

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: Highmark Health Group
D Employer identification number: 82-1406555
E Telephone number: (412) 544-6668
F Name and address of principal officer: David Holmberg, TAX DEPT 120 FIFTH AVE FAPHM-192B, Pittsburgh, PA 15222
H(a) Is this a group return for subordinates? Yes
H(b) Are all subordinates included? Yes
H(c) Group exemption number: 6169
I Tax-exempt status: 501(c)(3)
J Website: www.ahn.org
K Form of organization: Corporation
L Year of formation:
M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT.
2 Check this box
3 Number of voting members of the governing body (Part VI, line 1a) 220
4 Number of independent voting members of the governing body (Part VI, line 1b) 99
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 26,823
6 Total number of volunteers (estimate if necessary) 768
7a Total unrelated business revenue from Part VIII, column (C), line 12 4,481,780
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 261,376

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer
Date: 2022-11-11
Saurabh Tripathi EVP CFO & TREASURER
Type or print name and title
Print/Type preparer's name, Preparer's signature, Date, PTIN

Paid Preparer Use Only	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Check <input type="checkbox"/> if self-employed	P00460263
	Firm's address ▶ 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103	Firm's EIN ▶ 13-4008324	
		Phone no. (267) 330-3000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
 HIGHMARK HEALTH IS A BLENDED HEALTH SYSTEM DESIGNED TO DELIVER HIGH QUALITY, ACCESSIBLE, UNDERSTANDABLE AND AFFORDABLE EXPERIENCES, OUTCOMES AND SOLUTIONS FOR OUR CUSTOMERS.

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

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

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

4a (Code:) (Expenses \$ **3,100,034,775** including grants of \$ **171,839**) (Revenue \$ **3,101,859,328**)
 THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE. TO ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, THE WEST PENN ALLEGHENY HEALTH SYSTEM EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR PATIENTS AND OUR COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

4b (Code:) (Expenses \$ **445,773,604** including grants of \$ **0**) (Revenue \$ **479,211,527**)
 THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE. TO ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, THE SAINT VINCENT HEALTH CENTER EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR PATIENTS AND OUR COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.




4c (Code:) (Expenses \$ **294,623,481** including grants of \$ **1,494**) (Revenue \$ **348,862,818**)
 THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE. TO ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, JEFFERSON REGIONAL MEDICAL CENTER EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR PATIENTS AND OUR COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

(Code:) (Expenses \$ **322,396,694** including grants of \$ **473,981**) (Revenue \$ **588,980,808**)
 OTHER PROGRAM SERVICES

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **322,396,694** including grants of \$ **473,981**) (Revenue \$ **588,980,808**)

4e Total program service expenses ▶ **4,162,828,554**

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)? If "Yes," complete Schedule A 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		Yes	No
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>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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>	Yes	
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>		No
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>		No
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>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>	Yes	
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>		No
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>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
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. See instructions.</i>	Yes	
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>	Yes	
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>	Yes	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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>	Yes	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No

27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	Yes	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1a 1,760		
1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26,823		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No

d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 220		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 99		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		

(1) Allison Quick Chief Philanthropy Officer	60.0 0.0	X		X						383,303	0	46,429
(2) Brian Johnson DIRECTOR	60.0 0.0	X		X						525,448	0	26,744
(3) Chong Park MD DIRECTOR	60.0 0.0	X		X						737,154	0	26,164
(4) Christopher Clark DO DIRECTOR & PRESIDENT	59.0 1.0	X		X						584,869	0	26,506
(5) Cynthia Hundorfean DIRECTOR & PRESIDENT	60.0 0.0	X		X						3,281,508	0	36,839
(6) David Parda MD DIRECTOR	60.0 0.0	X		X						1,119,828	0	30,970
(7) Denzil Rupert COO Hospital Operations	60.0 0.0	X		X						675,292	0	45,630
(8) Diana Holt DIRECTOR & SECRETARY	5.0 0.0	X		X						0	0	0
(9) Donald Whiting MD DIRECTOR/CHAIRMAN	60.0 0.0	X		X						1,882,150	0	39,107
(10) Edward Little BOARD CHAIR	5.0 0.0	X		X						0	0	0
(11) Edward Marasco DIRECTOR & CHAIRMAN	5.0 0.0	X		X						0	0	0
(12) G Scott Long MD DIRECTOR & PRESIDENT	60.0 0.0	X		X						904,787	0	26,483
(13) Jacqueline Bauer DIRECTOR & SECRETARY	60.0 0.0	X		X						0	990,546	31,497
(14) James Benedict DIRECTOR & COO	50.0 15.0	X		X						0	2,366,440	47,821
(15) James Rohrbaugh DIRECTOR, TREASURER & CFO [AHN]	60.0 0	X		X						967,464	0	77,544
(16) Jeffrey Szumigale DIRECTOR & VICE CHAIR	5.0 0.0	X		X						0	0	0
(17) John Smith DIRECTOR & TREASURER	60.0 0	X		X						471,116	0	27,787

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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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Joseph Macerelli Esq BOARD CHAIR	10.0 0.0	X		X				0	0	0
(19) Keith Lejeune DIRECTOR & VICE PRESIDENT	60.0 0.0	X		X				410,867	0	40,236
(20) Kelly Kassab VICE PRESIDENT & DIRECTOR	60.0 0	X		X				307,432	0	24,752

(159) Daniel Altman MD PHYSICIAN	60.0					X				920,199	0	26,523
(160) Edward Westrick MD PHYSICIAN	60.0					X				1,561,187	0	28,508
(161) George Eid MD PHYSICIAN	60.0					X				1,853,471	0	29,476
(162) Gregory Altman MD PHYSICIAN	60.0					X				1,463,828	0	24,490
(163) Nicholas Sotereanos PHYSICIAN	60.0					X				1,401,229	0	28,489
(164) George J Magovern JR MD PHYSICIAN	60.0						X			213,902	0	24,083
(165) James Valeriano PHYSICIAN CHAIRPERSON	60.0						X			454,093	0	24,489
(166) Jeffrey Crudele DIRECTOR & TREASURER (Former)	0.0						X			639,791	0	9,805
(167) Kenyokee Crowell SR. VICE PRESIDENT	60.0						X			0	1,285,482	100,819
(168) Srinavas Murali MD PHYSICIAN	60.0						X			802,880	0	12,982

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)										54,119,533	21,853,045	2,703,839

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 **2,969**

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

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
Gilbane Building Co 7 Jackson Walkway Providence, RI 029033694	Construction	53,668,465
Allegis Group Holdings 3689 Collection Ctr Dr Chicago, IL 60693	Temp Labor	29,440,947
MBM Contracting Inc 4999 Old Clairton Rd Pittsburgh, PA 15236	Construction	21,568,647
Allied Universal Security Services 161 Washington St Ste 600 Conshohocken, PA 19428	Security	13,991,844
Shearwater Health Inc 20 Burton Hills Blvd Suite 400 Nashville, TN 37215	Temp Labor	10,058,735

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 **819**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Federated campaigns **1a**

Contributions, Gifts, Grants **1b**

Membership dues **1b**

Other Amt

c Fundraising events	1c
584,600	
d Related organizations	1d
8,023,947	
e Government grants (contributions)	1e
16,784,338	
f All other contributions, gifts, grants, and similar amounts not included above	1f
17,329,697	
g Noncash contributions included in lines 1a-1f: \$	1g
1,891,493	
h Total. Add lines 1a-1f	

42,722,582

Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code				
		621000	3,620,587,673	3,616,105,893	4,481,780	
	2b AFFILIATE EXPENSE REIMBURSEMENT	900099	578,361,800	578,361,800		
	2c CLINICAL AFFILIATION PAYMENTS	900099	262,157,899	262,157,899		
	2d SCIENTIFIC RESEARCH	541712	58,523,584	58,523,584		
	2e MEDICAL EDUCATION	621111	3,765,305	3,765,305		
	f All other program service revenue.		0	0	0	0
g Total. Add lines 2a-2f.			4,523,396,261			

3 Investment income (including dividends, interest, and other similar amounts)		41,363,991			41,363,991
4 Income from investment of tax-exempt bond proceeds		0	0		
5 Royalties		0	0		

6a Gross rents	6a	(i) Real	6,818,307			
		(ii) Personal				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	6,818,307	0		
d Net rental income or (loss)			6,818,307		6,818,307	

7a Gross amount from sales of assets other than inventory	7a	(i) Securities	270,497,469	11,090,740		
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b	242,504,571	11,427,770		
	c Gain or (loss)	7c	27,992,898	-337,030		
d Net gain or (loss)			27,655,868		27,655,868	

Other Revenue	8a Gross income from fundraising events (not including \$ 584,600 of contributions reported on line 1c). See Part IV, line 18		561,586		
	b Less: direct expenses	8b	200,485		
	c Net income or (loss) from fundraising events			361,101	361,101

Other Revenue	9a Gross income from gaming activities. See Part IV, line 19		44,015		
	b Less: direct expenses	9b	55,601		
	c Net income or (loss) from gaming activities			-11,586	-11,586

Other Revenue	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory			0	0

Miscellaneous Revenue	Business Code				
11a PHARMACY REVENUE	900099	71,727,019			71,727,019
b CAFETERIA SALES	621110	8,255,780			8,255,780
c PARKING	900099	6,785,675			6,785,675
d All other revenue		64,567,988	0	0	64,567,988
e Total. Add lines 11a–11d		151,336,462			
12 Total revenue. See instructions		4,793,642,986	4,518,914,481	4,481,780	227,524,143

Form 990 (2021)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	516,224	516,224		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	131,090	131,090		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	46,364,191	42,889,448	3,462,206	12,537
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)	0	0		
7 Other salaries and wages	1,800,744,442	1,674,993,457	125,008,788	742,197
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-24,927,706	-22,850,397	-2,077,309	
9 Other employee benefits	244,555,018	224,182,780	20,362,573	9,665
10 Payroll taxes	106,783,122	98,239,368	8,498,374	45,380
11 Fees for services (non-employees):				
a Management	0	0		
b Legal	3,416,272	387,860	3,028,412	
c Accounting	1,206,120	483	1,205,637	
d Lobbying	161,123	161,123		
e Professional fundraising services. See Part IV, line 17	45,851			45,851
f Investment management fees	2,158,349		2,158,349	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	348,114,951	261,610,585	86,407,483	96,883
12 Advertising and promotion	2,045,169	1,866,112	179,057	
13 Office expenses	34,422,621	31,272,469	3,136,013	14,139
14 Information technology	46,613,337	43,106,244	3,506,507	586
15 Royalties	0	0		
16 Occupancy	211,730,996	194,875,529	16,855,467	
17 Travel	2,521,081	2,308,100	212,664	317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19 Conferences, conventions, and meetings	3,383,037	3,039,403	343,113	521
20 Interest	22,316,412	20,085,195	2,231,217	
21 Payments to affiliates	0	0		
22 Depreciation, depletion, and amortization	188,461,897	169,460,814	19,000,982	101
23 Insurance	40,940,364	38,832,211	2,108,153	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				

a	PATIENT CARE SUPPLIES & DRUG	836,170,703	835,850,543	320,160	
b	REIMBURSEMENTS TO AFFILIATES	484,527,817	364,070,212	120,457,605	
c	PATIENT BAD DEBT	73,468,010	73,468,010		
d	FOOD/DIETARY PROVISIONS	14,390,460	12,962,902	1,427,488	70
e	All other expenses	96,472,911	91,368,789	5,061,742	42,380
25	Total functional expenses. Add lines 1 through 24e	4,586,733,862	4,162,828,554	422,894,681	1,010,627
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	405,878	1	416,916
	2	Savings and temporary cash investments	199,859,762	2	156,969,033
	3	Pledges and grants receivable, net	15,433,578	3	10,478,382
	4	Accounts receivable, net	426,230,498	4	449,206,816
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	1,780,265	7	1,780,265
	8	Inventories for sale or use	58,038,237	8	65,146,683
	9	Prepaid expenses and deferred charges	41,228,579	9	30,381,421
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,845,691,637		
	b	Less: accumulated depreciation	10b 1,126,748,333	1,569,246,731	10c 1,718,943,304
	11	Investments—publicly traded securities	407,370,165	11	454,015,312
	12	Investments—other securities. See Part IV, line 11	151,526	12	151,526
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	146,101,028	14	150,413,755
	15	Other assets. See Part IV, line 11	1,408,710,451	15	1,259,081,726
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,274,556,698	16	4,296,985,139	
Liabilities	17	Accounts payable and accrued expenses	541,008,803	17	505,094,279
	18	Grants payable	0	18	0
	19	Deferred revenue	60,522,157	19	65,146,927
	20	Tax-exempt bond liabilities	980,647,414	20	975,436,787
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	3,437,277	23	2,617,733
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	926,923,026	25	751,921,449
	26	Total liabilities. Add lines 17 through 25	2,512,538,677	26	2,300,217,175
Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,396,207,656	27	1,590,570,450
	28	Net assets with donor restrictions	365,810,365	28	406,197,514
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31		

Net Assets	32	Total net assets or fund balances	1,762,018,021	32	1,996,767,964
	33	Total liabilities and net assets/fund balances	4,274,556,698	33	4,296,985,139

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,793,642,986
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,586,733,862
3	Revenue less expenses. Subtract line 2 from line 1	3	206,909,124
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,762,018,021
5	Net unrealized gains (losses) on investments	5	-9,849,898
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	37,690,717
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,996,767,964

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	Yes	
2c	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 in Schedule O.	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Software ID: 21014044
Software Version: 2021v4.2

Form 990, Special Condition Description:

Special Condition Description

**SCHEDULE A
(Form 990)**
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 13
 - 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		
(A) SAINT VINCENT HEALTH CENTER	250965547	3	Yes		3,168,464	0
(B) WEST PENN ALLEGHENY HEALTH SYSTEM INC	250969492	3	Yes		163,677,863	0
(C) ALLE-KISKI MEDICAL CENTER	251875178	3	Yes		0	0
(D) ALLEGHENY SINGER RESEARCH INSTITUTE	251320493	4	Yes		0	0
(E) CANONSBURG GENERAL HOSPITAL	251737079	3	Yes		0	0
(F) ALLEGHENY MEDICAL PRACTICE NETWORK	251838457	3	Yes		0	0
(G) ALLEGHENY CLINIC	251838458	3	Yes		0	0
(H) JEFFERSON REGIONAL MEDICAL CENTER	251260215	3	Yes		0	0
(I) WESTFIELD MEMORIAL HOSPITAL INC	160743222	3	Yes		0	0
(J) GROVE CITY MEDICAL CENTER	251340370	3	Yes		2,766,384	0
Total	10				169,612,711	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished by a governmental unit; 4 Total; 5 Portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2021; 15 Public support percentage for 2020; 16a 33 1/3% support test—2021; 16b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; 17b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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

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

Section A. Public Support

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

or 1% of the amount on line 13 for the year.							
c Add lines 7a and 7b.	0	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)							304,210,746

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	56,882,970	58,126,358	63,984,739	59,036,230	66,180,449	304,210,746
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	97,896	146,400	391,552	392,135	459,359	1,487,342
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	97,896	146,400	391,552	392,135	459,359	1,487,342
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,910,183	5,394,780	5,904,266	6,294,155	5,126,451	29,629,835
13 Total support. (Add lines 9, 10c, 11, and 12.)	63,891,049	63,667,538	70,280,557	65,722,520	71,766,259	335,327,923
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	90.72 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	89.55 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests-2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		No
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		

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? If "Yes," provide detail in **Part VI**.

6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).	No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	No
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	No
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	
10b		

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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? 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.		
1	Yes	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		No
2		No

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
2a		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		
3b		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		
1	<input type="checkbox"/>	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year
		(B) Current Year (optional)
1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3	4
5	Depreciation and depletion	5
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7	Other expenses (see instructions)	7
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8
Section B - Minimum Asset Amount		(A) Prior Year
		(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1
a	Average monthly value of securities	1a
b	Average monthly cash balances	1b
c	Fair market value of other non-exempt-use assets	1c
d	Total (add lines 1a, 1b, and 1c)	1d
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt use assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	Multiply line 5 by 0.035	6
7	Recoveries of prior-year distributions	7
8	Minimum Asset Amount (add line 7 to line 6)	8
Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7	<input type="checkbox"/>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2021

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

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

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

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part I PUBLIC CHARITY STATUS	ALLEGHENY HEALTH NETWORK: STATUS 12, TYPE 3 ALLEGHENY SINGER RESEARCH INSTITUTE: STATUS 4 ALLEGHENY CLINIC: STATUS 3 ALLE-KISKI MEDICAL CENTER: STATUS 3 ALLE-KISKI MEDICAL CENTER TRUST: STATUS 12, TYPE 1 CANONSBURG GENERAL HOSPITAL: STATUS 3 CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE: STATUS 10 FORBES HEALTH FOUNDATION: STATUS 12, TYPE 1 THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION: STATUS 10, TYPE 1 WEST PENN ALLEGHENY HEALTH SYSTEM, INC

	PENNSYLVANIA HOSPITAL FOUNDATION: STATUS 12, TYPE 1 WEST PENN ALLEGHENY HEALTH SYSTEM, INC.: STATUS 3 ALLEGHENY CLINIC MEDICAL ONCOLOGY: STATUS 12, TYPE 1 JEFFERSON REGIONAL MEDICAL CENTER: STATUS 3 SAINT VINCENT FOUNDATION FOR HEALTH & HUMAN SERVICES: STATUS 12, TYPE 1 SAINT VINCENT HEALTH CENTER: STATUS 3 SAINT VINCENT HEALTH SYSTEM: STATUS 12, TYPE 1 SAINT VINCENT MEDICAL ED & RESEARCH INSTITUTE: STATUS 10 ALLEGHENY MEDICAL PRACTICE NETWORK: STATUS 3 SAINT VINCENT AFFILIATED PHYSICIANS: STATUS 10 WESTFIELD MEMORIAL HOSPITAL INC: STATUS 3 PRIME MEDICAL GROUP PCG 1: STATUS 12, TYPE 1 JEFFERSON HILLS SURGICAL SPECIALS: STATUS 12, TYPE 1 STEEL VALLEY ORTHOPAEDICS AND SPORTS MEDICINE: STATUS 12, TYPE 1 SOUTH PITTSBURGH UROLOGY ASSOCIATES: STATUS 12, TYPE 1 THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE: STATUS 12, TYPE 1 JRMC SPECIALTY GROUP PRACTICE, STATUS 12, TYPE 1 PRIMARY CARE GROUP 11, INC.: STATUS 12, TYPE 1 PRIMARY CARE GROUP 3, INC.: STATUS 12, TYPE 1 PRIMARY CARE GROUP 7, INC.: STATUS 12, TYPE 1 PITTSBURGH BONE, JOINT & SPINE, INC.: STATUS 12, TYPE 1 PRIMARY CARE GROUP 5, INC.: STATUS 12, TYPE 1 GROVE CITY MEDICAL CENTER: STATUS 3 WOLF CREEK MEDICAL ASSOCIATES: STATUS 10 SUBURBAN HEALTH FOUNDATION: STATUS 12, TYPE 1 PITT. PULMONARY AND CRITICAL CARE ASSOC.: STATUS 12, TYPE 1 PRIMARY CARE GROUP 8 INC.: STATUS 12, TYPE 1 FAMILY PRACTICE MED. ASSOC. SOUTH, INC.: STATUS 12, TYPE 1
Schedule A, Part I REASON FOR PUBLIC CHARITY STATUS	NOTE THAT THE MAJORITY OF THE 36 ENTITIES WITHIN HIGHMARK HEALTH GROUP ARE REGISTERED AS SECTION 509(A)(3) SUPPORTING ORGANIZATIONS. HOWEVER, SOME ENTITIES ARE ALSO EXEMPT AS HOSPITAL ENTITIES; SECTION 509(A)(2) ORGANIZATIONS SUPPORTED BY CONTRIBUTIONS, DUES, AND CONDUCT OF EXEMPT FUNCTION ACTIVITIES; AND MEDICAL RESEARCH ORGANIZATIONS OPERATED IN CONJUNCTION WITH A HOSPITAL. ALL REQUIRED PARTS OF SCHEDULE A ARE COMPLETED FOR THE RESPECTIVE ENTITIES INVOLVED.
Schedule A, Part IV, Section A, Line 1	SUPPORTING ORGANIZATIONS AS PER THEIR RESPECTIVE GOVERNING DOCUMENTS, THE FOLLOWING ENTITIES ARE TYPE 1 SUPPORTING ORGANIZATIONS UNDER SECTION 509(A)(3): - ALLE-KISKE MEDICAL CENTER TRUST - FORBES HEALTH FOUNDATION - THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION - ALLEGHENY CLINIC MEDICAL ONCOLOGY - SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES - SAINT VINCENT HEALTH SYSTEM - JEFFERSON HILLS SURGICAL SPECIALIST - JRMC SPECIALTY GROUP PRACTICE - PRIME MEDICAL GROUP PCG 1 - STEEL VALLEY ORTHOPAEDICS AND SPORTS MEDICINE - SOUTH PITTSBURGH UROLOGY ASSOCIATES - THE PARK CARDIOTHORACIC AND VASCULAR INSTITUTE - JRMC SPECIALTY GROUP PRACTICE - PRIMARY CARE GROUP 11, INC. - PRIMARY CARE GROUP 3, INC. - PRIMARY CARE GROUP 7, INC. - PITTSBURGH BONE, JOINT & SPINE, INC. - PRIMARY CARE GROUP 5, INC. - SUBURBAN HEALTH FOUNDATION - PITT. PULMONARY AND CRITICAL CARE ASSOC. - PRIMARY CARE GROUP 8 INC. - FAMILY PRACTICE MED. ASSOC. SOUTH, INC.
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	HIGHMARK HEALTH GROUP'S GOVERNING DOCUMENTS PROVIDE THAT SUPPORTED ORGANIZATIONS INCLUDE ALL SECTION 509(A)(2), SECTION 170(B)(1)(A)(III), AND HOSPITAL AFFILIATES OF HIGHMARK HEALTH GROUP AS THESE ENTITIES HAVE PURPOSES CONSISTENT WITH THOSE OF THE HOSPITALS AND THE SUPPORTING ORGANIZATIONS.
Schedule A, Part IV, Section A, Line 2 Supported Org. Without IRS Status 509(a)1 or (2)	HIGHMARK HEALTH GROUP'S GOVERNING DOCUMENTS PROVIDE THAT SUPPORTED ORGANIZATIONS INCLUDE ALL SECTION 509(A)(2), SECTION 170(B)(1)(A)(III), AND HOSPITAL AFFILIATES OF HIGHMARK HEALTH GROUP AS THESE ENTITIES HAVE PURPOSES CONSISTENT WITH THOSE OF THE HOSPITALS AND THE SUPPORTING ORGANIZATIONS.
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - CONTRACT PROFESSIONAL FEES, COLUMN A - 3877670.0, COLUMN B - 3871275.0, COLUMN C - 3884947.0, COLUMN D - 4618168.0, COLUMN E - 3371037.0, COLUMN F - 19623097.0; DESCRIPTION - OTHER MISC, COLUMN A - 2884967.0, COLUMN B - 1380345.0, COLUMN C - 1869096.0, COLUMN D - 1536929.0, COLUMN E - 1637483.0, COLUMN F - 9308820.0; DESCRIPTION - PARKING, COLUMN A - 147546.0, COLUMN B - 143160.0, COLUMN C - 150223.0, COLUMN D - 139058.0, COLUMN E - 117931.0, COLUMN F - 697918.0;

Schedule A (Form 990) 2021

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization Highmark Health Group

Employer identification number 82-1406555

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990) (2021)

Page 2

Name of organization Highmark Health Group

Employer identification number 82-1406555

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No, (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution

NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>RESTRICTED</u>		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
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		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Highmark Health Group	Employer identification number 82-1406555
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
(a)	(b)	(c)	(d)

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization Highmark Health Group	Employer identification number 82-1406555
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

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Software ID: 21014044
Software Version: 2021v4.2

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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 the organization Highmark Health Group	Employer identification number 82-1406555
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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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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-.
1				
2				
3				
4				
5				
6				

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.

<p align="center">Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)</p>	<p align="center">(a) Filing organization's totals</p>	<p align="center">(b) Affiliated group totals</p>
--	---	--

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

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

Schedule C (Form 990) 2021

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		218,001
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			218,001
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	

2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1d LOBBYING ACTIVITY	ALLEGHENY HEALTH NETWORK INCURRED INSUBSTANTIAL EXPENSES IN SENDING MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND HAVE ADVERSE CONSEQUENCES FOR THE COMMUNITIES WE SERVE.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ALLEGHENY HEALTH NETWORK MANAGEMENT, AS NEEDED, WILL MAKE CONTACT WITH ELECTED AND APPOINTED OFFICIALS AT THE FEDERAL, STATE AND LOCAL LEVELS. THIS CONTACT IS NECESSARY TO PROMOTE LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND HAVE ADVERSE CONSEQUENCES FOR THE COMMUNITIES WE SERVE.

Schedule C (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID: 21014044
Software Version: 2021v4.2

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Highmark Health Group

Employer identification number 82-1406555

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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 are a significant use of its collection items (check all that apply):
a Public exhibition
d Loan or exchange programs

Scholarly research e Other

c Preservation for future generations

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:

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
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 in 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	391,736,372	356,617,611	316,961,387	338,653,894	314,504,019
b Contributions	8,625,516	7,933,664	11,208,765	10,466,540	2,378,887
c Net investment earnings, gains, and losses	50,695,626	49,107,369	45,810,701	-15,453,352	36,108,383
d Grants or scholarships					
e Other expenditures for facilities and programs	16,273,673	20,899,237	15,995,604	16,302,712	13,107,770
f Administrative expenses	1,235,428	1,023,035	1,367,638	402,983	1,229,625
g End of year balance	433,548,413	391,736,372	356,617,611	316,961,387	338,653,894

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 9.9 %
b Permanent endowment ▶ 83.4 %
c Term endowment ▶ 6.7 %

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:

(i) Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,300,287		46,300,287
b Buildings		1,367,472,943	390,672,754	976,800,189
c Leasehold improvements		69,331,061	29,943,267	39,387,794
d Equipment		1,057,164,757	672,905,854	384,258,903
e Other		305,422,589	33,226,458	272,196,131
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,718,943,304

Schedule D (Form 990) 2021

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)		

e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V INCLUSION IN CONSOLIDATED AFS	HIGHMARK HEALTH GROUP DOES NOT ISSUE INDEPENDENT AUDITED FINANCIAL STATEMENTS. HIGHMARK HEALTH GROUP IS A COMPONENT OF A CONSOLIDATED AUDITED FINANCIAL STATEMENT.
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USES OF THE PERMANENT AND TERM ENDOWMENTS ARE FOR BUT NOT EXCLUSIVE TO: CAPITAL IMPROVEMENTS, RESEARCH, EDUCATION, NURSING ACTIVITIES, DEPARTMENTAL NEEDS, OPERATING EFFICIENCIES, AND OVERALL PATIENT CARE. THE EARNINGS OFF OF THE PERMANENT ENDOWMENT ARE EXPENDABLE, BASED ON THE SPECIFIC USE OF THE FUND.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	HIGHMARK HEALTH RECORDS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY DEFINING CRITERIA THAT A TAX POSITON ON AN INDIVIDUAL MATTER MUST MEET BEFORE THAT POSITION IS RECOGNIZED. ASC 740 ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND ACCOUNTING IN INTERIM PERIODS. BASED ON AN ANALYSIS PREPARED BY HIGHMARK HEALTH, IT WAS DETERMINED THAT THE APPLICATION OF FASB ASC 740 HAD NO MATERIAL EFFECT ON THE RECORDED ASSETS AND LIABILITIES OF HH ON A STANDALONE BASIS. AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED HIGHMARK SYSTEM LEVEL ONLY, INCLUDING HIGHMARK HEALTH AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES.

Schedule D (Form 990) 2021

Additional Data

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Software ID: 21014044
 Software Version: 2021v4.2

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization Highmark Health Group

Employer identification number

82-1406555

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

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

- a Mail solicitations (checked) b Internet and email solicitations c Phone solicitations (checked) d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... (checked) Yes () No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for TRUESENSE MARKETING.

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

PA

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

Table with 4 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Includes entry for AHN GOLF CLASSIC and FESTIVAL OF TREES.

Revenue					
1	Gross receipts	516,500	315,848	313,838	1,146,186
2	Less: Contributions	366,450	112,500	105,650	584,600
3	Gross income (line 1 minus line 2)	150,050	203,348	208,188	561,586
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	23,097		325	23,422
6	Rent/facility costs	64,432	32,500	8,507	105,439
7	Food and beverages	32,556	3,055		35,611
8	Entertainment				
9	Other direct expenses		32,768	3,245	36,013
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				200,485
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				361,101

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
1	Gross revenue	0	0	44,015	44,015
Direct Expenses					
2	Cash prizes	0	0	55,351	55,351
3	Noncash prizes	0	0	0	0
4	Rent/facility costs	0	0	0	0
5	Other direct expenses	0	0	250	250
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				55,601
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				-11,586

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	13a 100 %
b	An outside facility	13b 0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MICHELLE WARREN

Address ▶ 4818 LIBERTY AVE PITTSBURGH, PA 15204

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ MICHELLE WARREN

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ PREPARATION OF EVENT BOOKS AND RECORDS

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

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

Return Reference

Explanation

Schedule G (Form 990) 2021

Additional Data

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Software ID: 21014044
Software Version: 2021v4.2

**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/Form990EZ for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: Highmark Health Group
Employer identification number: 82-1406555

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			23,982,617	14,168,749	9,813,868	0.22 %
b Medicaid (from Worksheet 3, column a)			366,810,355	275,076,322	91,734,033	2.03 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	390,792,972	289,245,071	101,547,901	2.25 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,026,033		8,026,033	0.18 %
f Health professions education (from Worksheet 5)			92,012,868	34,358,178	57,654,690	1.28 %
g Subsidized health services (from Worksheet 6)			272,699,984	239,415,898	33,284,086	0.74 %
h Research (from Worksheet 7)			11,334,191		11,334,191	0.25 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			102,102		102,102	0 %
j Total. Other Benefits	0	0	384,175,178	273,774,076	110,401,102	2.45 %
k Total. Add lines 7d and 7j	0	0	774,968,150	563,019,147	211,949,003	4.70 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development			2,919		2,919	0 %
3 Community support			357,718		357,718	0.01 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members			1,000		1,000	0 %
6 Coalition building			3,000		3,000	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			5,364		5,364	0 %
9 Other			120,000		120,000	0 %
10 Total	0	0	490,001	0	490,001	0.01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 51,072,522	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 11,080,493	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 306,118,245
6 Enter Medicare allowable costs of care relating to payments on line 5	6 399,751,540
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -93,633,295
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 JEF MED ASSOC LP	PHYSICAN PRACTICE	90 %		10 %
2 MCCAND ENDOSCO CENT	ENDOSCOPY SERVICES	50 %		50 %
3 S HILLS SURG CENTER	SURGERY CENTER	42 %		58 %
4 OSTEOPHILICITY LLC	MEDICAL SERVICES	39 %		61 %
5 WSC REALTY PARTNERS	MEDICAL OFFICE BUILDING	23.5 %		76.5 %
6				

7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

11

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	ALLEGHENY GENERAL HOSPITAL 320 EAST NORTH AVENUE PITTSBURGH, PA 15224 HTTPS://WWW.AHN.ORG/LOCATIONS/ALLEGHENY-GENERAL-HOSPITAL 530101	X	X		X	X	X	X			A
2	THE WESTERN PENNSYLVANIA HOSPITAL 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 HTTPS://WWW.AHN.ORG/LOCATIONS/WEST-PENN-HOSPITAL 234401	X	X		X	X	X	X			A
3	SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544 HTTPS://WWW.AHN.ORG/LOCATIONS/SAINT-VINCENT-HOSPITAL 196001	X	X		X			X			

9	AHN EMERUS WESTMORELAND LLC 6321 ROUTE 30 SUITE 100 GREENSBURG, PA 15601 HTTPS://WWW.AHNNEIGHBORHOOD.ORG/ 50520101	X																		
10	AHN WEXFORD HOSPITAL 12351 PERRY HIGHWAY WEXFORD, PA 15090 HTTPS://WWW.AHN.ORG/LOCATIONS/WEXFORD 50590101	X	X																	
11	WESTFIELD MEMORIAL HOSPITAL INC 189 EAST MAIN STREET WESTFIELD, NY 14787 https://www.ahn.org/LOCATIONS/WESTFIELD- MEMORIAL-HOSPITAL 0632000H	X	X																	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

		Yes	No
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?		No
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.		No
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.	Yes	

If "Yes," indicate what the CHNA report describes (check all that apply):

- a A definition of the community served by the hospital facility
- b Demographics of the community
- c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d How data was obtained
- e The significant health needs of the community
- f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g The process for identifying and prioritizing community health needs and services to meet the community health needs
- h The process for consulting with persons representing the community's interests
- i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 21

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

5	Yes	
6a		No
6b		No
7	Yes	
8	Yes	
10	Yes	
10b		
12a		No
12b		

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

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

7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a Hospital facility's website (list url): HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS
- b Other website (list url): _____
- c Made a paper copy available for public inspection without charge at the hospital facility
- d 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.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

- a If "Yes" (list url): HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS
- 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)?

- b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" on 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)

A

Name of hospital facility or letter of facility reporting group _____

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
If "Yes," indicate the eligibility criteria explained in the FAP:

	Yes	No
13	Yes	
14	Yes	
15	Yes	

- a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 0.0 %
- b Income level other than FPG (describe in Section C)

- c Asset level
- d Medical indigency
- e Insurance status
- f Underinsurance discount
- g Residency
- h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a Described the information the hospital facility may require an individual to provide as part of his or her application
- b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

<p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>	16	Yes
--	----	-----

Part V Facility Information (continued)

Billing and Collections

A

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

Policy Relating to Emergency Medical Care

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

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

Part V Facility Information (continued)

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

A

Name of hospital facility or letter of facility reporting group

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group

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

3

Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?

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.

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.

If "Yes," indicate what the CHNA report describes (check all that apply):

- a A definition of the community served by the hospital facility
- b Demographics of the community
- c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d How data was obtained
- e The significant health needs of the community
- f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g The process for identifying and prioritizing community health needs and services to meet the community health needs
- h The process for consulting with persons representing the community's interests
- i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 21

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

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

6b 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

7 Did the hospital facility make its CHNA report widely available to the public?

	Yes	No
1		No
2		No
3	Yes	
5	Yes	
6a		No
6b		No
7	Yes	

Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a Hospital facility's website (list url): HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

b Other website (list url): _____

c Made a paper copy available for public inspection without charge at the hospital facility

d 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.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

If "Yes" (list url): HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

a

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)?

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

7	Yes	
8	Yes	
10	Yes	
10b		
12a		No
12b		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP:

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 0.0 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a The FAP was widely available on a website (list url): HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE

b The FAP application form was widely available on a website (list url): HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE

c A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g 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

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

other measures reasonably calculated to attract patients' attention

- h Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j Other (describe in Section C)

Part V Facility Information (continued)

Billing and Collections

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?		
		17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
	<ul style="list-style-type: none"> <input type="checkbox"/> a Reporting to credit agency(ies) <input type="checkbox"/> b Selling an individual's debt to another party <input type="checkbox"/> c 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 <input type="checkbox"/> d Actions that require a legal or judicial process <input type="checkbox"/> e Other similar actions (describe in Section C) <input checked="" type="checkbox"/> f None of these actions or other similar actions were permitted 		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		No
	If "Yes," check all actions in which the hospital facility or a third party engaged: <ul style="list-style-type: none"> <input type="checkbox"/> a Reporting to credit agency(ies) <input type="checkbox"/> b Selling an individual's debt to another party <input type="checkbox"/> c 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 <input type="checkbox"/> d Actions that require a legal or judicial process <input type="checkbox"/> e Other similar actions (describe in Section C) 		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> a 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) <input checked="" type="checkbox"/> b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <input checked="" type="checkbox"/> c Processed incomplete and complete FAP applications (if not, describe in Section C) <input checked="" type="checkbox"/> d Made presumptive eligibility determinations (if not, describe in Section C) <input type="checkbox"/> e Other (describe in Section C) <input type="checkbox"/> f None of these efforts were made 		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
	If "No," indicate why: <ul style="list-style-type: none"> <input type="checkbox"/> a The hospital facility did not provide care for any emergency medical conditions <input type="checkbox"/> b The hospital facility's policy was not in writing <input type="checkbox"/> c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <input type="checkbox"/> d Other (describe in Section C) 		

Part V Facility Information (continued)

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

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	<ul style="list-style-type: none"> <input type="checkbox"/> a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period <input checked="" type="checkbox"/> b 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 <input type="checkbox"/> c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with 		

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

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)
AHN EMERUS WESTMORELAND LLC

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 9

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes
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.	2	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
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	6a	No
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.	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS</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 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.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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)

AHN EMERUS WESTMORELAND LLC

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Contains questions 13-17 regarding financial assistance policy details.

Part V Facility Information (continued)

Billing and Collections

AHN EMERUS WESTMORELAND LLC

Name of hospital facility or letter of facility reporting group

Table with 3 columns: Question, Yes, No. Contains questions 17-18 regarding billing and collections policy.

b Selling an individual's debt to another party

c 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 Actions that require a legal or judicial process

e Other similar actions (describe in Section C)

f None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	19	No
--	-----------	----

If "Yes," check all actions in which the hospital facility or a third party engaged:

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c 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 Actions that require a legal or judicial process

e Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):

a 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 Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)

c Processed incomplete and complete FAP applications (if not, describe in Section C)

d Made presumptive eligibility determinations (if not, describe in Section C)

e Other (describe in Section C)

f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	21	Yes
--	-----------	-----

If "No," indicate why:

a The hospital facility did not provide care for any emergency medical conditions

b The hospital facility's policy was not in writing

c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d Other (describe in Section C)

Part V Facility Information (continued)

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

AHN EMERUS WESTMORELAND LLC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period

b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

	23	No
--	-----------	----

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

	24	No
--	-----------	----

If "Yes," explain in Section C.

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)

AHN WEXFORD HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

		Yes	No
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?	1	Yes
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.	2	Yes
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
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	6a	No
6b	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.	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS</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 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.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS</u>	10	Yes
	a _____		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	c If "Yes" on 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)

AHN WEXFORD HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
	a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
	b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
	c <input checked="" type="checkbox"/> Asset level		
	d <input checked="" type="checkbox"/> Medical indigency		
	e <input checked="" type="checkbox"/> Insurance status		
	f <input checked="" type="checkbox"/> Underinsurance discount		

9	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):				
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):				
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u>			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u>			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u>			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)

Billing and Collections

AHN WEXFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

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

- c Processed incomplete and complete FAP applications (if not, describe in Section C)
- d Made presumptive eligibility determinations (if not, describe in Section C)
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</p> <p>If "No," indicate why:</p> <ul style="list-style-type: none"> 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) 	21	Yes	
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Part V Facility Information (continued)

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

AHN WEXFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <ul style="list-style-type: none"> a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method 			
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>	23		No
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>	24		No

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)

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

		Yes	No
Community Health Needs Assessment			
<p>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?</p>	1		No
<p>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.</p>	2		No
<p>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.</p> <p>If "Yes," indicate what the CHNA report describes (check all that apply):</p> <ul style="list-style-type: none"> 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) 	3	Yes	

Indicate the tax year the hospital facility last conducted a CHNA: 20 21

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

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

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

7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a Hospital facility's website (list url): HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

b Other website (list url): _____

c Made a paper copy available for public inspection without charge at the hospital facility

d 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.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): HTTPS://WWW.AHN.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

a

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.

12 a 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)?

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

5	Yes	
6a		No
6b		No
7	Yes	
8	Yes	
10	Yes	
10b		
12a		No
12b		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

	Yes	No
13 Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	Yes	
15 Explained the method for applying for financial assistance? 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):	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE</u>		

- c A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE
- d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j Other (describe in Section C)

Part V Facility Information (continued)

Billing and Collections

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: <ul style="list-style-type: none"> 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) 	21	Yes
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Part V Facility Information (continued)

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

WESTFIELD MEMORIAL HOSPITAL INC

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

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.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	<p>Facility A, 1 - THIS REPORTING GROUP INCLUDES THE FACILITIES LISTED ON LINES 1, 2, 4, 5, 6, 7 AND 8 OF PART V, SECTION A.. Allegheny Health Network (AHN) executed a CHNA process that included collecting primary and secondary data. A formation of a working group consisting of members from AHN's Community Affairs oversaw the CHNA along with the project consultant, Tripp Umbach. Representatives from each AHN hospital facility and representatives from departments within AHN formed a steering committee that provided high-level feedback and input on primary and secondary data collected. Organizations and community stakeholders within the primary service area were engaged in identifying the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from a multitude of regional community stakeholders from organizations. Input from the community was sought through a customized multi-language community survey, stakeholder interviews, and a provider survey. The community survey was employed to collect input from populations within Allegheny Health Network's service area to identify health risk factors and health needs in the community. Working with leadership from Community Affairs, the community survey was promoted on social media platforms, hospital websites, relationships with community-based organizations and clinics. Collecting surveys from community residents whose primary language was not English was an essential driver of the initiative. The community survey was available in English, Spanish, Nepalese, Chinese, and Arabic. The telephone interviews completed with community stakeholders as part of the CHNA phase helped to understand the changing community health environment. The interviews offered stakeholders an opportunity to provide feedback on the needs of the region they serve and other information relevant to the study. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds, including: 1. Businesses 2. County and state government representatives 3. Economic development 4. Education 5. Faith-based communities 6. Foundations/philanthropic 7. Health care representatives 8. Law enforcement 9. Non-profits 10. Representatives of underserved populations 11. Social service representatives Within the interview and discussion process, overall health needs, themes, and concerns were presented. The qualitative data collected are the perceptions and opinions from community stakeholders as part of the CHNA process. The information provides insight and adds great depth to the qualitative data. Community stakeholders interviewed represented the following organizations: * AARP Work Search * AHN Cancer Institute * AHN Center for Inclusion Health * AHN Jefferson Front Door Initiative * AHN Westfield Board * Allegheny Center Alliance Church * Allegheny County Health Department (two community stakeholders</p>

interviewed) * Allegheny Township * Allen Place Community Services Inc. * Alliance for Nonprofit Resources Inc. * AWARE Domestic Violence Agency (Sexual Assault) * Bhutanese Community Association of Pittsburgh (BCAP) * Bloomfield Development Corporation * Buhl Regional Health Foundation of Mercer County * Butler County Tourism and Convention Bureau * Center for Community Resources * Erie County Executive * Erie County Health Department * Grove City Area United Way * Grove City Chamber of Commerce * Grove City School District * Grove Manor Corporation * Harvest Bible Chapel Pittsburgh North * Hefren-Tillotson Inc. * Heritage Community Initiatives * Jefferson Regional Foundation * Lawrenceville United Inc. * Light of Life Rescue Mission * Martin Luther King Center * Mayor of Erie * Mercer County Agency on Aging * Mercy Center for Women * Mon Valley Initiative * Monroeville Foundation * Mt. Olive Baptist Church * Municipality of Monroeville * Neighborhood Learning Alliance * Neighborhood Resilience Project * North Hills Community Outreach * North Way Christian Community Church * Northside Leadership Conference * Penn State University * Perry Hilltop Citizens Council * Pittsburgh North Regional Chamber of Commerce * Primary Health Network * Project Destiny Inc. * Saint Mary's Home of Erie * Salvation Army * Second Harvest Food Bank of Northwest PA * Slippery Rock University * South Hills Interfaith Movement (SHIM) * Temple David * The Building Block of Natrona * The Lord's Church of Pittsburgh * United Way of Southwestern Pennsylvania * Walnut Grill Restaurant * Westfield Area Central School Board * Westfield Memorial Hospital Foundation * YMCA of Franklin and Grove City In addition, a provider survey was implemented to collect data from providers from the hospital's service areas and region to identify the community's needs and vulnerable populations and those partners/organizations that will be instrumental in addressing prioritized needs. Providers internal and external to Allegheny Health Network received a survey link. Community input was aligned with secondary data and presented to the CHNA Steering Committee as a framework for assessing current community needs, identifying new/emerging health issues, and advancing health improvement efforts to address identified needs.

