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Form **990**

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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

B Check applicable:

- ☐ Add new chapters
- ☐ Name change
- ☐ Initial return
- ☐ First return terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: **HIGHMARK HEALTH GROUP**

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): **120 FIFTH AVENUE**

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: **PITTSBURGH, PA 15222**

D Employer identification number: **82-1406555**

E Telephone number: **(412) 544-6668**

G Gross receipts \$: **3,445,227,277**

H(a) Is this a group return for subsidiaries? ☒ Yes ☐ No

H(b) Are all subsidiaries included? ☒ Yes ☐ No

If "No" attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.AHN.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **6169**

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **PROMOTE HEALTH & WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT**

2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a): **3** **201**

4 Number of independent voting members of the governing body (Part VI, line 1b): **4** **144**

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a): **5** **16,342**

6 Total number of volunteers (estimate if necessary): **6** **1,696**

7a Total unrelated business revenue from Part VIII, column (C), line 12: **7a** **7,392,974**

b Net unrelated business taxable income from Form 990-T, line 34: **7b** **-1,169,888**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h):	24,309,598	16,020,410
9 Program service revenue (Part VIII, line 2g):	2,545,334,359	2,959,362,669
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d):	49,355,849	36,761,699
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e):	67,418,533	105,886,628
12 Total revenue: Add lines 8 through 11 (must equal Part VIII, column (A), line 12):	3,686,418,339	3,118,031,406
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3):	2,119,038	4,237,304
14 Benefits paid to or for members (Part IX, column (A), line 4):	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5):	1,264,776,487	1,455,373,291
16a Professional fundraising fees (Part IX, column (A), line 11e):	0	27,000
b Total fundraising expenses (Part IX, column (D), line 25):	748,881	
17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e):	1,363,160,779	1,639,891,498
18 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25):	2,630,056,304	3,099,529,093
19 Revenue less expenses: Subtract line 18 from line 12:	56,362,035	18,502,313
20 Total assets (Part X, line 16):	2,499,453,772	2,476,442,481
21 Total liabilities (Part X, line 26):	2,279,977,484	2,217,566,957
22 Net assets or fund balances: Subtract line 21 from line 20:	219,476,288	258,875,524

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: **KAREN L. HANLON** Date: **11/9/17**

Treasurer, EVP, CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **FRANK GIARDINI** Preparer's signature: **Frank Giardini** Date: **11/09/2017** Check ☐ if self-employed PTIN: **P00532355**

Firm's name: **GRANT THORNTON LLP** Firm's EIN: **36-6055558**

Firm's address: **171 N CLARK ST, SUITE 200 CHICAGO, IL 60601** Phone no: **312-856-0200**

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

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission

HIGHMARK HEALTH IS AN INTERDEPENDENT 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 \$ 2,266,766,996 including grants of \$ 4,087,017) (Revenue \$ 2,362,858,938)

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 \$ 223,409,772 including grants of \$ 3,435) (Revenue \$ 258,153,102)

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

4c (Code:) (Expenses \$ 312,140,134 including grants of \$ 146,852) (Revenue \$ 338,350,629)

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
MEDICAL FAMILY EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR
PATIENTS AND OUR COMMUNITIES SEE SCHEDULE O FOR ADDITIONAL
DETAILS

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,802,316,902

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

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21 X	
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? If "Yes," complete Schedule I, Parts I and III.	22 X	
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? If "Yes," complete Schedule J.	23 X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? If "Yes," complete Schedule L, Part I.	25a	X
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? If "Yes," complete Schedule L, Part I.	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28a X	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28c X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	29 X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	31 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	32 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	33 X	
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? If "Yes," complete Schedule R, Part I.	34 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	35a X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b X	
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)? If "Yes," complete Schedule R, Part V, line 2.	36	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	37	X
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? If "Yes," complete Schedule R, Part VI.	38 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	1a 1,151		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	X	
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 16,342		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	201
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		
b Enter the number of voting members included in line 1a, above, who are independent	1b	144
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► PA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

JEFF CRUDELE 120 FIFTH AVE PITTSBURGH, PA 15222

412-544-7000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBIN BERGSTROM BOARD CHAIR	1 00 0	X						0	0	0
(2) DAVID BLANDINO, M.D. BOARD CHAIR	5.00 5 00	X						0	143,604	0.
(3) GREGORY HARBAUGH BOARD CHAIR	1 00 0.	X						0	0	0
(4) EDWARD LITTLE BOARD CHAIR	1 00 0	X						0	0.	0.
(5) RUSSELL LIVINGSTON BOARD CHAIR	1.00 0	X						0	0	0.
(6) JOSEPH MACERELLI BOARD CHAIR	10 00 0	X						0	0.	0
(7) SANDRA USHER BOARD CHAIR	1 00 0	X						0	0	0.
(8) MARK WEBB BOARD CHAIR	1 00 0	X						0	0	0
(9) EDWARD MARASCO VICE CHAIR	1 00 0.	X						0	0	0
(10) MICHAEL ALTERIO DIRECTOR	1 00 0	X						0	0	0
(11) DAVID CELKO, M.D. DIRECTOR	1 00 0	X						0	0	0
(12) SCOTT HANKINSON DIRECTOR	28 00 12 00	X						137,716.	36,104	19,660
(13) CHARLES LABELLE DIRECTOR	1 00 0	X						0	0	0
(14) PAMELA LAPCZYNSKI DIRECTOR	1 00 0	X						0	0	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CAROLE PANKAS DIRECTOR	1 00 0	X						0.	0.	0
16) WILLIAM THOMEIER, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.
17) JASON ROSS DIRECTOR	1 00 0	X						0	0	0
18) JOHN FINNEGAN DIRECTOR	1 00 0	X						0	0	0
19) LADONNA FUGE, M.D. DIRECTOR	1 00 0	X						0.	7,971.	1,953
20) JAMES AMSTERDAM DIRECTOR	1 00 0	X						393,000	0	25,214.
21) AMBARAM CHAUHAN, M.D. DIRECTOR	1 00 39 00	X						0.	430,774.	12,923
22) WILLIAM RICHARDSON DIRECTOR	1 00 0	X						0	0.	0
23) RICHARD TALARICO DIRECTOR	1 00 0	X						0.	0.	0
24) THOMAS VANKIRK DIRECTOR	1.00 39 00	X						0.	936,000	23,643
25) JOHN ECHEMENT DIRECTOR	1 00 0	X						0.	0	0
1b Sub-total								137,716	179,708.	19,660
c Total from continuation sheets to Part VII, Section A								35,791,058	4,165,736.	3,958,998
d Total (add lines 1b and 1c)								35,928,774	4,345,444.	3,978,658
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										1705

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		119

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) CHARLES MODISPACHER DIRECTOR	1 00 0	X						0	0	0.
27) HELEN BARAN DIRECTOR	1 00 0	X						0.	0	0.
28) TERRENCE CAVANAUGH DIRECTOR	1 00 1.00	X						0.	0	0
29) JAMES HAMILTON DIRECTOR	1 00 0.	X						0	0	0
30) NATALIE DWYER HALLER DIRECTOR	1 00 0.	X						0.	0.	0
31) KAREN HANLON DIRECTOR	1 00 39.00	X						0	954,508	134,738
32) R STEVEN JONES DIRECTOR	1 00 0.	X						0	0	0
33) KATHRYN BURNS DIRECTOR	1 00 0.	X						0.	0	0
34) MARNE ROCHE DIRECTOR	1 00 0	X						0.	0	0.
35) CHRIS SCOTT DIRECTOR	1 00 0	X						0.	0	0.
36) STEWART BARMEN DIRECTOR	1 00 0.	X						0	0	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1705**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) DAVID LERBERG, M D DIRECTOR	1 00 0.	X						0	0	0.
38) JANE LOVE, M.D DIRECTOR	1 00 0.	X						0.	0	0
39) WENDY O'BRIEN DIRECTOR	1.00 0.	X						0.	0.	0
40) L.P GUPTA DIRECTOR	1.00 0.	X						0	0	0.
41) BASIL M COX DIRECTOR	1 00 0	X						0	0	0
42) LINDA ANN DICKERSON DIRECTOR	1.00 0.	X						0	0.	0.
43) DORIS CARSON WILLIAMS DIRECTOR	1.00 1.00	X						0.	0.	0.
44) THEODORE NEIGHBORS DIRECTOR	1 00 0.	X						0	0	0
45) DANIEL ONORATO DIRECTOR	1.00 39.00	X						0.	751,047	45,005
46) ROSS PETERSON DIRECTOR	1.00 0	X						0.	0.	0
47) JAMES GRAHAM DIRECTOR	3 00 0.	X						0	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1705**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
48) DAVID MALONE DIRECTOR	3.00 1.00	X						0.	74,024	0
49) DAVID MICHAEL MATTER DIRECTOR	3.00 1.00	X						0	102,794	0.
50) MICHAEL REDLAWSK DIRECTOR	3.00 0.	X						0	0	0
51) VICTOR ROQUE DIRECTOR	3.00 1.00	X						0.	102,164	0.
52) CAROL BUCCI DIRECTOR	40.00 0	X						131,257	98,854	22,202
53) DANIEL R. CASPER, M.D. DIRECTOR	40.00 0.	X						383,552.	0.	34,779.
54) THOMAS CORKERY, D.O. DIRECTOR	40.00 0	X						306,490	0.	30,011
55) DAVID GOLDBERG DIRECTOR	40.00 0	X						515,840	0	32,344.
56) TIM LOCH DIRECTOR	40.00 0	X						328,687	0.	111,200
57) DMITRIY MNUSKIN, M.D. DIRECTOR	40.00 0	X						386,262	0	35,925
58) DAVID PARDA, M.D. DIRECTOR	40.00 0	X						1,069,372.	0	36,891
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1705**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
59) PAUL REILLY, M D DIRECTOR	40.00 0	X						157,899.	0	24,319
60) JENNIFER LEWIS DIRECTOR	40.00 0	X						299,342.	0	28,578
61) MICHAEL CULIG, M.D. DIRECTOR	40.00 0.	X						519,230.	0	34,518
62) THOMAS MURPHY DIRECTOR	40.00 0	X						208,282.	0	21,684
63) DAVID STAPOR, M D. DIRECTOR	40.00 0.	X						0.	325,000	21,082.
64) BRIAN JONES DIRECTOR	40.00 0	X						385,877.	0	23,734
65) JEFFREY KIM DIRECTOR	40.00 0.	X						268,389	0	14,751.
66) PATRICK RECIO DIRECTOR	40.00 0	X						445,148	0	23,417
67) CHRISTOPHER SERAFINI DIRECTOR	40.00 0	X						231,521.	0	22,199
68) JEFFREY CARLSON DIRECTOR	40.00 0	X						335,785	0	21,066
69) LISA LAWRENCE DIRECTOR	0 1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1705**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
70) SUSAN MOORE, M.D. DIRECTOR	40.00 0	X						190,716	0	19,720
71) DONALD MCNARY DIRECTOR	40.00 0	X						177,683	0	15,641
72) WILLIAM GOLDFARB DIRECTOR	40.00 0	X						397,751	0	19,455
73) SLO CASEY TRUSTEE	1.00 0	X						0	0	0
74) GENE BECKER TRUSTEE	1.00 0	X						0	0	0
75) BRIAN JACOB TRUSTEE	1.00 0	X						0	0	0
76) CURT MARINO TRUSTEE	1.00 0	X						0	0	0
77) ROBERT PACEK TRUSTEE	1.00 0	X						0	0	0
78) KEVIN SNIDER TRUSTEE	1.00 0	X						0	0	0
79) VENKATRAMAN SRINIVASAN, M.D. TRUSTEE	40.00 0	X						770,235	0	35,347
80) MARILYN PESCI TRUSTEE	1.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1705**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
81) STEPHEN HEILMAN, M.D. TRUSTEE	1 00 0	X						0	0.	0
82) VINCENT MCVITTIE DIRECTOR	40 00 0	X		X				405,126	0.	24,204.
83) RONALD ANDRO DIRECTOR & PRESIDENT	40 00 0	X		X				406,124.	0.	35,897.
84) JEFFREY COHEN, M.D. DIRECTOR & PRESIDENT	40 00 0.	X		X				784,931.	0.	39,110.
85) WILLIAM ENGLERT DIRECTOR & PRESIDENT	40 00 0.	X		X				239,030	0.	15,719
86) MICHAEL HARLOVIC DIRECTOR/PRESIDENT	40 00 0	X		X				514,639.	0	373,330.
87) CYNTHIA HUNDORFEAN DIRECTOR & PRESIDENT	40 00 0	X		X				828,561.	0.	51,943
88) SCOTT LONG, M.D. DIRECTOR & PRESIDENT	40 00 0	X		X				852,269	0.	24,025
89) ALFRED MANSFIELD DIRECTOR & TREASURER	40.00 0	X		X				357,252	0	57,234
90) JOHN PAUL DIRECTOR/PRESIDENT	40.00 0	X		X				2,373,125.	0	645,573.
91) MARK RUBINO, M.D. DIRECTOR & PRESIDENT	40.00 0	X		X				516,601.	0	34,204
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1705**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
92) JANE SARRA ----- DIRECTOR/PRESIDENT	40 00 ----- 0.	X		X				322,541	0	7,425
93) LOUISE URBAN ----- DIRECTOR & PRESIDENT	40 00 ----- 0.	X		X				404,914.	0	40,516
94) SCOTT WHALEN ----- DIRECTOR & PRESIDENT	40 00 ----- 0.	X		X				729,072	0.	170,696
95) JEFFREY CRUDELE ----- DIRECTOR & TREASURER	40 00 ----- 0	X		X				657,021	0.	43,136.
96) JASON ZAJAC ----- TRUSTEE/PRESIDENT	40 00 ----- 0.	X		X				325,329.	0.	27,360.
97) CAITLIN CLARK ----- BOARD CHAIR AND PRESIDENT	40.00 ----- 0.	X		X				199,744	0	8,022
98) TONY FARAH, M D ----- BOARD CHAIR AND PRESIDENT	40 00 ----- 0	X		X				836,893.	0.	67,213
99) JEFFREY SZUMIGALE ----- VICE CHAIR & ASST TREASURER	1 00 ----- 0.	X		X				0	0	0.
00) KEITH LEJEUNE ----- DIRECTOR AND VICE PRESIDENT	40.00 ----- 0	X		X				279,837	0	24,110
01) MAGGIE BIEBEL ----- DIRECTOR AND SECRETARY	40.00 ----- 0	X		X				309,609.	0	14,674
02) MARK LEONE ----- DIRECTOR & TREASURER	40 00 ----- 0.	X		X				247,146	0	22,888

