTLY PLAYS A SIGNIFICANT AND INCREASING ROLE WITHIN NEUROSCIENCE AT LVHN, WITH 15-20 ACTIVE NEUROLOGIC CLINICAL TRIALS IN PROGRESS AT ANY ONE TIME. LVHN PROVIDES ADVANCED STROKE SERVICES AS A COMPREHENSIVE STROKE CENTER AT THE LVH-CEDAR CREST AND EMERGENCY STROKE CARE WITH A PRIMARY STROKE CENTER AT LVH-MUHLENBERG.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) WOMEN'S SERVICES - LVH OFFERS WIDE-RANGING WOMEN'S HEALTH PROGRAMS AND SERVICES DESIGNED TO PROVIDE COMPLETE, EVIDENCE-BASED CARE FOR WOMEN IN THE LEHIGH VALLEY.

OBSTETRICS: DELIVERIES AT LVH-CEDAR CREST TOTALED 3,255 DURING THE FISCAL YEAR ENDING JUNE 30, 2022. IN THE SAME TIME FRAME, DELIVERIES AT LVH-MUHLENBERG TOTALED 1,484. AT LVH-CEDAR CREST, TEAM-BASED OBSTETRICAL CARE IS PROVIDED BY COVERAGE WITH CERTIFIED NURSE MIDWIVES, OBSTETRIC HOSPITALISTS, AND GENERAL OBSTETRICIANS WITH MATERNAL-FETAL MEDICINE SPECIALISTS AVAILABLE FOR HIGH-RISK CONSULTATION. PAIRED WITH OUR LEVEL 4 NICU AND OTHER SPECIALTY SERVICES INCLUDING CRITICAL CARE, THIS CAMPUS SERVES AS A TERTIARY CARE REGIONAL REFERRAL HOSPITAL FOR

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

4e Total program service expenses 2,549,310,278.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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 boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

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) KIRSTEN H. ANTHONY TRUSTEE	1.00	X					0.	0.	0.	
(2) ROBERT BEGLIOMINI, PHARM D, MBA PRESIDENT, LVH-M/TRUSTEE	60.00	X					678,868.	0.	29,422.	
(3) DEBORAH A. BREN, DO TRUSTEE	1.00 60.00	X					0.	316,782.	25,744.	
(4) BETH A. BROOKE, CPA TRUSTEE	1.00	X					0.	0.	0.	
(5) STEVEN R. FOLLETT, MBA CHAIRPERSON/TRUSTEE	1.00	X		X			0.	0.	0.	
(6) LINDA V. GREEN, PHD TRUSTEE	1.00	X					0.	0.	0.	
(7) JOEL C. HOFFMAN TRUSTEE	1.00	X					0.	0.	0.	
(8) BRYAN G. KANE, MD TRUSTEE	1.00 60.00	X					0.	358,375.	0.	
(9) THOMAS MARCHOZZI, MBA, CPA TREASURER	20.00 40.00			X			1,849,278.	0.	26,498.	
(10) PATRICIA MARTIN, MD TRUSTEE	1.00	X					0.	0.	0.	
(11) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE	20.00 40.00	X					2,964,785.	0.	32,311.	
(12) KATHERINE E. O'BRIEN VICE CHAIRPERSON/TRUSTEE	1.00	X		X			0.	0.	0.	
(13) JOHN M. PIERRO, MBA PRESIDENT, LVH/TRUSTEE	60.00	X					698,201.	0.	16,236.	
(14) MICHAEL A. ROSSI, MD, MBA ASSISTANT SECRETARY	20.00 40.00			X			1,430,961.	0.	22,054.	
(15) WILLIAM H. SPENCE, MBA TRUSTEE	1.00	X					0.	0.	0.	
(16) ROBERT L. THOMAS, CPA ASSISTANT TREASURER	20.00 40.00			X			392,665.	0.	10,056.	
(17) ANNETTE WHITE, ESQ. SECRETARY	20.00 40.00			X			573,833.	0.	25,075.	

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) SUSAN C. YEE TRUSTEE	1.00	X						0.	0.	0.
(19) STEPHEN ZIENIEWICZ TRUSTEE	60.00	X						0.	0.	0.
(20) EDWARD DOUGHERTY SVP & CHIEF BUSINESS DEVELOPMENT OFF	60.00				X			982,393.	0.	21,609.
(21) MICHAEL MINEAR, MS SVP & CHIEF INFORMATION OFFICER	60.00				X			910,821.	0.	19,709.
(22) RONALD S. FREUDENBERGER PHYSICIAN-IN-CHIEF, CARDIAC INSTITUT	60.00				X			820,795.	0.	31,811.
(23) LYNN TURNER CHIEF HUMAN RESOURCES OFFICER	60.00				X			790,011.	0.	0.
(24) MATTHEW M. MCCAMBRIDGE CHIEF QUALITY & PATIENT SAFETY OFFIC	60.00				X			744,304.	0.	26,298.
(25) TERRY CAPUANO FORMER PRESIDENT, LVH/TRUSTEE	0.00					X		1,827,912.	0.	3,244.
(27) WILLIAM M. KENT, MHA FORMER TRUSTEE	0.00					X		159,718.	0.	4,666.
1b Subtotal								14,824,545.	675,157.	294,733.
c Total from continuation sheets to Part VII, Section A								1,500,293.	369,038.	42,733.
d Total (add lines 1b and 1c)								16,324,838.	1,044,195.	337,466.

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 **1,406**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTHTRUST WORKFORCE SOLUTIONS LLC, 1000 SAWGRASS CORPORATE PARKWAY, 6TH FLOOR, CLOUDMED SOLUTIONS LLC, 5700 GRANITE PARKWAY, SUITE 940, PLANO, TX 75024-6643	STAFFING SERVICES	5,635,952.
PATHS LLC, 9 EXECUTIVE CAMPUS, CHERRY HILL, NJ 08002-4502	CONSULTING SERVICES	3,536,411.
PRICEWATERHOUSECOOPERS ADVISORY SERVICES LL 4040 W BOY SCOUT BOUELVARD, TAMPA, FL 33607	REVENUE CYCLE SERVICES	3,025,867.
GENERAL HEALTHCARE RESOURCES, 2250 HICKORY ROAD, SUITE 240, PLYMOUTH MEETING, PA	CONSULTING SERVICES	2,874,305.
	STAFFING SERVICES	2,744,436.

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 **105**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) JOSEPH E. PATRUNO, MD FORMER TRUSTEE	0.00						X	0.	369,038.	35,022.
(32) THOMAS V. WHALEN, MD, MMM FORMER ASSISTANT SECRETARY	0.00						X	1,500,293.	0.	7,711.
Total to Part VII, Section A, line 1c								1,500,293.	369,038.	42,733.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	13,807.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,699,863.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,061,835.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 223,947.				
	h Total. Add lines 1a-1f			20,775,505.			
Program Service Revenue	2 a OUTPATIENT REVENUE	Business Code	621400	1,366,320,468.	1,331,823,276.	34,497,192.	
	b INPATIENT REVENUE		621990	1,291,653,704.	1,291,653,704.		
	c HHS COVID REVENUE		621990	16,144,029.	16,144,029.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,674,118,201.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,664,080.		15,664,080.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	21,277,524.			
		6b	(ii) Personal	18,085,896.			
		6c		3,191,628.			
	d Net rental income or (loss)			3,191,628.		3,191,628.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	158,061,437.	82,717.		
		7b	(ii) Other	146,967,627.	955,763.		
		7c		11,093,810.	-873,046.		
	d Net gain or (loss)			10,220,764.	10,220,764.		
	8 a Gross income from fundraising events (not including \$ 13,807. of contributions reported on line 1c). See Part IV, line 18	8a			269,518.		
		8b			34,230.		
c Net income or (loss) from fundraising events				235,288.		235,288.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a RESEARCH & MISC INCOME	Business Code	900099	88,038,048.	87,802,181.	235,867.	
	b HEALTH NETWORK LABORAT		621500	16,424,485.	15,702,383.	722,102.	
	c INVESTMENT - LVPHO		900003	-2,242,413.	-2,242,413.		
	d All other revenue						
	e Total. Add lines 11a-11d			102,220,120.			
12 Total revenue. See instructions			2,826,425,586.	2,751,103,924.	35,455,161.	19,090,996.	

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	1,653,666.	1,653,666.		
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	8,750,243.	8,750,243.		
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	723,909,419.	679,616,251.	42,614,435.	1,678,733.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,624,857.	23,134,999.	2,394,834.	95,024.
9 Other employee benefits	198,825,094.	194,996,315.	3,720,408.	108,371.
10 Payroll taxes	55,117,452.	51,785,893.	3,204,754.	126,805.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,634,330.	990,536.	3,643,794.	
c Accounting	641,379.	33,576.	607,803.	
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.)	200,168,282.	164,763,015.	35,194,490.	210,777.
12 Advertising and promotion	37,551,946.	1,911,556.	35,640,390.	
13 Office expenses	4,344,194.	3,181,724.	1,158,290.	4,180.
14 Information technology	43,078,547.	42,614,578.	463,969.	
15 Royalties				
16 Occupancy	60,358,928.	59,805,623.	522,387.	30,918.
17 Travel	1,919,056.	1,850,033.	67,300.	1,723.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,765,062.	1,681,842.	79,697.	3,523.
20 Interest	36,456,249.	36,456,249.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,897,588.	129,542,670.	354,918.	
23 Insurance	23,724,059.	23,049,358.	674,701.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	515,372,808.	515,369,721.	3,087.	
b PURCHASED SERVICES	366,856,332.	356,880,163.	9,892,777.	83,392.
c BAD DEBTS EXPENSE	85,615,900.	85,615,900.		
d CONTRACTED LABOR	68,922,375.	68,688,937.	233,438.	
e All other expenses	96,516,559.	96,937,430.	-567,298.	146,427.
25 Total functional expenses. Add lines 1 through 24e	2,691,704,325.	2,549,310,278.	139,904,174.	2,489,873.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,501.	1	18,398.
	2 Savings and temporary cash investments	170,022,919.	2	-9,080,977.
	3 Pledges and grants receivable, net	6,773,096.	3	10,356,887.
	4 Accounts receivable, net	183,577,817.	4	297,251,974.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	17,551,528.	7	65,304,161.
	8 Inventories for sale or use	39,248,011.	8	44,725,010.
	9 Prepaid expenses and deferred charges	59,698,858.	9	66,126,954.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,654,430,617.		
	b Less: accumulated depreciation	10b 1,403,488,446.	1,150,090,681.	10c 1,250,942,171.
	11 Investments - publicly traded securities	1,129,615,268.	11	994,908,873.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	244,887,325.	13	264,381,856.
	14 Intangible assets	98,976,493.	14	116,726,071.
	15 Other assets. See Part IV, line 11	19,109,432.	15	23,212,836.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,119,568,929.	16	3,124,874,214.	
Liabilities	17 Accounts payable and accrued expenses	190,804,682.	17	228,400,670.
	18 Grants payable		18	
	19 Deferred revenue	207,015,541.	19	66,463,755.
	20 Tax-exempt bond liabilities	870,679,600.	20	928,243,022.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	358,674,934.	25	312,387,819.
	26 Total liabilities. Add lines 17 through 25	1,627,174,757.	26	1,535,495,266.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,185,272,164.	27	1,305,290,510.
	28 Net assets with donor restrictions	307,122,008.	28	284,088,438.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,492,394,172.	32	1,589,378,948.
33 Total liabilities and net assets/fund balances	3,119,568,929.	33	3,124,874,214.	

Form **990** (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,826,425,586.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,691,704,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	134,721,261.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,492,394,172.
5	Net unrealized gains (losses) on investments	5	-91,534,050.
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	53,797,565.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,589,378,948.

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	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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.

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

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

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

Schedule A (Form 990) 2021

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

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

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

Schedule A (Form 990) 2021

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">LEHIGH VALLEY HOSPITAL</p>	Employer identification number <p style="text-align: center;">23-1689692</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		0.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		197,542.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			197,542.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PART II-B, LINE 1D: MAILINGS WERE ELECTRONIC, NO POSTAGE OR OTHER

COSTS.

PART II-B, LINE 1G: REPRESENTS LABOR COSTS OF SALARIED EMPLOYEES AND

OUTSIDE CONTRACTED STATE LOBBYIST TO PREPARE FOR AND MEET WITH OR

Part IV Supplemental Information (continued)

ELECTRONICALLY CONTACT GOVERNMENT OFFICIALS ON A VARIETY OF HEALTHCARE,
 HOSPITAL, AND BUDGETARY ISSUES. ALSO INCLUDES THE LOBBYING PORTION OF
 DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION, THE HOSPITAL &
 HEALTHCARE ASSOCIATION OF PENNSYLVANIA, AND THE NATIONAL HOSPICE AND
 PALLIATIVE CARE ORGANIZATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LEHIGH VALLEY HOSPITAL Employer identification number 23-1689692

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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	220,733,060.	172,453,138.	164,819,500.	160,796,676.	154,145,565.
b Contributions	14,131,700.	9,782,866.	10,366,994.	598,124.	-286,153.
c Net investment earnings, gains, and losses	-13,602,449.	43,413,305.	2,832,340.	8,930,195.	10,443,683.
d Grants or scholarships	2,248,056.	602,067.	810,934.	844,070.	777,782.
e Other expenditures for facilities and programs	5,466,140.	4,314,182.	4,754,762.	4,661,425.	2,728,637.
f Administrative expenses					
g End of year balance	213,548,115.	220,733,060.	172,453,138.	164,819,500.	160,796,676.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 40.5200 %
 - c Term endowment 59.4800 %
- 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 | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		157,874,279.		157,874,279.
b Buildings		1,378,971,714.	774,807,718.	604,163,996.
c Leasehold improvements		110,993,871.	74,741,792.	36,252,079.
d Equipment		651,759,158.	385,894,946.	265,864,212.
e Other		354,831,595.	168,043,990.	186,787,605.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,250,942,171.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT-LEHIGH VALLEY PHYSICIAN		
(2) HOSPITAL ORG. (50.00%)	18,869,416.	COST
(3) INVESTMENT-HEALTH NETWORK		
(4) LABORATORIES (96.69%)	203,707,384.	COST
(5) INVESTMENT-FAIRGROUNDS MEDICAL CENTER		
(6) (7.48%)	360,280.	COST
(7) INVESTMENT-GRAND VIEW-LEHIGH VALLEY		
(8) HEALTH SERVICES	311,717.	COST
(9) INVESTMENT-LEHIGH VALLEY IMAGING	34,922,058.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	264,381,856.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	3,792,222.
(3) CAPITAL LEASES	121,118,024.
(4) COST SETTLEMENT RESERVES WITH THIRD PARTIES	5,567,125.
(5) CURRENT PORTION DEBT - LEASE ACCOUNTING	13,559,690.
(6) DEFERRED COMPENSATION PLAN	15,451,970.
(7) LONG-TERM DEBT - LEASE ACCOUNTING	63,598,531.
(8) OTHER	1,793,770.
(9) PENSION LIABILITY	26,659,060.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	312,387,819.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED FOR CONTINUING EDUCATION, SCHOLARSHIPS, RESEARCH, CLINICAL EQUIPMENT, AND NURSING AWARDS.

PART X, LINE 2:

LVHN, ITS HOSPITALS, AND OTHER SUBSIDIARIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS INCOME.

THE MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION, IS DATED MAY 1, 2014. LVHN AND ITS SUBSIDIARIES ACCOUNT FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC

740. THE ORGANIZATION'S FOR-PROFIT COMPONENTS RECOGNIZE DEFERRED TAX

Part XIII Supplemental Information (continued)

ASSETS AND LIABILITIES FOR THE FUTURE TAX IMPACT OF TEMPORARY DIFFERENCES

BETWEEN AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND

THEIR RESPECTIVE TAX BASES AND THE FUTURE BENEFIT OF UTILIZATION NET

OPERATING LOSS CARRYFORWARDS, DEFERRED TAX ASSETS AND LIABILITIES ARE

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 G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NORTHERN GOLF EVENT (event type)	CELEBRATION OF CHAMPIONS (event type)	NONE (total number)	
Revenue	1 Gross receipts	36,820.	246,505.		283,325.
	2 Less: Contributions	1,500.	12,307.		13,807.
	3 Gross income (line 1 minus line 2)	35,320.	234,198.		269,518.
Direct Expenses	4 Cash prizes	250.			250.
	5 Noncash prizes				
	6 Rent/facility costs	5,400.	9,432.		14,832.
	7 Food and beverages	7,100.	2,700.		9,800.
	8 Entertainment				
	9 Other direct expenses	2,491.	6,857.		9,348.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				34,230.
11 Net income summary. Subtract line 10 from line 3, column (d)				235,288.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
 - Name ▶ _____
 - Gaming manager compensation ▶ \$ _____
 - Description of services provided ▶ _____
- _____
- _____
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities			
<input type="checkbox"/> Applied uniformly to most hospital facilities			
<input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5,547,178.		5,547,178.	.21%
b Medicaid (from Worksheet 3, column a)			385,951,044.	227,749,129.	158,201,915.	6.07%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			391,498,222.	227,749,129.	163,749,093.	6.28%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			18,884,875.		18,884,875.	.72%
f Health professions education (from Worksheet 5)			41,897,685.	12,066,463.	29,831,222.	1.14%
g Subsidized health services (from Worksheet 6)			184,079,814.	146,477,142.	37,602,672.	1.44%
h Research (from Worksheet 7)			5,811,166.	3,242,738.	2,568,428.	.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			847,862.		847,862.	.03%
j Total. Other Benefits			251,521,402.	161,786,343.	89,735,059.	3.43%
k Total. Add lines 7d and 7j			643,019,624.	389,535,472.	253,484,152.	9.71%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			30,000.		30,000.	.00%
8 Workforce development						
9 Other						
10 Total			30,000.		30,000.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	448,440,102.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	478,204,354.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,764,252.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LVHN RECIPROCAL RISK RETENTION GROUP	MALPRACTICE INSURANCE	10.00%	.00%	.00%
2 HEALTH NETWORK LABORATORIES, LLC	LABORATORY SERVICES	97.93%	.00%	.00%
3 HEALTH NETWORK LABORATORIES, LP	LABORATORY SERVICES	96.69%	.00%	.00%
4 LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC.	HEALTH CARE SERVICES	50.00%	.00%	.00%
5 WESTGATE PROFESSIONAL CENTER, INC.	REAL ESTATE SERVICES	100.00%	.00%	.00%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 LEHIGH VALLEY HOSPITAL
 1200 S. CEDAR CREST BLVD.
 ALLENTOWN, PA 18103
 WWW.LVHN.ORG
 530201

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X	X	X		X	X	X	ER - OTHER - PEDIATRIC ER	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.LVHN.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.LVHN.ORG/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input checked="" type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2021

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2021

Part V Facility Information (continued)

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

LEHIGH VALLEY HOSPITAL:

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

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

INDIVIDUALS LIVING WITHIN THE COUNTIES THAT CONTAIN OUR HOSPITAL CAMPUSES.

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

FACILITIES TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT COMMUNITIES WE

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

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

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

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

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

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

INCLUSIVE OF OUR COORDINATED HEALTH - ALLENTOWN AND COORDINATED HEALTH -

BETHLEHEM CAMPUSES, RESPECTIVELY.

WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO

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

LEHIGH COUNTY REPORT. WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES

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

INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A

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

THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

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

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

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

Part V Facility Information (continued)

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

WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE. THEY INCLUDE:

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

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

QUALITY

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

THEREFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE

AS WELL AS OTHER HEALTH FACTORS FOLLOWED BY HEALTH OUTCOMES. THERE ARE TWO

TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES. THE FIRST TYPE IS

QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION

IN THE COMMUNITY. THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE,

AND NATIONAL SOURCES INCLUDING THE CENSUS, THE CENTER FOR DISEASE CONTROL,

THE DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE

SERVICES. MOST OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A

PLATFORM CALLED SPARKMAP FROM CARES AT THE UNIVERSITY OF MISSOURI

EXTENSION, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH

PROFILES, ADDING OTHER KEY STATE AND LOCAL DATA SOURCES TO THE DATA

PROVIDED THROUGH THIS HEALTH REPORT.

IN ADDITION, NON-PROFIT HOSPITAL SYSTEMS ARE REQUIRED TO OBTAIN INPUT FROM

INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING

THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN

CHOSE TO OBTAIN THIS INPUT THROUGH COMMUNITY CONVERSATIONS AND KEY

STAKEHOLDER INTERVIEWS WITH COMMUNITY MEMBERS AND LEADERS. THIS TYPE OF

DATA IS REFERRED TO AS QUALITATIVE DATA. FOR EACH CAMPUS, WE PARTNERED

Part V Facility Information (continued)

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

WITH AN EXTERNAL COMMUNITY COLLABORATOR WHO HAS EXPERIENCE IN QUALITATIVE

DATA COLLECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S

BEHALF. THIS PROCESS PROVIDED COMMUNITY MEMBERS WITH AN INDEPENDENT AND

OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE THEIR PERSONAL EXPERIENCES AND

PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR COMMUNITY AS

WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION.

IN CARBON COUNTY, LVH PARTNERED WITH EAST CENTRAL AREA HEALTH EDUCATION

CENTER, A NONPROFIT LOCATED IN LEHIGHTON WHICH FOCUSES ON IMPROVING

HEALTHCARE ACCESS AND BUILDING A QUALITY HEALTHCARE WORKFORCE. IN LEHIGH

AND NORTHAMPTON COUNTIES, LVH PARTNERED WITH TWO FACULTY MEMBERS FROM

CEDAR CREST COLLEGE.