Schedule H, Part V, Section B, Line 11 Facility A, 1

Facility A, 1 - ALLEGHENY GENERAL HOSPITAL. The following health needs are identified as priorities in 2021 for the Allegheny Health Network hospital facilities (not all needs apply to each hospital, please see the individual reports posted to the website): Transportation, Workforce Development, Cost of Care, Access to Care, Food Insecurity, Diet & Nutrition, Substance Use Disorder, Mental Health Services, Postpartum Depression, Diabetes, Heart Disease, Cancer, COPD, Obesity and Diversity, Equity & Inclusion. In 2021, Allegheny Health Network continued its Covid-19 response to provide critical emergency relief to the most vulnerable communities. AHN hospitals pivoted to offering tele-medicine appointments and virtual programming. AHN hospitals and facilities hosted PPE distribution events, vaccination clinics, and food distribution at AHN Healthy Food Center locations. The enterprise also responded to communities' drastic increase in food insecurity and financial strain through funding food banks, United Way agencies, and local emergency funds. Partnerships with Federally Qualified Health Centers (FQHCs) and other community-based clinics were essential for these facilities to build capacity and meet the increasing need for affordable primary health care during the pandemic. The hospitals of AHN developed an implementation strategy to guide community benefit and population health improvement activities across their respective service areas. The following illustrates how each hospital is addressing the significant health needs identified in its most recently conducted CHNA as well as any needs that are not currently being addressed and why: Health Priority: Social Determinants of Health - Community Need: Transportation - Goal: To transform transportation services for AHN AGH patients and families. - Strategies: Improve access to transportation services for patients and families. - Action steps: Assess current transportation services; Collaborate with Prehospital Care Services (PCS) to utilize a centralized coordination center; Educate primary care physicians on transportation services; Educate patients on transportation services; Conduct screening for SDOH to determine transportation needs. - Measure: Percentage of reduced missed appointments due to inability to access transportation services; Percentage of reduced ED admissions due to inability to access transportation services for medical appointments. - Impact: (1) Increased transportation services for patients; and (2) increased awareness of transportation services. - 2021 Progress: Lyft program increased from 150 rides (2019) to over 700 rides in 2021. Health Priority: Social Determinants of Health Community Need: Workforce Development Goal: Increase number of people that receive information on job opportunities and pre-employment career readiness. Strategies: Increase the number of people that receive information on relevant jobs and pre-employment career readiness. Action Steps: Partner with local public schools and community partners; Provide educational events, hospital tours and

partners; Provide educational events, hospital tours and open houses to students and residents in our region; Identify high-turnover jobs and develop employment pipelines specific to job openings. Measure: Number of community events provided; Number of individuals screened for employment; Increased number of positions filled. Impact: (1) Increased number of employment screening and education events; and (2) increased number of prepared health professionals entering the health care workforce. 2021 Progress: In 2021, there were over 50+ job placements of North Side residents at AHN facilities in partnership with Auberle/Buhl, and a growing partnership with the Pittsburgh Technology Council for hosting virtual career fairs (more than 50 school districts attended in 2021). Health Priority: Social Determinants of Health Community Need: Food Insecurity, Diet, and Nutrition Goal: Improve access to healthy foods. Strategies: Improve access to healthy foods through the Health Food Center. Action Steps: Community events with nutrition and information on Healthy Food Center (Northside Farmers' Market program with Northside Leadership) - up to 1,000 market attendees on Fridays (May-November). Measure: Number of people served. Impact: (1) Increased underserved populations to gain better access to healthy foods; and (2) increased knowledge on healthy diets. 2021 Progress: Allegheny General Hospital's Healthy Food Center pivoted to providing support during the pandemic due to a five-fold increase in food insecurity amongst residents in AGH's footprint. The hospital also established a food box pickup and delivery program for residents in need. There were 1,037 visits to the Healthy Food Center in 2021, serving a total of 1,779 patients and family members. Health Priority: Behavioral Health Community Need: Substance Use Disorder Goal: Increase knowledge and access to substance use disorder programs and services. Strategies: Increase access to services in the Emergency Department (ED) for post overdose management. Action Steps: Develop ED pathway for initiation of Medication-Assisted Treatment; (MAT) and warm hand-off program; Educate ED providers on substance use disorder and MAT as an effective treatment for post overdose management; Provide warm hand-off to MAT treatment services. Measure: Number of trainings for hospital staff; Number of patients screened for eligibility for MAT. Impact: (1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases. 2021 Progress: Approximately 1,400 substance use disorder consultations were conducted in 2021. Health Priority: Chronic Diseases Community Need: Cancer Strategies: Increase the number of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines. Goal: Increase the number of adults who receive age-appropriate cancer screenings. Action Steps: Partner with AHN Cancer Institute to provide cancer screenings for breast, colon/rectal, prostate and lung cancer. Measure: Number of screenings performed; Number of individuals screened for at least one cancer. Impact: (1) Increased number of cancer screenings; and (2) increased number of patients diagnosed early for better outcome. 2021 Progress: Five cancer screening events that were put on hold in 2020 due to Covid-19 were rescheduled and held in 2021. Health Priority: Chronic Diseases Community Need: Diabetes Strategies: Develop chronic disease specialty centers in AHN hospitals. Goal: To improve quality outcomes associated with diabetes. Action Steps: Embed RN Navigators at all AHN hospitals; Develop diabetes transition of care models; Develop inpatient care pathways; Educate PCPs and patients on diabetes management; Educate patients Measure: Number of Registered Nurses (RN) Navigators at AHN hospitals; A1C levels for target population Impact: (1) Increased number of RN Navigators; (2) decreased A1c levels in the managed population; (3) improved outcomes for diabetes measures. 2021 Progress: More than 200 patients were educated on diabetes management at AGH in 2021. Health Priority: Chronic Diseases Community Need: Heart Disease Strategies: Develop chronic disease specialty center at AHN AGH. Goal: To improve quality outcomes associated with heart disease. Action Steps: Embed RN Navigators at all AHN hospitals; Develop heart disease transition of care models; Develop inpatient care pathways; Educate PCPs and patients on heart disease management; Educate patients Measure: Number of RN Navigators at AHN hospitals; Development of Chronic Disease model Impact: (1) Increased number of RN navigators; and (2) increased utilization of a chronic disease care model. 2021 Progress: In 2021, there was a notable decrease in heart failure re-admissions to less than 13%, with patient follow-up every 5 days for 30 days. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Strategies: Increase patient understanding preventative measures and how to access services (PCP, vaccines, safety training etc.) Goal: Increase knowledge and access to health providers and services. Action Steps: Continue trainings and expand on programs: (Stop the Bleed/Bike Helmets/Safety Training, Narcan/OD Education training, etc.) Health Literacy - Identify PCP. Measure: Number of trainings; Number of participants Impact: (1) increased awareness of providers; (2) increased number of patients with a PCP;

Schedule H, Part V, Section B, Line 11 Facility A, 2

Facility A, 2 - ALLEGHENY VALLEY HOSPITAL. Health Priority: Social Determinants of Health Community Need: Transportation Strategies: Improve access to transportation services for patients and families. Goal: To develop an improved transportation system for AVH patients and families. Action steps: Assess current transportation services; Collaborate with Prehospital Care Services to utilize a centralized coordination center; Educate primary care physicians (PCPs) and patients on transportation services; Implement transportation protocol with community partners; Continue to work to improve connectivity with One Call System; Collaborate with discharge planning team. Measure: Amount of current known transportation services; Percentage of increased community-based transportation provided; Number of patients that utilize transportation resources; Number of patients that have identified they need transportation during 2x daily discharge huddle. Impact: (1) Increased awareness of available patient transportation resources; (2) increased patient transportation services; and (3) improved discharge process. 2021 Progress: Over 350 Lyft rides were provided to patients in 2021. Health Priority: Behavioral Health Community Need: Substance Use Disorders Strategies: To increase access to services in the ED for post overdose management. Goal: Increase knowledge and access to substance use disorder programs and services. Action Steps: Consult with needs assessment counselors to discuss treatment options for ED patients; Use ED pathway for initiation of MAT and warm hand off program; Educate ED providers on substance use disorder and medication assisted therapy (MAT) as an effective treatment for post overdose management; Provide warm hand-off to MAT treatment services. Measure: Number of trainings for hospital staff; Number of patients screened for eligibility for MAT. Impact: (1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases. 2021 Progress: There were over 500 patient substance use disorder encounters, including 20+ drug and alcohol consultations in 2021. Health Priority: Behavioral Health Community Need: Mental Health Strategies: Improve quality outcomes for mental health domain; Collaborate with AHN Behavioral Health Consultants (BHC) in the primary care practices. Goal: Transform the treatment and care continuum for mental health services at AHN AVH. Action Steps: Utilize needs assessment counselors/social services to monitor patient encounters in emergency department (ED); Identify patients who may be in need of behavioral health support; Utilize the BHC to provide support for patients with mental health issues. Measure: Number of patients referred to inpatient or outpatient facilities; Number of trainings for staff; Number of staff trained; Number of BHC consultations. Impact: (1) Improved quality outcomes for patients with mental health, (2) increased awareness of available resources; and (3) increased number of patients receiving treatment. 2021 Progress: In 2021, processes were developed to improve continuity of care with behavioral health and mental health providers. AHN has strengthened the continuum of care for behavioral health patients through the following: Opened North Hills adult clinic enhancing access and follow up care post discharge from Inpatient or the ED, in person or remotely. Established a BH Triage Team to connect hospital patients and provide access for post discharge patients. Created BH Care at Home team in partnership with AHN Medical Care to provide "at home" care for post-acute levels of care. Health Priority: Chronic Diseases Community Need: Diabetes Strategies: Educate community members on the prevention, diagnosis, and treatment (management) of diabetes; Offer blood sugar screenings to participants at local health fairs and community events; Provide education and resources information on healthy eating as a tool to manage diabetes. Goal: To improve quality outcomes associated with diabetes. Action Steps: Provide education program(s) at hospital and in community; Collaborate with AHN service line to promote awareness of and participation in diabetes education classes (virtual and in-person); Identify opportunities to participate in community events and focus on diabetes awareness; Participate in local state rep's community health day; Link participants with appropriate care resources (PCP, etc.); Coordinate education opportunities with AVH's diabetes support group, the local Center for Endocrinology & Diabetes and the Diabetes Navigator assigned to AVH. Measure: Number of participants; Number of community events; Number of community programs; Performance on diabetes measures; Results of screenings for food insecurities. Impact: (1) Improved awareness of diabetes and its management; (2) Increased community programs; (3) Improved outcomes for diabetes measures; (4) Improved quality of life for diabetic patients; (5) Improved quality measures. 2021 Progress: In 2021, as in previous years, AVH has successfully increased the number of diabetic

patients seen year over year. Health Priority: Chronic Diseases Community Need: Heart Disease Strategies: Improve quality outcomes associated with heart disease. Goal: To improve quality outcomes associated with heart disease. Action Steps: Collaborate with Stroke Team to provide stroke awareness community events; Extend provision of current CHF at home scale for Community Care Network (CCN) patients; Partner with Congestive Heart Failure (CHF) Navigation Team's 30 post-discharge follow-up program. Measure: Number of community events; Number of participants; Number of CCN CHF patients that utilize a scale; Readmissions for CHF patients; Number of patients served via the navigation team 30-day follow-up. Impact: (1) Improved quality outcomes for congestive heart failure and stroke patients; (2) increased community education; (3) reduced hospital readmissions for Community Care Network (CCN) Congestive Heart Failure (CHF) patients; and (4) increased routine exercise for cardiac rehabilitation patients (5) Increased (CCN) (CHF) patients with a scale. Due to the ongoing focus on Covid-19-related community needs, vaccinations, distribution of PPE, outreach to the community for this priority was handled through remote interactions. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Strategies: Incorporate into each priority need actions. Goal: Improve access to care towards underserved at-risk populations. Action Steps: Evaluate each priority need for focus on reaching at-risk and underserved populations. Measure: Number of at-risk or underserved populations included. Impact: At-risk populations improve health conditions and access to care. The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 11 Facility A, 3

Facility A, 3 - CANONSBURG GENERAL HOSPITAL. Health Priority: Social Determinants of Health Community Need: Access to Care Strategies: Enhance PCP availability. Goal: Improve access to primary care physicians (PCPs). Action Steps: Expand PCP office hours to include weekends; Move hospital-based PCPs back to office base only; Utilize CRNPs Measure: Number of office visits with PCP; Number of Certified Registered Nurse Practitioner (CRNP) visits. Impact: Increased number of patients that have a PCP. 2021 Progress: Canonsburg General Hospital has expanded access to care 5 days/week with the addition of six (6) PCP's in 2021 which translates to 30 extra days of office access. Health Priority: Social Determinants of Health Community Need: Transportation Strategies: To demonstrate the importance of our transportation services for community members to and from the hospital (Medi-Van). Goal: Improve transportation services for the community. Action steps: Partner with the Medi-Van team for data collection. Measure: Number of patients using the Medi-Van per month; Types of patients using the Medi-Van per month. Impact: Increased access to transportation resources/access to care. 2021 Progress: Similar to other hospitals in the network, Canonsburg made a significant shift to telemedicine during the pandemic to assist patients with transportation barriers. Health Priority: Behavioral Health Community Need: Substance Use Disorders Strategies: Strengthen access to drug and alcohol to ED patients. Goal: Strengthen ED patient access to drug and alcohol resources. Action Steps: Provide access from ED to appropriate inpatient or outpatient treatment programs; Collaborate with Washington Drug & Alcohol Center (WDAC) to have drug and alcohol counselor available to the ED or offsite. Measure: Number of patients seen on site; Number of patients referred off site; Number of Narcan kits issued; Number of return overdose patients in the ED; Number of return patients showing symptoms of drug use in the ED; Number referred to WDAC. Impact: (1) Improved access of drug/alcohol resources; (2) patients more educated on drug/alcohol resources. 2021 Progress: Due to the ongoing focus on Covid-19-related community needs, vaccinations, distribution of PPE, outreach to the community for this priority was handled through remote interactions. Health Priority: Chronic Diseases Community Need: Diabetes Strategies: Provide education on site and in the community on the health risks of diabetes; Reduce the number of hypoglycemic episodes due to the use of older diabetes medications. Goal: Increase access to diabetes education and resources. Action Steps: Partner with the community to provide diabetes education classes; Conduct health fairs; Screen home medications list to identify patients for use of first generation (older) anti-diabetic medications; Conduct interviews with eligible patients regarding hypoglycemic episodes; When appropriate, convert diabetic patients to newer diabetic medications that have lower potential for hypoglycemia. Measure: Number of education classes provided; Number of health fairs; Number of communities and patients reached; Number of diabetes patients screened and interviewed; Number of patients interviewed regarding hypoglycemic episodes; Number of patients educated on medication. Impact: (1) Increased awareness and knowledge of diabetic care/resources. 2021 Progress: The increase in number of patients

2021 Progress: The increase in number of patients educated on diabetes health year over year continued in 2021. Diabetes education was provided to 21 patients via dietician. Health Priority: Chronic Diseases Community Need: Heart Disease Strategies: Provide education on site and in the community on the health risks of heart disease. Goal: Increase access to heart disease education and resources. Action Steps: Partner with the community to provide heart disease education classes; Conduct health fairs. Measure: Number of education classes provided; Number of attendees; Number of health fairs. Impact: 1) Increased knowledge of heart disease resources. 2021 Progress: The increase in number of patients educated on heart disease year over year continued in 2021. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion (DEI) Strategies: In support of the AHN DEI initiative, want to determine the health needs of our local minority community members Goal: To increase health needs/services/resources to minority community members. Action Steps: Work closely with a local community church to help determine the health needs; Conduct assessments to identify social determinants of health (SDOH) needs; Prioritize health needs; Connect with community resources to address needs. Measure: Number of needs/types of needs identified; Number of people to connect with resources; Number of community partners; Number of referrals and connections to community agencies and resources. Impact: (1) increased access to health care to the minority community. The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 11 Facility A, 4

Facility A, 4 - FORBES REGIONAL HOSPITAL. Health Priority: Social Determinants of Health Community Need: Transportation Strategies: Improve access to transportation services for patients and families. Goal: To transform transportation services for Forbes Hospital patients and families. Action steps: Assess current transportation services; Educate primary care physicians (PCPs) and patients on transportation services; Conduct screening for Social Determinants of Health (SDOH) to determine transportation needs; Market transportation resources on social media outlets; Assess opportunity to work with local transportation provider for wheelchair discharges along with discharges to skilled nursing facilities; Collaborate with prehospital care services to utilize a centralized coordination center. Measure: Reduced missed appointments due to inability to access transportation services; Reduced ED admissions due to inability to access transportation services for medical appointments; Number of riders on Heritage and Port Authority Transit bus lines; Number of participants in gas card program through Pressing On; EPIC - SDOH Impact: Increased transportation services and education on services, Improved transportation access to the Forbes campus, Reduction in delay of discharges. 2021 Progress: Forbes Hospital established bus services to Forbes Outpatient Centers and PAT bus route to Forbes Hospital. Health Priority: Behavioral Health Community Need: Mental Health Strategies: Provide education to public about mental health issues and treatment options; Collaborate with Behavioral Health Consultants into primary care practices; Develop and implement outpatient child and adolescent mental health services; Development of intensive outpatient center for behavioral health; Development of enclosed BH Unit within the ED operated by behavioral health staff. Goal: Improve awareness of mental health conditions and treatment options. Action Steps: Sponsor Mental Health First Aid train-the-trainer and community MHFA trainings to the public; Identify patients who may be in need of behavioral health support; Administer the PHQ-2 at every primary care visit and PHQ-9 for patients who screen positive; Offer consultation and treatment with the practice's BHC; Monitor PHQ-9 scores over time for improvement; Collaborate with Psychiatric and Behavioral Health Institute to develop strategies and funding to implement outpatient facility; Assess current mental health and behavioral health needs within the ED. Measure: Number of events, participants, patients referred to inpatient or outpatient facilities; Reduction in crisis response events. Impact: Increased number of patients that attend education sessions, Increased awareness of available resources to support recovery, Increased number of Behavioral Health Consultants in practices, and Improved PHQ9 score and increased access to adolescent mental health services. 2021 Progress: Zoom education and 1,738 tele-medicine visits were held to accommodate for Covid-19. Health Priority: Behavioral Health Community Need: Substance Use Disorders Strategies: To increase access to services in the ED for post overdose management; Strengthen partnership with Monroeville Recovery Center of America; Continue collaboration with AHN Addiction Services; Development of an enclosed BH Unit within the ED that is operated by behavioral health staff. Goal: Increase knowledge and access to substance use disorder programs and services. Action Steps: Re-assess ED pathway for initiation of Medication Assisted Therapy (MAT) and warm hand off programs; Educate

ED providers on substance use disorder MAT as an effective treatment for post overdose management; Re-assess warm hand-off to MAT treatment services; Identify patients needing support; Assess current Behavioral Health needs within the ED. Measure: Number of trainings for hospital staff; Number of patients screened for eligibility for MAT; Number of referrals; Warm hand-offs; Reduction in crisis response events; Number of individuals served Impact: Increased awareness of treatment for overdose complications; increased services for overdose cases. 2021 Progress: Forbes Hospital established protocol to treat eligible overdose patients with MAT. Conducted successful Dept. of Health survey. Health Priority: Chronic Diseases Community Need: Diabetes Strategies: Strengthen chronic disease specialty center in AHN Forbes; Strengthen partnership with Primary Care Redesign. Goal: To improve quality outcomes associated with diabetes. Action Steps: Embed RN Navigators AHN Forbes; Assess the development diabetes transition of care models; Assess the development of inpatient care pathways; Educate PCPs and patients on diabetes management; Promote lifestyle change interventions and intensive case management to reduce risk of diabetes and cardiovascular disease in high-risk individuals; Provide workflow redesign support for diabetes quality improvement (QI) efforts initiative. Measure: Number of RN Navigators; A1C levels for target population; Number of individuals served by RN Navigators; Performance on diabetes measures. Impact: Increased number of registered nurses (RN) Navigators; decreased A1c levels in the managed population; improved outcomes for diabetes measures; and improved quality of life for diabetic patients. 2021 Progress: Recognition by the American Heart Association and American Stroke Association with the Type 2 Diabetes Honor Roll Award. The Healthy Food Pantry opened in June 2021. Seven nurse navigators hired. Health Priority: Chronic Diseases Community Need: Heart Disease Strategies: Strengthen chronic disease specialty center at Forbes; Provide access to Healthy Foods Center at Forbes. Goal: Improve quality outcomes associated with heart disease. Action Steps: Embed RN Navigators at AHN Forbes Hospital; Assess transition of care models and inpatient care pathways; Educate PCPs and patients on heart disease management; Educate patients; Access to nutritional food based on individual's needs; Educate food center recipients on healthy eating and living lifestyles Measure: Number of RN navigators embedded throughout the hospital; Development of chronic disease care model; Number of individuals served by RN Navigator; Number of individuals served at Healthy Food Center. Impact: 1) Increased knowledge of heart disease resources. 2021 Progress: Integrated a Cardiovascular Care Program and implementation of the Hybrid Room; hired one congenital heart failure nurse navigator. Health Priority: Chronic Diseases Community Need: Chronic Obstructive Pulmonary Diseases (COPD) Strategies: Strengthen chronic disease specialty center at Forbes; Provide access to Healthy Foods Center at Forbes. Goal: To improve quality outcomes associated with heart disease. Action Steps: Embed RN Navigators at Forbes; Assess transition of care models; Assess inpatient care pathways; Educate PCPs and patients on COPD and Centers for care; Educate patients; Access to nutritional food based on individual's needs; Educate food center recipients on healthy eating and living lifestyles Measure: Number of RN navigators; Development of chronic disease care model; Number of individuals RN Navigator served; Number of individuals served at Healthy Food Center. Impact: Increased number of RN navigators; and increased utilization of a chronic disease care model. 2021 Progress: Completed the construction of the COPD specialty center and implemented its education program on COPD. One lung/esophageal nurse navigator was hired. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Strategies: Train staff on basic cultural competency module; Modify care delivery model to be more affirming and welcoming to LGBTQ+ patients. Goal: Increase the number of providers that can effectively, competently, and compassionately care for transgender, non-binary, and LGBTQ+ patients. Action Steps: Establish guidelines for implementation, using the Healthcare Equality Index as a metric; Share model with other AHN hospitals; Collaborate with Forbes (DEI) committee; Evaluate and modify policies and procedures, using established best practices and patient advocacy. Measure: Pre and post-training assessments; Use Healthcare Equality Index; Training provided to staff; Number of staff participants in DEI projects/events; EPIC-SDOH Impact: Increased knowledge on cultural competence; improved care delivery for LGBTQ population. 2021 Progress: Continued cultural competency trainings and implementation for best practices regarding transgender health, Sexual Orientation and Gender Identification, and immigrant health. Approved policies and procedures to deliver welcoming care to LGBTQ+ patients.

insurance healthcare expenses; Increase access to appropriate primary and specialist care. Strategies: Implement at least one project aimed at reducing medical prescription (Rx) expenditures; Reduce incidence of negative side-effects or ineffective antibiotic treatment for infection; Implement a project to address medication needs of discharged patients; Address health care needs of Front Door Initiative patients discharged from ED. Action steps: Introduce Real-Time Prescription Benefit (RTPB) tool; Educate providers on new technology; Demonstrate how to use the platform to providers/staff for optimal outcomes; Involve pharmacists in culture follow-up process for Emergency Department (ED) visits for urinary tract infections (UTIs), wound infections, throat cultures, and sexually transmitted diseases (STDs); Develop an algorithm or a standardized protocol that pharmacists can make recommendations; Review culture alerts received after discharge from ED and when appropriate; Develop Meds to Bed program to improve patient outcomes with medication adherence through upfront education, clarification of questions and resolution of insurance issues; Connect patients without a PCP with a primary care office; Support patients who would like to change their PCP to identify a new provider; Connect patients with additional resources if they have barriers for reaching their PCP; Connect patients with case managers or social workers for their insurance providers for further support. Measure: The cost savings of moving the patients to the lower cost medications; Number of patients benefitting from services; Percent of appropriate antibiotic based on bacteria; Percent of appropriate duration of treatment based on type of infection; Percent of readmissions return visits to ED for same issue of side-effect from treatment; Number of patients utilizing the Meds to Beds program; Number of patients utilizing Meds to Beds with medication related admissions; Number of patients without a PCP who have been connected to a PCP; Number of patients connected with additional resources to overcome barriers that prevent them from accessing health care; Number of patients connected with insurance providers; social worker/case manager. Impact: (1) Eliminated inefficient prescribing process; (2) decreased out-of-pocket costs for patients' medication; (3) reduced readmission rates; and (4) reduced emergency department (ED) visits due to negative side effects or ineffective antibiotic treatment; (5) Patients more connected to PCP and additional resources. 2021 Progress: In 2021, the hospital increased the percentage of appropriate antibiotics prescribed based on bacteria to 89.2% (out of 326 patients) There was also an increase in the percentage of patients screened positive for social determinants of health. The percentage of readmissions return visits to ED for same issue or side effects from treatment drug decreased. Health Priority: Social Determinants of Health Community Need: Food Insecurity, Diet and Nutrition Goal: Identify and address food insecurity for AHN Jefferson patients. Strategies: Connect food insecure patients to Health Food Center and other regional food resources; Increase utilization of food screenings and referral process. Action steps: Identify food insecure patients; Partner with the Healthy Food Center, food distribution sites, and Greater Pittsburgh Area Food Bank; Refer patients who screen positive for food insecurity to Health Food Center or food distribution sites through the Greater Pittsburgh Area Food Bank; Educate providers and CBOs on food insecurity screening and referral process; Identify food insecure patients and community members through SDOH screening tool; Screen patients for food insecurity; Refer patients to Health Food Center who screen positive; Assess needs of population served (food access, transportation, utensils, education, recipes, other SDOH needs); Provide healthy foods based on individual needs (chronic disease/preference/cultural, education, community resources, SNAP, WIC). Measure: Number of patients referred to the Healthy Food Center through the Front Door Initiative; Number of patients referred to food distribution sites; Number of patients who receive food bags through the ED; Number of patients referred to Health Food Center; Number of patients who complete referral process and visits new vs. follow up; Number of people served; Number of meals provided. Impact: (1) Number of patients referred to food distribution sites; (2) patient consultations at AHN Jefferson Healthy food center; (3) patients receive food bags through inpatient or Emergency Department (ED). 2021 Progress: Addressing food insecurity was identified in 2021 as a prioritized need for AHN Jefferson Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Social Determinants of Health Community Need: Transportation Goal: Increase patient access to available transportation resources in region. Strategies: Increase access to MATP and ACCESS services; Increase transportation for already established AHN Jefferson patients unable to utilize any other forms of transportation (i.e., public transportation, ACCESS, MATP, family, friends). Action steps: Provide transportation for rides home from ED by Allegheny County MATP contract holder Traveler's Aid; Track every patient who receives a ride home from the ED to receive and MATP application and enroll all

to receive and then application and enroll eligible patients; Refer patients with transportation needs to Front Door Initiative (FDI) for further MATP; Enrollment and ACCESS referrals; Gain approval through application and review process; Provide rides for AHN Jefferson Hospital service at the hospital, Medical Office Building (MOB), Jefferson Medical Arts Building (JMA), Behavioral Health or Aquatics Center. Measure: Number of patients receiving Z-trip or bus pass vouchers in the ED due to lack of transportation; Number of FDI patients referred to MATP and ACCESS; Number of patients enrolled in ACCESS or MATP; Number of free round-trip rides provided. Impact: (1) Number of Emergency Department (ED) patients connected with Medical Assistance Transportation Program (through Allegheny County) (MATP); (2) Number of patients connected with MATP and ACCESS; and (3) Number of patients supported by Outpatient Transportation Program. 2021 Progress: Increasing patient access to available transportation resources was identified in 2021 as a prioritized need for AHN Jefferson Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Social Determinants of Health Community Need: Workforce Development Goal: Provide support and career opportunities to prospective and current Jefferson Hospital employees. Strategies: Increase internal outreach efforts to increase allied health career paths; Partner with Literacy Pittsburgh to implement ESL courses for the Environmental Services Department. Action Steps: Conduct internal meetings for AHN Jefferson Hospital employees; Implement community events; Determine level of English for current employees who are non-English speakers; Establish curriculum and class cadence; Establish class start date and timing. Measure: Number of community events; Number of internal meetings; Number of participants; Number of EVS employees enrolled in courses; Number of supervisors participating in ESL cultural competency trainings; Number of classes held throughout the year. Impact: (1) Number of environmental services (EVS) employees and supervisors participating in English as a Second Language (ESL) classes; (2) results of pre-evaluation and post-evaluation for ESL classes; (3) Engaged current and potential talent. 2021 Progress: Workforce Development was identified in 2021 as a prioritized need for AHN Jefferson Hospital. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 11 Facility A, 6

Facility A, 6 - WEST PENN HOSPITAL. Health Priority: Social Determinants of Health Community Need: Food Insecurity, Diet, and Nutrition Goal: Strengthen access to specialty provider services and increase utilization of services. Strategies: Increase access to The Healthy Food Center (HFC). Action Steps: Utilize The Healthy Food Center to educate on chronic diseases; Partner with The Healthy Food Center to provide education on healthy choices; Partner with PCP offices to utilize the Social Determinants of Health screening tool for food insecurities; Refer patients to HFC. Measure: Number of referrals from PCP offices; Number of referrals that utilize The Healthy Food Center. Impact: (1) Increased utilization of The Healthy Food Center; and (2) increased education and awareness. 2021 Progress: In 2021, West Penn Hospital directed clients to food distribution sites across Pittsburgh through the Community Food Bank. A Healthy Spice Drive was conducted at the hospital, at the school of nursing, and on-site practices. A hospital garden was established on-site. Health Priority: Social Determinants of Health Community Need: Workforce Development Goals: (1) Establish a system with local groups to recruit for open positions; and (2) Develop opportunities/programs for high school students to career paths in health care. Strategies: Partner with local community groups to develop ongoing recruitment and hiring at WPH; Develop programs for high school students for a career path in health care. Action Steps: Identify/continue to advance relationships with community partners/schools; Perform monthly and/or quarterly meetings to establish process flow with all local community groups. Measure: Communication of open positions; Number of formal meetings; Number of hires; Number of students in programs; Number of students shadowing; Number of educational events. Impact: Hired individuals from the community and establish career paths. Addressing workforce development was identified in 2021 as a prioritized need for West Penn Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Behavioral Health Community Need: Postpartum Depression Goal: Increase utilization of outpatient behavioral health services for women. Strategies: Identify women at risk for perinatal or post-partum depression and anxiety disorders. Action Steps: Conduct early screenings for perinatal and post-partum depression; Conduct behavioral health assessment prior to discharge; Provide access to appropriate level care; Destigmatize post-partum depression and anxiety disorders; Conduct behavioral health assessment at follow up visits. Measure: Number of women screened; Number of women referred to Alexis Joy D'Achille Center for Perinatal Mental Health; Number of behavioral health assessments. Impact: (1) Increased awareness of signs

of perinatal and post-partum depressions; and (2) increased use of appropriate behavioral health services for women. 2021 Progress: In 2021, 2,834 patients were referred to the Alexis Joy D'Achille Center, and 9,340 patients in total were seen at the Center. Health Priority: Chronic Diseases Community Need: Cancer Goal: Reduce the number of cancer related deaths. Strategies: Increase the number of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines; Educate adults on the importance of early detection. Action Steps: Plan free cancer screenings for prostate, breast, skin, cervical, colon/rectal, and lung cancer; Distribute booklet on Age-Appropriate Cancer Screenings; Collaborate with community partners to enhance community outreach and education; Collaborate with Breath PA American Lung Association and Consumer Health coalition on smoking cessation; Work with PCPs on smoking cessation education and counseling; Educate PCPs on recommending home colon/rectal screenings kits. Measure: Number of screenings performed; Number of abnormal screenings identified and referred for additional testing; Number of individuals screened for at least one cancer; Number of educational events; Number of participants; Number of collaborations; number of programs; Number of education and counseling. Impact: (1) Increased number of cancer screenings; (2) increased number of early cancer diagnoses; (3) increased PCP education; (4) increased number of community education events; and (5) increased use of home cancer screening kits. 2021 Progress: In 2021, West Penn Hospital conducted various education, awareness, and screening events to increase cancer diagnoses and treatment. 143 various cancer screenings; 15% abnormal findings with follow up/referrals and additional testing. Six (6) cancer educational events. Health Priority: Chronic Diseases Community Need: Diabetes Goal: Improve quality outcomes associated with diabetes. Strategies: Develop chronic disease specialty center at West Penn Hospital. Action Steps: Educate PCPs and patients on diabetes management; Promote lifestyle change interventions and intensive case management to target population. Measure: A1C levels for target population; Number of education programs for providers; Number of education programs for patients; Number of attendees to education programs. Impact: (1) Increased number of RN Navigators; (2) decreased A1c levels in the managed population; (3) improved outcomes for diabetes measures; and (4) improved quality of life for diabetic patients. 2021 Progress: In 2021, West Penn Hospital held various diabetes management classes and over four hundred diabetic patients were screened by social services for SDOHs. Eight (8) diabetes classes included additional and individualized instructions given at the Healthy Food Center. Approximately 885 screenings for SDOH were performed by social workers. Health Priority: Chronic Diseases Community Need: Obesity Goal: Reduce rate of obesity in the service area. Strategies: Implement programs to reduce obesity in adults. Action Steps: Offer meal planning and nutrition counseling; Offer medical weight loss programs; Provide a comprehensive multidisciplinary approach to surgical intervention; Provide education sessions on surgical interventions. Provide support groups; Provide web-based education and cooking classes. Measure: Number of community-based education events; Number of participants medical weight loss; Number of patients with surgical interventions; Number of support group meetings; Number of attendees. Impact: (1) Increased awareness of healthy behaviors among children; (2) increased number of community events; and (3) increased awareness of options for weight management. 2021 Progress: In 2021, West Penn Hospital Partnered with Common Threads to provide afterschool programs for healthy cooking and nutrition. A Medical Weight Loss Program to reduce adult obesity was conducted. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Goal: Increase access to care for women. Strategies: Working with women's institute on access to care evaluate barriers; Opportunities to decrease barriers to care. Action Steps: Partner with Mobile Moms-Part of Travelers Aid Medical Assistance Transportation Program; Provide support to patients one day per week from a social worker at OB/GYN residency program; Train staff quarterly on transgender sensitivity. Measure: Number of patients requiring interpreter services; Number of interpreter services provided; Number of patients benefitting documents being translated; Number of documents translated. Impact: (1) Accessed to care; (2) educated on resources available; (3) increased in diversity awareness. The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 11 Facility A, 7

Facility A, 7 - GROVE CITY MEDICAL CENTER. Health Priority: Social Determinants of Health Community Need: Access to Care Strategies: Collaborate with YMCA & Grove City Area School District to establish Pediatric Health Care Center at Highland Elementary. Goal: Remove barriers to achieving access to pediatric health care Action Steps: Acquire funding and open AHN facility at Highland Elementary. Measure: Completion of the

at Highland Elementary measure: Completion of the Pediatric Health Center; Number of services and events provided; Number of children, youth served. Impact: Increase percentage of children entering Pre-K with access to Primary Care. Access to care was identified in 2021 as a prioritized need for Grove City. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Behavioral Health Community Need: Mental Health Services Strategies: Collaborate with YMCA & Grove City Area School District to establish Behavioral Health Care Center at Highland Elementary. Goal: Improve access to Behavioral Health Services in Grove City Area School District. Action Steps: Acquire funding and open AHN facility at Highland Elementary; Develop and implement Behavioral Health services and group therapy programs for elementary students. Measure: Opening of Behavioral Health Center; Number of behavioral services and group therapy programs provided; Number of school aged children and families served. Impact: Increase percentage of children in Grove City Area School District with access to Behavioral Health Services. Mental Health Services was identified in 2021 as a prioritized need for Grove City. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Chronic Diseases Community Need: Diabetes Strategies: Support community members in improving access to diabetes education. Goal: Support community members in achieving a healthy weight and improving lifestyle choices. Action Steps: Partner with Primary Care Institute to add additional services and educational opportunities; Promote Onduo Program. Measure: Number of community residents served; Number of diabetes education events; Number of Onduo Program participants. Impact: Improve diabetes education opportunities and diabetes patients able to better manage their health. 2021 Progress: Diabetes, Heart Disease, and Obesity programs were not provided due to Covid-19 through 2020 and into 2021. Health Priority: Chronic Diseases Community Need: Heart Disease Strategies: Increase awareness of risks of cardiovascular diseases with healthy lifestyle changes. Goal: Increase awareness and education on cardiovascular diseases. Action Steps: Partner with AHN Grove City Cardiovascular Institute and Primary Care Institute to create community educational events. Measure: Number of education events provided; Number of attendees. Impact: Create additional local awareness of cardiovascular services offered and healthier lifestyle choices. 2021 Progress: Diabetes, Heart Disease, and Obesity programs were not provided due to Covid-19 through 2020 and into 2021. Health Priority: Chronic Diseases Community Need: Obesity Strategies: Encourage healthy lifestyles among community members of all ages. Goal: Improve healthy lifestyle across the community. Action Steps: Implement community fitness programs partnering with YMCA and other community partners. Measure: Fitness program implemented; Number of fitness programs provided; Number of community members participating in fitness programs. Impact: Increased awareness and participation of community in physical activity and impact on overall health. 2021 Progress: Diabetes, Heart Disease, and Obesity programs were not provided due to Covid-19 through 2020 and into 2021. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Strategies: Improve access to health care services for low-income households. Goal: Facilitate access and connect community to health care services. Action Steps: Partner with community organizations to promote established programs; Increase marketing of current AHN initiatives in underserved communities in Mercer County. Measure: Number of community partners; Number of low-income families connected to available services and resources; Number of underserved communities reached. Impact: Increase health and improve preventive care choices for low-income families. 2021 Progress: The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 11 Facility A, 8

Facility A, 8 - JEFFERSON REGIONAL MEDICAL CENTER (PART II). Health Priority: Behavioral Health Community Need: Substance Use Disorder Goal: Improve awareness of substance use disorder and treatment options. Strategies: Improve patient connections to behavioral health resources. Action Steps: Determine pathways for treatment for patients including referrals to the Center for Excellence; Continue MAT program at SHHC; Connect patients with primary care when possible; Identify patients with substance use disorder who come to the ED; Connect patients who have behavioral health concerns and Highmark insurance to primary care providers with a Behavioral Health Center (BHC); Identify other community resources such as Steel Smiling or Auberle Behavioral Health where patients can receive behavioral health services. Measure: Number of patients referred to Squirrel Hill Health Center for MAT; Number of patients referred to primary care practices with a BHC; Number of patients referred to other behavioral health resources in the community. Impact: (1) Number of patients referred

to MAT at Squirrel Hill Health Center (SHHC); (2) Number of patients referred to a PCP with a BHC; and (3) Number of patients referred to other behavioral health resources in the community. 2021 Progress: In 2021 behavioral health consultants were integrated into physician and ambulatory practices. AHN Jefferson started using Patient Health Questionnaires PHQ-9 scores to monitor reductions in behavioral health and psychosocial issues. Health Priority: Chronic Diseases Community Need: Cancer Strategies: Provide resources to help individuals stop the use of tobacco products; Increase the number of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines; Increase the volume of patients participating in programs that help people dealing with a cancer diagnosis and the challenges related to treatment. Goal: Reduce the number of cancer related deaths; Improve the life of those diagnosed with Cancer. Action Steps: Collaborate with Adagio Health to provide pathways for patients to access tobacco cessation workshop; Train hospital employees on motivational interviewing for tobacco cessation; Offer workshops at Jefferson Hospital; Plan free cancer screenings for prostate, breast, skin, cervical, colon/rectal, and lung cancer; Distribute booklet on Age-Appropriate Cancer Screenings; Promote Cancer Bridges Cancer Support Group; Promote Cancer Bridges Living Life Post Cancer Treatment Program; Promote the AHN Care and Cosmetics Program; Promote AHN Cancer Institute pre-chemo treatment visits for all patients undergoing chemotherapy at AHN Jefferson; Partner with EBeauty to provide a Free Wig Salon; Provide Satchels of Caring for cancer patients; Provide free nutrition consultation to oncology patients; Engage an oncology social worker to offer free assistance to oncology patients with their SDOH need; Utilize a nurse navigator to provide coordination of their care as patients go through their cancer journey. Measure: Number of educational events; Number of participants in tobacco cessation programs; Number of participants in tobacco cessation programs with Adagio (inside and outside the hospital); Number of screenings performed; Number of abnormal screenings identified and referred for additional testing; Number of individuals screened for at least one cancer; Number of programs; Number of participants. Impact: (1) increased number of education events at AHN hospitals; (2) increased number of hospital employees trained on tobacco cessation counseling; (3) increased number of trained community partners; (4) increased number of cancer screenings; and (5) increased number of early cancer diagnoses. 2021 Progress: Various programs (care & cosmetics, support groups, wigs, Our Clubhouse, nutrition counseling, screenings, educational events, SDOH consults) were initiated in 2021. Health Priority: Chronic Diseases Community Need: Obesity Strategies: Offer nutrition education seminars to metabolic institute patients; Offer support to individuals working on weight management. Goal: Reduce rate of obesity in the service area Action Steps: Nutritionist will have a one-on-one session (in person, phone or virtual) with each patient at first visit; Offer a monthly support group for people to share personal experiences, feelings, and coping strategies on weight management. Measure: Number of medical weight loss patients educated; Number of surgical weight loss patients educated; Number of programs provided; Number of participants. Impact: (1) Increased number of children educated on physical activity; (2) increased number of people enrolled in physical activity programs; (3) increased number of community events; and (4) increased opportunities for physical activity and nutrition. 2021 Progress: Various educational programs were held in 2021 and included: Healthy Eating class; Health Literacy on Obesity class; and two online seminars. AHN Jefferson hosted a Bariatric Surgery Support Group. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Strategies: Increase cultural competency training for ED staff; Implement Talent Attraction Program at AHN Jefferson. Goal: Increase cultural competency for a more equitable and inclusive workplace at AHN Jefferson. Action Steps: Require cultural competency myLearning module for all incoming ED staff; Include SDOH and cultural competency training segment in annual Training Days for ED staff; Provide guidance for appropriate greetings for different immigrant and refugee groups; Identify barriers in education and hiring practices; Collaborate with allied health training partners and community organizations to provide educational opportunities; Seek candidates for the program; Identify continued career advancement pathways for diverse students, and current employees of color; Implement regular diversity and inclusion trainings. Measure: Number of ED staff trained in cultural competency course on myLearning; Number of staff included in SDOH trainings during annual training days; Number of signs and informational flyers that are provided to staff for different greeting customs in the inpatient and ED settings; Number of program participants; Amount of increase in minority workforce; Rate of increase in minority retention. Impact: (1) Patients will feel more relaxed, understood, and represented; (2) Viable career pathways; (3) Higher employee retention rates. The promotion of Diversity, Equity and Inclusion (DEI) in

healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 13 Facility A, 1

Facility A, 1 - ALL HOSPITALS LISTED IN PART V, SECTION A. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALL THE HOSPITALS LISTED IN PART V, SECTION A OF THIS SCHEDULE H ARE PART OF THE INTEGRATED DELIVERY SYSTEM AHN. ALL AHN HOSPITALS USE THE UNIFORM AHN FINANCIAL ASSISTANCE POLICY, THE LAST TO ADOPT BEING WESTFIELD MEMORIAL HOSPITAL WHICH MADE THE ADOPTION ON 1/1/2018. AHN'S FINANCIAL ASSISTANCE POLICY USES A PRESUMPTIVE ELIGIBILITY PROGRAM THAT ENABLES AHN TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. THE HEALTH SYSTEM UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED MODEL THAT INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE. THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IT IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE ELECTRONIC TECHNOLOGY IS DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED. THIS ALLOWS AHN TO SCREEN ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS. THE DATA RETURNED FROM THIS ELECTRONIC ELIGIBILITY REVIEW CONSTITUTES ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THE AHN POLICY. WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE PATIENT IS NOTIFIED OF THE DETERMINATION AND THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY.