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 ► 1705

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
03) JACQUELINE BAUER DIRECTOR & SECRETARY	40.00 0.	X		X				206,090	219,516.	29,285
04) DENZIL W RUPERT DIRECTOR AND PRESIDENT	40.00 0	X		X				428,456.	0	32,602
05) JAMES ROHRBAUGH ASSISTANT TREASURER	40.00 0			X				312,367	0	31,381
06) MAUREEN MELIA CHADWICK ASSISTANT SECRETARY	40.00 0.			X				252,070	0.	46,762.
07) SUSAN BARRETT ASSISTANT SECRETARY	40.00 0.			X				102,445.	0.	26,827
08) JEFF VANDALL EXECUTIVE DIRECTOR	40.00 0.				X			235,626	0	25,677
09) BRIAN HOLZER SENIOR VICE PRESIDENT	40.00 0				X			220,268	163,084.	31,101.
10) THOMAS HIPKISS VICE PRESIDENT	40.00 0				X			191,543.	0	30,182
11) JAMES KANUCH VICE PRESIDENT	40.00 0				X			217,916.	0	30,587
12) RICHARD THOMPSON VICE PRESIDENT	40.00 0				X			336,893	0.	2,768
13) CHONG PARK, M D CHIEF MEDICAL OFFICER	40.00 0				X			565,539.	0	22,504

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **1705**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
14) JACQUELINE DAILEY CIO	40 00 0				X			503,769.	0	294,563
15) PATRICK DEMEO, M.D. DEPARTMENT CHAIR	40 00 0				X			1,253,975.	0	34,825.
16) GEORGE J MAGOVERN, JR., M.D. DEPARTMENT CHAIR	40.00 0				X			694,029	0	37,699
17) SUSAN MANZI, M.D. DEPARTMENT CHAIR	40.00 0				X			488,687.	0	20,657.
18) ALLAN KLAPPER, M.D. DEPARTMENT CHAIR	40.00 0				X			640,820	0.	33,059.
19) MARGARET DICUCCIO COO AND CNO	40 00 0				X			302,041.	0	21,032.
20) RICHARD FRIES CFO	40 00 0				X			230,637	0	30,424
21) DONALD JAFFE CFO	40 00 0				X			334,978.	0	26,829
22) DANIEL ALTMAN, M.D. PHYSICIAN	40.00 0					X		1,530,037.	0	21,167
23) GREGORY ALTMAN, M.D. PHYSICIAN	40 00 0					X		1,468,190	0.	33,716
24) NICHOLAS SOTEREANOS, M.D. PHYSICIAN	40 00 0					X		1,285,925.	0	36,366

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **1705**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

[illegible]

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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	1705
---	---	------

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	638,234			
	d	Related organizations	1d	514,982			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,867,194			
	g	Noncash contributions included in lines 1a-1f \$		299,720			
h	Total. Add lines 1a-1f			16,020,410			
Program Service Revenue				Business Code			
	2a	PATIENT SERVICE REVENUE	621000	2,569,581,892	2,562,674,267	6,907,625	
	b	AFFILIATE EXPENSE REIMBURSEMENT	900099	361,730,039	361,730,039		
	c	SCIENTIFIC RESEARCH	541712	24,595,208	24,595,208		
	d	MEDICAL EDUCATION	611710	3,455,530	3,455,530		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			2,959,362,669			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		37,211,597		-306	37,211,903
	4	Income from investment of tax-exempt bond proceeds		638,252			638,252
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents	8,996,968				
	b	Less: rental expenses					
	c	Rental income or (loss)	8,996,968				
	d	Net rental income or (loss)		8,996,968		79,431	8,917,537
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	326,021,673 -256,864			
	b	Less: cost or other basis and sales expenses	326,852,959				
	c	Gain or (loss)	-831,286 -256,864				
	d	Net gain or (loss)		-1,088,150			-1,088,150
	8a	Gross income from fundraising events (not including \$ 638,234 of contributions reported on line 1c) See Part IV, line 18	a	230,585			
	b	Less: direct expenses	b	342,912			
	c	Net income or (loss) from fundraising events		-112,327			-112,327
	9a	Gross income from gaming activities See Part IV, line 19	a	0			
	b	Less: direct expenses	b	0			
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
	Miscellaneous Revenue			Business Code			
11a	CAFETERIA SALES	621110	9,716,611			9,716,611	
b	PARKING	900099	8,015,274		78,780	7,936,494	
c	PHARMACY REVENUE	900099	7,104,995			7,104,995	
d	All other revenue	900099	72,165,107		327,444	71,837,663	
e	Total. Add lines 11a-11d			97,001,987			
12	Total revenue. See instructions.			3,118,031,406	2,952,455,044	7,392,974	142,162,978

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	4,212,409	4,212,409		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,895	24,895		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	28,758,455	26,553,536	1,879,590	325,329
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	523,157	474,203	48,954	
7 Other salaries and wages	1,222,201,955	1,123,914,213	98,082,337	205,405
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,479,939	9,589,834	887,497	2,608
9 Other employee benefits	118,563,679	107,833,754	10,696,149	33,776
10 Payroll taxes	74,846,106	68,548,737	6,263,681	33,688
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,119,749	369,397	1,750,352	
c Accounting	650,143	29,171	620,972	
d Lobbying	394,133	394,133		
e Professional fundraising services. See Part IV, line 17	27,000			27,000
f Investment management fees	594,436		594,436	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	185,750,071	145,371,335	40,293,721	85,015
12 Advertising and promotion	11,074,124	9,995,278	1,078,846	
13 Office expenses	30,269,666	25,736,655	4,515,915	17,096
14 Information technology	65,101,360	59,242,107	5,858,678	575
15 Royalties	0			
16 Occupancy	172,134,725	159,273,065	12,861,660	
17 Travel	3,528,723	3,122,427	388,795	17,501
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,152,126	2,711,369	439,869	888
20 Interest	39,702,377	36,099,445	3,602,932	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	112,056,727	99,049,364	13,007,363	
23 Insurance	33,184,858	31,130,193	2,054,665	
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 REIMBURSEMENTS TO AFFILIATES	301,834,117	217,974,833	83,859,284	
b SUPPLIES	289,234,484	285,192,426	4,042,058	
c PRESCRIPTION DRUGS	241,024,752	241,024,752		
d PATIENT BAD DEBT	64,485,203	64,485,203		
e All other expenses	83,599,724	79,964,168	3,635,556	
25 Total functional expenses. Add lines 1 through 24e	3,099,529,093	2,802,316,902	296,463,310	748,881
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	86,260,828	1	626,980
	2 Savings and temporary cash investments	56,371,668	2	191,287,152
	3 Pledges and grants receivable, net	3,773,162	3	3,501,189
	4 Accounts receivable, net	312,174,520	4	288,353,381
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	4,913,903	7	3,185,000
	8 Inventories for sale or use	39,056,677	8	40,434,090
	9 Prepaid expenses and deferred charges	20,323,224	9	22,906,063
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 1252269865		
	b Less accumulated depreciation	10b 365,736,160	10c	886,533,705
	11 Investments - publicly traded securities	529,874,584	11	445,880,889
	12 Investments - other securities. See Part IV, line 11	89,631,006	12	151,526
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	101,419,283	14	110,663,222
	15 Other assets See Part IV, line 11	388,477,398	15	482,919,284
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,499,453,772	16	2,476,442,481	
Liabilities	17 Accounts payable and accrued expenses	468,744,433	17	315,317,720
	18 Grants payable	0	18	0
	19 Deferred revenue	49,025,562	19	60,879,180
	20 Tax-exempt bond liabilities	186,762,610	20	180,667,875
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	765,543,992	23	717,436,346
	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	809,900,887	25	943,265,836
	26 Total liabilities. Add lines 17 through 25	2,279,977,484	26	2,217,566,957
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-56,158,699	27	84,678,533
	28 Temporarily restricted net assets	23,369,039	28	27,364,312
	29 Permanently restricted net assets	252,265,948	29	146,832,679
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	219,476,288	33	258,875,524
	34 Total liabilities and net assets/fund balances	2,499,453,772	34	2,476,442,481

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck 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	3,118,031,406.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,099,529,093
3	Revenue less expenses. Subtract line 2 from line 1	3	18,502,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	219,476,288
5	Net unrealized gains (losses) on investments	5	5,998,049
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	14,898,874
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	258,875,524

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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

f Enter the number of supported organizations. 14

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		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					2,471,667,730	

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

Schedule A (Form 990 or 990-EZ) 2016

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	360,676	228,628	293,158	54,148	74,823	1,011,433
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	360,676	228,628	293,158	54,148	74,823	1,011,433
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4						1,011,433

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	360,676	228,628	293,158	54,148	74,823	1,011,433
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	762,649	338,449	1,126,722	657,011	601,050	3,485,881
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	720			1,114		1,834
11 Total support. Add lines 7 through 10						4,499,148

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	22.48 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	29.74 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☒
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	978,295	467,117	1,058,246	0	0	2,503,658
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,467,953	23,141,760	44,860,244	51,180,600	52,834,545	225,485,102
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5.	54,446,248	23,608,877	45,918,490	51,180,600	52,834,545	227,988,760
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						227,988,760

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	54,446,248	23,608,877	45,918,490	51,180,600	52,834,545	227,988,760
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	125,780	79,185	244,082	100,626	86,253	635,926
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	125,780	79,185	244,082	100,626	86,253	635,926
11 Net income from unrelated business activities not included in 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.) ATCH 4	2,426,728	1,065,976	4,623,564	4,591,976	8,311,500	21,019,744
13 Total support. (Add lines 9, 10c, 11, and 12.)	56,998,756	24,754,038	50,786,136	55,873,202	61,232,298	249,644,430
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	91 33 %
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	93 26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	25 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	28 %

19a 33 1/3% support tests - 2016 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 - 2015 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.		
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)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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 12a or 12b in Part I, answer (b) and (c) below.		
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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
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 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
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.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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 10b below		
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)		

Part IV Supporting Organizations (continued)**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 in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

- 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI.
- 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.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 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 ☐ 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 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			
7 Excess distributions carryover to 2017 Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

MEMBERS OF HIGHMARK HEALTH GROUP (18)

PUBLIC CHARITY STATUS

ALLEGHENY HEALTH NETWORK. STATUS 12, TYPE 1

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 9

FORBES HEALTH FOUNDATION STATUS 7

THE WESTERN 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 9

ALLEGHENY MEDICAL PRACTICE NETWORK STATUS 3

SAINT VINCENT AFFILIATED PHYSICIANS STATUS 9

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

SCHEDULE A, PART I

REASON FOR PUBLIC CHARITY STATUS

NOTE THAT THE MAJORITY OF THE 18 ENTITIES WITHIN HIGHMARK HEALTH GROUP ARE REGISTERED AS HOSPITAL ENTITIES. HOWEVER, SOME ENTITIES ARE ALSO EXEMPT AS ORGANIZATIONS THAT RECEIVE A SUBSTANTIAL PART OF SUPPORT FROM A GOVERNMENTAL UNIT OR GENERAL PUBLIC, SECTION 509(A) (2) ORGANIZATIONS SUPPORTED BY CONTRIBUTIONS, DUES, AND CONDUCT OF EXEMPT FUNCTION ACTIVITIES; SECTION 509(A) (3) SUPPORTING ORGANIZATIONS, 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 - SUPPORTING ORGANIZATIONS

AS PER THEIR RESPECTIVE GOVERNING DOCUMENTS, ST VINCENT HEALTH SYSTEM, ST. VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES, ALLEGHENY CLINIC MEDICAL ONCOLOGY, ALLEGHENY HEALTH NETWORK, THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION, AND ALLE-KISKI MEDICAL CENTER TRUST SUPPORT THE FOLLOWING 501(C) (3) HOSPITAL AFFILIATES

- ALLE-KISKI MEDICAL CENTER
- CANNONBURG GENERAL HOSPITAL
- ALLEGHENY GENERAL HOSPITAL
- THE WESTERN PENNSYLVANIA HOSPITAL
- FORBES REGIONAL HOSPITAL
- JEFFERSON REGIONAL MEDICAL CENTER
- SAINT VINCENT HEALTH CENTER

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

HIGHMARK HEALTH GROUP'S GOVERNING DOCUMENTS PROVIDE THAT SUPPORTED

ORGANIZATIONS INCLUDE ALL SECTION 509(A) (1) AND 509(A) (2) HOSPITAL

AFFILIATES OF HIGHMARK HEALTH GROUP

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
			YES	NO		
SAINT VINCENT HEALTH CENTER	25-0965547	3	X		325,276,429	0
SAINT VINCENT HEALTH SYSTEM	25-1406710	3	X		0	0
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	25-0969492	3	X		1,220,009,808	0
ALLE-KISKI MEDICAL CENTER	25-1875178	3	X		100,142,532	0
ALLEGHENY SINGER RESEARCH INSTITUTE	25-1320493	4		X	27,031,250	0
CANONSBURG GENERAL HOSPITAL	25-1737079	3		X	47,918,132	0
ALLEGHENY MEDICAL PRACTICE NETWORK	25-1838457	3		X	2,848,459	0
ALLEGHENY SPECIALTY PRACTICE NETWORK	25-1838458	3		X	513,326,992	0
WESTERN PENNSYLVANIA HOSPITAL FOUNDATION	25-1470766	3		X	970,954	0
SUBURBAN HEALTH FOUNDATION	25-1470766	3		X	0	0
FORBES HEALTH FOUNDATION	25-1798379	10		X	355,790	0
CANONSBURG GENERAL HOSPITAL	25-1260215	3	X		1,172,113	0
JEFFERSON REGIONAL MEDICAL CENTER	25-1260215	3		X	223,421,570	0
ALLEGHENY HEALTH NETWORK	45-3674924	3		X	9,193,701	0
TOTAL AMOUNT OF SUPPORT					<u>2,471,667,730</u>	<u>0</u>

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

ATTACHMENT 2

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	2,426,728	1,065,976	4,623,564	359,600		8,475,868
QUALITY INCENTIVE PROGRAMS				2,823,073		2,823,073
SERVICE REVENUE				784,046		784,046
MD VIP CONCIERGE PAYMENTS				304,381		304,381
MEANINGFUL USE				179,692		179,692
SUBSCRIPTION REVENUE				68,980		68,980
INSURANCE INCENTIVES				57,204		57,204
MEDIVAN				15,000		15,000
CONTRACT PROFESSIONAL FEES					4,120,565	4,120,565
OTHER MISC					4,066,866	4,066,866
PARKING					124,069	124,069
TOTALS	<u>2,426,728</u>	<u>1,065,976</u>	<u>4,623,564</u>	<u>4,591,976</u>	<u>8,311,500</u>	<u>21,019,744</u>

ATTACHMENT 3

SCHEDULE A, PART II - FACTS AND CIRCUMSTANCES TEST

FORBES HEALTH FOUNDATION CHANGED ITS PUBLIC CHARITY STATUS IN 2017
 THE ORGANIZATION DOES NOT PASS THE PUBLIC SUPPORT TEST FOR 2016 DUE
 TO THE FACT THAT IT WAS CHANGING ITS OPERATIONS AND STATUS TO MORE
 APPROPRIATELY FUNCTION AS A SUPPORTING ORGANIZATION THE IRS REVIEWED

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

ATTACHMENT 3 (CONT'D)

THE FORBES HEALTH FOUNDATION APPLICATION AND DETERMINED THAT IT QUALIFIES AS A PUBLIC CHARITY DESCRIBED IN SECTION 509(A)(3). FORBES HEALTH FOUNDATION STARTING ON THE 2017 FORM 990 WILL FILE AS A SUPPORTING ORGANIZATION PROSPECTIVELY.