THE FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED BETWEEN NOVEMBER 2021 AND

JANUARY 2022. IN LEHIGH COUNTY, WHERE OUR CEDAR CREST AND 17TH STREET

CAMPUSES ARE LOCATED, 54 PARTICIPANTS WERE INVOLVED IN COMMUNITY

CONVERSATIONS AND 4 ADDITIONAL KEY STAKEHOLDERS WERE INTERVIEWED. IN

NORTHAMPTON COUNTY, WHERE OUR MUHLENBERG AND HECKTOWN OAKS CAMPUSES ARE

LOCATED, 42 PARTICIPANTS WERE INVOLVED IN COMMUNITY CONVERSATIONS AND 5

ADDITIONAL KEY STAKEHOLDERS WERE INTERVIEWED. IN CARBON COUNTY, WHERE OUR

CARBON CAMPUS IS LOCATED, 24 PARTICIPANTS WERE INVOLVED IN COMMUNITY

CONVERSATIONS AND 6 ADDITIONAL KEY STAKEHOLDERS WERE INTERVIEWED.

BELOW IS A SUMMARY OF THE ORGANIZATIONS REPRESENTED IN THE COMMUNITY

CONVERSATIONS AND INTERVIEWS AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF

THOSE WHO PARTICIPATED. RESIDENTS, INCLUDING THOSE FROM LOW-INCOME

POPULATIONS AND OTHER GROUPS OF FOCUS, WERE ALSO INCLUDED IN THE COMMUNITY

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.

CONVERSATIONS IN EACH COUNTY.

ORGANIZATIONS REPRESENTED IN LEHIGH COUNTY:

ALLENTOWN HEALTH BUREAU

BIG BROTHERS/BIG SISTERS

CEDAR CREST COLLEGE

COMMUNITIES THAT CARE (CATASAUQUA)

COMMUNITIES THAT CARE (WHITEHALL/COPLAY)

LEHIGH CARBON COMMUNITY COLLEGE

LEHIGH COUNTY SPECIAL PROGRAM OF OFFENDERS IN REHABILITATION AND EDUCATION

LEHIGH GAP NATURE CENTER

RIPPLE COMMUNITY CENTER

DEMOGRAPHICS OF PARTICIPANTS IN LEHIGH COUNTY:

GENDER: 65% FEMALE, 35% MALE

AVERAGE AGE: 50, AGE RANGE: 22-70

RACE: 92% WHITE, 5% BLACK/AFRICAN AMERICAN, 3% MULTI-RACIAL

ETHNICITY: 95% NON-HISPANIC, 5% HISPANIC (OF ANY RACE)

ORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY:

BETHLEHEM AREA SCHOOL DISTRICT

BETHLEHEM HEALTH BUREAU

EASTON AREA SCHOOL DISTRICT (PAXINOSA ELEMENTARY SCHOOL)

FORKS UNITED CHURCH OF CHRIST

GREATER EASTON DEVELOPMENT PARTNERSHIP

LEHIGH VALLEY PLANNING COMMISSION

NORTHAMPTON COMMUNITY COLLEGE

Part V Facility Information (continued)

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

NORTHAMPTON COUNTY GOVERNMENT

SLATE BELT CHAMBER OF COMMERCE

DEMOGRAPHICS OF PARTICIPANTS IN NORTHAMPTON COUNTY:

GENDER: 67% FEMALE, 33% MALE

AVERAGE AGE: 49, AGE RANGE: 23-74

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

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

ORGANIZATIONS REPRESENTED IN CARBON COUNTY:

CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY

CARBON COUNTY COMMUNITY FOUNDATION

GREATER LEHIGH VALLEY UNITED WAY

JIM THORPE ROTARY CLUB

TURN TO US

WEATHERLY AREA SCHOOL DISTRICT (WEATHERLY HIGH SCHOOL)

DEMOGRAPHICS OF PARTICIPANTS IN CARBON COUNTY:

GENDER: 91% FEMALE, 9% MALE

AVERAGE AGE: 50, AGE RANGE: 24-65

RACE: 91% WHITE, 9% ASIAN

ETHNICITY: 100% NON-HISPANIC

LEHIGH VALLEY HOSPITAL:

PART V, SECTION B, LINE 6A: LVHN HAS PRODUCED SEVEN CHNA HEALTH PROFILES

FOR OUR LEHIGH VALLEY HOSPITAL (LVH) CAMPUSES: LVH-CARBON (CARBON 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.

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

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

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

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

INCLUSIVE OF OUR COORDINATED HEALTH - ALLENTOWN AND COORDINATED HEALTH -

BETHLEHEM CAMPUSES, RESPECTIVELY.

WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO

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

LEHIGH COUNTY REPORT, AND THE LUZERNE COUNTY REPORT INCLUDES INFORMATION

ABOUT THE HEALTH NEEDS IN THE CITY OF HAZLETON WHERE IT WAS AVAILABLE.

WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE

SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE

COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR

WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES BECAUSE OF THE SOCIAL AND

ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

LEHIGH VALLEY HOSPITAL:

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

ALLENTOWN HEALTH BUREAU

BIG BROTHERS/BIG SISTERS

CEDAR CREST COLLEGE

COMMUNITIES THAT CARE (CATASAUQUA)

COMMUNITIES THAT CARE (WHITEHALL/COPLAY)

LEHIGH CARBON COMMUNITY COLLEGE

LEHIGH COUNTY SPECIAL PROGRAM OF OFFENDERS IN REHABILITATION AND EDUCATION

Part V Facility Information (continued)

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

LEHIGH GAP NATURE CENTER

RIPPLE COMMUNITY CENTER

ORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY:

BETHLEHEM AREA SCHOOL DISTRICT

BETHLEHEM HEALTH BUREAU

EASTON AREA SCHOOL DISTRICT (PAXINOSA ELEMENTARY SCHOOL)

FORKS UNITED CHURCH OF CHRIST

GREATER EASTON DEVELOPMENT PARTNERSHIP

LEHIGH VALLEY PLANNING COMMISSION

NORTHAMPTON COMMUNITY COLLEGE

NORTHAMPTON COUNTY GOVERNMENT

SLATE BELT CHAMBER OF COMMERCE

ORGANIZATIONS REPRESENTED IN CARBON COUNTY:

CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY

CARBON COUNTY COMMUNITY FOUNDATION

GREATER LEHIGH VALLEY UNITED WAY

JIM THORPE ROTARY CLUB

TURN TO US

WEATHERLY AREA SCHOOL DISTRICT (WEATHERLY HIGH SCHOOL)

LEHIGH VALLEY HOSPITAL:

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

AVAILABLE UPON REQUEST.

Part V Facility Information (continued)

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

LEHIGH VALLEY HOSPITAL:

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

POPULATIONS

LVHN'S 2019 CHNA HIGHLIGHTED VULNERABLE POPULATIONS THAT CONTINUE TO

EXPERIENCE BARRIERS TO ACCESS TO CARE INCLUDING:

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

LVHN SERVES

- MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT A

SIGNIFICANT PORTION OF OUR ADULT POPULATION IN OUR FIVE-COUNTY SERVICE

AREA, RANGING BETWEEN 7% AND 9% OF THE TOTAL POPULATION.

THROUGH THE FOCUS GROUPS DISCUSSIONS, COMMUNITY MEMBERS IN ALL COUNTIES

EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRITICAL

MEDICATIONS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS.

THEY ACKNOWLEDGED THAT THE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR

MEDICATIONS OFTEN RESULTED IN LIMITING THE USE OF THE HEALTHCARE SYSTEM OR

ADDRESSING CHRONIC CONDITIONS. TRANSPORTATION WAS ALSO ACKNOWLEDGED AS

ANOTHER BARRIER TO CARE.

THESE INPUTS FROM THE COMMUNITY ALIGN WITH LVHN'S MISSION OF ADDRESSING

THE HEALTH NEEDS FOR ALL MEMBERS OF OUR COMMUNITY AND, THEREFORE, WERE

PRIORITIZED WITHIN THE IMPLEMENTATION PLAN AS DISCUSSED BELOW.

REDUCING BARRIERS TO CARE FOR VULNERABLE POPULATIONS

Part V Facility Information (continued)

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

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

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

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

DETERMINANTS OF HEALTH AND MEDICAL NEEDS. AS OF THE END OF FY21, THE

Part V Facility Information (continued)

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

PROGRAM MOVED TO VALLEY HEALTH PARTNERS SUCCESSFULLY.

MEDICATION ASSISTANCE

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

CONNECTION TO HEALTH INSURANCE & FINANCIAL ASSISTANCE

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

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

Part V Facility Information (continued)

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

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

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

Part V Facility Information (continued)

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

PRIORITY AREA: HEALTH PROMOTION AND PREVENTION

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

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

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

Part V Facility Information (continued)

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

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

LEHIGH VALLEY HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

LEHIGH VALLEY HOSPITAL

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

WWW.LVHN.ORG/GET-FINANCIAL-ASSISTANCE

LEHIGH VALLEY HOSPITAL:

PART V, SECTION B, LINE 18E: COLLECTION ACTIVITIES ARE LIMITED TO HOSPITAL

SENDING FOUR STATEMENTS REQUESTING PAYMENT. THE STATEMENTS INCLUDE

INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SOLICITING

THE PATIENTS PARTICIPATION IN THE FINANCIAL ASSISTANCE PROGRAM.

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

IN FY2022, ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR

PROVIDE HEALTHCARE SCREENINGS IN THE FOLLOWING WAYS:

PREVENTATIVE HEALTH SCREENINGS & SERVICES

A CONSTANT IN LVH-LEHIGH VALLEY'S PREVENTATIVE EFFORTS, THE ANNUAL

DRIVE-THRU FLU DRIVE, OCCURS IN THE FALL EACH YEAR. IN FY20, A TOTAL OF

Part V Facility Information (continued)

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

9,000 FLU SHOTS WERE PROVIDED THROUGH THE FLU DRIVE. IN FY21, LVH-LV

STAFF PROVIDED FREE FLU SHOTS TO OVER 6,000 PEOPLE - AND COLLECTED 8

TONS OF FOOD FOR AREA FOOD BANKS - WHICH WAS LOWER THAN FY20 NUMBERS

DUE TO THE PANDEMIC AND INTENSE FOCUS ON PROVIDING COVID-19

VACCINATIONS FOR THE COMMUNITY. IN FY22, LVH-LV STAFF PROVIDED FREE FLU

SHOTS TO OVER 12,000 PEOPLE AND COLLECTED 8,800 LBS. OF FOOD. THESE

FREE FLU-SHOT CLINICS WILL CONTINUE TO EXPAND WITHIN THE LVHN SERVICE

AREA.

LVHN ALSO HAD A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER.

IN FY20, A TOTAL OF 1,865 MAMMOGRAMS WERE COMPLETED THROUGH LVHN'S

MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH 5% AND

8% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY,

RESPECTIVELY, ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP

CODES. IN FY21, A TOTAL OF 1,840 MAMMOGRAMS WERE COMPLETED THROUGH

LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH

6% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY

(3% IN EACH COUNTY), ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE

TARGET ZIP CODES. IN FY22, THERE WERE A TOTAL OF 2,075 MAMMOGRAMS

COMPLETED THROUGH LVHN'S MAMMOGRAM COACH, WITH 4% BEING FOR PATIENTS

FROM THE TARGET ZIP CODES IN LEHIGH AND NORTHAMPTON COUNTY.

IN FY2022, 571 SCREENINGS WERE HELD IN LEHIGH COUNTY, WITH 77 FOLLOW-UP

IMAGING ORDERS PLACED AND 3 CANCERS FOUND. 162 SCREENINGS WERE HELD IN

NORTHAMPTON COUNTY, WITH 20 FOLLOW-UP IMAGING ORDERS PLACED AND NO

CANCERS FOUND.

Part V Facility Information (continued)

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

PRIORITY AREA: INCLUSION AND DIVERSITY

COMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND

DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY

MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW

THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A

WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. BELOW IS THE RACIAL

DEMOGRAPHICS OF LEHIGH AND NORTHAMPTON COUNTIES. THE TABLE SHOWS THAT

THE HISPANIC POPULATION IS GREATER THAN 10% OF THE TOTAL POPULATION IN

BOTH COUNTIES, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT

AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED

THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS, PARTICULARLY IN LEHIGH,

LUZERNE, AND NORTHAMPTON COUNTIES. LVHN LEADERSHIP AGREED, RANKING

INCLUSION AND DIVERSITY AS AN ISSUE THAT WOULD HAVE A MODERATE IMPACT

ON OVERALL HEALTH, BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND

WAS AN INITIATIVE WE HAVE THE CAPACITY TO ADDRESS.

LEHIGH COUNTY HAS A TOTAL POPULATION OF APPROXIMATELY 359,000. OF

THOSE, 21.8% ARE HISPANIC. IN NORTHAMPTON COUNTY, THE POPULATION IS

APPROXIMATELY 301,000. OF THOSE, 12.1% ARE HISPANIC.

LVHN WILL FOCUS ON TWO IMPORTANT STRATEGIES. FIRST, LVHN WILL INCREASE

ACCESS TO LANGUAGE INTERPRETATION AT ALL HEALTH CARE SERVICE SITES,

BUILDING ON THE ALREADY STRONG SET OF SERVICES AVAILABLE. SECOND, LVHN

WILL CUSTOMIZE ROBUST COLLEAGUE EDUCATION AROUND CULTURAL AWARENESS AND

INCLUSION AND DIVERSITY TO ENSURE ALL PATIENTS RECEIVE A WARM WELCOME,

PARTICULARLY POPULATIONS WITH SPECIAL NEEDS AT EACH OF OUR CAMPUSES.

Part V Facility Information (continued)

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

INTERPRETER SERVICES

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

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

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

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

Part V Facility Information (continued)

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

MINUTES WERE SPENT ON VIDEO ACROSS 87,555 VIDEO ENCOUNTERS. AT

LVH-MUHLENBERG, 74,101 MINUTES WERE SPENT ON VIDEO ACROSS 8,754 VIDEO

ENCOUNTERS.

CULTURAL AWARENESS AND STAFF EDUCATION

THE CHIEF DIVERSITY, EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE

OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL

AWARENESS COVERED AT "CONNECTIONS" (THE ORIENTATION PROGRAM FOR ALL NEW

LVHN EMPLOYEES) TO AUDIENCE-SPECIFIC CONTENT INCLUSIVE LEADERSHIP,

UNCONSCIOUS BIAS, RESPONDING TO MICROAGGRESSIONS, AND CROSS-CULTURAL

CARE. IN FY20, OVER 60 TRAININGS WERE HELD WITH JUST OVER 4,000

EMPLOYEES ATTENDING. IN FY21, NEARLY 50 TRAININGS WERE HELD WITH JUST

OVER 4,000 EMPLOYEES ATTENDING IN TOTAL. IN FY22, 37 TRAININGS WERE

HELD FOR 2,641 EMPLOYEES IN ATTENDANCE. ADDITIONAL DIVERSITY, EQUITY

AND INCLUSION EDUCATIONAL CONTENT AND RESOURCES ARE ALSO AVAILABLE TO

COLLEAGUES VIA A NEW DEI INTRANET SITE THAT LAUNCHED IN FEBRUARY 2022.

WITH LVHN LEADERSHIP'S INCREASED STRATEGIC FOCUS ON DIVERSITY AND

INCLUSION IN THE NETWORK, IT WAS IMPORTANT TO INCREASE RESOURCES IN

SUPPORT OF THIS IMPORTANT WORK. ON MARCH 8, 2021, A DIVERSITY EQUITY

AND INCLUSION (DEI) PROJECT MANAGER COLLEAGUE WAS BROUGHT ON STAFF.

THIS IMPORTANT ROLE SUPPORTS NETWORK INITIATIVES INCLUDING THE ACTIONS

AGAINST RACISM AND ADVANCING EQUITY COUNCIL, CULTURAL AWARENESS

LEADERSHIP COUNCIL AND THE LGBTQ PATIENT AND FAMILY CARE EXPERIENCE

PROJECT TEAM.

Part V Facility Information (continued)

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

PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS OF HEALTH ARE AT THE HEART OF COMMUNITY HEALTH WORK

AT LVHN. DURING THE PRIMARY DATA COLLECTION PROCESS, LVHN RECEIVED

COMMUNITY FEEDBACK THAT CONFIRMED THE IMPORTANCE OF ADDRESSING SOCIAL

DETERMINANTS BOTH DIRECTLY AND THROUGH PARTNERSHIPS WITH COMMUNITY

ORGANIZATIONS. EXAMPLES OF SOCIAL DETERMINANTS THAT REQUIRE MULTIPLE

AGENCIES AND ORGANIZATIONS WORKING TOGETHER IN A COORDINATED MANNER ARE

HOUSING AND FOOD INSECURITY. BOTH WERE HIGHLIGHTED DURING COMMUNITY

FOCUS GROUPS. IN ALL COUNTIES LVHN SERVES:

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

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

INCOME ON HOUSING.

LVHN CHNA EXECUTIVE TEAMS RECOGNIZED THE MAGNITUDE OF HOUSING AND FOOD

INSECURITY ISSUES, BUT ALSO WERE LESS CERTAIN ABOUT HEALTHCARE'S

ABILITY TO HAVE AN IMPACT IN THIS AREA, PARTICULARLY BECAUSE THESE ARE

NOT ISSUES THAT HEALTHCARE CAN ADDRESS ALONE. THE IMPORTANCE OF

PARTNERSHIPS IN THIS AREA IS HIGHLIGHTED IN LVHN'S CHNA IMPLEMENTATION

PLAN. BELOW ARE BOTH INTERNAL AND CROSS-SECTOR PARTNERSHIP EFFORTS

ADDRESSING THESE ISSUES IN OUR COMMUNITIES.

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

FOOD ACCESS

Part V Facility Information (continued)

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

THE FIRST STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN

THE IMPLEMENTATION PLAN IS IMPROVE ACCESS TO HEALTHY FOOD AND REDUCE

OBESITY RATES IN OUR COMMUNITIES, THROUGH IN-SCHOOL EDUCATION,

PROMOTION OF HEALTHY LIFESTYLES AND COMMUNITIES, AND SUPPORT OF MOBILE

MARKET FOOD DISTRIBUTION. AT LVH-LEHIGH VALLEY CAMPUSES, TWO PILOT

PARTNERSHIPS WITH MOBILE FOOD MARKET VENDORS WERE CONTINUED IN FY21.

PARTNERSHIP WITH THE KELLYN FOUNDATION: LVHN DEVELOPED PARTNERSHIPS

WITH KEY NON-PROFIT ORGANIZATIONS, WHO ARE WORKING TO IMPROVE HEALTHY

FOOD ACCESS IN THE COMMUNITY. THE KELLYN FOUNDATION ENSURES

AVAILABILITY OF LOW-COST/NO-COST, HEALTHY FOOD OPTIONS AT KEY LOCATIONS

THAT OPTIMIZE ACCESSIBILITY TO FAMILIES IN NEED. THE EAT REAL FOOD

MOBILE MARKET PILOT WITH KELLYN FOUNDATION PILOT AIMED TO PROVIDE FRESH

FRUITS AND VEGETABLES, GRAINS, AND PREPARED MEALS FOR LVHN FAMILIES

LIVING IN SOCIALLY DISADVANTAGED ALLENTOWN NEIGHBORHOODS WHO ARE FOOD

INSECURE OR DO NOT HAVE EASY ACCESS TO AFFORDABLE HEALTHY FOOD OPTIONS

DUE TO UNEMPLOYMENT OR INABILITY TO PAY. KELLYN USED THEIR EXISTING

MOBILE MARKET AND COMMUNITY RELATIONSHIPS TO DISTRIBUTE HEALTHY FRUITS

AND VEGETABLES AND PREPARED MEALS IN AND AROUND ALLENTOWN SCHOOLS. LVHN

17TH STREET COMMUNITY PRACTICE FAMILIES WERE PROVIDED A WEEKLY \$20

CREDIT THAT COULD BE REDEEMED AT THE MOBILE MARKET AND LEVERAGED WITH

OTHER PUBLIC BENEFITS (EBT, WIC, FMNP VOUCHERS). BETWEEN THE END OF

JUNE AND SEPTEMBER 2020 THE KELLYN FOUNDATION PROVIDED SERVICES TO 545

INDIVIDUALS IN THE COMMUNITY WITH THE SUPPORT OF \$39,640 IN VOUCHERS

FROM LVHN. ONCE AWARE OF THE PROGRAM, 26% PARTICIPATED EVERY WEEK AND A

TOTAL OF 57.61% PARTICIPATED MORE THAT 50% OF THE TIME. IN FY22, THE

PROGRAM PROVIDED 153,131 POUNDS OF HEALTHY FOOD TO 2,737 PEOPLE. THE

Part V Facility Information (continued)

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

TOTAL SALES WERE \$352,750. OF THE TOTAL SALES, \$186,266 WERE VOUCHER

SALES FOR 1,543 CUSTOMERS BETWEEN 65% AND 85% OF CUSTOMERS SERVED IN

COMMUNITY SITES HAVE A REPORTED INCOME BELOW THE AVERAGE MEDIAN INCOME

FOR THE AREA.