Schedule H, Part V, Section B, Line 5 Facility , 1

Facility , 1 - SAINT VINCENT HEALTH CENTER. Allegheny Health Network (AHN) executed a CHNA process that included collecting primary and secondary data. A formation of a working group consisting of members from AHN's Community Affairs oversaw the CHNA along with the project consultant, Tripp Umbach. Representatives from each AHN hospital facility and representatives from departments within AHN formed a steering committee that provided high-level feedback and input on primary and secondary data collected. Organizations and community stakeholders within the primary service area were engaged in identifying the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from a multitude of regional community stakeholders from organizations. Input from the community was sought through a customized multi-language community survey, stakeholder interviews, and a provider survey. The community survey was employed to collect input from populations within Allegheny Health Network's service area to identify health risk factors and health needs in the community. Working with leadership from Community Affairs, the community survey was promoted on social media platforms, hospital websites, relationships with community-based organizations, and clinics. Collecting surveys from community residents whose primary language was not English was an essential driver of the initiative. The community survey was available in English, Spanish, Nepalese, Chinese, and Arabic. The telephone interviews completed with community stakeholders as part of the CHNA phase helped to understand the changing community health environment. The interviews offered stakeholders an opportunity to provide feedback on the needs of the region they serve and other information relevant to the study. Overall, 59 community stakeholder interviews were conducted for AHN in July-October 2021. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds, including: 1. Businesses 2. County and state government representatives 3. Economic development 4. Education 5. Faith-based communities 6. Foundations/philanthropic 7. Health care representatives 8. Law enforcement 9. Non-profits 10. Representatives of underserved populations 11. Social service representatives Within the interview and discussion process, overall health needs, themes, and concerns were presented. The qualitative data collected are the perceptions and opinions from community stakeholders as part of the CHNA process. The information provides insight and adds great depth to the qualitative data. Community stakeholders interviewed represented the following organizations: * AARP Work Search * AHN Cancer Institute * AHN Center for Inclusion Health * AHN Jefferson Front Door Initiative * AHN Westfield Board * Allegheny Center Alliance Church

* Allegheny County Health Department (two community stakeholders interviewed) * Allegheny Township * Allen Place Community Services Inc. * Alliance for Nonprofit Resources Inc. * AWARE Domestic Violence Agency (Sexual Assault) * Bhutanese Community Association of Pittsburgh (BCAP) * Bloomfield Development Corporation * Buhl Regional Health Foundation of Mercer County * Butler County Tourism and Convention Bureau * Center for Community Resources * Erie County Executive * Erie County Health Department * Grove City Area United Way * Grove City Chamber of Commerce * Grove City School District * Grove Manor Corporation * Harvest Bible Chapel Pittsburgh North * Hefren-Tillotson Inc. * Heritage Community Initiatives * Jefferson Regional Foundation * Lawrenceville United Inc. * Light of Life Rescue Mission * Martin Luther King Center * Mayor of Erie * Mercer County Agency on Aging * Mercy Center for Women * Mon Valley Initiative * Monroeville Foundation * Mt. Olive Baptist Church * Municipality of Monroeville * Neighborhood Learning Alliance * Neighborhood Resilience Project * North Hills Community Outreach * North Way Christian Community Church * Northside Leadership Conference * Penn State University * Perry Hilltop Citizens Council * Pittsburgh North Regional Chamber of Commerce * Primary Health Network * Project Destiny Inc. * Saint Mary's Home of Erie * Salvation Army * Second Harvest Food Bank of Northwest PA * Slippery Rock University * South Hills Interfaith Movement (SHIM) * Temple David * The Building Block of Natrona * The Lord's Church of Pittsburgh * United Way of Southwestern Pennsylvania * Walnut Grill Restaurant * Westfield Area Central School Board * Westfield Memorial Hospital Foundation * YMCA of Franklin and Grove City

In addition, a provider survey was implemented to collect data from providers from the hospital's service areas and region to identify the community's needs and vulnerable populations and those partners/organizations that will be instrumental in addressing prioritized needs. Providers internal and external to Allegheny Health Network received a survey link. Community input was aligned with secondary data and presented to the CHNA Steering Committee as a framework for assessing current community needs, identifying new/emerging health issues, and advancing health improvement efforts to address identified needs.

Schedule H, Part V, Section B, Line 11 Facility , 1

Facility , 1 - SAINT VINCENT HEALTH CENTER (PART I). The following health needs are identified as priorities in 2021 for the Allegheny Health Network hospital facilities (not all needs apply to each hospital, please see the individual reports posted to the website):

Transportation, Workforce Development, Cost of Care, Access to Care, Food Insecurity, Diet & Nutrition, Substance Use Disorder, Mental Health Services, Postpartum Depression, Diabetes, Heart Disease, Cancer, COPD, Obesity and Diversity, Equity & Inclusion. In 2021, Allegheny Health Network continued its Covid-19 response to provide critical emergency relief to the most vulnerable communities. AHN hospitals pivoted to offering tele-medicine appointments and virtual programming. AHN hospitals and facilities hosted PPE distribution events, vaccination clinics, and food distribution at AHN Healthy Food Center locations. The enterprise also responded to communities' drastic increase in food insecurity and financial strain through funding food banks, United Way agencies, and local emergency funds. Partnerships with Federally Qualified Health Centers (FQHCs) and other community-based clinics were essential for these facilities to build capacity and meet the increasing need for affordable primary health care during the pandemic. The hospitals of AHN developed an implementation strategy to guide community benefit and population health improvement activities across their respective service areas. The following illustrates how each hospital is addressing the significant health needs identified in its most recently conducted CHNA as well as any needs that are not currently being addressed and why:

Health Priority: Social Determinants of Health
Community Need: Access to Care
Goal: Connect patients with Primary Care Providers (PCP).
Strategies: Increase the number of new PCP visits; Develop partnership with Mercy Center for Women to setup a PCP clinic in their facility.
Action steps: Identify unattributed patients through scheduling tool; Identify unattributed patients through biometric screening; Partner with Clinical Access Team; Implement centralized scheduling; Utilize Meet Dr. Right events; Tour facility under renovation to identify clinic space; Meet with Mercy Center leadership to set operational goals and benchmarks; Identify hospital resources to support clinic.
Measure: Number of new patient visits; Number of online scheduled calls; Number of same day appointments; Number of patients who access PCP clinic.
Impact: Increased number of new patient visits in PCP offices.
2021 Progress: In 2021, more than 2,000 biometric screenings were performed, and more than 1,500 flu shots were administered. AHN Saint Vincent recorded a sharp increase in telemedicine and same-day primary care visits.

Health Priority: Social Determinants of Health
Community Need: Food Insecurity, Diet, and Nutrition
Goal: Identify and address food insecurity for AHN Hospitals/Community.
Strategies: Educate providers and community-based organizations (CBOs) on food insecurity screening and referral process;

Identify food insecure patients and community members through SDOH screening tool. Action Steps: Patients who screen positive for food insecurity will receive referral to the Healthy Food Center; Assess needs of population served (i.e., food access, transportation, utensils, education, recipes, other SDOH needs); Provide healthy foods based on individual needs-chronic disease/preference/cultural, provide tailored education, connections to community resources, wrap around services (i.e., SNAP, WIC). Measure: Number of patients referred to the Healthy Food Center; Number of patients who complete referrals and visits (new vs. follow-up); Total number of people served; Total number of meals provided. Impact: (1) Number of patients referred to Healthy Food Center; (2) Number of visits new vs follow up and total served; and (3) total meals provided. Addressing food insecurity was identified in 2021 as a prioritized need for the AHN Saint Vincent Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Behavioral Health Community Need: Substance Use Disorder Goal: Increase knowledge and access to substance use disorder programs and services. Strategies: Increase access to community-based education sessions; Increase number of patients eligible for the warm hand off program. Action Steps: Provide community-based seminars and programs on substance use disorder; Provide community events that increase awareness of available services to support recovery; Screen overdose patients coming to the ED for criteria meeting medication assisted treatment (MAT); Begin medicating patients that meet criteria and transition to Gaudenzia for detox; Education to EMS and Public of Detox Services. Measure: Number of events; Number of participants; Number of patients in MAT; Number of patients in warm hand off program. Impact: (1) increased number of patients that attend education sessions; (2) increased awareness of available resources to support recover; (3) increased number of patients that receive medication assisted therapy; and (4) increased number of patients in the warm hand off program. 2021 Progress: In 2021, Patient assessments were provided by a team of community liaisons assigned to various neighborhoods and in partnership with community-based organizations. Health Priority: Behavioral Health Community Need: Mental Health Services Goal: Increase knowledge and access to Mental Health programs and services. Strategies: Increase access to BH programs and services through community- based seminars and programming; Increase awareness and engagement of BH services through various, media, TV, radio, and social media initiatives. Action Steps: Provide BH programming and education in the community; Develop list of BH program and services offered in community; Develop list of community BH programs and services to market; Develop marketing strategy for these services; Develop content to be distributed through various media platforms. Measure: Number of outreach events and programming that occurs in community; Number of people addressed; Number of new marketing initiatives; Attendance at community outreach events. Impact: (1) Increased access to BH programs; (2) increased awareness of behavioral health (BH) services. 2021 Progress: AHN Saint Vincent hired behavioral health specialist in 2021 to provide counseling to cancer patients. Health Priority: Behavioral Health Community Need: Postpartum Depression Goal: Increase awareness, education, and screening for perinatal mood disorders. Strategies: Increase education and awareness of perinatal mood disorders; Increase behavioral health screenings for women utilizing evidenced based screening tools. Action Steps: Develop Perinatal Intensive Outpatient Program (Started 2/21); Educate providers on program and how to make referrals; Attend community mental health events (Out of Darkness Walk); Community education for providers and organizations; Clinical education for Med Students and Staff in Mental Health; Identify screening tools: (EPDS, PASS, MDQ); Develop screening process for patients. Measure: Number of referrals to Perinatal IOP; Number of patients receiving services; Number of educational events (Community & Clinical); Number of patients screened. Impact: Increased in the amount of screening and services provided to women with perinatal mood disorders. 2021 Progress: Addressing postpartum depression was identified in 2021 as a prioritized need for the AHN Saint Vincent. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 11 Facility , 2

Facility , 2 - SAINT VINCENT HEALTH CENTER (PART II). Health Priority: Chronic Diseases Community Need: Cancer Goal: Increase the number of adults who receive age-appropriate screenings. Strategies: Provide community- based cancer screening events; Increase CT lung cancer screening utilization. Action Steps: Provide community cancer screening and education events; Implement Lung Cancer Screening Navigation; Expand CT Lung Screening access/locations. Measure: Number of screening events; Number of participants; Number of studies performed. Impact: (1) increased number of screenings in high-risk communities; (2) increased number of lung cancer studies performed. 2021 Progress: AHN Saint Vincent conducted 781 CT

lung screenings and automated breast ultrasound studies during 2021. Health Priority: Chronic Diseases Community Need: Diabetes Goal: Improve management and outcomes for patients diagnosed with diabetes. Strategies: Connect patients with community-based diabetes prevention programs; Improve self-management skills and outcomes for patients with diabetes. Action Steps: Identify patients in office (Medical Nutrition TX, RD/Diabetes Educators) who could benefit from diabetes prevention programs; Refer patients with to community partners for diabetes prevention programs (Sight Center of NWPA, YMCA); Identify patients with diabetes who would benefit from self-management and training programs; Define metrics to measure impact of education and training programs. Measure: Number of patients identified for referral to diabetes prevention program; Number of referrals made; Number of patients receiving diabetes self-management training; Impact on health of patients who have completed the program (Define Metrics). Impact: (1) Increased awareness of risk factors of diabetes; (2) decreased hospital admissions for diabetes related illness. 2021 Progress: There were several hundred patient visits for nutritional services in 2021. AHN Saint Vincent opened a telemedicine endocrinology clinic in Warren, PA, and developed a diabetes education platform. Health Priority: Chronic Diseases Community Need: Obesity Goal: Improve management and outcomes for patients with obesity risk factors. Strategies: Increase community-based education programs; Educate community on correlation between weight and health. Action Steps: Work with local school districts on childhood obesity education; Coordinate programming and BMI screenings for health fairs; Provide nutrition focused lectures; Identify participants through the biometric screening process; Partner with community organizations to provide education on obesity; Increase events that encourage health and wellness activities that include physical exercise, nutritional counseling, stress management and prediabetes education. Measure: Number of patients counseled on risk factors; Number of BMI screenings; Number of community-based education events; Number of participants. Impact: (1) Increased number of patients counseled on obesity risk factors; (2) increased number of obesity education events; (3) increased number of Meet Dr. Right events; and (4) increased number of health and wellness events. 2021 Progress: AHN Saint Vincent recorded several hundred visits to its bariatric clinic. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Goal: Increase access to care for patients in need of interpreter and translation services. Strategies: Develop system for patients calling the hospital who require interpreter services; Provide patients with translated documents. Action Steps: Work with telephone operators and interpreters to set-up process when patients call the hospital with interpretation needs; Review the current program for translation of hospital menus; Expand program to identify and include additional documents for translation. Measure: Number of patients requiring interpreter services; Number of interpreter services provided; Number of patients benefitting documents being translated; Number of documents translated. Impact: Give patients with interpretation and translation needs access to more immediate and higher quality of care. The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 13 Facility , 1

Facility , 1 - SAINT VINCENT HEALTH CENTER. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALL THE HOSPITALS LISTED IN PART V, SECTION A OF THIS SCHEDULE H ARE PART OF THE INTEGRATED DELIVERY SYSTEM AHN. ALL AHN HOSPITALS USE THE UNIFORM AHN FINANCIAL ASSISTANCE POLICY, THE LAST TO ADOPT BEING WESTFIELD MEMORIAL HOSPITAL WHICH MADE THE ADOPTION ON 1/1/2018. AHN'S FINANCIAL ASSISTANCE POLICY USES A PRESUMPTIVE ELIGIBILITY PROGRAM THAT ENABLES AHN TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. THE HEALTH SYSTEM UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED MODEL THAT INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE. THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IT IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE ELECTRONIC TECHNOLOGY IS DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED. THIS ALLOWS AHN TO SCREEN ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS. THE DATA RETURNED FROM THIS ELECTRONIC ELIGIBILITY REVIEW CONSTITUTES ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THE

DOCUMENTATION OF FINANCIAL NEED UNDER THE AHN POLICY. WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE PATIENT IS NOTIFIED OF THE DETERMINATION AND THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY.

Schedule H, Part V, Section B, Line 5 Facility , 1

Facility , 1 - AHN EMERUS WESTMORELAND LLC. Allegheny Health Network (AHN) executed a CHNA process that included collecting primary and secondary data. A formation of a working group consisting of members from AHN's Community Affairs oversaw the CHNA along with the project consultant, Tripp Umbach. Representatives from each AHN hospital facility and representatives from departments within AHN formed a steering committee that provided high-level feedback and input on primary and secondary data collected. Organizations and community stakeholders within the primary service area were engaged in identifying the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from a multitude of regional community stakeholders from organizations. Input from the community was sought through a customized multi-language community survey, stakeholder interviews, and a provider survey. The community survey was employed to collect input from populations within Allegheny Health Network's service area to identify health risk factors and health needs in the community. Working with leadership from Community Affairs, the community survey was promoted on social media platforms, hospital websites, relationships with community-based organizations, and clinics. Collecting surveys from community residents whose primary language was not English was an essential driver of the initiative. The community survey was available in English, Spanish, Nepalese, Chinese, and Arabic. The telephone interviews completed with community stakeholders as part of the CHNA phase helped to understand the changing community health environment. The interviews offered stakeholders an opportunity to provide feedback on the needs of the region they serve and other information relevant to the study. Overall, 59 community stakeholder interviews were conducted for AHN in July-October 2021. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds, including: 1. Businesses 2. County and state government representatives 3. Economic development 4. Education 5. Faith-based communities 6. Foundations/philanthropic 7. Health care representatives 8. Law enforcement 9. Non-profits 10. Representatives of underserved populations 11. Social service representatives Within the interview and discussion process, overall health needs, themes, and concerns were presented. The qualitative data collected are the perceptions and opinions from community stakeholders as part of the CHNA process. The information provides insight and adds great depth to the qualitative data. Community stakeholders interviewed represented the following organizations: * AARP Work Search * AHN Cancer Institute * AHN Center for Inclusion Health * AHN Jefferson Front Door Initiative * AHN Westfield Board * Allegheny Center Alliance Church * Allegheny County Health Department (two community stakeholders interviewed) * Allegheny Township * Allen Place Community Services Inc. * Alliance for Nonprofit Resources Inc. * AWARE Domestic Violence Agency (Sexual Assault) * Bhutanese Community Association of Pittsburgh (BCAP) * Bloomfield Development Corporation * Buhl Regional Health Foundation of Mercer County * Butler County Tourism and Convention Bureau * Center for Community Resources * Erie County Executive * Erie County Health Department * Grove City Area United Way * Grove City Chamber of Commerce * Grove City School District * Grove Manor Corporation * Harvest Bible Chapel Pittsburgh North * Hefren-Tillotson Inc. * Heritage Community Initiatives * Jefferson Regional Foundation * Lawrenceville United Inc. * Light of Life Rescue Mission * Martin Luther King Center * Mayor of Erie * Mercer County Agency on Aging * Mercy Center for Women * Mon Valley Initiative * Monroeville Foundation * Mt. Olive Baptist Church * Municipality of Monroeville * Neighborhood Learning Alliance * Neighborhood Resilience Project * North Hills Community Outreach * North Way Christian Community Church * Northside Leadership Conference * Penn State University * Perry Hilltop Citizens Council * Pittsburgh North Regional Chamber of Commerce * Primary Health Network * Project Destiny Inc. * Saint Mary's Home of Erie * Salvation Army * Second Harvest Food Bank of Northwest PA * Slippery Rock University * South Hills Interfaith Movement (SHIM) * Temple David * The Building Block of Natrona * The Lord's Church of Pittsburgh * United Way of Southwestern Pennsylvania * Walnut Grill Restaurant * Westfield Area Central School Board * Westfield Memorial Hospital Foundation * YMCA of Franklin and Grove City In addition, a provider survey was implemented to collect data from providers from the hospital's service areas and region to identify the community's needs and vulnerable populations and

those partners/organizations that will be instrumental in addressing prioritized needs. Providers internal and external to Allegheny Health Network received a survey link. Community input was aligned with secondary data and presented to the CHNA Steering Committee as a framework for assessing current community needs, identifying new/emerging health issues, and advancing health improvement efforts to address identified needs.

Schedule H, Part V, Section B, Line 11 Facility , 1

Facility , 1 - AHN EMERUS WESTMORELAND LLC. The following health needs are identified as priorities in 2021 for the Allegheny Health Network hospital facilities (not all needs apply to each hospital, please see the individual reports posted to the website): Transportation, Workforce Development, Cost of Care, Access to Care, Food Insecurity, Diet & Nutrition, Substance Use Disorder, Mental Health Services, Postpartum Depression, Diabetes, Heart Disease, Cancer, COPD, Obesity and Diversity, Equity & Inclusion. In 2021, Allegheny Health Network continued its Covid-19 response to provide critical emergency relief to the most vulnerable communities. AHN hospitals pivoted to offering tele-medicine appointments and virtual programming. AHN hospitals and facilities hosted PPE distribution events, vaccination clinics, and food distribution at AHN Healthy Food Center locations. The enterprise also responded to communities' drastic increase in food insecurity and financial strain through funding food banks, United Way agencies, and local emergency funds. Partnerships with Federally Qualified Health Centers (FQHCs) and other community-based clinics were essential for these facilities to build capacity and meet the increasing need for affordable primary health care during the pandemic. The hospitals of AHN developed an implementation strategy to guide community benefit and population health improvement activities across their respective service areas. The following illustrates how each hospital is addressing the significant health needs identified in its most recently conducted CHNA as well as any needs that are not currently being addressed and why: Health Priority: Social Determinants of Health Community Need: Cost of Care Goal: Increase community and patient awareness of available resources. Strategies: Providing community education and promoting the AHN Neighborhood Hospitals brand to build a positive local reputation and provide community/patient awareness. Action steps: Implement Clinical education Initiatives- Webinar series; Partner physician alignment (Upstream & downstream referrals); Conduct community engagement outreach events & local sponsorships; Provide NH private tours and meet and greet events; Build patient consumer awareness engagements; Create an aligned joint strategic marketing plans & education with AHN/Highmark; Clinical education Initiatives; SNF, assisted living, senior living, hospice, Home Health Engagement. Measure: Identify 1x/monthly participation in community events, NH presentations, NH onsite tours- Tracked in Salesforce; Host 1-3/monthly NH tours & onsite meetings- Tracked in Salesforce. Impact: Provide more community awareness around the AHN Neighborhood Hospitals services, capabilities, and overall clinical access points into the AHN health system. 2021 Progress: Cost of Care was identified in 2021 as a prioritized need for the Neighborhood Hospitals. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Social Determinants of Health Community Need: Access to Care Goal: Increase community and patient awareness of available resources. Strategies: Continue to build collaborative relationships with AHN partners to drive partnership and produce outstanding patient quality of care while attracting (new patients) & retaining (current patients)- Upstream & downstream. Action steps: Utilize Highmark member market data & analytics; AHN partner liaison team integration with: Prehospital Care (EMS), Physician Relations, Marketing, Community Affairs, social media, Foundation etc.; Engagement with AHN service-line strategy; Implement Patient concierge service program; NH staff patient specific metrics- Accountability. Measure: 15-20 clinical & outreach visits weekly - tracked in Salesforce 3-5 EMS weekly visits and meetings - tracked in Salesforce; Quarterly reporting of the patient online registration usage; Quarterly reporting from BI dashboards on KPI's-Press Ganey & NH staff metrics. Impact: Continue to provide top patient experience & quality of care within the AHN Neighborhood Hospitals. 2021 Progress: Access to Care was identified in 2021 as a prioritized need for the Neighborhood Hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 13 Facility , 1

Facility , 1 - AHN EMERUS WESTMORELAND. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALL THE HOSPITALS LISTED IN PART V, SECTION A OF THIS SCHEDULE H ARE PART OF THE INTEGRATED DELIVERY SYSTEM AHN. ALL AHN HOSPITALS USE THE UNIFORM AHN FINANCIAL ASSISTANCE POLICY, THE LAST TO ADOPT BEING WESTFIELD MEMORIAL HOSPITAL WHICH MADE THE ADOPTION ON 1/1/2018. AHN'S FINANCIAL ASSISTANCE POLICY USES A PRESUMPTIVE ELIGIBILITY PROGRAM THAT ENABLES AHN TO MAKE AN INFORMED DECISION ON THE FINANCIAL

NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. THE HEALTH SYSTEM UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED MODEL THAT INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE. THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IT IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE ELECTRONIC TECHNOLOGY IS DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED. THIS ALLOWS AHN TO SCREEN ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS. THE DATA RETURNED FROM THIS ELECTRONIC ELIGIBILITY REVIEW CONSTITUTES ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THE AHN POLICY. WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE PATIENT IS NOTIFIED OF THE DETERMINATION AND THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY.

Schedule H, Part V, Section B, Line 2

AHN Wexford Hospital in Wexford, Pennsylvania is the newest full-service, clinician-led hospital in the Allegheny Health Network. The new AHN hospital provides world-class health care closer to home for residents in the North Hills communities of Pittsburgh. The all-private 160-bed hospital opened in 2021. It has a 24-bed emergency department and offers high-quality, innovative health care services.

Schedule H, Part V, Section B, Line 5 Facility , 1

Facility , 1 - AHN WEXFORD HOSPITAL. Allegheny Health Network (AHN) executed a CHNA process that included collecting primary and secondary data. A formation of a working group consisting of members from AHN's Community Affairs oversaw the CHNA along with the project consultant, Tripp Umbach. Representatives from each AHN hospital facility and representatives from departments within AHN formed a steering committee that provided high-level feedback and input on primary and secondary data collected. Organizations and community stakeholders within the primary service area were engaged in identifying the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from a multitude of regional community stakeholders from organizations. Input from the community was sought through a customized multi-language community survey, stakeholder interviews, and a provider survey. The community survey was employed to collect input from populations within Allegheny Health Network's service area to identify health risk factors and health needs in the community. Working with leadership from Community Affairs, the community survey was promoted on social media platforms, hospital websites, relationships with community-based organizations, and clinics. Collecting surveys from community residents whose primary language was not English was an essential driver of the initiative. The community survey was available in English, Spanish, Nepalese, Chinese, and Arabic. The telephone interviews completed with community stakeholders as part of the CHNA phase helped to understand the changing community health environment. The interviews offered stakeholders an opportunity to provide feedback on the needs of the region they serve and other information relevant to the study. Overall, 59 community stakeholder interviews were conducted for AHN in July-October 2021. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds, including: 1. Businesses 2. County and state government representatives 3. Economic development 4. Education 5. Faith-based communities 6. Foundations/philanthropic 7. Health care representatives 8. Law enforcement 9. Non-profits 10. Representatives of underserved populations 11. Social service representatives Within the interview and discussion process, overall health needs, themes, and concerns were presented. The qualitative data collected are the perceptions and opinions from community stakeholders as part of the CHNA process. The information provides insight and adds great depth to the qualitative data. Community stakeholders interviewed represented the following organizations: * AARP Work Search * AHN Cancer Institute * AHN Center for Inclusion Health * AHN Jefferson Front Door Initiative * AHN Westfield Board * Allegheny Center Alliance Church * Allegheny County Health Department (two community stakeholders interviewed) * Allegheny Township * Allen Place Community Services Inc. * Alliance for Nonprofit Resources Inc. * AWARE Domestic Violence Agency (Sexual Assault) * Bhutanese Community Association of Pittsburgh (BCAP) * Bloomfield Development Corporation * Buhl Regional Health Foundation of

Mercer County * Butler County Tourism and Convention Bureau * Center for Community Resources * Erie County Executive * Erie County Health Department * Grove City Area United Way * Grove City Chamber of Commerce * Grove City School District * Grove Manor Corporation * Harvest Bible Chapel Pittsburgh North * Hefren-Tillotson Inc. * Heritage Community Initiatives * Jefferson Regional Foundation * Lawrenceville United Inc. * Light of Life Rescue Mission * Martin Luther King Center * Mayor of Erie * Mercer County Agency on Aging * Mercy Center for Women * Mon Valley Initiative * Monroeville Foundation * Mt. Olive Baptist Church * Municipality of Monroeville * Neighborhood Learning Alliance * Neighborhood Resilience Project * North Hills Community Outreach * North Way Christian Community Church * Northside Leadership Conference * Penn State University * Perry Hilltop Citizens Council * Pittsburgh North Regional Chamber of Commerce * Primary Health Network * Project Destiny Inc. * Saint Mary's Home of Erie * Salvation Army * Second Harvest Food Bank of Northwest PA * Slippery Rock University * South Hills Interfaith Movement (SHIM) * Temple David * The Building Block of Natrona * The Lord's Church of Pittsburgh * United Way of Southwestern Pennsylvania * Walnut Grill Restaurant * Westfield Area Central School Board * Westfield Memorial Hospital Foundation * YMCA of Franklin and Grove City

In addition, a provider survey was implemented to collect data from providers from the hospital's service areas and region to identify the community's needs and vulnerable populations and those partners/organizations that will be instrumental in addressing prioritized needs. Providers internal and external to Allegheny Health Network received a survey link. Community input was aligned with secondary data and presented to the CHNA Steering Committee as a framework for assessing current community needs, identifying new/emerging health issues, and advancing health improvement efforts to address identified needs.

Schedule H, Part V, Section B, Line 11 Facility , 1

Facility , 1 - AHN WEXFORD HOSPITAL. Health Priority: Social Determinants of Health Community Need: Food Insecurity, Diet, and Nutrition Goal: Improve access to food for underserved individuals and families. Strategies: Improve nutrition and provide healthy food to families who are food insecure; Offer healthy options that they can afford; Coach new mothers regarding the benefits of breastfeeding along with strategies to improve success; Offer lactation consultations to new mothers to achieve successful breast feeding; Counsel outpatients regarding options and benefits. Action Steps: Conduct assessments of food and overages by Dietary staff in the Wexford Hospital Cafeteria; Collaborate with 412 Food Rescue, a non-profit that helps identify food insecurities within our community; Package food make ready for pickup and delivery to those in need based on data from their program; Offer discharge meal for patients who are discharged prior to 11 am to ensure they have a healthy 1st meal at home; Discharge all moms with a meal to ensure a healthy 1st meal at home; Encourage breastfeeding to new moms; Assess all patients on admission for food insecurity and appropriate diet at home in line with their medical needs; Initiate prenatal breastfeeding classes for the community; Develop a virtual "Breastfeeding Cafe" - transition to in-person sessions post discharge; Lactation Consultants to conduct daily rounds on breastfeeding; Begin follow-up phone calls with breastfeeding mothers; Begin submission for Keystone 10 Initiative. Measure: Amount of food and meals provided to 412 Rescue monthly; Number of meals distributed to patients who are discharged; Number of assessments completed on nutritional compliance at admission; Metrics will be tracked by consultations and visit with a lactation consultant; Number of consultations; Number of new mothers served; Number of lactation consultations; Number of follow-up calls conducted. Impact: Continue to provide 2,200 meals to 412 Food Rescue in 2022. 2021 Progress: Food insecurity, diet, and nutrition was identified in 2021 as a prioritized need for Wexford Hospital. An evaluation of the progress made will be provided starting with the 2022 filing.

Health Priority: Behavioral Health Community Need: Substance Use Disorder Goal: Improve access to substance abuse programs and services. Strategies: Improve access for patients with substance use disorders to available community resources. Action Steps: Screen patients in the ED for substance use disorder and provide warm handoff to AHN resources; Screen obstetrical patients in the OP offices for SUD and refer to Perinatal Hope center for multi-disciplinary medical home model of care. Measure: Number of screenings and assessments conducted; Number of patients referred to Perinatal Hope Center. Impact: (1) Improved obstetrical and neonatal outcomes 2) Improved access to community resources. 2021 Progress: Substance Use Disorder was identified in 2021 as a prioritized need for Wexford Hospital. An evaluation of the progress made will be provided starting with the 2022 filing.

Health Priority: Behavioral Health Community Need: Mental Health Services Goal: Improve triage of BH patients and connect to appropriate resources. Strategies: Prioritize screening process in the Wexford Hospital ED and implement early detection plan. Action Steps: Screen all patients presenting to the Wexford ED for BH and

suicide risk; Support overall management of behavioral health needs; ED Needs Assessment Coordinators (NAC) work with BH physicians to assess and coordinate BH care; Conduct basic intake process on general population of ED patients; Conduct formal MH assessments for early detection and develop early detection plans. Measure: Number of BH screenings conducted in ED; Number of NAC visits per month; Number of BH care plans developed. Impact: More efficient triage of patients and connectivity to appropriate resources. 2021 Progress: Mental health services was identified in 2021 as a prioritized need for Wexford Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Behavioral Health Community Need: Postpartum Depression Goal: Improve management of perinatal BH care. Strategies: Conduct early screenings for depression or anxiety disorders; Provide access to appropriate levels of care. Action Steps: Conduct BH risk assessments during the antepartum period in physicians' offices; Provide appropriate assessments by NAC or on-call BH physicians for immediate management and follow-up; Conduct assessment prior to discharge; Use assessment to determine appropriate levels of care; Destigmatize post-partum depression and anxiety disorders; Conduct assessments at follow-up visits. Measure: Number of screenings on admission and postpartum; Number of referrals to BH / Alexis Joy Center; Date of opening (EDC) of the Cranberry Institute; Date of completion of Epic build for March 2022; Number of assessments and referrals for care; Number of patients served; Number of follow-up assessments. Impact: (1) Suicide risk reduction as well as improved identification and management of perinatal BH disorders (2) Improved access to care in the community for perinatal patients. 2021 Progress: Postpartum depression was identified in 2021 as a prioritized need for Wexford Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Chronic Diseases Community Need: Heart Disease Goal: Enhance management of chronic diseases. Strategies: Enhance Chronic Disease Management services at Wexford Hospital; Build comprehensive Cardiovascular Institute (CV) services at Wexford; Launch Meds to Beds program. Action Steps: Embed RN care navigators for diabetes, chronic obstructive pulmonary disease (COPD) and Heart Failure into the hospital; Partner with physician advisor and navigators to efficiently coordinate and manage care of this subset of patients; Develop diabetes care models; Develop inpatient care pathways for chronic disease patients; Launch outpatient diagnostic treatment center in WHWP. Measure: Number of Care Navigators; Number of patients served; Number of outpatient (OP) screenings conducted; Number of follow ups in congestive heart failure (CHF) clinic within 7 days follow up. Impact: (1) Initiated presence of Navigator team in new hospital 2) improved compliance with CHF follow-up visits 3) Readmission index <1.0 4. PG Discharge core > 60th percentile. 2021 Progress: Heart disease was identified in 2021 as a prioritized need for Wexford Hospital. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Goal: Enhanced cultural and ethnic understanding of those we serve. Strategies: Create a patient family advisory council to provide insight on community needs and gaps implement educational strategies for all employees. Action Steps: Recruit/purposeful selection of diverse members for the PFAC council; Host bi-monthly meetings to gather feedback, share milestones and initiatives with community members; Provide education to PFAC on challenges facing health care and partner on solutions; Implement Hospital and Unit engagement councils; Complete HM Equity survey; Create Unit Engagement Councils; Create Hospital Engagement Council. Measure: Number of diverse members recruited to PFAC; Number of issues identified and addressed by PFAC; Track performance of Hospital and Unit Engagement councils. Impact: (1) Track attendance and participation of committees (2) Track recorded number of initiatives discussed, and input gathered. The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Schedule H, Part V, Section B, Line 13 Facility , 1

Facility , 1 - AHN WEXFORD HOSPITAL. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALL THE HOSPITALS LISTED IN PART V, SECTION A OF THIS SCHEDULE H ARE PART OF THE INTEGRATED DELIVERY SYSTEM AHN. ALL AHN HOSPITALS USE THE UNIFORM AHN FINANCIAL ASSISTANCE POLICY, THE LAST TO ADOPT BEING WESTFIELD MEMORIAL HOSPITAL WHICH MADE THE ADOPTION ON 1/1/2018. AHN'S FINANCIAL ASSISTANCE POLICY USES A PRESUMPTIVE ELIGIBILITY PROGRAM THAT ENABLES AHN TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. THE HEALTH SYSTEM UTILIZES A

HEALTHCARE INDUSTRY-RECOGNIZED MODEL THAT INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE. THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IT IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE ELECTRONIC TECHNOLOGY IS DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED. THIS ALLOWS AHN TO SCREEN ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS. THE DATA RETURNED FROM THIS ELECTRONIC ELIGIBILITY REVIEW CONSTITUTES ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THE AHN POLICY. WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE PATIENT IS NOTIFIED OF THE DETERMINATION AND THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY.

Schedule H, Part V, Section B, Line 5 Facility , 1

Facility , 1 - WESTFIELD MEMORIAL HOSPITAL, INC.. Allegheny Health Network (AHN) executed a CHNA process that included collecting primary and secondary data. A formation of a working group consisting of members from AHN's Community Affairs oversaw the CHNA along with the project consultant, Tripp Umbach. Representatives from each AHN hospital facility and representatives from departments within AHN formed a steering committee that provided high-level feedback and input on primary and secondary data collected. Organizations and community stakeholders within the primary service area were engaged in identifying the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from a multitude of regional community stakeholders from organizations. Input from the community was sought through a customized multi-language community survey, stakeholder interviews, and a provider survey. The community survey was employed to collect input from populations within Allegheny Health Network's service area to identify health risk factors and health needs in the community. Working with leadership from Community Affairs, the community survey was promoted on social media platforms, hospital websites, relationships with community-based organizations, and clinics. Collecting surveys from community residents whose primary language was not English was an essential driver of the initiative. The community survey was available in English, Spanish, Nepalese, Chinese, and Arabic. The telephone interviews completed with community stakeholders as part of the CHNA phase helped to understand the changing community health environment. The interviews offered stakeholders an opportunity to provide feedback on the needs of the region they serve and other information relevant to the study. Overall, 59 community stakeholder interviews were conducted for AHN in July-October 2021. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds, including: 1. Businesses 2. County and state government representatives 3. Economic development 4. Education 5. Faith-based communities 6. Foundations/philanthropic 7. Health care representatives 8. Law enforcement 9. Non-profits 10. Representatives of underserved populations 11. Social service representatives Within the interview and discussion process, overall health needs, themes, and concerns were presented. The qualitative data collected are the perceptions and opinions from community stakeholders as part of the CHNA process. The information provides insight and adds great depth to the qualitative data. Community stakeholders interviewed represented the following organizations: * AARP Work Search * AHN Cancer Institute * AHN Center for Inclusion Health * AHN Jefferson Front Door Initiative * AHN Westfield Board * Allegheny Center Alliance Church * Allegheny County Health Department (two community stakeholders interviewed) * Allegheny Township * Allen Place Community Services Inc. * Alliance for Nonprofit Resources Inc. * AWARE Domestic Violence Agency (Sexual Assault) * Bhutanese Community Association of Pittsburgh (BCAP) * Bloomfield Development Corporation * Buhl Regional Health Foundation of Mercer County * Butler County Tourism and Convention Bureau * Center for Community Resources * Erie County Executive * Erie County Health Department * Grove City Area United Way * Grove City Chamber of Commerce * Grove City School District * Grove Manor Corporation * Harvest Bible Chapel Pittsburgh North * Hefren-Tillotson Inc. * Heritage Community Initiatives * Jefferson Regional Foundation * Lawrenceville United Inc. * Light of Life Rescue Mission * Martin Luther King Center * Mayor of Erie * Mercer County Agency on Aging * Mercy Center for Women * Mon Valley Initiative * Monroeville Foundation * Mt. Olive Baptist Church * Municipality of Monroeville * Neighborhood Learning Alliance *

Neighborhood Resilience Project * North Hills Community Outreach * North Way Christian Community Church * Northside Leadership Conference * Penn State University * Perry Hilltop Citizens Council * Pittsburgh North Regional Chamber of Commerce * Primary Health Network * Project Destiny Inc. * Saint Mary's Home of Erie * Salvation Army * Second Harvest Food Bank of Northwest PA * Slippery Rock University * South Hills Interfaith Movement (SHIM) * Temple David * The Building Block of Natrona * The Lord's Church of Pittsburgh * United Way of Southwestern Pennsylvania * Walnut Grill Restaurant * Westfield Area Central School Board * Westfield Memorial Hospital Foundation * YMCA of Franklin and Grove City In addition, a provider survey was implemented to collect data from providers from the hospital's service areas and region to identify the community's needs and vulnerable populations and those partners/organizations that will be instrumental in addressing prioritized needs. Providers internal and external to Allegheny Health Network received a survey link. Community input was aligned with secondary data and presented to the CHNA Steering Committee as a framework for assessing current community needs, identifying new/emerging health issues, and advancing health improvement efforts to address identified needs.