ATTACHMENT 4

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	2,426,728	1,065,976	4,623,564	359,600		8,475,868
QUALITY INCENTIVE PROGRAMS				2,823,073		2,823,073
SERVICE REVENUE				784,046		784,046
MD VIP CONCIERGE PAYMENTS				304,381		304,381
MEANINGFUL USE				179,692		179,692
SUBSCRIPTION REVENUE				68,980		68,980
INSURANCE INCENTIVES				57,204		57,204
MEDIVAN				15,000		15,000
CONTRACT PROFESSIONAL FEES					4,120,565	4,120,565
OTHER MISC					4,066,866	4,066,866
PARKING					124,069	124,069
TOTALS	<u>2,426,728</u>	<u>1,065,976</u>	<u>4,623,564</u>	<u>4,591,976</u>	<u>8,311,500</u>	<u>21,019,744</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization 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)				

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 9908 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (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) 2013	(b) 2014	(c) 2015	(d) 2016	(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 or 990-EZ) 2016

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		394,133
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total Add lines 1c through 1i			394,133
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY

SCHEDULE C, PART II-B, LINE 1G

HIGHMARK HEALTH GROUP 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

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.

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

Part II Conservation Easements.

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

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)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2016

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
- b ☐ 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	308,814,600.	323,361,457.	326,684,716	340,575,761.	322,807,838
b Contributions	2,837,500.	11,096,627.	9,767,463.	10,886,147.	7,315,679
c Net investment earnings, gains, and losses	14,793,538.	-9,567,841.	18,431,806	-8,533,746	27,353,441.
d Grants or scholarships					
e Other expenditures for facilities and programs		16,129,681.	30,720,168.	15,795,656	16,266,551
f Administrative expenses	-810,831	718,696	802,360	447,790	634,646
g End of year balance	327,256,469.	308,041,866.	323,361,457	326,684,716.	340,575,761

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

a Board designated or quasi-endowment ☐ 11 1200 %

b Permanent endowment ☐ 7 0400 %

c Temporarily restricted endowment ☐ 81.8400 %

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)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,276,087		37,276,087
b Buildings		519,161,981.	107,296,993	411,864,987
c Leasehold improvements		25,782,571	7,550,626	18,231,945
d Equipment		522,082,291	235,615,064	286,467,227
e Other		147,966,936	15,273,477	132,693,459
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				886,533,705

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

ATTACHMENT 1	(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS		187,670,698.
(2) INTERCOMPANY RECEIVABLES		135,431,969
(3) EQUITY INVESTMENTS		24,563,433
(4) MALPRACTICE RECEIVABLE		94,761,948
(5) OTHER ASSETS		33,464,571
(6) SELF INSURANCE CAPITALIZATION		2,954,145
(7) TOBACCO SETTLEMENT		2,547,060
(8) ROSS DEVELOPMENT		853,648.
(9) FEDERAL PRINCIPAL		436,812.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►		482,919,284

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) PENSION FUNDING		438,879,429
(3) L/T DEBT HIGHMARK		318,400,000
(4) MEDICAL MALPRACTICE LIABILITY		141,254,698
(5) 457B PLAN LIABILITY		23,325,821
(6) SWAP LIABILITY		12,264,917
(7) ASBESTOS RETIREMENT OBLIGATION		9,140,971
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►		943,265,836

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	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 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.

SEE PAGE 5

Part XIII Supplemental information (continued)

SCHEDULE D, PART V

INTENDED USE 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.

HIGHMARK HEALTH GROUP HAS UPDATED THE ENDOWMENT FUNDS SCHEDULE REPORTED ON PART V TO PROPERLY INCLUDE ALL UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS. THE AMOUNTS REPORTED ON THE 2016 RETURN HAVE RECALCULATED THE PRIOR YEARS (2012-2015) TO REFLECT THIS CHANGE

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 X, LINE 2

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

Part XIII Supplemental information (continued)

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, PART IX - OTHER ASSETSATTACHMENT 1DESCRIPTIONBOOK VALUE

LETTER OF CREDIT

235,000

TOTALS

482,919,284.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

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 | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				336,075	27,000	309,075

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

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

	(a) Event #1 GOLF CLASSIC (event type)	(b) Event #2 ALLEGH CHAPMAN (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col (c))
Revenue				
1 Gross receipts	336,075.	251,532	281,212.	868,819.
2 Less: Contributions	234,139	204,477	199,618	638,234
3 Gross income (line 1 minus line 2).	101,936	47,055.	81,594.	230,585.
Direct Expenses				
4 Cash prizes		5,600.	1,500	7,100
5 Noncash prizes	4,923	27,150.	16,371.	48,444.
6 Rent/facility costs	43,259	17,273	43,913.	104,445
7 Food and beverages	37,426	18,898.	18,142	74,466.
8 Entertainment	1,000.		0	1,000
9 Other direct expenses	36,110.	9,492	61,855.	107,457.
10 Direct expense summary. Add lines 4 through 9 in column (d)				342,912
11 Net income summary. Subtract line 10 from line 3, column (d)				-112,327

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

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

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

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

b If "No," explain. _____

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

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

SCHEDULE G, PART II, LINE 11

THE HIGHMARK HEALTH GROUP REPORTS A NET LOSS OF \$112,327 ON ITS SPECIAL EVENTS. THE NET LOSS IS STRICTLY A FUNCTION OF HOW THE ORGANIZATION IS REQUIRED TO REPORT THE EVENTS IN FORM 990 AND SCHEDULE G THE EVENTS REPORTED COMBINED TO GENERATE \$638,234 OF CONTRIBUTION REVENUE THIS REVENUE IS NOT FACTORED INTO THE LOSS OF \$112,237 IF WE WERE TO FACTOR IN THE CONTRIBUTION REVENUE, THE TRUE NET AMOUNT RAISED FROM THESE EVENTS

Schedule G (Form 990 or 990-EZ) 2016

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

Part IV **Supplemental Information.** Provide the explanation 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).

WOULD BE \$525,907.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b If "Yes," was it a written policy?
- 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
- ☐ Applied uniformly to all hospital facilities ☒ Applied uniformly to most hospital facilities
- ☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
- b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care
- 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- 6a Did the organization prepare a community benefit report during the tax year?
- b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b		X
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			128,559,481	109,499,906.	19,059,575	63
b Medicaid (from Worksheet 3, column a)			215,582,271	132,210,685	83,371,586.	2 75
c Costs of other means-tested government programs (from Worksheet 3, column b)			17,457,913	11,079,039	6,378,874	21
d Total Financial Assistance and Means-Tested Government Programs			361,599,665	252,789,630.	108,810,035	3 59
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,785,293	9,848	3,775,445	12
f Health professions education (from Worksheet 5)			75,913,849	27,448,342.	48,465,507	1 60
g Subsidized health services (from Worksheet 6)			403,264,113	365,496,264	37,767,849	1 24
h Research (from Worksheet 7)			8,835,415		8,835,415.	29
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,030,873		3,030,873	10
j Total Other Benefits			494,829,543	392,954,454	101,875,089	3 35
k Total Add lines 7d and 7j			856,429,208	645,744,084	210,685,124	6 94

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

Schedule H (Form 990) 2016

JSA 6E1284 1 000
1549KO 649R

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			63,820.		63,820.	
4 Environmental improvements						
5 Leadership development and training for community members			1,590.		1,590	
6 Coalition building			202,264.		202,264.	
7 Community health improvement advocacy			12,983		12,983	
8 Workforce development			10,151.		10,151	
9 Other			43,938.		43,938.	
10 Total			334,746.		334,746	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 41,636,031	
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 5,959,659.	
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)	5 418,600,547	
6 Enter Medicare allowable costs of care relating to payments on line 5	6 442,697,055	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -24,096,508	
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: ☒ Cost accounting system ☐ Cost to charge ratio ☐ Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
ATTACHMENT 1				
15148 LIB AVE ASSOC	PROPERTY RENTAL	50 00000		
2ALLEG IMAG OF MCCAND	IMAGING SERVICES	45 00000		
3OPTIMA IMAGING INC	MEDICAL IMAGING	20 00000		
4FORBES REG UROLOGIC	EQUIPMENT RENTAL	20.00000		
5NORTH SHORE ENDOSCOP	ENDOSCOPY SERVICES	50.00000		45 00000
6MCCANDLESS ENDOSCOPY	ENDOSCOPY SERVICES	50 00000		50 00000
7JV HOLD CO	HOLDING COMPANY	59.61000		
8CELTIC HOSP & PALL	HOSPICE CARE	79 90000		20 10000
9SV PROF BLDG LEASE	RENTAL	17 34000		76 51000
10WSC REALTY PARTNERS	MEDICAL OFFICE BUILDING	23.49000		73 79000
11WATERFRONT SURGERY	OUTPATIENT SURGERY	26 21000		
12JEFFERSON MEDICAL	MEDICAL SERVICES	43 79000		
13UPMC VNA	HOME HEALTH SERVICES	33 42000		

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? 7

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 VALLEY HOSPITAL 1301 CARLISLE STREET NATRONA HEIGHTS PA 15065 SEE SECTION C FOR WEBSITE ALLE-KISKI MEDICAL CENTER 25-1875178	X	X					X			A
2 CANONSBURG GENERAL HOSPITAL 100 MEDICAL BOULEVARD CANONSBURG PA 15317 SEE SECTION C FOR WEBSITE CANONSBURG GENERAL HOSPITAL 25-1737079	X	X					X			A
3 JEFFERSON REGIONAL MEDICAL CENTER 565 COAL VALLEY ROAD, P.O. BOX 18119 PITTSBURGH PA 15236 SEE SECTION C FOR WEBSITE JEFFERSON REGIONAL MED CTR 25-1260215	X	X					X			
4 SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE PA 16544 SEE SECTION C FOR WEBSITE SAINT VINCENT HEALTH CENTER 25-0965547	X	X		X			X			
5 ALLEGHENY GENERAL HOSPITAL 320 EAST NORTH AVENUE PITTSBURGH PA 15224 SEE SECTION C FOR WEBSITE WEST PENN ALLEGHENY HEALTH 25-0969492	X	X		X	X	X	X			A
6 THE WESTERN PENNSYLVANIA HOSPITAL 4800 FRIENDSHIP AVENUE PITTSBURGH PA 15224 SEE SECTION C FOR WEBSITE WEST PENN ALLEGHENY HEALTH 25-0969492	X	X		X	X	X	X			A
7 FORBES REGIONAL HOSPITAL 2570 HAYMAKER ROAD MONROEVILLE PA 15146 SEE SECTION C FOR WEBSITE WEST PENN ALLEGHENY HEALTH 25-0969492	X	X		X			X			A
8										
9										
10										

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 A

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1**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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ 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 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url) <u>SEE SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy. 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 JEFFERSON REGIONAL MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6**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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ 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 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url) <u>SEE SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 SAINT VINCENT HEALTH CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7**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 15
- 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
- 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) SEE SECTION C
- 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 2016
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url) _____
- 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" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a	X	
6b		X
7	X	
8	X	
9		
10		X
10b	X	
11		
12a		X
12b		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 X	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>000</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ 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?	16 X	
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): <u>SEE SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
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)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group JEFFERSON REGIONAL MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 X	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>000</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
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):	15 X	
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)	16 X	
a ☒ The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url). <u>SEE SECTION C</u>		
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)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENTER

	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:	X	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>000</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance? 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):	X	
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):	X	
a ☒ The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c ☐ A plain language summary of the FAP was widely available on a website (list url): _____		
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)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group A

	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?	X	
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 ☐ 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)		
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?		X
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		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
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?	X	
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)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group JEFFERSON REGIONAL MEDICAL CENTER

	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?	X	
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 ☐ 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)		
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?		X
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		
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☐ Processed incomplete and complete FAP applications		
d ☐ Made presumptive eligibility determinations		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
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?	X	
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)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENTER

	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 X	
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 ☐ 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)		
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	X
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		
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
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 X	
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)		

Schedule H (Form 990) 2016

Part V **Facility Information (continued)**

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

Name of hospital facility or letter of facility reporting group A

Name of hospital facility or name 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	☐ 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.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2016

1549KO 649R

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group JEFFERSON REGIONAL MEDICAL CENTER**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.

	Yes	No
23		X
24		X

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

If "Yes," explain in Section C.

Schedule H (Form 990) 2016

1549KO 649R

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENTER

	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 ☐ 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	X
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	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2016

1549KO 649R

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION A - HOSPITAL FACILITIES

ALL OF OUR HOSPITALS ARE PART OF THE ALLEGHENY HEALTH NETWORK (AHN) AND
CAN BE FOUND AT THE FOLLOWING WEBSITES

AHN MAIN WEBSITE: [HTTPS //WWW AHN ORG/LOCATIONS](https://www.ahn.org/locations)

ALLEGHENY VALLEY HOSPITAL (AKMC) .

[HTTPS://WWW.AHN.ORG/LOCATIONS/ALLEGHENY-VALLEY-HOSPITAL](https://www.ahn.org/locations/allegHENY-VALLEY-HOSPITAL)

CANONSBURG GENERAL HOSPITAL

[HTTPS://WWW.AHN.ORG/LOCATIONS/CANONSBURG-HOSPITAL](https://www.ahn.org/locations/canonsburg-hospital)

JEFFERSON REGIONAL MEDICAL CENTER:

[HTTPS //WWW.AHN.ORG/LOCATIONS/JEFFERSON-HOSPITAL](https://www.ahn.org/locations/jefferson-hospital)

SAINT VINCENT HOSPITAL

[HTTPS://WWW.AHN.ORG/LOCATIONS/SAINT-VINCENT-HOSPITAL](https://www.ahn.org/locations/saint-vincent-hospital)

ALLEGHENY GENERAL HOSPITAL

[HTTPS //WWW.AHN.ORG/LOCATIONS/ALLEGHENY-GENERAL-HOSPITAL](https://www.ahn.org/locations/allegHENY-GENERAL-HOSPITAL)

WEST PENN HOSPITAL · [HTTPS //WWW AHN.ORG/LOCATIONS/WEST-PENN-HOSPITAL](https://www.ahn.org/locations/west-penn-hospital)

FORBES REGIONAL HOSPITAL · [HTTPS://WWW AHN ORG/LOCATIONS/FORBES-HOSPITAL](https://www.ahn.org/locations/forbes-hospital)

PART V, SECTION B, LINE 5

THE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH WAS CONDUCTED AND
IMPLEMENTED IN 2015, WAS OVERSEEN BY A STEERING COMMITTEE OF KEY HEALTH
SYSTEM REPRESENTATIVES AND AN ADVISORY COMMITTEE MADE UP OF INDIVIDUAL
HOSPITAL LEADERS AND COMMUNITY STAKEHOLDERS WHO REPRESENT INDIVIDUALS WHO
ARE MEDICALLY UNDERSERVED, LOW INCOME, MINORITIES OR OTHER SPECIAL
POPULATIONS WITHIN THE ALLEGHENY HEALTH NETWORK SERVICE AREA TAKEN

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, 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.