CARDIAC HEART FAILURE (CHF) FOOD PRESCRIPTION PILOT WITH MEALS ON

WHEELS OF THE LEHIGH VALLEY (MOWGLV): MOWGLV IS DELIVERING

DIET-APPROPRIATE MEALS FOR 90-DAYS POST-DISCHARGE TO 19-25 INDIVIDUALS

WHO HAVE A DIAGNOSIS OF CHF AND WERE RECENTLY DISCHARGED FROM LVHN'S

INPATIENT SETTING. PATIENTS SERVED THROUGH THIS PILOT RECEIVED WEEKDAY

HOT MEALS AND WEEKEND COLD MEALS FOR 90 DAYS AT NO COST TO ENSURE

HEALTHY MEALS ARE AVAILABLE TO PATIENTS AS QUICKLY AS POSSIBLE AFTER

TRANSITION FROM THE HOSPITAL TO HOME. THE PILOT WAS INTENDED TO PROVIDE

A BRIDGING PERIOD DURING WHICH THE PATIENT CAN BE ASSESSED FOR

ELIGIBILITY OF MEALS BEYOND THAT 90-DAY PERIOD AND MAINTAIN COMPLIANCE

WITH THE HEART HEALTHY NUTRITION PLAN. 19 HEART FAILURE PATIENTS HAVE

BEEN REFERRED TO THE MOW PILOT. LVHN DEDICATED \$30,000 TO SUPPORT THE

FUNDING OF MEALS FOR HEART FAILURE PATIENTS IN FY21.

PRIORITY AREA: BEHAVIORAL HEALTH

ONE CONSISTENT AREA OF NEED VOICED BY THE COMMUNITY, IN BOTH THE 2016

AND 2019 LVHN CHNAS, WAS THE NEED TO BETTER ADDRESS BEHAVIORAL HEALTH

AND MENTAL WELL-BEING IN THE COMMUNITY. ACCORDING TO THE ROBERT WOOD

JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, MEMBERS OF THE COMMUNITY

EXPERIENCE MORE THAN 4 "UNHEALTHY" MENTAL HEALTH DAYS PER MONTH,

ECHOING THE DIRECT FEEDBACK FROM FOCUS GROUPS. THIS NEED WAS DISCUSSED

Part V Facility Information (continued)

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

IN ALL FIVE COUNTIES AND, THEREFORE, WAS MADE A CROSS-CUTTING PRIORITY

AREA FOR THE IMPLEMENTATION PLAN. WITHIN THE BEHAVIORAL HEALTH PRIORITY

AREA, THERE ARE 3 AREAS OF FOCUS: MENTAL HEALTH, SUBSTANCE USE

DISORDER, AND SUICIDE PREVENTION. WHILE PUBLIC DATA AROUND SUBSTANCE

USE DISORDER IS LACKING, IT WAS A CLEAR CONCERN EXPRESSED COMMUNITY

MEMBERS WHO PARTICIPATED IN FOCUS GROUPS AND INTERVIEWS. LVHN

LEADERSHIP BELIEVES THIS IS A HIGH IMPACT AREA OF WORK, BUT WE NEED TO

INCREASE CAPACITY IN ORDER TO ADDRESS THESE NEEDS ADEQUATELY. THE

SECTIONS BELOW OUTLINE THE APPROACHES BEING IMPLEMENTED IN EACH OF

THESE FOCUS AREAS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF THE

COMMUNITIES LVHN SERVES.

MENTAL HEALTH

PREVENTION AND EDUCATION: THE FIRST STRATEGY TO ADDRESS THE MENTAL

HEALTH NEEDS OF THE COMMUNITY IS DECREASE THE STIGMA AND INCREASE

SKILLS OF PROFESSIONALS AND COMMUNITY MEMBERS TO RECOGNIZE MENTAL

HEALTH CONCERNS AND PROMOTE MENTAL WELLNESS. IN ADDITION, LVHN WILL

PARTICIPATE IN AND PARTNER AROUND COMMUNITY-BASED TRAUMA-INFORMED CARE

COLLABORATIVE TO CREATE MORE TRAUMA-INFORMED COMMUNITIES.

IN THE LEHIGH VALLEY (LVH-LEHIGH VALLEY), LVHN ENGAGED WITH LAKESIDE

GLOBAL INSTITUTE TO PROVIDE TRAUMA 101 AND 102 TRAININGS FOR PROVIDERS

AND PROFESSIONALS IN THE LEHIGH VALLEY. THE TRAININGS REACHED 500

PEOPLE IN FY20. WITH THE COVID-19 PANDEMIC, THESE TRAININGS WERE PUT

ON HOLD IN THE SECOND HALF OF FY20. DURING THE COVID-19 PANDEMIC, LVHN

PARTICIPATED IN A COMMUNITY OUTREACH PSA THAT NORTHAMPTON COUNTY

Part V Facility Information (continued)

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

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

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

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

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

Part V Facility Information (continued)

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

AND EDUCATIONAL MATERIAL.

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

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

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

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

Part V Facility Information (continued)

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

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

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

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

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

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

Part V Facility Information (continued)

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

ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE

USE DISORDER SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECOME A

TEAM OF 5.5 FTE DEDICATED TO MANAGING ALL REFERRALS TO AMBULATORY

PSYCHIATRY PRACTICES, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS

SERVICE OFFICIALLY WENT LIVE ON MAY 4, 2020, AND THEY RECEIVE REFERRALS

FROM OUTPATIENT PRACTICES FROM ALL LVHN CAMPUSES. IN FY21, CENTRALIZED

INTAKE RECEIVED 10,179 REFERRALS. OF THE 10,179 REFERRALS, 6,240 (61%)

WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDED WITH A LIST

OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL

ASSISTANCE IF UNABLE TO CONNECT WITH A PROVIDER. IN FY22, CENTRALIZED

INTAKE RECEIVED 10,922 REFERRALS. OF THE 10,922 REFERRALS, 7,440 (68%)

WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDED WITH A LIST

OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL

ASSISTANCE IF UNABLE TO CONNECT WITH A PROVIDER.

INNOVATION: THE THIRD STRATEGY LVHN HAS COMMITTED TO IN ORDER TO

ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS INNOVATION THROUGH

THE USE OF TECHNOLOGY TO PROVIDE TELE-PSYCHIATRY, TELE-THERAPY, AN APP

DEPLOYMENT, AND ECONSULTS. THE DEVELOPMENT AND IMPLEMENTATION OF

TELE-PSYCHIATRY AND THERAPY SERVICES WAS UNDERWAY AT THE START OF FY20.

WITH THE ONSET OF THE COVID-19 PANDEMIC, THE SCALE AND REACH OF THESE

SERVICES INCREASED RAPIDLY AND DRAMATICALLY. OUTPATIENT BEHAVIORAL

HEALTH VIRTUAL VISITS INCREASED FROM 2% BEFORE COVID-19 TO 98% SOON

AFTER THE START OF THE PANDEMIC

IN FY21, THE DEPARTMENT OF PSYCHIATRY PROVIDED A TOTAL OF 66,457

OUTPATIENT BEHAVIORAL HEALTH ENCOUNTERS, OF WHICH 44,942 ENCOUNTERS

Part V Facility Information (continued)

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

(68%) WERE VIRTUAL. IN FY22, THE DEPARTMENT OF PSYCHIATRY PROVIDED A

TOTAL OF 137,750 OUTPATIENT BEHAVIORAL HEALTH ENCOUNTERS, OF WHICH

70,253 ENCOUNTERS (51%) WERE VIRTUAL. A GREATER NUMBER OF VISITS WERE

IN-PERSON AGAIN AS WE CAME BACK FROM THE PANDEMIC.

THE STREET MEDICINE TELE-BEHAVIORAL HEALTH GRANT-FUNDED PILOT PROGRAM

ELIMINATED MANY OF THE BARRIERS FACED BY HOMELESS PATIENTS WHEN

ACCESSING HEALTHCARE. CRUCIALLY, IT PROVIDED CARE LITERALLY WHERE THE

PATIENTS ARE, USING SECURE, INTERACTIVE TELECOMMUNICATION TECHNOLOGY.

LICENSED THERAPISTS PROVIDED ASSESSMENTS, THERAPY, AND BEHAVIORAL

HEALTH CASE MANAGEMENT VIA VIDEO VISITS FROM AUGUST 2019 TO AUGUST

2021. ENCOUNTERS HAVE OCCURRED AT MULTIPLE "STREET MEDICINE" LOCATIONS,

SUCH AS AVAILABLE SOUP KITCHENS IN ALLENTOWN AND BETHLEHEM. SINCE THE

FIRST VISIT IN AUGUST 2019, LVHN PROVIDED 279 VISITS TO HOMELESS

PATIENTS, AS WELL AS DEDICATED 597 HOURS TO COORDINATED LINKAGES TO

MEDICAL AND SOCIAL SERVICES, THUS REDUCING MANY BARRIERS TO THIS

AT-RISK POPULATION. WHILE THE GRANT HAS ENDED, THE SUCCESS OF THE

PROGRAM HAS LED STREET MEDICINE TO EMPLOY A FULL TIME LICENSED

THERAPIST TO CARRY ON THIS MEANINGFUL WORK, AND THE PROGRAM IS NOW

MANAGED THROUGH VALLEY HEALTH PARTNERS.

IN ADDITION, TELE-CONSULTS WERE PROVIDED FOR PRIMARY CARE PROVIDERS. A

PSYCHIATRIC OUTPATIENT CONSULTATION REFERRAL ORDER WAS ESTABLISHED IN

FY20 TO FACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST

OR APC WITH THE GOAL OF EVALUATING AND PROVIDING TREATMENT

RECOMMENDATIONS, WHICH MAY INCLUDE THE PRESCRIBING OF PSYCHOTROPIC

MEDICATIONS, AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING

Part V Facility Information (continued)

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

CARE. IN FY21, 618 TELE-PRIMARY CARE CONSULTS AND 268 ECONSULTS WERE

COMPLETED AT LVH-LEHIGH VALLEY PRIMARILY, UP FROM 80 AND 208,

RESPECTIVELY IN FY20. IN FY22, 591 TELE-PRIMARY CARE CONSULTS AND 254

ECONSULTS WERE COMPLETED AT LVH-LEHIGH VALLEY PRIMARILY.

LVH - LEHIGH VALLEY HAS ALSO ROLLED OUT A NEW APPLICATION CALLED

GUIDEBOOK WHICH PROVIDES PATIENTS AND COMMUNITY MEMBERS MENTAL HEALTH

RELATED RESOURCES. COMMUNICATION ABOUT THE AVAILABILITY OF THE APP

BEGAN IN JANUARY OF 2020. THERE WERE 400 DOWNLOADS AS OF MARCH 2020

WITH AVG. TIME SPENT IN THE APP OF ABOUT 1 MINUTE. BETWEEN MARCH AND

MAY 2020 (DURING THE HEIGHT OF THE COVID-19 RESPONSE), THE DOWNLOADS

JUMPED TO 600 WITH THE AVERAGE TIME SPENT INCREASING TO OVER A MINUTE.

IN FY21, THE DEPARTMENT OF PSYCHIATRY CONTINUED TO EXPAND THE RESOURCES

AVAILABLE TO PATIENTS ON THE GUIDEBOOK APP, AND THERE WAS AN ADDITIONAL

275 DOWNLOADS WHICH PUT THE TOTAL NUMBER OF DOWNLOADS AT 947. THE

AVERAGE NUMBER OF SESSIONS PER USER IN FY21 WAS 2.1 AND THE AVERAGE

AMOUNT OF TIME ON THE APP DURING EACH SESSION IS ABOUT 1 MINUTE. IN

FY22, THE APPLICATION WAS DOWNLOADED BY AN ADDITIONAL 273 USERS.

SCHOOL-BASED BEHAVIORAL HEALTH

THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL SCHOOL-BASED BEHAVIORAL

HEALTH (SBBH) PROGRAM PARTNERS WITH SCHOOL DISTRICTS ACROSS THE HEALTH

NETWORK'S SERVICE AREA TO REMOVE BARRIERS TO MENTAL HEALTH TREATMENT BY

PROVIDING OUTPATIENT THERAPY FOR STUDENTS DURING THE SCHOOL DAY. EACH

YEAR, HUNDREDS OF CHILDREN WHO OTHERWISE WOULD NOT HAVE ACCESS TO

MENTAL HEALTH TREATMENT ARE ABLE TO PARTICIPATE IN SCHOOL-BASED THERAPY

Part V Facility Information (continued)

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

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

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

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

Part V Facility Information (continued)

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

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

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

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

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

Part V Facility Information (continued)

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

SUPPORTS AT THE INDIVIDUAL, SCHOOL, AND COMMUNITY LEVEL. IN TOTAL, 25%

OF THE STUDENTS SERVED IN THE PROGRAM WERE UNINSURED AND RECEIVED

SERVICES USING IN-KIND HOURS.

IN FY22, THE AVERAGE SDQ SCORE FOR OVERALL STRESS WAS REDUCED BY 28%,

MOVING THE AVERAGE SCORE FROM HIGH TO AVERAGE STRESS OVER THE COURSE OF

TREATMENT. SIMILARLY, THE AVERAGE SDQ SCORE FOR IMPACT OF DIFFICULTIES

REDUCED BY 50%, MOVING THE AVERAGE SCORE FROM HIGH TO BORDERLINE IMPACT

OVER THE COURSE OF TREATMENT. AT THE SIX-MONTH MARK IN TREATMENT,

EMOTIONAL DISTRESS DECREASED BY 35%, BEHAVIORAL STRESS DECREASED BY

44%, 87% OF STUDENTS AND CAREGIVERS REPORTED PROBLEM IMPROVEMENT, AND

100% OF STUDENTS AND CAREGIVERS REPORTED THAT THE PROGRAM PROVIDED THEM

WITH SUPPORT.

WELLER HEALTH EDUCATION AT LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL

PARTNERS WITH OVER 25 SCHOOL DISTRICTS ACROSS THE HEALTH NETWORK'S

EIGHT-COUNTY SERVICE AREA TO PROVIDE INTERACTIVE RESEARCH-BASED

PROGRAMS THAT HELP PREVENT CHRONIC DISEASE AND IMPROVE CHILDREN'S

OVERALL HEALTH, SAFETY, AND WELL-BEING. ALL PROGRAMS ARE PRESENTED BY

SPECIALLY TRAINED HEALTH EDUCATORS WHO ARE EXPERTS AT CONNECTING WITH

YOUNG PEOPLE AND TRANSLATING COMPLEX INFORMATION INTO

EASY-TO-UNDERSTAND CONCEPTS. WITH THE GENEROUS SUPPORT OF THE CARL E.

AND EMILY I. WELLER FOUNDATION, CORPORATE AND FOUNDATION FUNDERS, AND

IN-KIND SUPPORT FROM THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL,

PROGRAMS ARE PRESENTED FREE TO ALL SCHOOL DISTRICTS. OVER 80% OF THE

STUDENTS SERVED ARE ECONOMICALLY DISADVANTAGED.

Part V Facility Information (continued)

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

IN FY21, WELLER REACHED 30,000 STUDENTS THROUGH A VARIETY OF IN-PERSON,

VIRTUAL AND ASYNCHRONOUS LEARNING OPPORTUNITIES DESIGNED TO MEET THE

VARYING NEEDS OF STUDENTS AND SCHOOL DISTRICTS ACROSS OUR REGION. IN

ADDITION TO DELIVERING CLASSROOM PROGRAMS EITHER IN-PERSON OR VIA

REMOTE LEARNING PLATFORMS, WELLER'S TEAM CREATED A VIDEO LIBRARY WITH

NEARLY 40 ASYNCHRONOUS LESSONS THAT RANGE FROM DEALING WITH

PANDEMIC-INDUCED STRESS, ANXIETY AND FATIGUE, TO SCHOOL DISTRICT

CURRICULUM-BASED CONTENT ON MENTAL HEALTH, SUBSTANCE USE DISORDER

PREVENTION, HEALTHY RELATIONSHIPS, AND NUTRITION AND FITNESS. THE

PROGRAMS ARE PROVIDED AT NO COST TO THE SCHOOLS AND LVHN IS THE ONLY

HEALTH SYSTEM IN THE REGION OFFERING THIS TYPE OF PREVENTIVE HEALTH

EDUCATION FOR CHILDREN AND FAMILIES.

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

SYNCHRONOUS VIRTUAL LEARNING OPPORTUNITIES DESIGNED TO MEET THE VARYING

NEEDS OF STUDENTS AND SCHOOL DISTRICTS ACROSS OUR REGION. NUTRITION AND

EXERCISE ACCOUNTED FOR 8% OF THE PROGRAMMING PROVIDED IN THE SCHOOLS.

ALSO IN FY22, THE WELLER TEAM SERVED OVER 2,800 FREE HEALTHY LUNCHES TO

ALLENTOWN STUDENTS THROUGH A GRANT FROM THE US DEPARTMENT OF

AGRICULTURE'S SUMMER FOOD SERVICE PROGRAM (SFSP).

SUBSTANCE USE DISORDER

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

DISORDER EPIDEMIC IN THE COMMUNITIES WE SERVE:

1. STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO

Part V Facility Information (continued)

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

THE COMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE

DISORDER AND ADDICTION.

2. OPIOID STEWARDSHIP BY PROVIDING EDUCATION TO FRONT-LINE STAFF (E.G.,

PROVIDERS, NURSES) TO MINIMIZE OPIOID PRESCRIBING, PROMOTE SAFETY

MEASURES TO MINIMIZE ADDICTION TO OPIOIDS, AND INCREASE AWARENESS OF

TOOLS AVAILABLE.

3. LINKAGE TO TREATMENT BY REDUCING THE BARRIERS BETWEEN A PATIENT WHO

IS STRUGGLING WITH SUBSTANCE USE DISORDER OR ADDICTION AND THEIR ACCESS

TO TREATMENT OPTIONS.

4. HARM REDUCTION BY REDUCING THE LIKELIHOOD THAT HARM WILL COME TO

THOSE WHO ARE STRUGGLING WITH ADDICTION.

STIGMA REDUCTION: IN FY20, LVHN LEADERS PRESENTED "SCIENCE, STIGMA &

SOLUTIONS: WHAT WE CAN DO TO ADDRESS THE SUD CRISIS" AT THE PA

DEPARTMENT OF HEALTH OPIOID COMMAND CENTER SUMMIT AND HELD "CARE TALKS:

CELEBRATING OUR HEALTHCARE PARTNERSHIPS", HIGHLIGHTING RELATIONSHIPS

WITH LVHN AND COMMUNITY PARTNERS AROUND LINKAGE TO TREATMENT FOR

SUBSTANCE USE DISORDERS AND REDUCING STIGMA. THIS WORK CONTINUED

THROUGHOUT FY21 AS LVHN LEADERS AND COLLEAGUES CONTINUED TO WORK TO

REDUCE THE STIGMA AROUND SUBSTANCE USE DISORDERS AND PROMOTE THE

RESOURCES AVAILABLE TO ADDRESS THIS COMMUNITY CONCERN. IN FY22, LVHN

SPONSORED AND PARTICIPATED IN 7 OUTREACH EVENTS TO RAISE AWARENESS

ABOUT THE IMPACTS OF SUBSTANCE USE DISORDER, INCLUDING BEING A SPEAKER

AT A LEHIGH COUNTY EVENT TO INCREASE AWARENESS, SUPPORT, AND RESOURCES

Part V Facility Information (continued)

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

FOR PROFESSIONALS SUPPORTING SUBSTANCE USE DISORDER RECOVERY, AND

DISTRIBUTED OVER 2,000 MEDICATION DISPOSAL BAGS TO COMMUNITY MEMBERS.

HIGHLIGHTS OF OTHER ANNUAL COMMUNITY EVENTS INCLUDE:

- LVHN SPONSORS RALLY IN THE VALLEY, A MUSIC FESTIVAL TO CELEBRATE

RECOVERY FROM SUBSTANCE USE DISORDER AS A COMMUNITY CONCEPT, EACH YEAR.

RALLY IN THE VALLEY BRINGS LIGHT TO THE MANY STRENGTHS THAT ACCOMPANY A

RECOVERING LIFESTYLE THROUGH GREAT MUSIC, DYNAMIC SPEAKERS, GOOD FOOD,

FUN FAMILY ACTIVITIES. OVER 2,000 COMMUNITY MEMBERS ATTEND THIS EVENT.

- LVHN SPONSORED THE UNIDOS HUMANKIND DAY FAMILY SUMMER EVENT IN JUNE

OF 2021 AND 2022.

IN ADDITION, EACH YEAR LVHN SPONSORS ANGELS IN THE VALLEY, WHICH IS A

BANNER PROJECT AIMED TO RAISE AWARENESS OF THE ISSUE OF DRUG OVERDOSE

AND REDUCE THE STIGMA ASSOCIATED WITH PEOPLE WHO HAVE LOST THEIR LIVES

DUE TO THE DISEASE OF SUBSTANCE USE DISORDER. THIS PROJECT ALSO

RECOGNIZES THE GRIEF FELT BY FAMILIES AND FRIENDS IN OUR COMMUNITY WHO

HAVE LOST A LOVED ONE AS A RESULT OF DRUG USE. THE BANNERS SIGNIFY THE

PASSING OF SOMEONE CHERISHED AND SENDS A MESSAGE THAT THE TRAGEDY OF

DRUG-RELATED DEATH IS PREVENTABLE, AND THOSE WHO ARE SUFFERING SHOULD

FEEL NO SHAME IN ASKING FOR HELP. PHOTOS OF LOVED ONES WHO HAVE BEEN

LOST ARE DISPLAYED THROUGH THE MONTH OF SEPTEMBER, WHICH IS NATIONAL

RECOVERY MONTH.

OPIOID STEWARDSHIP: IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN

THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT EDUCATION TO OVER

Part V Facility Information (continued)

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

450 PROVIDERS IN FY20. THIS EDUCATION CONTINUED IN FY21, WITH 340

PROVIDERS AND HEALTHCARE WORKERS PARTICIPATING IN ORDER TO EMPOWER

PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIGNS AND IMPACTS OF

SUBSTANCE USE DISORDER. IN FY22, STAFF EDUCATION ABOUT SUBSTANCE USE

DISORDER AND OPIOID-RELATED ISSUES WAS PROVIDED TO STAFF IN PSYCHIATRY,

SURGERY, FAMILY MEDICINE, NEUROLOGY, AND INTERNAL MEDICINE.

