

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

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

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>POCONO MEDICAL CENTER</b> Doing business as <b>LEHIGH VALLEY HOSPITAL - POCONO</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>206 EAST BROWN STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>EAST STROUDSBURG, PA 18301</b> <b>F</b> Name and address of principal officer: <b>ELIZABETH WISE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>24-0795623</b>  <b>E</b> Telephone number <b>484-884-0130</b>  <b>G</b> Gross receipts \$ <b>320,090,717.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LVHN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1915</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE WORLD-CLASS HEALTHCARE CLOSE TO HOME.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>12</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>8</b>	
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	<b>1770</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>123</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	<b>0.</b>	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 722,890.	<b>Current Year</b> 745,626.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		271,452,229.	277,144,784.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		3,615,171.	-2,416,241.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		956,669.	1,221,909.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		276,746,959.	276,696,078.	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	98,503,208.	95,489,213.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,139.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	135,714,114.	135,128,970.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	234,217,322.	230,618,183.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	42,529,637.	46,077,895.		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 368,543,273.	<b>End of Year</b> 440,082,136.	
	<b>21</b> Total liabilities (Part X, line 26) .....	187,334,563.	218,886,142.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	181,208,710.	221,195,994.	

**Part II Signature Block**

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

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

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 218,301,515. including grants of \$ ) (Revenue \$ 271,663,739. ) POCONO MEDICAL CENTER DBA LEHIGH VALLEY HOSPITAL POCONO (LVH-P) IS A 264 BED, ACUTE CARE, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN EAST STROUDSBURG, PA. WITH CLOSE TO 350 PHYSICIANS AND NEARLY 2,300 STAFF MEMBERS, OUR ORGANIZATION'S MISSION IS TO PROVIDE WORLD-CLASS HEALTHCARE TO OUR COMMUNITY FOR THOSE SERVICES MOST CRITICAL TO THE COMMUNITY'S HEALTH NEEDS.

LVH-P HAD 37,192 PATIENT DAYS OF STAY. 4,690 SURGERIES WERE COMPLETED, AND THE LVH-P RECEIVED 198,162 OUTPATIENT VISITS, INCLUDING OUR EMERGENCY DEPARTMENT.

LVH-P PROVIDES SERVICES OF DIRECT PATIENT CARE, COMMUNITY HEALTH

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) DALE AND FRANCES HUGHES CANCER CENTER OFFICIALLY OPENING ITS DOORS ON JUNE 18, 2012, THE NEW DALE & FRANCES HUGHES CANCER CENTER PROVIDES A FULL LINE OF STATE-OF-THE-ART CANCER TREATMENT SERVICES FOR PATIENTS IN OUR COMMUNITY, WITH A HUMAN-CENTERED APPROACH THAT EMBRACES GENUINE RESPECT AND COMPASSION FOR PATIENTS AND THEIR LOVED ONES.

THE HUGHES CANCER CENTER ALSO RECEIVED A THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF RADIATION ONCOLOGY AND WAS AWARDED THE OUTSTANDING ACHIEVEMENT AWARD OF THE COMMISSION ON CANCER FOR 2011.

THE HUGHES CANCER CENTER OFFERS SOME OF THE MOST SOPHISTICATED

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

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

4e Total program service expenses 218,301,515.

**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> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included... 8; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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 in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in 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 in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 484-884-0130
2100 MACK BLVD, 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)	(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			
(1) RAJESH G. BHAGAT, MD SECRETARY/TRUSTEE	1.00 2.00	X					0.	0.	0.	
(2) CAROLYN BORTZ, EDD TRUSTEE	1.00 1.00	X					0.	0.	0.	
(3) TERRY CAPUANO TRUSTEE	5.00 55.00	X					0.	1,166,412.	32,386.	
(4) LYNN A. COURTRIGHT TRUSTEE	1.00 1.00	X					0.	0.	0.	
(5) EDWARD DOUGHERTY TRUSTEE	5.00 55.00	X					0.	671,278.	36,467.	
(6) ANDREW A. FORTE CHAIR/TRUSTEE	1.00 1.00	X		X			0.	0.	0.	
(7) VINCENT FRANCESCANGELI, MD TRUSTEE	34.00 6.00	X					379,611.	0.	16,207.	
(8) THOMAS GRAYUSKI TRUSTEE	1.00 3.00	X					0.	0.	0.	
(9) ELIZABETH KOSTER TREASURER/TRUSTEE	1.00 3.00	X					0.	0.	0.	
(10) STEPHEN SOMERS TRUSTEE	1.00 3.00	X					0.	0.	0.	
(11) ELIZABETH WISE PRESIDENT/TRUSTEE	40.00 20.00	X		X			548,472.	0.	30,207.	
(12) W. ANDREW WORTHINGTON VICE CHAIR/TRUSTEE	1.00 1.00	X		X			0.	0.	0.	
(13) WILLIAM CORS CHIEF MEDICAL OFFICER	40.00 1.00				X		518,361.	0.	23,162.	
(14) STEPHEN CUNNINGHAM VP, MARKET DEVELOPMENT	40.00 2.00				X		355,319.	0.	13,329.	
(15) LYNN LANSDOWNE VP, LABOR RELATIONS	40.00				X		251,922.	0.	29,438.	
(16) VIRGINIA GORTYCH-BARNES PHYSICIAN ADVISOR	40.00					X	257,207.	0.	31,362.	
(17) PHILIP LAWRENCE PHYSICIAN	40.00					X	531,652.	0.	30,207.	

**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)	(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			
(18) MARYANN CORTESE-RUBINO VP, PATIENT CARE SERVICES	40.00					X	268,621.	0.	12,060.	
(19) FRANK CAPOCCIA VP, OPERATIONS	40.00					X	252,580.	0.	4,718.	
(20) GEOFFREY DIECK RADIATION PHYSICIST	40.00					X	198,091.	0.	28,191.	
<b>1b Subtotal</b>							3,561,836.	1,837,690.	287,734.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							3,561,836.	1,837,690.	287,734.	

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 **98**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
NORTH AMERICAN PARTNERS IN ANESTHESIA PO BOX 275, GLEN HEAD, NY 11545-0275	ANESTHESIA SERVICES	3,835,000.
EMERGENCY PHYSICIAN ASSOCIATES PO BOX 634850, CINCINNATI, OH 45263-4850	PHYSICIAN SERVICES	3,665,878.
HEALTH NETWORK LABORATORIES LP 794 ROBLE ROAD, ALLENTOWN, PA 18109	LABORATORY SERVICES	1,351,633.
DELPHI OF TEAM HEALTH 170 SOUTHPORT DRIVE, MORRISVILLE, NC 27560	MEDICAL STAFFING SERVICES	1,327,415.
METZ ENVIRONMENTAL SERVICES, 200 S. PROVIDENCE ROAD, WALLINGFORD, PA 19086	HOUSEKEEPING SERVICES	1,260,317.

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 **38**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	645,383.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	100,243.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			745,626.			
Program Service Revenue	<b>2 a</b> OUTPATIENT REVENUE	Business Code 621400	145,722,239.	145,722,239.			
	<b>b</b> INPATIENT REVENUE	621990	116,041,727.	116,041,727.			
	<b>c</b> HHS COVID REVENUE	621990	15,380,818.	15,380,818.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			277,144,784.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,853,350.			3,853,350.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	2,889,087.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	2,455,724.				
	<b>6c</b> Rental income or (loss)	433,363.					
	<b>d</b> Net rental income or (loss)		433,363.			433,363.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	34,666,652.				
		(ii) Other	2,672.				
		<b>7b</b> Less: cost or other basis and sales expenses	40,618,879.	320,036.			
	<b>7c</b> Gain or (loss)	-5,952,227.	-317,364.				
	<b>d</b> Net gain or (loss)		-6,269,591.	-6,269,591.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> RESEARCH & MISC INCOME	Business Code 900099	788,546.	788,546.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			788,546.			
<b>12 Total revenue.</b> See instructions			276,696,078.	271,663,739.	0.	4,286,713.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,166,027.	2,166,027.		
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 .....	66,871,033.	63,030,479.	3,840,554.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,722,110.	1,576,544.	145,566.	
9 Other employee benefits .....	18,806,873.	18,700,001.	106,872.	
10 Payroll taxes .....	5,923,170.	5,655,108.	268,062.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	19,378.	8,460.	10,918.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	29,150,260.	28,612,183.	538,077.	
12 Advertising and promotion .....	744,713.	28,784.	715,929.	
13 Office expenses .....	240,510.	222,094.	18,416.	
14 Information technology .....	417,925.	417,925.		
15 Royalties .....				
16 Occupancy .....	4,119,206.	4,066,516.	52,690.	
17 Travel .....	128,861.	125,438.	3,423.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	60,289.	42,847.	17,442.	
20 Interest .....	4,084,096.	4,084,096.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	13,198,334.	6,367,888.	6,828,307.	2,139.
23 Insurance .....	8,198,890.	8,198,890.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	41,141,538.	41,509,226.	-367,688.	
b <b>BAD DEBTS EXPENSE</b>	19,375,738.	19,375,738.		
c <b>MA MODERNIZATION</b>	6,201,840.	6,201,840.		
d <b>PURCHASED SERVICES</b>	5,559,890.	5,482,539.	77,351.	
e All other expenses	2,487,502.	2,428,892.	58,610.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	230,618,183.	218,301,515.	12,314,529.	2,139.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,774.	<b>1</b>	3,601.
	<b>2</b> Savings and temporary cash investments .....	30,643,135.	<b>2</b>	82,808,338.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	29,583,854.	<b>4</b>	27,707,603.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	10,079,583.	<b>7</b>	17,350,400.
	<b>8</b> Inventories for sale or use .....	5,019,313.	<b>8</b>	4,398,445.
	<b>9</b> Prepaid expenses and deferred charges .....	546,527.	<b>9</b>	82,425.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 182,446,481.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 46,842,827.		
	<b>11</b> Investments - publicly traded securities .....	144,559,087.	<b>10c</b>	135,603,654.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	139,222,738.	<b>11</b>	142,254,743.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	9,238,081.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,887,262.	<b>15</b>	20,634,846.	
	368,543,273.	<b>16</b>	440,082,136.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	24,932,189.	<b>17</b>	18,420,808.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	29,014,437.
	<b>20</b> Tax-exempt bond liabilities .....	110,370,699.	<b>20</b>	116,439,778.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	52,031,675.	<b>25</b>	55,011,119.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	187,334,563.	<b>26</b>	218,886,142.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	181,208,710.	<b>27</b>	221,195,994.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	181,208,710.	<b>32</b>	221,195,994.
<b>33</b> Total liabilities and net assets/fund balances .....	368,543,273.	<b>33</b>	440,082,136.	

**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	276,696,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	230,618,183.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,077,895.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	181,208,710.
5	Net unrealized gains (losses) on investments	5	5,475,700.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-11,566,313.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	221,195,994.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>POCONO MEDICAL CENTER</b>	Employer identification number <b>24-0795623</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE ORGANIZATION PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA)

AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP).

THE MEMBERSHIP DUES FOR AHA AND HAP ARE PAID BY LEHIGH VALLEY HOSPITAL,

INC. THEREFORE, THE LOBBYING PORTION OF THE DUES ARE REFLECTED ON THE

LEHIGH VALLEY HOSPITAL, INC. FORM 990, SCHEDULE C.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019



**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				1,315,089.	1,386,530.
b Contributions					
c Net investment earnings, gains, and losses				32,486.	32,165.
d Grants or scholarships				5,000.	80,750.
e Other expenditures for facilities and programs				1,342,575.	3,661.
f Administrative expenses					19,195.
g End of year balance					1,315,089.