TOGETHER, THE STEERING AND ADVISORY COMMITTEES DROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

IN ADDITION TO THE INTERNAL EMPLOYED PERSONNEL ENGAGED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PLANNING AND OVERSIGHT PROCESS AS PART OF THE ALLEGHENY HEALTH NETWORK COMMUNITY HEALTH NEEDS ASSESSMENT STEERING AND ADVISORY COMMITTEES

HONORABLE ROBERT BROOKS, MAYOR, MUNICIPALITY OF MONROEVILLE,
 AGGIE BROSE, DEPUTY EXECUTIVE DIRECTOR, BLOOMFIELD GARFIELD CORPORATION,
 LESLIE GRENFELL, EXECUTIVE DIRECTOR, SWPA AREA AGENCY ON AGING,
 KAREN HACKER, MD, DIRECTOR, ALLEGHENY COUNTY HEALTH DEPARTMENT,
 AJ HARPER, PRESIDENT, HOSPITAL COUNSEL OF WESTERN PA;
 JACK KRAH, PRESIDENT, ALLEGHENY COUNTY MEDICAL SOCIETY,
 SHARON WOLF, EXECUTIVE DIRECTOR, NORTH HILLS COMMUNITY OUTREACH
 DORIS CARSON WILLIAMS, PRESIDENT AND CEO, AFRICAN AMERICAN CHAMBER OF
 COMMERCE AND BOARD MEMBER,
 DAVID BLANDINO, MD, BOARD MEMBER;
 BASIL COX, BOARD MEMBER,
 JOSEPH MACERELLI, ESQ , BOARD MEMBER

QUALITATIVE RESEARCH WAS CONDUCTED WITH KEY COMMUNITY STAKEHOLDERS AND OTHERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH, MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME,

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND MINORITY POPULATIONS, AND OTHER REPRESENTATIVES OF SPECIAL
 POPULATIONS WITHIN THE COMMUNITIES QUALITATIVE RESEARCH METHODOLOGY
 USED TO SOLICIT FEEDBACK FROM COMMUNITY STAKEHOLDERS INCLUDED:

KEY INFORMANT SURVEY OF 107 COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK
 ON COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS AND PARTNERSHIP,

SIX FOCUS GROUPS WERE CONDUCTED WITH TARGET POPULATIONS INCLUDING
 PREGNANT AND POSTPARTUM MOTHERS, SENIORS, BEHAVIORAL HEALTH CONSUMERS,
 EMS PROVIDERS, AND CARE COORDINATORS TO INFORM IMPLEMENTATION
 STRATEGIES.

IN ADDITION TO THE CHNA ABOVE, HOSPITAL 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 HOSPITAL ACTS ON SPECIFIC REQUESTS RECEIVED FOR HEALTH
 RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS
 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

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6A

THE FOLLOWING HOSPITAL FACILITIES CONDUCTED A JOINT COMMUNITY HEALTH
NEEDS ASSESSMENT:

- ALLEGHENY GENERAL HOSPITAL
- ALLE-KISKI MEDICAL CENTER
- CANONSBURG GENERAL HOSPITAL
- FORBES REGIONAL HOSPITAL
- HIGHLANDS HOSPITAL
- JEFFERSON REGIONAL MEDICAL CENTER
- SAINT VINCENT HEALTH CENTER
- WESTFIELD MEMORIAL HOSPITAL
- WESTERN PENNSYLVANIA HOSPITAL

PART V, SECTION B, LINE 7A

OUR JOINT COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND HERE
[HTTPS //WWW AHN ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS](https://www.ahn.org/community-health-needs-assessments)

PART V, SECTION B, LINE 11

THE ALLEGHENY HEALTH NETWORK DEVELOPED A COMMUNITY HEALTH IMPROVEMENT
PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT
ACTIVITIES ACROSS THE ALLEGHENY HEALTH NETWORK SERVICE AREA IN ACCORDANCE
WITH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT
PROCESS THE CHIP ALIGNS WITH THE ALLEGHENY COUNTY HEALTH DEPARTMENT'S
PLAN FOR A HEALTHY ALLEGHENY AND ERIE COUNTY HEALTH DEPARTMENT'S

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, 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.

COMMUNITY HEALTH IMPROVEMENT PLAN TO ENSURE ONGOING COLLABORATION WITH
PUBLIC HEALTH AND OTHER COMMUNITY PARTNERS TO ADDRESS THE REGION'S MOST
PRESSING COMMUNITY HEALTH NEEDS THE FOLLOWING DETAILS THE HEALTH
PRIORITY, GOAL, OBJECTIVES AND THE TARGET POPULATION ASSOCIATED WITH THE
ALLEGHENY HEALTH NETWORK CHIP.

HEALTH PRIORITY: BEHAVIORAL HEALTH

GOAL REDUCE MORTALITY AND MORBIDITY RELATED TO MENTAL AND SUBSTANCE USE
DISORDERS

OBJECTIVES

1 INCREASE UTILIZATION OF OUTPATIENT BEHAVIORAL HEALTH SERVICES,
PARTICULARLY FOR THE MOST VULNERABLE POPULATIONS
WE HAVE PARTNERED WITH THE BARBER NATIONAL INSTITUTE TO PROVIDE
OUTPATIENT MENTAL HEALTH SERVICES DURING CALENDAR YEAR 2016, A TOTAL OF
551 PERSONS RECEIVED SERVICES

2 INCREASE KNOWLEDGE AND SKILLS OF FIRST RESPONDERS AND COMMUNITY
MEMBERS AROUND BEHAVIORAL HEALTH IMPLEMENTATION OF THIS PLAN HAS BEEN
DELAYED BECAUSE OF CHANGES IN THE LEADERSHIP OF THE EMS WHICH WAS TO
ASSIST IN PROVIDING A SPECIALIZED TRAINING

3. INCREASE THE NUMBER OF HEALTH CARE PROVIDERS INTEGRATING BEHAVIORAL
HEALTH AND PHYSICAL HEALTH A GERIATRIC LIAISON HAS CONDUCTED A TOTAL OF
87 ASSESSMENTS IN 2016

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, 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.

TARGET POPULATIONS. MINORITY GROUPS, LOW INCOME AND SENIOR POPULATIONS.

HEALTH PRIORITY CANCER

GOAL: REDUCE THE NUMBER OF CANCER CASES, AS WELL AS THE ILLNESS,
DISABILITY, AND DEATH CAUSED BY CANCER

OBJECTIVES

1. INCREASE THE PERCENTAGE OF ADULTS WHO RECEIVE TIMELY AGE-APPROPRIATE CANCER SCREENINGS BASED ON THE MOST RECENT GUIDELINES. WE HAVE PERFORMED AGE APPROPRIATE SCREENINGS THROUGH OUR PRIMARY CARE OFFICES IN 2016. IN ADDITION, WE HAVE DEVELOPED A PROCESS FOR TRANSMITTING INCIDENTAL LUNG FINDINGS TO THE ADVANCED LUNG CLINIC. WE CONTINUE TO WORK ON A NAVIGATION PROCESS TO IMPLEMENT THE PLAN
- 2 REDUCE THE INCIDENCE RATE OF THE TOP FOUR MOST COMMONLY DIAGNOSED CANCERS PROSTATE (MALE), LUNG AND BRONCHUS, COLON AND RECTUM, AND BREAST (FEMALE) AND THE OVERALL CANCER MORTALITY RATE BY PROMOTING HEALTHY LIFESTYLE BEHAVIORS RELATED TO TOBACCO USE AND DIET AND EXERCISE. WE HAVE TRAINED ON SITE RADIOLOGISTS IN LUNG RAD TECHNOLOGY AND HAVE PERFORMED TOMOSYNTHESIS (3D) MAMMOGRAM STUDIES A PROCESS HAS BEEN DEVELOPED FOR TRANSMITTING INCIDENTAL LUNG FINDINGS TO THE ADVANCED LUNG CLINIC. WE CONTINUE TO WORK ON A NAVIGATION PROCESS TO IMPLEMENT THE PLAN
- 3 INCREASE ACCESS TO HEALTH SCREENINGS AND EDUCATION TO HIGH-RISK POPULATIONS CT SCREENINGS HAVE BEEN PERFORMED FOR INDIVIDUALS WHO ARE CURRENT OR FORMER HEAVY SMOKERS IN ADDITION, WE HAVE PARTNERED WITH THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SUSAN B KOMMEN FOUNDATION TO PROVIDE VOUCHERS FOR FREE MAMMOGRAMS TO
QUALIFYING WOMEN

TARGET POPULATIONS: MINORITY GROUPS, LOW INCOME AND SENIOR POPULATIONS.

HEALTH PRIORITY: CHRONIC DISEASE

GOAL: DECREASE PREVENTABLE CHRONIC DISEASE BY ENSURING ACCESS TO
RESOURCES, KNOWLEDGE, AND OPPORTUNITIES FOR RESIDENTS TO ADOPT HEALTHY
BEHAVIORS

OBJECTIVES

1. INCREASE PRIMARY CARE PROVIDERS' RECOMMENDATIONS FOR PREVENTATIVE
SCREENINGS PER RISK AND AGE GUIDELINES. WE HAVE PERFORMED AGE APPROPRIATE
SCREENINGS THROUGH OUR PRIMARY CARE OFFICES.

2. PROVIDE HEALTH SCREENINGS AND EDUCATION TO HIGH RISK POPULATIONS
EDUCATION HAS BEEN PROVIDED RELATED TO OBESITY, CAUSES, AND TREATMENT TO
INDIVIDUALS. SOME OF THESE INDIVIDUALS ARE PARTICIPATING IN THE BARIATRIC
PROGRAM SEMINARS TO ENCOURAGE POSSIBLE BARIATRIC SURGERY WHERE WARRANTED.
SCREENINGS AND EDUCATION IS CONDUCTED FOR INDIVIDUALS AT LOCAL SENIOR
LIVING CENTERS AND COMMUNITY CENTERS

3. PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY LIFESTYLES. WE
HAVE PARTNERED WITH LOCAL EMPLOYERS TO PROVIDE BIOMETRIC SCREENINGS FOR
THEIR EMPLOYEES AND APPROPRIATE NECESSARY REFERRALS FOR ANY POSITIVE
FINDINGS. EDUCATION AND COUNSELING WERE PROVIDED TO ANY CHILDREN GIVEN
PHYSICALS WITH POSITIVE FINDINGS AND THE SCHOOL NURSE SENT INFORMATION

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND RECOMMENDATIONS TO PARENTS OF ANY CHILDREN WITH POSITIVE FINDINGS A
 MOBILE MEDICAL UNIT HAS PROVIDED HOMELESS INDIVIDUALS WITH SCREENINGS AND
 TREATMENT FOR MINOR ACUTE SYMPTOMS AS WELL AS PROVIDING COUNSELING AND
 REFERRALS WHEN APPROPRIATE.

GOAL IMPROVE MANAGEMENT AND OUTCOMES FOR PATIENTS DIAGNOSED WITH A
 CHRONIC DISEASE

OBJECTIVES

- 1 REDUCE HOSPITAL 30 DAY READMISSION RATES FOR CHRONIC DISEASE WE HAVE
 PILOTTED A TRANSITION OF CARE CLINIC TO ASSIST PATIENTS DISCHARGED FROM
 THE HOSPITAL WITH MEDICATION MONITORING AND FOLLOW UP CARE
- 2 MANAGE HIGH RISK POPULATIONS THROUGH CARE COORDINATION AND PARTNERSHIP
 WITH SOCIAL SERVICE PARTNERS WE HAVE PARTNERED WITH LOCAL EMPLOYERS TO
 PROVIDE BIOMETRIC SCREENINGS FOR THEIR EMPLOYEES AND APPROPRIATE
 NECESSARY REFERRALS FOR ANY POSITIVE FINDINGS
 A MOBILE MEDICAL UNIT HAS PROVIDED HOMELESS INDIVIDUALS WITH SCREENINGS
 AND TREATMENT FOR MINOR ACUTE SYMPTOMS AS WELL AS PROVIDING COUNSELING
 AND REFERRALS WHEN APPROPRIATE
- 3 PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY LIFESTYLES A
 MOBILE UNIT HAS PROVIDED SCREENINGS AND EDUCATION TO PERSONS THROUGH
 LOCAL COMMUNITY CENTERS AND SENIOR LIVING RESIDENCES THIS MOBILE MEDICAL
 UNIT HAS PARTNERED WITH THE LOCAL CHURCHES WHO OFFER SHELTER TO PROVIDE
 HOMELESS INDIVIDUALS WITH SCREENINGS AND TREATMENT FOR MINOR ACUTE
 SYMPTOMS AS WELL AS PROVIDING COUNSELING AND REFERRALS WHEN APPROPRIATE

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, 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.

TARGET POPULATIONS: ETHNIC MINORITY GROUPS, INDIVIDUALS WITH BEHAVIOR
HEALTH OR SUBSTANCE ABUSE COMORBIDITY, LOW INCOME INDIVIDUALS AND
FAMILIES AND SENIOR POPULATIONS.