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

- A 2-HOUR LEARNING MODULE WAS DEVELOPED AND DISSEMINATED TO ALL LVHN

PROVIDERS DURING FY21 TO ENSURE ADEQUATE EDUCATION AROUND OPIOID

STEWARDSHIP AND LINKAGE TO TREATMENT, AND TO FULFILL LICENSING

REQUIREMENTS FOR THE PA STATE MEDICAL BOARD.

- THE MULTIDISCIPLINARY OPIOID REVIEW COMMITTEE WAS IMPLEMENTED TO

REVIEW OPIOID STEWARDSHIP CASES OF CONCERN AND TO PROVIDE OUTREACH AND

EDUCATION TO PROVIDERS.

- REVISIONS WERE MADE TO THE STANDARDIZED DISCHARGE OPIOID WEANING

PROTOCOLS FOR THE EMERGENCY DEPARTMENT (ED) AND INPATIENT SETTINGS TO

INCREASE MEDICATION OPTIONS AND DURATION OF WEANING PROTOCOLS.

- NON-OPIOID PAIN MODALITY INITIATIVES WERE IMPLEMENTED INCLUDING:

(1) ED BACK PAIN PROTOCOL IN COLLABORATION WITH PT

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

INTERVENTIONS

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

Part V Facility Information (continued)

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

THE ED OBSERVATION UNIT

- CLINICIANS ACROSS MULTIPLE DISCIPLINES WERE TRAINED IN NON-OPIOID

PAIN MANAGEMENT MODALITIES INCLUDING EMPOWERED RELIEF AND EXPLAIN PAIN.

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

BUILDING ON THE WORK OF PAST YEARS, THE FOLLOWING ACTIVITIES WERE

COMPLETED IN FY22:

- THE MULTIDISCIPLINARY OPIOID REVIEW COMMITTEE FURTHER EVOLVED TO

REVIEW OPIOID STEWARDSHIP CASES OF CONCERN AND TO PROVIDE OUTREACH AND

EDUCATION TO PROVIDERS.

- ALTERNATIVES TO OPIOID (ALTO) PAIN MODALITY INITIATIVES CONTINUED

INCLUDING:

(1) ONGOING IMPLEMENTATION OF AN OT-LED AROMATHERAPY FOR PAIN PROTOCOL

WITHIN THE ED OBSERVATION UNIT

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

PRIMARY CARE,

(3) DOEHM US TEAM PROVIDED FASCIA ILIACA NERVE BLOCK TRAINING OFFERED

TO FACULTY AND RESIDENTS DURING 2 SESSIONS IN 2021-2022.

- FLEMING FUNDS AND COMMUNITY HEALTH CHAIR FUNDS WERE USED TO TRAIN

CLINICIANS ACROSS MULTIPLE DISCIPLINES IN NON-OPIOID PAIN MANAGEMENT

MODALITIES INCLUDING EMPOWERED RELIEF AND EXPLAIN PAIN, AS WELL AS

MOTIVATIONAL INTERVIEWING AND PEER SUPPORT TRAINING.

Part V Facility Information (continued)

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

- RELEASED A REVISED OPIOID PRESCRIBING DASHBOARD WHICH BETTER

ADDRESSED TRACKING OF COMPLIANCE WITH OPIOID TREATMENT AGREEMENTS.

- IN APRIL 2022, ELECTRONIC SIGNATURES FOR OPIOID TREATMENT AGREEMENTS

HAD GO-LIVE.

LINKAGE TO TREATMENT: AT THE LVH-LEHIGH VALLEY CAMPUSES, THE HOSPITAL

PARTNERS WITH LEHIGH AND NORTHAMPTON COUNTIES ON A WARM-HAND OFF

PROGRAM CALLED THE HOSPITAL OPIOID SUPPORT TEAM (HOST). THROUGH THIS

PROGRAM, WHEN PATIENTS COME INTO THE EMERGENCY DEPARTMENT (ED) WITH

SUBSTANCE USE DISORDER CONCERNS LVHN STAFF ARE ABLE TO CALL A HOST

ASSESSOR WHO COMES DIRECTLY TO THE ED TO PROVIDE AN ASSESSMENT AND

CONNECT THE PATIENT TO TREATMENT, DECREASING THE TIME BETWEEN

IDENTIFICATION AND REFERRAL TO TREATMENT. IN ADDITION, LVH-LEHIGH

VALLEY HAS AN ADDICTION RECOVERY SPECIALIST (ARS) AND HIRED ANOTHER

CERTIFIED RECOVERY SPECIALIST (CRS) TO HELP CONNECT PATIENTS ADMITTED

TO THE HOSPITAL TO DRUG AND ALCOHOL TREATMENT (AS WELL AS ENGAGE IN

STIGMA REDUCTION AND EDUCATION ACTIVITIES).

IN FY20, THE LVH CAMPUSES HAD 1,981 HOST ENCOUNTERS AND 257 ARS/CRS

ENCOUNTERS. IN FY21, THERE WERE 1,746 HOST ENCOUNTERS AND 238 ARS/CRS

ENCOUNTERS. IN FY22, THERE WERE 1,623 HOST ENCOUNTERS AND 405 ARS/CRS

ENCOUNTERS.

HARM REDUCTION

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

Part V Facility Information *(continued)*

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

RELATED TO HARM REDUCTION.

- TAKE-HOME NALOXONE WAS PROVIDED AT NO COST TO PATIENTS FROM ALL

NETWORK EMERGENCY DEPARTMENTS (ED) AS WELL AS LEHIGH VALLEY PHARMACY

SERVICES LOCATIONS WHERE A PATIENT WITH A NALOXONE PRESCRIPTION IS

UNINSURED OR UNDER-INSURED.

- LVHN MARKETING AND PUBLIC AFFAIRS, IN COLLABORATION WITH LEHIGH

COUNTY, HAS FUNDED THE PURCHASE OF 4000 MEDICATION DISPOSAL KITS WHICH

WILL BE DISTRIBUTED TO PATIENTS AT RISK AT BOTH HOSPITAL PHARMACIES,

AND AT LOCAL COMMUNITY EVENTS ACROSS THE NETWORK.

- IN FY22, LVH-LEHIGH VALLEY WORKED WITH COUNTY DRUG AND ALCOHOL

AUTHORITIES IN LEHIGH AND ONE OTHER COUNTY TO OBTAIN OVER 450 NALOXONE

KITS TO PROVIDE TO PATIENTS AT RISK IN OUR HEALTHCARE SETTINGS.

SUICIDE PREVENTION

LVHN IS COMMITTED TO ADDRESSING SUICIDE PREVENTION IN THE COMMUNITIES

WE SERVE. THE GOAL IS TO PROVIDE EDUCATION, INCREASE AWARENESS, AND

DECREASE STIGMA BY COLLABORATING WITH THE COMMUNITY TO PREVENT SUICIDE.

IN LEHIGH, NORTHAMPTON, AND SCHUYLKILL COUNTIES, SUICIDE PREVENTION

TASK FORCES HAVE BEEN ESTABLISHED WITH ACTIVE PARTICIPATION FROM LVHN

THROUGHOUT FY20, FY21, AND FY22.

IN LEHIGH COUNTY, THE LEHIGH COUNTY TASK FORCE IS A COLLABORATION

BETWEEN LVHN, THE LEHIGH COUNTY CORONER, THE ALLENTOWN HEALTH BUREAU,

Part V Facility Information (continued)

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

LEHIGH COUNTY MENTAL HEALTH SERVICES, AND PINEBROOK FAMILY ANSWERS. IN

FY20, THEY FOCUSED ON THE CORONER'S DATA REGARDING SUICIDES IN LEHIGH

COUNTY OVER A 10-YEAR PERIOD, IN ORDER TO BETTER UNDERSTAND TRENDS AND

THE GEOGRAPHIC CONCENTRATION OF SUICIDES IN THE COUNTY. IN FEBRUARY

2021, THIS DATA AND REPORT WERE HIGHLIGHTED AS AN EXEMPLAR THAT OTHER

COUNTIES SHOULD REPLICATE BY THE NEWLY FORMED STATEWIDE SUICIDE

PREVENTION ALLIANCE. BASED ON THAT DATA, THE GROUP IS:

- FACILITATING CONVERSATIONS WITHIN LEHIGH COUNTY THAT HAVE HIGHER

RATES OF SUICIDE TO BETTER UNDERSTAND THE ISSUE AND CO-DESIGN POTENTIAL

SOLUTIONS.

- DEVELOPING A PUBLIC SERVICE ANNOUNCEMENT.

- DETERMINING WAYS, THEY CAN PROMOTE HEALTH AND WELL-BEING AMONG YOUTH

BEFORE SUICIDE BECOMES A REALITY.

- LVHN CREATED BROCHURES FOR THE PRIMARY AND SPECIALTY CARE PRACTICES

ABOUT LETHAL MEANS AND SUICIDE TO CREATE AWARENESS AMONG THE COMMUNITY.

- A VIDEO ENTITLED DO NO HARM WAS PREVIEWED IN OCTOBER 2019 AND AIRED

ON PBS IN MAY 2020. THE VIDEO LOOKS AT SUICIDE AMONG PHYSICIANS AND

RESIDENTS.

IN NORTHAMPTON COUNTY, THE NORTHAMPTON SUICIDE PREVENTION TASKFORCE

AIMS TO DEVELOP AND IMPLEMENT STRATEGIES TO REDUCE THE RISK OF SUICIDE

AND STIGMA OF MENTAL ILLNESS IN NORTHAMPTON COUNTY THROUGH THE

Part V Facility Information (continued)

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

COLLABORATIVE EFFORTS OF COMMUNITY AGENCIES AND SERVICE PROVIDERS. THE

GOAL IS TO REDUCE DEATH-BY-SUICIDE IN NORTHAMPTON COUNTY BY 20%. FROM

2018 TO 2019, NORTHAMPTON COUNTY SAW A DECREASE IN SUICIDES FROM 53 IN

2018 TO 40 IN 2019. IN FY20, THE GROUP APPLIED FOR AND RECEIVED GRANT

FUNDING TO TRAIN PROFESSIONAL IN THE QPR MODEL AND HELD TRAININGS

PARTICULARLY FOR THE ELDERLY IN NORTHAMPTON COUNTY AND HOSTED A SERIES

OF QPR GATEKEEPER TRAININGS IN 2020 AND 2021. ALSO IN 2020, IN 2020,

THE TASK FORCE PARTNERED WITH NAMI TO CREATE THE PUBLIC SERVICE

ANNOUNCEMENTS BELOW. THEY WERE FILMED IN NORTHAMPTON COUNTY WITH

NORTHAMPTON COUNTY RESIDENTS. IN EARLY 2021, NORTHAMPTON COUNTY FORMED

ITS FIRST LOSS TEAM. LOSS STANDS FOR LOCAL OUTREACH TO SUICIDE

SURVIVORS. NORTHAMPTON COUNTY IS ONE OF THE FIRST IN THE STATE TO HAVE

A TEAM LIKE THIS. A LOSS TEAM IS MADE UP OF TRAINED SURVIVORS AND/OR

THOSE WHO HAVE BEEN IMPACTED BY A SUICIDE. THE TEAM WOULD BE CALLED TO

ASSIST INDIVIDUALS WHO HAVE JUST LOST SOMEONE TO SUICIDE TO DISSEMINATE

INFORMATION ABOUT RESOURCES AND BE A SOURCE OF HOPE FOR THE NEWLY

BEREAVED. THE PRIMARY GOAL IS TO PROVIDE SURVIVORS OF SUICIDE WITH

RESOURCES AND TO LET THEM KNOW THAT RESOURCES EXIST TO HELP THEM

FOLLOWING THE SUICIDE.

LVHN PARTICIPATES IN THE REGIONAL ACTIVITIES TO RAISE AWARENESS ON

SUICIDE INCLUDING THE OUT OF DARKNESS WALK IN OCTOBER EACH YEAR AND THE

SUICIDE PREVENTION & AWARENESS NIGHT AT AN IRON PIG'S GAME IN SEPTEMBER

2021 AND JULY 2022. IN ADDITION, IN MAY 2022 LVH-LEHIGH VALLEY CAMPUSES

STARTED A WARM HAND-OFF PROGRAM. THIS PROGRAM FOLLOWS INDIVIDUALS WHO

HAVE HAD SUICIDAL THOUGHTS AND BEHAVIORS AS THEY ARE DISCHARGED FROM

LVHN INPATIENT AND EMERGENCY DEPARTMENTS INTO THE COMMUNITY TO CONFIRM

Part 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.

A SOLID CONNECTION TO APPROPRIATE CARE.

Multiple horizontal lines for providing supplemental information.

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)

Schedule H (Form 990) 2021

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 6A:

THE COMMUNITY BENEFIT REPORT IS ISSUED BY LEHIGH VALLEY HEALTH NETWORK,
 EIN #22-2458317, THE SOLE CORPORATE MEMBER OF LEHIGH VALLEY HOSPITAL.

PART I, LINE 7:

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

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES OF \$37,602,672 IS THE DIFFERENCE BETWEEN THE
 COST OF SERVICES PROVIDED IN CLINICS AND THE PAYMENTS RECEIVED FOR THOSE
 SERVICES.

SUBSIDIZED HEALTH SERVICES INCLUDE THE OPERATIONS OF THE DENTAL CLINIC,
 MENTAL HEALTH CLINIC, AND GERIATRICS. THE DENTAL CLINIC IS OPERATED IN
 CONJUNCTION WITH THE DENTAL RESIDENCY PROGRAM, AND THE OUTPATIENT MENTAL
 HEALTH CLINIC PROVIDES EVALUATION, COUNSELING, AND CASE MANAGEMENT
 SERVICES TO RESIDENTS OF LEHIGH AND NORTHAMPTON COUNTIES.

Part VI Supplemental Information (Continuation)

SUBSIDIZED HEALTH SERVICES ALSO INCLUDE PRACTICE AREAS WHERE LOCALIZED AND/OR NATIONAL PHYSICIAN SHORTAGES EXIST, SUCH AS IN OBSTETRICS, ONCOLOGY, ENDOCRINOLOGY, NEPHROLOGY, PSYCHIATRY, AND NEONATOLOGY.

LEHIGH VALLEY HOSPITAL ALSO PROVIDES SUBSIDIZED HEALTH SERVICES IN NUMEROUS MEDICALLY UNDERSERVED AREAS (MUAS), AS IDENTIFIED BY THE CATHOLIC HEALTH ASSOCIATION. THE OPERATIONS OF EIGHT OF THE 17TH STREET CLINICS WERE TRANSFERRED TO VALLEY HEALTH PARTNERS COMMUNITY HEALTH CENTER AS OF JULY 1, 2020. VALLEY HEALTH PARTNERS IS DESIGNATED AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-ALIKE.

SUBSIDIZED HEALTH SERVICES DO INCLUDE \$250,227 OF THE WAGE AND BENEFIT EXPENSE OF DENTAL RESIDENTS WHO PROVIDED CARE TO CLINIC PATIENTS. THIS AMOUNT HAS BEEN DEDUCTED FROM THE TOTAL VALUE OF MEDICAL EDUCATION, WHICH IS PRESENTED AS PART OF HEALTH PROFESSIONS EDUCATION ON SCHEDULE H, PART II, LINE 7F.

PART I, LN 7 COL(F):

THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25 IS \$85,615,900.

PART II, COMMUNITY BUILDING ACTIVITIES:

LEHIGH VALLEY HOSPITAL CONTRIBUTED \$30,000 TO LOWER NAZARETH TOWNSHIP FOR THE DEVELOPMENT OF A WALKING TRAIL AND PARK IMPROVEMENTS AT SURREY GLEN PARK.

PART III, LINE 2:

Part VI Supplemental Information (Continuation)

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 UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE. FOR THE

Part VI Supplemental Information (Continuation)

YEARS ENDED JUNE 30, 2022, AND 2021, RESPECTIVELY, LVH RECORDED A

PROVISION FOR IMPLICIT PRICE CONCESSIONS OF \$69,997,000 AND \$75,347,000 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 SOURCE OF THE MEDICARE ALLOWABLE COSTS RELATING TO REVENUE RECEIVED

FROM MEDICARE IS THE FY2022 MEDICARE COST REPORT. THE ENTIRE SHORTFALL ON

LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT. THE REVENUE AND EXPENSES

ARE BOTH DETERMINED USING MEDICARE PRINCIPLES.

PART III, LINE 9B:

FINANCIAL COUNSELING STAFF WILL DETERMINE WHETHER PATIENTS MEET

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. ACCOUNTS THAT DO NOT MEET

THE ELIGIBILITY REQUIREMENTS WILL BE REFERRED TO AN EXTERNAL RECEIVABLES

FOLLOW UP AGENCY, AND IF NOT PAID, REFERRED TO A COLLECTION AGENCY AND

SUBSEQUENTLY TRANSFERRED TO BAD DEBT STATUS IF THE ACCOUNTS REMAIN UNPAID.

PART VI, LINE 2:

AS PART OF THE AFFORDABLE CARE ACT, STARTING IN 2013, ALL NON-PROFIT

HOSPITALS AND HEALTH CARE SYSTEMS ARE REQUIRED TO CONDUCT A COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. THE CHNA REPORT EXAMINES

THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A

Part VI Supplemental Information (Continuation)

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.

THE 2022 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THE FOLLOWING
SECTIONS: DEMOGRAPHICS, INCOME AND ECONOMICS, EDUCATION, HOUSING AND
FAMILIES, OTHER SOCIAL AND ECONOMIC FACTORS, PHYSICAL ENVIRONMENT,
CLINICAL CARE AND PREVENTION, HEALTH BEHAVIORS, HEALTH OUTCOMES, AND
SPECIAL TOPICS - COVID-19. TO INCREASE THE READABILITY OF THE REPORT, THE
COMMUNITY WILL FIND TWO TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH
PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT
PAGE, PROVIDING EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT

Part VI Supplemental Information (Continuation)

THE COMMUNITY. THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND COMMUNITY CONVERSATIONS. THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF THE BOARD.

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

PART VI, LINE 3:

CONSISTENT WITH THE MISSION AND VALUES OF LEHIGH VALLEY HEALTH NETWORK, IT IS THE POLICY TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR SERVICES. THE FINANCIAL ASSISTANCE POLICY APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVHN SERVICES.

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

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

THE LVHN FINANCIAL COUNSELORS WILL OFFER INFORMATION TO PATIENTS WHO ARE

Part VI Supplemental Information (Continuation)

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:

LEHIGH VALLEY HOSPITAL, INC. (LVH) IS A PENNSYLVANIA NOT-FOR-PROFIT

MEMBERSHIP CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS A CORPORATION

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE LEHIGH VALLEY HOSPITAL PRIMARY SERVICE AREA CONSISTS OF LEHIGH,

NORTHAMPTON, AND CARBON COUNTIES. BASED ON THE U.S. CENSUS BUREAU'S

INFORMATION, FOR THE 2020 DECENNIAL CENSUS, THE PRIMARY SERVICE AREA

POPULATION WAS ESTIMATED TO BE 752,257. ACCORDING TO THE U.S CENSUS

BUREAU, THE 2021 ESTIMATED POPULATION FOR THE THREE-COUNTY AREA IS

Part VI Supplemental Information (Continuation)

754,679.

DURING THE CALENDAR YEAR 2021, 77.4% OF THE DISCHARGES FROM LEHIGH VALLEY HOSPITAL WERE RESIDENTS OF THE PRIMARY SERVICE AREA.

THE SECONDARY SERVICE AREA CONSISTS OF PORTIONS OF BERKS, LUZERNE, MONROE, SCHUYLKILL, BUCKS, AND MONTGOMERY COUNTIES. THE 2020 DECENNIAL CENSUS POPULATION FOR THIS AREA WAS 760,266. THE 2021 U.S. CENSUS BUREAU ESTIMATED POPULATION OF THE SECONDARY SERVICE AREA IS 769,142. DURING THE CALENDAR YEAR 2021, 21.2% OF THE DISCHARGES FROM LEHIGH VALLEY HOSPITAL WERE RESIDENTS OF THE SECONDARY SERVICE AREA.

DURING THE CALENDAR YEAR 2021, 1.4% OF THE DISCHARGES FROM LEHIGH VALLEY HOSPITAL WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS.

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

PART VI, LINE 5:

LEHIGH VALLEY HOSPITAL 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, 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

Part VI Supplemental Information (Continuation)

(5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE.

LVH IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND

CURRENTLY QUALIFIES THROUGH OCTOBER 31, 2025.

PART III, SECTION B. MEDICARE, LINE 8

MEDICARE PROGRAM COSTS INCLUDED IN THE ANNUAL LVHN COMMUNITY BENEFIT

REPORT NOT INCLUDED OR ALLOWABLE IN THE MEDICARE COST REPORT IN FY2022

TOTALED \$249,315,467. THIS INCLUDES COSTS OF MEDICARE MANAGED CARE,

PRACTICE SUBSIDIES TO LEHIGH VALLEY PHYSICIAN GROUP (LVPG),

NON-REIMBURSEABLE INTEREST EXPENSE, SUBSIDIES TO LEHIGH VALLEY

ANESTHESIA SERVICES (LVAS), UNIVERSITY OF SOUTH FLORIDA SCHOOL COSTS,

AND DISALLOWABLE RELATED ORGANIZATION COSTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization LEHIGH VALLEY HOSPITAL Employer identification number 23-1689692

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NURSING LOANS AND SCHOLARSHIPS	94	1,653,066.	0.	BOOK	
JIROLANO TUITION AIDE SCHOLARSHIP	1	600.	0.	BOOK	

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

PART I, LINE 2:

IN 2022, THE PROMISSORY NOTE LOAN AGREEMENT WAS SUBSTANTIALLY EXPANDED TO

INCLUDE BSN, ASN, LPN, AND DIPLOMA OF NURSING PROGRAMS. PAYMENT FOR BSN

STUDENTS WAS \$40,000-\$50,000, DEPENDING ON AREA OF SPECIALTY; ASN

\$15,000-\$20,000, DEPENDING ON AREA OF SPECIALTY, DIPLOMA \$25,000, AND LPN

AT \$10,000.