Schedule H, Part V, Section B, Line 11 Facility , 1

Facility , 1 - WESTFIELD MEMORIAL HOSPITAL, INC.. Health Priority: Behavioral Health Community Need: Substance Use Disorder Goal: Establish protocol to treat eligible overdose patients with Medication Assisted Therapy (MAT); Increase knowledge and access to substance use disorder programs and services. Strategies: Begin medicating patients that meet criteria with first dose of Buprenorphine and transition to Medication Assisted Treatment (MAT) for detox; Increase community knowledge and access to substance use disorder resources. Action Steps: Screen overdose patients in the emergency department for MAT criteria; Collaborate Chautauqua County Mobile Crisis Services; Partner with community- based providers. Measure: Number of patients screened for eligibility for MAT; Number of patients that participate in MAT program; Number of community events. Impact: (1) increased awareness of treatment for overdose complications; (2) increased services for overdose cases; and (3) increased awareness of treatment resources for substance use disorder. 2021 Progress: In 2021, AHN Westfield improved the efficiency of its referral process for patients. Health Priority: Behavioral Health Community Need: Mental Health Services Goal: Increase referrals from emergency department (ED) to outpatient treatment options. Strategies: Provide patients presenting to the ED with local options for follow-up care. Action Steps: Develop partnerships with area behavioral health providers; Develop a referral pathway for post- ED follow-up care of addiction and other mental health issues. Measure: Number of patients referred to mobile crisis services; Number of local services identified. Impact: (1) Increased number of patients receiving treatment; and (2) increased awareness of available resources. 2021 Progress: In 2021, AHN Westfield partnered with regional Federally Qualified Health Centers to improve the behavioral health referral process for emergency department patients and explore tele-psychiatric services. Health Priority: Behavioral Health Community Need: Postpartum Depression Goal: Increase knowledge and access to post-partum depression resources. Strategies: Increase community knowledge of Postpartum depression program. Action Steps: Partner with OB group to establish a referral pattern for postpartum depression services. Measure: Number of patients referred to postpartum depression program; Number of patients that attend a postpartum depression program; Number of postpartum depression programs. Impact: Increased awareness of treatment resources for post-partum depression. Addressing postpartum depression was identified in 2021 as a prioritized need for the AHN Westfield. An evaluation of the progress made will be provided starting with the 2022 filing. Health Priority: Chronic Diseases Community Need: Cancer Goal: Increase the number of adults who receive age-appropriate screenings. Strategies: Continue CT lung cancer screening program. Action Steps: Continue Lung Cancer Screening protocols; Educate referring providers of service; Begin community lung cancer screening. Measure: Number of patient screening at community events; Number of studies performed. Impact: (1) increased number of screenings; (2) increased number of early lung cancer detections. 2021 Progress: In 2021, AHN Westfield actively participated in the cancer screening program by providing breast health screenings and imaging to uninsured patients with reimbursement provided by the state. Health Priority: Chronic Diseases Community Need: Diabetes Goal: Improve quality outcomes associated with diabetes. Strategies: Promote diabetes prevention in the community; Partner with local children's diabetic camp. Action Steps Host screening and education events; Identify at risk patients through biometric screenings; Present at schools and community group on healthy living; Provide subject matter support to children at the camp; Educate campers on diabetes management strategies. Measure: Number of community

events; Number of at-risk patients identified through biometric screenings; Staff hours for planning and presenting at the camp; Number of campers educated. Impact: (1) Increased participation in children's camp; and (2) increase education for campers. 2021 Progress: In 2021, AHN Westfield increased clinic hours to complement existing nutrition and wound care programs and expanded the number of available nutrition appointments to meet demand generated by the Tele-endocrine service. Health Priority: Chronic Diseases Community Need: Heart Disease Goal: Improve quality outcomes associated with heart disease. Strategies: Begin offering consistent cardiac ECHO services at WMH. Action Steps: Use inpatient care pathways established by the network; Educate PCPs and patients on heart disease management. Measure: Number of inpatient order sets used to require an ECHO; Number PCP referrals for outpatient ECHO. Impact: (1) Increased number of ECHO studies; and (2) increased utilization of a chronic disease care model. 2021 Progress: In 2021, AHN Westfield implemented tele-cardiology to further expand service offerings. The hospital identified advanced practice providers to work at Westfield location to improve access. Health Priority: Health Equity Community Need: Diversity, Equity, and Inclusion Goal: Identify community leaders to improve preventative care for the Amish population. Strategies: Identify community leaders. Action Steps: Provide opportunity for preventative health screenings. Measure: Number of population health screenings. Impact: Improved preventative health maintenance. The promotion of Diversity, Equity and Inclusion (DEI) in healthcare was identified in 2021 as a prioritized need for the AHN hospitals. An evaluation of the progress made will be provided starting with the 2022 filing.

Part V Facility Information (continued)



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

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

How many non-hospital health care facilities did the organization operate during the tax year? 57

Name and address	Type of Facility (describe)
1 Wexford Medical MallWHWP 12311 Perry Hwy Pine Township, PA 15090	Medical Office
2 AGH South Tower 320 E North Ave Pittsburgh, PA 15212	Medical Office
3 WPH - Mellon Pavilion 4815 Liberty Ave Pittsburgh, PA 15224	Medical Office
4 Suburban MOB - MAIN 100 South Jackson Avenue Bellevue, PA 15202	Medical Office
5 SVH - Hardner Building 2315 Myrtle St Erie, PA 16544	Medical Office
6 Federal North Building 1307 Federal St Pittsburgh, PA 15212	Mixed Use
7 JH -South Hills Medical Building 575 Coal Valley Rd Jefferson Hills, PA 15025	Medical Office
8 Hemlock Building 491 Hemlock Street Pittsburgh, PA 15212	Medical Office
9 JH - Bibro Pavilion 565 Coal Valley Rd Jefferson Hills, PA 15025	Mixed Use
10 SVH - Outpatient Surgery Center 312 W 25th St Erie, PA 16502	Mixed Use
11 AGH Allegheny Profess Bldg 490 E North Ave Pittsburgh, PA 15212	Medical Office
12 AGH East Wing Office Building 390 E North Ave Pittsburgh, PA 15212	Medical Office
13 JMA Building 1200 Brooks Ln Jefferson Hills, PA 15025	Medical Office
14 Forbes Cancer & Imaging Center 2626 Haymaker Road	Medical Office

15	Monroeville, PA 15146 Bethel Park HWPBHWP 1000 Higbee Drive Bethel Park, PA 15102	Medical Office
16	FH - POB #1 2566 Haymaker Rd Monroeville, PA 15146	Medical Office
17	Hempfield Micro Hospital MOB 6321 Route 30 Hempfield, PA 15601	Mixed Use
18	FH - POB # 2 2580 Haymaker Rd Monroeville, PA 15146	Medical Office
19	West Side MOBEWHWP 4247 W Ridge Rd Millcreek Township, PA 16506	Medical Office
20	St Vincent Union City MOB 130 N Main St Union City, PA 16438	Medical Office
21	Yorktown Center 2501 W 12th St Erie, PA 16505	Medical Office
22	JRMC - Surgery CenterBHWP 990 Higbee Drive Bethel Park, PA 15102	Surgery Center
23	Butler Community Cancer Center 160 Hollywood Drive Butler City, PA 16001	Medical Office
24	495 East Waterfront Drive 495 E Waterfront Dr Homestead, PA 15120	Medical Office
25	Monroeville Medical Arts Bldg 2550 Mosside Blvd Monroeville, PA 15146	Medical Office
26	McCandless MOB 9335 McKnight Rd McCandless, PA 15237	Medical Office
27	Brentwood Professional Plaza 3720 Brownsville Rd Brentwood, PA 15227	Medical Office
28	Century III Medical Building 2027 Lebanon Church Rd West Mifflin, PA 15122	Medical Office
29	McCandless Micro Hospital MOB 8590 Duncan Ave McCandless, PA 15237	Medical Office
30	Grove City Hospital - MOB 647 N Broad St Ext Grove City, PA 16127	Medical Office
31	Allegheny Imaging at Robinson 133 Church Hill Rd Robinson, PA 15136	Medical Office
32	Suburban MOB - Lincoln 575 Lincoln Ave Bellevue, PA 15202	Medical Office
33	Wilson Sq Professional Bldg 224 Longfellow Street Vandergrift, PA 15690	Medical Office
34	Cercone Building 4727 Friendship Ave Pittsburgh, PA 15224	Medical Office
35	Rte 51 Med Ctr 810 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
36	Murrysville Medical Commons 4262 Old William Penn Hwy Murrysville, PA 15668	Medical Office
37	2801 Freeport Road 2801 Freeport Rd Harrison, PA 15065	Medical Office
38	Richland Mall 5375 William Flynn Hwy Richland, PA 15044	Medical Office
39	Cranberry Internal Medicine Asso 20826 Route 19 Cranberry Township, PA 16066	Medical Office
40	Three Robinson Plaza 3 Robinson Plaza Robinson, PA 15205	Medical Office
41	Heights Plaza 1624 Pacific 1624 Pacific Ave Harrison, PA 15065	Medical Office
42	Fort Couch Commons 59 Fort Couch Road Bethel Park, PA 15102	Medical Office
43	Cranberry Shoppes Suite 101 20215 Route 19 Cranberry Township, PA 16066	Medical Office
44	Beaver Outpatient Center 103 Pleasant Dr Aliquippa, PA 15001	Medical Office
45	Dinnerbell Square 333 W Main St Saxonburg, PA 16056	Medical Office
46	Yadagani Building 97 Delaware Ave Uniontown, PA 15401	Medical Office
47	5140 Liberty MOB 5140 Liberty Ave Pittsburgh, PA 15224	Medical Office

	<p>LIFEFLIGHT, THE FIRST AIR MEDICAL TRANSPORT SERVICE IN THE NORTHEASTERN UNITED STATES, IS PART OF AHN AND HAS COMPLETED MORE THAN 70,000 MISSIONS IN MORE THAN 40 YEARS OF FLYING. HOSPITAL-BASED AIR-MEDICAL TRANSPORT PROGRAMS THAT FIRST TOOK FLIGHT IN THE LATE 1970S ARE CREDITED WITH SIGNIFICANTLY IMPROVING A CRITICALLY INJURED PATIENT'S CHANCE OF SURVIVAL. THEY PROVIDE TIMELY ACCESS TO SPECIALTY LIFE-SAVING INTERVENTIONS FOR PEOPLE SUFFERING FROM TRAUMA, HEART ATTACKS, STROKES, AND OTHER CRITICAL ILLNESSES. AHN'S LIFEFLIGHT HAS FIVE BASES THROUGHOUT THE REGION. - PERINATAL HEALTH: IN 2018, AHN OPENED THE ALEXIS JOY D'ACHILLE CENTER FOR PERINATAL MENTAL HEALTH AT WEST PENN HOSPITAL, AN INNOVATIVE NEW FACILITY THAT OFFERS WOMEN WITH PREGNANCY-RELATED DEPRESSION ACCESS TO A SPECTRUM OF FAMILY-FOCUSED CARE OPTIONS UNDER ONE ROOF. THE 7,300-SQUARE-FOOT, \$2.5 MILLION CENTER IS DESIGNED SO THAT MOTHERS CAN STAY WITH THEIR BABIES WHILE UNDERGOING TREATMENT. THE FACILITY HOUSES ROOMS FOR INDIVIDUAL THERAPY AS WELL AS SPACE FOR INTENSIVE OUTPATIENT CARE - A THREE-HOURS-DAILY, THREE-DAYS-A-WEEK PROGRAM THAT FOCUSES ON GROUP THERAPY, MOTHER-CHILD BONDING AND COMPLEMENTARY MODALITIES FOR STRESS RELIEF, SUCH AS YOGA AND MEDIATION. THE CENTER WILL ALSO OFFER CHILD CARE SERVICES FOR OLDER CHILDREN, ADDRESSING A MAJOR BARRIER TO CARE FOR WOMEN. - VETERANS: AHN IS A PARTNER IN THE "WE HONOR VETERANS PROGRAM," A PROGRAM DEVELOPED BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) IN COLLABORATION WITH THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO SPECIFICALLY RECOGNIZE THE UNIQUE NEEDS OF AMERICA'S VETERANS AND THEIR FAMILIES. AHN'S HEALTHCARE@HOME UNIT RECOGNIZES THAT VETERANS AND THEIR FAMILIES MAY FACE UNIQUE AND SPECIAL NEEDS AND CHALLENGES BECAUSE OF THEIR ILLNESS, ISOLATION OR TRAUMATIC LIFE EXPERIENCES. THE GOALS OF THE WE HONOR VETERANS PROGRAM FOCUS ON RESPECTFUL INQUIRY, COMPASSIONATE LISTENING AND GRATEFUL ACKNOWLEDGMENT. ADDITIONALLY, AHN SUPPORTS THE HEALTH OF WESTERN PENNSYLVANIA'S SUBSTANTIAL VETERANS' COMMUNITY THROUGH THE INTEGRATION OF THE AHN AND VA ELECTRONIC MEDICAL RECORDS (EMR) PLATFORMS. THE TWO ORGANIZATIONS CAN NOW EXCHANGE VETERANS' HEALTH RECORDS SECURELY AND SEAMLESSLY FOR A MORE CONNECTED PATIENT-PROVIDER EXPERIENCE. - RESEARCH: AT THE ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE, THE PATH TO ADVANCING THE SCIENCE OF MEDICINE STARTS WITH DISCOVERY. AHN RESEARCH SCIENTISTS AND PHYSICIAN INVESTIGATORS ARE FORGING NEW MEDICAL FRONTIERS LOOKING FOR CURES TO SOME OF THE MOST COMPLEX CAUSES OF DISEASE. AHN OFFERS COMMUNITY ACCESS TO NEW DRUG THERAPIES, HONES REVOLUTIONARY SURGICAL PROCEDURES, AND HAS ADVANCED EXPERTISE WITH INNOVATIVE DEVICES AND WEARABLE TECHNOLOGIES THAT HELP REDUCE THE IMPACT OF CHRONIC DISEASE. AHN PARTNERS WITH LOCAL INDUSTRY, GOVERNMENT, ACADEMIA, AND HEALTH SYSTEMS ACROSS THE REGION TO WORK TOWARD A COMMON GOAL: DISCOVERING CURES AND DEVELOPING THE NEXT "BEST PRACTICES" IN MEDICINE. BY REDEFINING THE WAY AHN TREATS DISEASE, THE NETWORK IS IMPROVING THE HEALTH OF ITS COMMUNITY, AND ITS PATIENTS, WHILE ADVANCING THE SCIENCE OF MEDICINE. ADDITIONALLY, AHN PARTICIPATES IN HIGHMARK HEALTH'S "VITAL" (VERIFICATION OF INNOVATION BY TESTING, ANALYSIS AND LEARNING) PROGRAM, A CLINICAL INNOVATION PROGRAM THAT LEVERAGES HIGHMARK HEALTH'S SIZE AND MARKET POSITION, AND AHN'S PATIENTS AND CLINICIANS, TO ACCELERATE THE PACE AT WHICH NOVEL THERAPIES AND SERVICES ARE MADE AVAILABLE TO THE COMMUNITY CUSTOMERS. THE VITAL INNOVATION PROGRAM IS A TEST BED DESIGNED TO FACILITATE EARLY USE OF TECHNOLOGIES THAT HAVE RECEIVED REGULATORY APPROVAL BUT ARE NOT YET COVERED BY MOST COMMERCIAL INSURERS. VITAL AND AHN CLINICIANS TEST THOSE TECHNOLOGIES AND THERAPIES, SEE HOW WELL THEY WORK ON AHN PATIENTS THROUGH CLINICAL TRIALS, AND DETERMINE WHETHER THEY ARE COST EFFECTIVE IN HOPES OF SPEEDING THOSE TECHNOLOGIES TO THE FULL WESTERN PENNSYLVANIA POPULATION.</p>
Schedule H, Part VI, Line 7 STATE FILING OF COMMUNITY BENEFIT REPORT	WESTFIELD MEMORIAL HOSPITAL FILES THE COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW YORK AS PART OF ITS OBLIGATION TO FURNISH THE STATE OF NEW YORK WITH A COPY OF THE IRS FORM 990 AND RELATED SCHEDULES.
Schedule H, Part I, Line 7f BAD DEBT	BAD DEBT WAS REMOVED FROM TOTAL FUNCTIONAL EXPENSES AS REPORTED IN PART IX OF FORM 990 IN ORDER TO COMPUTE THE PERCENTAGES FOR COLUMN F OF LINE 7.
Schedule H, Part V, Section B, Line 16 Disclosure in accordance with Rev. Proc. 2015-21 Section 7	During 2021, AHN's financial assistance policy was not properly updated to reflect all hospital facilities covered by the policy. Grove City Medical Center (GCMC) began following the AHN financial assistance policy effective February 6, 2021. It was discovered in September 2021 that the AHN financial assistance policy was not updated to list GCMC as a covered facility. The AHN financial assistance policy was updated on November 12, 2021 to include GCMC and the updated financial assistance policy was made available on the website effective February 9, 2022. AHN has implemented procedures to ensure compliance with this requirement going forward.
Schedule H, Part V, Section B, Line 16 Disclosure in accordance with Rev. Proc. 2015-21 Section 7	During the tax year, AHN did not have the financial assistance policy, plain language summary and financial assistance application translated into each of the languages spoken by limited English proficiency (LEP) populations. AHN is not aware of any individuals who were adversely impacted by this minor oversight. AHN will have the translations complete and available on the website on or before December 31, 2022. AHN has also implemented procedures to ensure compliance with this requirement in the future by annually reviewing the LEP populations and adding additional translations as needed or updating the translations should there be any changes to the documents.
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	<p>AHN'S FINANCIAL ASSISTANCE POLICY STATES THE CRITERIA FOR DETERMINING PATIENT'S ELIGIBILITY FOR FREE OR DISCOUNTED CARE. PATIENTS WHO MEET THE CRITERIA AS ESTABLISHED IN THE POLICY WILL BE ELIGIBLE FOR FINANCIAL ASSISTANCE INCLUDING FREE OR DISCOUNTED CARE. A PATIENT MUST BE A CITIZEN OF THE UNITED STATES OF AMERICA OR A LAWFUL PERMANENT RESIDENT OF THE UNITED STATES OF AMERICA, AND A RESIDENT OF THE COMMONWEALTH OF PENNSYLVANIA, OR NEW YORK STATE FOR WESTFIELD MEMORIAL HOSPITAL. INTERNATIONAL PATIENTS OR UNAUTHORIZED IMMIGRANTS MAY QUALIFY FOR FINANCIAL ASSISTANCE IF THEY ARE ELIGIBLE FOR MEDICAID. THERE MAY BE SPECIAL CIRCUMSTANCES FOR OUT-OF-STATE AND INTERNATIONAL PATIENTS (E.G., AUTO ACCIDENT, EMERGENT ILLNESS) UNDER WHICH, AT AHN'S SOLE DISCRETION, SUCH INDIVIDUALS COULD BE CONSIDERED FOR QUALIFICATION FOR FINANCIAL ASSISTANCE UNDER THE POLICY. THE PATIENT/GUARANTOR MUST BE ABLE TO DEMONSTRATE A GOOD FAITH EFFORT IN HAVING APPLIED FOR AND COMPLIED WITH AVAILABLE AFFORDABLE HEALTHCARE BENEFIT ALTERNATIVES (E.G., MEDICAID ELIGIBILITY AND OTHER ACA SUBSIDIZED HEALTHCARE BENEFIT PROGRAMS), OR PROVIDE EVIDENCE THAT COVERAGE FOR MEDICAID OR OTHER PROGRAMS WOULD NOT BE GRANTED BEFORE BECOMING ELIGIBLE FOR CHARITY CARE. THE PATIENT MUST SUBMIT A COMPLETED APPLICATION FOR CHARITY CARE WITHIN THE APPLICATION PERIOD. AHN WILL MAKE REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR OUTSIDE ASSISTANCE BEFORE ENGAGING AN EXTRAORDINARY COLLECTION ACTION (ECAS) AGAINST THE INDIVIDUAL. REASONABLE EFFORTS FOR PURPOSES OF MEETING THESE REQUIREMENTS INCLUDE, A NOTIFICATION PERIOD AND AN APPLICATION PERIOD. THE NOTIFICATION PERIOD IS THE PERIOD IN WHICH AHN MUST NOTIFY AN INDIVIDUAL ABOUT THIS POLICY AND BEGINS ON THE DATE CARE IS PROVIDED TO THE INDIVIDUAL AND ENDS ON THE 120TH DAY AFTER AHN PROVIDES THE PATIENT WITH THE FIRST BILLING STATEMENT FOR THE CARE. IF THE INDIVIDUAL HAS FAILED TO SUBMIT AN APPLICATION BY THE END OF THE NOTIFICATION PERIOD, AHN MAY ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL. HOWEVER, AHN WILL ACCEPT AND PROCESS APPLICATIONS SUBMITTED BY AN INDIVIDUAL DURING THE LONGER APPLICATION PERIOD THAT ENDS ON THE 240TH DAY AFTER AHN PROVIDES THE INDIVIDUAL WITH THE FIRST BILLING STATEMENT FOR THE CARE. PATIENTS WHO FAIL TO SUBMIT A COMPLETE APPLICATION OR FAIL TO RETURN THE APPLICATION INCLUDING SUPPORTING DOCUMENTATION AFTER 240 DAYS MAY BE DENIED DUE TO FAILURE TO COMPLY. COVERAGE BY CHARITY CARE IS LIMITED TO BASIC MEDICAL CARE AND WILL ONLY APPLY TO EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES. CHARITY CARE WILL NOT BE AVAILABLE TO A PATIENT THAT REFUSES DISCHARGE AND INCURS ADDITIONAL CHARGES THAT ARE CONSIDERED MEDICALLY UNNECESSARY. CHARITY CARE DISCOUNTS APPLY ONLY TO DRUGS THAT ARE ADMINISTERED DURING AN INPATIENT STAY OR OUTPATIENT SERVICE. THESE DISCOUNTS DO NOT APPLY TO ANY OTHER DRUGS OR MAIL ORDER PRESCRIPTIONS. CHARITY CARE WILL NOT APPLY TO SERVICES THAT ARE COVERED BY AN INSURANCE CARRIER THAT HAS DENIED SERVICES DUE TO LITIGATION, LACK OF COOPERATION FROM THE PATIENT OR ERRONEOUS INFORMATION FROM THE PATIENT. PENSION ACCOUNTS ARE EXCLUDED. ONCE A PATIENT IS APPROVED, CHARITY CARE IS GRANTED FOR A PERIOD OF SIX MONTHS BEGINNING ON THE DATE OF APPROVAL. AHN WILL APPLY CHARITY CARE ADJUSTMENTS TO PRIOR ACCOUNTS THAT ARE WITHIN 240 DAYS FROM THE FIRST POST-DISCHARGE PATIENT BILLING STATEMENT THAT TRIGGERED THE FINANCIAL ASSISTANCE APPLICATION. HOWEVER, AHN RESERVES THE RIGHT TO LIMIT RETROACTIVE APPLICATION OF CHARITY CARE FOR TIME FRAMES IN EXCESS OF WHAT IS GENERALLY REQUIRED UNDER 501(R). GENERALLY, THIS LIMITATION WOULD ONLY APPLY WHEN EXTRAORDINARY DIFFERENCES EXIST BETWEEN THE PATIENT'S CURRENT FINANCIAL CONDITION AND THEIR</p>

	<p>FINANCIAL CONDITION IN THE SIX-MONTH PERIOD PRIOR TO APPROVAL AND WHEN SUCH DIFFERENCES ARE ALSO ACCOMPANIED BY A CLEAR INDICATION THAT SUFFICIENT FUNDS OR INCOME WERE AVAILABLE IN THE PRIOR PERIOD TO PAY OUTSTANDING MEDICAL BILLS. CHARITY CARE DISCOUNTS APPLY TO PATIENT LIABILITY AMOUNTS ONLY, AND NO INSURANCE AMOUNTS WILL BE CONSIDERED. APPROVED AMOUNTS MAY BE A RESULT OF THE FOLLOWING: (1) PATIENT DOES NOT HAVE MEDICAL ASSISTANCE OR ADEQUATE INSURANCE COVERAGE; (2) PATIENT HAS EXHAUSTED HIS/HER INSURANCE BENEFITS (E.G., EXCEEDED MAXIMUM COVERED DAYS/AMOUNT, EXCEEDED MEDICARE'S LIFETIME RESERVE DAYS); (3) PATIENT HAS A PRIMARY INSURANCE CARRIER WHO HAS RENDERED PAYMENT BUT A SECONDARY LIABILITY EXISTS FOR WHICH HE/SHE DOES NOT HAVE COVERAGE; (4) PATIENT IS CONSIDERED INDIGENT DUE TO THE AMOUNT OF MEDICAL DEBT INCURRED IN COMPARISON TO THE PATIENT'S FINANCIAL CIRCUMSTANCES; (5) DECEASED PATIENT'S ESTATE WILL EXHAUST PRIOR TO PAYMENT OF THE FULL PATIENT BALANCE; (6) PATIENT HAS PROVIDED A FORMAL BANKRUPTCY JUDGMENT THAT IMPACTS THE DATE ON WHICH SERVICES WERE PROVIDED ALONG WITH UNDATED INCOME/ASSET INFORMATION; (7) PATIENT IS HOMELESS OR HAS PROVEN TO BE A RESIDENT OF A HOMELESS SHELTER; (8) PATIENT HAS PROVIDED A FORMAL AFFIDAVIT OR DOCUMENTATION REGARDING INCOME/ASSET INFORMATION AND/OR HOMELESS STATUS THAT QUALIFIES THE PATIENT FOR CHARITY CARE; OR (9) THE PATIENT HAS MEDICAID PART PAY BALANCES AND QUALIFIES FOR CHARITY CARE. THERE ARE THREE PRINCIPAL FINANCIAL CRITERIA THAT ARE APPLIED AS FOLLOWS IN ORDER TO DETERMINE WHETHER A PATIENT HAS ECONOMIC MEANS TO PAY AND WHETHER THAT PATIENT MEETS ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER THIS POLICY, ASSUMING OTHER CRITERIA IN THE POLICY (SUCH AS RESIDENCY) ARE ALSO MET. (1) FIRST, A PATIENT'S LIQUID ASSETS ARE DETERMINED (SEE EARLIER DEFINITION OF LIQUID ASSETS). IF LIQUID ASSETS EXCEED THE CALCULATED THRESHOLD LEVEL INDICATED IN APPENDIX F, THEN ALL LIQUID ASSETS ABOVE THE THRESHOLD LEVEL MUST FIRST BE USED TO SATISFY ANY OUTSTANDING BALANCE OWED TO AHN BY A PATIENT. (2) ONCE STEP ONE HAS BEEN COMPLETED, IF THE PATIENT STILL OWES A BALANCE, THEN THE PATIENT WILL BE EVALUATED ON AN INCOME BASIS. IF THE PATIENT AND/OR GUARANTOR'S HOUSEHOLD INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) GUIDELINES, THEN 100% OF THE BALANCE FOR WHICH THE PATIENT IS STILL RESPONSIBLE AND FOR WHICH FINANCIAL ASSISTANCE IS AVAILABLE UNDER THIS POLICY, WILL BE FORGIVEN BY AHN. NO FINANCIAL ASSISTANCE IS AVAILABLE FOR A PATIENT OR A GUARANTOR WHOSE ANNUAL INCOME IS GREATER THAN 200% OF THE FPL UNLESS THEY QUALIFY UNDER MEDICAL HARDSHIP. (3) AS AN ALTERNATIVE TO STEP 2, A PATIENT MAY DEMONSTRATE MEDICAL HARDSHIP. PATIENTS THAT MEET MEDICAL HARDSHIP CRITERIA QUALIFY FOR THE SAME FINANCIAL ASSISTANCE BENEFIT AS INDIVIDUALS WHOSE INCOME IS AT OR BELOW 200% OF THE FPL GUIDELINES. GENERALLY, AHN DOES NOT PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHOSE INCOME EXCEEDS 200% OF THE FPL UNLESS THEY MEET THE CRITERIA FOR MEDICAL HARDSHIP. AHN DOES NOT USE ANY PREVIOUS FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATIONS TO PRESUMPTIVELY APPROVE A PATIENT FOR FINANCIAL ASSISTANCE. WHEN A PATIENT'S FINANCIAL ASSISTANCE HAS TERMINATED, THE PATIENT MUST REAPPLY FOR FINANCIAL ASSISTANCE. GENERALLY, ONCE QUALIFIED, AN INDIVIDUAL QUALIFIES AND REMAINS ELIGIBLE FOR FINANCIAL ASSISTANCE FOR A SIX-MONTH PERIOD BEFORE REQUIRING RE-QUALIFICATION FOR FINANCIAL ASSISTANCE UNDER THE POLICY. IN ADDITION, A FINANCIAL ASSISTANCE APPLICATION FILED AND APPROVED AT ANY AHN HOSPITAL SHALL APPLY TO ALL AHN HOSPITALS WITH THE EXCEPTION OF WESTFIELD MEMORIAL HOSPITAL. HARDSHIP DOCUMENTATION MAY BE REQUIRED (I.E., CASES WITH EXCESSIVE MEDICATIONS, TERMINAL ILLNESS OR MULTIPLE HOSPITALIZATIONS). FOR A PATIENT THAT EXCEEDS 200% OF THE FEDERAL POVERTY GUIDELINES AND WHOSE ACCOUNT BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, AHN MAY CLAIM THE EXCESS BALANCE AS A HARDSHIP PROVIDED THAT THE PATIENT PROVIDES DOCUMENTATION OF INCOME, OR INCOME CAN BE DERIVED FROM OUTSIDE DATABASE SOURCES.</p>
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	73468010
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE AUDITED FINANCIAL STATEMENTS ARE ISSUED ON A CONSOLIDATED BASIS AND INCLUDE ENTITIES OTHER THAN THOSE INCLUDED IN THIS FILING. THEREFORE, THE FOOTNOTE REGARDING BAD DEBT IS NOT RELEVANT TO THIS RETURN. THE FIGURE REFLECTED ON LINE 2 IS THE SUMMATION OF ALL BAD DEBT EXPENSE FOR THE HOSPITALS INCLUDED IN SCHEDULE H. BAD DEBT EXPENSE IS ACCOUNTED FOR ON A CHARGE BASIS IN OUR INTERNAL FINANCIAL STATEMENTS.
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE AUDITED FINANCIAL STATEMENTS ARE ISSUED ON A CONSOLIDATED BASIS AND INCLUDE ENTITIES OTHER THAN THOSE INCLUDED IN THIS FILING. THEREFORE, THE FOOTNOTE REGARDING BAD DEBT IS NOT RELEVANT TO THIS RETURN. THE FIGURE REFLECTED ON LINE 2 IS THE SUMMATION OF ALL BAD DEBT EXPENSE FOR THE HOSPITALS INCLUDED IN SCHEDULE H. BAD DEBT EXPENSE IS ACCOUNTED FOR ON A CHARGE BASIS IN OUR INTERNAL FINANCIAL STATEMENTS.
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE AUDITED FINANCIAL STATEMENTS ARE ISSUED ON A CONSOLIDATED BASIS AND INCLUDE ENTITIES OTHER THAN THOSE INCLUDED IN THIS FILING. THEREFORE, THE FOOTNOTE REGARDING BAD DEBT IS NOT RELEVANT TO THIS RETURN. THE FIGURE REFLECTED ON LINE 2 IS THE SUMMATION OF ALL BAD DEBT EXPENSE FOR THE HOSPITALS INCLUDED IN SCHEDULE H. BAD DEBT EXPENSE IS ACCOUNTED FOR ON A CHARGE BASIS IN OUR INTERNAL FINANCIAL STATEMENTS.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	AHN RECEIVES OVERALL REIMBURSEMENT FROM MEDICARE LESS THAN THE COST OF THE SERVICES PROVIDED. AS SUCH, WE CONSIDER THE SHORTFALL A COMMUNITY BENEFIT. THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS THE COST ACCOUNTING SYSTEM.
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	WRITTEN DEBT COLLECTION POLICY PATIENTS THAT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE PROVIDED WITH AN APPROVAL LETTER WITH THE EFFECTIVE DATES FOR THE ASSISTANCE. AT ANY TIMETIME, THE INDIVIDUAL PRESENTS FOR SERVICES WITHIN 240 DAYS FROM THE FIRST POST-DISCHARGE PATIENT BILLING STATEMENT PRECEDING AND 6 MONTHS FOLLOWING APPROVAL, THEY SHOW THE LETTER AND WILL BE REGISTERED AS A CHARITY CARE CASE. CHARITY CARE CASES ARE DESIGNATED IN THE INTERNAL COMPUTERIZED SYSTEMS WITH UNIQUE BILLING INDICATORS THAT PREVENT BILLING TO THE PATIENT. REPORTS ARE RUN TO CAPTURE THE PATIENT ACCOUNTS REGISTERED WITH THE CHARITY CARE BILLING INDICATOR SO THEY CAN BE WRITTEN OFF TO CHARITY CARE.
Schedule H, Part V, Section B, Line 16a FAP website	A - ALLEGHENY GENERAL HOSPITAL: Line 16a URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - SAINT VINCENT HEALTH CENTER: Line 16a URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - AHN EMERUS WESTMORELAND LLC: Line 16a URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - AHN WEXFORD HOSPITAL: Line 16a URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - WESTFIELD MEMORIAL HOSPITAL, INC.: Line 16a URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ;
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ALLEGHENY GENERAL HOSPITAL: Line 16b URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - SAINT VINCENT HEALTH CENTER: Line 16b URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - AHN EMERUS WESTMORELAND LLC: Line 16b URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - AHN WEXFORD HOSPITAL: Line 16b URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - WESTFIELD MEMORIAL HOSPITAL, INC.: Line 16b URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - ALLEGHENY GENERAL HOSPITAL: Line 16c URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - SAINT VINCENT HEALTH CENTER: Line 16c URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - AHN EMERUS WESTMORELAND LLC: Line 16c URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - AHN WEXFORD HOSPITAL: Line 16c URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ; - WESTFIELD MEMORIAL HOSPITAL, INC.: Line 16c URL: HTTPS://WWW.AHN.ORG/ABOUT/UNINSURED-FINANCIAL-ASSISTANCE ;
Schedule H, Part VI, Line 2 Needs assessment	IN ADDITION TO THE FORMAL CHNA, THE HOSPITALS MANAGEMENT AND STAFF UTILIZE MULTIPLE STRATEGIES TO CONTINUALLY MONITOR AND ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THIS INCLUDES OUTREACH TO COMMUNITY MEMBERS IN AN EFFORT TO RECEIVE INPUT RELATED TO CURRENT HEALTH NEEDS AND TRENDS. THE HOSPITALS ACT ON SPECIFIC REQUESTS RECEIVED FOR HEALTH-RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS. THE HOSPITAL PARTICIPATES IN AREA GROUPS AND PARTNERSHIPS IN AN EFFORT TO UNDERSTAND THE COMMUNITY AND OBTAIN A SENSE OF SPECIFIC ISSUES. THE HOSPITAL ALSO ACTS ON SURVEY RESULTS RECEIVED FROM PATIENTS AND THE PATIENT FAMILIES AS WELL AS BEING CONNECTED TO WORLD-WIDE, NATIONAL AND LOCAL HEALTH TRENDS AND NEEDS AND ACTING ACCORDINGLY TO ENSURE OUR PATIENTS HAVE THE BEST CARE AVAILABLE TO THEM.
Schedule H, Part VI, Line 3 Patient	AHN DISPLAYS SIGNAGE IN VARIOUS PATIENT ADMISSION, REGISTRATION, AND EMERGENCY DEPARTMENT