HEALTH PRIORITY: MATERNAL AND CHILD HEALTH

GOAL: REDUCE MORBIDITY AND MORTALITY BY IMPROVING THE HEALTH AND QUALITY
OF LIFE OF WOMAN, INFANTS, CHILDREN, CARETAKERS AND THEIR FAMILIES,
ESPECIALLY IN VULNERABLE COMMUNITIES

OUR MARKETING DEPARTMENT IS WORKING TO DEVELOP A NEW EDUCATIONAL BROCHURE
FOR WOMEN IN A FIRST PREGNANCY; ALSO WORKING TO DEVELOP OTHER EDUCATIONAL
MATERIALS FOR WOMEN TO BE DEPLOYED AT LOCAL COMMUNITY CLINICS

WE HAVE WORKED WITH OUR OBSTETRICIANS' OFFICES TO PROVIDE PRE-NATAL
CLASSES TO THEIR PATIENTS AND TO PROVIDE ADDICTION INFORMATION

A PROGRAM HAS BEEN IMPLEMENTED TO SUPPORT OPIATE ADDICTED PREGNANT WOMEN
AND HAD PARTICIPANTS IN THE PAST YEAR WE ARE ALSO COLLABORATING WITH
GAUDENZIA TO SUPPORT ADDICTED WOMEN WITH CHILDREN FOLLOWING THEIR
DELIVERY FINALLY, WE OFFER THESE WOMEN CLASSES IN SIGNS OF ADDICTION FOR
THEIR BABIES, WITHDRAWAL IMPACT, SMOKING IMPACT, APPROPRIATE PAIN RELIEF
DURING LABOR AND POST PARTUM, SHAKEN BABY SYNDROME, AND NEWBORN
MILESTONES

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WE USE DISCHARGE INSTRUCTIONS TO PROVIDE NEW MOMS WITH INFORMATION ON
SIDS, CAR SEAT SAFETY, CHILDPROOFING HOME, DOMESTIC VIOLENCE, AND
POSTPARTUM DEPRESSION

WE PARTNER WITH SEVERAL COMMUNITY ORGANIZATIONS TO ENCOURAGE ATTENDANCE
AT PRENATAL CLASSES AND ENSURING ACCESS WOMEN, LOW INCOME FAMILIES,
SINGLE MOTHERS AND WOMEN WITH BEHAVIORAL HEALTH OR SUBSTANCE ABUSE
CONDITIONS

PART V, SECTION B, LINE 13H- 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 NAMED ALLEGHENY HEALTH NETWORK. ALL
HOSPITALS HAVE ADOPTED THE ALLEGHENY HEALTH NETWORK FINANCIAL ASSISTANCE
POLICY DURING 2015 ALLEGHENY HEALTH NETWORK ENHANCED ITS FINANCIAL
ASSISTANCE POLICY WITH 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 IS BASED ON PUBLIC RECORD DATABASES THIS
PREDICTIVE MODEL INCORPORATES PUBLIC RECORD DATA TO CALCULATE A
SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE THAT INCLUDES ESTIMATES FOR
INCOME, ASSETS AND LIQUIDITY THE ELECTRONIC TECHNOLOGY IS DESIGNED TO
ASSESS EACH PATIENT TO THE SAME STANDARDS AND IS CALIBRATED AGAINST
HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL

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, 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.

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 WILL CONSTITUTE ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER OUR POLICY. WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY.

PART V, SECTION B, LINE 16A, B, AND C

OUR FINANCIAL ASSISTANCE POLICY, APPLICATION FORM AND PLAIN LANGUAGE SUMMARY CAN BE FOUND ON THE FOLLOWING WEBSITE
[HTTPS //WWW AHN.ORG/CARE-FOR-UNINSURED](https://www.ahn.org/care-for-uninsured)

PART V, SECTION B, LINE 16I

PLAIN LANGUAGE SUMMARY AVAILABLE IN FOREIGN LANGUAGES
THE HOSPITALS INCLUDED IN HIGHMARK HEALTH GROUP CURRENTLY DO NOT HAVE THE FINANCIAL ASSISTANCE POLICIES AND SUMMARIES AVAILABLE IN FOREIGN LANGUAGES HOWEVER, THESE ENTITIES HAVE AN ACTION PLAN IN PLACE WITH THE TARGET DATE OF 12/31/16 PRESENTLY, THEY HAVE FOREIGN LANGUAGE INTERPRETERS AVAILABLE ON-SITE TO ASSIST PATIENTS ON A REAL-TIME BASIS

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 22D

MAXIMUM AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS

ALL THE HOSPITALS LISTED IN PART V, SECTION A, GROUP A OF THIS SCHEDULE H

OFFER UNINSURED PATIENTS A SEVENTY TO EIGHTY THREE PERCENT (70% - 83%)

DISCOUNT ON TOTAL GROSS CHARGES TO ALL HOSPITAL CHARGES. THE INTENT OF

THE DISCOUNT IS TO STANDARDIZE CHARGING PRACTICES FOR COVERED AND

NON-COVERED PATIENTS.

THE DISCOUNT IS OFFERED DURING PATIENT CONTACT FOR ELECTIVE/ URGENT

(NON-COSMETIC) PROCEDURES DURING THE FINANCIAL COUNSELING PROCESS, AS

WELL AS DURING THE PATIENT STATEMENT CYCLE PROCESS FOR SERVICES PROVIDED

(INCLUDING EMERGENCY SERVICES.)

PATIENT STATEMENTS ARE CLEARLY MARKED WITH THE UNINSURED DISCOUNT,

REDUCING THE "AMOUNT OWED" OF THE GROSS CHARGES AN UNINSURED DISCOUNT

BETWEEN 70% - 83% IS APPLIED TO THE PATIENT ACCOUNT EITHER AT THE TIME OF

PAYMENT OR PRIOR TO TRANSFERRING THE ACCOUNT TO BAD DEBT UPON CONCLUSION

OF THE ROUTINE FOUR STATEMENT CYCLE, FOR ANY UNPAID BALANCES

SAINT VINCENT MEDICAL CENTER PROVIDED A 100% DISCOUNT TO ALL PATIENTS WHO

QUALIFY UNDER ITS FINANCIAL ASSISTANCE POLICY

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? 56

Name and address	Type of Facility (describe)
1 SAINT VINCENT OUTPATIENT CARE CENTER AT 130 MAIN STREET UNION CITY PA 16438	ANCILLARY OUTPATIENT SERVICES
2 HEALTH & WELLNESS PAVILION WEST 4247 WEST RIDGE ROAD ERIE PA 16506	RADIOLOGY
3 SAINT VINCENT SURGERY CENTER 312 WEST 25TH STREET ERIE PA 16502	OUTPATIENT SURGERY CENTER
4 SAINT VINCENT WOMEN'S DIAGNOSTIC CENTER 311 W 24TH STREET ERIE PA 16502	RADIOLOGY / MEDICINE
5 SAINT VINCENT ENDOSCOPY CENTER 2501 WEST 12TH ST SUITE 8 ERIE PA 16502	ENDOSCOPY SERVICES
6 HARDNER BUILDING 2315 MYRTLE STREET ERIE PA 16502	CARDIAC SVCS
7 BETHEL PARK HEALTH & WELLNESS PAVILION 1000 HIGBEE DR STE 110 BETHEL PARK PA 15102	THERAPY DIAGNOSTIC & LAB SVCS
8 BRENTWOOD PROFESSIONAL PLAZA 3720 BROWNSVILLE RD 3RD FL BRENTWOOD PA 15227	THERAPY DIAGNOSTIC & LAB SVCS
9 JEFFERSON OUTPATIENT SERVICES BUILDING 140 CURRY HOLLOW RD PITTSBURGH PA 15236	THERAPY TREATMENT
10 BELLE VERNON MEDICAL ASSOCIATES BUILDING 1533 BROAD AVE STE 200 BELLE VERNON PA 15012	DIAGNOSTIC & LAB SERVICES

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 WATERFRONT MEDICAL BUILDING 495 WATERFRONT DR HOMESTEAD PA 15120	DIAGNOSTIC & LAB SERVICES
2 YADAGANI PLAZA 97 DELAWARE AVE STE 103 UNIONTOWN PA 15401	DIAGNOSTIC & LAB SERVICES
3 K-MART PLAZA 714 CLAIRTON BLVD PITTSBURGH PA 15236	DIAGNOSTIC & LAB SERVICES
4 JEFFERSON THERAPY SERVICES 4584 BROWNS HILL RD PITTSBURGH PA 15127	BEHAVIORAL THERAPY
5 HANDELSMAN FAMILY PRACTICE 3212 MAIN ST MUNHALL PA 15120	GENERAL MEDICAL
6 JRMC COUNCELING & WELLNESS CENTER 5301 GROVE RD WHITEHALL PA 15227	GENERAL MEDICAL
7 JRMC INTERNAL MEDICINE 1310 HOFFMAN BLVD WEST MIFFLIN PA 15122	INTERNAL MEDICINE
8 JRMC PHYSICAL & AUQUATIC THERAPY CENTER 550 COAL VALLEY RD JEFFERSON HILLS PA 15025	BEHAVIORAL THERAPY
9 MCMURRAY TOWN CENTER 455 VALLEY BROOK RD MCMURRAY PA 15317	GENERAL MEDICAL
10 PRIME MEDICAL GROUP 1645 ROSTRAVER RD BELLE VERNON PA 15012	GENERAL MEDICAL

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 SOUTH HILLS MEDICAL BUILDING 575 COAL VALLEY RD JEFFERSON HILLS PA 15025	GENERAL MEDICAL
2 VANDERGRIFF OUTPATIENT CARE CENTER 244 LONGFELLOW STEET VANDERGRIFF PA 15690	OUTPATIENT CARE CENTER
3 CITIZENS AMBULATORY CARE CENTER 651 FOURTH AVENUE NEW KENSINGTON PA 15065	AMBULATORY CARE CENTER
4 AVH OUTPATIENT PHYSICAL THERAPY 1620 PACIFIC AVENUE NATRONA HEIGHTS PA 15065	PHYSICAL THERAPY
5 ALLEGHENY VALLEY HOSPITAL PROLAB 1620 PACIFIC AVENUE NATRONA HEIGHTS PA 15065	LABORATORY SERVICES
6 AKMC RADIOLOGICAL IMAGING 2801 FREEPORT ROAD NATRONA HEIGHTS PA 15065	RADIOLOGICAL IMAGING
7 NURSING SCHOOL 651 FOURTH AVENUE NEW KENSINGTON PA 15068	NURSING SCHOOL
8 PETERS TOWNSHIP OUTPATIENT CARE CENTER 160 GALLERY DRIVE MCMURRAY PA 15317	OUTPATIENT CARE CENTER
9 CGH - PHYSICIAN OFFICES SOUTHPOINT PLAZA 1, SUITE 235 CANONSBURG PA 15317	PHYSICIAN OFFICES
10 JEFFERSON BEHAVIORAL HEALTH 5301 GROVE ROAD, SUITE M123 PITTSBURGH PA 15236	BEHAVIORAL HEALTH

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 SAINT VINCENT IMAGING CENTER 2501 WEST 12TH STREET ERIE PA 16502	RADIOLOGY
2 DIABETES RESOURCE CENTER & MEDICAL NUTRI 145 WEST 23RD SUITE 302 ERIE PA 16502	DIABETES SERVICES
3 AGH - MEDICAL PRACTICES 420 EAST NORTH AVENUE PITTSBURGH PA 15212	MEDICAL PRACTICES
4 AGH - SUBURBAN GENERAL CAMPUS 100 SOUTH JACKSON AVENUE PITTSBURGH PA 15202	URGENT CARE - GENERAL MEDICAL
5 AGH - PHYSICIAN PRACTICES 490 EAST NORTH AVENUE PITTSBURGH PA 15212	GENERAL MEDICAL
6 AGH - CHILD CARE 621 EAST NORTH AVENUE PITTSBURGH PA 15212	CHILD CARE
7 AGH - EAR TREATMENT AND CARE 8500 BROOKTREE ROAD WEXFORD PA 15090	EAR TREATMENT
8 AGH - PHYSICIAN PRACTICES 9335 MCKNIGHT ROAD PITTSBURGH PA 15237	GENERAL MEDICAL
9 WPH - PHYSICIAN PRACTICES 4815 LIBERTY AVENUE PITTSBURGH PA 15224	GENERAL MEDICAL
10 AGH - MEDICAL PRACTICES 1307 FEDERAL STREET PITTSBURGH PA 15212	GENERAL MEDICAL

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 AGH - MEDICAL PRACTICE 133 CHURCH HILL ROAD MCKEES ROCKS PA 15136	GENERAL MEDICAL
2 AGH - PHYSICIAN PRACTICES 2027 LEBANON CHURCH ROAD WEST MIFFLIN PA 15122	GENERAL MEDICAL
3 FRH - PHYSICIAN PRACTICES 2566 HAYMAKER ROAD MONROEVILLE PA 15146	GENERAL MEDICAL
4 FRH - PHYSICIAN PRACTICE 314 SOUTH KIMBERLY AVENUE SOMERSET BOROUGH PA 15501	GENERAL MEDICAL
5 AGH - NEUROSURGERY 420 WOOD STREET CLARION PA 16214	NEUROSURGERY
6 AGH - HUMAN MOTION AND IMAGING 500 BLAZIER DRIVE WEXFORD PA 15090	HUMAN MOTION AND IMAGING
7 WPH - INSTITUTE FOR PAIN MEDICINE 5124 LIBERTY AVENUE PITTSBURGH PA 15224	INSTITUTE FOR PAIN MEDICINE
8 AGH-WPH VARIOUS MEDICAL SPECIALTIES 5140 LIBERTY AVENUE PITTSBURGH PA 15224	DIABETES, SLP DISRD & HMN MTN
9 AGH - LAB 5318 RANALLI DRIVE GIBSONIA PA 15044	LAB
10 AGH - RADIOLOGY AND SPORTS MEDICINE 5375 WILLIAM FLYNN HIGHWAY GIBSONIA PA 15044	RADIOLOGY AND SPORTS MEDICINE

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 AGH - PHYSICIAN PRACTICES 575 LINCOLN AVENUE PITTSBURGH PA 15202	GENERAL MEDICAL
2 AGH - ORTHOPEDIC 49 FORT COUCH ROAD BETHEL PARK PA 15241	ORTHOPEDIC
3 AGH - LAB 651 HOLIDAY DRIVE PITTSBURGH PA 15220	LAB
4 AGH - LAB 20826 ROUTE 19 CRANBERRY TOWNSHIP PA 16066	LAB
5 JRMC - COUNSELING CENTER MEDICAL CTR 51, 810 CLAIRTON BLVD PLEASANT HILLS PA 15236	COUNSELING CENTER
6 JRMC LAB 1200 BROOKS LANE CLAIRTON PA 15025	DIAGNOSTIC & LAB SERVICES
7	
8	
9	
10	

Schedule H (Form 990) 2016

Part VI Supplemental Information

Provide the following information

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

PART I, LINE 3C

CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE PATIENTS

WHO MEET THE CRITERIA AS ESTABLISHED BY THIS POLICY WILL BE ELIGIBLE FOR

FINANCIAL ASSISTANCE INCLUDING FREE OR DISCOUNTED CARE.