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,761,702.		26,761,702.
b Buildings		114,126,062.	23,709,524.	90,416,538.
c Leasehold improvements		678,057.	157,416.	520,641.
d Equipment		38,508,680.	22,923,526.	15,585,154.
e Other		2,371,980.	52,361.	2,319,619.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>135,603,654.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>COST SETTLEMENT RESERVES</b>	3,200,193.
(3) <b>DEFERRED COMPENSATION PLANS</b>	4,019,770.
(4) <b>PENSION LIABILITY</b>	18,350,214.
(5) <b>WORKERS COMPENSATION</b>	5,386,393.
(6) <b>PROFESSIONAL INS LIABILITY</b>	
(7) <b>RESERVES</b>	23,014,991.
(8) <b>ASSET RETIREMENT OBLIGATION</b>	745,641.
(9) <b>INTERCOMPANY PAYABLE</b>	293,917.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	55,011,119.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

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

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

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1866165.		1866165.	.88%
<b>b</b> Medicaid (from Worksheet 3, column a)			37291723.	23430779.	13860944.	6.56%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			39157888.	23430779.	15727109.	7.44%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			265,381.		265,381.	.13%
<b>f</b> Health professions education (from Worksheet 5)			282,952.		282,952.	.13%
<b>g</b> Subsidized health services (from Worksheet 6)			4,000.		4,000.	.00%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			78,092.		78,092.	.04%
<b>j Total.</b> Other Benefits			630,425.		630,425.	.30%
<b>k Total.</b> Add lines 7d and 7j			39788313.	23430779.	16357534.	7.74%





**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 POCONO MEDICAL CENTER

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	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/ABOUT US</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</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/ABOUT US</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 POCONO MEDICAL CENTER

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

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group POCONO MEDICAL CENTER

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

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group POCONO MEDICAL CENTER

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

Schedule H (Form 990) 2019

**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.

POCONO MEDICAL CENTER:

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 IN ORDER TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT COMMUNITIES WE SERVE. THEREFORE, LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY). WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKILL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY.

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 AS A RESULT OF THE SOCIAL AND

**Part V Facility Information** (continued)

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

ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

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

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

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

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

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. A MAJORITY OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A PLATFORM CALLED THE CARES ENGAGEMENT NETWORK HEALTH PLAN TOOL, 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

**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.

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 FOCUS GROUPS AND INTERVIEWS WITH COMMUNITY MEMBERS AND LEADERS. THIS TYPE OF DATA IS REFERRED TO AS QUALITATIVE DATA. WE PARTNERED WITH AN EXTERNAL COMMUNITY COLLABORATOR FOR EACH CAMPUS 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.

THE INSTITUTE FOR PUBLIC HEALTH RESEARCH AND INNOVATION AT EAST STROUDSBURG UNIVERSITY WAS THE COMMUNITY PARTNER FOR MONROE COUNTY, REPRESENTING OUR LVH-POCONO CAMPUS. FIVE FOCUS GROUPS AND FIVE INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 48 PARTICIPANTS IN MONROE COUNTY.

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

## ORGANIZATIONS REPRESENTED:

EAST STROUDSBURG SOUTH HIGH SCHOOL

EAST STROUDSBURG UNIVERSITY WELLNESS EDUCATION & PREVENTION

**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 POCONO CANCER CENTER BIGGEST WINNER PROGRAM

LODER SENIOR CENTER

PLEASANT VALLEY ECUMENICAL NETWORK FOOD PANTRY

POCONO SERVICES FOR FAMILY AND CHILDREN

STREET TO FEET HOMELESS DAY CENTER

UNITED WAY OF MONROE COUNTY

DEMOGRAPHICS:

GENDER: 67% FEMALE, 33% MALE

AVERAGE AGE: 60.4, AGE RANGE: 20-85

RACE: 64.9% WHITE, 27% BLACK, 8.1% OTHER

ETHNICITY: 86.1% NON-HISPANIC, 13.9% HISPANIC (OF ANY RACE)

EDUCATION: 75.6% HAD AT LEAST SOME COLLEGE OR HIGHER, 21.6% HAD A HIGH SCHOOL DIPLOMA OR G.E.D.

EMPLOYMENT: 17.9% RETIRED OR NOT EMPLOYED, 41.1% EMPLOYED

POCONO MEDICAL CENTER:

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

FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY

HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY

HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH

VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH

STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON

COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY). WE ADDITIONALLY ASSESSED

HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY

SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY 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.

SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKILL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY.

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 AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

POCONO MEDICAL CENTER:

PART V, SECTION B, LINE 6B: REPRESENTATIVES OF THE COMMUNITY INCLUDED:

EAST STROUDSBURG SOUTH HIGH SCHOOL

EAST STROUDSBURG UNIVERSITY WELLNESS EDUCATION & PREVENTION

LEHIGH VALLEY HOSPITAL POCONO CANCER CENTER BIGGEST WINNER PROGRAM

LODER SENIOR CENTER

PLEASANT VALLEY ECUMENICAL NETWORK FOOD PANTRY

POCONO SERVICES FOR FAMILY AND CHILDREN

STREET TO FEET HOMELESS DAY CENTER

UNITED WAY OF MONROE 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.

POCONO MEDICAL CENTER:

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

POCONO MEDICAL CENTER:

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

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

VETERANS WHO MAKE UP APPROXIMATELY 8% OF THE POPULATION IN MONROE COUNTY UNINSURED WHO REPRESENT 9% OF THE TOTAL POPULATION IN MONROE COUNTY.

COMMUNITY MEMBERS IN ALL COUNTIES EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRITICAL MEDICATIONS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS. THEY ACKNOWLEDGED THAT THE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR MEDICATIONS OFTEN RESULTED IN LIMITING THE USE OF THE HEALTHCARE SYSTEM OR ADDRESSING CHRONIC CONDITIONS.

TRANSPORTATION WAS ALSO ACKNOWLEDGED AS ANOTHER BARRIER TO CARE, PARTICULARLY IN THE MORE RURAL SCHUYLKILL AND MONROE COUNTIES.

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

**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.

**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. IN FY20, PATIENTS FROM 40 LVPG PRACTICES ACROSS ALL 5 COUNTIES RECEIVED THIS SERVICE. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A TOTAL OF 3,386 CASES IN FY20 TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE.

**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.

DUE TO THE LAG IN CASES BEING APPROVED AND THE DATA REPORTED, THE DATA FROM APRIL 2018 TO MARCH 2019 AND APRIL 2019 TO MARCH 2020. THE REMAINDER OF FY20 WILL BE INCLUDED IN THE NEXT REPORT SUBMISSION. ON AVERAGE,

**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.

BETWEEN 75 AND 90% OF APPLICATIONS THAT ARE ELIGIBLE ARE APPROVED. IN FY20, THIS RESULTED IN OVER \$17MILLION IN PAYMENTS FROM THE STATE OF PENNSYLVANIA AND SURROUNDING STATES.

IN ADDITION TO THE PATHS PROGRAM, LVHN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO ARE NOT ABLE TO COVER THE COST OF THEIR HEALTH CARE. IN FY20, LVH-POCONO RECEIVED 1019 APPLICATIONS WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVERAGE OF 64% OF APPLICATIONS AT EACH SITE WERE APPROVED.

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.

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

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

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

PREVENTATIVE HEALTH SCREENINGS & SERVICES

LVHN ALSO HAD A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER. IN FY20, A TOTAL OF 1865 MAMMOGRAMS WERE COMPLETED THROUGH LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH 10% OF THE MAMMOGRAMS PROVIDED IN MONROE COUNTY ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES.

MONROE COUNTY

SCREENING = 407

FOLLOW-UP IMAGING = 61

CANCERS FOUND = 4

**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 DEPARTMENT OF FAMILY MEDICINE MAILED HOME COLORECTAL CANCER (CRC) SCREENING KITS, TO PATIENTS WHO WERE ELIGIBLE BUT OVERDUE FOR A CRC SCREENING. 517 PATIENTS IN TOBYHANNA AND STROUDSBURG, TWO OF THE TARGETED ZIP CODES, RECEIVED THE MAILINGS AT LVH-POCONO.

FAMILY MEDICINE ALSO IMPLEMENTED A LUNG CANCER SCREENING PILOT IN FY20 AT LVH-POCONO. A TOTAL OF 594 PATIENTS WHO WERE POTENTIALLY ELIGIBLE FOR A LUNG CANCER SCREENING WERE MAILED EDUCATION MATERIALS INCLUDING SCREENING INFORMATION, AND SMOKING CESSATION INFORMATION, 84 OF WHOM WERE FROM MONROE COUNTY. AFTER THE MAILERS WERE SENT, A PATIENT NAVIGATOR REACHED OUT TO THE PATIENTS BY PHONE. THE NAVIGATOR WAS ABLE TO SPEAK WITH 355 OF THE 594 PATIENTS WHO AGREED TO HAVE A CONVERSATION ABOUT SCREENING. WITHIN THAT GROUP, THE NAVIGATOR FOUND THAT 255 PATIENTS WERE ELIGIBLE FOR A LUNG CANCER SCREENING AND 42 OF THE PATIENTS COMPLETED A SCREENING (16.5%). THE PRACTICE BREAKDOWN FOR THE 594 PATIENTS THAT RECEIVED A MAILING IS INCLUDED IN THE TABLE ABOVE.

PRIORITY AREA: INCLUSION AND DIVERSITY

COMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. THE HISPANIC POPULATION IS 14% OF THE TOTAL POPULATION IN MONROE COUNTY, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS. LVHN

**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.

LEADERSHIP AGREED, RANKING INCLUSION AND DIVERSITY RELATED ISSUES AS ONE THAT WOULD HAVE A MODERATE IMPACT ON OVERALL HEALTH, BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND WAS AN INITIATIVE WE HAVE THE CAPACITY TO ADDRESS.

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.

POCONO MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE](https://www.lvhn.org/financial-services/get-financial-assistance)

POCONO MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE](https://www.lvhn.org/financial-services/get-financial-assistance)

POCONO MEDICAL CENTER

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

[HTTPS://WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE](https://www.lvhn.org/financial-services/get-financial-assistance)

POCONO MEDICAL CENTER:

**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.

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

PART V, SECTION B, LINE 11 (CONTINUATION A): 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. 352 VIDEO ENCOUNTERS TOTALING 3,914 MINUTES WERE UTILIZED AT LVH-P, WHILE 46,604 VIDEO ENCOUNTERS TOTALING 732,953 MINUTES WERE UTILIZED AT LVPG-P PHYSICIAN PRACTICES DURING FY19. ON THE TELEPHONE, DURING CALENDAR YEAR 2019, 8,911 ENCOUNTERS TOTALING 101,333 MINUTES WERE UTILIZED AT LVH-P.

DURING THE COVID-19 OUTBREAK, THERE WAS A NEED FOR ADDITIONAL STAFF TO BE ABLE TO CONVERSE WITH PATIENTS IN SPANISH. THEREFORE, LVHN CREATED A PROCESS FOR STAFF TO BECOME CERTIFIED AS LANGUAGE PROFICIENT AS OPPOSED TO A CERTIFIED INTERPRETER. THIS NEW PATHWAY ALLOWED CERTIFIED STAFF TO CONVERSE WITH PATIENTS IN EITHER ENGLISH OR SPANISH TO FILL IN THE IDENTIFIED GAP IN SERVICES DURING THIS CRITICAL TIME. A TOTAL OF 39

**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.

EMPLOYEES TOOK THE ASSESSMENT ACROSS THE NETWORK WITH 32 OF THEM PASSING THE TEST. THIS WORK WILL NOW CONTINUE IN FY21, AND POST-COVID-19. WORLD LANGUAGES WILL BE AVAILABLE FOR LANGUAGE PROFICIENCY TESTING THROUGH AN EXTERNAL VENDOR IN FY21 SO STAFF CAN BE APPROVED AS PROFICIENT IN OTHER LANGUAGES AS WELL.

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 INCLUSIVE LEADERSHIP, CULTURAL SENSITIVITY (GEARED TOWARD MULTIPLE SPECIALTIES), AND DIVERSITY. IN FY20, OVER 61 TRAININGS WERE HELD WITH JUST OVER 4,000 EMPLOYEES ATTENDING IN TOTAL.