<p>education of eligibility for assistance</p>	<p>INFORMATION FOR THE OFFICE RESPONSIBLE FOR THE FINANCIAL ASSISTANCE PROGRAM. DURING THE PRE-SERVICE PROCESS, PATIENTS ARE EVALUATED TO DETERMINE FINANCIAL ASSISTANCE OPTIONS. EACH HOSPITAL OFFERS THE FINANCIAL ASSISTANCE PROGRAM, WHICH CONSISTS OF APPLICATION ASSISTANCE FOR GOVERNMENTAL ELIGIBILITY, CHARITY CARE APPLICATION COMPLETION AND SUBMISSION SUPPORT, AS WELL AS FINANCIAL ASSISTANCE FOR THE UNINSURED. AHN'S FINANCIAL ASSISTANCE POLICY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE AVAILABLE AT EACH HOSPITAL, AND EACH HOSPITAL ALSO PROVIDES ON-SITE SUPPORT THROUGH FINANCIAL COUNSELORS, WHO ARE AVAILABLE TO WORK WITH PATIENTS. FINANCIAL COUNSELORS WORK DIRECTLY WITH THE PATIENTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE, AS WELL AS TO PROVIDE GUIDANCE TO PATIENTS REGARDING MEDICAL ASSISTANCE ELIGIBILITY. BOTH WEEKDAY AND WEEKEND COVERAGE IS AVAILABLE TO THE PATIENTS, AS WELL AS FIELD SUPPORT NEEDED FOR POST-DISCHARGE FOLLOW UP NEEDED FOR FINANCIAL ASSISTANCE APPLICATION SUBMISSION. THE ABOVE SUPPORT IS AVAILABLE AT NO CHARGE TO THE PATIENT. INFORMATION ABOUT AHN'S FINANCIAL ASSISTANCE PROGRAM IS ALSO COMMUNICATED THROUGH BROCHURES THAT ARE AVAILABLE IN THE REGISTRATION DEPARTMENTS THAT EXPLAIN THE PROGRAMS. THE BROCHURES INCLUDE CONTACT INFORMATION FOR THE OFFICE RESPONSIBLE FOR ASSISTING PATIENTS WITH FINANCIAL ASSISTANCE DETERMINATIONS. THE BACK OF THE PATIENT STATEMENT INCLUDES A SECTION REGARDING THE FINANCIAL ASSISTANCE PROGRAM, AND CONTACT INFORMATION FOR THE OFFICE RESPONSIBLE FOR ADMINISTERING THE FINANCIAL ASSISTANCE PROGRAM IS LISTED THERE AS WELL. WESTFIELD MEMORIAL HOSPITAL: WMH PROVIDES A SUMMARY DESCRIPTION OF THE CHARITY CARE POLICY IN PATIENT REGISTRATION AREAS AND FROM FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND CHARITY CARE.</p>
<p>Schedule H, Part VI, Line 4 Community information</p>	<p>THE FOURTEEN HOSPITALS (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, GROVE CITY MEDICAL CENTER, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL, WEST PENN, AHN WEXFORD, AHN HEMPFIELD, AHN HARMAR, AHN MCCANDLESS, AND AHN BRENTWOOD), FIVE HEALTH AND WELLNESS PAVILIONS, AND MORE THAN 300 CLINICAL SITES THAT COMPRISE ALLEGHENY HEALTH NETWORK SERVE ALL OF WESTERN PENNSYLVANIA, AND PARTS OF WEST VIRGINIA, OHIO, AND NEW YORK. ITS PRIMARY SERVICE AREAS INCLUDE THE PITTSBURGH METROPOLITAN STATISTICAL AREA (ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, FAYETTE, WASHINGTON, AND WESTMORELAND COUNTIES), THE ERIE MSA (ERIE COUNTY), AND MERCER COUNTY, PA (PART OF THE YOUNGSTOWN-WARREN-BOARDMAN, OH-PAMAS). TOGETHER, THESE AREAS HAVE A POPULATION OF MORE THAN 2.7 MILLION. THE MSAS ARE SIMILAR DEMOGRAPHICALLY, WITH A WHITE / CAUCASIAN POPULATION OF NEARLY 90 PERCENT, AND A BLACK / AFRICAN-AMERICAN POPULATION OF NEARLY 8 PERCENT. THE PITTSBURGH, ERIE AND YOUNGSTOWN MSAS SKEW OLDER THAN THE NATIONAL AVERAGE, MEANING HOSPITALS IN THOSE MSAS SEE HIGHER-THAN-AVERAGE PROPORTION OF MEDICARE PATIENTS. THE PITTSBURGH MSA'S 65-AND-OVER POPULATION IS MORE THAN 17 PERCENT; ERIE COUNTY'S PROPORTION OF SENIOR CITIZENS IS MORE THAN 16 PERCENT. MERCER COUNTY'S PROPORTION OF SENIOR CITIZENS IS MORE THAN 19 PERCENT. NATIONALLY, ABOUT 15 PERCENT OF AMERICANS ARE AGED 65 OR OLDER. HOUSEHOLDS WITHIN THE PITTSBURGH, ERIE, AND YOUNGSTOWN MSAS HAVE A LOWER-THAN-AVERAGE MEDIAN INCOME. IN THE PITTSBURGH MSA, THE MEDIAN HOUSEHOLD INCOME WAS ABOUT \$61,969 IN 2020, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN THE ERIE REGION, MEDIAN HOUSEHOLD INCOME WAS ABOUT \$52,863 IN 2020, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN MERCER COUNTY, THE MEDIAN HOUSEHOLD INCOME WAS \$50,529 IN 2020. THE LATEST YEAR FOR WHICH DATA IS AVAILABLE. IN 2020, THE U.S. MEDIAN HOUSEHOLD INCOME WAS \$64,994, ACCORDING TO U.S. CENSUS ESTIMATES. NEW YORK'S CHAUTAUQUA COUNTY, HOME TO AHN'S WESTFIELD MEMORIAL HOSPITAL, HAS A POPULATION OF ABOUT 127,500, AND A MEDIAN HOUSEHOLD INCOME OF ABOUT \$48,315 IN 2020, THE LATEST YEAR FOR WHICH DATA IS AVAILABLE.</p>
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>THE HOSPITALS OF AHN PROMOTE THE HEALTH AND WELL-BEING OF THEIR RESPECTIVE COMMUNITIES IN A VARIETY OF WAYS. FIRST AND FOREMOST, THEY DO SO THROUGH THE PROVISION OF EMERGENCY CARE AND TRAUMA CARE, OPERATING EMERGENCY DEPARTMENTS 24 HOURS A DAY, 7 DAYS A WEEK, WITH HIGHLY SKILLED AND TRAINED EMERGENCY MEDICINE PHYSICIANS AND NURSES. THE EMERGENCY DEPARTMENTS ARE OPEN TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY, AND PROVIDE SPECIALIZED, LIFE-SAVING CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER EXPRESSION, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY. ADDITIONALLY, THE HOSPITALS AND CLINICS OF AHN SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES AND PROGRAMS TO THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE; SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS, BENEFITS SEMINARS, SUPPORT GROUPS); AND MAKING CHARITABLE DONATIONS. THE SERVICES BENEFIT CHILDREN AND TEENS, ADULTS AND SENIORS, PATIENTS AND THEIR FAMILIES, AND THE COMMUNITY AT LARGE. SOME OF THOSE SERVICES AND INITIATIVES INCLUDE: THE AHN POSITIVE HEALTH CLINIC; THE BRADDOCK URGENT CARE CENTER; FREE CANCER SCREENINGS; A MEDICAL RESPITE PROGRAM; THE OPEN-HEART SURGERY OBSERVATION PROGRAM; THE PERINATAL HOPE PROGRAM; AND MORE. (FOR ADDITIONAL DETAIL, SEE SCHEDULE O.) IN 2021, IN RESPONSE TO THE GLOBAL COVID-19 (CORONAVIRUS) PANDEMIC, AHN PARTICIPATED IN AN UNPRECEDENTED PUBLIC HEALTH RESPONSE EFFORT, TO PROTECT AND EDUCATE THE COMMUNITY ABOUT THE THREATS POSED BY COVID-19, AND TO MITIGATE THE SPREAD OF THE VIRUS AND THE ILLNESS ASSOCIATED WITH IT. IN 2021, AHN'S COMMUNITY PANDEMIC RESPONSE FOCUSED LARGELY ON VACCINE DISTRIBUTION. AHN WORKED WITH CORPORATE, EDUCATIONAL PARTNERS, GOVERNMENT ORGANIZATIONS, CHURCHES, AND COMMUNITY PARTNERS TO SUCCESSFULLY PLAN, STAFF, AND CONDUCT ITS VACCINATION CAMPAIGN. (FOR ADDITIONAL DETAIL, SEE SCHEDULE O.) IN 2021, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AHN EMBARKED ON A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO COLLECT HEALTH AND SOCIO-ECONOMIC DATA TO DETERMINE THE COMMUNITY HEALTH NEEDS ACROSS AHN'S WESTERN PENNSYLVANIA SERVICE FOOTPRINT. IN TAKING A SYSTEM-WIDE APPROACH TO COMMUNITY HEALTH IMPROVEMENT, AHN SOUGHT TO IDENTIFY REGIONAL HEALTH TRENDS AND UNIQUE DISPARITIES WITHIN HOSPITAL SERVICE AREAS. (FOR ADDITIONAL DETAIL, SEE SCHEDULE O.) OTHER INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE MANY COMMUNITIES SERVED BY AHN INCLUDE: - HEALTHY FOOD CENTER: A FIRST OF ITS KIND IN THE REGION, AHN'S HEALTHY FOOD CENTER AS A "FOOD PHARMACY" WHERE PATIENTS WHO LACK ACCESS TO FOOD CAN RECEIVE NUTRITIOUS FOOD ITEMS, EDUCATION ON DISEASE-SPECIFIC DIETS, AND ADDITIONAL SERVICES FOR OTHER SOCIAL CHALLENGES THEY MIGHT FACE. ACCORDING TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK, A PARTNER OF THE HEALTHY FOOD CENTER, FOOD INSECURITY AFFECTS MORE THAN 350,000 PEOPLE - OR ONE IN SEVEN ADULTS - IN THE PITTSBURGH REGION. FOOD INSECURITY REFERS TO A LACK OF AVAILABLE FINANCIAL RESOURCES FOR NUTRITIONALLY ADEQUATE FOOD SUCH AS FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS. THE HEALTHY FOOD CENTER PRIMARILY SERVES PATIENTS WITH DIABETES WHO ARE SCREENED BY THEIR DOCTOR AS BEING FOOD INSECURE. PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER WHERE THEY INITIALLY MEET WITH AN ONSITE DIETITIAN TO DISCUSS THEIR DIETARY NEEDS BASED ON THEIR CONDITION. AFTER SHOPPING AT THE CENTER FOR THE RECOMMENDED FOOD ITEMS, PATIENTS GO HOME WITH TWO TO THREE DAYS' WORTH OF FOOD FOR ALL MEMBERS OF THEIR HOUSEHOLD. THE FOOD CENTERS ARE HOUSED AT ALLEGHENY GENERAL, WEST PENN, JEFFERSON AND WEST PENN HOSPITALS. - HEALTHCARE@HOME: AHN MAKES IT EASIER FOR PATIENTS TO ACCESS A FULL RANGE OF CUSTOMIZED HEALTHCARE SERVICES IN THE PRIVACY AND COMFORT OF THEIR OWN HOMES. THROUGH AHN'S HEALTHCARE@HOME PROGRAM, AHN IS HELPING MANY PATIENTS MAINTAIN THEIR INDEPENDENCE AND CONTINUE THE HEALING PROCESS AT HOME AS LONG AS POSSIBLE. THE SERVICE ARRANGES FOR HOME HEALTH, HOSPICE, PALLIATIVE, AND INFUSION THERAPY SERVICES, AS WELL AS THE DELIVERY OF MEDICAL EQUIPMENT AND SUPPLIES, ALLOWING PATIENTS TO REMAIN IN THEIR OWN HOMES, AND IN THEIR OWN COMMUNITIES, AND OUT OF THE HOSPITAL OR A SKILLED NURSING FACILITY. - COMMUNITY-BASED DIABETES CARE: AHN, WITH FINANCIAL SUPPORT FROM THE RICHARD KING MELLON FOUNDATION, IS ADVANCING A TRANSFORMATIONAL, COMMUNITY-BASED DIABETES CARE MODEL IN THE REGION. MORE THAN 29 MILLION PEOPLE IN THE UNITED STATES, OR NEARLY 10% OF THE POPULATION, ARE AFFECTED BY DIABETES. AT THE CURRENT PACE OF THE EPIDEMIC, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ESTIMATES THAT AS MANY AS ONE IN THREE PEOPLE COULD HAVE DIABETES BY THE YEAR 2050. THE YEARLY ECONOMIC IMPACT OF THE DISEASE AND ITS COMPLICATIONS EXCEEDS \$245 BILLION; TO BETTER ADDRESS THE GROWING INCIDENCE AND IMPACT OF DIABETES IN WESTERN PENNSYLVANIA, AHN HAS ESTABLISHED A PATIENT-CENTERED MODEL OF CARE TO MORE EFFECTIVELY MEET THE COMPREHENSIVE NEEDS OF THOSE LIVING WITH THE DISEASE. THE RICHARD KING MELLON FOUNDATION GRANT PROVIDES PATIENTS IN THE AHN PROGRAM WITH ACCESS TO A RANGE OF</p>

MEDICAL AND OTHER SUPPORT SERVICES IN THE COMMUNITY. AT THE CORE OF THE NEW CARE MODEL ARE PHYSICIAN-LED, HOLISTIC ASSESSMENTS TO UNDERSTAND A PATIENT'S INDIVIDUAL NEEDS AND TO UNCOVER POTENTIAL BARRIERS TO SUCCESSFUL DISEASE MANAGEMENT. CRUCIALLY, DIABETES CARE COORDINATORS ARE HELPING TO CONNECT PATIENTS WITH A VARIETY OF SPECIALISTS TO HELP THEM MANAGE THEIR DISEASE MORE EFFECTIVELY, INCLUDING NUTRITIONISTS, BEHAVIORAL HEALTH COUNSELORS AND SOCIAL WORKERS. IN ADDITION, PATIENTS ARE CONNECTED WITH SERVICES AND ORGANIZATIONS WITHIN THEIR COMMUNITIES TO HELP FURTHER IMPROVE AND ENHANCE THEIR OVERALL CARE, SUCH AS LOCAL FOOD BANKS OFFERING HEALTHY DIETARY OPTIONS, THE AMERICAN DIABETES ASSOCIATION AND JDRF. - CHILD SAFETY DAY: CANONSBURG HOSPITAL (PART OF AHN) SPONSORS A SPRING CHILD SAFETY DAY ON ITS HOSPITAL GROUNDS FOR A DAY OF FUN, EDUCATION, AND PRIZES. EACH FAMILY ATTENDING IS GIVEN A FREE FIRST-AID KIT, AND HOSPITAL STAFF WILL DISTRIBUTED MORE THAN 300 BICYCLE HELMETS. WHILE CHILD DEATHS RELATED TO UNINTENTIONAL INJURY OR TRAUMA HAVE DROPPED DRAMATICALLY OVER THE LAST 30 YEARS, UNINTENTIONAL INJURIES (MOTOR VEHICLE/TRAFFIC ACCIDENTS, SUFFOCATION, DROWNING, POISONING, AND FIRE/BURNING) ARE STILL THE LEADING CAUSE OF DEATH FOR CHILDREN, AND MANY TRAUMA-RELATED INJURIES INCREASE IN THE SUMMER AFTER SCHOOL LETS OUT. - OPIOIDS AND ADDICTION MEDICINE: OVER THE LAST SEVERAL YEARS, AHN HAS TAKEN NUMEROUS STEPS TO CURB PAINKILLER MISUSE AND ADDICTION, OPIOID USE DISORDER, AND OVERDOSE DEATHS RELATED TO FENTANYL, CARFENTANIL, AND OTHER SYNTHETIC OPIATES. IN 2019, AHN RECEIVED A \$5 MILLION FEDERAL GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TO WILL SUPPORT THE IMPLEMENTATION AND EVALUATION OF ENHANCED SUBSTANCE USE SCREENING AND INTERVENTION SERVICES IN THE PRIMARY CARE SETTING. ADDITIONALLY, AHN AND GATEWAY HEALTH HAVE PARTNERED TO LAUNCH AN ENHANCED PAIN MANAGEMENT PROGRAM WHICH TAKES A NOVEL, HOLISTIC APPROACH TO TREATING A PATIENT'S PAIN WITHOUT OPIOIDS. THE FIRST SUCH CLINIC HAS OPENED AT THE AHN INSTITUTE FOR PAIN MEDICINE NEAR WEST PENN HOSPITAL, WITH MORE LOCATIONS BEING PLANNED. AHN AND PARTNER ORGANIZATIONS OPENED A NEW 45-BED UNIT AT THE KANE COMMUNITY LIVING CENTER IN MCKEESPORT, PA.; IT HAS BEEN OPERATING SINCE 2018 AS A POST-ACUTE UNIT FOR PATIENTS WITH MEDICAL CONDITIONS AND CO-OCCURRING SUBSTANCE USE DISORDERS. AHN MAINTAINS SECURE, PERMANENT DRUG TAKE-BACK BOXES AT SIX AHN HOSPITALS, AS WELL AS AT THE WEXFORD HEALTH + WELLNESS PAVILION; THE BOXES HAVE ALLOWED PATIENTS AND VISITORS TO DISPOSE OF SURPLUS OR EXPIRED MEDICATIONS YEAR-ROUND SINCE 2018.

Schedule H, Part VI, Line 6 Affiliated health care system	SEE SCHEDULE O.
Schedule H, Part VI, Line 7 State filing of community benefit report	NY

Schedule H (Form 990) 2021

Additional Data

[Return to Form](#)

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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization Highmark Health Group	Employer identification number 82-1406555
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Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) American Cancer Society 320 Bilmar Drive Pittsburgh, PA 15205	13-1788491	501(c)3	14,750		N/A	N/A	Joint Highmark/AHN support to American Cancer Society Events in 2021
(2) American Diabetes Association 4885-A McKnight Road 402 Pittsburgh, PA 15237	13-1623888	501(c)3	25,000		N/A	N/A	Support of 2021 Pittsburgh Virtual Step Out events of the American Diabetes Association.
(3) American Heart Association 444 Liberty Avenue Pittsburgh, PA 15222	13-5613797	501(c)3	37,500		N/A	N/A	Support of the American Heart Association event "Live Fierce. Stand for All".
(4) Arthritis Foundation ATTN WTCA-Pittsburgh Atlanta, GA 30309	58-1341679	501(c)3	10,000		N/A	N/A	Support of the Arthritis Foundation 2021 Walk to Cure Arthritis - Pittsburgh
(5) Asbury Woods Partnership Inc 4105 Asbury Road Erie, PA 16506	26-0699998	501(c)3	9,000		N/A	N/A	Support Grand Tour (Highmark BCBS - AHN-Saint Vincent Hospital) of Cyclefest held July 30-August 1, 2021
(6) Bemus Bay Pops Inc POB 9250 BEUMUS POINT, NY 14712	05-0555451	501(c)3	10,000		N/A	N/A	Naming Rights and Premium Ambassador Level Support (Year Two of Contract) of the AHN Floating Stage for the 2021 season
(7) Carnegie Institute 4400 Forbes Avenue Pittsburgh, PA 15213	25-0965280	501(c)3	20,000		N/A	N/A	AHN-Highmark joint support to Carnegie Museums of Pittsburgh - Museum of Art Premier Partner - Natural History Museum Monster Fish exhibit - Andy Warhol Museum Marisol exhibit.
(8) City of Pittsburgh - Office of Special Events 414 Grant Street Pittsburgh, PA 15219	25-6000879	Government	45,000		N/A	N/A	Support of Richard S. Caliguiri City of Pittsburgh Great Race on September 26, 2021
(9) Community Food Warehouse of Mercer County 109 S Sharpville Ave Sharon, PA 16146	25-1446242	501(c)3	15,000		N/A	N/A	Support of Myron's Meal Mobile Summer Feeding Program held June 7 - August 6, 2021
(10) Cultures Arts Festivals and Events of Erie (CAFE) 626 State Street Erie, PA 16501	61-1428869	501(c)3	15,000		N/A	N/A	Presenting Support (Highmark BCBS - AHN-Saint Vincent) of 814 Day held August 14, 2021
(11) Dr Gertrude A Barber Foundation 100 Barber Place Erie, PA 16507	25-1753149	501(c)3	7,500		N/A	N/A	AHN Saint Vincent Hospital general support for the following charitable events: Refueling Water Station, Beast on the Bay held September 11th; Garnet Support to the Ladies Only Luncheon held November 20th; and Gold Support to the Barber Ball held December 11th.
(12) Grove City Area Chamber of Commerce 119 S Broad St Grove City, PA 16127	25-1003041	501(c)6	5,500		N/A	N/A	Support to the following events: Grove City Trade Show & Wellness Expo held May 15th; Annual Meeting/Celebration of Commerce event held May 26th; and 40th Annual Chamber Day Golf Scramble held June 9th.
(13) Grove City College 100 CAMPUS DR GROVE CITY, PA 16127	25-1065148	501(c)3	5,500		N/A	N/A	Purchase of uniforms for Grove City College Johnson School of Nursing
(14) Humane Animal Rescue of Pittsburgh 6926 Hamilton Ave Pittsburgh, PA 15208	25-0325750	501(c)3	20,000		N/A	N/A	Support to the "A Very Burg Paws Party"
(15) JDRF International 501 Martindale Street Pittsburgh, PA 15212	23-1907729	501(c)3	10,000		N/A	N/A	2021 Western PA Support of the Tee Up For Diabetes golf event, August, 30, 2021 and AHN One Walk, September 25, 2021
(16) March of Dimes Inc 300 Cedar Ridge Pittsburgh, PA 15205	13-1846366	501(c)3	14,000		N/A	N/A	Support of 2021 March of Dimes Western PA Proposal
(17) Mercyhurst University Athletics 501 East 38th Street Erie, PA 16546	25-0965430	501(c)3	7,500		N/A	N/A	Laker for Life support by AHN-Saint Vincent Hospital of the Mercyhurst Athletics Golf Outing held May 26, 2021
(18) National Kidney Foundation 2403 Sidney Street Pittsburgh, PA 15203	13-1673104	501(c)3	6,000		N/A	N/A	National Kidney Foundation 2021 Annual Partnership, Highmark-AHN joint support for Kidney Gift of Life Honors event; joint support for The Big Ask The Big Give Living Donation Workshop; AHN Kidney Walk; and AHN Gastro/Nephrology Institute event.
(19) National MS Society, PA	13-5661935	501(c)3	6,500		N/A	N/A	Support for 2021 MS

Keystone Chapter 1501 Reedsdale Street Pittsburgh, PA 15233	15-5001933	501(c)3	0,000		N/A	N/A	Events for MS Walk and Women on the Move Luncheon.
(20) National Ovarian Cancer Coalition - Pittsburgh Chapter 1310 Old Freeport Road Pittsburgh, PA 15238	65-0628064	501(c)3	7,500		N/A	N/A	Highmark/AHN Joint Support of NOCC Pittsburgh 2021 Programming & Events (Walk, Network Exploration Series, and Wellness Retreat).
(21) Northside Chamber of Commerce 809 Middle Street Pittsburgh, PA 15212	25-0696267	501(c)6	7,000		N/A	N/A	Support of charitable events by the Northside Chamber of Commerce, including, the annual Business Awards Lunch, the annual community night with the Pirates, the annual charity golf outing, and the annual Northside Glow Lighting display.
(22) Pancreatic Cancer Action Network 1500 Rosecrans Avenue Manhattan Beach, CA 90266	33-0841281	501(c)3	10,000		N/A	N/A	AHN Support for the PurpleStride Pittsburgh 2021 event by the Pancreatic Cancer Action Network.
(23) Pittsburgh Trust for Cultural Resources 803 Liberty Ave Pittsburgh, PA 15222	25-1469002	501(c)3	17,500		N/A	N/A	Support of the Dollar Bank Three Rivers Arts Festival - nursing station and the family tent for the Highmark First Night.
(24) The Monroeville Foundation 2700 Monroeville Blvd Monroeville, PA 15146	20-1073113	501(c)3	5,500		N/A	N/A	Support of Monroeville Foundation events.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22
3 Enter total number of other organizations listed in the line 1 table 2

Schedule I (Form 990) 2021 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) WEST PENN SCHOOL OF NURSING SCHOLARSHIPS	14	21,490			
(2) AHN SCHOLARSHIPS	40	48,350			
(3) AGH ALUMNAE SCHOLARSHIPS	11	38,000			
(4) NEUBERT & SEYBOLD (AKMC TRUST) SCHOLARSHIPS	16	23,250			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II NON-CHARITABLE GRANTS	THE HIGHMARK HEALTH GROUP PROVIDES ASSISTANCE TO GOVERNMENTAL UNITS. THESE UNITS WERE PROVIDED ASSISTANCE TO SUPPORT THEIR CIVIC ENDEAVORS.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	ALLEGHENY HEALTH NETWORK UPPER MANAGEMENT ANALYZES REQUESTS FOR CHARITABLE DISBURSEMENTS ON AN ONGOING BASIS. DISBURSEMENTS ARE AWARDED TO ORGANIZATIONS THAT DEMONSTRATE A CHARITABLE PURPOSE AND/OR A COMMUNITY BENEFIT AND WHO WILL PUT THE USE OF THE FUNDS TOWARDS THE CHARITABLE MISSION ON WHICH ALLEGHENY HEALTH NETWORK WAS FOUNDED. THE FUNDING REQUESTS ARE RECEIVED AND TRACKED THROUGH THE CHARITABLE GIVING PLATFORM AND MONITORED BY THE CORPORATE GIVING TEAM TO ENSURE ADHERENCE TO THE CHARITABLE MISSION.

Additional Data

Return to Form

Software ID: 21014044
Software Version: 2021v4.2

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.		2021
Department of the Treasury Internal Revenue Service		Open to Public Inspection
Name of the organization Highmark Health Group		Employer identification number 82-1406555

Part I Questions Regarding Compensation			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
1b	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.	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only 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		No
b	Any related organization?	5b		No
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		No
b	Any related organization?	6b		No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
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	Yes	
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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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, 1099-MISC compensation, and/or 1099-NEC			(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	Allison Quick Chief Philanthropy Officer	(i)	290,757	85,575	6,971	10,150	36,279	429,732	0
		(ii)	0	0	0	0	0	0	0
2	Brian Johnson DIRECTOR	(i)	227,357	75,665	222,425	2,900	23,844	552,192	0
		(ii)	0	0	0	0	0	0	0
3	Chong Park MD DIRECTOR	(i)	418,354	49,781	269,018	2,900	23,264	763,318	0
		(ii)	0	0	0	0	0	0	0
4	Christopher Clark DO DIRECTOR & PRESIDENT	(i)	241,533	92,287	251,049	2,900	23,606	611,375	0
		(ii)	0	0	0	0	0	0	0
5	Cynthia Hundorfean DIRECTOR & PRESIDENT	(i)	1,065,862	1,912,329	303,316	10,150	26,689	3,318,347	0
		(ii)	0	0	0	0	0	0	0
6	David Parda MD DIRECTOR	(i)	527,709	233,363	358,756	2,900	28,070	1,150,798	0
		(ii)	0	0	0	0	0	0	0
7	Denzil Rupert COO Hospital Operations	(i)	483,040	127,125	65,126	10,150	35,480	720,922	0
		(ii)	0	0	0	0	0	0	0
8	Donald Whiting MD DIRECTOR/CHAIRMAN	(i)	1,015,415	669,511	197,225	10,150	28,957	1,921,257	0
		(ii)	0	0	0	0	0	0	0
9	Jacqueline Bauer DIRECTOR & SECRETARY	(i)	0	0	0	0	0	0	0
		(ii)	439,784	487,960	62,802	10,150	21,347	1,022,044	0
10	James Benedict DIRECTOR & COO	(i)	0	0	0	0	0	0	0
		(ii)	807,594	1,408,023	150,823	10,150	37,671	2,414,262	0
11	James Rohrbauoh	(i)	511,445	404,488	51,628	28,000	28,000	1,045,999	0

DIRECTOR, TREASURER & CFO [AHN]	(i)	0	404,490	51,529	38,868	38,675	1,045,008	0
	(ii)	0	0	0	0	0	0	0
12 John Smith	(i)	468,923	0	2,193	2,900	24,887	498,904	0
DIRECTOR & TREASURER	(ii)	0	0	0	0	0	0	0
13 Keith Lejeune	(i)	348,994	50,702	11,170	10,150	30,086	451,104	0
DIRECTOR & VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
14 Kelly Kassab	(i)	265,339	40,943	1,151	2,900	21,852	332,184	0
VICE PRESIDENT & DIRECTOR	(ii)	0	0	0	0	0	0	0
15 Louise Urban	(i)	491,826	176,311	59,888	10,150	27,033	765,207	0
DIRECTOR & PRESIDENT - START 6/21	(ii)	0	0	0	0	0	0	0
16 Mark Nussbaum	(i)	384,811	208,494	11,008	2,900	18,915	626,127	0
DIRECTOR & VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
17 Mark Rubino MD	(i)	275,499	286,877	268,418	2,900	23,543	857,236	0
DIRECTOR & PRESIDENT	(ii)	0	0	0	0	0	0	0
18 Vicenta Gaspar-Yoo MD	(i)	250,478	84,343	231,925	2,900	12,978	582,623	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
19 G Scott Long MD	(i)	589,500	302,923	12,364	2,900	23,583	931,270	0
DIRECTOR & PRESIDENT	(ii)	0	0	0	0	0	0	0
20 Matthew Portz MD	(i)	295,683	29,088	1,980	2,900	20,137	349,787	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
21 Vicente Reyes MD	(i)	240,566	0	2,694	2,449	19,943	265,652	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
22 Betsy Blazek-O'Neill	(i)	116,002	17,768	19,478	1,595	23,844	178,686	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
23 Brian Parker MD	(i)	598,719	566,029	299,347	10,150	36,473	1,510,717	0
DIRECTOR & Chief Quality & Learning Officer	(ii)	0	0	0	0	0	0	0
24 David Holmberg	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	1,477,397	6,472,856	634,412	10,150	49,913	8,644,727	0
25 Donald Monary	(i)	217,440	27,317	880	2,474	8,904	257,016	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
26 Gene G Finley MD	(i)	545,682	468,192	15,635	2,900	20,796	1,053,205	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
27 Henry Galaska	(i)	441,244	73,062	2,064	2,900	26,623	545,892	0
PHYSICIAN - START 1/21	(ii)	0	0	0	0	0	0	0
28 Jennifer Lewis MD	(i)	261,868	42,776	2,315	2,900	23,318	333,177	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
29 John Balacko MD	(i)	474,706	138,099	3,405	2,900	21,566	640,676	0
DIRECTOR - END 12/21	(ii)	0	0	0	0	0	0	0
30 Joseph Guyaux	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	154,530	0	0	0	0	154,530	0
31 Karen Hanlon	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	977,520	2,693,005	59,593	191,966	34,314	3,956,398	0
32 Marcia Klein-Patel	(i)	398,719	68,750	641	2,900	24,891	495,901	0
PHYSICIAN - START 6/21	(ii)	0	0	0	0	0	0	0
33 Russell Elwell	(i)	52,308	118,839	0	0	0	171,147	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
34 Sallie Piazza	(i)	219,413	27,849	2,661	2,522	20,500	272,944	0
Chief Nursing Officer	(ii)	0	0	0	0	0	0	0
35 Susan Moore MD	(i)	149,108	6,461	843	1,624	22,237	180,274	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
36 Thomas Corkery DO	(i)	298,328	31,500	11,459	2,900	17,509	361,696	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
37 Thomas Vankirk	(i)	0	0	0	0	0	0	0
DIRECTOR - END 1/21	(ii)	39,588	1,707,823	28,928	0	799	1,777,138	0
38 Timothy Pelkowski	(i)	164,509	84,570	336	2,548	23,598	275,560	0
PHYSICIAN - START 1/21	(ii)	0	0	0	0	0	0	0
39 Tony Farah MD	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	935,538	1,234,127	217,246	10,150	44,052	2,441,114	0
40 Venkatraman Srinivasan MD	(i)	624,681	212,073	14,338	2,900	21,814	875,807	0
TRUSTEE	(ii)	0	0	0	0	0	0	0
41 Jan Madison	(i)	303,462	105,896	18,480	2,900	977	431,715	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
42 Louis Komer MD	(i)	294,859	14,925	1,290	2,900	23,402	337,376	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
43 Nupur Dashottar MD	(i)	294,859	38,000	25,690	2,900	23,402	384,851	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
44 Peter Gagianas MD	(i)	294,859	16,044	48,980	2,900	23,402	386,185	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
45 Richard Fries	(i)	262,802	33,016	1,938	2,900	9,596	310,253	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
46 Allan Klapper MD	(i)	381,759	176,121	290,865	2,900	24,073	875,718	0
Physician President (Wexford Hospital) - END 1/21	(ii)	0	0	0	0	0	0	0
47 David Tupponce	(i)	349,813	0	6,078	0	23,668	379,560	0
PHYSICIAN - START 1/21	(ii)	0	0	0	0	0	0	0
48 Donald Jaffee	(i)	361,984	44,993	8,915	2,900	23,314	442,105	0
Chief Financial Officer (Allegheny General Hospital)	(ii)	0	0	0	0	0	0	0
49 James Kanuch	(i)	331,213	54,011	5,746	10,460	27,263	428,694	0

	(i)	0	0	0	0	0	0	0
50 John Lee	(i)	472,877	225,923	51,682	22,666	28,123	801,271	0
Chief Medical Info Officer	(ii)	0	0	0	0	0	0	0
51 Karen Surkala	(i)	282,139	32,188	653	2,900	10,685	328,565	0
PRESIDENT [WMH]	(ii)	0	0	0	0	0	0	0
52 Kevin Kusic	(i)	204,324	16,308	283	2,234	8,980	232,129	0
Chief Financial Officer (West Penn Hospital)	(ii)	0	0	0	0	0	0	0
53 Rachel Verville	(i)	363,318	230,661	13,800	10,150	36,786	654,715	0
Chief Revenue Cycle Officer	(ii)	0	0	0	0	0	0	0
54 Rand Levis	(i)	327,909	40,625	4,999	2,900	24,982	401,415	0
ASSISTANT TREASURER	(ii)	0	0	0	0	0	0	0
55 Thomas Hipkiss	(i)	249,486	30,256	1,070	2,872	25,626	309,310	0
CHIEF FINANCIAL OFFICER - END 11/21	(ii)	0	0	0	0	0	0	0
56 Beth Casagrande MD	(i)	543,652	78,375	900	2,900	25,261	651,088	0
Physician Chairperson	(ii)	0	0	0	0	0	0	0
57 Claire Zangerle	(i)	453,291	337,458	44,925	10,150	13,448	859,272	0
CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
58 Deborah Duffy	(i)	296,833	27,332	26,151	10,150	28,780	389,245	0
SVP Virtual Health & Access	(ii)	0	0	0	0	0	0	0
59 Eugene Scioscia	(i)	382,586	174,668	16,201	10,150	29,966	613,570	0
Chief Patient Experience Officer	(ii)	0	0	0	0	0	0	0
60 John Lawrence MD	(i)	543,811	75,000	1,383	2,900	25,111	648,204	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
61 Joseph Aracri	(i)	491,794	148,668	2,571	2,900	22,983	668,917	0
PHYSICIAN CHAIRPERSON	(ii)	0	0	0	0	0	0	0
62 Kymberle Gyure	(i)	497,172	55,833	2,327	2,900	9,983	568,216	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
63 Margaret Larkins-Pettigrew	(i)	351,923	130,000	36,482	10,150	273	528,827	0
SVP Enterprise Chief Clinical Diversity and Equity Officer	(ii)	0	0	0	0	0	0	0
64 Ngoc Thai MD	(i)	768,659	150,000	3,741	2,900	25,314	950,614	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
65 Van Nickell	(i)	328,496	113,792	4,359	2,900	23,952	473,498	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
66 Patrick Demeo MD	(i)	694,859	200,000	307,524	2,900	24,168	1,229,450	0
PHYSICIAN CHAIRPERSON	(ii)	0	0	0	0	0	0	0
67 Richard Thompson	(i)	386,265	264,973	17,581	10,150	13,663	692,632	0
VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
68 Robert White MD	(i)	19,805	571,295	82,493	0	1,741	675,334	0
CHIEF MEDICAL INFO OFFICER - END 1/21	(ii)	0	0	0	0	0	0	0
69 Sricharan Chalikhonda MD	(i)	813,653	1,090,576	40,131	83,280	37,668	2,065,309	0
CHIEF MEDICAL OPS OFFICER	(ii)	0	0	0	0	0	0	0
70 Stephen Bailey	(i)	1,138,778	35,304	2,622	2,900	26,336	1,205,940	0
Physician Chairperson	(ii)	0	0	0	0	0	0	0
71 Susan Manzi MD	(i)	690,504	60,000	5,152	2,900	9,290	767,847	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
72 Thomas Campbell MD	(i)	272,449	97,000	122,780	2,900	25,582	520,711	0
PHYSICIAN CHAIRPERSON	(ii)	0	0	0	0	0	0	0
73 William Johnjulo MD	(i)	834,308	66,465	19,426	2,900	23,623	946,722	0
PHYSICIAN CHAIRPERSON	(ii)	0	0	0	0	0	0	0
74 David Bartlett MD	(i)	1,294,934	200,000	7,524	2,900	25,167	1,530,524	0
PHYSICIAN CHAIRPERSON	(ii)	0	0	0	0	0	0	0
75 Daniel Altman MD	(i)	1,043,419	510,244	7,524	2,900	25,608	1,589,694	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
76 Edward Westrick MD	(i)	1,038,538	813,794	1,140	2,900	26,576	1,882,948	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
77 George Eid MD	(i)	1,078,761	382,445	2,622	2,900	21,590	1,488,318	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
78 Gregory Altman MD	(i)	1,043,419	352,908	4,902	2,900	25,589	1,429,718	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
79 Nicholas Sotereanos	(i)	1,138,369	155,770	7,524	2,900	25,608	1,330,171	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
80 George J Magovern JR MD	(i)	211,616	0	2,286	2,171	21,912	237,986	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
81 James Valeriano	(i)	354,482	94,887	4,724	2,900	21,589	478,582	0
PHYSICIAN CHAIRPERSON	(ii)	0	0	0	0	0	0	0
82 Kenyokee Crowell	(i)	0	0	0	0	0	0	0
SR. VICE PRESIDENT	(ii)	514,401	707,293	63,788	62,183	38,637	1,386,301	0
83 Srinavas Murali MD	(i)	559,378	150,000	93,502	2,900	10,082	815,862	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
84 Jeffrey Crudele	(i)	-2,441	0	642,232	0	9,805	649,596	0
DIRECTOR & TREASURER (Former)	(ii)	0	0	0	0	0	0	0

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED TAX GROSS-UP PAYMENTS FROM THE ORGANIZATION. THESE WERE INCLUDED IN BOX 5 OF THEIR IRS FORM W-2.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE ORGANIZATION PROVIDED SOCIAL CLUB DUES FOR A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII DURING THE YEAR ENDED DECEMBER 31, 2021. THESE VALUES WERE BUSINESS RELATED AND NOT INCLUDED IN TAXABLE COMPENSATION.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31, 2021. THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2. JEFFREY CRUDELE \$642,232 RONALD ANDRO - END 1/1/21 \$439,407
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HIGHMARK HEALTH HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THE SUPPLEMENTAL RETIREMENT PLAN IS OFFERED TO ELIGIBLE EMPLOYEES WHOSE RETIREMENT BENEFITS IN QUALIFIED PLANS ARE LIMITED DUE TO IRS REGULATIONS. AMOUNTS IN THE PLAN ARE VESTED WHEN THE PARTICIPANT REACHES AGE 55 AND HAS 3 YEARS OF SERVICE. ONCE VESTED, THE 457F BALANCE IS PAID TO THE PARTICIPANT, BOTH INITIALLY AND THEN EVERY DECEMBER THEREAFTER (WHEN A NEW 457F CONTRIBUTION IS MADE). PARTICIPANTS WHO VOLUNTARILY LEAVE THE ORGANIZATION BEFORE AGE 55 OR 3 YEARS OF SERVICE FORFEIT THEIR ENTIRE 457F BENEFIT UPON TERMINATION. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) CONTRIBUTIONS THAT WERE INCLUDED IN 2021 W-2 COMPENSATION: ALLAN KLAPPER, M.D. \$7,452 BRIAN PARKER, M.D. \$246,080 CHONG PARK, M.D. \$7,244 CLAIRE ZANGERLE \$1,799 CYNTHIA HUNDORFEAN \$159,919 DAVID HOLMBERG* \$460,768 DAVID PARDA, M.D. \$22,644 DENZIL RUPERT \$14,676 DONALD WHITING, M.D. \$96,163 JACQUELINE BAUER, ESQ.* \$21,020 JAMES BENEDICT* \$90,278 LOUISE URBAN \$15,213 TONY PARAH, M.D.* \$118,671 *INDIVIDUALS PAID BY A RELATED ORGANIZATION THE FOLLOWING INDIVIDUALS HAD 457(F) CONTRIBUTIONS DEFERRED IN 2021: JAMES ROHRBAUGH \$28,718 JOHN LEE, M.D. \$12,516 KAREN HANLON* \$181,816 MELISSA ANDERSON* \$50,636 SRICHARAN CHALIKONDA, M.D. \$73,130 *INDIVIDUALS PAID BY A RELATED ORGANIZATION
Schedule J, Part I, Line 7 Non-fixed payments	HIGHMARK HEALTH GROUP (HHG) PROVIDES BONUS COMPENSATION AS PART OF ITS TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES. IN THE VAST MAJORITY OF ARRANGEMENTS, THE COMPONENT IS BASED UPON ACCOMPLISHMENT OF PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES AND RESULTS IN FIXED PAYMENTS. CERTAIN ENTITIES WITHIN THE HIGHMARK HEALTH GROUP, HOWEVER, HAVE ENTERED INTO ARRANGEMENT WHICH PROVIDE FOR OTHER BONUSES WHICH ARE DISCRETIONARY IN NATURE. TO A LIMITED NUMBER OF THOSE PERSONS LISTED IN THIS FORM 990, PART VII, SECTION A, LINE 1A. NOTWITHSTANDING SUCH DISCRETION AND ASSUMING FULL PAYOUT OF SUCH DISCRETIONARY PAYMENTS, THE TOTAL COMPENSATION PAID TO THOSE PERSONS FALLS WITHIN THE RANGE OF FAIR MARKET VALUE.
Schedule J, Part I, Line 8 Payments on contract that is subject to the initial contract exception	HIGHMARK HEALTH GROUP (HHG) HAS CERTAIN EMPLOYMENT CONTRACTS WHICH MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION UNDER IRC REGULATION 53.4958-4(A)(3). IF SO QUALIFIED THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED IN IRC REGULATION 53.4958-6(C) WERE FOLLOWED.

Schedule J (Form 990) 2021

Additional Data

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Employer identification number

82-1406555

Part I Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728A4A1	08-29-2018	1,000,004,532	NEW CONSTRUCTION/REFUND PRIOR ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	1,002,911,871			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	4,532			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	196,366,686			
11	Other spent proceeds	896,545,185			
12	Other unspent proceeds				
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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

Cat. No. 50193E

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Page 2

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.78 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	1.78 %							
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Page 3

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								

e	Was the hedge terminated?							
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X					
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6	Were any gross proceeds invested beyond an available temporary period?		X					
7	Has the organization established written procedures to monitor the requirements of section 148?	X						

Part V Procedures To Undertake Corrective Action									
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 is not available under applicable regulations?		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X							

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

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS	THE TOTAL AMOUNT OF PROCEEDS OF THE BOND ISSUE AS OF THE END OF YEAR 2021 INCLUDES PRIOR YEARS INVESTMENT EARNINGS OF \$2,907,339.

Schedule K (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID: 21014044
Software Version: 2021v4.2

Supplemental Information

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

Return Reference

Explanation

Additional Data

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Software ID: 21014044
Software Version: 2021v4.2

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

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

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		61,519	Cost
5 Clothing and household goods	X		18,671	Cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	722,695	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	6	891,469	Cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift Certificates)	X	35	85,266	Cost
26 Other ▶ (Entertainment)	X	14	2,380	Cost
27 Other ▶ (Festively Decorated Trees)	X	31	9,071	Cost
28 Other ▶ (Food Donations)	X	16	9,924	Cost
Other ▶ (Other)	X	17	73,073	Cost
Other ▶ (Gift Baskets)	X	13	1,425	Cost
Other ▶ (Advertising)	X	1	15,850	Cost
Other ▶ (Jewelry)	X	1	150	Cost

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

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

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

Return Reference

Explanation

Schedule M, Part I Explanations of reporting method for number of contributions

Securities - Publicly traded - Number of contributions
Drugs and medical supplies - Number of contributions
Other - Gift Certificates Number of contributions
Other - Entertainment Vouchers Number of contributions
Other - Festively Decorated Trees Number of contributions
Other - Food Donations Number of contributions
Other - Other Number of contributions
Other - Gift Baskets Number of contributions
Other - Advertising Number of contributions
Other - Jewelry Number of contributions

Schedule M (Form 990) (2021)

Additional Data

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Software Version: 2021v4.2

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SCHEDULE N (Form 990)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Highmark Health Group

Employer identification number

82-1406555

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

Table with 7 columns: (a) Description of asset(s), (b) Date of distribution, (c) Fair market value, (d) Method of determining FMV, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section. Includes rows for Saint Vincent Affiliated Physicians and Wolf Creek Medical Associates.

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

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-. 3 Did the organization distribute its assets in accordance with its governing instrument(s)? 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? b If "Yes," did the organization provide such notice? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 6a Did the organization have any tax-exempt bonds outstanding during the year? b If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities.

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

1 (a) Description of asset(s) distributed or transaction expenses paid (b) Date of distribution (c) Fair market value of asset(s) distributed or amount of transaction expenses (d) Method of determining FMV for asset(s) distributed or transaction expenses (e) EIN of recipient (f) Name and address of recipient (g) IRC section of recipient(s) (if tax-exempt) or type of entity 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? b Become an employee of, or independent contractor for, a successor or transferee organization? c Become a direct or indirect owner of a successor or transferee organization? d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Table with 2 columns: Return Reference, Explanation. Includes entry for MERGER of Wolf Creek Medical Associates and Saint Vincent Affiliated Physicians.