1 A PATIENT MUST BE BOTH A CITIZEN OF THE UNITED STATES OF AMERICA AND A
RESIDENT OF PENNSYLVANIA

2 AS OF THE DATE THE APPLICATION IS SUBMITTED

CHARITY CARE IS RESERVED FOR PENNSYLVANIA RESIDENTS BECAUSE PENNSYLVANIA
RESIDENTS ARE PAYING THE PENNSYLVANIA STATE AND LOCAL TAXES THAT SUPPORT
MANY HEALTH CARE SERVICES FOR THE STATE'S CITIZENS. SIMILARLY, FOR UNITED
STATES OF AMERICA CITIZENS PAYING FOR FEDERAL TAXES, AHN WOULD EXPECT
THAT OUT-OF-STATE PATIENTS WHO WOULD QUALIFY FOR AHN CHARITY CARE BASED
ON THEIR FINANCIAL CIRCUMSTANCES SHOULD RECEIVE MEDICAL CARE AND CHARITY
CARE PRIVILEGES IN THEIR STATE OF RESIDENCY. INTERNATIONAL PATIENTS OR
ILLEGAL IMMIGRANTS MAY QUALIFY FOR CHARITY CARE IF THEY ARE ELIGIBLE FOR
MEDICAID. THERE ARE SPECIAL CIRCUMSTANCES FOR OUT-OF-STATE AND

Part VI Supplemental Information

Provide the following information

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

INTERNATIONAL PATIENTS (E G., AUTO ACCIDENT, EMERGENT ILLNESS) UNDER
WHICH THEY WOULD QUALIFY FOR CHARITY CARE.

3. THE PATIENT/GUARANTOR MUST BE ABLE TO DEMONSTRATE A GOOD FAITH EFFORT TO 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 PATIENT MUST SUBMIT A COMPLETE 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 IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) AGAINST THE INDIVIDUAL REASONABLE EFFORTS FOR PURPOSES OF MEETING THESE REQUIREMENTS, THERE IS BOTH A "NOTIFICATION PERIOD" AND AN "APPLICATION PERIOD " THE NOTIFICATION PERIOD IS THE PERIOD DURING WHICH AHN MUST NOTIFY AN INDIVIDUAL ABOUT THIS POLICY. THIS PERIOD BEGINS ON THE DATE CARE IS PROVIDED TO THE INDIVIDUAL AND ENDS ON THE 120TH DAY AFTER AHN PROVIDES THE INDIVIDUAL WITH THE FIRST BILLING STATEMENT FOR THE CARE IF

Part VI Supplemental Information

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THE INDIVIDUAL HAS FAILED TO SUBMIT AN APPLICATION BY THE END OF THE NOTIFICATION PERIOD, AHN MAY ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) 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

4. COVERAGE BY CHARITY CARE IS LIMITED TO BASIC MEDICAL CARE.

5 CHARITY CARE 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 ONLY APPLY TO DRUGS ADMINISTERED DURING AN INPATIENT STAY OR OUTPATIENT SERVICE THESE DISCOUNTS DO NOT APPLY TO ANY OTHER DRUGS OR MAIL ORDER PRESCRIPTIONS

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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 CHARITY CARE WILL ALSO NOT APPLY TO PATIENTS/GUARANTORS WHO REFUSE TO USE INSURANCE OPTIONS AVAILABLE TO THEM CHARITY CARE WILL ALSO NOT APPLY TO PATIENTS/GUARANTORS WHO HAVE NOT EXHAUSTED ALL AVENUES OF INSURANCE PAYMENT (EX: MEDICARE LIFETIME RESERVE DAYS) PENSION ACCOUNTS ARE EXCLUDED

6 AN APPROVED APPLICATION WILL COVER APPLICABLE SERVICES PROVIDED TO THE PATIENT FROM 180 DAYS PRECEDING TO 180 DAYS FOLLOWING THE DATE ON WHICH THE APPLICATION IS APPROVED PATIENTS/GUARANTORS MUST REAPPLY FOR ONGOING CHARITY CARE EVERY 180 DAYS THIS REAPPLICATION PROCESS MAY CONSIST OF A VERIFICATION OF THE PRESUMPTIVE CHARITY CARE DATA OR MAY REQUIRE THE SUBMISSION OF AN UPDATED AND COMPLETE CHARITY CARE APPLICATION.

7 CHARITY CARE DISCOUNTS APPLY TO PATIENT LIABILITY AMOUNTS ONLY; E G NO INSURANCE AMOUNTS WILL BE CONSIDERED APPROVED AMOUNTS MAY BE A RESULT

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OF

- PATIENT DOES NOT HAVE MEDICAL ASSISTANCE OR ADEQUATE INSURANCE

COVERAGE

- PATIENT HAS EXHAUSTED HIS/HER INSURANCE BENEFITS (E.G., EXCEEDED

MAXIMUM COVERED DAYS/AMOUNTS, EXCEEDED MEDICARE'S LIFETIME RESERVE

DAYS)

- PATIENT HAS A PRIMARY INSURANCE CARRIER WHO HAS RENDERED PAYMENT

BUT A SECONDARY LIABILITY EXISTS FOR WHICH HE/SHE DOES NOT HAVE COVERAGE

- PATIENT IS CONSIDERED INDIGENT DUE TO THE AMOUNT OF MEDICAL DEBT

INCURRED IN COMPARISON TO THE PATIENT'S FINANCIAL CIRCUMSTANCES

- DECEASED PATIENT'S ESTATE WILL EXHAUST PRIOR TO PAYMENT OF THE FULL

PATIENT BALANCE

- PATIENT HAS PROVIDED FORMAL BANKRUPTCY JUDGMENT THAT IMPACTS THE

DATE ON WHICH SERVICES WERE PROVIDED WITH CONSIDERATION OF THE JUDGMENT

AND UPDATED INCOME/ASSET INFORMATION, THE PATIENT WOULD QUALIFY FOR

CHARITY CARE

- PATIENT IS 'HOMELESS' OR HAS PROVED RESIDENCE AS A HOMELESS SHELTER

- PATIENT HAS PROVIDED FORMAL AFFIDAVIT DOCUMENTATION REGARDING

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INCOME/ASSET INFORMATION AND/OR HOMELESS STATUS THAT QUALIFIES THE
PATIENT FOR CHARITY CARE

- PATIENT HAS MEDICAID PART PAY BALANCES AND QUALIFIES FOR CHARITY
CARE (CHARITY CARE DISCOUNTS DO NOT APPLY TO MEDICAL ASSISTANCE CO-PAY
BALANCES)

THE USE OF CHARITY CARE APPLICATIONS IS NOT REQUIRED WHEN SUFFICIENT
INFORMATION CANNOT BE OBTAINED TO QUALIFY A PATIENT/GUARANTOR FOR
PRESUMPTIVE CHARITY CARE AHN WILL CAREFULLY COMPLETE ONLY THOSE SECTIONS
OF THE APPLICATION TO DETERMINE CHARITY CARE IF THE PATIENT AND/OR
GUARANTOR'S INCOME FALLS BETWEEN 100-200% OF THE FEDERAL POVERTY
GUIDELINES, ALL PATIENT LIABILITY BALANCES WILL BE FORGIVEN AT 100%
PATIENTS DOCUMENTED AS HOMELESS ALSO ARE CONSIDERED AT THE 100% RATE.
PATIENT'S GROSS HOUSEHOLD INCOME FOR THE CURRENT AND PREVIOUS YEAR MAY
NOT EXCEED TWO (2) TIMES THE POVERTY INCOME GUIDELINES PUBLISHED ANNUALLY
IN THE FEDERAL REGISTER BY THE U S DEPARTMENT OF HEALTH AND HUMAN
SERVICES (MOST CURRENT YEAR'S DATA WILL BE MAINLY CONSIDERED)

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ADDITIONALLY, FOR FREE CARE, WE ALSO CHECK LIQUID ASSETS (CASH, CHECKING, SAVINGS AND MONEY MARKET ACCOUNTS, MATURED CERTIFICATES OF DEPOSIT, MUTUAL FUNDS AND BONDS THAT MAY BE CASHED WITHOUT PENALTY AND OTHER EASILY CONVERTIBLE INVESTMENTS) HELD BY THE PATIENT OR GUARANTOR IN EXCESS OF \$10,000 MUST BE APPLIED TO THE INDEBTEDNESS OWED TO ALLEGHENY HEALTH NETWORK PRIOR TO CONSIDERATION FOR FINANCIAL ASSISTANCE ADJUSTMENTS RETIREMENT FUNDS WILL NOT BE INCLUDED THE PRIMARY RESIDENCE AND PRIMARY VEHICLE WILL NOT BE INCLUDED AS PART OF THE ASSET TEST ANY SECONDARY RESIDENCE OR VEHICLE WILL BE CONSIDERED AND EVALUATED ON A CASE BY CASE BASIS

HARDSHIP DOCUMENTATION MAY BE REQUIRED (I E CASES WITH EXCESSIVE MEDICATIONS, TERMINAL ILLNESS OR MULTIPLE HOSPITALIZATIONS) FOR PATIENTS THAT EXCEED 200% OF THE FEDERAL POVERTY GUIDELINES AND IN WHICH THEIR ACCOUNTS BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, AHN MAY CLAIM THE EXCESS BALANCE AS HARDSHIP PROVIDED THE PATIENT PROVIDES DOCUMENTATION OF INCOME OR INCOME CAN BE DERIVED FROM OUTSIDE DATABASE SOURCES

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EFFECTIVE JANUARY 1, 2016, ALLEGHENY HEALTH NETWORK INCLUSIVE OF ALL ITS HOSPITALS HAVE REVISED THE FINANCIAL ASSISTANCE AND COLLECTIONS POLICIES TO ENSURE THEIR COMPLIANCE WITH THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT AS WELL AS THE INTERNAL REVENUE CODE SECTION 501(R) REQUIREMENTS

PART I, LINE 7 - FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT BY ENTITY
THIS RETURN REPORTS THE GROUP COMBINED RESPONSE FOR THE TABLE IN PART I,
LINE 7 THE HOSPITAL ORGANIZATIONS REPORTED THE FOLLOWING SEPARATE NET
COMMUNITY BENEFIT EXPENSE

ALLE-KISKI MEDICAL CENTER	\$12,916,853
CANONSBURG GENERAL HOSPITAL	\$5,638,277
JEFFERSON REGIONAL MEDICAL CENTER	\$12,516,329
SAINT VINCENT HEALTH CENTER	\$20,820,929
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	\$158,786,390

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TOTAL NET COMMUNITY BENEFIT EXPENSE · \$210,678,778

PART I, LINE 7, COLUMN F - BAD DEBT EXPENSE REMOVED

BAD DEBT IN THE AMOUNT OF \$64,485,203 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

PART III, SECTION A, LINE 2 AND 3 - BAD DEBT

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

PART III, SECTION B, LINE 8 - SHORTFALL TREATMENT AS COMMUNITY BENEFIT

WE RECEIVE OVERALL REIMBURSEMENT FROM MEDICARE LESS THAN THE COST OF THE SERVICES PROVIDED AS SUCH, WE CONSIDER THE SHORTFALL A COMMUNITY

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BENEFIT THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS
THE COST ACCOUNTING SYSTEM.

PART III, SECTION C, LINE 9B: 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 TIME THE INDIVIDUAL PRESENTS FOR SERVICES WITHIN A 90
DAY SPAN OF 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 PLAN CODES THAT PREVENT BILLING TO THE
PATIENT REPORTS ARE RUN TO CAPTURE THE PATIENT ACCOUNTS REGISTERED WITH
THE CHARITY CARE PLAN CODES SO THEY CAN BE WRITTEN OFF TO CHARITY CARE

PART VI, LINE 2 - NEEDS ASSESSMENT
IN ADDITION TO THE FORMAL CHNA, HOSPITAL 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

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TRENDS THE HOSPITAL ACTS ON SPECIFIC REQUESTS RECEIVED FOR HEALTH
RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS
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

PART VI, LINE 3 - PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE
WEST PENN ALLEGHENY HEALTH SYSTEM, INC HOSPITALS DISPLAY SIGNAGE IN
VARIOUS PATIENT ADMISSION, REGISTRATION AND EMERGENCY DEPARTMENT AREAS
THAT ALERT PATIENTS TO ACCOUNT ASSISTANCE PROGRAM AVAILABILITY AND
CONTACT INFORMATION. DURING THE PRE-SERVICE PROCESS, PATIENTS ARE
EVALUATED TO DETERMINE FINANCIAL ASSISTANCE OPTIONS HOSPITALS OFFER THE
"ACCOUNT ASSISTANCE PROGRAM" WHICH CONSISTS OF APPLICATION ASSISTANCE FOR
GOVERNMENTAL ELIGIBILITY, CHARITY CARE APPLICATION COMPLETION AND
SUBMISSION SUPPORT, AS WELL AS UNINSURED PROVISIONS ACCOUNT ASSISTANCE

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SUMMARIES ARE AVAILABLE AT THE HOSPITAL. THESE HOSPITALS ALSO PROVIDE
ON-SITE SUPPORT THROUGH FINANCIAL COUNSELOR STAFF WHO ARE AVAILABLE TO
WORK WITH PATIENT WALK IN'S. FINANCIAL COUNSELORS WORK DIRECTLY WITH THE
PATIENTS AS WELL AS DESIGNATED AGENCY SUPPORT REGARDING QUALIFYING
PATIENTS FOR MEDICAL ASSISTANCE BOTH WEEK DAY AND WEEKEND COVERAGE IS
AVAILABLE TO THE PATIENTS, AS WELL AS FIELD SUPPORT NEEDED FOR POST
DISCHARGE FOLLOW UP NEEDED FOR APPLICATION SUBMISSION. THE ABOVE SUPPORT
IS AVAILABLE AT NO CHARGE TO THE PATIENT JEFFERSON REGIONAL MEDICAL
CENTER JEFFERSON REGIONAL MEDICAL CENTER INFORMS AND EDUCATES PATIENTS
AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY
FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER
JEFFERSON REGIONAL MEDICAL CENTER'S CHARITY CARE POLICY WITH A VARIETY OF
COMMUNICATIONS DURING REGISTRATION/ADMISSION AND ON THEIR BILLS
JEFFERSON REGIONAL MEDICAL CENTER'S CHARITY CARE POLICY IS COMMUNICATED
TO ELIGIBLE PATIENTS AT REGISTRATION THROUGH BROCHURES AVAILABLE IN THE
REGISTRATION DEPARTMENT THAT EXPLAIN THE PROGRAM A BROCHURE TITLED
PATIENT PAYMENT ALTERNATIVES IS PROVIDED TO PATIENTS AS PART OF THE
REGISTRATION/ADMISSION PROCESS THIS BROCHURE DESCRIBES JEFFERSON