THERE WERE FOUR SESSIONS WITH NURSE RESIDENTS AND TWO SESSIONS FOR NURSE PRECEPTORS INCLUDING COLLEAGUES FROM LVH-LEHIGH VALLEY, LVH-HAZLETON, LVH-SCHUYLKILL AND LVH-POCONO. A HIGHLIGHT OF THE THIRD AND FOURTH QUARTERS OF FY20 WAS THE GRAND ROUNDS SESSION ON LGBTQ HEALTH THAT WAS DELIVERED BY THE PENNSYLVANIA SECRETARY OF HEALTH, RACHEL LEVINE, MD. MORE RECENTLY, THE LIAISON DELIVERED A PRESENTATION ON DISPARITIES AND COVID-19 FOR THE DEPARTMENT OF MEDICINE IN EARLY MAY 2020. CLINICIANS FROM ACROSS THE LVHN ENTERPRISE TOOK PART IN THIS VIRTUAL SESSION. THERE WAS ALSO A SITE-SPECIFIC SESSION ON DIVERSITY, EQUITY AND INCLUSION FOR LVPG-POCONO (28 PARTICIPANTS).

IN MONROE COUNTY IN FY20, LVPG-POCONO AND THE DEPARTMENT OF FAMILY



**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.

MEDICINE STARTED A DIVERSITY & INCLUSION WORK GROUP. IN ADDITION, LVH-POCONO HIRED 2 SPANISH-SPEAKING PHYSICIANS FOR A PRACTICE THAT SERVES A LARGE SPANISH-SPEAKING POPULATION, IN ORDER TO BE ABLE TO PROVIDE GREATER ACCESS TO SERVICES IN A PATIENT'S NATIVE LANGUAGE. SIMILAR INTENTIONAL HIRING PRACTICES TO HIRE STAFF THAT REPRESENTS THE PRIMARY POPULATION BEING SERVED ARE OCCURRING AT OTHER CAMPUSES AS WELL.

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

**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.

PARTNERSHIPS IN THIS AREA IS HIGHLIGHTED IN LVHN'S CHNA IMPLEMENTATION PLAN. BELOW ARE BOTH INTERNAL AND CROSS-SECTOR PARTNERSHIP EFFORTS ADDRESSING THESE ISSUES IN OUR COMMUNITIES.

FOOD ACCESS

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

THE WELLER CENTER PROVIDES IN-SCHOOL EDUCATION AROUND FOOD, NUTRITION, AND PHYSICAL ACTIVITY. FOR 38 YEARS, WELLER HEALTH EDUCATION HAS PARTNERED WITH SCHOOLS TO PROVIDE INTERACTIVE RESEARCH-BASED PROGRAMS THAT HELP PREVENT CHRONIC DISEASE AND IMPROVE CHILDREN'S OVERALL HEALTH, SAFETY, AND WELL-BEING. ACQUIRED BY LEHIGH VALLEY HEALTH NETWORK (LVHN) IN 2017. WELLER'S EDUCATORS TRAVEL TO SCHOOLS ACROSS LVHN'S SIX-COUNTY SERVICE AREA AND OUR PROGRAMS HAVE BECOME AN INTEGRAL PART OF MANY SCHOOL DISTRICTS' CURRICULA. BETWEEN SEPTEMBER 2019 AND MARCH 2020 BEFORE THE SCHOOLS CLOSED DUE TO COVID-19, WELLER SERVED OVER 27,000 STUDENTS FROM 72 SCHOOLS IN 25 SCHOOL DISTRICTS IN SIX COUNTIES.

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 WERE PRESENTED FREE TO SCHOOL DISTRICTS WHERE MORE THAN 50% OF THE STUDENTS ARE

**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.

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

LVH-POCONO SUPPORTED THE DEVELOPMENT OF AND IS A PARTNER FOR A WELLNESS PARK ESTABLISHED IN MIDDLE SMITHFIELD TOWNSHIP. LVH-POCONO EFFORTS IN FY20 INCLUDE SUPPORTING A COMMUNITY GROUP TO GET GRANT TO BUILD A HANDICAP ACCESSIBLE FISHING PIER AS A PART OF THIS PARK. LVH-POCONO ALSO SUPPORTS THE MONROE COUNTY FARMER'S MARKET. THIS INVOLVES SUPPORT OF THE DOUBLE BUCKS PROGRAM IN COLLABORATION FOR THE POCONO MOUNTAINS UNITED WAY. LVH-POCONO PROVIDED \$6,000 IN DOUBLE BUCKS IN FY20. ADDITIONALLY, DURING THE SUMMER MONTHS LVH-P SUPPORTS A STAND PROVIDING EDUCATIONAL INFORMATION TO ATTENDEES AND CPR TRAINING.

HOUSING

THE SECOND STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS TO PARTNER WITH COMMUNITY ORGANIZATIONS TO MINIMIZE BARRIERS TO SAFE AND HEALTHY HOUSING AND DECREASE IMPACTS OF POVERTY, PARTICULARLY THROUGH COLLABORATION WITH PA LEGAL AID SERVICE ENTITIES.

AT LVH-17TH STREET (LVH-LEHIGH VALLEY), NPLS@17TH STREET, THE MEDICAL LEGAL PARTNERSHIP BETWEEN LEHIGH VALLEY HEALTH NETWORK (LVHN) AND NORTH PENN LEGAL SERVICES (NPLS), WAS FIRST IMPLEMENTED IN AUGUST OF 2016. A FULL-TIME CIVIL LAW ATTORNEY AND PART-TIME PARALEGAL HAVE OFFICES AT LVH-17TH STREET CAMPUS TO ALLOW PATIENTS EASY ACCESS TO FREE LEGAL AID SERVICES IN THE SAME PLACE WHERE THEY RECEIVE OUTPATIENT HEALTHCARE SERVICES. THE PURPOSE OF THE PROGRAM IS TO ASSIST LOW-INCOME PATIENTS

**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 THEIR FAMILIES WITH IDENTIFIED LEGAL ISSUES THAT HAVE REAL OR POTENTIAL IMPACTS ON HEALTH. THE SERVICE AIMS TO IMPROVE THE QUALITY OF LIFE AMONG PATIENTS AND THEIR FAMILY BY ADDRESSING HOUSING STABILITY, FOOD INSECURITY, AND FINANCIAL AND SOCIAL SERVICE SUPPORT.

THE AIM IS TO EXPAND THIS PARTNERSHIP TO THE OTHER COUNTIES LVHN SERVES, STARTING WITH SCHUYLKILL AND MONROE COUNTIES. MID-PENN LEGAL SERVICES IN SCHUYLKILL COUNTY AND NORTH PENN LEGAL SERVICES IN MONROE COUNTY PROVIDE FREE CIVIL LEGAL SERVICES TO THE LOCAL COMMUNITIES. STAFF EDUCATION AT LVH-POCONO AND LVH-SCHUYLKILL OCCURRED DURING FY20 TO ENSURE STAFF UNDERSTAND THE SERVICES PROVIDED BY THESE LEGAL SERVICE ENTITIES. LVHN WILL CONTINUE TO EXPLORE OPPORTUNITIES TO FORMALIZE PARTNERSHIPS TO ADDRESS THIS BARRIER TO HEALTH AND WELL-BEING AS IDENTIFIED BY OUR PATIENTS.

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

PRIORITY AREA: BEHAVIORAL HEALTH

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

**Part V Facility Information** (continued)

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

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

**MENTAL HEALTH**

**REFERRAL COORDINATION**

THE SECOND STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS A CENTRALIZED REFERRAL PROCESS TO OUTPATIENT BEHAVIORAL HEALTH SERVICES. IN FY19, LVHN RECEIVED OVER 9,000 REFERRALS FOR BEHAVIORAL HEALTH SERVICES AND WERE ABLE TO SERVE 1 IN 8. IN ORDER TO IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS, LVHN CREATED A BEHAVIORAL HEALTH REFERRAL SPECIALIST ROLE. THIS ROLE PROVIDES SUPPORT TO PROVIDERS, PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES. SUPPORT BY THIS ROLE IS PROVIDED ON THREE LEVELS:

- 1. INFORMATION DISSEMINATION AND EDUCATION: PRACTICES RECEIVE RESOURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE REFERRALS FROM THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT DATABASE WITH INFORMATION THAT IS ALWAYS CURRENT AND ACCURATE. IN ADDITION, THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVIDING

**Part V Facility Information** (continued)

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

EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH

AND/OR SUBSTANCE ABUSE SERVICES TO THE FOLLOWING: PEDIATRIC PRIMARY

CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN

LEADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES.

2. CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN

THEY ARE UNABLE TO DO SO UTILIZING THE BEHAVIORAL HEALTH RESOURCES

SHAREPOINT AND PAST REFERRAL EDUCATION.

3. DIRECT PATIENT CONTACT TO PROVIDE SUPPORT AND RESOURCES IF THE FIRST

TWO LEVELS OF SERVICE FAIL TO SUPPORT THE PATIENT.

IN FY19, THERE WERE 620 REQUESTS FOR ASSISTANCE FROM THE BEHAVIORAL

HEALTH REFERRAL SPECIALIST. IN FY20, DUE TO THE HIGH DEMAND, A NEW

PROCESS WAS IMPLEMENTED TO HAVE THE BEHAVIORAL HEALTH REFERRAL

SPECIALIST MANAGE ALL OUTPATIENT PSYCHIATRY REFERRALS FOR LVHN

AFFILIATED PRACTICES. THIS NEW PROCESS WAS MADE TO IMPROVE THE

REFERRAL EXPERIENCE FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BETTER

ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE

ABUSE SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECOME A TEAM OF

5.5 FTE DEDICATED TO MANAGING ALL REFERRALS TO AMBULATORY PSYCHIATRY

PRACTICES, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS SERVICE

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

OUTPATIENT PRACTICES FROM ALL LVHN CAMPUSES. IN THE FIRST 2 MONTHS OF

FY20, CENTRALIZED INTAKE RECEIVED 1,220 REFERRALS. OF THE 1,220

REFERRALS, 489 (40%) WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR

PROVIDED WITH A LIST OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK

FOR ADDITIONAL ASSISTANCE. BASED ON JULY 2020 REFERRALS, IT IS

ANTICIPATED THAT OVER 9,000 REFERRALS WILL BE MADE TO CENTRALIZED

**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.

INTAKE IN FY21.

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 CALLED 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. IN FY20 THE DEPARTMENT OF PSYCHIATRY COMPLETED OVER 20,000 VIRTUAL VISITS, WHICH WAS WELL OVER THE ANTICIPATED 2,000 VISITS (LARGELY DURING THE FIRST SURGE OF COVID-19).

IN ADDITION, TELE-CONSULTS WERE PROVIDED FOR PRIMARY CARE PROVIDERS. A RAPID OUTPATIENT CONSULTATION REFERRAL ORDER WAS ESTABLISHED TO FACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST OR APC WITH THE GOAL OF EVALUATING AND PROVIDING TREATMENT RECOMMENDATIONS WHICH MAY INCLUDE THE PRESCRIBING OF PSYCHOTROPIC MEDICATIONS, AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING CARE. IN FY20, 80 TELE-PRIMARY CARE CONSULTS AND 208 ECONSULTS WERE COMPLETED AT LVH-LEHIGH VALLEY PRIMARILY, WITH SOME CONSULTS COMPLETED FOR LVH-SCHUYLKILL AND LVH-POCONO.

SUBSTANCE ABUSE

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

**Part V Facility Information** (continued)

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

**EPIDEMIC IN THE COMMUNITIES WE SERVE:**

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

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

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

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

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

**STIGMA REDUCTION**

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

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

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



**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.

ADDRESS THE CRISIS OF SUBSTANCE USE DISORDERS" TO THE 45 ATTENDEES.