Additional Data

Return to Form

Software ID: 21014044 Software Version: 2021v4.2

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

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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 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Return Reference	Explanation
Form 990, Part I, Line 8	PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5) THE SPONSORING ENTITY OF HIGHMARK HEALTH GROUP, HIGHMARK HEALTH, HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED, INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN INDEPENDENT CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE HIGHMARK HEALTH GROUP IN THE HIGHMARK HEALTH GROUP RETURN.
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 322,396,694 including grants of \$ 473,981)(Revenue \$ 588,980,808) OTHER PROGRAM SERVICES
Form 990, Part VI, Line 1a VOTING MEMBERS	IN 2021 THE VAST MAJORITY (14 OUT OF 15) OF THE VOTING MEMBERS OF THE GOVERNING BODY OF HIGHMARK HEALTH, THE ULTIMATE PARENT ORGANIZATION, WERE INDEPENDENT MEMBERS THAT ARE RESIDENTS OF THE COMMUNITIES SERVED BY AHN.
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JOSEPH GUYAUX, DAVID BLANDINO, M.D., VICTOR ROQUE, DAVID MALONE, DAVID MATTER AND DAVID HOLMBERG - Business relationship
Form 990, Part VI, Line 6 Classes of members or stockholders	WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES: - CANONSBURG GENERAL HOSPITAL - ALLEGHENY MEDICAL PRACTICE NETWORK - ALLEGHENY SINGER RESEARCH INSTITUTE - ALLE-KISKI MEDICAL CENTER - THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION - FORBES HEALTH FOUNDATION - ALLEGHENY CLINIC - ALLEGHENY CLINIC MEDICAL ONCOLOGY AHN IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES: - JEFFERSON REGIONAL MEDICAL CENTER - WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - SAINT VINCENT HEALTH SYSTEM - SAINT VINCENT HEALTH CENTER - GROVE CITY MEDICAL CENTER ALLE-KISKI MEDICAL CENTER IS THE SOLE MEMBER OF: - ALLE-KISKI MEDICAL CENTER TRUST HIGHMARK HEALTH IS THE SOLE MEMBER OF: - ALLEGHENY HEALTH NETWORK SAINT VINCENT HEALTH SYSTEM IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES: - SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES - SAINT VINCENT AFFILIATED PHYSICIANS - SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE - WESTFIELD MEMORIAL HOSPITAL CANONSBURG GENERAL HOSPITAL IS THE SOLE MEMBER OF: - CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE GROVE CITY MEDICAL CENTER IS THE SOLE MEMBER OF: - WOLF CREEK MEDICAL ASSOCIATES AHN EMERUS WESTMORELAND, LLC OWNED THROUGH ANH 51% MEMBERSHIP IN THE AHN EMERUS LLC JOINT VENTURE.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	MEMBERS OR STOCKHOLDERS WHO MAY ELECT PURSUANT TO THE BYLAWS OF EACH ENTITY, EITHER HIGHMARK HEALTH OR THE ENTITY'S SOLE DIRECT MEMBER HAS THE AUTHORITY TO ELECT OR APPOINT ALL OR A SIGNIFICANT PORTION OF SUCH ENTITY'S BOARD OF DIRECTORS AND TO REMOVE OR REPLACE SUCH DIRECTORS.
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	FOR THE FOLLOWING ENTITIES THAT COMPRISE THE GROUP, HIGHMARK HEALTH, AS THE DIRECT OR INDIRECT SOLE MEMBER, HOLDS CERTAIN RESERVE POWERS PURSUANT TO THE BYLAWS OF: - CANONSBURG GENERAL HOSPITAL - JEFFERSON REGIONAL MEDICAL CENTER - ALLEGHENY SINGER RESEARCH INSTITUTE - ALLE-KISKI MEDICAL CENTER - WEST PENN HOSPITAL FOUNDATION - ALLE-KISKI MEDICAL CENTER TRUST - FORBES HEALTH FOUNDATION - WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES - SAINT VINCENT MEDICAL EDUCATION AND RESEARCH INSTITUTE - SAINT VINCENT HEALTH SYSTEM - SAINT VINCENT HEALTH CENTER - SAINT VINCENT AFFILIATED PHYSICIANS - CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE - ALLEGHENY CLINIC - ALLEGHENY CLINIC MEDICAL ONCOLOGY - ALLEGHENY MEDICAL PRACTICE NETWORK - GROVE CITY MEDICAL CENTER THE FOLLOWING ARE THE RESERVED POWERS OF HIGHMARK HEALTH: 1) TO APPROVE THE ELECTION, RE-ELECTION AND REMOVAL OF ALL OFFICERS, INCLUDING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OF THE CORPORATION AND ITS SUBSIDIARIES; 2) TO AMEND, REVISE OR RESTATE THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS AND APPROVE ALL AMENDMENTS OR REVISIONS OF THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS THAT MAY BE PROPOSED OR APPROVED BY AHN, THE MEMBER OR BOARD OF DIRECTORS OF THE CORPORATION, SUBJECT TO CERTAIN EXCEPTIONS. 3) TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION OR ITS SUBSIDIARIES; 4) TO CHANGE THE GENERAL STRUCTURE OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES AS A VOLUNTARY, NONPROFIT CORPORATION; 5) TO (A) DISSOLVE, DIVIDE, CONVERT OR LIQUIDATE THE CORPORATION OR ITS SUBSIDIARIES, (B) CONSOLIDATE OR MERGE THE CORPORATION OR ITS SUBSIDIARIES WITH ANOTHER CORPORATION OR ENTITY (C) SELL OR ACQUIRE ASSETS, WHETHER IN A SINGLE TRANSACTION OR SERIES OF

	<p>TRANSACTIONS, WHERE THE CONSOLIDATION EXCEEDS 1% OF THE CORPORATION'S OR THE RELEVANT SUBSIDIARY'S TOTAL ASSETS, AND (D) APPROVE ANY OF THE FOREGOING ACTIONS THAT MAY BE PROPOSED BY AHN, THE MEMBER OR THE BOARD OF DIRECTORS OF THE CORPORATION BEFORE SUCH ACTION BECOMES EFFECTIVE; 6) TO APPROVE THE ANNUAL CONSOLIDATED CAPITAL AND OPERATING PLAN AND BUDGET OF THE CORPORATION AND ITS SUBSIDIARIES, AND ANY AMENDMENTS THERETO OR SIGNIFICANT VARIANCES THEREFROM; 7) APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS SUBSIDIARIES OR THE MAKING OF CAPITAL EXPENDITURES BY THE CORPORATION AND THE SUBSIDIARIES DURING ANY FISCAL YEAR OF THE CORPORATION, IN EITHER CASE IN EXCESS OF ONE QUARTER OF 1% OF THE CONSOLIDATED ANNUAL OPERATING BUDGET OF THE CORPORATION AND ITS SUBSIDIARIES FOR EACH FISCAL YEAR IF SUCH DEBT OR CAPITAL EXPENDITURES ARE NOT INCLUDED IN THE CORPORATION'S SUBSIDIARIES' APPROVED BUDGETS, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS. 8) TO APPROVE ANY DONATION OR ANY OTHER TRANSFER OF THE CORPORATION'S OR ITS SUBSIDIARIES' ASSETS, OTHER THAN TO THE MEMBER OR TO THE CORPORATION BY ITS SUBSIDIARIES, IN EXCESS OF \$10,000,000, UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S OR ITS SUBSIDIARIES' APPROVED BUDGETS. 9) TO APPROVE STRATEGIC PLANS AND MISSION STATEMENTS OF THE CORPORATION AND ITS SUBSIDIARIES; 10) TO APPROVE INVESTMENT POLICIES OF THE CORPORATION AND SUBSIDIARIES; 11) TO APPROVE THE CLOSURE OR RELOCATION OF A LICENSED HEALTHCARE FACILITY OF THE CORPORATION AND ITS SUBSIDIARIES; 12) TO APPROVE THE FORMATION OF SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES OR TO MAKE NEW INVESTMENTS IN EXISTING SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES, IF THE NEW INVESTMENTS OF THE CORPORATION AND THE SUBSIDIARIES IN SUCH SUBSIDIARIES CORPORATIONS, PARTNERSHIPS, AND JOINT VENTURES DURING ANY FISCAL YEAR WOULD, IN THE AGGREGATE, EXCEED 1% OF THE CORPORATION'S CONSOLIDATED TOTAL ASSETS AT THE END OF THE PRIOR FISCAL YEAR OF THE CORPORATION; 13) TO ESTABLISH AND MANAGE THE CORPORATION'S PROGRAM FOR COMPLIANCE WITH ALL LEGAL REQUIREMENTS APPLICABLE TO THE CORPORATION, ALL ACCREDITATION AND LICENSING REQUIREMENTS AND THE CONDITIONS OF PARTICIPATION IN ALL GOVERNMENTAL PAYER PROGRAMS APPLICABLE TO THE CORPORATION; AND 14) TO SELECT AND APPOINT AUDITORS AND TO DESIGNATE THE FISCAL YEAR OF THE CORPORATION AND THE SUBSIDIARIES. 15) TO GIVE SUCH OTHER APPROVALS AND TAKE SUCH OTHER ACTIONS AS ARE SPECIFICALLY RESERVED TO MEMBERS OF PENNSYLVANIA NONPROFIT CORPORATIONS UNDER THE NONPROFIT CORPORATION LAW.</p>
<p>Form 990, Part VI, Line 11b Review of form 990 by governing body</p>	<p>THE HIGHMARK HEALTH GROUP (HHG) IRS FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT OF THE ORGANIZATION, THE AUDIT AND COMPLIANCE COMMITTEE AND EXTERNAL TAX ADVISORS. BEFORE FILING THE TAX RETURN WITH THE INTERNAL REVENUE SERVICE, A FINAL COPY WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.</p>
<p>Form 990, Part VI, Line 12c Conflict of interest policy</p>	<p>HIGHMARK HEALTH (HH) HAS A INTEGRATED RISK OPERATIONS DEPARTMENT THAT MONITORS AND OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL ENTITIES WITHIN THE FILING GROUP. THE FOLLOWING DESCRIBES THE MANNER IN WHICH THE INTEGRATED RISK OPERATIONS DEPARTMENT MONITORS AND OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY: CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED UPON HIRE/APPOINTMENT AND ON AN ANNUAL BASIS BY ALL BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, SUPERVISORS AND ABOVE, PERSONS WITH PURCHASING AND DECISION MAKING AUTHORITY, AND ANY OTHER EMPLOYEES AS DESIGNATED BY THE INTEGRATED RISK OPERATIONS DEPARTMENT. INDIVIDUALS ARE REQUIRED TO REPORT TO THE INTEGRATED RISK OPERATIONS DEPARTMENT THROUGHOUT THE YEAR IF CHANGES IN CIRCUMSTANCES ARISE THAT MAY GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST OR CHANGE A PREVIOUSLY-DISCLOSED CONFLICT. UPON COMPLETION OF THE ABOVE DISCLOSURE STATEMENT BY ALL APPLICABLE INDIVIDUALS, THE INTEGRATED RISK OPERATIONS DEPARTMENT REVIEWS ALL DISCLOSURES. THOSE DISCLOSURE STATEMENTS THAT REQUIRE ADDITIONAL INFORMATION OR CLARIFICATION ARE CONTACTED BY THE INTEGRATED RISK OPERATIONS DEPARTMENT REQUESTING SUCH. ONCE RECEIVED, THE INTEGRATED RISK OPERATIONS DEPARTMENT REVIEWS THE INFORMATION TO DETERMINE WHETHER A REAL OR POTENTIAL CONFLICT OF INTEREST EXISTS. AS APPLICABLE, LEGAL AND SENIOR MANAGEMENT ARE CONSULTED TO DETERMINE WHETHER A REAL OR POTENTIAL CONFLICT OF INTEREST EXISTS. WHEN A CONFLICT REQUIRES A MITIGATION PLAN, THE MITIGATION PLAN IS DEVELOPED AND APPROVED IN COORDINATION WITH THE RESPECTIVE RESPONSIBLE SENIOR MANAGEMENT. THE SENIOR MANAGERS ARE RESPONSIBLE FOR DISCUSSING THE MITIGATION PLAN WITH THE INDIVIDUAL AND MONITORING COMPLIANCE WITH THE MITIGATION PLAN. A CONFLICT OF INTEREST/INDEPENDENCE DISCLOSURE SUMMARY REPORT OF ALL BOARD MEMBERS AND OFFICERS WITH REPORTABLE DISCLOSURES IS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF HIGHMARK HEALTH AS WELL AS THE BOARD OF DIRECTORS OF HIGHMARK HEALTH, AHN AND ANY APPLICABLE HOSPITAL.</p>
<p>Form 990, Part VI, Line 15a Process to establish compensation of top management official</p>	<p>AHN FOLLOWS A PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE POSITIONS, INCLUDING OFFICERS, KEY EMPLOYEES AND OTHER MANAGEMENT POSITIONS, AND IS COVERED BY THE HIGHMARK HEALTH EXECUTIVE COMPENSATION POLICY. THE POLICY WAS APPROVED BY THE HIGHMARK HEALTH BOARD OF DIRECTORS. IT IS THE POLICY OF AHN MANAGEMENT TO COMPENSATE ITS EXECUTIVES IN ACCORDANCE WITH THE MARKET AND IN RELATION TO THE EXPERIENCE, SERVICE AND ACCOMPLISHMENTS OF THE INDIVIDUAL BOTH PRIOR TO AND DURING THEIR SERVICE WITH AHN. THE HIGHMARK HEALTH PERSONNEL AND COMPENSATION COMMITTEE (P&C) OF THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE PRESIDENT AND CEO OF AHN AND ALL NON-HOSPITAL SENIOR EXECUTIVES WHO REPORT DIRECTLY TO THE PRESIDENT AND CEO OF AHN. THE PERSONNEL AND COMPENSATION COMMITTEE USES COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THE EXTERNAL CONSULTANT PROVIDES A LETTER OF REASONABILITY FOR ALL OFFERS MADE TO NEW EXECUTIVES THAT REPORT TO THE AHN CEO. EACH P&C COMMITTEE MEMBER VOTING ON A SENIOR EXECUTIVE'S COMPENSATION ARRANGEMENT ENSURES THAT HE OR SHE HAS NO CONFLICT OF INTEREST, INCLUDING THAT HE OR SHE (A) DOES NOT ECONOMICALLY BENEFIT FROM THE PROPOSED EMPLOYMENT; (B) DOES NOT RECEIVE COMPENSATION SUBJECT TO THE APPROVAL OF THE PROPOSED EMPLOYEE; AND (C) HAS NO MATERIAL FINANCIAL INTEREST AFFECTED BY THE TRANSACTION. THE EXECUTIVE COMPENSATION PROGRAM FOR THE HOSPITAL ENTITIES WITHIN THE GROUP IS ADMINISTERED BY THE CEO OF AHN WITH RESPECT TO THE CEOs, COOS AND CFOS OF EACH HOSPITAL, PURSUANT TO OVERALL GUIDELINES ESTABLISHED BY THE PERSONNEL AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF HIGHMARK HEALTH. IT IS THE POLICY OF AHN TO COMPENSATE ITS EXECUTIVES IN ACCORDANCE WITH COMPETITIVE MARKET PRACTICES, TAKING INTO ACCOUNT ORGANIZATIONAL PERFORMANCE AND THE SKILLS, EXPERIENCE, QUALIFICATIONS AND PERFORMANCE OF EACH EXECUTIVE. AHN GENERALLY TARGETS THE MEDIAN OF THE RELEVANT MARKET WITH REASONABLE VARIATION BASED ON EACH EXECUTIVE'S SKILLS, EXPERIENCE, PERFORMANCE AND CURRENT POSITIONING RELATIVE TO MARKET. HIGHMARK HEALTH MANAGEMENT, IN COORDINATION WITH THE INDEPENDENT CONSULTANT TO THE P&C COMMITTEE OBTAINS APPROPRIATE MARKET COMPARABILITY DATA FOR EACH POSITION, INCLUDING NATIONALLY PUBLISHED COMPENSATION SURVEYS AND/OR SPECIFIC ORGANIZATION PEER GROUPS, TO PREPARE COMPENSATION RECOMMENDATIONS FOR ALL KEY EXECUTIVES, INCLUDING OFFICERS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS. RECOMMENDATIONS ARE REVIEWED AND APPROVED BY A COMMITTEE THAT IS INDEPENDENT WITH</p>

	<p>PERSONS. RECOMMENDATIONS ARE REVIEWED AND APPROVED BY A COMMITTEE THAT IS INDEPENDENT WITH RESPECT TO THE COMPENSATION PROVIDED TO THE EXECUTIVES. COMPENSATION MAY INCLUDE SEVERAL FORMS OF CASH COMPENSATION, INCLUDING BASE SALARY, PERFORMANCE-BASED INCENTIVE COMPENSATION, AND A COMPETITIVE EMPLOYEE BENEFITS PROGRAM. BASE SALARY IS THE FIXED ELEMENT OF COMPENSATION INTENDED TO ALIGN WITH EACH EXECUTIVE'S ROLE, RESPONSIBILITIES, OVERALL PERFORMANCE AND OTHER CONTRIBUTIONS. INCENTIVE COMPENSATION IS USED TO PROVIDE VARIABLE, OR "AT RISK" COMPENSATION, BASED ON THE PERFORMANCE OF BOTH THE EXECUTIVE AND THE ORGANIZATION. TYPICALLY, AHN AND HOSPITAL EXECUTIVES CAN EARN INCENTIVE COMPENSATION ONLY IF THE ORGANIZATION ACHIEVES CERTAIN PRE-DETERMINED GOALS AS APPROVED BY THE P&C COMMITTEE. THE PLANS ARE INTENDED TO HOLD EXECUTIVES ACCOUNTABLE FOR ACHIEVING PERFORMANCE THAT IS CONSISTENT WITH THE LONG-TERM GOALS AND OBJECTIVES OF THE ORGANIZATION. ALL ENTITIES WITHIN THE FILING FOLLOW THE REQUIREMENT IN THE REGULATIONS TO COMPLY WITH THE REBUTTABLE PRESUMPTION OF THE REASONABLENESS OF COMPENSATION. THE P&C COMMITTEE COMPLETED A REVIEW AND APPROVAL OF THE ANNUAL COMPENSATION STUDY OF CORPORATE EXECUTIVES PREPARED BY THE INDEPENDENT COMPENSATION CONSULTANT IN JULY 2021.</p>
<p>Form 990, Part VI, Line 15b Process to establish compensation of other employees</p>	<p>AHN FOLLOWS A PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE POSITIONS, INCLUDING OFFICERS, KEY EMPLOYEES AND OTHER MANAGEMENT POSITIONS, AND IS COVERED BY THE HIGHMARK HEALTH EXECUTIVE COMPENSATION POLICY. THE POLICY WAS APPROVED BY THE HIGHMARK HEALTH BOARD OF DIRECTORS. IT IS THE POLICY OF AHN MANAGEMENT TO COMPENSATE ITS EXECUTIVES IN ACCORDANCE WITH THE MARKET AND IN RELATION TO THE EXPERIENCE, SERVICE AND ACCOMPLISHMENTS OF THE INDIVIDUAL BOTH PRIOR TO AND DURING THEIR SERVICE WITH AHN. THE HIGHMARK HEALTH PERSONNEL AND COMPENSATION COMMITTEE (P&C) OF THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE PRESIDENT AND CEO OF AHN AND ALL NON-HOSPITAL SENIOR EXECUTIVES WHO REPORT DIRECTLY TO THE PRESIDENT AND CEO OF AHN. THE PERSONNEL AND COMPENSATION COMMITTEE USES COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THE EXTERNAL CONSULTANT PROVIDES A LETTER OF REASONABILITY FOR ALL OFFERS MADE TO NEW EXECUTIVES THAT REPORT TO THE AHN CEO. EACH P&C COMMITTEE MEMBER VOTING ON A SENIOR EXECUTIVE'S COMPENSATION ARRANGEMENT ENSURES THAT HE OR SHE HAS NO CONFLICT OF INTEREST, INCLUDING THAT HE OR SHE (A) DOES NOT ECONOMICALLY BENEFIT FROM THE PROPOSED EMPLOYMENT; (B) DOES NOT RECEIVE COMPENSATION SUBJECT TO THE APPROVAL OF THE PROPOSED EMPLOYEE; AND (C) HAS NO MATERIAL FINANCIAL INTEREST AFFECTED BY THE TRANSACTION. THE EXECUTIVE COMPENSATION PROGRAM FOR THE HOSPITAL ENTITIES WITHIN THE GROUP IS ADMINISTERED BY THE CEO OF AHN WITH RESPECT TO THE CEOS, COOS AND CFOS OF EACH HOSPITAL, PURSUANT TO OVERALL GUIDELINES ESTABLISHED BY THE PERSONNEL AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF HIGHMARK HEALTH. IT IS THE POLICY OF AHN TO COMPENSATE ITS EXECUTIVES IN ACCORDANCE WITH COMPETITIVE MARKET PRACTICES, TAKING INTO ACCOUNT ORGANIZATIONAL PERFORMANCE AND THE SKILLS, EXPERIENCE, QUALIFICATIONS AND PERFORMANCE OF EACH EXECUTIVE. AHN GENERALLY TARGETS THE MEDIAN OF THE RELEVANT MARKET WITH REASONABLE VARIATION BASED ON EACH EXECUTIVE'S SKILLS, EXPERIENCE, PERFORMANCE AND CURRENT POSITIONING RELATIVE TO MARKET. HIGHMARK HEALTH MANAGEMENT, IN COORDINATION WITH THE INDEPENDENT CONSULTANT TO THE P&C COMMITTEE OBTAINS APPROPRIATE MARKET COMPARABILITY DATA FOR EACH POSITION, INCLUDING NATIONALLY PUBLISHED COMPENSATION SURVEYS AND/OR SPECIFIC ORGANIZATION PEER GROUPS, TO PREPARE COMPENSATION RECOMMENDATIONS FOR ALL KEY EXECUTIVES, INCLUDING OFFICERS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS. RECOMMENDATIONS ARE REVIEWED AND APPROVED BY A COMMITTEE THAT IS INDEPENDENT WITH RESPECT TO THE COMPENSATION PROVIDED TO THE EXECUTIVES. COMPENSATION MAY INCLUDE SEVERAL FORMS OF CASH COMPENSATION, INCLUDING BASE SALARY, PERFORMANCE-BASED INCENTIVE COMPENSATION, AND A COMPETITIVE EMPLOYEE BENEFITS PROGRAM. BASE SALARY IS THE FIXED ELEMENT OF COMPENSATION INTENDED TO ALIGN WITH EACH EXECUTIVE'S ROLE, RESPONSIBILITIES, OVERALL PERFORMANCE AND OTHER CONTRIBUTIONS. INCENTIVE COMPENSATION IS USED TO PROVIDE VARIABLE, OR "AT RISK" COMPENSATION, BASED ON THE PERFORMANCE OF BOTH THE EXECUTIVE AND THE ORGANIZATION. TYPICALLY, AHN AND HOSPITAL EXECUTIVES CAN EARN INCENTIVE COMPENSATION ONLY IF THE ORGANIZATION ACHIEVES CERTAIN PRE-DETERMINED GOALS AS APPROVED BY THE P&C COMMITTEE. THE PLANS ARE INTENDED TO HOLD EXECUTIVES ACCOUNTABLE FOR ACHIEVING PERFORMANCE THAT IS CONSISTENT WITH THE LONG-TERM GOALS AND OBJECTIVES OF THE ORGANIZATION. ALL ENTITIES WITHIN THE FILING FOLLOW THE REQUIREMENT IN THE REGULATIONS TO COMPLY WITH THE REBUTTABLE PRESUMPTION OF THE REASONABLENESS OF COMPENSATION. THE P&C COMMITTEE COMPLETED A REVIEW AND APPROVAL OF THE ANNUAL COMPENSATION STUDY OF CORPORATE EXECUTIVES PREPARED BY THE INDEPENDENT COMPENSATION CONSULTANT IN JULY 2021.</p>
<p>Form 990, Part VI, Line 19 Required documents available to the public</p>	<p>THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE ON A CONSOLIDATED BASIS, AND ARE AVAILABLE UPON REQUEST AND APPROVAL BY THE CFO OF HIGHMARK HEALTH.</p>
<p>Form 990, Part VII, Section B, Line 2 INDEPENDENT CONTRACTORS</p>	<p>LISTED IN THIS FORM 990, PART VII ARE THE FIVE HIGHEST PAID THAT PROVIDED SERVICES TO THE HIGHMARK HEALTH GROUP. THE AMOUNT OF INDEPENDENT CONTRACTORS REPORTED ON LINE 2 INCLUDES THE TOTAL AMOUNT OF VENDORS PAID OVER \$100,000.</p>
<p>Form 990, Part VII, Section A Perego, Charles, Esq. ADDITIONAL POSITIONS HELD</p>	<p>Organization Name: Suburban Health Foundation, Title: DIRECTOR & BOARD CHAIR - END 2/21, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer</p>
<p>Form 990, Part VII, Section A Landis, Dawn ADDITIONAL POSITIONS HELD</p>	<p>Organization Name: Suburban Health Foundation, Title: DIRECTOR & VICE CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer</p>

Form 990, Part VII, Section A Smith, Deborah ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR & VICE CHAIRPERSON, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Bohn, Earl ADDITIONAL POSITIONS HELD	Organization Name: Suburban Health Foundation, Title: DIRECTOR & BOARD CHAIR - START 2/21, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Usher, Sandra ADDITIONAL POSITIONS HELD	Organization Name: West Penn Hospital Foundation, Title: BOARD CHAIR - END 2/21, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A O'Brien, Wendy ADDITIONAL POSITIONS HELD	Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Hospital Foundation, Title: DIRECTOR & BOARD CHAIR , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Quick, Allison ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: PRES, CEO, EXEC DIRECTOR, TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Forbes Health Foundation, Title: PRES, CEO & DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Suburban Health Foundation, Title: PRES, CEO & DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: West Penn Hospital Foundation, Title: PRES, CEO & DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Johnson, Brian ADDITIONAL POSITIONS HELD	Organization Name: West Penn Hospital Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Park, Chong, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Clark, Christopher, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: DIRECTOR & PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Saint Vincent Health System, Title: DIRECTOR & PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: DIRECTOR, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Hundorfean, Cynthia ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: PRES & CEO, AverageHours: 0.000; Officer Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Parda, David, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Rupert, Denzil ADDITIONAL POSITIONS HELD	Organization Name: Grove City Medical Center, Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Suburban Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Holt, Diana ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Whiting, Donald, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic, Title: DIRECTOR, CHARIMAN, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Allegheny Medical Practice Network, Title: DIRECTOR, CHARIMAN, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR, CHARIMAN, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Grove City Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR START 6/17/21, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Little, Edward ADDITIONAL POSITIONS HELD	Organization Name: Forbes Health Foundation, Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Marasco, Edward ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bauer, Jacqueline ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Allegheny Clinic, Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Medical Practice Network, Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Alle-Kiski Medical Center, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Alle-Kiski Medical Center Trust, Title: SECRETARY & TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Canonsburg General Hospital, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Forbes Health Foundation, Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Grove City Medical Center, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Jefferson Regional Medical Center, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Saint Vincent Health Center, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Saint Vincent Health System, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Suburban Health Foundation, Title: DIRECTOR & SECRETARY, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: West Penn Allegheny Health System, Inc., Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Canonsburg General Hospital Ambulance Service, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Family Practice Medical Associates South, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: SECRETARY, AverageHours: 0.000; Officer Organization Name: Primary Care Group 5, Title: SECRETARY, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Benedict, James ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Allegheny Medical Practice Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Rohrbaugh, James ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: CFO & TREASURER, AverageHours: 0.000; Officer Organization Name: Allegheny Clinic, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Allegheny Clinic Medical Oncology, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Allegheny Medical Practice Network, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR & TREASURER, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Alle-Kiski Medical Center, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Alle-Kiski Medical Center Trust, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Canonsburg General Hospital, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Forbes Health Foundation, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Grove City Medical Center, Title: DIRECTOR & TREASURER, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Jefferson Regional Medical Center, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Saint Vincent Health Center, Title:

	Medical Center, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Saint Vincent Health Center, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Saint Vincent Health System, Title: TREASURER, AverageHours: 0.000; Officer Organization Name: West Penn Allegheny Health System, Inc., Title: TREASURER, AverageHours: 0.000; Officer Organization Name: West Penn Hospital Foundation, Title: TREASURER - START 6/21, AverageHours: 0.000; Officer Organization Name: Westfield Memorial Hospital, Inc., Title: TREASURER, AverageHours: 0.000; Officer Organization Name: Family Practice Medical Associates South, Title: DIRECTOR & TREASURER, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR & TREASURER, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 5, Title: DIRECTOR & TREASURER, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Szumigale, Jeffrey ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: DIRECTOR & VICE CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR & VICE CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Smith, John ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: CFO, AverageHours: 0.000; Officer Organization Name: Jefferson Hills Surgical Specialists, Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Jefferson Regional Medical Center, Title: CFO, AverageHours: 0.000; Officer Organization Name: JRMC Specialty Group Practice, Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Pittsburgh Bone, Joint & Spine, Inc., Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 11, Inc., Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 3, Inc., Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 7, Inc., Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: South Pittsburgh Urology Associates, Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Steel Valley Orthopaedic and Sports Medicine, Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: The Park Cardiothoracic and Vascular Institute, Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Prime Medical Group, PCG 1, Title: DIRECTOR, TREASURER, & SECRETARY , AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Macerelli, Joseph, Esq. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital, Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR & CHAIRMAN, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Lejeune, Keith ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic, Title: VICE PRESIDENT, AverageHours: 0.000; Officer Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR & VICE PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Kassab, Kelly ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Hills Surgical Specialists, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: JRMC Specialty Group Practice, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Pittsburgh Bone, Joint & Spine, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Primary Care Group 11, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Primary Care Group 3, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Primary Care Group 7, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: South Pittsburgh Urology Associates, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Steel Valley Orthopaedic and Sports Medicine, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: The Park Cardiothoracic and Vascular Institute, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Prime Medical Group, PCG 1, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Primary Care Group 5, Title: VICE PRESIDENT & DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: VICE PRESIDENT & DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Family Practice Medical Associates South, Title: VICE PRESIDENT & DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Urban, Louise ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Hills Surgical Specialists, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: JRMC Specialty Group Practice, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Pittsburgh Bone, Joint & Spine, Inc., Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 11, Inc., Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 3, Inc., Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Primary Care Group 7, Inc., Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: South Pittsburgh Urology Associates, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Steel Valley Orthopaedic and Sports Medicine, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: The Park Cardiothoracic and Vascular Institute, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Nussbaum,	Organization Name: Allegheny Clinic, Title: DIRECTOR & VICE PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR & VP, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Medical Practice Network, Title: DIRECTOR & VP, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Allegheny Singer Research Institute, Title:

Mark ADDITIONAL POSITIONS HELD	DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Rubino, Mark, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Forbes Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Webb, Mark ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: BOARD CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: BOARD CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Cicero, Pete ADDITIONAL POSITIONS HELD	Organization Name: Suburban Health Foundation, Title: DIRECTOR & TREASURER, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Bergstrom, Robin ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: BOARD CHAIR & TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Livingston, Russell ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR & BOARD CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bennett, Tracey ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Gaspar-Yoo, Vicenta, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR & PRES, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Long, G. Scott, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR, PRES & CEO, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Portz, Matthew, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Family Practice Medical Associates South, Title: DIRECTOR & PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII.	Organization Name: Primary Care Group 5, Title: DIRECTOR & PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer

Section A Reyes, Vincente, M.D. ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Sims, William ADDITIONAL POSITIONS HELD	Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR & PRESIDENT, AverageHours: 0.000; IndividualTrusteeOrDirectorOfficer
Form 990, Part VII, Section A Vankirk, Barbara ADDITIONAL POSITIONS HELD	Organization Name: Forbes Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Patri, Beth ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Blazek- O'Neill, Betsy ADDITIONAL POSITIONS HELD	Organization Name: Suburban Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Smith, Bradley ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Grove City Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Jacob, Brian ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Parker, Brian, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Allegheny Singer Research Institute, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Pankas, Carole ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Caponi, Catherine A. ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Caponi, Catherine A. ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

Form 990, Part VII, Section A Newkirk, Charlene ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Modispacher, Charles ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: EMERITUS DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Scott, Chris ADDITIONAL POSITIONS HELD	Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Miller, Craig ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Marino, Curt ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Blandino, David, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR & CHAIRPERSON, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Celko, David, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: DIRECTOR - END 2/21, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Holmberg, David ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Lerberg, David, M.D. ADDITIONAL POSITIONS HELD	Organization Name: West Penn Hospital Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Malone, David ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

Form 990, Part VII, Section A Matter, David ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR - END 7/21, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Mcnary, Donald ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Williams, Doris Carson ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Becker, Gene ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Finley, Gene G., M.D. ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Clinic Medical Oncology, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Gutting, Gregory ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Baran, Helen ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: EMERITUS DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: EMERITUS DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR & BOARD CHAIR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Galaska, Henry ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Graham, James ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR - END 3/21, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR - END 3/21, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Ross, Jason ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Matter, David ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR - END 7/21, AverageHours: 0.000; IndividualTrusteeOrDirector

Form 990, Part VII, Section A Lewis, Jennifer, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Roache, Jillian ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Balacko, John, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR - END 12/21, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Finnegan, John, Esq. ADDITIONAL POSITIONS HELD	Organization Name: Forbes Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Guyaux, Joseph ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Hall, Joseph ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Hanlon, Karen ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Burns, Kathryn ADDITIONAL POSITIONS HELD	Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Gupta, L.P. ADDITIONAL POSITIONS HELD	Organization Name: Forbes Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Fuge, Ladonna, M.D. ADDITIONAL	Organization Name: Forbes Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

POSITIONS HELD	
Form 990, Part VII, Section A Mcandrews, Lauren ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Roberts, Leanne ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Klein-Patel, Marcia ADDITIONAL POSITIONS HELD	Organization Name: West Penn Hospital Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Pesci, Marilyn ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Perry, Mark ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Hagen, Mark ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Roche, Marne ADDITIONAL POSITIONS HELD	Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Coppola, Matthew ADDITIONAL POSITIONS HELD	Organization Name: Suburban Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Alterio, Michael ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: EMERITUS DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital Ambulance Service, Title: EMERITUS DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Redlawsk, Matthew ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

Michael ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Lapczynski, Pamela ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Herchenroether, Richard ADDITIONAL POSITIONS HELD	Organization Name: Suburban Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Sullivan, Richard, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Talarico, Richard ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Cincala, Robert ADDITIONAL POSITIONS HELD	Organization Name: Suburban Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Crane, Robert ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Galbraith, Robert ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Pacek, Robert ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Pompeani, Robert ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

Form 990, Part VII, Section A Patterson, Roberta ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Elwell, Russell ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Saunders-Mosby, Sabrina ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Piazza, Sallie ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: ; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Moore, Susan, M.D. ADDITIONAL POSITIONS HELD	Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Berkhouse, Thomas ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Corkery, Thomas, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Canonsburg General Hospital Ambulance Service, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Tarpley, Thomas ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Vankirk, Thomas ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Bonner,	Organization Name: Grove City Medical Center, Title: DIRECTOR - END 1/21, AverageHours: 0.000; IndividualTrusteeOrDirector

Timothy ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Pelkowski, Timothy ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Farah, Tony, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Grove City Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: West Penn Allegheny Health System, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Wilson, Travis, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Canonsburg General Hospital, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Srinivasan, Venkatraman, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center Trust, Title: TRUSTEE, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Roque, Victor ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Allen, Will ADDITIONAL POSITIONS HELD	Organization Name: Allegheny Health Network, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Harbaugh, Gregory ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: EMERITUS DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Fowler, Heidi ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A White, Henry, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A	Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

Section 7A Sherrod, James ADDITIONAL POSITIONS HELD	
Form 990, Part VII, Section A Riedesel, Jeremy, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Jones, P. Steven ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector Organization Name: Saint Vincent Health System, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Sharma, Parminder ADDITIONAL POSITIONS HELD	Organization Name: Forbes Health Foundation, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Deliere, Emil ADDITIONAL POSITIONS HELD	Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Madison, Jan ADDITIONAL POSITIONS HELD	Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Komer, Louis, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Family Practice Medical Associates South, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Syed, Mohammed, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Dashottar, Nupur, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Family Practice Medical Associates South, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Gagianas, Peter, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Family Practice Medical Associates South, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector

Form 990, Part VII, Section A Fries, Richard ADDITIONAL POSITIONS HELD	Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: DIRECTOR, AverageHours: 0.000; IndividualTrusteeOrDirector
Form 990, Part VII, Section A Klapper, Allan, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Grove City Medical Center, Title: INTERIM PRES - END 1/21, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Tupponce, David ADDITIONAL POSITIONS HELD	Organization Name: Grove City Medical Center, Title: PRESIDENT, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Kanuch, James ADDITIONAL POSITIONS HELD	Organization Name: Grove City Medical Center, Title: CFO, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Surkala, Karen ADDITIONAL POSITIONS HELD	Organization Name: Westfield Memorial Hospital, Inc., Title: PRESIDENT, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Levis, Rand ADDITIONAL POSITIONS HELD	Organization Name: Saint Vincent Health Center, Title: CFO, AverageHours: 0.000; Officer Organization Name: Saint Vincent Health System, Title: CFO, AverageHours: 0.000; Officer Organization Name: The Saint Vincent Foundation for Health and Human Services, Title: TREASURER , AverageHours: 0.000; Officer
Form 990, Part VII, Section A Barrett, Susan ADDITIONAL POSITIONS HELD	Organization Name: Jefferson Regional Medical Center, Title: ASSISTANT SECRETARY, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Hipkiss, Thomas ADDITIONAL POSITIONS HELD	Organization Name: Alle-Kiski Medical Center, Title: CHIEF FINANCIAL OFFICER - END 11/21, AverageHours: 0.000; Officer
Form 990, Part VII, Section A Heller, Beth ADDITIONAL POSITIONS HELD	Organization Name: Pittsburgh Pulmonary and Critical Care Associates, Title: ASSISTANT SECRETARY, AverageHours: 0.000; Officer Organization Name: Family Practice Medical Associates South, Title: ASSISTANT SECRETARY, AverageHours: 0.000; Officer Organization Name: Primary Care Group 5, Title: ASSISTANT SECRETARY, AverageHours: 0.000;
Form 990, Part VIII, Line 2c CLINICAL AFFILIATION PAYMENTS	THE AMOUNT OF PROGRAM SERVICE REVENUE REPORTED INCLUDES PAYMENTS OF \$262,157,899 FROM HIGHMARK HEALTH TO AHN UNDER AN EXISTING CLINICAL AFFILIATION AGREEMENT (CAA) ENTERED INTO BY THE TWO ORGANIZATIONS. THESE PAYMENTS ARE CONSIDERATION FOR (I) AHN PROVISION OF ACCESS AND CAPACITY TO AID HIGHMARK'S EXISTING AND FUTURE CUSTOMERS, (II) AHN CLOSING CERTAIN CARE AND/OR SERVICE LINE GAPS IN ORDER TO ENSURE THAT HIGHMARK MEMBERS HAVE ACCESS TO HIGH-QUALITY AFFORDABLE HEALTH CARE IN THE COMMUNITY, AND (III) AHN INVESTMENT TO BUILD OUT NEW CLINICAL INNOVATIONS, CARE MODELS, CLINICAL PATHWAYS AND OTHER POPULATION HEALTH INFRASTRUCTURE AND CAPABILITIES TO ACHIEVE VALUE-BASED CARE. THE CAA PAYMENTS WERE REPORTED IN PRIOR YEARS ON PART XI, LINE 9 AS AN OTHER CHANGE IN NET ASSETS