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REGIONAL MEDICAL CENTER'S CREDIT POLICY, PAYMENT OPTIONS, AND THE HEALTH CONCERN PROGRAM, WHICH PROVIDES FOR SERVICES AT A REDUCED RATE OR WITHOUT CHARGE. FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED IN THE BROCHURE EVERY IN-PATIENT IS REFERRED TO A FINANCIAL COUNSELOR FOR VERIFICATION OF INSURANCE COVERAGE BENEFITS. IF THE PATIENT HAS NO INSURANCE OR MINIMUM INSURANCE, THEY ARE SCREENED FOR REFERRAL TO ONE OF TWO OUTSIDE AGENCIES THAT WE USE TO ASSIST THE PATIENT FOR APPLYING FOR MEDICAL ASSISTANCE THE FINANCIAL COUNSELOR ALSO HAS THE PATIENT COMPLETE THE UNCOMPENSATED CARE (FREE CARE) APPLICATION FOR JEFFERSON REGIONAL MEDICAL CENTER THIS PROCESS IS DESIGNED TO IDENTIFY PATIENTS WHO NEED MEDICAL ASSISTANCE (UNCOMPENSATED CARE AND MEDICAL ASSISTANCE CRITERIA IS NOT THE SAME, THE PROCESS SEARCHES FOR PATIENTS ELIGIBLE FOR BOTH) THE FRONT OF THE PATIENT BILLS CLEARLY STATE THREE PAYMENT OPTIONS. OPTION A IS PAYMENT IN FULL, WITH A 10 PERCENT DISCOUNT IF THE PAYMENT IS RECEIVED WITHIN 20 DAYS OF BILLING. THE DISCOUNT FOR EARLY PAYMENT WAS ELIMINATED AT THE END OF 2014 OPTION B IS THE OPPORTUNITY TO MAKE A PAYMENT ARRANGEMENT, AND PAY OFF THE BILL IN THREE EQUAL MONTHLY INSTALLMENTS OPTION C IS THE MEDICAL FINANCE PROGRAM FOR INDIVIDUALS NEEDING MORE THAN

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THREE MONTHS TO PAY OFF THEIR ACCOUNT BALANCE THE BACK OF THE PATIENT BILL INCLUDES A SECTION TITLED FOR ASSISTANCE IN PAYING BILLS AND PROVIDES INCOME LIMITS TO QUALIFY FOR THE HEALTH CONCERN PROGRAM. FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED BOTH ON THE FRONT AND THE BACK OF THE PATIENT BILLS. ADDITIONAL INFORMATION TRANSLATION SERVICES ARE AVAILABLE, IF NEEDED. OUR FINANCIAL COUNSELORS ARE TRAINED ON ELIGIBILITY OF BOTH MEDICAL ASSISTANCE (CONDUCTED BY OUR OUTSIDE VENDORS) AND UNCOMPENSATED CARE PROGRAM (CONDUCTED BY JEFFERSON REGIONAL MEDICAL CENTER MANAGEMENT) WE USE AN OUTSIDE FIRM TO ASSIST THE PATIENT IN ACTUALLY APPLYING FOR MEDICAL ASSISTANCE THIS COMPANY VISITS THE PATIENTS IN THEIR HOME FOR FOLLOW UP, OR TRANSPORTS THEM TO APPOINTMENTS, IF NECESSARY AND CONDUCTS FOLLOW UP AS NEEDED ROLES AND RESPONSIBILITIES OF FINANCIAL ASSISTANCE COUNSELOR INCLUDE REVIEWING PATIENT INSURANCE AND DETERMINING BENEFITS AVAILABLE FOR THAT PARTICULAR HOSPITAL STAY IF THERE ARE NO OR LIMITED BENEFITS, THEY LOOK TO MEDICAL ASSISTANCE SOCIAL WORKERS ALSO IDENTIFY FINANCIAL ASSISTANCE NEEDS PAYMENT CAN BE MADE BY CASH, CHECK OR CREDIT CARD, AS STATED UNDER THE FIRST OPTION IN ADDITION, APPLICATION FOR A HELP LOAN IS ALSO A CHOICE ALL OF THESE

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OPTIONS WILL BE DISCUSSED WHENEVER THE PATIENT MEETS WITH THE FINANCIAL COUNSELOR SAINT VINCENT HEALTH CENTER: INFORMING THE PUBLIC THAT CHARITY CARE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR CHARITY CARE PROGRAM AND SAINT VINCENT HEALTH CENTER (SVHC) CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATIONS WITH PATIENTS ON THE AVAILABILITY OF CHARITY CARE INFORMATION ABOUT THE CHARITY CARE POLICY A SUMMARY DESCRIPTION OF THE CHARITY CARE POLICY IS AVAILABLE 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

PART VI, LINE 4 - COMMUNITY INFORMATION

THE EIGHT HOSPITALS (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL AND WEST PENN), FOUR HEALTH + WELLNESS PAVILIONS, AND MORE THAN 250 CLINICAL SITES THAT COMPRISE ALLEGHENY HEALTH NETWORK SERVE ALL OF WESTERN PENNSYLVANIA, AND PARTS OF WEST VIRGINIA, MARYLAND, OHIO AND NEW YORK ITS PRIMARY SERVICE AREAS INCLUDE THE PITTSBURGH METROPOLITAN STATISTICAL AREA (ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, FAYETTE, WASHINGTON, AND WESTMORELAND

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COUNTIES) AND THE ERIE MSA (ERIE COUNTY) TOGETHER, THESE AREAS HAVE A POPULATION OF MORE THAN 2.6 MILLION. THE TWO MSAS ARE SIMILAR DEMOGRAPHICALLY, WITH A WHITE / CAUCASIAN POPULATION OF ABOUT 89 PERCENT, AND A BLACK / AFRICAN-AMERICAN POPULATION OF NEARLY 8 PERCENT. ERIE COUNTY HAS A LARGER LATINO / HISPANIC POPULATION (MORE THAN 3 PERCENT) THAN DOES THE PITTSBURGH MSA (LESS THAN 1 PERCENT). ERIE, PA, HOME TO SAINT VINCENT HOSPITAL, ALSO HAS A SIGNIFICANT REFUGEE POPULATION, ACCORDING TO THE CITY'S MAYOR, REFUGEES MAKE UP ABOUT 18 PERCENT (OR ABOUT 18,000) OF THE CITY'S POPULATION OF ABOUT 100,000.

BOTH THE PITTSBURGH AND ERIE MSA SKEW OLDER THAN THE NATIONAL AVERAGE, MEANING HOSPITALS IN THOSE MSAS SEE A 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.

NATIONALLY, ABOUT 14 PERCENT OF AMERICANS ARE AGED 65 OR OLDER.

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HOUSEHOLDS WITHIN THE PITTSBURGH AND ERIE MSAS HAVE A LOWER-THAN-AVERAGE
 MEDIAN INCOME. IN ERIE COUNTY, THE MEDIAN HOUSEHOLD INCOME IS ABOUT
 \$46,000 ANNUALLY. IN THE PITTSBURGH MSA, THE MEDIAN HOUSEHOLD INCOME IS
 ABOUT \$40,000 ANNUALLY. NATIONALLY, THE MEDIAN HOUSEHOLD INCOME IS ABOUT
 \$53,000

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

THE HOSPITALS OF ALLEGHENY HEALTH NETWORK (ALLEGHENY GENERAL, ALLEGHENY
 VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL
 AND WEST PENN) 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, NATIONAL ORIGIN, PHYSICAL
 OR MENTAL DISABILITY, OR ABILITY TO PAY

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ADDITIONALLY, THE HOSPITALS AND CLINICS OF AHN SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES AND PROGRAMS IN 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 CLINIC, 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 2015, 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

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TO IDENTIFY REGIONAL HEALTH TRENDS AND UNIQUE DISPARITIES WITHIN HOSPITAL
SERVICE AREAS SYSTEM-WIDE PRIORITIES WERE DEVELOPED TO DELEGATE
RESOURCES ACROSS THE SYSTEM TO IMPACT THE REGION'S MOST PRESSING HEALTH
NEEDS, WHILE HOSPITAL-SPECIFIC STRATEGIES WERE OUTLINED TO GUIDE LOCAL
EFFORTS AND COLLABORATION WITH COMMUNITY PARTNERS TO ADDRESS THOSE
PRIORITIZED NEEDS (FOR ADDITIONAL DETAIL, SEE SCHEDULE O)

NOTABLY, AHN AND ITS MEMBER FACILITIES SUPPORT THE HEALTH OF THEIR
RESPECTIVE COMMUNITIES, COUNTIES AND THE STATE OF PENNSYLVANIA THROUGH
TAX CONTRIBUTIONS OF NEARLY \$28 MILLION IN 2016 COLLECTIVELY, AHN'S
HOSPITALS CREATE DIRECT AND INDIRECT ECONOMIC BENEFIT TO THE REGION'S
ECONOMIES (INCLUSIVE OF SPENDING AND SALARIES) TOTALING \$4.6 BILLION,
ACCORDING TO THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA
THROUGH DIRECT SPENDING, CAPITAL SPENDING, AND SALARIES (AHN EMPLOYS MORE
THAN 18,000 ACROSS ITS FOOTPRINT), AHN SERVES AS AN ECONOMIC CATALYST TO
THE REGION, AND ITS MEMBER HOSPITALS AND FACILITIES SUPPORT THEIR
RESPECTIVE COMMUNITIES BY CREATING HEALTH-CARE JOBS AND SUSTAINING
DOWNSTREAM JOBS AND BUSINESSES

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OTHER INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE MANY

COMMUNITIES SERVED BY AHN INCLUDE:

-BURN CAMP: FOR MORE THAN 30 YEARS, WEST PENN HOSPITAL (PART OF AHN) HAS

SURVIVED BURN INJURIES. CHILDREN WITH BURN INJURIES OFTEN FACE A LONG,
PAINFUL RECOVERY AND A TOUGH ADJUSTMENT BACK TO THEIR REGULAR LIVES, THE
FIVE-DAY CAMP OFFERS CAMARADERIE, FUN AND PEER SUPPORT THAT FOSTER
EMOTIONAL HEALING AND GROWTH

CAMP IS FREE OF CHARGE TO ANY CHILD THAT HAS BEEN TREATED AT WEST PENN
BURN CENTER, ONE OF THE NATION'S PREMIER BURN TREATMENT AND RECOVERY
CENTERS. ACTIVITIES ARE DESIGNED TO HELP CHILDREN REGAIN CONFIDENCE AND
SELF-ESTEEM AND TO BUILD FRIENDSHIPS WHILE LESSENING FEELINGS OF
COMMUNITY ISOLATION THAT CAN OCCUR AS A RESULT OF A BURN INJURY

-HEALTHCARE@HOME ALLEGHENY HEALTH NETWORK MAKES IT EASIER FOR PATIENTS
TO ACCESS A FULL RANGE OF CUSTOMIZED HEALTHCARE SERVICES IN THE PRIVACY

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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

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MORE EFFECTIVELY MEET THE COMPREHENSIVE NEEDS OF THOSE LIVING WITH THE DISEASE THE RICHARD KING MELLON FOUNDATION GRANT WILL PROVIDE PATIENTS IN THE AHN PROGRAM WITH ACCESS TO A RANGE OF 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

-MAKE A DIFFERENCE DAY ANNUALLY, AHN AND PARENT COMPANY HIGHMARK HEALTH CELEBRATE MAKE A DIFFERENCE DAY, THE LARGEST NATIONAL DAY OF COMMUNITY SERVICE IN THE U S ON THIS DAY, MILLIONS OF VOLUNTEERS ACROSS THE NATION UNITE WITH A COMMON MISSION - TO IMPROVE THE LIVES OF OTHERS EMPLOYEES

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FROM AHN AND HIGHMARK HEALTH DO SO BY VOLUNTEERING IN THEIR OWN COMMUNITIES THROUGH VARIOUS ENVIRONMENTAL CLEAN-UP EFFORTS; VOLUNTEERING WITH LOCAL SALVATION ARMY CHAPTERS TO PROVIDE WARM CLOTHES FOR CHILDREN DURING THE WINTER MONTHS; AND VOLUNTEERING AT COMMUNITY FAIRS AND COMMUNITY WALKS THAT RAISE MONEY FOR MEDICAL RESEARCH.

-CHILD SAFETY DAY: CANONSBURG HOSPITAL (PART OF AHN) SPONSORS A SPRING CHILD SAFETY DAY ON ITS HOSPITAL GROUNDS FOR A DAY OF FUN AND EDUCATION EACH FAMILY ATTENDING IS GIVEN A FREE FIRST-AID KIT, AND HOSPITAL STAFF DISTRIBUTES MORE THAN 300 FREE 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.

-SCHOOL PARTNERSHIPS AHN IS INVOLVED IN NUMEROUS CAREER AND EDUCATIONAL DEVELOPMENT PARTNERSHIPS, INCLUDING THE FUTURE IS MINE (STUDENTS TOUR

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VARIOUS AHN HOSPITAL DEPARTMENTS AND LEARN ABOUT CAREERS, EDUCATION, AND WORKING IN THE MEDICAL FIELD); DISABILITY MENTORING DAY (STUDENTS ARE ABLE TO TOUR PART HOSPITAL DEPARTMENTS AND LEARN ABOUT VARIOUS TASKS AND DUTIES ONE PERFORMS IN THEIR FIELD), WORKREADY (A SIX-WEEK MENTORING FOR WESTERN PENNSYLVANIA HIGH SCHOOL STUDENTS THAT GIVE STUDENTS REAL-WORK EXPERIENCE), CITY CONNECTIONS (A PROGRAM THAT HELPS HIGH SCHOOL STUDENTS WITH SEVERE DISABILITIES GAIN REAL WORK EXPERIENCE AND KNOWLEDGE FROM THEIR SELECTED DEPARTMENT MENTOR); PROJECT MOVE (AN EIGHT-WEEK MENTORING PROGRAM AT AGH), START ON SUCCESS (A COMMUNITY WORK PROGRAM THAT ASSIGNS STUDENTS TO WORK ALONGSIDE REGULAR STAFF AND COMPLETE ASSIGNED TASKS AND RESPONSIBILITIES, STUDENTS RECEIVE AN HOURLY WAGE AND ARE AT THE HOSPITAL M-F FOR TWO HOURS A DAY), STRANGER AWARENESS (AGH AND TWO HIGH SCHOOL STUDENTS CREATED THE STRANGER AWARENESS PROGRAM TO HELP YOUNGER STUDENTS PRACTICE WHAT TO DO WHEN A STRANGER APPROACHES THEM AND RECOGNIZE "SAFE" STRANGERS), IN SCHOOL YOUTH (A PROGRAM FOCUSED ON PITTSBURGH HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTHCARE), OUT OF SCHOOL YOUTH (A PROGRAM FOR PITTSBURGH HIGH SCHOOL STUDENTS WHO HAVE NOT DECIDED A CAREER PATH), SCIENCE, TECHNOLOGY, ENGINEERING, MATH, MEDICINE (A

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ONE-DAY STEMM SEMINAR IS DESIGNED FOR HIGH SCHOOL JUNIORS AND SENIORS),
 GATEWAY MEDICAL SOCIETY-JOURNEY INTO MEDICINE (AN EDUCATIONAL PROGRAM
 OFFERED TO STUDENTS WHO ARE INTERESTED PURSUING A CAREER IN THE ALLIED
 HEALTH FIELD FOR SIXTH- AND SEVENTH-GRADERS); AND SEVERAL OTHER
 PARTNERSHIPS.