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

OPIOID STEWARDSHIP

IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGE IN SIGNIFICANT EDUCATION TO 451 PROVIDERS AND HEALTHCARE WORKERS TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIGNS AND IMPACTS OF SUBSTANCE USE DISORDER. IN FY20, THE FOLLOWING TRAINING AND EDUCATION OPPORTUNITIES DELIVERED BY LVHN PROVIDER(S) AND HELD AS FOLLOWS:

IN NOVEMBER 2019, A PRESENTATION ENTITLED "DEMYSTIFYING MORPHINE MILLIGRAM EQUIVALENTS" WAS HELD AT THE PA PAIN SOCIETY ANNUAL CONFERENCE IN HERSHEY, PA, WAS ATTENDED BY 80 PAIN PHYSICIANS.

IN JANUARY 2020, A PRESENTATION ENTITLED "SCIENCE, STIGMA, SOLUTIONS: AN UPDATE FOR PROVIDERS ON THE SUBSTANCE USE DISORDER CRISIS" WAS HELD AT THE LVHN DEPARTMENT OF ANESTHESIOLOGY 10TH ANNUAL WINTER RETREAT, WITH 75 ANESTHESIOLOGISTS AND NURSES IN ATTENDANCE.

IN JANUARY 2020, A PRESENTATION REGARDING LVHN'S MULTIPRONGED APPROACH TO OPIOID STEWARDSHIP AND LINKAGE TO TREATMENT WAS DELIVERED AT A PHARMACY FACULTY MEETING TO 8 PHARMACISTS FROM ACROSS LVHN INCLUDING THE NORTHERN TIER CAMPUSES AND COORDINATED HEALTH.

IN APRIL 2020, A PRESENTATION ENTITLED "SCIENCE, STIGMA, SOLUTIONS: LVHN'S APPROACH TO THE SUD CRISIS" WAS HELD VIRTUALLY AT THE INTERNAL MEDICINE RESIDENCY GRAND ROUNDS FOR 25 PEOPLE.

IN APRIL 2020, LVH-LEHIGH VALLEY COLLEAGUES PRESENTED "SCIENCE, STIGMA

**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.

& SOLUTIONS: YOUR ROLE IN THE SUBSTANCE USE DISORDER CRISIS" AS A PART OF THE USF MORSANI COLLEGE OF MEDICINE SELECT PROGRAM LECTURE SERIES WITH 28 PEOPLE IN ATTENDANCE.

IN JUNE 2020, A LVHN PROVIDER PRESENTED "LEHIGH VALLEY HEALTH NETWORK'S MULTI-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE USE DISORDER CRISIS" AT THE VIRTUAL DEPARTMENT OF FAMILY MEDICINE GRAND ROUNDS WITH 20 PEOPLE IN ATTENDANCE.

IN JUNE 2020, A PRESENTATION ENTITLED "SAFER OPIOID PRESCRIBING" WAS HELD AT THE VIRTUAL DEPARTMENT OF NEUROLOGY GRAND ROUNDS WITH 20 PEOPLE IN ATTENDANCE.

THE DEPARTMENT OF PSYCHIATRY ALSO CONDUCTED A SURVEY OF LEADERS AND STAFF ABOUT BIASES AROUND SUBSTANCE ABUSE AND PREPAREDNESS FOR TREATING PATIENTS WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS. LEADERS (N=7) IN PSYCHIATRY REPORTED:

A NEED FOR ADDITIONAL TRAINING AROUND HOW TO BEST MANAGE PATIENTS WITH CO-OCCURRING DISORDERS

A LACK OF KNOWLEDGE ABOUT SUBSTANCE ABUSE TREATMENT BEST PRACTICES

AN OPPORTUNITY FOR BETTER COORDINATION WITH SUBSTANCE ABUSE TREATMENT AGENCIES

AMONG THE 86 DOCTORS, CASE MANAGERS, AND THERAPISTS THAT COMPLETED THE SURVEY, THEY FELT THAT THEIR TRAINING AND EDUCATION AROUND HOW TO ADDRESS CO-OCCURRING DISORDERS WAS PRETTY GOOD AND THEY FELT THEY WERE ABLE TO ADDRESS THE NEEDS OF PATIENTS WITH CO-OCCURRING DISORDERS.

HOWEVER, THERE IS STILL ROOM FOR ADDITIONAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AROUND BEST PRACTICES AND FOR BETTER COORDINATION WITH

**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.

**SUBSTANCE USE TREATMENT PROVIDERS.**

**HARM REDUCTION**

A LVHN PROVIDER AND A CERTIFIED RECOVERY SPECIALIST WERE PRESENTERS ON A WEBINAR HARM REDUCTION IN THE HOSPITAL: DEVELOPING A NALOXONE PROGRAM FOR AT RISK PATIENTS TO THE HOSPITAL ASSOCIATION OF PENNSYLVANIA OPIOID ACTION LEARNING NETWORK (HAP-OLAN). IT WAS ATTENDED BY 25 PHARMACISTS, QUALITY SPECIALISTS, AND CLINICIANS.

A LVHN PROVIDER AND THE ADDICTION RECOVERY SPECIALIST PRESENTED HARM REDUCTION: A KEY ASPECT OF A MULTIPRONGED APPROACH TO THE SUBSTANCE USE DISORDER CRISIS AT THE HOSPITAL ASSOCIATION OF PENNSYLVANIA OPIOID LEARNING ACTION NETWORK (HAP-OLAN) NORTHEAST VIRTUAL REGIONAL MEETING IN JUNE 2020 WITH 35 PEOPLE IN ATTENDANCE.



**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 7:**

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

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

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 19,375,738.

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

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

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

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

**Part VI** Supplemental Information (Continuation)

AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE. FOR THE YEARS ENDED JUNE 30, 2020, AND 2019, RESPECTIVELY, LVH-P RECORDED A PROVISION FOR IMPLICIT PRICE CONCESSIONS OF \$9,972,000 AND \$20,566,000 AS A DIRECT REDUCTION TO PATIENT SERVICES REVENUES.

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

PART III, LINE 8:

THE SHORTFALL SHOULD BE TREATED AS 100% COMMUNITY BENEFIT. THE FISCAL YEAR 2020 MEDICARE COST REPORT WAS UTILIZED TO CALCULATE THE COST REPORTED ON LINE 6. SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX EXEMPT HOSPITALS ARE HELD TO. THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

PART III, LINE 9B:

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

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 2:

IN AN EFFORT TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY, ALL NON-PROFIT HOSPITALS AND HEALTH SYSTEMS MUST IDENTIFY AND EVALUATE THE NEEDS OF THE COMMUNITIES THEY SERVE THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. FOR THE PURPOSES OF THE CHNA, LEHIGH VALLEY HEALTH NETWORK (LVHN) DEFINES "COMMUNITY" AS ALL RESIDENTS LIVING WITHIN THE PRIMARY COUNTIES EACH LICENSED FACILITY SERVES, NAMELY LEHIGH, NORTHAMPTON, SCHUYLKILL, LUZERNE, AND MONROE COUNTIES IN PENNSYLVANIA. THE CHNA HEALTH PROFILE INCLUDES SECONDARY DATA PULLED TOGETHER FROM PUBLICALLY AVAILABLE, STATE AND LOCAL SOURCES SUCH AS THE CENTER FOR DISEASE CONTROL AND THE CENSUS BUREAU. THIS DATA WAS USED TO IDENTIFY THE TOP HEALTH AND SOCIAL NEEDS IN EACH IDENTIFIED COMMUNITY. LVHN THEN PARTNERED WITH COMMUNITY AND EDUCATIONAL INSTITUTIONS TO OBTAIN INPUT (PRIMARY DATA) FROM COMMUNITY MEMBERS IN EACH COUNTY IN ORDER TO VALIDATE THE FINDINGS OF THE SECONDARY DATA COLLECTION. THESE COMMUNITY PARTNERS CONDUCTED FOCUS GROUPS AND KEY INFORMANT INTERVIEWS TO REVIEW THE FINDINGS OF THE SECONDARY DATA COLLECTION AND ALLOW THE COMMUNITY TO IDENTIFY ANY OTHER NEEDS NOT MENTIONED. THE SECONDARY AND PRIMARY DATA WERE THEN COMBINED INTO ONE HEALTH PROFILE FOR EACH COUNTY, WHICH PROVIDES AN OVERVIEW OF THE CURRENT STATE OF HEALTH IN EACH OF THE COUNTIES LVHN SERVES. THESE REPORTS WERE REVIEWED BY LVHN EXECUTIVE LEADERSHIP AT EACH CAMPUS, AND INITIAL HEALTH NEEDS WERE PRIORITIZED BASED ON THE COMMUNITIES INPUT AND LVHN'S ABILITY TO MAKE A DIFFERENCE ON THAT HEALTH NEED.

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 OF 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 2019 CHNA HEALTH PROFILE AND LVHN'S CHNA PROCESS. THE 2019 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 2019 IMPLEMENTATION PLAN WILL BE SHARED AS A SEPARATE REPORT SOON AFTER THE HEALTH PROFILES ARE RELEASED.

THE 2019 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THREE PRIMARY SECTIONS: DEMOGRAPHICS, HEALTH FACTORS, AND HEALTH OUTCOMES. THE DEMOGRAPHICS SECTION INCLUDES INFORMATION THAT PROVIDES A DESCRIPTION OF THE INDIVIDUALS LIVING IN THE COMMUNITY. THE HEALTH FACTORS SECTION INCLUDES INFORMATION ABOUT SOCIAL FACTORS, ENVIRONMENTAL FACTORS, HEALTH BEHAVIORS, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THE AREA. THE FINAL SECTION, HEALTH OUTCOMES, LOOKS AT THE OCCURRENCE OF CHRONIC

**Part VI** Supplemental Information (Continuation)

CONDITIONS, SUCH AS ASTHMA AND HEART DISEASE, AS WELL AS RATES OF CANCER AND THE LEADING CAUSES OF DEATH. TO INCREASE THE READABILITY OF THE REPORT, THE COMMUNITY WILL FIND THREE TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT PAGE IN ORDER TO PROVIDE EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY. THESE SUMMARY STATEMENTS ARE ALSO COMPILED INTO ONE LIST AT THE END OF THE HEALTH PROFILE. THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND FOCUS GROUPS. THE THIRD TYPE OF CALL-OUT BOX HIGHLIGHTS DATA SPECIFIC TO LVHN PATIENTS, WHERE IT WAS RELEVANT. 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/ABOUT\\_US](http://WWW.LVHN.ORG/ABOUT_US) 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

**Part VI** Supplemental Information (Continuation)

POVERTY GUIDELINE WILL HAVE THEIR ENTIRE BALANCE FORGIVEN FOR THEIR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER.

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

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

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

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

PART VI, LINE 4:

POCONO MEDICAL CENTER INC DBA LEHIGH VALLEY HOSPITAL-POCONO (LVH-P) IS A

**Part VI** Supplemental Information (Continuation)

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 PRIMARY SERVICE AREA OF LVH-POCONO IS COMPRISED PRIMARILY OF MONROE COUNTY AND SOUTHERN PIKE COUNTY.

BASED ON U.S. CENSUS BUREAU DATA FOR THE 2010 CENSUS, THE PRIMARY SERVICE AREA POPULATION WAS APPROXIMATELY 188,946 PEOPLE. DURING THE CALENDAR YEAR 2019, ABOUT 84.5% OF THE DISCHARGES FROM LVH-POCONO WERE RESIDENTS OF THE PRIMARY SERVICE AREA. ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U.S. CENSUS), THE PRIMARY SERVICE AREA'S ESTIMATED POPULATION IN 2019 IS 226,219.