CRITERIA FOR LOAN AGREEMENTS TO STUDENTS IN A REGISTERED NURSE PROGRAM ARE

A COMPLETED APPLICATION, ONE LETTER OF RECOMMENDATION FROM THEIR MOST

Part IV Supplemental Information

RECENT CLINICAL INSTRUCTORS OR DEMONSTRATED SUCCESSFUL LVHN EMPLOYMENT, AN OFFICIAL TRANSCRIPT DEMONSTRATING AN OVERALL GPA OF 3.0 OR HIGHER.

IF ABOVE INFORMATION IS SUBMITTED AND CONSIDERED FAVORABLE, A LOAN AGREEMENT IS OFFERED IN WRITING FOR THEM TO REVIEW. IF CANDIDATE VERBALLY ACCEPTS, WE INVITE THEM TO MAKE AN APPOINTMENT TO SIGN THE CONTRACT. WE NOTARIZE THE CONTRACT AFTER WE HAVE BOTH REVIEWED AND SIGNED. THEIR COMMITMENT BACK TO THE HOSPITAL IS FOR TWO YEARS FROM THE DATE OF HIRE IN THE NEW GRADUATE/RN POSITION. (SOME CANDIDATES ARE CURRENT EMPLOYEES IN OTHER POSITIONS, SO WE CONSIDER ONLY THE HIRE DATE OF THE REGISTERED NURSE POSITION TOWARD THE WORK COMMITMENT.) IF CANDIDATE DOES NOT FULFILL THEIR COMMITMENT, THE LOAN AGREEMENT DOLLARS ARE PRO-RATED AND REPAYMENT IS DUE IMMEDIATELY, PLUS INTEREST. FOR FISCAL YEAR 2023, WE HAVE ELIMINATED NOTARIZATION AND HAVE APPROVED ELECTRONIC SIGNATURE OF THE FORMS.

SCHOLARSHIPS ARE OFFERED TO CURRENT REGISTERED NURSE EMPLOYEES. AN APPLICATION IS COMPLETED ALONG WITH A LETTER OF RECOMMENDATION FROM THEIR DIRECT SUPERVISOR/DIRECTOR, A COPY OF THEIR MOST RECENT PERFORMANCE EVALUATION, DEMONSTRATING A PERFORMANCE EVALUATION SCORE OF 3.0 OR HIGHER FOR BSN AND MSN. IF RN IS CURRENTLY ACTIVE IN A PROGRAM, AN OFFICIAL COPY OF THEIR CURRENT TRANSCRIPT WOULD ALSO BE REQUIRED. EMPLOYEES MUST BE CURRENTLY ENROLLED IN A NURSING PROGRAM PRIOR TO APPLYING FOR THE SCHOLARSHIP. IF EMPLOYEE ACCEPTS AND SIGNS A "RECEIPT OF NURSING EDUCATION TUITION PAYMENTS PROGRAM" NOTE, THERE IS NO PAYBACK OR WORK COMMITMENT REQUIRED UPON GRADUATION OR SEPARATION.

THERE WERE A TOTAL OF 94 NEW LOAN AGREEMENTS AWARDED IN FY2022. PAYMENT CONTINUED ON COMMITTED BSN, MSN AND DNP RECIPIENTS.

Part IV Supplemental Information

THE TOTAL FUNDS USED FOR ALL LOAN AGREEMENTS AND SCHOLARSHIPS WAS

\$1,653,066.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **LEHIGH VALLEY HOSPITAL**
 Employer identification number: **23-1689692**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2021

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) ROBERT BEGLIOMINI, PHARMD, MBA PRESIDENT, LVH-M/TRUSTEE	(i)	436,778.	65,637.	176,453.	0.	29,422.	708,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH A. BREN, DO TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	287,063.	33,069.	-3,350.	0.	25,744.	342,526.	0.
(3) BRYAN G. KANE, MD TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	334,942.	19,380.	4,053.	0.	0.	358,375.	0.
(4) THOMAS MARCHOZZI, MBA, CPA TREASURER	(i)	756,923.	459,424.	632,931.	0.	26,498.	1,875,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE	(i)	1,368,877.	1,150,100.	445,808.	0.	32,311.	2,997,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN M. PIERRO, MBA PRESIDENT, LVH/TRUSTEE	(i)	473,077.	210,500.	14,624.	0.	16,236.	714,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL A. ROSSI, MD, MBA ASSISTANT SECRETARY	(i)	750,000.	472,244.	208,717.	0.	22,054.	1,453,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT L. THOMAS, CPA ASSISTANT TREASURER	(i)	328,169.	65,408.	-912.	0.	10,056.	402,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANNETTE WHITE, ESQ. SECRETARY	(i)	472,692.	92,708.	8,433.	0.	25,075.	598,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EDWARD DOUGHERTY SVP & CHIEF BUSINESS DEVELOPMENT OFF	(i)	570,677.	286,363.	125,353.	0.	21,609.	1,004,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL MINEAR, MS SVP & CHIEF INFORMATION OFFICER	(i)	513,245.	277,374.	120,202.	0.	19,709.	930,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RONALD S. FREUDENBERGER PHYSICIAN-IN-CHIEF, CARDIAC INSTITUT	(i)	661,568.	100,016.	59,211.	0.	31,811.	852,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LYNN TURNER CHIEF HUMAN RESOURCES OFFICER	(i)	472,473.	243,224.	74,314.	0.	0.	790,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MATTHEW M. MCCAMBRIDGE CHIEF QUALITY & PATIENT SAFETY OFFIC	(i)	489,928.	184,770.	69,606.	0.	26,298.	770,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TERRY CAPUANO FORMER PRESIDENT, LVH/TRUSTEE	(i)	70,915.	217,144.	1,539,853.	0.	3,244.	1,831,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) WILLIAM M. KENT, MHA FORMER TRUSTEE	(i)	145,685.	0.	14,033.	0.	4,666.	164,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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				
(17) JOSEPH E. PATRUNO, MD FORMER TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	354,687.	21,453.	-7,102.	0.	35,022.	404,060.	0.
(18) THOMAS V. WHALEN, MD, MMM FORMER ASSISTANT SECRETARY	(i)	142,512.	225,620.	1,132,161.	0.	7,711.	1,508,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINES 4A-B:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL IN CALENDAR YEAR

2021:

ROBERT BEGLIOMINI, PHARMD, MBA, PRESIDENT, LVH-M/TRUSTEE - \$179,446

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

BRIAN A. NESTER, DO, PRESIDENT/CEO, LVHN/TRUSTEE - \$434,335

MICHAEL A. ROSSI, MD, MBA, ASSISTANT SECRETARY - \$197,641

EDWARD DOUGHERTY, SVP & CHIEF BUSINESS DEVELOPMENT OFFICER - \$118,647

MICHAEL MINEAR, MS, SVP & CHIEF INFORMATION OFFICER - \$109,262

RONALD S. FREUDENBERGER, PHYSICIAN-IN-CHIEF, CARDIAC INSTITUTE - \$47,000

LYNN TURNER, CHIEF HUMAN RESOURCES OFFICER - \$65,687

MATTHEW M. MCCAMBRIDGE, CHIEF QUALITY & PATIENT SAFETY OFFICER - \$58,470

TERRY CAPUANO, FORMER PRESIDENT, LVH/TRUSTEE - \$10,063

WILLIAM M. KENT, MHA, FORMER TRUSTEE - \$13,420

THOMAS V. WHALEN, MD, MMM, FORMER ASSISTANT SECRETARY - \$23,465

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT FROM LEHIGH VALLEY

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.

HOSPITAL IN CALENDAR YEAR 2021:

TERRY CAPUANO, FORMER PRESIDENT/LVH, TRUSTEE - \$1,530,000

THOMAS V. WHALEN, MD, MMM, FORMER ASSISTANT SECRETARY - \$1,109,250

Supplemental Information on Tax-Exempt Bonds

ENTITY 1

OMB No. 1545-0047

▶ **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 for instructions and the latest information.**

2021
Open to Public Inspection

Name of the organization **LEHIGH VALLEY HOSPITAL** Employer identification number **23-1689692**

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	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCB8	12/12/12	154,924,763.	CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND		X		X		X
	B	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCF9	07/30/15	72,969,788.	CONSTRUCT, RENOVATE, EQUIP FACILITIES		X		X		X
	C	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCX0	09/15/16	152,250,999.	REFUND 9/15/05, 6/4/08 ISSUES		X		X		X
	D	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDW1	11/13/19	385,174,237.	CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	455,000.				9,250,000.		7,461,000.	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	154,924,763.		72,994,964.		152,250,999.		386,299,174.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							22,578,519.	
6	Proceeds in refunding escrows	74,558,690.				150,509,413.		100,005,000.	
7	Issuance costs from proceeds	1,860,390.		1,125,000.		1,741,586.		1,864,063.	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	78,500,000.		71,869,964.				257,560,988.	
11	Other spent proceeds	5,683.						155,438.	
12	Other unspent proceeds							4,135,167.	
13	Year of substantial completion	2012		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		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			X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2021

Supplemental Information on Tax-Exempt Bonds

ENTITY 2

OMB No. 1545-0047

▶ **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 for instructions and the latest information.**

2021
Open to Public Inspection

Name of the organization **LEHIGH VALLEY HOSPITAL** Employer identification number **23-1689692**

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	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDY7	11/13/19	129,198,956.	REFUND 4/1/11, 7/30/15 ISSUES		X		X		X
B	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498	NONE	11/13/20	18,243,597.	CONSTRUCT & EQUIP FACILITIES		X		X		X
C												
D												

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired	12,212,200.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	129,198,956.		18,243,597.					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds			2,345.					
6	Proceeds in refunding escrows	128,700,000.							
7	Issuance costs from proceeds	444,437.		64,000.					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			57,495.					
11	Other spent proceeds	54,519.		36,000.					
12	Other unspent proceeds			18,083,757.					
13	Year of substantial completion	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2021

Part III Private Business Use

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		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		X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		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				
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				
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				
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					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		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					

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

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 10/17/01, 5/21/03 ISSUES

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

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

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND 9/15/05, 6/4/08 ISSUES

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 4/1/11, 2/15/12, 6/1/12 ISSUE

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND 4/1/11, 7/30/15 ISSUES

(A) ISSUER NAME: NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCT & EQUIP FACILITIES

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information.

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

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PARTNER IN 94 BRODHEAD ASSOCIATES - TRUSTEE OF LVH

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

(D) DESCRIPTION OF TRANSACTION: 94 BRODHEAD ASSOCIATES LEASES OFFICE

SPACE TO LVPG AT FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **LEHIGH VALLEY HOSPITAL** Employer identification number **23-1689692**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	2,100.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		106,971.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	37	26,756.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	2	127,299.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS/ACTIVITI)	X	76	77,681.	FAIR MARKET VALUE
26 Other ▶ (GIFT CARDS)	X	60	17,095.	COST
27 Other ▶ (SERVICES)	X	1	80.	FAIR MARKET VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 48

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

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

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

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

IN THE FOLLOWING KEY AREAS:

LEHIGH VALLEY TOPPER CANCER INSTITUTE - THE LVH PORTION OF THE LEHIGH

VALLEY TOPPER CANCER INSTITUTE (LVTCI) OFFERS A RANGE OF CANCER

SERVICES IN SIX CONVENIENT PATIENT-FOCUSED LOCATIONS: JOHN AND DOROTHY

MORGAN CANCER CENTER AT THE CEDAR CREST CAMPUS, THE CANCER CENTER IN

BETHLEHEM AT THE MUHLENBERG CAMPUS, IN EASTON AT HECKTOWN OAKS, AND

PHYSICIAN OFFICES AND INFUSION SERVICES AT THE HEALTH CENTER AT CARBON

HOSPITAL IN LEHIGHTON. CANCER CARE PROGRAMS INCLUDE PREVENTION,

DETECTION, DIAGNOSIS, GENETICS, PATIENT NAVIGATION, NUTRITIONAL

SERVICES, SOCIAL AND PSYCHOLOGICAL SUPPORT, REHABILITATION, CLINICAL

TRIALS, MULTIDISCIPLINARY/COORDINATED CARE AND ALL FORMS OF THERAPY.

LVTCI BECAME A PARTNER WITH MEMORIAL SLOAN KETTERING CANCER ALLIANCE OF

NEW YORK CITY OFFICIALLY IN MARCH 2016 AND MAINTAINS A RESEARCH

PARTNERSHIP WITH NATIONAL CANCER INSTITUTE CANCER RESEARCH

OPPORTUNITIES.

THE LVTCI FACILITIES INCLUDE PHYSICIANS' OFFICES, BREAST HEALTH

SERVICES, MULTIDISCIPLINARY CLINICS, CONFERENCE ROOMS, PRIVATE

EDUCATION AND COUNSELING AREAS, MULTI-PURPOSE TREATMENT AREAS FOR

INFUSIONS, PROCEDURE ROOMS AND RADIATION ONCOLOGY FACILITIES INCLUDING:

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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LINEAR ACCELERATORS, CT SIMULATORS, HIGH DOSE RATE BRACHYTHERAPY, GAMMA

KNIFE RADIOSURGERY, SIR-SPHERES (YITTRIUM-90), PROSTATE SEED

IMPLANT-LOW DOSE BRACHYTHERAPY, STEREOTACTIC BODY RADIOTHERAPY, LINEAR

ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY/STEREOTACTIC RADIOTHERAPY,

3-D TREATMENT PLANNING, INTENSITY MODULATED RADIATION THERAPY,

IMAGE-GUIDED RADIATION THERAPY, OPTICAL SURFACE MONITORING SYSTEM,

CALYPSO SYSTEM FOR REAL-TIME MOTION AND TARGET TRACKING AND 3D

PRINTING.

IN CALENDAR YEAR 2021, THE CANCER INSTITUTE RECORDED 4,849 NEW ANALYTIC

CANCER CASES. INPATIENT ONCOLOGY ADMISSIONS WERE 3,094 IN THE FISCAL

YEAR ENDING JUNE 30, 2022, AND OUTPATIENT VOLUMES WERE 1,716 NEW

TREATMENT PATIENTS FOR RADIATION PROCEDURES AND 50,971 TREATMENT

PATIENTS FOR INFUSION VISITS.

IN 2021, THE CANCER INSTITUTE WAS OFFICIALLY RENAMED THE LEHIGH VALLEY

TOPPER CANCER INSTITUTE. THE RENAMING HONORS JOE AND MAUREEN TOPPER,

WHO MADE A GENEROUS GIFT THAT WILL BE USED TO BRING THE MOST INNOVATIVE

AND LIFESAVING CLINICAL TRIALS TO THIS REGION. THEIR GIFT ALSO

COMPLEMENTS NETWORK INVESTMENTS IN ADVANCED CANCER TREATMENTS AND

TECHNOLOGIES, INCLUDING STEM CELL TRANSPLANTATION AND CELLULAR

THERAPIES.

OUR MOBILE MAMMOGRAPHY PROGRAM BEGAN SERVICE IN OCTOBER 2018 AND SERVES

EIGHT COUNTIES, PROVIDING 3D SCREENING MAMMOGRAMS TO EMPLOYEES AND

RESIDENTS IN THE COMMUNITIES WHERE THEY WORK AND RESIDE.

LVTCI BEGAN PARTNERING WITH STRATA ONCOLOGY, A PRECISION ONCOLOGY

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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COMPANY IN JUNE OF 2019. THE 2021 - 2022 STRATA TRIAL PERFORMS MOLECULAR PROFILING OF SPECIFIC TYPES OF TUMORS TO HELP MATCH PATIENTS WITH ADVANCED FORMS OF CANCER TO NEW PRECISION TREATMENT OPTIONS. THIS PARTNERSHIP POSITIONS LVTCI ON THE LEADING-EDGE OF PROVIDING PATIENTS ACCESS TO THE LATEST TECHNOLOGY AND CLINICAL RESEARCH TO TARGET THEIR SPECIFIC CANCER MUTATION.

LEHIGH VALLEY HEART AND VASCULAR INSTITUTE - THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE IS ONE OF THE LARGEST AND MOST RESPECTED CARDIOVASCULAR PROGRAMS IN PENNSYLVANIA. WITH 60 CARDIOLOGISTS, SIX CARDIOTHORACIC SURGEONS, SIX VASCULAR SURGEONS, AND A DEDICATED TEAM OF ADVANCED PRACTICE CLINICIANS AND SUPPORT STAFF, THE HEART AND VASCULAR INSTITUTE AT LVH-CEDAR CREST, LVH-MUHLENBERG, LVH-HECKTOWN OAKS, AND LVH-CARBON OFFERS AN IMPRESSIVE AND COMPREHENSIVE ARRAY OF PREVENTATIVE, DIAGNOSTIC, ACUTE, TERTIARY, AND QUATERNARY CARDIOVASCULAR SERVICES. SPECIALIZED PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO: CARDIAC ARREST MANAGEMENT, CORONARY INTERVENTION, STRUCTURAL HEART, ADVANCED HEART FAILURE & MECHANICAL CIRCULATORY SUPPORT, RADIO-ONCOLOGY, COMPLEX LIPID MANAGEMENT, COMPREHENSIVE RHYTHM MANAGEMENT, A WOMEN'S HEART AND VASCULAR PROGRAM WITH A DEVELOPED SUBSPECIALTY HEART AND PREGNANCY PROGRAM, NEURO-CARDIOLOGY, AND SPORTS CARDIOLOGY. ADDITIONALLY, THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE OFFERS MORE THAN 18 CARDIOVASCULAR ACCESS SITES THROUGHOUT THE LVH SERVICE AREA TO ENABLE PATIENTS TO RECEIVE PREMIER CARDIAC CARE CLOSE TO HOME.

IN FISCAL YEAR ENDING JUNE 30, 2022, LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHLENBERG PERFORMED 4,424 CARDIAC

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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CATHETERIZATION CASES, 2,240 ELECTROPHYSIOLOGY CASES, 526 OPEN HEART SURGERIES, AND 239 TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PROCEDURES. FURTHERMORE, THE HEART AND VASCULAR INSTITUTE AT LVH LICENSED LOCATIONS PROVIDED COMPASSIONATE CARE AT OVER 250,000 PATIENT ENCOUNTERS.

FY22 WAS ANOTHER ACCOMPLISHED YEAR FOR LVH AND THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE. TO BE AN EVEN BETTER HEALTH PARTNER FOR THE LEHIGH VALLEY REGION, LVH OPENED TWO NEW HOSPITALS: LVH-HECKTOWN OAKS AND LVH-CARBON. THE HEART AND VASCULAR INSTITUTE HAS AN IMPRESSIVE PRESENCE AT BOTH CAMPUSES TO GIVE PATIENTS ACCESS TO TOP-TIER CARDIOVASCULAR CARE AND RADIO-DIAGNOSTIC SERVICES CLOSE TO HOME.

IN ADDITION TO THESE NEW HOSPITAL LOCATIONS, THE HEART AND VASCULAR INSTITUTE AT LVH ALSO MADE CONTINUED IMPROVEMENTS FROM A PATIENT CARE PERSPECTIVE. OUR INTERDISCIPLINARY RADIO-ONCOLOGY PROGRAM WAS RECOGNIZED AS A GLOBAL CENTER OF EXCELLENCE BY THE INTERNATIONAL RADIO-ONCOLOGY SOCIETY (IC-OS). THE GOLD CENTER OF EXCELLENCE RATING FROM IC-OS IS THE HIGHEST LEVEL AWARDED BY THE SOCIETY. JUST 31 HOSPITALS OR HEALTH SYSTEMS IN THE WORLD HAVE GOLD RATINGS, INCLUDING 22 IN THE UNITED STATES. THE HEART AND VASCULAR INSTITUTE AT LVH ALSO MADE SIGNIFICANT INVESTMENTS IN PATIENT CARE AT LVH-CEDAR CREST WITH THE LATEST AND MOST ADVANCED HYBRID PROCEDURE LAB. THE NEW PROCEDURE LAB OFFERS THE LATEST GE ALLIA CARDIAC IMAGING SYSTEM AND IS ONE OF A SELECT FEW OPERATING IN THE UNITED STATES TODAY. USING THIS ADVANCED IMAGING EQUIPMENT ENABLES PHYSICIANS TO PROVIDE THE MOST ADVANCED AND MINIMALLY INVASIVE ENDOVASCULAR AND STRUCTURAL HEART PROCEDURES. THIS INVESTMENT ENABLES LVH AND THE HEART AND VASCULAR INSTITUTE TO CARE FOR

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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THE CARDIOVASCULAR NEEDS OF OUR COMMUNITY WITH THE LATEST TECHNOLOGY TO

SUPPORT IMPROVED PATIENT OUTCOMES AND OVERALL PATIENT CARE. OUR

PRIORITIZATION OF PATIENT CARE IS FURTHER EVIDENCED BY OUR RECENT

DESIGNATIONS PROVIDED BY BLUECROSS BLUESHIELD'S BLUE DISTINCTION IN

SPECIALTY CARE. LVH-CEDAR CREST WAS RECOGNIZED AS A BLUE DISTINCTION

CENTER+ AND LVH-MUHLENBERG WAS RECOGNIZED AS A BLUE DISTINCTION CENTER.