	<p>THE CAA PAYMENTS WERE REPORTED IN PRIOR YEARS ON PART XI, LINE 9 AS AN OTHER CHANGE IN NET ASSETS. TOTAL NET ASSETS HAVE NOT BEEN IMPACTED BY THIS CHANGE. FOR COMPARISON PURPOSES, A RECONCILIATION HAS BEEN PROVIDED BELOW. CAA PAYMENTS INCLUDED AS OTHER CHANGE IN NET ASSETS ON PART XI, LINE 9: 2020 LINE 1 TOTAL REVENUE = 4,005,225,290 LINE 2 TOTAL EXPENSES = 4,120,225,028 NET ASSETS BOY = 1,603,311,519 NET UNREALIZED = (28,761,591) OTHER CHANGES = 302,467,831 NET ASSETS = 1,762,018,021 2021 LINE 1 TOTAL REVENUE = 4,531,485,087 LINE 2 TOTAL EXPENSES = 4,586,733,863 NET ASSETS BOY = 1,762,018,021 NET UNREALIZED = (9,849,897) OTHER CHANGES = 299,848,616 NET ASSETS = 1,996,767,964 CAA PAYMENT INCLUDED AS PROGRAM SERVICE REVENUE ON PART VIII, LINE 2: 2020 LINE 1 TOTAL REVENUE = 4,269,350,585 LINE 2 TOTAL EXPENSES = 4,120,225,028 NET ASSETS BOY = 1,603,311,519 NET UNREALIZED = (28,761,591) OTHER CHANGES = 38,342,536 NET ASSETS = 1,762,018,021 2021 LINE 1 TOTAL REVENUE = 4,793,642,986 LINE 2 TOTAL EXPENSES = 4,586,733,863 NET ASSETS BOY = 1,762,018,021 NET UNREALIZED = (9,849,897) OTHER CHANGES = 37,690,717 NET ASSETS = 1,996,767,964</p>
<p>Form 990, Part VIII, Line 11d Other Miscellaneous Revenue</p>	<p>- Total Revenue: 64567988, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 64567988;</p>
<p>Form 990, Part XI, Line 9 Other changes in net assets or fund balances</p>	<p>EQUITY TRANSFERS - 4032625; PENSION LIABILITY ADJUSTMENTS - 60835904; OTHER - -27177812;</p>
<p>Schedule O</p>	<p>INTRODUCTION TO AHN ALLEGHENY HEALTH NETWORK (AHN), BASED IN PITTSBURGH, PENNSYLVANIA, IS A TAX-EXEMPT, PATIENT-CENTERED AND PHYSICIAN-LED ACADEMIC HEALTHCARE SYSTEM THAT PROVIDES CHARITABLE CARE AND HIGH-QUALITY, COMPREHENSIVE HEALTH CARE SERVICES TO PATIENTS FROM WESTERN PENNSYLVANIA AND THE ADJACENT REGIONS OF OHIO, WEST VIRGINIA, NEW YORK AND MARYLAND. AHN COMPRISES 14 HOSPITALS AND MORE THAN 300 HEALTHCARE SITES, INCLUDING FIVE HEALTH + WELLNESS PAVILIONS, SURGICAL CENTERS AND OUTPATIENT CLINICS; A RESEARCH INSTITUTE; MORE THAN 2,600 EMPLOYED AND AFFILIATED PHYSICIANS; APPROXIMATELY 21,000 TOTAL EMPLOYEES; HUNDREDS OF VOLUNTEERS; A GROUP PURCHASING ORGANIZATION; AND A COMPLETE SPECTRUM OF HOME AND COMMUNITY BASED HEALTHCARE SERVICES. THE NETWORK'S HOSPITALS INCLUDE ONE QUATERNARY ACADEMIC MEDICAL CENTER (ALLEGHENY GENERAL HOSPITAL IN PITTSBURGH), NINE TERTIARY/COMMUNITY HOSPITALS THAT PROVIDE A WIDE ARRAY OF GENERAL AND ADVANCED CLINICAL SERVICES (ALLEGHENY VALLEY HOSPITAL, NATRONA HEIGHTS, PA; CANONSBURG HOSPITAL, CANONSBURG, PA; FORBES HOSPITAL, MONROEVILLE, PA; GROVE CITY MEDICAL CENTER, GROVE CITY, PA; JEFFERSON HOSPITAL, JEFFERSON HILLS, PA; SAINT VINCENT HOSPITAL, ERIE, PA; WEST PENN HOSPITAL, PITTSBURGH, PA; WESTFIELD MEMORIAL HOSPITAL, WESTFIELD, NY; AND AHN WEXFORD HOSPITAL, WEXFORD, PA), AND FOUR NEIGHBORHOOD HOSPITALS (AHN HEMPFIELD IN WESTMORELAND COUNTY; AHN MCCANDLESS IN ALLEGHENY COUNTY; AHN HARMAR IN ALLEGHENY COUNTY; AND AHN BRENTWOOD IN ALLEGHENY COUNTY). AHN WAS ESTABLISHED IN 2013, BUT ITS MEMBER HOSPITALS SHARE LEGACIES OF CHARITABLE CARE THAT DATE BACK MORE THAN 170 YEARS (WEST PENN HOSPITAL WAS CHARTERED IN 1848). AHN WAS FORMED TO ACT AS THE PARENT COMPANY OF THE HOSPITALS OF THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS), AS WELL AS JEFFERSON HOSPITAL, SAINT VINCENT HOSPITAL AND WESTFIELD MEMORIAL HOSPITAL. HIGHMARK HEALTH (HH), IN TURN, SERVES AS THE ULTIMATE PARENT OF AHN AND ITS AFFILIATES. IN 2021, THE HOSPITALS AND CLINICS OF AHN TOGETHER REPORTED MORE THAN 118,000 PATIENT DISCHARGES AND OBSERVATIONS, LOGGED MORE THAN 313,000 EMERGENCY ROOM VISITS, AND DELIVERED MORE THAN 8,200 BABIES; ITS PHYSICIANS SAW 3.5 MILLION PATIENTS. ANCHORED BY NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL AND RESEARCH PROGRAMS IN THE AREAS OF BONE AND JOINT CARE, SPORTS MEDICINE, CARDIOVASCULAR DISEASE, NEUROSURGERY AND NEUROLOGY, WOMEN'S HEALTH, CANCER, EMERGENCY MEDICINE, BARIATRIC AND METABOLIC DISEASE, AHN PROVIDES A COMPLETE SPECTRUM OF ADVANCED DIAGNOSTIC, MEDICAL AND SURGICAL CARE ACROSS ALL MEDICAL SPECIALTIES, INCLUDING PRIMARY CARE, TRAUMA AND BURN CARE, GENERAL SURGERY, DIABETES, AUTOIMMUNE DISEASES, CRITICAL CARE, DIGESTIVE DISEASES, MEN'S HEALTH/UROLOGY, LUNG AND ESOPHAGEAL DISEASES AND REHABILITATION SERVICES. AHN ALSO PLAYS A PIVOTAL ROLE IN THE TRAINING OF FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS BY OFFERING FOUR DOZEN GRADUATE MEDICAL PROGRAMS, AND BY MAINTAINING AFFILIATIONS WITH THREE MEDICAL SCHOOLS AND TWO NURSING SCHOOLS. THE NETWORK'S HOSPITALS SERVE AS CLINICAL CAMPUSES FOR THE MEDICAL SCHOOLS OF DREXEL UNIVERSITY AND THE LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM). ABOUT 250 STUDENTS ARE ENROLLED EACH YEAR IN NURSING PROGRAMS AT THE WEST PENN HOSPITAL SCHOOL OF NURSING (PITTSBURGH) AND THE CITIZENS SCHOOL OF NURSING (TARENTUM), AND ABOUT 550 MEDICAL RESIDENTS AND FELLOWS RECEIVE ADVANCED TRAINING ON STAFF AT AHN HOSPITALS. AHN'S PLAN IS TO TRANSFORM THE CURRENT MODEL OF HEALTH CARE DELIVERY IN WESTERN PENNSYLVANIA BY ENCOURAGING HEALTH CARE PROVIDERS TO USE THE MOST APPROPRIATE, COST-EFFECTIVE VENUE FOR CARE; ADHERE TO THE HIGHEST, EVIDENCE-BASED STANDARDS OF CARE; AND DELIVER SUPERIOR OUTCOMES BY REDUCING UNNECESSARY READMISSIONS AND HEALTHCARE-ASSOCIATED COMPLICATIONS. PROVIDING COST-EFFICIENT, CONVENIENTLY ACCESSED CARE DELIVERS VALUE AND BENEFIT TO LOCAL COMMUNITIES, PARTNER HEALTH CARRIERS, AREA BUSINESSES, AND MOST OF ALL TO AHN'S PATIENTS. THE GOAL OF AHN IS TO PROMOTE HEALTH AND WELLNESS IN ITS COMMUNITIES BY PROVIDING HIGH-QUALITY, SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER IDENTITY OR SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL OR INTELLECTUAL DISABILITY, OR ABILITY TO PAY.</p>
<p>Schedule O</p>	<p>MISSION AND VISION AHN'S MISSION, WHICH IS SHARED BY ITS PARENT COMPANY HIGHMARK HEALTH, IS TO CREATE A REMARKABLE HEALTH EXPERIENCE, FREEING PEOPLE TO BE THEIR BEST. OUR VISION IS A WORLD WHERE EVERYONE EMBRACES HEALTH.</p>
<p>Schedule O</p>	<p>COMMUNITY BENEFITS AHN AND ITS TAX-EXEMPT SUBSIDIARY FACILITIES SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES TO THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE; SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS, SUPPORT GROUPS); AND MAKING CHARITABLE DONATIONS. THE SERVICES BENEFIT CHILDREN AND TEENS, ADULTS AND SENIORS, PATIENTS AND THEIR FAMILIES AND THE COMMUNITY AT LARGE. THE FOLLOWING IS NOT A TOTAL ACCOUNT OF ALL OF AHN'S CHARITABLE ACTIVITIES, BUT A SAMPLING OF AHN'S MANY CONTRIBUTIONS TO THE COMMUNITY AND ITS COMMITMENT TO PROVIDE A WIDE RANGE OF QUALITY HEALTH SERVICES TO DIVERSE COMMUNITIES AND TO ALL WHO SEEK AHN'S CARE: AIDS-FREE PITTSBURGH: AIDS FREE PITTSBURGH (AFP) RECEIVED FUNDING COMMITMENTS FROM AHN TO SUPPORT ITS WORK TOWARDS ENDING THE HIV/AIDS EPIDEMIC IN ALLEGHENY COUNTY DURING 2021-2025. IN 2021, TO REACH MORE PATIENTS IN SOUTHWESTERN PENNSYLVANIA WHO ARE POSITIVE FOR HUMAN</p>

IMMUNODEFICIENCY VIRUS (HIV), AHN'S POSITIVE HEALTH CLINIC LAUNCHED A REGIONAL MOBILE CARE PROGRAM. STAFFED BY A REGISTERED NURSE OR OTHER MEDICAL PROVIDER AND A MEDICAL ASSISTANT, THE NEW AHN MOBILE UNIT TRAVELS THROUGHOUT ALLEGHENY COUNTY AND SURROUNDING COUNTIES, PARTICULARLY IN RURAL AREAS, TO PROVIDE CARE TO INDIVIDUALS WITH HIV. THE UNIT IS EQUIPPED WITH THE MEDICAL SUPPLIES AND EQUIPMENT NECESSARY FOR THE CAREGIVERS TO CONDUCT PHYSICAL EXAMS, COLLECT BLOOD SAMPLES FOR LABORATORY TESTING, AND ADMINISTER MEDICATIONS AND VACCINES AS NEEDED. DURING THE VISIT, PATIENTS HAVE THE OPPORTUNITY TO CONNECT VIRTUALLY WITH A PRIMARY CARE PROVIDER AT THE POSITIVE HEALTH CLINIC (PHC) BASED AT AHN'S FEDERAL NORTH MEDICAL BUILDING NEAR ALLEGHENY GENERAL HOSPITAL. PATIENTS CAN ALSO BE REFERRED TO OTHER HEALTH CARE SPECIALISTS, AS WELL AS COMMUNITY-BASED SUPPORTIVE SERVICES TO HELP ADDRESS ANY OTHER SOCIAL BARRIERS TO GOOD HEALTH THAT THEY MIGHT FACE.

AUNT BERTHA: ALLEGHENY HEALTH NETWORK PARTNERED WITH AUNT BERTHA TO PROVIDE A FREE RESOURCE TOOL FOR INDIVIDUALS FACING FOOD, HOUSING OR OTHER CRISES DURING THESE DIFFICULT TIMES. THE AUNT BERTHA DIRECTORY CONTAINS GEOGRAPHIC-SPECIFIC INFORMATION ON SOCIAL SERVICE AGENCIES AND COMMUNITY BENEFIT ORGANIZATIONS (CBOS) ACROSS THE UNITED STATES. ONLINE USERS WILL ONLY NEED TO ENTER THEIR ZIP CODE, FOLLOWED BY APPLICATION OF FILTERS TO ENCOMPASS THEIR SPECIFIC NEEDS, TO ACCESS LOCAL OPTIONS. THE SERVICE IS FREE AND HAS NO INCOME CONSTRAINTS FOR USERS. AUNT BERTHA'S MISSION IS TO CONNECT ALL PEOPLE IN NEED AND THE PROGRAMS THAT SERVE THEM WITH DIGNITY AND EASE. THE ONLINE TOOL ALLOWS USERS TO FIND NEARBY CBOS, MAKING IT EASIER FOR INDIVIDUALS TO ACCESS SOCIAL SERVICE OPTIONS IN THEIR NEIGHBORHOODS. THANKS TO AUNT BERTHA, NON-PROFITS HAVE AN EASIER TIME COORDINATING THEIR EFFORTS, WHILE HEALTHCARE PROVIDERS CAN INTEGRATE SOCIAL CARE INTO THEIR WORK MORE APPROPRIATELY.

BRADDOCK URGENT CARE: AHN AND HH OPERATE THE AHN URGENT CARE CENTER, SUBSIDIZING HEALTH CARE ACCESS FOR THE UNDERSERVED BRADDOCK, PA. COMMUNITY, BY PROVIDING CARE ON A CHARITABLE BASIS AND SERVING A SIGNIFICANT SHARE OF MEDICARE AND MEDICAID PATIENTS. AHN HAS LAUNCHED A COMMUNITY HEALTH IMPROVEMENT PLAN, INTENDED TO EDUCATE AND IMPROVE OUTCOMES FOR BRADDOCK-AREA RESIDENTS IN FOUR KEY AREAS: BEHAVIORAL HEALTH, INCLUDING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS; CANCER, PARTICULARLY OF THE PROSTATE, LUNG, COLON OR BREAST; CHRONIC DISEASE, WITH A FOCUS ON ASTHMA AND DIABETES; AND MATERNAL AND CHILD HEALTH, WITH A PARTICULAR FOCUS ON SEXUALLY TRANSMITTED DISEASE PREVENTION. THE AHN URGENT CARE CENTER WAS BUILT FOLLOWING THE CLOSURE OF BRADDOCK'S COMMUNITY HOSPITAL WHICH HAD BEEN THE PRIMARY JOBS SOURCE AND HEALTH CARE ACCESS POINT FOR BRADDOCK RESIDENTS. THE AHN URGENT CARE CENTER IS STAFFED BY BOARD CERTIFIED PHYSICIANS, REGISTERED NURSES, MEDICAL ASSISTANTS AND RADIOLOGY TECHNICIANS AND EQUIPPED WITH 12 PATIENT EXAM ROOMS AND DIAGNOSTIC CAPABILITIES SUCH AS X-RAY IMAGING AND BLOOD WORK.

CENTER FOR INCLUSION HEALTH: AHN'S CENTER FOR INCLUSION HEALTH SEEKS TO ADDRESS THE OBSTACLES THAT MAKE IT HARDER FOR TRADITIONALLY UNDERSERVED PATIENTS AND POPULATIONS TO ACCESS CARE, HELPING TO IMPROVE PEOPLE'S HEALTH WHILE REDUCING COSTS. THE CENTER HOUSES PROGRAMS FOR ADDICTION MEDICINE; HOMELESS HEALTH CARE; POSITIVE (HIV) HEALTH CLINIC; FOOD INSECURITY; IMMIGRANT AND REFUGEE HEALTH; AND TRANSGENDER HEALTH CARE, AMONG OTHER PROGRAMS. THE CENTER PROVIDES ITS PATIENT POPULATIONS WITH PRIMARY CARE ACCESS; A SUPPORT STAFF THAT INCLUDES PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS, PSYCHIATRISTS AND PATIENT ADVOCATES; SPECIALIZED HIV CARE; MEDICATION ADHERENCE COUNSELING AND PHARMACY SUPPORT; GYNECOLOGIC CARE; NUTRITIONAL ASSESSMENT AND COUNSELING BY A REGISTERED DIETITIAN; SMOKING CESSATION PROGRAMS; MENTAL HEALTH ASSESSMENT, COUNSELING AND PSYCHIATRIC SUPPORT; AND CASE-MANAGEMENT FOR NON-MEDICAL NEEDS. THE STAFF ASSISTS WITH FINANCIAL OR SOCIAL ISSUES THAT MAY INTERFERE WITH THE PROVISION OF MEDICAL CARE. THE CENTER INCLUDES AHN'S STREET MEDICINE AND HOMELESS HEALTH CARE PROGRAM. PEOPLE EXPERIENCING HOMELESSNESS OR LIVING IN UNSTABLE HOUSING SITUATIONS OFTEN FIND IT HARD TO GET ROUTINE HEALTH CARE THAT IS SENSITIVE AND FLEXIBLE ENOUGH TO MEET THEIR NEEDS. AHN'S HOMELESS HEALTH CARE SERVICES REACH PEOPLE BY PROVIDING CARE WHEREVER THEY ARE: AT HOMELESS SHELTERS, ON THE STREETS, IN HOSPITALS, AND AT OTHER LOCATIONS. AHN'S ULTIMATE GOAL IS TO BREAK THE CYCLE OF HOMELESSNESS, POVERTY, AND POOR HEALTH THROUGH TRUSTING, RESPECTFUL AND COMPASSIONATE HEALTH CARE RELATIONSHIPS. PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS, INCLUDING STREET MEDICINE, AT HOMELESS CAMPS, AT HOMELESS SHELTERS, AND "BRIDGE" SERVICES FOR THOSE EXPERIENCING HOUSING INSTABILITY AND WHO HAVE EXPERIENCED A RECENT ILLNESS, SURGERY, OR HOSPITALIZATION. CENTER ALSO HOUSES A NEW AHN PROGRAM FOR HOMELESS AND URBAN POVERTY MEDICINE. THE PROGRAM PUTS TRAINED SOCIAL WORKERS AND OTHER HELPERS ON THE STREETS BETWEEN 8 A.M. AND 5 P.M. IN DOWNTOWN PITTSBURGH AND SURROUNDING NEIGHBORHOODS. AHN HAS ALSO CREATED A 'FIRST-RESPONDER' TEAM THAT RESPONDS WITH CITY POLICE TO CALLS FOR ASSISTANCE THAT INVOLVE THE HOMELESS, PEOPLE IN MENTAL CRISIS OR THOSE WHO HAVE OVERDOSED ON DRUGS, IN NONVIOLENT AND NONDANGEROUS SITUATIONS, TO PROVIDE BEHAVIORAL HEALTH SUPPORT AND OTHER SOCIAL SERVICES. ALSO IN 2021, AHN OPENED THE FIRST OF THREE PLANNED COMMUNITY OUTREACH HUBS, DESIGNED TO PROVIDE SERVICES TO PEOPLE EXPERIENCING HOMELESSNESS OR DEALING WITH SUBSTANCE ABUSE OR MENTAL HEALTH ISSUES. THE GOAL IS TO CREATE A SPACE FREE OF DISCRIMINATION AND STIGMA WHERE PEOPLE EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY CAN RECEIVE CARE. AT THESE CENTERS, PATIENTS WILL HAVE A STREAMLINED CONNECTION TO HEALTHCARE SERVICES OUTSIDE THE FACILITY, LIKE SOCIAL SERVICES, HOUSING RESOURCES AND COMMUNITY HEALTH WORKERS. THE AHN STREET MEDICINE TEAM STAFFS THE OUTREACH CENTER WITH A DOCTOR AND A PSYCHIATRIST, AND CAN ALSO MAKE REFERRALS TO OTHER PARTNERS LIKE THE FEDERALLY QUALIFIED HEALTH CENTERS AND COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS FOR FOLLOW-UP VISITS. POLICE OFFICERS CAN UTILIZE THESE OUTREACH HUBS FOR PEOPLE SUFFERING A MENTAL HEALTH CRISIS OR FACING LOW-LEVEL OFFENSE FOR A REFERRAL TO A BEHAVIORAL HEALTH SERVICE, AS AN ALTERNATIVE TO INCARCERATION.

Schedule O CHILL: THE CHILL PROJECT USES MINDFULNESS-BASED EXERCISES TO EQUIP STUDENTS, TEACHERS, AND PARENTS WITH A COMMON LANGUAGE AND UNIVERSAL SKILLS TO IDENTIFY, DISCUSS, AND REACT POSITIVELY TO STRESS. SCHOOL HAS ALWAYS BEEN A SOURCE OF STRESS, WHETHER ONE IS TAKING CLASSES, TEACHING OR PARENTING A STUDENT. NEGATIVE REACTIONS TO STRESS CREATE A SIGNIFICANT BARRIER TO LEARNING AND GROWTH. THE CHILL PROJECT FEATURES DEDICATED PROFESSIONALS, A CALMING SPACE, AND REGULAR INSTRUCTION TO HELP EVERY MEMBER OF A SCHOOL'S COMMUNITY BETTER HANDLE PRESSURE AND ANXIETY. THE PROJECT STARTED IN BALDWIN-WHITEHALL SCHOOL DISTRICT AND WEST JEFFERSON HILLS SCHOOL DISTRICT AND HAS SINCE EXPANDED TO 20 SCHOOLS IN WESTERN PENNSYLVANIA. PARTICIPATING SCHOOLS HAVE EXPERIENCED: REDUCED NUMBER OF BEHAVIORAL HEALTH INCIDENTS FOR STUDENTS, LIKE CHRONIC ABSENCE, DISRUPTIVE BEHAVIOR, DROPPING OUT AND FEELINGS OF HOPELESSNESS; INCREASED ACCESS TO RESOURCES AND SENSE OF PROFESSIONAL QUALITY OF LIFE FOR EDUCATORS AND ADMINISTRATORS AS WELL AS INCREASED WELL-BEING FOR PARENTS AND CAREGIVERS; ENHANCED MINDFUL AWARENESS AND RESILIENCY ACROSS THE SCHOOL COMMUNITY. PARTICIPANTS IN THE CHILL PROJECT HAVE ACCESS TO: ONE-TO-ONE COUNSELING; SUPPORT GROUPS; MEDICATION MANAGEMENT; SCHOOL-BASED OUTPATIENT SERVICES; SCHOOL-WIDE PREVENTIVE SERVICES; PROFESSIONAL DEVELOPMENT OPPORTUNITIES; A SOCIAL-EMOTIONAL CURRICULUM AND CLASSROOM CONSULTATIONS; EXERCISES

AND CONSULTATIONS SPECIFICALLY DESIGNED FOR STUDENT ATHLETES. THE PROGRAM WAS DESIGNED IN COLLABORATION WITH THE PARTICIPATING SCHOOLS. COMMUNITY HEALTH NEEDS ASSESSMENT: IN 2021, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AHN EMBARKED ON ANOTHER COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), BUILDING UPON THE HOSPITALS' PREVIOUS CHNAS CONDUCTED IN 2013, 2015 AND 2018. AHN'S 2021 CHNA INCLUDED THE FOURTEEN HOSPITALS THAT WERE PART OF THE HIGHMARK HEALTH GROUP AT THAT TIME. THE RESULTS OF THE CHNA ENABLE AHN AND ITS FOURTEEN HOSPITALS, ALONG WITH OTHER COMMUNITY AGENCIES AND PROVIDERS, TO SET PRIORITIES, DEVELOP INTERVENTIONS AND DIRECT RESOURCES TO IMPROVE THE HEALTH OF PEOPLE LIVING IN WESTERN PENNSYLVANIA AND SOUTHWESTERN NEW YORK. THE CHNA PROVIDES A COMPREHENSIVE GUIDE FOR AHN'S COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT EFFORTS; THE CHNA IDENTIFIES NEEDS WITHIN EACH OF AHN'S HOSPITAL COMMUNITIES AND ENABLES AHN TO WORK WITH LOCAL PARTNERS IN A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT, DIRECTING SYSTEM-WIDE RESOURCES TO IMPROVE ACCESS AND OUTCOMES AND REDUCE HEALTH DISPARITIES THROUGHOUT AHN'S SERVICE FOOTPRINT. THE CHNA INITIATIVE ALIGNS WITH ONGOING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES IN AHN'S LOCAL HOSPITAL SERVICE AREAS, AS WELL AS PUBLIC HEALTH EFFORTS DIRECTED BY THE ALLEGHENY AND ERIE COUNTY HEALTH DEPARTMENTS; WHERE APPLICABLE, AHN HAS ALIGNED PRIORITIES AND PLANNING WITH THESE LOCAL AND REGIONAL INITIATIVES TO FOSTER COLLABORATION IN COMMUNITY HEALTH IMPROVEMENT. COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS: THROUGHOUT 2021, AHN PROVIDED OVER \$1 MILLION IN FUNDING TO SUPPORT COMMUNITY HEALTH, HEALTH EQUITY, AND COMMUNITY AND ECONOMIC RESILIENCE IN THE POPULATIONS SERVED BY AHN. COVID-19 RESPONSE: IN 2021, AHN'S COMMUNITY PANDEMIC RESPONSE FOCUSED LARGELY ON VACCINE DISTRIBUTION. AHN WORKED WITH CORPORATE PARTNERS (THE PITTSBURGH PIRATES, DICK'S SPORTING GOODS, RLA LEARNING CENTER, NEXT TIER, PITTSBURGH MILLS, MSA SAFETY, MASSARO CONSTRUCTION), EDUCATIONAL PARTNERS (BALDWIN-WHITEHALL SCHOOL DISTRICT, CARNEGIE MELLON UNIVERSITY, COMMUNITY COLLEGE OF ALLEGHENY COUNTY), GOVERNMENT ORGANIZATIONS (ALLEGHENY COUNTY AIRPORT AUTHORITY, ALLEGHENY COUNTY HEALTH DEPARTMENT, ALLEGHENY COUNTY JAIL, U.S. ARMY NATIONAL GUARD, PORT AUTHORITY OF ALLEGHENY COUNTY, THE MONROEVILLE CHAMBER OF COMMERCE), CHURCHES (PETRA INTERNATIONAL MINISTRIES, MACEDONIA CHURCH, MT. ARARAT, CHURCH IN THE ROUND), AND COMMUNITY PARTNERS (THE JEWISH COMMUNITY CENTER, LATINO CONNECTION, CASA SAN JOSE, JUBILEE SOUP KITCHEN, AUBERLE, PITTSBURGH GROUP ON HEALTH, PITTSBURGH TECHNOLOGY COUNCIL, GATEWAY HEALTH PLAN, GREATER VALLEY COMMUNITY SERVICES), AMONG OTHER ORGANIZATIONS IN ORDER TO SUCCESSFULLY PLAN, STAFF, AND CARRY OUT ITS VACCINATION CAMPAIGN. PARTNERSHIPS INVOLVED SCOUTING AND SECURING LOCATIONS, AND FOR MANY OF THE LARGEST VACCINATION EVENTS, THE PARTNERING ORGANIZATIONS ALSO SUPPLIED MANY VOLUNTEERS WHO ASSISTED WITH WAYFINDING, GREETING PATIENTS, PARKING, ESCORTING PATIENTS TO AND FROM THEIR CARS, AS WELL AS SET-UP AND TEAR-DOWN. MANY OF OUR PARTNERS WORKED WITH THEIR ORGANIZATIONS AND COMMUNITIES TO PROMOTE THE EVENTS AND SCHEDULE VACCINATIONS, ESPECIALLY WITHIN MINORITY COMMUNITIES. FROM THE BEGINNING, AHN AGREED TO DIRECT 15-20 PERCENT OF ALL VACCINE DOSES TO MINORITY PATIENTS AND TRADITIONALLY UNDER-SERVED GEOGRAPHIES, WHICH REFLECTS THE ACTUAL POPULATION DEMOGRAPHICS OF THE REGION. AHN DID THAT THROUGH SPECIALIZED, INVITATION-ONLY AND WALK-IN CLINICS (FOR PATIENTS WHO RANK HIGH ON THE CDC'S PREVENTION SOCIAL VULNERABILITY INDEX), AS WELL AS THROUGH PARTNERSHIPS WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS THAT SERVE MINORITY POPULATIONS (SUCH AS PREDOMINANTLY BLACK CHURCHES). TO REACH THESE POPULATIONS, AHN UTILIZED DATA FROM OUR INFORMATION TECHNOLOGY SYSTEM AND OUR AFFILIATED HEALTH PLANS TO IDENTIFY MINORITY POPULATIONS AND THOSE LIVING IN VULNERABLE COMMUNITIES. AHN ALSO ENGAGED WITH THE LOCAL AFRICAN AMERICAN CHAMBER OF COMMERCE, LATINO CHAMBER OF COMMERCE, ASIAN COMMUNITY LEADERS, DISABILITY COMMUNITIES, AND OTHER TARGETED POPULATIONS. THE RESULT OF THE MASS-VACCINATION EFFORT: AHN SUCCESSFULLY ORGANIZED THE REGION'S FIRST AND LARGEST PUBLIC VACCINATION CAMPAIGN SINCE THE POLIO VACCINE DRIVES OF THE LATE 1950S. THROUGH 2021, AHN ADMINISTERED 400,000 VACCINE DOSES, TO MORE THAN 200,000 INDIVIDUAL PATIENTS. ADDITIONALLY, APPROXIMATELY 17 PERCENT OF ALL OF AHN'S VACCINE DOSES WERE ADMINISTERED TO PATIENTS WHO SELF-IDENTIFY AS BEING PART OF A MINORITY GROUP (WHICH IS PROPORTIONAL TO THE DEMOGRAPHICS OF THE REGION). IN TOTAL, AHN SPENT APPROXIMATELY \$6.1 MILLION ON PANDEMIC RESPONSE ACTIVITIES IN 2021. DONATE LIFE MONTH: IN 2021, AHN'S COMMITMENT TO ORGAN, TISSUE, AND CORNEA DONATION RESULTED IN THOUSANDS OF LIVES SAVED OR IMPROVED, EITHER THROUGH TRANSPLANT PROCEDURES CARRIED OUT AT THE NETWORK'S HOSPITALS, OR BECAUSE OF THE GENEROSITY OF ORGAN AND TISSUE DONORS WHO WERE PATIENTS AT AHN HOSPITALS. AHN PROMOTES ORGAN AND TISSUE DONATION THROUGHOUT THE MONTH OF APRIL (NATIONAL DONATE LIFE MONTH) BY HOSTING A SERIES OF EVENTS ACROSS ITS HOSPITALS. THE EVENTS WILL PAY TRIBUTE TO THOSE WHO HAVE GIVEN THE GIFT OF LIFE WHILE ALSO ENCOURAGING STAFF, PATIENTS AND VISITORS TO LEARN MORE ABOUT ORGAN DONATION AND HOW TO BECOME A REGISTERED ORGAN DONOR. IN 2021, AHN'S DONATE LIFE MONTH AWARENESS EFFORTS RESULTED IN MORE THAN 1,100 INDIVIDUALS SIGNING UP TO BE ORGAN DONORS, EARNING THE NETWORK THE STATE'S HIGHEST PLATINUM AWARD. FIRST STEPS AND BEYOND: AHN'S "FIRST STEPS AND BEYOND" PROGRAM, LAUNCHED IN 2021, IS DESIGNED TO DECREASE BLACK INFANT MORTALITY RATES, REDUCE PRETERM BIRTH RATES AND INCREASE KNOWLEDGE ABOUT SAFE SLEEP. THIS PIVOTAL PROGRAM AIMS TO EXPAND PRENATAL, PERINATAL, BIRTH DOULA AND FATHERHOOD SERVICES AS WELL AS DEVELOP INTERVENTIONS FOR FAMILIES EXPERIENCING OPPRESSION AND HARSHIP, ESPECIALLY DUE TO RACIAL INEQUALITY. FETAL DEATHS ARE TWO TIMES MORE LIKELY AMONG PITTSBURGH'S BLACK WOMEN COMPARED TO WHITE WOMEN, ACCORDING TO A RECENT REPORT BY THE CITY OF PITTSBURGH GENDER EQUITY COMMISSION. FOR BLACK WOMEN IN PITTSBURGH, 18 OUT OF EVERY 1,000 PREGNANCIES WILL END IN A FETAL DEATH, COMPARED TO ONLY NINE OUT OF EVERY 1,000 PREGNANCIES IN WHITE PATIENT POPULATIONS. THIS PROGRAM IS SUPPORTED BY THE HEINZ ENDOWMENTS AND THE HIGHMARK FOUNDATION. FRONT DOOR INITIATIVE: AHN'S JEFFERSON HOSPITAL IS UTILIZING A \$1 MILLION, FOUR-YEAR GRANT TO ESTABLISH THE "FRONT DOOR INITIATIVE FOR EMERGENCY MEDICINE," A COMPREHENSIVE EFFORT TO BETTER UNDERSTAND AND ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AMONG PATIENTS WHO VISIT THE HOSPITAL'S EMERGENCY DEPARTMENT. PATIENTS WHO FREQUENTLY UTILIZE EMERGENCY DEPARTMENT OFTEN DO SO BECAUSE OF CHALLENGES FACED IN THEIR SOCIAL ENVIRONMENT. JEFFERSON HOSPITAL WILL APPLY THE GRANT TOWARD: EXTENSIVE ASSESSMENT OF COMMUNITY NEEDS RELATED TO ITS EMERGENCY SERVICES; IDENTIFICATION OF MODEL PRACTICES FOR SOCIAL EMERGENCY MEDICINE; WORKING WITH COMMUNITY PARTNERS ON THE DEVELOPMENT OF A FRONT DOOR VISION AND PLAN; IMPLEMENTATION OF A STRONG DATA SYSTEM; EDUCATIONAL INTERVENTIONS FOR STAFF; AND DEVELOPMENT OF AN INTEGRATED SUPPORT NETWORK AND ENSURING PATIENTS ARE PROPERLY CONNECTED TO IT.

Schedule O	HEALTHY FOOD CENTER: A FIRST OF ITS KIND IN THE REGION, AHN'S HEALTHY FOOD CENTERS ACT AS A "FOOD PHARMACY" WHERE PATIENTS WHO LACK ACCESS TO FOOD CAN RECEIVE NUTRITIOUS FOOD ITEMS, EDUCATION ON DISEASE-SPECIFIC DIETS, AND ADDITIONAL SERVICES FOR OTHER SOCIAL CHALLENGES THEY MIGHT FACE. ACCORDING TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK, A PARTNER OF THE HEALTHY FOOD CENTER, FOOD INSECURITY AFFECTS MORE THAN 350,000 PEOPLE - OR ONE IN SEVEN ADULTS - IN THE PITTSBURGH REGION. FOOD INSECURITY REFERS TO A LACK OF AVAILABLE FINANCIAL RESOURCES FOR NUTRITIONALLY ADEQUATE FOOD SUCH AS FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS. THE HEALTHY FOOD CENTER PRIMARILY
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SUCH AS FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS. THE HEALTHY FOOD CENTER PRIMARILY SERVES PATIENTS WITH DIABETES WHO ARE SCREENED BY THEIR DOCTOR AS BEING FOOD INSECURE. PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER AT WEST PENN AND ALLEGHENY GENERAL HOSPITALS WHERE THEY INITIALLY MEET WITH AN ONSITE DIETITIAN TO DISCUSS THEIR DIETARY NEEDS BASED ON THEIR CONDITION. AFTER SHOPPING AT THE CENTER FOR THE RECOMMENDED FOOD ITEMS, PATIENTS GO HOME WITH TWO TO THREE DAYS' WORTH OF FOOD FOR ALL MEMBERS OF THEIR HOUSEHOLD. THE HEALTHY FOOD CENTER OPENED IN 2018 AT WPH AND SUBSEQUENTLY EXPANDED TO AGH, JH, AND SVH. IN 2021, ANOTHER HEALTHY FOOD CENTER OPENED IN AHN'S FORBES HOSPITAL. OPEN HEART SURGERY OBSERVATION: SINCE 2008, HIGH SCHOOL STUDENTS FROM WESTERN PENNSYLVANIA, WEST VIRGINIA AND OHIO HAVE BEEN INVITED TO OBSERVE AHN'S CARDIOVASCULAR SURGEONS IN ACTION THROUGH THE CARDIOVASCULAR INSTITUTE'S (CVI) OPEN HEART SURGERY OBSERVATION PROGRAM. THE PROGRAM, WHICH HAS HOSTED MORE THAN 20,500 AREA STUDENTS FROM DOZENS OF SCHOOLS, IS PART OF AHN'S AND THE CVI'S COMMITMENT TO COMMUNITY EDUCATION AND INSPIRING FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS. OPIOIDS AND ADDICTION MEDICINE: OVER THE LAST SEVERAL YEARS, AHN HAS TAKEN NUMEROUS STEPS TO CURB PAINKILLER MISUSE AND ADDICTION, OPIOID USE DISORDER, AND OVERDOSE DEATHS RELATED TO FENTANYL, CARFENTANIL, AND OTHER SYNTHETIC OPIATES. IN 2019, AHN RECEIVED A \$5 MILLION FEDERAL GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA) TO SUPPORT THE IMPLEMENTATION AND EVALUATION OF ENHANCED SUBSTANCE USE SCREENING AND INTERVENTION SERVICES IN THE PRIMARY CARE SETTING. ADDITIONALLY, AHN AND GATEWAY HEALTH (NOW HIGHMARK WHOLECARE) HAVE PARTNERED TO LAUNCH AN ENHANCED PAIN MANAGEMENT PROGRAM WHICH TAKES A NOVEL, HOLISTIC APPROACH TO TREATING A PATIENT'S PAIN WITHOUT OPIOIDS. THE FIRST SUCH CLINIC HAS OPENED AT THE AHN INSTITUTE FOR PAIN MEDICINE NEAR WEST PENN HOSPITAL. AHN HAS ESTABLISHED A NEW, COMPREHENSIVE PROGRAM DESIGNED TO HELP PATIENTS WITH OPIOID-RELATED SUBSTANCE USE DISORDERS RECEIVE THE HEALTH AND COMMUNITY-BASED CARE AND SUPPORT THEY NEED TO RECOVER FROM THEIR ILLNESS AND MAINTAIN LONG-TERM WELLNESS. CALLED THE AHN CENTER OF EXCELLENCE FOR OPIOID USE DISORDER, THE CENTER IS ONE OF 45 PROGRAMS IMPLEMENTED ACROSS PENNSYLVANIA, ALL OF WHICH ARE SUPPORTED BY A GRANT FROM THE STATE'S DEPARTMENT OF HEALTH AND HUMAN SERVICES. AHN WAS ALSO ONE OF THE FIRST HEALTH CARE ORGANIZATIONS IN PENNSYLVANIA TO PARTNER WITH LAW ENFORCEMENT TO HELP CURB THE DEADLY EFFECTS OF OPIOID OVERDOSES; EMERGENCY MEDICAL PROFESSIONALS AT FORBES HOSPITAL BEGAN TRAINING POLICE OFFICERS FROM THE PITCAIRN POLICE DEPARTMENT TO DISPENSE NARCAN, A NARCOTIC "ANTIDOTE" DRUG, TO OVERDOSE VICTIMS. SINCE THEN, AHN PROVIDED THE TRAINING TO OTHER POLICE DEPARTMENTS, INCLUDING MONROEVILLE, EAST MCKEESPORT AND THE WESTMORELAND COUNTY SHERIFF'S DEPARTMENT. PERINATAL HOPE: THE PERINATAL HOPE PROGRAM IS A MEDICAL HOME CARE MODEL FOR MOTHERS-TO-BE WHO ARE ADDICTED TO DRUGS. THE PROGRAM PROVIDES COMPREHENSIVE AND COORDINATED TREATMENT THAT PUTS THE MOTHER AND BABY ON TRACK FOR A MORE HOPEFUL FUTURE. PERINATAL HOPE IS THE REGION'S FIRST ALL-INCLUSIVE PROGRAM FOR MATERNAL ADDICTION THAT COMBINES OBSTETRICAL CARE, AND DRUG AND ALCOHOL THERAPY AND MEDICATION-ASSISTED TREATMENT INTO ONE CLINIC VISIT. PERINATAL HOPE IS SUPPORTED IN PART BY GRANTS FROM THE MARCH OF DIMES FOUNDATION - WESTERN PENNSYLVANIA, THE HIGHMARK FOUNDATION AND THE JEWISH WOMEN'S FOUNDATION OF GREATER PITTSBURGH. ADDITIONALLY, AHN'S NEW WOMEN'S BEHAVIORAL HEALTH PROGRAM INCLUDES THE REGION'S FIRST INTENSIVE OUTPATIENT PROGRAM FOR WOMEN WITH PREGNANCY-RELATED DEPRESSION. IN 2021, THE PERINATAL HOPE PROGRAM EXPANDED INTO BUTLER AND ERIE COUNTIES. ALSO IN 2021, WPH, FH AND SVH WERE DESIGNATED AS "VERMONT OXFORD CENTERS OF EXCELLENCE IN NEONATAL ABSTINENCE SYNDROME CARE." RIVER CLINIC: AHN'S 'RETHINKING INCARCERATION AND EMPOWERING RECOVERY' (RIVER) CLINIC IS THE ONLY IN THE GREATER PITTSBURGH REGION WHERE PEOPLE WHO WERE FORMERLY INCARCERATED CAN RECEIVE CARE, REGARDLESS OF THEIR ABILITY TO PAY, IMMEDIATELY FOLLOWING DISCHARGE FROM JAIL. SINCE LAUNCHING IN THE SPRING OF 2021, THE CLINIC'S CAREGIVERS HAVE ENGAGED WITH HUNDREDS OF INDIVIDUALS. THE PROGRAM IS SUPPORTED BY GENEROUS GRANTS FROM THE HIGHMARK FOUNDATION AND THE PITTSBURGH FOUNDATION. OTHER SUPPORTING ORGANIZATIONS INCLUDE VITAL STRATEGIES, ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES, PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA). STOP THE BLEED: AS PART OF THIS ONGOING COMMUNITY AWARENESS CAMPAIGN, AHN TRAUMA CENTER REPRESENTATIVES PARTNER WITH EMS PROFESSIONALS TO PROVIDE SCHOOL OFFICIALS WITH TRAINING ON HOW TO HELP CONTROL BLEEDING FROM INJURIES IN THE EVENT OF A MASS CAUSALLY INCIDENT. SIMILAR TO HOW HEALTH CARE PROVIDERS EDUCATE THE GENERAL PUBLIC IN CPR, THE "STOP THE BLEED" CAMPAIGN FOCUSES ON TRAINING THE GENERAL PUBLIC IN BLEEDING CONTROL TECHNIQUES. IN MASS CASUALTY INCIDENTS, INDIVIDUALS OFTEN SUFFER INJURIES THAT RESULT IN PREVENTABLE DEATHS. BY TRAINING THE GENERAL PUBLIC IN BASIC BLEEDING CONTROL TECHNIQUES, BYSTANDERS WILL BE ABLE TO INITIATE LIFESAVING MEASURES BEFORE THE FIRST RESPONDERS ARRIVE. SUMMER CAMP FOR BURN INJURED CHILDREN: IN 1986, WEST PENN BURN CENTER ESTABLISHED ITS SUMMER CAMP FOR BURN INJURED CHILDREN. THE CAMP GIVES CHILDREN WHO HAVE BEEN BURNED A CHANCE TO HEAL PHYSICALLY AND EMOTIONALLY IN A SUPPORTIVE ENVIRONMENT THAT OFFERED PLENTY OF OPPORTUNITIES FOR FUN. AT THE FREE, FIVE-DAY CAMP, KIDS AGES 7 TO 17 WHO HAVE BEEN TREATED AT THE WEST PENN BURN CENTER MEET TO SHARE THEIR STORIES AND ENJOY NEW EXPERIENCES. WITH THE GUIDANCE OF SKILLED PROFESSIONALS, CHILDREN ARE ENCOURAGED TO MEET NEW CHALLENGES AND TO TAKE POSITIVE RISKS BY PARTICIPATING IN ADVENTURES - SUCH AS ROPE CLIMBING - THAT HELPS BUILD CONFIDENCE WHILE ALSO BUILDING STRONG BODIES. IN 2020 AND 2021, THE BURN CAMP WAS CARRIED OUT VIRTUALLY, DUE TO COVID-19 CONCERNS, BUT THE CAMP WILL RETURN TO IN-PERSON ACTIVITIES IN 2022. THRIVE 18: THIS IS A NATIONAL PROGRAM THAT LEVERAGES MULTI-SECTOR COMMUNITY PARTNERSHIPS IN ORDER TO IMPROVE PUBLIC HEALTH IN PITTSBURGH'S NORTHERN NEIGHBORHOODS. AHN AND ITS FLAGSHIP HOSPITAL, ALLEGHENY GENERAL HOSPITAL, ALONG WITH PARENT COMPANY HIGHMARK HEALTH ARE WORKING WITH LOCAL ORGANIZATIONS INCLUDING PROJECT DESTINY, THE ALLEGHENY COUNTY HEALTH DEPARTMENT, AND THE BUHL FOUNDATION TO IMPLEMENT INNOVATIVE SOLUTIONS TO THE HEALTH CHALLENGES FACED BY RESIDENTS OF PITTSBURGH'S NORTHSIDE COMMUNITY. A \$250,000 AWARD, COMBINED WITH MATCHING FUNDS FROM BOTH HIGHMARK AND THE BUHL FOUNDATION, ARE BEING USED TO CREATE THE "CENTER FOR LIFTING UP EVERYBODY" (CLUB) - A HEALTH AND WELLNESS MODEL AIMED AT REACHING THE NORTHSIDE'S MOST VULNERABLE RESIDENTS. TRAUMA INFORMED OBSTETRICAL CARE: AHN'S WOMEN'S BEHAVIORAL HEALTH PROGRAM, A PART OF THE AHN PSYCHIATRY AND BEHAVIORAL HEALTH INSTITUTE LAUNCHED ONE OF THE COUNTRY'S FIRST TRAUMA-INFORMED CARE (TIC) CLINICS FOR OBSTETRIC (OB) PATIENTS WHO HAVE EXPERIENCED A PREVIOUS TRAUMATIC EXPERIENCE. IN CLOSE COLLABORATION WITH THE AHN WOMEN'S INSTITUTE, THE CLINIC WORKS ALONGSIDE OB PATIENTS TO CREATE OPTIMAL BIRTHING EXPERIENCES BY MOBILIZING CLINICIANS TO BETTER SCREEN FOR AND MANAGE THE CARE OF WOMEN WITH PRE-EXISTING TRAUMATIC STRESS, POST TRAUMATIC STRESS DISORDER (PTSD), OR PREVIOUS POSTPARTUM TRAUMA. OBSTETRIC TRAUMA, OR A TRAUMATIC BIRTH EXPERIENCE, IS AN ISSUE CURRENTLY RECOGNIZED AS A SIGNIFICANT CONTRIBUTOR TO POSTPARTUM DEPRESSION AND PTSD. EXAMPLES OF TRAUMATIC INCIDENTS CAN RANGE FROM PRE-EXISTING EVENTS LIKE DOMESTIC VIOLENCE, PHYSICAL, EMOTIONAL OR SEXUAL ABUSE AND/OR STRUCTURAL/CULTURAL RACISM; POST-BIRTH TRAUMA CAN INCLUDE EMERGENCY CESAREAN DELIVERY, MAJOR LOSS OF BLOOD AT THE TIME OF DELIVERY, AN EXTENDED NICU STAY OR EVEN PERINATAL LOSS.