THE 2010 POPULATION OF THE SECONDARY SERVICE AREA, PORTIONS OF CARBON, LACKAWANNA, AND NORTHAMPTON COUNTIES WAS APPROXIMATELY 146,422. DURING THE CALENDAR YEAR, 2019; 11.1% OF THE DISCHARGES FROM LVH-POCONO WERE RESIDENTS OF THE SECONDARY SERVICE AREA. THE ESTIMATED 2019 POPULATION OF THE SECONDARY SERVICE AREA IS 146,361 PEOPLE (AMERICAN COMMUNITY SURVEY, (U.S. CENSUS)).

DURING THE CALENDAR YEAR 2019, 4.4% OF THE DISCHARGES FROM LVH-POCONO WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS.

BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS' CURRENT POPULATION PROJECTION INCREASES BY APPROXIMATELY 4.4% BY 2025.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 5:

AS AN ORGANIZATION DEEPLY ROOTED IN SERVING THE COMMUNITY, WE TAKE SERIOUSLY OUR RESPONSIBILITY TO ADDRESS THEIR DIVERSE AND CHALLENGING HEALTHCARE NEEDS. THESE SERVICES INCLUDED DIRECT PATIENT CARE, MEDICAL ASSISTANCE SHORTFALL, CHARITY CARE AT COST, BAD DEBT EXPENSE AT COST, COMMUNITY EDUCATION AND PREVENTION, COMMUNITY PARTNERSHIPS AND SUPPORT, PROFESSIONAL AND PATIENT EDUCATION, AND FINANCIAL SUPPORT TO THE MONROE COUNTY HEALTH FAMILY CENTER, THE COMMONWEALTH MEDICAL COLLEGE, AND OUR AUXILIARY.

BY TAKING CARE OF OUR COMMUNITY THROUGH HEALTH EDUCATION, PREVENTION, AND SCREENINGS, WE ARE ABLE TO FULFILL OUR MISSION OF DELIVERING WORLD-CLASS CARE, CLOSE TO HOME - A SYMBIOTIC RELATIONSHIP WE CONSIDER PRICELESS. AS A MEMBER OF THE NATIONAL SPIRIT OF WOMEN NETWORK, WE PROVIDE HEALTH PROMOTION OPPORTUNITIES THROUGH EDUCATIONAL PROGRAMS AND EVENTS. WE BELIEVE THAT HEALTHY LIFESTYLES EDUCATION BEGINS EARLY IN LIFE AND THIS YEAR LAUNCHED OUR SPIRIT GIRLS PROGRAM AS AN EXTENSION OF SPIRIT OF WOMEN TO ENCOURAGE HEALTHY LIFESTYLES AND PROMOTE SELF-ESTEEM FOR EIGHTH-GRADE GIRLS LIVING IN MONROE COUNTY. WE ALSO CLOSELY PARTNER WITH THE GREATER POCONO CHAMBER OF COMMERCE TO OFFER A HEALTH PROGRAM TO NEW MEMBERS AND SHARE INFORMATION REGULARLY TO HELP FOSTER HEALTHY WORKPLACES.

GIVEN THE HIGH COMMUNITY UTILIZATION OF CRITICAL SERVICES, WE CLOSELY PARTNER WITH THE AMERICAN RED CROSS TO OFFER BLOOD DRIVES MONTHLY TO ENSURE ADEQUATE SUPPLY TO MEET THE HEALTHCARE NEEDS OF PATIENTS. IN AN EFFORT TO INCREASE DONORS, WE ENGAGE COMMUNITY PARTNERS TO HELP SPREAD THE WORD. WE ALSO WORK WITH CHANNEL 13 BLUE RIDGE CABLE TO OFFER PATHWAYS TO HEALTHY LIVING, WHICH IS AN INTERACTIVE MONTHLY HEALTH EDUCATION SHOW. FOR

**Part VI** Supplemental Information (Continuation)

THE PAST TWO YEARS, WE HAVE PARTNERED WITH POCONO ALLIANCE TO OBTAIN A GRANT FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH TO OFFER FREE INFLUENZA IMMUNIZATIONS TO HIGH RISK AND SENIOR POPULATIONS. THIS HAS RESULTED IN OVER A THOUSAND INDIVIDUALS BEING VACCINATED.

THROUGH THE DALE AND FRANCES HUGHES CANCER CENTER, WELLNESS INSTITUTE, SPIRIT OF WOMEN, AND OTHERS, WE OFFER FREE HEALTH SCREENINGS AND RISK ASSESSMENTS TO COMMUNITY RESIDENTS THROUGHOUT THE YEAR. THESE INCLUDE BREAST, PROSTATE, COLON, SKIN, CARDIAC, AND PERIPHERAL ARTERY DISEASE, AMONG OTHERS. WE ALSO OFFER A SPEAKER'S BUREAU PROGRAM WHICH SENDS HEALTH PROFESSIONALS INTO THE COMMUNITY TO SPEAK TO STUDENTS, RESIDENTS, AND OTHERS ON A MYRIAD OF HEALTH MATTERS. WE ROUTINELY ATTEND EVENTS IN THE COMMUNITY TO SHARE HEALTH INFORMATION AND PROVIDE SCREENINGS AND RISK ASSESSMENTS.

WE PROVIDE PROFESSIONAL HEALTH COURSES AT OUR LEARNING INSTITUTE FOR HEALTH PROFESSIONALS AND FIRST RESPONDERS IN THE COMMUNITY. WE ALSO FEATURE VARIOUS SUPPORT GROUPS, EDUCATION CLASSES, AMONG OTHER OPPORTUNITIES TO ENGAGE OUR COMMUNITY IN THEIR HEALTH. ONE OF THE MAJOR COMMUNITY INITIATIVES IS CALLED COMMUNITY HEALTH CONNECTIONS. THIS EFFORT WAS DEVELOPED AFTER THE MONROE COUNTY HEALTH NEEDS ASSESSMENT RESULTS WERE REVEALED TO THE COMMUNITY IN OCTOBER 2011. A STEERING COMMITTEE COMPRISED OF BUSINESS, GOVERNMENT, LAW ENFORCEMENT, EDUCATION, AMONG OTHERS WAS FORMED AND THEY DECIDED IT WAS BEST TO FOCUS ON BEHAVIORAL HEALTH AND WELLNESS ISSUES.

WE THEN ENGAGED THE COMMUNITY BY INVITING THOSE INTERESTED TO BECOME A PART OF THE BEHAVIORAL HEALTH AND WELLNESS WORKING GROUPS. THESE GROUPS

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

HAVE MET THROUGHOUT THE YEAR AND SHARED IDEAS AND STRATEGIES TO HELP IMPROVE THE HEALTH OF MONROE COUNTY. THE BEHAVIORAL HEALTH GROUP WORKED WITH THE GREATER POCONO CHAMBER OF COMMERCE'S LEADERSHIP POCONO PROGRAM TO LEARN MORE ABOUT THE PROVIDERS AND SYSTEM IN PLACE AND ALSO HAVE COLLABORATED ON THE NATIONAL DEPRESSION SCREENING DAY, NATIONAL SUICIDE SURVIVORS DAY, AND THE DEVELOPMENT OF A SCHOOL RESOURCE OFFICERS' EDUCATION PROGRAM. THE WELLNESS GROUP FIRST IDENTIFIED EXISTING COMMUNITY RESOURCES AND ACCESSIBILITY/AWARENESS OF THE OBESITY ISSUE. THEY DETERMINED THAT THERE WAS A LACK OF INFRASTRUCTURE TO ENGAGE, ENROLL, EDUCATE, NOTIFY INDIVIDUALS OF COMMUNITY EVENTS, AND TRACK PARTICIPATION/OUTCOMES.

WE HAVE ALSO SERVED AS THE MEDICAL SERVICE PROVIDER TO LARGE-SCALE EVENTS INCLUDING THE RED CROSS RUN FOR THE RED POCONO MARATHON. CARL WILGUS, PRESIDENT/CEO, POCONO MOUNTAINS VISITORS BUREAU, HAD COMMENTED THAT: "KNOWING THAT WE HAD THE BACK-UP OF POCONO MEDICAL CENTER AS WELL AS THE SAFETY NET OF THE ENTIRE POCONO HEALTH SYSTEM MEANT KNOWING THAT OUR ATHLETES WOULD RECEIVE TOP-NOTCH MEDICAL ATTENTION DELIVERED WITH HOMETOWN CARE."

PART VI, LINE 6:

POCONO MEDICAL CENTER (DBA LEHIGH VALLEY HOSPITAL - POCONO) IS A NOT-FOR-PROFIT, ACUTE-CARE HOSPITAL AFFILIATED WITH POCONO HEALTH SYSTEM (THE "HEALTH SYSTEM"). THE HEALTH SYSTEM IS A NOT-FOR-PROFIT CORPORATION WHOSE PURPOSE IS TO SUPPORT PROGRAMMATICALLY AND FINANCIALLY THE ACTIVITIES OF THE MEDICAL CENTER AND OTHER ENTITIES IT CONTROLS. THE HEALTH SYSTEM'S OPERATIONS AND PRIMARY SERVICE AREA INCLUDES STROUDSBURG, PENNSYLVANIA, AND SURROUNDING COMMUNITIES IN MONROE COUNTY, PENNSYLVANIA.

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

ALL REVENUES GENERATED BY THE SYSTEM ARE RELATED TO THE DELIVERY OF HEALTH CARE SERVICES. THE HEALTH SYSTEM HAS CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDE THE ACCOUNTS AND TRANSACTIONS OF LEHIGH VALLEY HEALTH NETWORK, THE CONTROLLING PARENT, AND ITS AFFILIATES INCLUDING POCONO HEALTH SYSTEM, POCONO MEDICAL CENTER, FAMILY CARE CENTERS, INC., POCONO HEALTHCARE PARTNERS, POCONO HEALTH FOUNDATION, POCONO AMBULATORY SERVICES, INC., AND POCONO VNA-HOSPICE.

FAMILY CARE CENTERS, INC. (DBA LEHIGH VALLEY PHYSICIAN GROUP - POCONO) OPERATES SEVERAL PHYSICIAN PRACTICES, INCLUDING, BUT NOT LIMITED TO FAMILY MEDICINE, HEMATOLOGY AND ONCOLOGY, INTERNAL MEDICINE, AND OBSTETRICS AND GYNECOLOGY.

POCONO HEALTH FOUNDATION PROVIDES SUPPORT AND FUNDRAISING FOR POCONO MEDICAL CENTER AND ITS' AFFILIATES.

POCONO AMBULATORY SERVICES, INC. PROVIDES OUTPATIENT SERVICES TO PATIENTS THROUGH A LIMITED PARTNERSHIP INTEREST IN POCONO AMBULATORY SURGERY CENTER (PASC).

POCONO HEALTHCARE PARTNERS PROVIDES OUTPATIENT DIAGNOSTIC RADIOLOGY AND WOMEN'S HEALTHCARE SERVICES.

POCONO HEALTH SYSTEM WAS FORMED TO SUPPORT THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL ACTIVITIES OF POCONO MEDICAL CENTER, MAINTAIN A HEALTHCARE SYSTEM, AND TO CARRY ON SUCH ACTIVITIES.

POCONO VNA-HOSPICE ("VNA") IS A PA NON-PROFIT CORPORATION, THE SOLE MEMBER

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

OF WHICH IS THE PARENT. VNA HAS BEEN THE ONLY NON-PROFIT HOME HEALTH AND HOSPICE AGENCY BASED IN MONROE COUNTY SINCE 1950. VNA SERVICES ALL OF MONROE COUNTY, PENNSYLVANIA AND PROVIDES LIMITED SERVICES TO PORTIONS OF NORTHAMPTON, CARBON, LUZERNE, LACKAWANNA, PIKE, AND WAYNE COUNTIES IN PENNSYLVANIA.

POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE, LP IS A LIMITED INVESTMENT PARTNERSHIP OF WHICH POCONO HEALTH SYSTEM OWNS THE MAJORITY 83.5%.