THESE ACCOLADES ARE AWARDED TO FACILITIES THAT DEMONSTRATE AN EXPERTISE

IN DELIVERING SPECIALTY CARE.

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

IN 2019, LVH LAUNCHED PENNSYLVANIA'S VERY FIRST MOBILE STROKE UNIT THAT

BRINGS LIFE-SAVING STROKE CARE TO PATIENTS FASTER THAN TRADITIONAL

HOSPITAL CARE. IN ADDITION TO THE STROKE PROGRAM, THE DIVISION OF

NEUROLOGY HOUSES ADVANCED PROGRAMS FOR EPILEPSY, MULTIPLE SCLEROSIS,

MOVEMENT DISORDERS, HEADACHE, ALS, AND NEUROMUSCULAR DISEASE. A

FOUR-BED EPILEPSY MONITORING UNIT (EMU) OPENED IN 2019 AS PART OF LVH'S

NATIONAL ASSOCIATION OF EPILEPSY CENTERS-RECOGNIZED LEVEL 3 EPILEPSY

TREATMENT CENTER. THE FLEMING MEMORY CENTER SERVES THE NEEDS OF ELDERLY

PATIENTS AND THEIR CAREGIVERS BY CENTRALIZING CLINICAL, EDUCATIONAL AND

SUPPORT SERVICES FOR PEOPLE AFFECTED BY DEMENTIA AND ALZHEIMER'S

DISEASE. IN FY21, THE DIVISION OF NEUROSURGERY PERFORMED 1,767 SURGICAL

CASES, INCLUDING COMPLEX SPINE SURGERY, INTERCRANIAL SURGERY UTILIZING

AUGMENTED REALITY, EMERGENCY TRAUMA NEUROSURGERY, AND FUNCTIONAL

NEUROSURGERY FOR THE SURGICAL TREATMENT OF MOVEMENT DISORDERS. A

NEUROINTERVENTIONAL TEAM PROVIDES CRITICAL SERVICES SUPPORTING DELIVERY

OF CARE FOR COMPLEX NEUROSCIENCE PATIENT POPULATION PERFORMING OVER 400

INTERVENTIONS ON STROKE PATIENTS IN FY22.

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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LEHIGH VALLEY ORTHOPEDIC INSTITUTE - THE ORTHOPEDIC SERVICE LINE IS FOCUSED ON THE TREATMENT OF MUSCULOSKELETAL DISORDERS OF THE UPPER AND LOWER EXTREMITIES AS WELL AS THE SPINE. SUBSPECIALISTS WITH FELLOWSHIP CREDENTIALS PROVIDE SERVICES IN THE FOLLOWING CENTERS OF EXCELLENCE: JOINT REPLACEMENT, SPINE SURGERY, SPORTS MEDICINE, HAND AND WRIST SURGERY, FOOT AND ANKLE SURGERY, ORTHOPEDIC TRAUMA, AND PEDIATRIC ORTHOPEDICS. IN FY22, THERE WERE OVER 10,000 TOTAL ORTHOPEDIC PROCEDURES PERFORMED AT LVH. ACUTE ORTHOPEDIC SERVICES ARE PROVIDED AT LVH-CEDAR CREST, LVH-MUHLENBERG, LVH-HECKTOWN OAKS, COORDINATED HEALTH-BETHLEHEM, LVH-CARBON, AND LVH-TILGHMAN, WHICH IS THE ONLY AREA HOSPITAL DEDICATED TO ORTHOPEDIC MUSCULOSKELETAL SURGERY. THE LVH ORTHOPEDIC PROGRAM IS RECOGNIZED BY THE BLUE CROSS AND BLUE SHIELD ASSOCIATION AS A BLUE DISTINCTION+ CENTER AND AETNA AS AN INSTITUTE OF QUALITY FOR JOINT REPLACEMENT.

PERIOPERATIVE SERVICES - PERIOPERATIVE SERVICES AT LVH CONSISTS OF THE SURGICAL AND ENDOSCOPIC STAFF AND FACILITIES WHERE NEARLY 53,000 PROCEDURES ARE PERFORMED ANNUALLY. SURGICAL PROCEDURES ARE PERFORMED IN 68 OPERATING ROOMS THROUGHOUT LVH, INCLUDING LVH-17TH STREET, LVH-CEDAR CREST, THE LVH CHILDREN'S SURGERY CENTER, LVH-MUHLENBERG, LVH-CARBON, LVH-HECKTOWN OAKS, LVH-COORDINATED HEALTH BETHLEHEM AND THE LVH-TILGHMAN CAMPUSES. THE CHILDREN'S SURGERY CENTER LOCATED ON THE CEDAR CREST CAMPUS PROVIDES SPECIALIZED CARE FOR OUR PEDIATRIC POPULATION. PATIENT CARE IN THE OPERATING ROOM IS SUPPORTED BY ANESTHESIA SERVICES, SURGICAL PREP AND STAGING, POST ANESTHESIA RECOVERY, AND STERILE PROCESSING DEPARTMENTS, AMONG OTHERS. LVH PERFORMS ENDOSCOPIC PROCEDURES AT SIX LOCATIONS: LVH-CEDAR CREST, THE LVH CHILDREN'S SURGERY CENTER, LVH-COORDINATED HEALTH BETHLEHEM,

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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LVH-CARBON, LVH- HECKTOWN OAKS AND LVH-MUHLENBERG. THE OPERATING ROOM

TECHNOLOGIES AND FACILITIES INCLUDE TWO HYBRID OPERATING ROOMS, A

TRAUMA CODE RED OPERATING ROOM, 10 DA VINCI SURGICAL ROBOTS, FOUR

ORTHOPEDIC TOTAL KNEE REPLACEMENT ROBOTS, AND CARDIAC SURGERY OPERATING

ROOMS. OPERATING ROOM NURSING STAFF ARE TRAINED TO SUPPORT MULTIPLE

SURGICAL DISCIPLINES INCLUDING CARDIAC SURGERY, ORTHOPEDICS, VASCULAR

SURGERY, UROLOGY, GENERAL SURGERY, TRANSPLANT SURGERY, GYNECOLOGIC

SURGERY, PEDIATRIC SURGERY, AND MANY OTHERS. CUTTING EDGE ENDOSCOPIC

TECHNOLOGIES INCLUDE ENDOSCOPIC ULTRASOUND, ENDO-BRONCHIAL ULTRASOUND

AND VIDEO CAPSULE ENDOSCOPY.

BEHAVIORAL HEALTH SERVICES - LVH OPERATES INPATIENT BEHAVIORAL HEALTH

PROGRAMS FOR ADOLESCENTS AND ADULTS. THE COMBINED PROGRAMS TOTAL 65

BEDS AND SERVES LEHIGH, NORTHAMPTON, CARBON, MONROE, SCHUYLKILL, AND

BERKS COUNTIES. CLINICAL PROGRAMS INCLUDE PSYCHIATRIC, PSYCHOLOGICAL,

NURSING, DUAL DIAGNOSIS, PSYCHIATRIC REHABILITATION, SOCIAL WORK, AND

DISCHARGE PLANNING SERVICES. LVH ALSO PROVIDES AMBULATORY BEHAVIORAL

HEALTHCARE, INCLUDING: PSYCHIATRIC EVALUATION SERVICES IN FOUR HOSPITAL

EMERGENCY DEPARTMENTS; THREE PARTIAL HOSPITAL PROGRAMS FOR ADULTS AND

ADOLESCENTS; SEVERAL LARGE OUTPATIENT GROUP PRACTICES PROVIDING

MULTIDISCIPLINARY SHORT-TERM TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS

AND OLDER ADULTS; TWO OUTPATIENT MENTAL HEALTH CLINICS FOR SERIOUSLY

AND PERSISTENTLY MENTALLY ILL ADULTS; PSYCHIATRIC HOME CARE; AND, TWO

RESIDENTIAL TREATMENT SITES, SUPPORTING AND EDUCATING ADULTS IN

INDEPENDENT LIVING SKILLS. BOTH OF THESE SITES AND THE CLINICS ARE

FUNDED IN PART, UNDER A CONTRACT WITH LEHIGH COUNTY DEPARTMENT OF HUMAN

SERVICES THROUGH FUNDS PROVIDED BY COUNTY OF LEHIGH AND THE

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE; PSYCHIATRIC HOME CARE

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SERVICES; BEHAVIORAL HEALTH INTEGRATION IN MEDICAL/PROGRAMS ON MEDICAL/SURGICAL INPATIENT UNITS AND AMBULATORY, PRIMARY CARE AND SPECIALTY PRACTICES. CONSULTATION/LIAISON PSYCHIATRY, EDUCATION AND RESEARCH AND SERVICE OFFERINGS TO SCHOOLS, STREET MEDICINE (HOMELESS), AND OTHER COMMUNITY AGENCIES ROUND OUT LVH'S CONTRIBUTION TO THE HEALTH AND WELL-BEING OF THE REGION. A PSYCHIATRIC RESIDENCY WAS ESTABLISHED IN 2019 AND EXPANDED IN 2022. A CHILD AND ADOLESCENT FELLOWSHIP PROGRAM WAS ESTABLISHED IN 2021.

TRAUMA AND BURN SERVICES - IN 1981, LVH-CEDAR CREST BECAME THE FIRST HOSPITAL IN PENNSYLVANIA TO BE DESIGNATED AS A LEVEL I TRAUMA CENTER AND IS CURRENTLY THE SECOND LARGEST TRAUMA PROGRAM IN PENNSYLVANIA, EVALUATING 4,572 TRAUMA PATIENTS IN FY22. THIS PROGRAM PROVIDES COMPREHENSIVE TRAUMA AND BURN CARE AND SERVES AS A MAJOR REGIONAL RESOURCE COVERING A 10-COUNTY AREA AND A PATIENT BASE OF MORE THAN TWO MILLION. LVH-CEDAR CREST IS ACCREDITED AS BOTH A LEVEL I ADULT AND A LEVEL II PEDIATRIC TRAUMA CENTER, ONE OF ONLY TWO ADULT CENTERS IN PENNSYLVANIA WITH THIS DUAL ACCREDITATION. LVH-MUHLENBERG EVALUATED 1,851 TRAUMA PATIENTS IN FY22, AND THE HOSPITAL WAS FORMALLY ACCREDITED BY THE STATE AS A LEVEL II TRAUMA CENTER IN SEPTEMBER 2021. THE LVH TRAUMA PROGRAM PROVIDES A CONTINUUM OF CARE WITH 12 TRAUMA SURGEONS IN-HOUSE AT THE CEDAR CREST LOCATION AND TWO FULL-TIME TRAUMA SURGEONS 24X7 THAT COVER THE MUHLENBERG LOCATION. BOTH LOCATIONS HAVE NURSES WITH SPECIALIZED TRAINING THAT CARE FOR SERIOUSLY INJURED PATIENTS IN BOTH THE INTENSIVE CARE UNITS AS WELL AS MEDICAL /SURGICAL UNITS. A TRAUMA REHABILITATION TEAM COMPLETES THIS CONTINUUM OF TRAUMA CARE.

LVH-HECKTOWN OAKS CAMPUS IS THE LATEST ADDITION TO LVHN'S NETWORK OF

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TRAUMA FACILITIES. AS A NEWLY ACCREDITED LEVEL IV TRAUMA CENTER,
LVH-HECKTOWN OAKS EVALUATED 308 TRAUMA PATIENTS IN FY22. THEY ARE ALSO
VERY ACTIVE IN THE COMMUNITY AND WERE INVOLVED IN NUMEROUS OUTREACH
EVENTS INCLUDING STOP THE BLEED FOR HOSPITAL AS WELL AS COMMUNITY
MEMBERS, IN ADDITION TO TRAINING EMS CREWS AND BOY SCOUT TROOPS IN THE
SURROUNDING AREA.

OVER 12,000 MEMBERS OF THE SURROUNDING COMMUNITY WERE EDUCATED THROUGH
ONE OR MORE OF LVHN'S TRAUMA PREVENTION OFFERINGS IN THE PAST YEAR.
PROGRAMS INCLUDE SAFETY TOWN EDUCATION FOR PEDIATRICS AND PROPER HELMET
FITTING AS WELL DRIVING SIMULATORS FOR TEENS AND FALL PREVENTION
EDUCATION FOR THE GERIATRIC POPULATION.

AS AN ACTIVE MEMBER OF THE TRAUMA SURVIVOR NETWORK, THE LVHN TRAUMA
PROGRAM PROVIDED EDUCATIONAL AND SUPPORT RESOURCES TO INPATIENTS DURING
THEIR HOSPITAL STAY AS WELL AS TO OUTPATIENTS. LVH-CEDAR CREST ALSO
SECURED A STATE GRANT TO HIRE A VIOLENCE PREVENTION COORDINATOR TO WORK
WITH THE COMMUNITY IN ORDER TO PREVENT THE CYCLE OF VIOLENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
HIGH-RISK MATERNITY AND NEWBORN CARE BOTH WITHIN AND OUTSIDE OUR
NETWORK. THE CARE AT LVH-MUHLENBERG IS OFFERED BY GENERAL OB/GYN
PHYSICIANS AND SUPPORTED BY A LEVEL 2 NICU. MIDWIFERY CARE WILL BE
OFFERED AT LVH-MUHLENBERG STARTING IN FY23.

BIRTHS THAT OCCUR AT LVH-CEDAR CREST AND LVH-MUHLENBERG ARE PRIMARILY
TO PATIENTS WHO RECEIVED PRENATAL CARE AT OUR MANY ENTERPRISE LEHIGH
VALLEY PHYSICIAN GROUP (LVPG) OBSTETRICS AND GYNECOLOGY PRACTICES

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ACROSS FIVE COUNTIES. A LESSER NUMBER ARE PATIENTS WHO RECEIVE PRENATAL

CARE AT THE CENTER FOR WOMEN'S MEDICINE (CWM), PART OF VALLEY HEALTH

PARTNERS, LOCATED IN ALLENTOWN. TO SUPPLEMENT THE PRENATAL CARE,

ULTRASOUND SERVICES IN THE OFFICE ARE ACCREDITED BY THE AMERICAN

INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM). LVPG OB/GYN OFFICE

PRACTICES ALSO OFFER ON-SITE BEHAVIORAL HEALTH SERVICES PROVIDED BY

FOUR LICENSED PROFESSIONAL COUNSELORS IN CONJUNCTION WITH THE

DEPARTMENT OF PSYCHIATRY. THEY ALSO CONTINUE TO OFFER THE CONNECTIONS

PROGRAM WHICH PROVIDES SPECIALIZED CARE FOR WOMEN WITH SUBSTANCE USE

DISORDERS IN PREGNANCY.

MATERNAL FETAL MEDICINE (MFM) SPECIALISTS ARE AVAILABLE FOR

CONSULTATION AND FOR RECEIVING OF TRANSPORTS FROM OTHER LVHN CAMPUSES

AS WELL AS OTHER HOSPITALS OUTSIDE LVHN. IN ADDITION, THE MFM PRACTICE

HAS OFFICE LOCATIONS LOCALLY IN LEHIGH AND NORTHAMPTON COUNTIES, AND

THEY PROVIDE SERVICES ON-SITE AND VIRTUALLY TO OUR THREE OTHER REGIONAL

DELIVERING HOSPITALS. MFM PHYSICIANS' SERVICES INCLUDE HIGHEST LEVEL

ULTRASONOGRAPHY (AND TELEHEALTH SERVICES), FETAL ECHOCARDIOGRAPHY,

GENETIC COUNSELING, AMNIOCENTESIS, CHORIONIC VILLUS SAMPLING, COMPLEX

DELIVERY SERVICES AND UNIQUE WELL-ESTABLISHED MULTI-DISCIPLINARY

PROGRAMS FOR PATIENTS WITH DIABETES, HEART DISEASE, KIDNEY DISEASE,

NEUROLOGICAL DISEASE, AND DISORDERS OF THE PLACENTA.

LVH-CEDAR CREST WAS RECOGNIZED AS ONE OF THE BEST MATERNITY HOSPITALS

2022 BY NEWSWEEK MAGAZINE. THIS THIRD ANNUAL EDITION OF THE AWARD LIST

IS BASED ON A NATIONWIDE SURVEY OF 10,000 MEDICAL PROFESSIONALS,

MEDICAL KEY PERFORMANCE INDICATORS, AND PATIENT SURVEY RESULTS. OUT OF

THE THOUSANDS OF HOSPITALS THAT WERE A PART OF THE COMPREHENSIVE

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EVALUATION, ONLY THE TOP 5.8% (350) HAVE BEEN RECOGNIZED. LVH WAS ALSO RECOGNIZED BY LEAPFROG AND MONEY MAGAZINE IN 2022 AS A BEST HOSPITAL FOR MATERNITY CARE. CRITERIA FOR THIS AWARD INCLUDED THE FOLLOWING SAFETY METRICS: HOSPITAL LEAPFROG RATING OF A OR B, EARLY ELECTIVE DELIVERY RATE OF LESS < 5%, NULLIPAROUS, TERM, SINGLETON, VERTEX (NTSV) CESAREAN BIRTH RATE OF < 23.6%, EPISIOTOMY RATE OF LESS THAN 5%, GREATER THAN 90% COMPLIANCE WITH DEEP VEIN THROMBOSIS PROPHYLAXIS, GREATER THAN 90% COMPLIANCE WITH NEONATAL BILIRUBIN SCREENING PRIOR TO DISCHARGE, AS WELL AS BETTER THAN EXPECTED VERMONT OXFORD NETWORK PERFORMANCE FOR INFANT MORBIDITY AND MORTALITY IN VERY LOW BIRTH WEIGHT BABIES.

LASTLY, LVH-CEDAR CREST MAINTAINS BABY FRIENDLY DESIGNATION, FIRST RECEIVED IN 2017. LVH-MUHLENBERG WAS SURVEYED BY BABY FRIENDLY USA IN OCTOBER 2022 AND IS AWAITING THE DESIGNATION ANNOUNCEMENT.

GYNECOLOGY: AMBULATORY WOMEN'S HEALTH IS PROVIDED IN THE SAME LVPG AND CWM PRACTICES NOTED ABOVE. WELL-WOMAN CARE IS OFFERED THROUGH A COMPREHENSIVE PATHWAY INCLUDING ALL THE ELEMENTS RECOMMENDED BY THE NATIONAL WOMEN'S PREVENTIVE SERVICES INITIATIVE. IT INCORPORATES ELEMENTS OF SCREENING AND PREVENTION BEYOND TRADITIONAL GYNECOLOGIC SCREENING. NUMEROUS WOMEN'S HEALTH SPECIALTY PROGRAMS NOW EXIST TO SUPPORT THE UNIQUE NEEDS FOR OUR PATIENTS. THESE PROGRAMS INCLUDE: CHRONIC PELVIC PAIN, SEXUAL HEALTH, PEDIATRIC AND ADOLESCENT CARE, ADVANCED GYNECOLOGIC ULTRASOUND, AND OBESITY MEDICINE, WITH SEVERAL OTHERS IN DEVELOPMENT. COMPREHENSIVE AND STATE-OF-THE-ART SURGICAL SERVICES INCLUDE MIS (MINIMALLY INVASIVE SURGERY) INTERVENTIONS WITH ROBOTICALLY-ASSISTED, LAPAROSCOPIC, AND VAGINAL SURGERY APPROACHES.

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BEYOND BENIGN GYNECOLOGIC SERVICES, PREOPERATIVE CONSULTATION AND
EVALUATION OF PRE-INVASIVE AND INVASIVE GYNECOLOGIC MALIGNANCIES
(CANCER CARE), PELVIC FLOOR DISORDERS (UROGYNECOLOGY), AND REPRODUCTIVE
AND INFERTILITY ARE ALSO OFFERED.

AMBULATORY SERVICES - LVH'S AMBULATORY SERVICES INCLUDE HEALTH CENTERS,
EXPRESS CARE, WOUND CARE, HYPERBARIC OXYGEN, HEALTH SPECTRUM
PHARMACIES, SLEEP DISORDER CENTERS, ENDOCRINE TESTING, LABORATORY
SERVICES, PULMONARY FUNCTION TESTING, IMAGING, CARDIAC AND PULMONARY
REHABILITATION AS WELL AS ADULT AND PEDIATRIC OUTPATIENT
REHABILITATION. LVHN CONTINUES TO EXPAND ITS PORTFOLIO OF "HEALTH
CENTERS" AND AS OF JUNE 2022, THERE WERE 18 SITUATED THROUGHOUT THE
LEHIGH VALLEY. CORE SERVICES IN MOST OF THE HEALTH CENTERS INCLUDE
PRIMARY CARE, BASIC IMAGING, REHABILITATION SERVICES AND/OR LAB
SERVICES AND TWO OF THE HEALTH & WELLNESS CENTERS LOCATED IN ALLENTOWN
AND BETHLEHEM INCLUDE FITNESS CENTERS. MANY OF THEM ALSO PROVIDE
SPECIALTY CARE AND BREAST HEALTH SERVICES.