Schedule O	<p>HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS AHN WEXFORD HOSPITAL: AHN WEXFORD IS A 160-BED, \$313 MILLION, 345,000-SQUARE-FOOT HOSPITAL BUILT ALONG ROUTE 19, NORTH OF PITTSBURGH. OPENED IN THE FALL OF 2021, AHN WEXFORD IS THE NETWORK'S NEWEST FULL-SERVICE HOSPITAL, AND INCLUDES A 24-BED EMERGENCY DEPARTMENT WITH SPECIALIZED PEDIATRIC AND BEHAVIORAL HEALTH ROOMS; OPERATING ROOMS WITH MINIMALLY INVASIVE ROBOTIC SURGERY CAPABILITIES; A CARDIAC CATHETERIZATION LAB AND HYBRID OR FOR ADVANCED SURGICAL PROCEDURES; A SHORT-STAY OBSERVATION UNIT; AN ADULT INTENSIVE CARE UNIT; AND COMPREHENSIVE WOMEN'S AND INFANTS' CARE. AHN BRENTWOOD, AHN MCCANDLESS, AHN HARMAR AND AHN HEMPFIELD NEIGHBORHOOD HOSPITALS: THESE SMALL-SCALE HOSPITALS WERE OPENED IN 2020. THE HOSPITALS ARE JOINTLY DESIGNED AND OPERATED BY EMERUS; THEY EACH HAVE A 24-HOUR EMERGENCY ROOM, AS WELL AS 10-12 INPATIENT BEDS, IMAGING SERVICES, AND A VARIETY OF OUTPATIENT SERVICES. THE HEMPFIELD HOSPITAL IS ALSO ATTACHED TO A NEWLY BUILT CANCER CENTER. ALLEGHENY GENERAL HOSPITAL: FOUNDED IN 1885, ALLEGHENY GENERAL HOSPITAL (AGH) IS AHN'S FLAGSHIP HOSPITAL, SERVING AS AHN'S PRIMARY TEACHING HOSPITAL, ITS PREMIER QUATERNARY CARE FACILITY, OFFERING HIGHLY ADVANCED SPECIALTIES SUCH AS ORGAN TRANSPLANTATION, NEUROSURGERY, SURGICAL ONCOLOGY AND CARDIOVASCULAR SURGERY. LOCATED IN PITTSBURGH'S NORTH SIDE, AGH IS ALSO A LEVEL I SHOCK TRAUMA CENTER, AND ITS LIFEFLIGHT AEROMEDICAL SERVICE WAS THE FIRST TO FLY IN THE NORTHEASTERN UNITED STATES. ALLEGHENY VALLEY HOSPITAL: ALLEGHENY VALLEY HOSPITAL (AVH) HAS SERVED NATRONA HEIGHTS, PA., AND THE SURROUNDING COMMUNITY FOR OVER 100 YEARS. AVH PROVIDES EMERGENCY CARE, SURGICAL CARE, REHABILITATION CARE AND OTHER QUALITY HEALTH CARE SERVICES FOR ITS PATIENTS. CANONSBURG HOSPITAL: SINCE 1904, CANONSBURG HOSPITAL (CH), BASED IN CANONSBURG, PA., HAS SERVED THE COMMUNITIES OF NORTHERN WASHINGTON AND SOUTHERN ALLEGHENY COUNTIES, PROVIDING QUALITY MEDICAL CARE AND IMPROVING THE HEALTH AND WELL-BEING OF ITS PATIENTS. FORBES HOSPITAL: SINCE 1978, MONROEVILLE'S FORBES HOSPITAL (FH) HAS BEEN PROVIDING HIGH-QUALITY CARE FOR THE COMMUNITIES OF EASTERN ALLEGHENY AND WESTMORELAND COUNTIES. FORBES FEATURES A LEVEL II TRAUMA CENTER, A TOP-RATED CARDIOVASCULAR SURGERY PROGRAM AND A COMPREHENSIVE OBSTETRICS AND GYNECOLOGY SERVICE AMONG ITS MANY CLINICAL OFFERINGS. GROVE CITY MEDICAL CENTER: GROVE CITY MEDICAL CENTER, NOW AHN GROVE CITY, WAS CREATED IN 1978, THROUGH THE MERGER OF TWO EXISTING GROVE CITY, PA., HOSPITALS. TODAY, THE HOSPITAL OPERATES SIX OUTPATIENT CLINICS AND LAB SITES THROUGHOUT ITS SERVICE FOOTPRINT. IT PROVIDES CANCER CARE, CARDIAC CARE, GENERAL SURGERY, LAB SERVICES, HOME HEALTH AND DIAGNOSTIC IMAGING, AMONG OTHER CLINICAL SERVICES. JEFFERSON HOSPITAL: JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973. LOCATED JUST SOUTH OF PITTSBURGH, THE HOSPITAL PROVIDES A WIDE SPECTRUM OF HIGH-QUALITY HEALTH CARE SERVICES, FROM EMERGENCY CARE AND INTENSIVE CARE, TO COMPREHENSIVE SURGICAL PROGRAMS AND REHABILITATION, CANCER CARE AND COMPREHENSIVE LABOR AND DELIVERY SERVICES INCLUDING A LEVEL II NEONATAL INTENSIVE CARE UNIT. SAINT VINCENT HOSPITAL: SAINT VINCENT HOSPITAL (SVH) PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF NORTHWESTERN PENNSYLVANIA AND ADJACENT AREAS OF NEW YORK AND OHIO. FOUNDED BY THE SISTERS OF ST. JOSEPH IN 1875, SVH CONTINUES TO EXEMPLIFY THE VALUES OF THE SISTERS IN PROVIDING COMPASSIONATE CARE TO ALL. ADDITIONALLY, SVH'S FOUR-BED SATELLITE FACILITY, WESTFIELD MEMORIAL HOSPITAL, HAS PROVIDED HIGH QUALITY HEALTH CARE TO RESIDENTS OF WESTERN NEW YORK FOR MORE THAN HALF A CENTURY. IN 2019, THE HOSPITAL OPENED A NEW COMPREHENSIVE CANCER CENTER, A NEW, GREATLY EXPANDED EMERGENCY DEPARTMENT, NEW OPERATING ROOM SUITE AND A SECOND HEALTH & WELLNESS PAVILION ON THE CITY'S WESTSIDE. WEST PENN HOSPITAL: SERVING THE BLOOMFIELD AREA OF PITTSBURGH AND ITS SURROUNDING COMMUNITIES SINCE 1848, WEST PENN HOSPITAL (WPH) IS AN ACADEMIC MEDICAL CENTER WITH PRIVATE ACUTE-CARE PATIENT ROOMS AND ONE OF PENNSYLVANIA'S MOST ADVANCED OBSTETRICAL AND NEWBORN CARE PROGRAMS, INCLUDING A LEVEL III NEONATAL INTENSIVE CARE UNIT. WPH HAS A REPUTATION FOR OUTSTANDING CLINICAL CARE AND NURSING EXCELLENCE; AND WAS THE FIRST HOSPITAL IN WESTERN PENNSYLVANIA TO EARN 'MAGNET RECOGNITION' STATUS FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). WPH ALSO IS HOME TO THE WEST PENN BURN CENTER, THE ONLY FACILITY OF ITS KIND IN THE REGION CERTIFIED TO TREAT BOTH PEDIATRIC AND ADULT BURN PATIENTS. IN 2019 AND 2020, WPH WAS NAMED ONE OF THE NATION'S TOP 100 HOSPITALS BY IBM WATSON. AGH SUBURBAN: THE FORMER ACUTE-CARE HOSPITAL IN BELLEVUE, PA., IS BEING REDEVELOPED INTO A COMMUNITY INNOVATION HUB THAT SEEKS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND OTHER CARE BARRIERS. AGH SUBURBAN IS NOW HOME TO ALPHALAB HEALTH, A HEALTH CARE BUSINESS ACCELERATOR THAT INVESTS IN EARLY-STAGE HEALTH TECHNOLOGIES, PRODUCTS, AND SERVICES. OUTPATIENT CARE FACILITIES: IN ADDITION TO ITS HUNDREDS OF CLINICAL OFFICES, AHN OPERATES FIVE LARGE, MULTI-SPECIALTY HEALTH + WELLNESS PAVILIONS (TWO IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY, AND TWO IN ERIE COUNTY), AS WELL AS SEVERAL URGENT CARE CLINICS AND SURGERY CENTERS. ALLEGHENY (SINGER) RESEARCH INSTITUTE: THE AHN RESEARCH INSTITUTE OFFERS ACCESS TO NEW DRUG THERAPIES, HONES REVOLUTIONARY SURGICAL PROCEDURES, AND HAS ADVANCED EXPERTISE WITH INNOVATIVE DEVICES AND WEARABLE TECHNOLOGIES THAT HELP REDUCE THE IMPACT OF CHRONIC DISEASE. THE INSTITUTE PARTNERS WITH INDUSTRY, GOVERNMENT, ACADEMIA, AND HEALTH SYSTEMS ACROSS THE REGION TO WORK TOWARD A SERIES OF COMMON GOALS: DISCOVERING CURES, DEVELOPING THE NEXT CLINICAL "BEST PRACTICES" IMPROVING THE HEALTH OF PATIENTS AND ADVANCING THE SCIENCE OF MEDICINE. PHYSICIANS AND SCIENTISTS AT AHN ARE OFTEN ON THE CUTTING EDGE OF ADVANCED TREATMENTS AND NEW TECHNOLOGIES. INNOVATIVE MEDICAL RESEARCH ACROSS ALL OF THE NETWORK'S PROGRAMS IS A CRITICAL COMPONENT OF THE ORGANIZATION'S MISSION. THE NETWORK'S RESEARCH INSTITUTE COORDINATES PRIVATE AND FEDERALLY FUNDED INTERDISCIPLINARY PROGRAMS DESIGNED TO BETTER UNDERSTAND, TREAT AND PREVENT DISEASE, AND THE NETWORK'S HOSPITALS ARE FREQUENTLY INVOLVED IN CLINICAL TRIALS OF BREAST, PROSTATE AND BOWEL CANCER, BURN AND TRAUMATIC INJURIES, GENE THERAPY, CARDIOVASCULAR DISEASE, LEUKEMIA AND LYMPHOMA, AUTOIMMUNE DISEASES, NEUROLOGICAL DISEASES, AND MORE. THE NETWORK IS CURRENTLY HOME TO HUNDREDS OF ACTIVE CLINICAL RESEARCH TRIALS. ALLEGHENY CLINIC: THE ALLEGHENY CLINIC IS ONE OF WESTERN PENNSYLVANIA'S LARGEST PHYSICIAN GROUPS. SINCE THE FORMATION OF AHN, AHN HAS ADDED HUNDREDS OF PRIMARY CARE PHYSICIANS, SPECIALISTS AND SURGEONS TO THE ALLEGHENY CLINIC. THOSE PHYSICIANS AND ADMINISTRATIVE STAFF SUPPORT DOZENS OF SPECIALTY SERVICE LINES AND CLINICAL INSTITUTES, INCLUDING THE BARIATRIC AND METABOLIC INSTITUTE, THE CANCER INSTITUTE, THE CARDIOVASCULAR INSTITUTE, THE ESOPHAGEAL AND LUNG INSTITUTE, THE NEUROSCIENCE INSTITUTE, THE ORTHOPAEDIC INSTITUTE AND THE TRANSPLANT INSTITUTE. FOUNDATIONS: IN ADDITION TO THE AFOREMENTIONED ENTITIES, AHN ALSO INCLUDES A NUMBER OF AFFILIATED PHILANTHROPIC ORGANIZATIONS: THE ALLE-KISKI MEDICAL CENTER TRUST, FORBES HEALTH FOUNDATION, SUBURBAN HEALTH FOUNDATION, SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES, AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION.</p>
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Schedule O	<p>KEY INSTITUTES AND SERVICES LINES ALLEGHENY HEALTH NETWORK CANCER INSTITUTE: AHN'S CANCER INSTITUTE INCLUDES MORE THAN 50 CANCER INSTITUTE CLINICS, TWO DOZEN SEPARATE CLINICAL LOCATIONS AND A MULTIDISCIPLINARY TEAM OF MORE THAN 200 PHYSICIANS. THE INSTITUTE TREATS 10,000 PATIENTS ANNUALLY IN WESTERN PENNSYLVANIA, ERIE, WEST VIRGINIA, AND OHIO. ADDITIONALLY, AHN COLLABORATES WITH JOHNS HOPKINS KIMMEL CANCER CENTER, TO OFFER MORE STREAM-LINED ACCESS TO CLINICAL TRIALS AND PROVIDE</p>
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ADDITIONAL TREATMENT OPTIONS AND SECOND OPINIONS FOR PATIENTS WITH RARE AND COMPLEX CANCERS, AMONG OTHER BENEFITS. BENEFITS. ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE: ON THE FRONTIER OF ADVANCED SPECIALTY HEART CARE, THE ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE (CVI) IS ONE OF THE PREMIER CARDIAC PROGRAMS IN THE COUNTRY, PROVIDING SUPERIOR STATE-OF-THE-ART CARE FOR PATIENTS WITH HEART DISEASE AND ACCESS TO WESTERN PENNSYLVANIA'S MOST COMPREHENSIVE, MULTIDISCIPLINARY TEAM OF SPECIALISTS AND INNOVATIVE THERAPIES, INCLUDING MANY AVAILABLE ONLY THROUGH ADVANCED CLINICAL TRIALS. THE PHYSICIANS OF THE AHN CVI'S SEVEN HOSPITALS AND 20 OUTPATIENT PITTSBURGH- AND ERIE-AREA LOCATIONS HAVE HELPED TO PIONEER THE USE OF THE LATEST GENERATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATORS; WERE AMONG THE FIRST IN THE NATION TO PERFORM TRANS-CATHETER AORTIC VALVE REPLACEMENT (TAVR), REPLACING DEFECTIVE AORTIC HEART VALVES VIA A MINIMALLY INVASIVE CATHETER PROCEDURE; INTRODUCED NEW TREATMENTS TO REPAIR DEFECTIVE MITRAL VALVES VIA ROBOT-ASSISTED MINIMALLY INVASIVE SURGERY; AND PLAYED AN INSTRUMENTAL ROLE IN THE DEVELOPMENT OF LEFT VENTRICULAR ASSIST DEVICES (LVAD), A MECHANICAL PUMP THAT IS SURGICALLY IMPLANTED TO ASSIST A WEAKENED HEART MUSCLE. CURRENTLY, THE PHYSICIANS AT THE CARDIOVASCULAR INSTITUTE ARE CONDUCTING RESEARCH THAT LEADS TO BETTER WAYS TO PREVENT, FIND AND TREAT HEART DISEASE. ADDITIONALLY, AHN'S WOMEN'S HEART CENTER, THE FIRST HEART CENTER OF ITS KIND IN ALLEGHENY COUNTY, TREATS COMPLEX CARDIOVASCULAR CONDITIONS FOR ADULT WOMEN OF ALL AGES. ALLEGHENY HEALTH NETWORK EQUITABLE HEALTH INSTITUTE: THE EQUITABLE HEALTH INSTITUTE, WHICH WAS FORMED IN 2020, AIMS TO ADDRESS AND MITIGATE MANY OF THE HEALTH OUTCOMES DISPARITIES AFFECTING PEOPLE OF COLOR AND OTHER MARGINALIZED COMMUNITIES. ITS FIRST PROGRAMS WILL ADDRESS THE ISSUE OF INFANT MORTALITY AMONG AFRICAN AMERICANS. PITTSBURGH'S RATE OF INFANT MORTALITY FOR BLACK BABIES IS MORE THAN SIX TIMES HIGHER THAN IT IS FOR WHITE BABIES - 13 DEATHS PER 1,000 BIRTHS, COMPARED TO TWO DEATHS FOR WHITE BABIES. THE INSTITUTE IS LED BY CHIEF CLINICAL DIVERSITY, EQUITY AND INCLUSION OFFICER DR. MARGARET LARKINS-PETTIGREW. ALLEGHENY HEALTH NETWORK MEDICINE INSTITUTE: AHN'S MEDICINE INSTITUTE'S HOUSES THE ONE-OF-A-KIND AUTOIMMUNITY INSTITUTE, WHICH OPENED A NEW FACILITY IN 2018 THAT COMBINES MULTISPECIALTY CARE WITH CUTTING-EDGE RESEARCH, PATIENT EDUCATION AND ADVOCACY TO ADVANCE THE TREATMENT OF AUTOIMMUNE DISEASES AND ACCELERATE DISCOVERY OF A CURE FOR MORE THAN 100 DIFFERENT DISEASE TYPES. THE AHN AUTOIMMUNITY INSTITUTE HOSTS FOUR "CENTERS OF EXCELLENCE" FOR THE TREATMENT OF COMMON AUTOIMMUNE DISEASES INCLUDING LUPUS, RHEUMATOID ARTHRITIS, INFLAMMATORY BOWEL DISEASE AND CELIAC DISEASE. THE INSTITUTE INCLUDES PHYSICIANS FROM AN ARRAY OF CLINICAL SUBSPECIALTIES SUCH AS RHEUMATOLOGY, ALLERGY AND CLINICAL IMMUNOLOGY, PULMONARY, DERMATOLOGY, GASTROENTEROLOGY, NEPHROLOGY, ENDOCRINOLOGY, CARDIOLOGY AND INFUSION THERAPY. THE MEDICINE INSTITUTE ALSO INCLUDES SPECIALTY PROGRAMS DEDICATED TO DERMATOLOGY, DENTISTRY, INFECTIOUS DISEASE, NEPHROLOGY, AND INCLUSION HEALTH. ALLEGHENY HEALTH NETWORK NEUROSCIENCE INSTITUTE: AHN'S NEUROSCIENCE INSTITUTE IS A NATIONAL LEADER IN PROVIDING INNOVATIVE, EXPERT CARE FOR COMPLEX BRAIN, SPINE, OR NEUROLOGICAL CONDITIONS. AHN'S RENOWNED NEUROSURGEONS HAVE DEVELOPED GROUNDBREAKING SURGERIES AND TREATMENT ADVANCEMENTS THAT LEAD TO IMPROVED CARE FOR PATIENTS EXPERIENCING THE SYMPTOMS OF PARKINSON'S DISEASE, TRIGEMINAL NEURALGIA, STROKE COMPLICATIONS, CONGENITAL SPINAL CONDITIONS, AND MORE. ADDITIONALLY, AGH HAS EARNED A "COMPREHENSIVE STROKE CENTER" DESIGNATION, THE HIGHEST DISTINCTION OF STROKE CARE AWARDED BY THE AMERICAN HEART ASSOCIATION'S JOINT COMMISSION. AHN'S NEUROSCIENCE PROGRAM INCLUDES RENOWNED EXPERTS IN THE SUBSPECIALTIES OF NEUROLOGY, NEURO-OTOLOGY, NEURORADIOLOGY, NEURO-CRITICAL CARE, AND NEUROSURGERY, AND THE INSTITUTE HAS BEEN IDENTIFIED AS A NEUROSCIENCES CENTER OF EXCELLENCE AND A SPINE CENTER OF EXCELLENCE, ENABLING AHN AND AGH TO SERVE AS A NATIONAL AND INTERNATIONAL REFERRAL CENTER FOR TREATMENT OF ALL TYPES OF NEUROLOGICAL CONDITIONS. ALLEGHENY HEALTH NETWORK ORTHOPAEDIC INSTITUTE: THE ORTHOPAEDIC INSTITUTE'S MULTIDISCIPLINARY TEAM OF SURGEONS, PHYSICIANS, NURSES, PHYSICIAN ASSISTANTS AND REHABILITATION SPECIALISTS WORK TOGETHER TO DEVELOP A COORDINATED TREATMENT PLAN SPECIFICALLY DESIGNED FOR EACH PATIENT, SPECIALIZING IN PEDIATRIC ORTHOPAEDICS, JOINT REPLACEMENT, ORTHOPAEDIC SURGERY, SPINAL SURGERY, AND SPORTS MEDICINE. TOGETHER, AHN AND HH HAVE MADE SIGNIFICANT INVESTMENTS IN AHN'S ORTHOPAEDIC CAPABILITIES AND INFRASTRUCTURE, INCLUDING THE OPENING OF THE AHN SPORTS COMPLEX AT COOL SPRINGS, A LARGE MULTI-SPORT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS MEDICINE, AND THE OPENING OF THE STATE-OF-THE-ART PEDIATRIC ORTHOPAEDIC INSTITUTE, A GROUP OF ORTHOPAEDIC SPECIALISTS WHO TREAT A WIDE RANGE OF NEURO- AND MUSCULOSKELETAL INJURIES AND CONDITIONS. AHN'S SPORTS MEDICINE TEAM IS THE OFFICIAL MEDICAL PROVIDER FOR THE PITTSBURGH PIRATES AND THE PITTSBURGH RIVERHOUNDS AND HAS BEEN DESIGNATED AS AN OFFICIAL U.S. OLYMPIC REGIONAL MEDICAL CENTER. AHN ALSO OFFERS SPORTS MEDICINE SERVICES FOR LOCAL COLLEGES AND DISTRICTS. ALLEGHENY HEALTH NETWORK TRANSPLANT INSTITUTE: THE AHN TRANSPLANT INSTITUTE PROVIDES PERSONALIZED, COMPASSIONATE CARE FROM A SPECIALIZED TEAM OF EXPERTS, INCLUDING TRANSPLANT SURGEONS, NEPHROLOGISTS, PSYCHIATRISTS, PHARMACISTS, SOCIAL WORKERS, DIETITIANS, TRANSPLANT NURSE COORDINATORS, AND OTHER HEALTHCARE PROFESSIONALS. THE TRANSPLANT INSTITUTE OFFERS HEART, KIDNEY, PANCREAS AND LIVER TRANSPLANTATION SERVICES, WITH A LEGACY OF TRANSPLANTATION CARE AND INNOVATION THAT DATES TO THE 1980S. IN ADDITION TO TRANSPLANTATION SERVICES, THE AHN TRANSPLANT INSTITUTE OFFERS PATIENTS ACCESS TO NOVEL IMMUNOSUPPRESSIVE AGENTS AND CLINICAL TRIALS. ADDITIONALLY, AHN AND ITS TRANSPLANT INSTITUTE ARE ADVOCATES FOR ORGAN DONATION EDUCATION AND AWARENESS. EMERGENCY MEDICINE AND TRAUMA CARE: IN 2021, AHN'S HOSPITALS RECORDED 313,000 EMERGENCY DEPARTMENT VISITS AND AHN'S AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO THOUSANDS OF PATIENTS ANNUALLY. AHN'S EXPERIENCED, MULTIDISCIPLINARY TEAMS OF PHYSICIANS, SPECIALISTS, NURSES, TRAUMA SURGEONS AND SUPPORT STAFF PROVIDE AROUND-THE-CLOCK, AWARD-WINNING CARE FOR THE REGION'S SICK AND WOUNDED. AHN'S EMERGENCY DEPARTMENTS HAVE SOME OF THE SHORTEST WAIT TIMES IN THE STATE. AHN'S HOSPITALS OPERATE EIGHT EMERGENCY DEPARTMENTS: AGH IS A LEVEL I TRAUMA CENTER, OFFERING TRAUMA SURGERY, SURGICAL CRITICAL CARE AND EMERGENCY GENERAL SURGERY, AS WELL AS A VARIETY OF RESEARCH AND EDUCATIONAL PROGRAMS; FH OPERATES A LEVEL II TRAUMA CENTER; AND WPH CARRIES A VERIFICATION FROM BOTH THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS, FOR THE TREATMENT OF BOTH PEDIATRIC AND ADULT BURN PATIENTS. ADDITIONALLY, AHN'S LIFEFLIGHT, WHICH PROVIDES REGIONAL EMERGENCY HELICOPTER AND CRITICAL CARE GROUND TRANSPORTATION SERVICES FOR CRITICALLY ILL AND INJURED PATIENTS WHO NEED IMMEDIATE SPECIALIZED CARE, OPERATES FIVE MEDICAL HELICOPTER BASES (AT CLARION HOSPITAL, CANONSBURG HOSPITAL, INDIANA REGIONAL MEDICAL CENTER, BUTLER AIRPORT, AND ROSTRAVER AIRPORT).

Schedule O	<p>AHN WOMEN'S INSTITUTE: AHN OFFERS COMPASSIONATE AND COMPREHENSIVE CARE THROUGH THE NETWORK OF MORE THAN 100 OBSTETRICIANS AND GYNECOLOGISTS, AND HUNDREDS OF OTHER SPECIALISTS WHO WORK TOGETHER TO CARE FOR WOMEN. AHN'S GROWING WOMEN'S HEALTH TEAM TREATS PATIENTS AT MORE THAN 50 WOMEN'S HEALTH OFFICE LOCATIONS, THROUGH EVERY LIFE STAGE: PREVENTION AND WELLNESS; LABOR AND DELIVERY SERVICES; ADVANCED GYNECOLOGIC SURGERIES; MIDLIFE CARE; SPECIALIZED CARDIOVASCULAR TREATMENTS; LEADING-EDGE BREAST CANCER DIAGNOSTIC AND THERAPEUTIC CAPABILITIES; MENOPAUSE AND MENOPAUSE THERAPIES; AND INNOVATIVE CLINICAL TRIALS AND ADVANCED THERAPIES FOR GYNECOLOGIC</p>
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OSTEOPOROSIS THERAPIES; AND INNOVATIVE CLINICAL TRIALS AND ADVANCED THERAPIES FOR GYNECOLOGIC CANCER. IN THE LAST THREE YEARS, AHN HAS MADE SIGNIFICANT UPGRADES TO ITS FACILITIES AND PROGRAMS FOR WOMEN, INCLUDING THE CONSTRUCTION OF A BRAND NEW MATERNITY UNIT AT JEFFERSON HOSPITAL, EXPANDED AND ENHANCED OBSTETRIC UNITS AT FORBES AND WEST PENN HOSPITALS, THE LAUNCH OF AN INTENSIVE OUTPATIENT PROGRAM FOR MOTHERS SUFFERING FROM SEVERE POSTPARTUM DEPRESSION, AND THE PLANNED CONSTRUCTION OF A NEW NEONATAL INTENSIVE CARE UNIT AT WEST PENN. IN 2018, AHN OPENED ITS ALEXIS JOY D'ACHILLE CENTER FOR PERINATAL MENTAL HEALTH, AN INNOVATIVE NEW FACILITY THAT OFFERS WOMEN WITH PREGNANCY-RELATED DEPRESSION ACCESS TO A SPECTRUM OF FAMILY-FOCUSED CARE OPTIONS UNDER ONE ROOF. IN 2021, AHN'S OBSTETRICAL UNITS DELIVERED MORE THAN 8,200 BABIES. ACCOMPLISHMENTS OVER THE YEARS, AHN HAS BEEN RECOGNIZED FOR ITS ADVANCED TECHNOLOGIES, CLINICAL QUALITY, AND THE DEPTH AND BREADTH OF ITS PROFESSIONAL AND CLINICAL PROGRAMMING. IN 2021, IT RECEIVED THE FOLLOWING AWARDS, RECOGNITIONS AND ACCREDITATIONS, AMONG OTHERS: - AGH BECAME THE FIRST HOSPITAL IN PENNSYLVANIA AND ONE OF JUST 16 IN THE UNITED STATES TO EARN THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR COMPREHENSIVE CARDIAC CENTER CERTIFICATION. - FIVE ALLEGHENY HEALTH NETWORK HOSPITALS WERE RECOGNIZED BY HEALTHGRADES IN ITS LIST OF 2021 SPECIALTY EXCELLENCE AWARDS. - THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) NAMED AHN FORBES HOSPITAL PRESIDENT MARK A. RUBINO, MD, TO A TWO-YEAR TERM ON ITS BOARD OF DIRECTORS. - AHN WAS RECOGNIZED BY HIGHMARK BLUE CROSS BLUE SHIELD WITH A BLUE DISTINCTION CENTERS+ FOR BARIATRIC SURGERY DESIGNATION, AS PART OF THE BLUE DISTINCTION SPECIALTY CARE PROGRAM. - BETHEL PARK HEALTH & WELLNESS PAVILION, MONROEVILLE SURGERY CENTER, WEXFORD HEALTH & WELLNESS PAVILION AND AHN ENDOSCOPY CENTER IN WESTMORELAND WERE ECOGNIZED BY THE PATIENT SAFETY AUTHORITY WITH THEIR 2021 PATIENT SAFETY AWARD. - FH WAS NAMED A KEYSTONE 10 DESIGNATED FACILITY, IN RECOGNITION OF ITS SUPPORT OF MOTHERS AND BABIES, AND EFFORTS TO PROMOTE AND ENCOURAGE BREASTFEEDING. - JH, WPH AND SVH WERE RECOGNIZED BY HIGHMARK BLUE CROSS BLUE SHIELD WITH A BLUE DISTINCTION CENTERS+ FOR MATERNITY CARE DESIGNATION. - AGH RECEIVED THE MAXIMUM THREE-STAR RATING FOR TRANSCATHETER AORTIC VALVE REPLACEMENT, CORONARY BYPASS GRAFTING AND AORTIC VALVE REPLACEMENT WITH CORONARY ARTERY BYPASS GRAFTING FROM THE SOCIETY OF THORACIC SURGEON. - JH WAS RECOGNIZED BY THE NATIONAL SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM AS A GOLD-LEVEL FACILITY FOR ITS ONGOING COMMITMENT TO BEST PRACTICES AND EDUCATION ON INFANT SLEEP SAFETY. - THE VERMONT OXFORD NETWORK IN PARTNERSHIP WITH THE PENNSYLVANIA PERINATAL QUALITY COLLABORATION DESIGNATED FH, WPH, AND SVH AS CENTERS OF EXCELLENCE FOR THE MANAGEMENT AND TREATMENT OF NEONATAL ABSTINENCE SYNDROME. - FIVE AHN IMAGING CENTERS WERE RECOGNIZED BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) AS DIAGNOSTIC IMAGING CENTERS OF EXCELLENCE (DICOE): WPH, HEMPFIELD OUTPATIENT IMAGING, FH OUTPATIENT IMAGING, FOX CHAPEL OUTPATIENT IMAGING AND WEXFORD HEALTH & WELLNESS IMAGING. - DR. DONALD WHITING NAMED ONE OF THE NATION'S MOST INFLUENTIAL CLINICAL EXECUTIVES BY MODERN HEALTHCARE; DR. MARGART LARKINS-PETTIGREW WAS NAMED ONE OF THE MAGAZINE'S TOP DIVERSITY LEADERS. - AHN'S CARDIOVASCULAR INSTITUTE EARNED HONORS FROM THE AMERICAN COLLEGE OF CARDIOLOGY AND SOCIETY OF THORACIC SURGEONS FOR THE QUALITY OF ITS CARE ACROSS CARDIAC ARREST AND SURGICAL CARE CASES. - AHN WAS NAMED AS THE TOP PERFORMING HEALTH SYSTEM IN WESTERN PA FOR THE 2021 DONATE LIFE PENNSYLVANIA HOSPITAL CHALLENGE. - JH WAS A RECIPIENT OF THE EMERGENCY NURSES ASSOCIATION'S (ENA) 2021 LANTERN AWARD FOR DEMONSTRATING EXCEPTIONAL AND INNOVATIVE PERFORMANCE IN LEADERSHIP, PRACTICE, EDUCATION, ADVOCACY AND RESEARCH.

Supplemental Information	CHARITY CARE: TOGETHER AS AN ENTERPRISE, AHN PROVIDED MORE THAN \$137 MILLION IN CHARITY AND UNCOMPENSATED CARE IN 2021.
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Additional Data

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Software ID: 21014044
Software Version: 2021v4.2

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization Highmark Health Group	Employer identification number 82-1406555
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AHN Surgery Center - Bethel Park LLC 1000 HIGBEE DRIVE Bethel Park, PA 15102 47-3690355	Healthcare	PA	8,130,867	1,636,259	AHN
(2) JRMC Diagnostic Services LLC 4800 FRIENDSHIP AVENUE Pittsburgh, PA 15025 80-0069336	Healthcare	PA	122,537	291,658	JRMC
(3) Peters Township ASC LLC 160 GALLERY DRIVE McMurray, PA 15317 27-3982341	Healthcare	PA	6,431	2,737,510	WPAHS
(4) SV Shared Savings Program ACO LLC 4800 FRIENDSHIP AVENUE Erie, PA 16544 45-5550348	Inactive	PA	0	0	SVHC
(5) SVEC LLC 565 COAL VALLEY ROAD Erie, PA 16544 20-8572620	Inactive	PA	0	0	SVHC
(6) West Penn Allegheny Foundation LLC 232 WEST 25TH STREET Pittsburgh, PA 15224 20-1107650	Capital Acq.	PA	2,986,078	22,743,045	WPAHS
(7) West Penn ASC LLC 232 WEST 25TH STREET Pittsburgh, PA 15224 27-2344847	Inactive	PA	0	0	WPAHS

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
(1) Canonsburg Hospital & Health Foundation 100 Medical Boulevard Canonsburg, PA 15317 25-1818505	Inactive	PA	501(c)(3)	Type I	NA		No
(2) Clinical Pathology Institute Cooperative 1526 Peach Street Erie, PA 16501 25-1528055	Healthcare	PA	501(c)(3)	3	SVHC		No
(3) Community Blood Bank 232 West 25th Street Erie, PA 16544 25-1181389	Healthcare	PA	501(c)(3)	Type I	SVHC		No
(4) Emergycare Inc 232 West 25th Street Erie, PA 16544 25-1430922	Healthcare	PA	501(c)(3)	10	SVHC		No
(5) Greater Canonsburg Health System 100 Medical Boulevard Canonsburg, PA 15317 25-1488089	Inactive	PA	501(c)(3)	Type I	NA		No
(6) Highmark Health 120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 45-3674900	Healthcare	PA	501(c)(3)	Type I	NA		No
(7) Regional Cancer Center 232 West 25th Street Erie, PA 16544 25-1385705	Healthcare	PA	501(c)(3)	3	SVHS		No
(8) Regional Heart Network 232 West 25th Street Erie, PA 16544 25-1856341	Healthcare	PA	501(c)(3)	3	SVHC		No
(9) Vantage Health Group 232 West 25th Street Erie, PA 16544 25-1498145	Healthcare	PA	501(c)(3)	3	SVHC		No
(10) West Allegheny Hospital 100 Medical Boulevard Pittsburgh, PA 15317 25-1054206	Inactive	PA	501(c)(3)	3	NA		No
(11) Grandis Rubin Shanahan & Associates 565 COAL VALLEY ROAD ERIE, PA 16544 45-3355906	Healthcare	PA	501(c)(3)	Type I	JRMC		No

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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	
(1) 5148 Liberty Avenue Associates 5989 Centre Avenue Pittsburgh, PA 15206 25-1689871	Property Rental	PA	WPAHS Inc	Excluded	48,391	547,618		No			No	50 %
(2) AHN Emerus LLC 30 Isabella St Pittsburgh, PA 15212 82-3655381	Medical Practice	PA	AHN	Related	1,655,735	36,112,395		No			No	51 %

(3) AHN Home Infusion 312 West 25th Street Erie, PA 16502 25-1736527	Medical Practice	PA	SVHS	Related	39,770,957	15,135,540		No		No	80 %
(4) AHN- Lecom JV LLC 30 ISABELLA ST PITTSBURGH, PA 15212 82-5500526	HEALTHCARE	PA	AHN	Related	1,631,912	8,690,106		No		No	50 %
(5) Celtic Hospice LLC 30 Isabella St Pittsburgh, PA 15212 20-5661063	Medical Practice	PA	WPAHS Inc	Related	4,266,669	20,410,205		No		No	79.9 %
(6) JV Holdco LLC 30 Isabella St Pittsburgh, PA 15212 47-2368587	Holding Company	PA	WPAHS Inc	Related	7,149,612	28,140,102		No		No	59.61 %
(7) Mccandless Endoscopy Center 4800 Friendship Ave Pittsburgh, PA 15224 26-1284448	Medical Practice	PA	WPAHS Inc	Related	701,476	442,137		No		No	50 %
(8) Provider PPI LLC 120 Fifth Avenue Suite 922 SUITE 922 Pittsburgh, PA 15222 32-0429947	Group Purchasing	PA	HMPG	Related	7,775,618	43,231,153		No		No	99.5 %
(9) Saint Vincent Professional Bld 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA	CSI	Related	-43,793	628,509		No		No	82.66 %
(10) South Hills Surgery Ctr LLC 6161 Clairton Road West Mifflin, PA 15122 27-4011352	Capital Mgmt	PA	JRMC	Related	100,159	79,959		No		No	50.53 %
(11) Vantage Holding Company LLC 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA	CSI	Related	718,895	3,392,607		No		No	50.53 %

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
(1) Clinical Services Inc 232 WEST 25TH STREET ERIE, PA 16544 25-1403846	Holding Company	PA	AHN	C Corporation	11,312,977	62,668,064	100 %	Yes	
(2) Health System Services Corp & Subs 312 West 25th Street ERIE, PA 16502 25-1403745	Real Estate Ops	PA	CSI	C Corporation	2,774,842	15,302,470	100 %	Yes	
(3) HMPG Inc 120 FIFTH AVE SUITE 922 PITTSBURGH, PA 15222 45-3444325	Holding Company	PA	CSI	C Corporation	12,137,818	162,976,954	100 %	Yes	
(4) Palladium Risk Retention Group 409 BROAD ST STE 270 SEWICKLEY, PA 15143 46-3476730	Insurance	VT	WPAHS Inc	C Corporation	32,048,532	133,864,222	100 %	Yes	
(5) Physician Landing Zone PC 120 FIFTH AVE SUITE 922 PITTSBURGH, PA 15222 45-3913973	Health Care	PA	AC	C Corporation	2,117,323	293,499	100 %	Yes	
(6) Premier Medical Associates PC 120 FIFTH AVE SUITE 922 SEWICKLEY, PA 15222 25-1742869	Medical Practice	PA	AC	C Corporation	59,949,003	23,686,824	100 %	Yes	
(7) Premier Women's Health 120 FIFTH AVE SUITE 922 PITTSBURGH, PA 15222 46-4682160	Medical Practice	PA	AC	C Corporation	30,801	540,191	100 %	Yes	
(8) West Penn Corporate Medical Services 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 25-1437405	Inactive	PA	WPAHS Inc	C Corporation	0	27,070	100 %	Yes	
(9) West Penn Neurosurgery PC 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 25-1630719	Inactive	PA	WPAHS Inc	C Corporation	0	0	100 %	Yes	

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.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	Yes
e	Loans or loan guarantees by related organization(s)	1e	Yes
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes

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