IN ADDITION, ON JANUARY 1, 2017, AS NOTED ON FORM 990, PART VI, SECTION A, LINE 6, POCONO MEDICAL CENTER BECAME PART OF LEHIGH VALLEY HEALTH NETWORK. INCLUDED IN LEHIGH VALLEY HEALTH NETWORK ARE ADDITIONAL ORGANIZATIONS CONTRIBUTING TO PROMOTING THE HEALTH OF OTHER COMMUNITIES. SEE FORM 990, SCHEDULE R FOR A COMPLETE LIST OF THESE RELATED ENTITIES.

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

PA

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **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 type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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**
- b** Any related organization? ..... **5b**
- 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**
- b** Any related organization? ..... **6b**
- 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**

**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**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>	<b>X</b>	
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

**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 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) TERRY CAPUANO TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	728,717.	274,625.	163,070.	0.	32,386.	1,198,798.	0.
(2) EDWARD DOUGHERTY TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	449,238.	135,267.	86,773.	0.	36,467.	707,745.	0.
(3) VINCENT FRANCESCANGELI, MD TRUSTEE	(i)	278,579.	90,295.	10,737.	0.	16,207.	395,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WISE PRESIDENT/TRUSTEE	(i)	431,969.	93,296.	23,207.	0.	30,207.	578,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM CORS CHIEF MEDICAL OFFICER	(i)	362,354.	60,584.	95,423.	0.	23,162.	541,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHEN CUNNINGHAM VP, MARKET DEVELOPMENT	(i)	234,004.	28,411.	92,904.	0.	13,329.	368,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LYNN LANSDOWNE VP, LABOR RELATIONS	(i)	213,202.	32,753.	5,967.	0.	29,438.	281,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VIRGINIA GORTYCH-BARNES PHYSICIAN ADVISOR	(i)	263,557.	80.	-6,430.	0.	31,362.	288,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PHILIP LAWRENCE PHYSICIAN	(i)	283,167.	1,425.	247,060.	0.	30,207.	561,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARYANN CORTESE-RUBINO VP, PATIENT CARE SERVICES	(i)	213,342.	38,006.	17,273.	0.	12,060.	280,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FRANK CAPOCCIA VP, OPERATIONS	(i)	194,933.	40,973.	16,674.	0.	4,718.	257,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GEOFFREY DIECK RADIATION PHYSICIST	(i)	200,448.	800.	-3,157.	0.	28,191.	226,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL, A RELATED  
ORGANIZATION, IN CALENDAR YEAR 2019:

TERRY CAPUANO, TRUSTEE - \$149,886

EDWARD DOUGHERTY, TRUSTEE - \$78,114

**Supplemental Information on Tax-Exempt Bonds**

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

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

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS</b>											
(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
<b>A</b> MONROE COUNTY HOSPITAL AUTHORITY	23-2928969	610773GK3	12/01/16	64223519.	REFUND 6/27/07 & 4/17/12 ISSUES		X		X		X
<b>B</b> LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDW1	11/13/19	54525994.	REFUND 6/1/17 ISSUE		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....	8,655,000.									
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	64,223,519.		54,525,994.							
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....	63,262,792.		54,240,000.							
<b>7</b> Issuance costs from proceeds .....	954,376.		263,982.							
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....										
<b>11</b> Other spent proceeds .....	6,351.		22,013.							
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2016									
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> 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							
<b>15</b> 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						
<b>16</b> Has the final allocation of proceeds been made? .....	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X							

**Part III Private Business Use**

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

(A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND 6/1/17 ISSUE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

POCONO MEDICAL CENTER

Employer identification number

24-0795623

FORM 990, PART I, DOING BUSINESS AS:

LEHIGH VALLEY HOSPITAL - POCONO

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

EDUCATION, PROFESSIONAL AND PATIENT EDUCATION, AND COMMUNITY

PARTNERSHIPS. LVH-P PROVIDED QUALITY, COST-EFFECTIVE HEALTHCARE

REGARDLESS OF AGE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR

ABILITY TO PAY. ALTHOUGH REIMBURSEMENTS FOR SERVICES RENDERED ARE

CRITICAL TO THE OPERATION AND STABILITY OF LVH-P, IT IS RECOGNIZED THAT

NOT ALL INDIVIDUALS HAVE THE SAME ABILITY TO PAY FOR VITAL MEDICAL

SERVICES. TO THAT END, AS PART OF OUR CHARITABLE MISSION TO SERVE ALL

MEMBERS OF THE COMMUNITY, FREE CARE, SUBSIDIZED CARE, AND HEALTH

ACTIVITIES, PROGRAMS, AND SCREENINGS ARE AVAILABLE TO ALL COMMUNITY

MEMBERS, REGARDLESS OF THEIR ABILITY TO PAY.

EMERGENCY DEPARTMENT

LVH-P PROVIDES A NUMBER OF DIRECT PATIENT CARE SERVICES TO THE

UNINSURED AND UNDERINSURED IN OUR COMMUNITY. THE EMERGENCY DEPARTMENT

TYPICALLY SERVES AS THE PRINCIPAL MEANS OF HEALTHCARE FOR THESE

PATIENTS. DURING FY2020, THE ED SAW 41,576 PATIENTS, NEARLY 21% ARE

ADMITTED TO THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT AND MAKE UP

44% OF OUR TOTAL ADMISSIONS.

ESSA HEART AND VASCULAR INSTITUTE

LVH-P'S ESSA HEART AND VASCULAR INSTITUTE (HVI) PROVIDES COMPREHENSIVE

CARE FOR ADDRESSING THE SECOND HIGHEST CAUSE OF DEATH OF ADULTS IN OUR

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19



Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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COUNTY, HEART DISEASE. OUR PROGRAM, ESTABLISHED IN 2007, HAS PERFORMED OVER 3,500 OPEN-HEART SURGERIES SINCE 2009. IN THE YEARS FOLLOWING, THE ESSA HVI HAS RECEIVED FULL ACCREDITATION BY THE SOCIETY OF CHEST PAIN CENTER AS A HEART FAILURE CENTER AND A CHEST PAIN CENTER. FOR THE CONVENIENCE OF OUR PATIENTS AND TO IMPROVE OPERATIONAL EFFICIENCIES, WE CENTRALIZED OUR CARDIAC CARE SERVICES AND OPENED A NEW HEART RHYTHM CENTER. THE CARDIAC CATHERIZATION LABS, CARDIAC REHABILITATION DEPARTMENT, AND VARIOUS NON-INVASIVE CARDIAC SERVICES (SUCH AS PACEMAKER CHECKS, CARDIAC STRESS TESTING, NUCLEAR STRESS TESTING, PULMONARY REHAB, AND STRESS ECHO) WERE RELOCATED TO OFFER COMPREHENSIVE HEART CARE IN ONE LOCATION. IN ADDITION TO OFFERING MINIMALLY INVASIVE SURGICAL PROCEDURES TO TREAT HEART ARRHYTHMIAS, OUR HEART RHYTHM CENTER PROVIDES A FULLY EQUIPPED ELECTROPHYSIOLOGY (EP) LAB. THE EP LAB PROVIDES ATRIAL AND VENTRICULAR NODE DIAGNOSTICS AND ABLATION, INTRA CARDIAC 3D ECHO AND 3D CARDIO CAPABILITIES, AS WELL AS BI-VENTRICULAR PACEMAKER - SERVICES PATIENTS PREVIOUSLY HAD TO TRAVEL TO OTHER FACILITIES TO RECEIVE.

#### 24/7 EXPERT STROKE CARE

LVH-P JOINED THE JEFFERSON NEUROSCIENCE NETWORK, GIVING OUR PATIENTS AND PHYSICIANS ON-CALL ACCESS TO EXPERT STROKE TEAMS. JEFFERSON EXPERT TELECONSULTING IS THE REGION'S FIRST HIGH-TECH, ROBOTIC SYSTEM THAT ENABLES PHYSICIANS TO PROVIDE FASTER DIAGNOSIS AND MORE EFFECTIVE TREATMENT.

#### LEVEL III TRAUMA CENTER

OUR LEVEL III TRAUMA DESIGNATION BRINGS AN ADVANCED, LIFESAVING LEVEL OF CARE FOR SEVERELY INJURED PATIENTS, CLOSE TO HOME. THIS MILESTONE

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

ALLOWED US TO PROVIDE QUALITY, PATIENT-CENTERED TRAUMA CARE TO THE INDIVIDUALS WHO LIVE, VISIT, AND WORK IN OUR COMMUNITY. OUR COORDINATED, COMPREHENSIVE TEAM OF TRAUMA SURGEONS, ORTHOPEDIC SURGEONS, CARDIAC SURGEONS, RADIOLOGISTS, NURSES, LAB IMAGING TECHNICIANS, AND OTHER SUPPORT STAFF ARE AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR.

ADVANCED WOUND CARE

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

WELLNESS PROGRAM

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

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

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- MONTHLY EMAILS ABOUT WHAT'S GOING ON IN THE COMMUNITY AND INFORMATION ON CURRENT HEALTH TOPICS.

#### MEDICAL HOME

WITH ALL SERVICES TO BE IN ONE LOCATION, OUR COMPREHENSIVE AND COORDINATED MEDICAL HOME CARES FOR PATIENTS AND FAMILIES WITH CHRONIC DISEASES AS WELL AS EXPERT SPECIALTY CARE. THIS PATIENT AND FAMILY-CENTERED APPROACH PROVIDES HEALTH CARE THAT WILL ENCOMPASS THE ENTIRE SPECTRUM OF TREATMENT WITH AN EMPHASIS ON PRIMARY CARE AND PREVENTIVE MEDICINE. THIS INCLUDES AN ENDOCRINOLOGY SERVICE LINE THAT PROVIDES THE LATEST PROCEDURES AND TECHNIQUES FOR HORMONE IMBALANCES, DERMATOLOGY FOR TREATMENT OF SKIN DISORDERS, VASCULAR SURGERY, OBSTETRICS/GYNECOLOGY, AND BEHAVIORAL HEALTH FOR THOSE WITH MENTAL HEALTH DISORDERS. THE POCONO HEALTH SYSTEM COMMUNITY CARE NETWORK WILL ASSIST THOSE PATIENTS THAT REQUIRE ADDITIONAL SERVICES AT HOME. IMMEDIATE CARE CENTERS ARE ASSOCIATED WITH EACH MEDICAL HOME TO PROVIDE URGENT TREATMENT WHEN NEEDED WITHOUT REQUIRING AN APPOINTMENT. LVH-P OPENED THE BARTONSVILLE HEALTHCARE CENTER, AS WELL AS THE NEW WEST END HEALTHCARE CENTER, LOCATED IN BRODHEADSVILLE. THESE NEW LOCATIONS PROVIDE CONVENIENT ACCESS FOR MEDICAL CARE WITH COMPREHENSIVE SERVICES INCLUDING PRIMARY CARE, ENDOCRINOLOGY, OB/GYN, BREAST CENTER INCLUDING 3D MAMMOGRAPHY, IMAGING, AND A LAB.

#### IMMEDIATE CARE CENTERS

DOTTED THROUGHOUT THE POCONOS, LVH-P'S IMMEDIATE CARE CENTERS ARE ESTABLISHED IN EAST STROUDSBURG, BARTONSVILLE, TOBYHANNA, AND BRODHEADSVILLE. THEY OFFER WALK-IN MEDICAL CARE 12 HOURS A DAY, WITHOUT THE COST OF ED CO-PAYS. THESE FACILITIES ARE FULLY BACKED BY

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THE SERVICES AT LVH-P.

RECENT ACCOMPLISHMENTS:

-LVH-P RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S PRESTIGIOUS GET WITH THE GUIDELINES - STROKE SILVER QUALITY ACHIEVEMENT AWARD.

-LVH-P EARNED AN "A" GRADE FOR PATIENT SAFETY FROM THE LEAPFROG GROUP, A NATIONAL NONPROFIT ORGANIZATION THAT COLLECTS DATA AND REPORTS HOSPITALS' PERFORMANCE BY ASSIGNING A TRADITIONAL LETTER GRADE.