SLEEP DISORDER CENTERS ARE LOCATED IN ALLENTOWN AND BETHLEHEM WITH
ADDITIONAL HOME SLEEP TESTING UNIT PICK UP SITES AT THE FOLLOWING
LOCATIONS: ALLENTOWN (LVH-CEDAR CREST AND LVH-17TH STREET),
FOGELSVILLE, HAMBURG, MOSELEM SPRINGS, BETHLEHEM TOWNSHIP, AND PALMER
TOWNSHIP. PATIENTS IN NEED OF HOME SLEEP TESTING WHO HAVE ACCESS TO A
SMART DEVICE MAY ELECT A MAIL DELIVERY OPTION IN WHICH THE SLEEP
TESTING EQUIPMENT WOULD BE MAILED TO HIS/HER HOME WITH A LINK TO AN
INSTRUCTIONAL VIDEO. AFTER TESTING, THE EQUIPMENT IS RETURNED (HAND
DELIVERED) TO THE SLEEP DISORDERS CENTER AT THE LVH-17TH ST. LOCATION.

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REHABILITATION SERVICES - THE DIVISION OF REHABILITATION PROVIDES COMPREHENSIVE PROGRAMS THROUGH A CONTINUUM DESIGNED TO MEET THE NEEDS OF PATIENTS OF ALL AGES WHO ARE RECOVERING FROM ILLNESS OR INJURY. THE DIVISION PROVIDES INTENSIVE REHABILITATIVE MEDICINE AND NURSING CARE COMBINED WITH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES AT ITS STATE-OF-THE-ART INPATIENT REHABILITATION CENTERS WITH 34 BEDS AT LVH-CEDAR CREST AND 28 BEDS AT LVH-MUHLENBERG. FOR PATIENTS UNABLE TO TOLERATE AGGRESSIVE THERAPY SERVICES, LVH PROVIDES SHORT-TERM MEDICAL, NURSING AND REHABILITATIVE CARE AT ITS 52-BED TRANSITION SKILLED UNIT LOCATED ON THE LVH-17TH STREET CAMPUS. THE DIVISION ALSO OFFERS CONVENIENT AND ACCESSIBLE OUTPATIENT THERAPY SERVICES SERVING THE COMMUNITY WITH OVER 51 LOCATIONS. IN FY22, THE OUTPATIENT DIVISION EXPANDED ACCESS POINTS TO INCLUDE NEW LOCATIONS IN PENNSBURG, AT LVH-HECKTOWN OAKS AND IN CARBON COUNTY. ADDITIONALLY, THE REHABILITATION DIVISION OFFERS ADVANCED CARE IN OVER 30 CLINICAL SPECIALTY AREAS INCLUDING NEUROLOGIC REHAB, ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, ONCOLOGY REHAB, AUDIOLOGY, AND PEDIATRIC THERAPY SERVICES. IN FY22, THE INPATIENT REHABILITATION CENTERS LVH-CEDAR CREST AND LVH-MUHLENBERG PROVIDED INTENSIVE REHABILITATIVE SERVICE TO 1,195 PATIENTS. OUTPATIENT REHABILITATION PROVIDED 238,809 PATIENT VISITS AT LVH-CEDAR CREST AND LVH-MUHLENBERG LOCATIONS WHICH WAS A 2.8% INCREASE OVER FY21 VOLUME. AT A NETWORK LEVEL, LVHN'S REHABILITATION SERVICES DIVISION CURRENTLY STANDS AS THE LARGEST PROVIDER OF REHABILITATIVE CARE IN THE REGION WITH OUTPATIENT SERVICES EXCEEDING 500,000 PATIENT VISITS ACROSS ALL CAMPUSES.

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

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LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH OF LVHN AT LVH AND LVH-M) - INTRODUCED IN MAY 2012, LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH) OFFERS THE MOST WIDE-RANGING, SPECIALIZED HEALTH CARE SERVICES FOR CHILDREN OF ANY FACILITY IN THE REGION. LVRCH HAS THE REGION'S ONLY: CHILDREN'S EMERGENCY DEPARTMENT, LEVEL IV NEONATAL INTENSIVE CARE UNIT (NICU), CHILDREN'S AMBULATORY SURGERY CENTER, AND CHILDREN'S CANCER AND INFUSION CENTER LOCATED AT LVH-CEDAR CREST. IT ALSO HAS THE REGION'S ONLY CHILD ADVOCACY CENTER AT LVH-17TH STREET. LVRCH OF LVHN HAS BEEN A FULL INSTITUTIONAL MEMBER OF THE CHILDREN'S HOSPITAL ASSOCIATION FOR NINE YEARS AND HAS HAD A PEDIATRIC RESIDENCY TRAINING PROGRAM FOR 10 YEARS. LVRCH ALSO HAS A LEVEL II NICU AND AN ADOLESCENT INPATIENT PSYCHIATRIC UNIT AT LVH-MUHLENBERG. IT HAS A PEDIATRIC SLEEP CENTER, AND A PEDIATRIC CYSTIC FIBROSIS CENTER. IT HAS MULTIPLE SURGICAL AND MEDICAL SPECIALISTS WHO PROVIDE CARE WITHIN LVRCH AND PROVIDES SERVICES TO CHILDREN WITH BLEEDING DISORDERS THROUGH THE LVH HEMOPHILIA TREATMENT CENTER. THROUGH OUR SCHOOL-BASED BEHAVIORAL HEALTH SERVICES LVRCH PROVIDES MENTAL HEALTH CARE TO STUDENTS IN 13 SCHOOL DISTRICTS ACROSS THE REGION. LVRCH PROVIDES CARE FOR CHILDREN WITH MEDICAL COMPLEXITY IN CONCERT WITH THE VALLEY HEALTH PARTNERS CHILDREN'S CLINIC AT LVH-17TH STREET, AND HAS THE REGION'S ONLY CHILDREN'S EXPRESS CARES AT TWO SITES. IN JULY OF 2021, LVRCH OPENED AN EXPANDED PEDIATRIC INTENSIVE CARE UNIT, INCREASING BEDS FROM EIGHT TO 12 AS WELL AS A NEW AND EXPANDED CHILDREN'S EMERGENCY DEPARTMENT AND PEDIATRIC OBSERVATION UNIT. THE PAST FISCAL YEAR, 5,533 CHILDREN WERE ADMITTED TO THE LVRCH (INCLUDING OBSERVATIONS) AND 27,819 RECEIVED CARE IN THE CHILDREN'S EMERGENCY DEPARTMENT. THE LVRCH-AFFILIATED PROFESSIONALS AND STAFF ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN IN THE REGION. THEY ARE ACTIVE MEMBERS OF

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CHILDREN'S HOSPITALS' SOLUTIONS FOR PATIENT SAFETY, A NATIONAL ORGANIZATION OF OVER 135 CHILDREN'S HOSPITALS, WHICH PROMOTES PATIENT SAFETY THROUGH SHARING OF OUTCOMES AND PROCESS METRICS AND COLLABORATIVE INNOVATION. THEY HAVE DEVELOPED 30 CLINICAL PATHWAYS, WHICH DRIVE HIGH-QUALITY, EFFICIENT CARE. THE LVRCH FAMILY ADVISORY COUNCIL CONTINUES TO HELP INFORM FAMILY-CENTERED PROGRAMS, PROCESSES, AND PLACES. LVRCH PROVIDES SPECIALIZED PEDIATRIC TRAUMA AND BURN CARE, PEDIATRIC CANCER CARE AND EXPERT INPATIENT CARE IN THE PEDIATRIC AND NEONATAL INTENSIVE CARE UNITS AND ON THE PEDIATRIC MEDICAL-SURGICAL AND OBSERVATION UNIT. LVHN'S BOARD-CERTIFIED PHYSICIANS PROVIDE CHILDREN'S CARE IN GREATER THAN 30 PEDIATRIC SPECIALTIES INCLUDING PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PEDIATRIC ENT, PEDIATRIC PLASTIC SURGERY, PEDIATRIC ORTHOPEDICS, PEDIATRIC NEUROSURGERY, PEDIATRIC ANESTHESIA, PEDIATRIC RADIOLOGY, PEDIATRIC HEMATOLOGY-ONCOLOGY, PEDIATRIC PULMONOLOGY, PEDIATRIC NEUROLOGY, PEDIATRIC ENDOCRINOLOGY, PEDIATRIC INFECTIOUS DISEASE, PEDIATRIC RHEUMATOLOGY, PEDIATRIC GASTROENTEROLOGY, PEDIATRIC HOSPITAL MEDICINE, NEONATOLOGY, PEDIATRIC CRITICAL CARE MEDICINE, PEDIATRIC EMERGENCY MEDICINE, ADOLESCENT MEDICINE, DEVELOPMENTAL PEDIATRICS, PEDIATRIC NEUROPSYCHOLOGY, CHILD PROTECTION MEDICINE, AND CHILD AND ADOLESCENT PSYCHIATRY. LED BY A BOARD-CERTIFIED CHILD ABUSE PEDIATRICIAN, THE LVRCH CHILD PROTECTION MEDICINE TEAM EVALUATES CHILDREN WHO MAY HAVE BEEN ABUSED OR NEGLECTED. IN PARTNERSHIP WITH VALLEY HEALTH PARTNERS AND COMMUNITY SERVICES FOR CHILDREN, LVRCH PROVIDES AND SUPPORTS EDUCATIONAL SERVICES THROUGH THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT (ACHIP), A COMMUNITY-BASED NEEDS ASSESSMENT, RESOURCE CONNECTION, AND FAMILY EMPOWERMENT SERVICE FOR FAMILIES WITH CHILDREN UNDER FIVE YEARS OLD. THE WELLER HEALTH EDUCATION SERVICE LINE PROVIDES HIGHLY-REGARDED

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CURRICULA-BASED HEALTH PROGRAMS ADMINISTERED BY PROFESSIONAL EDUCATORS

IN DOZENS OF SCHOOLS ACROSS THE REGION. LVRCH PROMOTES SAFETY AND

HEALTHY LIVING IN VARIOUS FORUMS THROUGHOUT THE YEAR. THE MOST NOTABLE

IS OUR COMMUNITY CANVAS PROGRAM, WHICH IN PARTNERSHIP WITH THE KELLYN

FOUNDATION PROVIDES PROGRAMS IN OVER 15 ELEMENTARY SCHOOLS THAT PROMOTE

GOOD NUTRITION AND HEALTHY LIVING.

IMAGING SERVICES - THE RADIOLOGY DEPARTMENT PROVIDES A VARIETY OF

DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR PATIENTS OF ALL AGES, 24

HOURS A DAY, SEVEN DAYS PER WEEK. RADIOLOGY SERVICES INCLUDE THE

PROVISION OF EMERGENT, ACUTE, PREVENTIVE, CONSULTATIVE, DIAGNOSTIC, AND

THERAPEUTIC IMAGING TO PATIENTS IN THE EMERGENCY, SURGICAL, INPATIENT

AND OUTPATIENT SETTINGS OF LVHN. THE DEPARTMENT PERFORMS AN AVERAGE OF

1,548 PROCEDURES PER DAY. OUTPATIENTS ACCOUNT FOR 78% OF THESE

EXAMINATIONS, WHILE INPATIENTS ACCOUNT FOR THE REMAINING 22%. SERVICES

ARE PROVIDED AT MULTIPLE SITES. AT LVH-CEDAR CREST, THE FOLLOWING

SERVICES ARE OFFERED: VASCULAR LAB, ULTRASOUND, COMPUTERIZED

TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL

RADIOLOGY AND NEURORADIOLOGY. IMAGE MANAGEMENT SERVICES, MAGNETIC

RESONANCE IMAGING (MRI), DEXA, AND PET-CT SERVICES ARE PROVIDED THROUGH

AN AFFILIATED PARTNER. AT LVH-17TH STREET, THE FOLLOWING SERVICES ARE

OFFERED: DIAGNOSTIC IMAGING, COMPUTERIZED TOMOGRAPHY, ULTRASOUND,

VASCULAR LAB, AND IMAGE MANAGEMENT SERVICES. SERVICES AT LVH-MUHLENBERG

INCLUDE: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR

MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY, SPECT-CT, AND

MOBILE PET-CT, AS WELL AS IMAGE MANAGEMENT SERVICES. MAGNETIC RESONANCE

IMAGING (MRI) SERVICES ARE PROVIDED AT LVH-MUHLENBERG FOR BOTH

INPATIENT AND OUTPATIENT THROUGH AN AFFILIATED PARTNER. THE

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LVH-TILGHMAN CAMPUS OFFERS DIAGNOSTIC IMAGING SERVICES FOR THE EXPRESS CARE AND ORTHOPEDIC SURGERY DIVISION. LIMITED ULTRASOUND/VASCULAR IMAGING IS ALSO PROVIDED FOR INPATIENTS. THE RADIOLOGY DEPARTMENT OFFERS DIAGNOSTIC IMAGING AND ULTRASOUND AT THE FOLLOWING HEALTH CENTER LOCATIONS: BETHLEHEM TOWNSHIP, RICHLAND TOWNSHIP, FOGELSVILLE, HAMBURG (DIAGNOSTIC ONLY), MOSELEM SPRINGS, AND TREXLERTOWN. THE HEALTH CENTER AT BATH OFFERS DEXA, DIAGNOSTIC IMAGING, ULTRASOUND SERVICES AND PHLEBOTOMY. THE HEALTH CENTER AT BANGOR OFFERS DEXA, DIAGNOSTIC IMAGING, AND ULTRASOUND SERVICES. IMAGING SERVICES AT CETRONIA ROAD OFFERS COMPUTERIZED TOMOGRAPHY, DEXA, DIAGNOSTIC IMAGING, MRI, AND ULTRASOUND SERVICES. THE RADIOLOGY DEPARTMENT INCREASED ACCESS WITH THREE NEW OUTPATIENT IMAGING SITES. LVHN IMAGING AND BREAST HEALTH SERVICES AT LEHIGHTON OFFERS DIAGNOSTIC IMAGING AND ULTRASOUND SERVICES. IMAGING SERVICES AT 1101 CEDAR CREST AND IMAGING SERVICES AT AIRPORT ROAD OFFER DIAGNOSTIC IMAGING.

IMAGING SERVICES AT LVH-HECKTOWN OAKS INCLUDE MRI, CT, PET/CT, ULTRASOUND AND DIAGNOSTIC IMAGING. IN FY22, THE HECKTOWN OAKS IMAGING SERVICES DEPARTMENT PERFORMED 32,102 EXAMS, FAR EXCEEDING THE PROJECTED VOLUMES FOR THIS LOCATION. IN MARCH 2022, THE NEW HEALTH CENTER AT PENNSBURG OPENED, FURTHER EXPANDING ACCESS TO A NEW MARKET. IMAGING SERVICES INCLUDE DIAGNOSTIC IMAGING AND ULTRASOUND. IN MAY 2022, THE NEW LVH-DICKSON CITY CAMPUS OPENED WHICH INCLUDES MRI, CT, ULTRASOUND, FLUOROSCOPY AND DIAGNOSTIC IMAGING. THE FOLLOWING MONTH, THE LVHN IMAGING SERVICES AT LEHIGHTON CLOSED AND RELOCATED ITS XRAY AND ULTRASOUND UNITS TO THE NEW LVH-CARBON RADIOLOGY DEPARTMENT WHICH OPENED IN JUNE 2022. IMAGING SERVICES AT LVH-CARBON INCLUDE MRI, CT, ULTRASOUND AND DIAGNOSTIC IMAGING. SHELL SPACE POSITIONS THE LOCATION

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FOR FUTURE EXPANSION TO INCLUDE FLUOROSCOPY AND BONE DENSITOMETRY SERVICES. IMAGING SERVICES AT LVH-HECKTOWN OAKS, THE HEALTH CENTER AT PENNSBURG, LVH-DICKSON CITY AND LVH-CARBON ARE PROVIDED THROUGH AN AFFILIATED PARTNER. FY23 PLANS INCLUDE EXPANDING CT ACCESS AT THE 1770 BATHGATE LOCATION ON THE LVH-MUHLENBERG CAMPUS AS WELL AS A CARDIAC PET/CT SERVICE AT LVH-HECKTOWN OAKS.

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

PHARMACY SERVICES - LEHIGH VALLEY PHARMACY SERVICES OFFERS A FULL RANGE OF PHARMACY SERVICES IN THREE CONVENIENT, PATIENT-FOCUSED LOCATIONS: LVH-CEDAR CREST, LVH-17TH STREET, AND LVH-MUHLENBERG. ADDITIONALLY, PRESCRIPTION PICK-UP LOCATIONS ARE AVAILABLE AT LVH-HECKTOWN OAKS AND LVH-CARBON TO BETTER SERVE PATIENTS BEING DISCHARGED FROM THESE FACILITIES AS WELL AS OUR LVHN COLLEAGUES. THE SPECIALTY PHARMACY AND HOME INFUSION PHARMACY, LOCATED AT 2024 LEHIGH STREET, PROVIDED HOME INFUSION AND SPECIALTY PHARMACY SERVICES TO RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA. PHARMACY SERVICES INCLUDE PRESCRIPTIONS, COMPOUNDING, SPECIALTY MEDICATIONS, VACCINATIONS, OVER-THE-COUNTER, HERBAL/ALTERNATIVE MEDICATIONS, PERSONAL CARE PRODUCTS, FIRST AID, WOUND CARE, OSTOMY, KNEE BRACES, ORTHOTICS, VASCULAR GARMENTS, POST-MASTECTOMY, BREAST PROSTHESES, DIABETIC SUPPLIES, AND HOME INFUSION. THE RETAIL PHARMACIES ARE ACCREDITED BY THE BOARD OF CERTIFICATION/ACCREDITATION INTERNATIONAL, THE SPECIALTY PHARMACY IS ACCREDITED BY UTILIZATION REVIEW ACCREDITATION COMMISSION (URAC), THE NATION'S LEADER IN PHARMACY ACCREDITATION, AND THE HOME INFUSION PHARMACY IS ACCREDITED BY COMMUNITY HEALTH ACCREDITATION PROGRAM. THE RETAIL PHARMACIES ARE EQUIPPED WITH WORKFLOW, COUNTING

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CELL, AND BAR CODE SCANNING TECHNOLOGY. PILLS IN A POUCH COMPLIANCE
PACKAGING, BEDSIDE DELIVERY, AND CONVENIENCE SHIPPING ARE ALSO OFFERED.
IN FISCAL YEAR 2022, 414,552 PRESCRIPTIONS WERE FILLED, AND 4,978
INFUSION PATIENTS WERE SERVICED. THE LVHN INPATIENT PHARMACY SERVICES
ARE NATIONALLY RECOGNIZED FOR EFFORTS IN MEDICATIONS SAFETY AND
ADVANCES IN TECHNOLOGY. THE DEPARTMENT UTILIZES ADVANCED MEDICATION
SAFETY TECHNOLOGIES INCLUDING COMPUTERIZED PROVIDER ORDER ENTRY,
BEDSIDE BARCODING MEDICATION VERIFICATION, TWO MEDICATION DISPENSING
ROBOTS, AND AUTOMATED DISPENSING CABINETS. THE STAFF HAS BOARD
CERTIFIED CLINICAL PHARMACY SPECIALISTS IN THE AREAS OF INFECTIOUS
DISEASE, ADULT AND PEDIATRIC ONCOLOGY, TRAUMA, BURN, CRITICAL CARE,
PEDIATRICS, CARDIOLOGY, SOLID ORGAN TRANSPLANT, EMERGENCY MEDICINE,
ENDOCRINOLOGY, AND INTERNAL MEDICINE. THE DEPARTMENT USES A UNIT-BASED
MODEL TO PROVIDE PHARMACY SERVICES AT THE POINT OF CARE. GUIDED BY THE
QUADRUPLE AIM, PHARMACY SERVICES CONTINUES TO INNOVATE, PROVIDING THE
HIGHEST LEVEL OF CARE TO OUR PATIENTS THROUGH OUTSTANDING CLINICAL
SERVICES, AND A DISTRIBUTION MODEL THAT PROVIDES SAFETY AND
EFFICIENCIES LIKE NO OTHER.

COMMUNITY PRACTICES AND PROGRAMS - LOCATED IN THE HEART OF ALLENTOWN,
LEHIGH VALLEY HOSPITAL (LVH)-17TH STREET WAS FOUNDED OVER 120 YEARS AGO
AND IS THE ORIGINAL HOSPITAL IN THE SEVEN-CAMPUS LEHIGH VALLEY HEALTH
NETWORK HOSPITAL SYSTEM. WALKABLE AND EASILY ACCESSIBLE VIA PUBLIC
TRANSPORTATION, LVH-17TH STREET IS A HUB OF COMMUNITY WELLNESS OFFERING
A RANGE OF ESSENTIAL PROGRAMS AND SERVICES FOR ALLENTOWN'S MOST
VULNERABLE RESIDENTS INCLUDING BUT NOT LIMITED TO: EMERGENCY CARE,
AMBULATORY SURGERY, BREAST HEALTH SERVICES, A MENTAL HEALTH CARE
CLINIC, INPATIENT HOSPICE CARE, INPATIENT REHABILITATION SERVICES AND A

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FULL-SERVICE PHARMACY. IN ADDITION, LVH-17TH STREET IS HOME TO SEVERAL COMMUNITY PRACTICES AND PROGRAMS THAT PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL MEMBERS OF THE COMMUNITY, WITH THE MAJORITY OF PATIENTS EITHER QUALIFYING FOR MEDICAID OR HAVING NO INSURANCE, INCLUDING: INTERPRETER SERVICES WHICH IMPROVES OUTCOMES AND REDUCES HEALTH CARE DISPARITIES FOR NON-ENGLISH SPEAKING PATIENTS AND THOSE WHO ARE DEAF AND HARD OF HEARING THROUGH IN-PERSON, VIDEO, AND PHONE INTERPRETING PROVIDED BY CERTIFIED MEDICAL INTERPRETERS; COMPREHENSIVE HEALTH SERVICES WHICH IS THE REGION'S LARGEST HEALTH CARE PROVIDER FOR PATIENTS LIVING WITH OR AFFECTED BY HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND SERVES OVER 1,000 PATIENTS; LVPG GERIATRICS AND THE FLEMING MEMORY CENTER WHICH PROVIDE SPECIALIZED GERIATRIC PATIENT CARE AS WELL AS SUPPORT AND GUIDANCE TO PATIENTS AND FAMILIES AFFECTED BY MEMORY LOSS; THE JOHN VAN BRAKLE CHILD ADVOCACY CENTER LED BY THE LEHIGH VALLEY HOSPITAL CHILD PROTECTION MEDICINE DEPARTMENT WHICH AIMS TO MINIMIZE THE TRAUMA CHILDREN EXPERIENCE DURING A CHILD ABUSE INVESTIGATION BY COORDINATING SERVICES IN A SINGLE CHILD-FRIENDLY LOCATION; THE 17TH STREET DENTAL CLINIC WHICH PROVIDES COMPREHENSIVE DENTAL CARE TO CHILDREN AND ADULTS IN THE HOSPITAL SETTING AND VIA A MOBILE UNIT; THE HEPATITIS CARE CENTER WHICH PROVIDES SPECIALTY CARE FOCUSED ON VIRAL HEPATITIS; AND, THE SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM WHICH PROVIDES LICENSED OUTPATIENT MENTAL HEALTH SERVICES TO HUNDREDS OF UNINSURED AND UNDERINSURED CHILDREN ANNUALLY. IN ADDITION, LVH-17TH STREET OFFERS FOOD SECURITY PROGRAMS FOR PATIENTS IN NEED AND SERVES AS A CENTRALIZED LOCATION FOR PATIENTS TO ACCESS OTHER RESOURCES INCLUDING FINANCIAL COUNSELING AND LEGAL SUPPORT.