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

-HEALTHGRADES HAS AWARDED OB/GYN AT LVH-P WITH ITS PRESTIGIOUS 5-STAR RATING FOR EXCELLENCE IN PATIENT CARE.

-LVH-P WAS RECOGNIZED AS ONE OF THE BEST HOSPITALS FOR 2015-2016 IN PENNSYLVANIA BY U.S. NEWS & WORLD REPORT FOR BOTH HEART FAILURE AND BYPASS SURGERY.

-LVH-P RECEIVED THE 2016 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD. THIS ELITE DISTINCTION PLACES LVH-P IN THE NATION'S TOP 10% OF ALL HOSPITALS EVALUATED FOR THEIR PERFORMANCE IN SAFEGUARDING PATIENTS FROM SERIOUS, POTENTIALLY PREVENTABLE COMPLICATIONS DURING THEIR HOSPITAL STAYS.

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

RADIATION EQUIPMENT, FACILITIES, AND EXPERTLY TRAINED STAFF FOR CANCER TREATMENT, INCLUDING A CERTIFIED MEDICAL DOSIMETRIST, TWO RADIATION PHYSICISTS, AND A DEDICATED SURGICAL ONCOLOGIST. THE CENTER IS ONE OF THE FIRST OF 25 CANCER CENTERS IN THE COUNTRY TO USE INTENSITY MODULATED RADIATION THERAPY (IMRT) AND ONE OF THE FIRST 50 IN THE WORLD

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TO USE IMAGE-GUIDED RADIATION THERAPY (IGRT). THE HUGHES CANCER CENTER CONTINUES TO EXPLORE NEW, INNOVATIVE TREATMENTS, SUCH AS USING STEREOTACTIC BODY RADIATION THERAPY FOR TREATING NON-OPERABLE LUNG CANCER - THE LEADING CANCER IN OUR COMMUNITY AND NATIONWIDE. IN ADDITION, RADIATION ONCOLOGISTS HAVE ALSO IMPLEMENTED PARTIAL BREAST IRRADIATION AS A TREATMENT PROTOCOL.

PERHAPS EQUALLY AS IMPORTANT AS OUR LEADING EDGE TECHNOLOGY IS THE COMPASSION AND COMMITMENT OUR PHYSICIANS AND NURSES AT THE HUGHES CANCER CENTER BRING TO EACH AND EVERY PATIENT. TO THAT END, THE HUGHES CANCER CENTER OFFERS A VARIETY OF SUPPORT SERVICES FOR PATIENTS AND FAMILIES DEALING WITH CANCER DIAGNOSIS AND TREATMENT. OUR SUPPORT SERVICES INCLUDE A COMPLIMENTARY ALTERNATIVE MEDICINE PROGRAM, A FULL-TIME BREAST HEALTH NURSE NAVIGATOR AND THORACIC NURSE NAVIGATOR DEDICATED TO ASSISTING PATIENTS AND THEIR LOVED ONES WHO HAVE BEEN DIAGNOSED WITH BREAST AND LUNG CANCER. SURVIVORSHIP PROGRAMS, EDUCATIONAL SERVICES, SOCIAL SERVICES, COUNSELING AND GROUP SUPPORT, PASTORAL CARE, AND MORE ARE ALSO A PART OF THE SUPPORT SERVICES. IN ADDITION, FREE SCREENINGS, INCLUDING PROSTATE, BREAST, SKIN, ORAL, AND COLORECTAL ARE OFFERED TO THE COMMUNITY THROUGHOUT THE YEAR.

THE CULMINATION OF OUR EFFORTS TOWARDS EXCELLENCE HAS RESULTED IN THE 59,000 SQUARE-FOOT HUGHES CANCER CENTER, OPENED IN 2012, FEATURING STATE-OF-THE-ART TECHNOLOGIES, PATIENT CENTERED DESIGN, AND COMPREHENSIVE CANCER CARE UNDER ONE ROOF.

LVH-P OUTPATIENT DIAGNOSTIC LABORATORY

LVH-P'S OUTPATIENT LABORATORY IS RECOGNIZED AS THE PRINCIPAL PROVIDER

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OF THE FINEST CLINICAL DIAGNOSTIC SERVICES TO OUTPATIENTS, AS WELL AS PHYSICIAN OFFICES AND NURSING HOMES IN THE AREA. IN FISCAL YEAR 2019, LVH-P'S OUTPATIENT DIAGNOSTIC LAB TESTS TOTALED 825,701 INCLUDING NURSING HOME COLLECTIONS AND OUTPATIENT TESTS AT OUTPATIENT COLLECTION SITES.

IMPROVING QUALITY, CONTINUITY OF CARE TO BETTER SERVE PATIENTS AT EVERY STAGE OF THEIR LIVES, POCONO HEALTH SYSTEM ACQUIRED THE VISITING NURSE ASSOCIATION (VNA) AND HOSPICE OF MONROE COUNTY. THIS ADDITION STRENGTHENS OUR ABILITY TO DELIVER ONGOING HEALTH CARE TO PATIENTS AND THEIR FAMILIES IN THE COMFORT OF THEIR HOMES.

#### LEARNING INSTITUTE

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

#### PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION OPPORTUNITIES

THE CONTINUING EDUCATION PROCESS PROVIDES OPPORTUNITIES TO THE ORGANIZATION AND EMPLOYEES TO REQUEST ATTENDANCE AT OFF-SITE MEETINGS

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AND PROGRAMS PERTAINING TO HEALTH CARE ORGANIZATIONS AND JOB SPECIFICATIONS.

AMERICAN HEART ASSOCIATION CERTIFICATION PROGRAMS

AS A DESIGNATED AMERICAN HEART ASSOCIATION PROGRAM PROVIDER, POCONO HEALTH SYSTEM CERTIFIES ALL EMPLOYEES WHO ENROLL IN BLS (BASIC LIFE SUPPORT), ACLS (ADVANCED LIFE SUPPORT), AND PALS (PEDIATRIC ADVANCED LIFE SUPPORT).

NURSE-FAMILY PARTNERSHIP

NATIONALLY, THE NURSE-FAMILY PARTNERSHIP (NFP) IS A RESEARCH-BASED ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR LOW-INCOME CHILDREN AND FAMILIES AND CELEBRATED 18 YEARS OF SERVICE IN JULY 2020. LVH-P'S NURSE-FAMILY PARTNERSHIP PROVIDES CRUCIAL SERVICES TO LOCAL AT-RISK NEW MOTHERS. REGISTERED NURSES WITH SPECIAL TRAINING IN PRENATAL AND INFANT CARE AS WELL AS PSYCHOSOCIAL DEVELOPMENT VISIT EXPECTANT MOTHERS IN THEIR OWN HOMES. THE VISITS BEGIN IN EARLY PREGNANCY AND CONTINUE UNTIL THE CHILD IS TWO YEARS OLD. HEALTHY LIFESTYLE HABITS ARE EMPHASIZED, PARENTING SKILLS ARE DEVELOPED, AND CAREER COUNSELING IS OFFERED. IN ADDITION, LIFESTYLE SKILLS SUCH AS MAKING THE HOME A SAFE PLACE FOR BABY, CONFLICT RESOLUTION, AND FISCAL RESPONSIBILITY ARE INTRODUCED THROUGH INDIVIDUAL INSTRUCTION AND GROUP ACTIVITIES. SINCE ITS INCEPTION IN AUGUST 2002, THE NURSE-FAMILY PARTNERSHIP OF MONROE COUNTY HAS ENROLLED 1,150 MOMS IN THE NFP PROGRAM.

DIABETES EDUCATION

CERTIFIED DIABETIC EDUCATORS, INCLUDING OUR NEW ENDOCRINOLOGY SERVICE

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

- OVERVIEW OF DIABETES
- BEHAVIOR CHANGE STRATEGIES
- BLOOD GLUCOSE LEVELS
- PREVENTION, DETECTION, AND TREATMENTS OF ACUTE AND CHRONIC COMPLICATIONS
- FOOT, SKIN, AND DENTAL CARE
- STRESS MANAGEMENT AND PSYCHOLOGICAL ADJUSTMENT
- GOAL SETTING
- RISK FACTOR REDUCTION
- PROBLEM SOLVING
- APPROPRIATE USE OF HEALTH CARE SYSTEMS AND COMMUNITY RESOURCES

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



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

WOMEN'S AND CHILDREN'S SERVICES

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

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

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

ON DECEMBER 11, 2015, LEHIGH VALLEY HEALTH NETWORK (LVHN) EXECUTED AN AFFILIATION AGREEMENT WITH THE POCONO HEALTH SYSTEM (PHS) PROVIDING FOR AN AFFILIATION BETWEEN LVHN AND POCONO MEDICAL CENTER (PMC), POCONO HEALTH FOUNDATION (FOUNDATION), FAMILY CARE CENTERS (FCC), POCONO VNA/HOSPICE

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(VNA), POCONO HEALTHCARE PARTNERS (PHP), AND POCONO AMBULATORY SERVICES (PAS). THE GOVERNING DOCUMENTS OF PHS WERE AMENDED SUCH THAT EFFECTIVE JANUARY 1, 2017, THE CLOSING DATE OF THE AFFILIATION, PHS MERGED INTO LVHN AND LVHN BECAME THE SOLE MEMBER OF POCONO HEALTH SYSTEM. PHS CONSISTS PRIMARILY OF PMC, A 239-BED ACUTE CARE HOSPITAL ALSO PROVIDING REHAB AND EMERGENCY CARE TO EAST STROUDSBURG, PENNSYLVANIA AND SURROUNDING COMMUNITIES; POCONO VNA/HOSPICE, PROVIDING HOME HEALTH AND HOSPICE SERVICES; AND FCC, A MULTI-SPECIALTY PHYSICIAN GROUP.

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

POCONO HEALTH SYSTEM, THE SOLE MEMBER OF THE CORPORATION, ELECTS/APPOINTS THE BOARD MEMBERS OF POCONO MEDICAL CENTER (PMC).

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

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

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

(A) TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY, OR OBJECTIVES OF THIS CORPORATION OR ANY SUBSIDIARY CORPORATION;

(B) TO DISSOLVE, REORGANIZE, DIVIDE, CONVERT, LIQUIDATE, OR WIND-UP ANY SUBSIDIARY CORPORATION OR CONSOLIDATE OR MERGE THIS CORPORATION WITH ANY OTHER CORPORATION OR ENTITY;

(C) TO ANNUALLY APPROVE ALL CAPITAL AND OPERATING BUDGETS FOR THIS CORPORATION;

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(D) TO ANNUALLY APPROVE THE STRATEGIC AND OPERATING PLANS OR ANY CHANGES  
THERE TO OF THIS CORPORATION;

(E) TO APPROVE ANY UNBUDGETED EXPENSE ITEM OF THIS CORPORATION IN EXCESS OF  
FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS;

(F) TO RECEIVE, REVIEW, AND APPROVE FINANCIAL AND OPERATING REPORTS FROM  
THIS CORPORATION ON AT LEAST A QUARTERLY BASIS;

(G) TO APPROVE ANY NEW LINE(S) OF BUSINESS AND/OR MATERIAL CHANGES IN  
EXISTING SERVICES AND/OR PARTICIPATION BY THIS CORPORATION WITH ANY OTHER  
ENTITY WHERE LICENSURE BY THE COMMONWEALTH OF PENNSYLVANIA IS REQUIRED AS  
A PRECONDITION FOR ANY SUCH ACTION, BUSINESS, SERVICE, OR PARTICIPATION;

(H) TO APPROVE THE INCURRENCE OF INDEBTEDNESS BY THIS CORPORATION;

(I) TO APPROVE THE AMENDMENT OF THE ARTICLES OF INCORPORATION OR BY-LAWS OF  
THIS CORPORATION;

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

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

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

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

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

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

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THE PROCESS TO REVIEW THE FORM 990'S INCLUDES:

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

FINAL RETURNS ARE REVIEWED WITH THE POCONO BOARD FINANCE COMMITTEE AND THEN 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.