POPULATION HEALTH COMMUNITY CARE TEAMS - IN 2014, LVHN ADOPTED A VISION

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STATEMENT: TO BECOME AN INNOVATIVE LEADER IN POPULATION HEALTH

MANAGEMENT. SINCE THEN, LVHN HAS BEEN BUILDING ITS CAPACITY AND

COMPETENCIES TO ACHIEVE THIS VISION. LVHN DEFINES POPULATION HEALTH

(PH) AS THE HEALTH AND HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS,

INCLUDING HOW THOSE OUTCOMES ARE DISTRIBUTED ACROSS THE GROUP. PH HAS

GAINED SIGNIFICANT TRACTION IN LVHN OVER THE LAST FEW YEARS, EVEN

THOUGH CURRENTLY LESS THAN 10% OF PAYMENT COMES THROUGH VALUE

ARRANGEMENTS. NONETHELESS, LVHN HAS DONE THE GROUNDWORK FOR THE

EVENTUALITY THAT THE NATION'S FINANCING MODEL WILL CHANGE TO SUPPORT

THE EXECUTION OF A VALUE-DRIVEN, POPULATION HEALTH-BASED DELIVERY

SYSTEM. IT IS WITH THIS IN MIND LVHN HAS BEGUN TO CREATE A CULTURE OF

DELIVERING THE RIGHT INTERVENTION FOR A SPECIFIC PATIENT IN THE LEAST

COSTLY POINT IN THE CARE CONTINUUM; AND, CREATING VALUE FOR PATIENTS

AND PAYERS SO THAT LVHN IS RECOGNIZED AND REIMBURSED FOR THAT KIND OF

CARE. THE FOLLOWING IS AN OVERVIEW OF THE PH RESOURCES DEPLOYED AND

COMPLETED IN FY22:

COMMUNITY CARE TEAMS (CCT): CCT(S) WORK WITH HIGH-RISK PATIENTS BASED

ON PREDETERMINED RISK STRATIFICATION, PAYER ARRANGEMENT AND PROVIDER

CLINICAL JUDGMENT. CCT(S) HAVE A CARE MANAGER, A PHARMACIST, A

BEHAVIORAL HEALTH SPECIALIST, A SOCIAL WORKER, COMMUNITY HEALTH

WORKERS, AND/OR MEDICATION ASSISTANCE COORDINATORS. THEY COLLABORATE

WITH LEHIGH VALLEY PHYSICIAN GROUP AND MEDICAL ASSOCIATES OF THE LEHIGH

VALLEY (MATLV) PRIMARY CARE AND SPECIALTY PRACTICES TO FACILITATE THE

MANAGEMENT OF THE MOST COMPLEX PATIENTS (THESE ARE THE TOP 5% HIGH-RISK

LVHN PATIENTS. CCT(S) COVER OVER 50 PRIMARY CARE PRACTICES AND

SPECIALTY PRACTICES ACROSS FIVE COUNTIES. NURSE-DRIVEN PROTOCOLS AND

SPECIALTY REFERRALS ALLOW FOR SEAMLESS COLLABORATION WITH OACIS

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(OPTIMIZING ADVANCED COMPLEX ILLNESS SUPPORT) HOME-BASED CONSULT SERVICE, HOME CARE, REMOTE PATIENT MONITORING, AND OTHER LVHN NETWORK SERVICES. IN FY22, CCT(S) TOUCHED OVER 23,780 UNIQUE PATIENTS AND OVER 81,800 TOTAL PATIENT CONTACTS BY PHONE, PORTAL COMMUNICATION, VIDEO VISITS, OR FACE-TO-FACE VISITS. IN ADDITION TO WORKING TO HELP PATIENTS GAIN INSURANCE, FOOD, SHELTER, AND TRANSPORTATION, IN FY22 CCT(S) FACILITATED OVER \$6 MILLION DOLLARS IN FREE PRESCRIPTION MEDICATIONS. SECURING THESE MEDICATIONS REDUCES AMBULATORY CARE SENSITIVE ADMISSIONS AND UNNECESSARY EMERGENCY DEPARTMENT VISITS. OVER THE LAST EIGHT FISCAL YEARS, THIS PROGRAM HAS SECURED OVER \$32 MILLION DOLLARS IN FREE AND DISCOUNTED PATIENTS FOR LVHN PATIENTS.

INPATIENT CARE MANAGEMENT: THE IN-PATIENT CARE MANAGEMENT TEAM CONSISTS OF REGISTERED NURSE AND MASTER'S IN SOCIAL WORK CARE MANAGERS ALONG WITH SOCIAL SERVICE SUPPORT STAFF TO PROVIDE CARE MANAGEMENT SERVICES. THIS TEAMS SERVED OVER 85,000 ACUTE CARE HOSPITALIZED PATIENTS AT 12 LOCATIONS THROUGHOUT THE NETWORK. THE SCOPE OF SERVICES EXPANDED THIS YEAR TO INCLUDE THE LVH-DICKSON CITY AND LVH-CARBON LOCATIONS. IN-PATIENT CARE MANAGEMENT ASSESSES PATIENTS FOR DISCHARGE PLANNING NEEDS INCLUDING SOCIAL DETERMINANTS OF HEALTH, RISKS FOR READMISSION AND RISK FOR NEED OF A POST-ACUTE FACILITY STAY. THE TEAM THIS YEAR HAS BEGUN TO PARTNER WITH AMBULATORY CARE MANAGEMENT FOR THE APPROPRIATE CARES LEVEL PROGRAM TO PROVIDE HIGH-QUALITY CARE AND REDUCE RECIDIVISM. IN ADDITION, THE TEAM WORKED COLLABORATIVELY WITH THE POST-ACUTE CARE COMMITTEE TO EDUCATE PATIENTS AND THEIR CARE GIVERS ON HIGH-QUALITY POST-ACUTE FACILITIES TO PROMOTE SAFE COST-EFFECTIVE TRANSITIONS OF CARE. IN TOTAL, THE TEAM CONTRIBUTED TO THE DECREASE IN READMISSION RATES AND THE BEGINNING OF BUILDING A STRONG POST-ACUTE CARE STRATEGY.

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IN FY21, THE IN-PATIENT CARE MANAGEMENT TEAM PROVIDED \$174,907 OF SUPPORT TO INDIGENT CARE. THIS FUNDING PROVIDED EMERGENCY HOUSING, SUPPLIES, TRANSPORTATION, AND MEDICATION TO FACILITATE SAFE DISCHARGES BACK TO THE COMMUNITY.

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

INTEGRATED CARE TRANSITIONS: THE INTEGRATED CARE TRANSITIONS TEAM CONSISTS OF A CENTRALIZED TRANSITION OF CARE (TOC) CALL CENTER, CARE NAVIGATION, AND REMOTE PATIENT MONITORING (RPM). ACROSS THESE TEAMS, A TOTAL OF 37,680 PATIENTS WERE CALLED POST-DISCHARGE AFTER A HOSPITAL STAY IN A LVHN INPATIENT, OBSERVATION, OR INPATIENT REHABILITATION UNIT IN FY22 THAT ARE ATTRIBUTED TO OUR LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION (LVPHO) PRIMARY CARE PRACTICES. THESE NUMBERS REPRESENT THE CALLS MADE FOR DISCHARGES FROM LVH-CEDAR CREST, LVH-MUHLENBERG, LVH-17TH STREET, LVH-TILGHMAN, LVH-SCHUYLKILL, LVH-POCONO, AND LVH-HAZLETON. THROUGHOUT FY22, EFFORTS CONTINUED TO FOCUS ON INCREASING THE PERCENTAGE OF PATIENTS THAT HAVE A TIMELY FOLLOW-UP VISIT POST-DISCHARGE. THE PERCENT OF PATIENTS SEEN WITHIN 7-DAYS INCREASED TO 63% FROM THE PREVIOUS YEAR, WHICH WAS 44%.

RPM BEGAN INTEGRATION INTO THE INTEGRATED CARE TRANSITIONS INFRASTRUCTURE IN JULY 2021. RPM CURRENTLY CONSISTS OF THREE MAIN LEVELS OF CARE ENGAGING PATIENTS THROUGH LVHN AT HOME, STANDARD RPM, AND COVID-19 HOME MONITORING. THE LVHN AT HOME PROGRAM IS A COLLABORATIVE EFFORT BETWEEN RPM, HOME CARE, AND THE ACUTE CARE BRIDGE CLINIC (MATERNAL FETAL MEDICINE PROVIDES THE MEDICAL SUPPORT FOR HIGH-RISK PREGNANCY). THROUGHOUT FY2022, THE LVHN AT HOME PROGRAM

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WITHIN RPM CONTINUED TO GROW AND IS SUPPORTING PATIENTS WITH CHF, COPD, HIGH-RISK PREGNANCY, AND COVID-19. IN FY2022, THERE WERE 315 PATIENTS REFERRED TO LVHN AT HOME, 22,427 REFERRED TO STANDARD RPM, AND 13,289 REFERRED TO COVID-19 HOME MONITORING.

MAGNET STATUS FOR NURSING EXCELLENCE - IN AUGUST 2002, THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) GRANTED MAGNET DESIGNATION TO LVH-CEDAR CREST AND LVH-MUHLENBERG, THE FIRST FULL-SERVICE HOSPITALS IN PENNSYLVANIA TO RECEIVE THE RECOGNITION. DEVELOPED BY THE ANCC IN 1994, THE MAGNET DESIGNATION IS THE AMERICAN NURSES ASSOCIATION'S HIGHEST HONOR FOR EXCELLENCE IN NURSING AND RECOGNIZES LEHIGH VALLEY HOSPITAL AS A NATIONAL AND GLOBAL LEADER IN NURSING EDUCATION, RESEARCH, PATIENT SATISFACTION, EVIDENCED-BASED CARE, IMPROVED PATIENT OUTCOMES, JOB RETENTION AND THE CENTRAL ROLE OF NURSING IN THE ORGANIZATION. HEALTH CARE ORGANIZATIONS MUST REAPPLY FOR MAGNET RECOGNITION EVERY FOUR YEARS. AN ORGANIZATION REAPPLYING FOR MAGNET RECOGNITION MUST PROVIDE DOCUMENTED EVIDENCE TO DEMONSTRATE HOW STAFF MEMBERS SUSTAINED AND IMPROVED MAGNET CONCEPTS, PERFORMANCE AND QUALITY OVER THE FOUR-YEAR PERIOD SINCE THE ORGANIZATION RECEIVED ITS MOST RECENT RECOGNITION. ADDITIONALLY, RE-DESIGNATING ORGANIZATIONS MUST UNDERGO A SITE VISIT BY A TEAM OF MAGNET APPRAISERS WHO SPEND TIME INTERACTING WITH NURSES AND OTHER COLLEAGUES TO VALIDATE, VERIFY AND AMPLIFY COMPLIANCE AND ENCULTURATION OF KEY MAGNET MODEL COMPONENTS WHICH INCLUDE TRANSFORMATIONAL LEADERSHIP; STRUCTURAL EMPOWERMENT; EXEMPLARY PROFESSIONAL PRACTICE; NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS; AND EMPIRICAL QUALITY RESULTS. IN 2006, 2011, 2016, AND 2020, LVH WAS RE-DESIGNATED AS A MAGNET HOSPITAL, CONTINUING TO DEMONSTRATE THE REQUIRED EVIDENCE OF A PRACTICE ENVIRONMENT IN WHICH PROFESSIONAL

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NURSES AND INTERDISCIPLINARY COLLEAGUES LEAD THE REFORMATION OF HEALTH

CARE AND THE CARE OF THE PATIENT, FAMILY, AND COMMUNITY.

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

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

INC.

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

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

INC., HAS THE POWER TO ELECT, APPOINT, APPROVE, OR REJECT MEMBER'S OF THE

ORGANIZATION'S GOVERNING BODY.

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

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

INC., HAS THE POWER TO APPROVE OR REJECT CERTAIN MAJOR OPERATING DECISIONS

MADE BY THE ORGAZINATION'S GOVERNING BODY.

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

THE PROCESS TO REVIEW THE 990'S INCLUDES:

DRAFT 1 OF THE RETURNS IS REVIEWED IN DETAIL WITH A FOCUS ON ACCURACY,

COMPLETENESS, AND PERSPECTIVE BY THE LVHN VICE-PRESIDENT, FINANCE AND

CONTROLLER AND THE LVHN CORPORATE LEGAL COUNSEL. DRAFT 2 OF THE RETURNS IS

REVIEWED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER. ALL

COMPENSATION DISCLOSURES ARE REVIEWED BY THE DIRECTOR, COMPENSATION - HUMAN

RESOURCES. DRAFT 3 OF THE RETURNS IS REVIEWED TOGETHER WITH THE PRESIDENT

& CEO, THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER, THE

VICE-PRESIDENT, FINANCE AND CONTROLLER AND THE ADMINISTRATOR, TAX.

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

FORM 990, PART VI, SECTION B, LINE 12C:

IN JANUARY 2016, LVHN IMPLEMENTED AN ELECTRONIC TOOL DESIGNED TO SEND NOTIFICATIONS AND TRACK DISCLOSURES REPORTED ON CONFLICT OF INTEREST QUESTIONNAIRES. THE NETWORK ALSO EXPANDED THE SCOPE OF THE CONFLICT OF INTEREST OR COMMITMENT POLICY, SUCH THAT ADDITIONAL COLLEAGUES ARE NOW REQUIRED TO COMPLETE A QUESTIONNAIRE EACH YEAR. PRIOR TO JANUARY, THE VP, INTERNAL AUDIT AND COMPLIANCE SERVICES ISSUED A NOTICE TO BOARD MEMBERS AND MEMBERS OF THE SENIOR MANAGEMENT COUNCIL WHEN IT WAS TIME FOR THEM TO SUBMIT THEIR CONFLICT OF INTEREST QUESTIONNAIRES. THE VP ALSO INSTRUCTED MEMBERS OF THE SENIOR MANAGEMENT COUNCIL TO IDENTIFY AND REQUEST COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES FROM INDIVIDUALS WHO HAD POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE HER WITH THE IDENTITY OF THOSE INDIVIDUALS. COMPLIANCE SERVICES TRACKED COMPLETION OF THE QUESTIONNAIRES. 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

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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.

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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.

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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'

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PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION,

AS LVHN HAS ADVISED THAT SUCH AMOUNTS ARE APPROPRIATE AND WITHIN FMV.

SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE

COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION

LEVELS:

COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE,

SIZE AND SCOPE.

COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT

COMPENSATION.

DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS

(TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS

OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION

OF EXECUTIVE PERQUISITES.

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.

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

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

LEHIGH VALLEY HOSPITAL'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. THE ORGANIZATION'S FORM 990-T IS ONLY AVAILABLE UPON REQUEST.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS ANNUAL REPORT TO THE COMMUNITY. THE ANNUAL REPORT IS DISTRIBUTED TO ALL ATTENDEES AT THE ORGANIZATIONS ANNUAL PUBLIC MEETING. THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IN ADDITION, IT IS DISTRIBUTED VIA MAIL TO MEMBERS OF THE COMMUNITY. THE ORGANIZATIONS 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	-20,337,368.
TRANSFERS TO/FROM AFFILIATES	74,134,933.
TOTAL TO FORM 990, PART XI, LINE 9	53,797,565.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FAMILY CARE CENTERS, INC. - 23-2349341 PO BOX 4000 ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		X
HAZLETON HEALTH & WELLNESS CENTER - 23-2580968, PO BOX 4000, ALLENTOWN, PA 18105-4000	STAFFING SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP.		X
HAZLETON PROFESSIONAL SERVICES - 20-5880364 PO BOX 4000 ALLENTOWN, PA 18105-4000	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		X
HAZLETON SURGICAL ALLIANCE - 20-2038456 PO BOX 4000 ALLENTOWN, PA 18105-4000	SURGICAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2021**
SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LEHIGH VALLEY HEALTH NETWORK - 22-2458317 PO BOX 4000 ALLENTOWN, PA 18105-4000	PARENT COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
LEHIGH VALLEY HEALTH NETWORK EMERGENCY MEDICAL SERVICES - 23-2532377, PO BOX 4000, ALLENTOWN, PA 18105-4000	AMBULATORY MEDICAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HEALTH NETWORK REALTY HOLDING CO. - 23-2586770, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE HOLDING CO.	PENNSYLVANIA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - 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
MUHLBERG REALTY CORPORATION - 23-2245513 PO BOX 4000 ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		X
NORTHEASTERN PENNSYLVANIA HEALTH CORP. - 23-2421970, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BELTWAY HEALTH LP - 20-3586257, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PA	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	LEHIGH VALLEY HOSPITAL	RELATED	93,447.	3,781,211.		X	N/A		X	97.93%
HEALTH NETWORK LABORATORIES LP - 23-2948774, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	LEHIGH VALLEY HOSPITAL	RELATED	12,673,414.	330,794,961.		X	N/A		X	96.69%
LEHIGH VALLEY IMAGING LLC - 46-4551937, 1247 S CEDAR CREST BLVD., STE. 105, ALLENTOWN, PA 18103-6202	IMAGING SERVICES	PA	LEHIGH VALLEY HOSPITAL	RELATED	44,535,496.	46,296,885.		X	N/A		X	72.77%
LVHN RECIPROCAL RISK RETENTION GROUP - 20-0037118, 151 MEETING STREET, STE. 301, CHARLESTON, SC 29401-2238	INSURANCE SERVICES	PA	LEHIGH VALLEY HEALTH NETWORK	RELATED	0.	10,939,382.		X	N/A		X	10.00%
NAZARETH ENDOSCOPY CENTER LLC - 82-4072967, 1501 N CEDAR CREST BLVD., STE. 110, ALLENTOWN, PA 18104-2309	ENDOSCOPY SERVICES	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
POCONO AMBULATORY SURGERY CENTER LTD - 23-2611442, 1 STORM STREET, STROUDSBURG, PA 18360-2406	SURGICAL SERVICES	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP - 47-2125419, PO BOX 4000, ALLENTOWN, PA 18105-4000	INVESTMENTS	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP - 23-2514813, PO BOX 4000, ALLENTOWN, PA 18105-4000	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LEHIGH VALLEY HEALTH SERVICES, INC. - 23-2263665, PO BOX 4000, ALLENTOWN, PA 18105-4000	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC. - 23-2750430, 1605 N CEDAR CREST BLVD., STE. 411, ALLENTOWN, PA	HEALTH CARE RELATED SERVICES	PA	LEHIGH VALLEY HOSPITAL	C CORP	78,022.	27,088,963.	50.00%		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	LEHIGH VALLEY HOSPITAL	C CORP	0.	5,045,854.	100%		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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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) WESTGATE PROFESSIONAL CENTER, INC.	K	35,393.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LVHN AMBULATORY SURGERY CENTER OF LOPATCONG, INC.

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH

ALLENTOWN

NAME OF RELATED ORGANIZATION:

LVHN COORDINATED PROFESSIONAL PRACTICE

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH

ALLENTOWN

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

BELTWAY HEALTH LP

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP

DIRECT CONTROLLING ENTITY: SCHUYLKILL HEALTH SYSTEM DEVELOPMENT

CORPORATION

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

NAME OF RELATED ORGANIZATION:

AMERICAN PATIENT TRANSPORT SYSTEMS, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC.

EIN: 23-2750430

1605 N CEDAR CREST BLVD., STE. 411

ALLENTOWN, PA 18104-2323

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION

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

HEALTH NETWORK

Type and Entity: FITNESS AND MASSAGE FA POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover											
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for		
A 2018	480,346.													
B 2019	343,458.													
C 2020	167,560.													
D 2021	165,709.													
E														
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Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: NET POSITIVE ACE ADJUSTMENT FED
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover										
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A 2014	79,362.												
B 2015	79,266.												
C 2016	79,105.												
D 2020	1,426.												
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Type and Entity: **CONTRIBUTION - 50% CASH FED**

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

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Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2020	6,167,141.	98,959.	98,959.									

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Detail Type	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
E S B C												