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ALL PHYSICIANS ON LVHN'S MEDICAL STAFF ARE ALSO REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. MEDICAL STAFF SERVICES MONITORS THIS PROCESS TO ENSURE THAT ALL PHYSICIANS COMPLY. POTENTIAL CONFLICTS ARE MANAGED BY THE LVHN CONFLICT OF INTEREST COMMITTEE AND/OR BY THE BOARD OF TRUSTEES, DEPENDING ON WHOSE INTEREST(S) POSE THE CONFLICT AND THE NATURE OF THE CONFLICT.

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

LEHIGH VALLEY HEALTH NETWORK

2020 EXECUTIVE COMPENSATION REVIEW

IN COMPLIANCE WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCESS OUTLINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE); SULLIVAN COTTER AND ASSOCIATES, INC. (SULLIVAN COTTER) QUALIFIES AS AN INDEPENDENT EXECUTIVE COMPENSATION EXPERT, SPECIALIZING IN THE HEALTH CARE INDUSTRY.

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

CHIEF EXECUTIVE OFFICER TOTAL COMPENSATION REVIEW:

PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (BASE SALARY, INCENTIVE, BENEFITS, AND PERQUISITES) FOR LVHN'S PRESIDENT AND

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CHIEF EXECUTIVE OFFICER (CEO) IN RELATION TO CEO MARKET DATA OBTAINED FOR A DEFINED PEER GROUP OF COMPARABLE HEALTH SYSTEMS. THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR THE PRESIDENT AND CEO AS WELL AS AN ANALYSIS OF FORM 990 COMPENSATION DATA. THEY ASSESS THE ALIGNMENT OF THE PRESIDENT AND CEO'S COMPENSATION WITH LVHN'S COMPENSATION PHILOSOPHY AND NOTE THE IMPLICATIONS OF THE REVIEW. SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT PROVIDES A REASONABLENESS OPINION FOR THE INTERMEDIATE SANCTIONS COMPLIANCE. THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 23, 2019 EXECUTIVE COMPENSATION COMMITTEE MEETING.

CEO COUNCIL EXECUTIVE TOTAL COMPENSATION REVIEW:

PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL EXECUTIVES (APPROXIMATELY 12 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 AUGUST 23, 2019 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.

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COMPILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COMMITTEE DURING ITS SEPTEMBER 17, 2019 MEETING:

THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF (1) A PEER GROUP OF 27 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST REGION (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.7 BILLION AND \$6.3 BILLION (AVERAGE OF \$2.5 BILLION), AND (2) NATIONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN. NATIONAL DATA ARE USED WHERE PEER GROUP DATA ARE NOT AVAILABLE.

PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2018 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, 2020 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

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PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE.

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

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

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

SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE 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



Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS.

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

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

LVHN'S PROJECTED FY2019 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE SCOPE SIZE FOR EACH ENTITY.

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

POCONO MEDICAL CENTER'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IT IS ALSO AVAILABLE ON GUIDESTAR (ANOTHER'S WEBSITE) AND UPON REQUEST; PRINTED COPIES ARE HELD BY SENIOR MANAGEMENT AND BY THE MARKETING DEPARTMENT.

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

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

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

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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**BANK FEES:**

PROGRAM SERVICE EXPENSES	569,717.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	569,717.

**CONSULTING FEES:**

PROGRAM SERVICE EXPENSES	103,693.
MANAGEMENT AND GENERAL EXPENSES	431,409.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	535,102.

**PHYSICIAN FEES:**

PROGRAM SERVICE EXPENSES	11,749,610.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,749,610.

**BLOOD PROCESSING FEES:**

PROGRAM SERVICE EXPENSES	1,286,566.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,286,566.

**OUTSIDE LAB TEST FEES:**

PROGRAM SERVICE EXPENSES	8,580,899.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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TOTAL EXPENSES 8,580,899.

AMBULANCE & MEDEVAC SERVICE FEES:

PROGRAM SERVICE EXPENSES 28,625.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 28,625.

INTERPRETER FEES:

PROGRAM SERVICE EXPENSES 13,351.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 13,351.

STORAGE FEES:

PROGRAM SERVICE EXPENSES 359.

MANAGEMENT AND GENERAL EXPENSES 9,602.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 9,961.

FREIGHT CHARGES:

PROGRAM SERVICE EXPENSES 171,022.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 171,022.

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES 2,344,164.

Name of the organization POCONO MEDICAL CENTER	Employer identification number 24-0795623
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,344,164.

MAINTENANCE CONTRACTS:

PROGRAM SERVICE EXPENSES	3,764,177.
MANAGEMENT AND GENERAL EXPENSES	97,066.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,861,243.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	29,150,260.

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

UNFUNDED PENSION	-11,566,313.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**POCONO MEDICAL CENTER**

Employer identification number

**24-0795623**

**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 206 E BROWN STREET EAST STROUDSBURG, PA 18301-3006	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		X
HAZLETON HEALTH & WELLNESS CENTER - 23-2580968, 700 E BROAD STREET, HAZLETON, PA 18201-6835	STAFFING SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP.		X
HAZLETON PROFESSIONAL SERVICES - 20-5880364 700 E BROAD STREET HAZLETON, PA 18201-6835	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		X
HAZLETON SURGICAL ALLIANCE - 20-2038456 700 E BROAD STREET HAZLETON, PA 18201-6835	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) 2019

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 1200 S CEDAR CREST BLVD. ALLENTOWN, PA 18103-6202	PARENT COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
LEHIGH VALLEY HEALTH NETWORK REALTY HOLDING CO. - 23-2586770, 1200 S CEDAR CREST BLVD., ALLENTOWN, PA 18103-6202	REAL ESTATE HOLDING CO.	PENNSYLVANIA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - 23-1689692 2100 MACK BLVD. ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN - 84-3843850, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH BETHLEHEM - 84-3864735, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY HOSPITAL - SCHUYLKILL - 23-1352202, 420 S JACKSON STREET, POTTSVILLE, PA 17901-3625	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LEHIGH VALLEY PHYSICIAN GROUP - 23-2700908 1200 S CEDAR CREST BLVD. ALLENTOWN, PA 18103-6202	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
LVHN AMBULATORY SURGERY CENTER OF LOPATCONG, INC. - 84-4004771, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	NEW JERSEY	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED		X
LVHN COORDINATED PROFESSIONAL PRACTICE - 84-3878831, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED		X
LVHN SCRANTON ORTHOPEDIC SPECIALISTS - 84-3987128, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
MUHLENBERG REALTY CORPORATION - 23-2245513 1200 S CEDAR CREST BLVD. ALLENTOWN, PA 18103-6202	REAL ESTATE RENTALS	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		X
NORTHEASTERN PENNSYLVANIA HEALTH CORP. - 23-2421970, 700 E BROAD STREET, HAZLETON, PA 18201-6835	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, 206 E BROWN STREET, EAST STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		X
POCONO HEALTH FOUNDATION - 23-2516451 206 E BROWN STREET EAST STROUDSBURG, PA 18301-3006	FUNDRAISING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		X
POCONO HEALTH SYSTEM - 23-2336285 206 E BROWN STREET EAST STROUDSBURG, PA 18301-3006	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, 206 E BROWN STREET, EAST STROUDSBURG, PA	SELF-INSURANCE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		X
POCONO HEALTHCARE PARTNERS - 23-3014006 206 E BROWN STREET EAST STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		X
POCONO VNA-HOSPICE - 23-2535297 206 E BROWN STREET EAST STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		X
SCHUYLKILL HEALTH SYSTEM MEDICAL GROUP, INC. - 23-2866006, 700 E NORWEGIAN STREET, POTTSVILLE, PA 17901-2710	PHYSICIAN PRACTICE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		X
SCHUYLKILL REHABILITATION CENTER, INC. - 23-2440891, 420 S JACKSON STREET, POTTSVILLE, PA 17901-3625	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		X
WEST END COMMUNITY AMBULANCE ASSOCIATION - 23-2532377, 206 E BROWN STREET, EAST STROUDSBURG, PA 18301-3006	AMBULATORY MEDICAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		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	
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	N/A		N/A	N/A		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	N/A		N/A	N/A		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	N/A		N/A	N/A		N/A
HEALTH NETWORK LABORATORIES LLC - 23-2932802, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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, 119 EAST HOLLY STREET, HAZLETON, PA 18201-5507	AMBULATORY MEDICAL SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
CH EYE SPECIALISTS, P.C. - 83-1905823 2100 MACK BLVD. ALLENTOWN, PA 18103-5622	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
CH UROLOGY SPECIALISTS, P.C. - 83-2261980 2100 MACK BLVD. ALLENTOWN, PA 18103-5622	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, 700 E BROAD STREET, HAZLETON, PA 18201-6835	MEDICAL OFFICE RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
LEHIGH VALLEY ANESTHESIA SERVICES, PC - 23-3906125, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	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 LP - 23-2948774, 794 ROBLE ROAD, ALLENTOWN, PA 18109-9110	LABORATORY SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LEHIGH VALLEY IMAGING LLC - 46-4551937, 1230 S CEDAR CREST BLVD., ALLENTOWN, PA 18103-6202	IMAGING SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LVHN RECIPROCAL RISK RETENTION GROUP - 20-0037118, 151 MEETING STREET, STE. 301, CHARLESTON, SC 29401-2238	INSURANCE SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAZARETH ENDOSCOPY CENTER LLC - 82-4072967, 1501 N CEDAR CREST BLVD., STE. 110, ALLENTOWN, PA 18104-2309	ENDOSCOPY SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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	N/A		N/A	N/A		N/A
POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP - 47-2125419, 206 E BROWN STREET, EAST STROUDSBURG, PA	INVESTMENTS	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP - 23-2514813, 700 SCHUYLKILL MANOR ROAD, POTTSVILLE, PA 17901-3849	REAL ESTATE RENTALS	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION, INC. - 23-2750430, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LVHN COORDINATED PROFESSIONAL PRACTICE OF NJ, P.C. - 84-4028262, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	PHYSICIAN PRACTICE ORGANIZATION	NJ	N/A	C CORP	N/A	N/A	N/A		X
POPULYTICS, INC. - 23-2539282 2100 MACK BLVD. ALLENTOWN, PA 18103-5622	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION - 23-2432417, 700 E NORWEGIAN STREET, POTTSVILLE, PA 17901-2710	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, 420 S JACKSON STREET, POTTSVILLE, PA 17901-3625	CONDOMINIUM ASSOCIATION	PA	N/A	C CORP	N/A	N/A	N/A		X
SPECTRUM HEALTH VENTURES, INC. - 23-2391479 2100 MACK BLVD. ALLENTOWN, PA 18103-5622	HEALTH CARE RELATED SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
WESTGATE PROFESSIONAL CENTER, INC. - 23-1657333, 2100 MACK BLVD., ALLENTOWN, PA 18103-5622	REAL ESTATE RENTALS	PA	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

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



**Part VII** Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

LVHN AMBULATORY SURGERY CENTER OF LOPATCONG, INC.

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN

NAME OF RELATED ORGANIZATION:

LVHN COORDINATED PROFESSIONAL PRACTICE

DIRECT CONTROLLING ENTITY: LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

POCONO HEALTH SYSTEM MEDICAL PROFESSIONAL LIABILITY SELF-INSURANCE TRUST

EIN: 20-6560453

206 E BROWN STREET

EAST STROUDSBURG, PA 18301-3006

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP

EIN: 47-2125419

206 E BROWN STREET

EAST STROUDSBURG, PA 18301-3006

NAME OF RELATED ORGANIZATION:

**Part VII** Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING, INC.

DIRECT CONTROLLING ENTITY: NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION

NAME OF RELATED ORGANIZATION:

SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION

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