-DIVERSITY IN EMPLOYMENT AND CONTRACTING AHN IS COMMITTED TO DIVERSITY
 AND THE CREATION OF AN INCLUSIVE WORK ENVIRONMENT FOR NOT ONLY ITS
 EMPLOYEES, BUT ALSO VENDORS AND CONTRACTORS WHO SUPPORT THE NETWORK AS
 AN EQUAL OPPORTUNITY EMPLOYER, AHN RECOGNIZES AND EMBRACES THE MANY
 DIVERSE PERSPECTIVES AND LIFE EXPERIENCES THAT EACH INDIVIDUAL BRINGS TO
 THE WORKPLACE, CREATING A DIVERSE WORKFORCE, AND PROVIDING OPPORTUNITIES
 FOR WOMEN-OWNED AND MINORITY-OWNED VENDORS, IS PART OF AHN'S EMPLOYMENT
 AND BUSINESS SUPPLY CHAIN STRATEGY

-LIFELIGHT LIFELIGHT, THE FIRST AIR MEDICAL TRANSPORT SERVICE IN THE
 NORTHEASTERN UNITED STATES, IS PART OF AHN AND HAS COMPLETED MORE THAN
 70,000 MISSIONS IN NEARLY 40 YEARS OF FLYING HOSPITAL-BASED AIR-MEDICAL

Part VI Supplemental Information

Provide the following information.

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

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

-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)

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PLATFORMS. THE TWO ORGANIZATIONS CAN NOW EXCHANGE VETERANS' HEALTH RECORDS SECURELY AND SEAMLESSLY FOR A MORE CONNECTED PATIENT-PROVIDER EXPERIENCE. IN 2016, THE FIRST RECORDS WERE SHARED ACROSS THE AHN AND VA EMR PLATFORMS, AND TO DATE THOUSANDS OF MEDICAL DOCUMENTS HAVE BEEN EXCHANGED BETWEEN AHN AND THE VA BY ALLOWING FOR A SEAMLESS RECORD EXCHANGE, PATIENTS WHO VISIT PROVIDERS AT VARIOUS FACILITIES ARE MORE EMPOWERED THE MOMENT THEY WALK IN THE DOOR. A PATIENT'S UP-TO-DATE MEDICAL HISTORY IS IMMEDIATELY AVAILABLE FOR REVIEW, AND THE NEED FOR TRAVELING WITH PAPER RECORDS IS ELIMINATED. CONNECTING WITH VA'S EMR PLATFORM, KNOWN AS VIRTUAL LIFETIME ELECTRONIC RECORD (VLER), AFFORDS AHN PROVIDERS SECURE ELECTRONIC ACCESS TO VETERANS' HEALTH RECORDS STORED AT ANY OF VA'S 1,233 HEALTHCARE FACILITIES NATIONWIDE, INCLUDING VAPHS. VETERANS' PARTICIPATION IS STRICTLY VOLUNTARY.

-RESEARCH AT THE ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE, THE PATH TO ADVANCING THE SCIENCE OF MEDICINE STARTS WITH DISCOVERY. OUR RESEARCH SCIENTISTS AND PHYSICIAN INVESTIGATORS ARE FORGING NEW MEDICAL FRONTIERS LOOKING FOR CLUES AND CURES TO SOME OF THE MOST COMPLEX CAUSES OF

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 PATIENTS 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,
 INCLUDING HIGHMARK INC VITAL AND AHN CLINICIANS TEST THOSE TECHNOLOGIES
 AND THERAPIES, SEE HOW WELL THEY WORK ON OUR PATIENTS THROUGH CLINICAL

Part VI Supplemental Information

Provide the following information

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

TRIALS, AND DETERMINE WHETHER THEY ARE COST EFFECTIVE IN HOPES OF
SPEEDING THOSE TECHNOLOGIES TO THE FULL WESTERN PENNSYLVANIA AUDIENCE.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

SEE SCHEDULE O

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

WE DO NOT FILE A COMMUNITY BENEFIT REPORT WITH ANY STATE

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

ATTACHMENT 1

990 SCHEDULE H, PART IV

(E) PHYSICIANS

(A) NAME OF ENTITY	(B) DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY	(C) ORG. PROFIT % OR STOCK OWNERSHIP %	(D) EMPLOYEES PROFIT % OR STOCK OWNERSHIP %	(E) PHYSICIANS PROFIT % OR STOCK OWNERSHIP %
SOUTH HILLS SURGERY	MEDICAL SERVICES	41.92000		58 08000

SCHEDULE I
(Form 990)

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

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

82-1406555

OMB No 1545-0047

2016

Open to Public
Inspection

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544	25-0965547	501C3	291,950				PROGRAM SUPPORT
(2) JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD PITTSBURGH, PA 15222	25-1624347	501C3	210,000				PROGRAM SUPPORT
(3) JDRE INTERNATIONAL 501 MARTINDALE ST PITTSBURGH, PA 15212	23-1907729	501C3	78,000				PROGRAM SUPPORT
(4) AMERICAN HEART ASSOCIATION 444 LIBERTY AVENUE PITTSBURGH, PA 15222	13-5613797	501C3	56,000				PROGRAM SUPPORT
(5) WESTFIELD MEMORIAL HOSPITAL 189 EAST MAIN STREET WESTFIELD, NY 14787	16-0743222	501C3	50,000				PROGRAM SUPPORT
(6) PREVENTION POINT PITTSBURGH 907 WEST STREET PITTSBURGH, PA 15221	25-1852314	501C3	26,000				PROGRAM SUPPORT
(7) THE OPEN DOOR INC P O BOX 99243 PITTSBURGH, PA 15233	30-0354607	501C3	25,000				PROGRAM SUPPORT
(8) AMERICAN CANCER SOCIETY 320 BILMAR DRIVE PITTSBURGH, PA 15205	13-1788491	501C3	17,500				PROGRAM SUPPORT
(9) BLOOMFIELD DEVELOPMENT CORP 366 GROSS STREET PITTSBURGH, PA 15224	20-5817024	501C3	15,100				PROGRAM SUPPORT
(10) AMERICAN DIABETES ASSOCIATION 100 W STATION SQ DR PITTSBURGH, PA 15219	13-1623888	501C3	15,000				PROGRAM SUPPORT
(11) MONROEVILLE CHAMBER OF COMMERCE 2790 MOSSIDE BLVD MONROEVILLE, PA 15146	25-1293687	501C6	15,000				PROGRAM SUPPORT
(12) MARCH OF DIMES WEST PENN DIVISION 5168 CAMPBELLS RUN RD PITTSBURGH, PA 15205	13-1846366	501C3	14,000				PROGRAM SUPPORT

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

82-1406555

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A GLIMMER OF HOPE, INC. PO BOX 908 WEXFORD, PA 15090	25-1627978	501C3	12,500				PROGRAM SUPPORT
(2) PITTSBURGH NORTH REG CHAMBER OF COMMERCE 5000 BROOKTREE ROAD WEXFORD, PA 15090	25-1374594	501C6	12,500				PROGRAM SUPPORT
(3) ALEXIS JOY DACHILLE FOUNDATION FOR POST 9970 PARKLAND DRIVE WEXFORD, PA 15090	46-4212454	501C3	11,000				PROGRAM SUPPORT
(4) CARNEGIE MELLON UNIVERSITY 4800 FORDS AVE PITTSBURGH, PA 15213	25-0969449	501C3	10,000				PROGRAM SUPPORT
(5) AFRICAN AMERICAN CHAMBER OF COMMERCE 436 7TH AVENUE PITTSBURGH, PA 15219	25-1729192	501C6	10,000				PROGRAM SUPPORT
(6) ALS ASSOC OF WESTERN PA W VA 416 LINCOLN AVENUE PITTSBURGH, PA 15209	23-7123851	501C3	10,000				PROGRAM SUPPORT
(7) AMERICAN DIABETES ASSOCIATION OF WESTERN PA 112 WASHINGTON PLACE PITTSBURGH, PA 15219	54-1734511	501C3	10,000				PROGRAM SUPPORT
(8) AMERICAN LUNG ASSOCIATION 810 RIVER AVE, STE 140 PITTSBURGH, PA 15212	13-1632524	501C3	10,000				PROGRAM SUPPORT
(9) ARTHRITIS FOUNDATION WPA CHAPTER 790 HOLIDAY DRIVE PITTSBURGH, PA 15220	58-1341679	501C3	10,000				PROGRAM SUPPORT
(10) DR GERTRUDE A BARBER FOUNDATION INC 100 BARBER PLACE ERIE, PA 16507	25-1753149	501C3	10,000				PROGRAM SUPPORT
(11) SUSAN G KOMEN FOR THE CURE PITTSBURGH 1133 S BRADDOCK AVE PITTSBURGH, PA 15218	81-0665396	501C3	10,000				PROGRAM SUPPORT
(12) LEUKEMIA AND LYMPHOMA SOCIETY 333 EAST CARSON ST PITTSBURGH, PA 15219	13-5644916	501C3	8,500				PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

82-1406555

OMB No 1545-0047

2016

Open to Public
Inspection

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PITTSBURGH PENGUINS FOUNDATION ONE CHATHAM CENTER PITTSBURGH, PA 15219	27-3431123	501C3	8,500				PROGRAM SUPPORT
(2) ERIE COMMUNITY FOUNDATION 459 W 6TH STREET ERIE, PA 16507	25-6032032	501C3	8,000				PROGRAM SUPPORT
(3) ALLEGHENY COUNTY MED SOCIETY 713 RIDGE AVENUE PITTSBURGH, PA 15212	25-0939212	501C6	8,000				PROGRAM SUPPORT
(4) CULTURES ARTS FESTIVALS AND EVENTS 628 STATE STREET, STE 500 ERIE, PA 16501	61-1428869	501C3	7,500				PROGRAM SUPPORT
(5) EXTRA MILE EDUCATION FOUNDATION 603 STANWIX ST PITTSBURGH, PA 15222	25-1621067	501C3	7,500				PROGRAM SUPPORT
(6) NATL OVARIAN CANCER COALITION 6507 WILKINS AVENUE PITTSBURGH, PA 15217	65-0628064	501C3	7,500				PROGRAM SUPPORT
(7) APPALACHIAN BICYCLE RACING ASSOC 985 BETHEL CHURCH ROAD MAIDSVILLE, WV 26541	27-1486668	N/A	7,000				PROGRAM SUPPORT
(8) HIGHLANDS HOSPITAL 401 EAST MURPHY AVE CONNELLSVILLE, PA 15425	25-1494705	501C3	6,000				PROGRAM SUPPORT
(9) ROTARY DISTRICT 7300 FOUNDATION PO BOX 368 MONROEVILLE, PA 15146	25-1550778	501C3	5,612				PROGRAM SUPPORT
(10) PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501C3	14,250				PROGRAM SUPPORT
(11)							
(12)							

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

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

Schedule I (Form 990) (2016)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
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.

SCHEDULE I, PART II - NON-CHARITABLE GRANTS

THE HIGHMARK HEALTH GROUP PROVIDED ASSISTANCE TO ORGANIZATIONS THAT ARE

NOT 501 (C) (3) ORGANIZATIONS THESE ORGANIZATIONS WERE PROVIDED ASSISTANCE

TO SUPPORT THEIR UNDERTAKING IN A CHARITABLE ENDEAVOR

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the 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.

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other reportable compensation				
1 SCOTT HANKINSON	(i) 135,748.	0	1,968	1,968	1,703	18,472	157,891	0
1 DIRECTOR	(ii) 35,519.	0.	585	585	0	1,506	37,610	0
2 JAMES AMSTERDAM	(i) 384,600.	0.	8,400.	8,400.	14,334	12,884	420,218	0
2 DIRECTOR	(ii) 0.	0	0	0	0	0	0	0
3 AMBARAM CHAUHAN, M D	(i) 0.	0	0	0	0	0	0	0
3 DIRECTOR	(ii) 360,656.	70,118	0	0	12,923	0	443,697	0
4 THOMAS VANKIRK	(i) 0	0	0	0	0	0	0	0
4 DIRECTOR	(ii) 587,670	260,000	88,330	88,330	20,295	11,115	967,410	0
5 KAREN HANLON	(i) 0	0	0	0	0	0	0	0
5 DIRECTOR	(ii) 556,685	375,000.	22,823.	22,823.	117,795	23,683	1,095,986	0
6 DANIEL ONORATO	(i) 0	0	0	0	0	0	0	0
6 DIRECTOR	(ii) 440,089.	150,000.	160,958	160,958	17,645	34,725	803,417	0
7 CAROL BUCCI	(i) 110,336.	0	20,921	20,921	6,599.	4,352	142,208.	0
7 DIRECTOR	(ii) 98,159.	0	695.	695.	6,171	5,080	110,105	0
8 DANIEL R CASPER, M.D.	(i) 344,729.	34,358	4,465	4,465	15,900.	18,879	418,331	0
8 DIRECTOR	(ii) 0	0	0	0	0	0	0	0
9 THOMAS CORKERY, D O.	(i) 265,417.	30,575	10,498	10,498	13,250	16,761	336,501	0
9 DIRECTOR	(ii) 0.	0.	0	0	0	0	0	0
10 DAVID GOLDBERG	(i) 493,100.	0.	22,740.	22,740.	7,850.	28,704	552,394	0
10 DIRECTOR	(ii) 0.	0.	0.	0.	0.	0.	0	0
11 TIM LOCH	(i) 288,389	0.	40,298.	40,298.	84,615	32,060	445,362	0
11 DIRECTOR	(ii) 0.	0.	0	0	0	0	0	0
12 DMITRIY MNUSKIN, M D.	(i) 384,482.	0.	1,780.	1,780.	13,250.	22,675	422,187	0
12 DIRECTOR	(ii) 0	0	0	0	0	0	0	0
13 DAVID PARDA, M D	(i) 865,302	200,000.	4,070	4,070	10,600	26,291	1,106,263	0
13 DIRECTOR	(ii) 0.	0	0	0	0	0.	0	0
14 PAUL REILLY, M D	(i) 147,553.	9,523	823	823	9,752	14,567	182,218	0
14 DIRECTOR	(ii) 0.	0.	0	0	0	0	0.	0
15 JENNIFER LEWIS	(i) 267,845	31,111	386	386	8,613	19,965	327,920	0
15 DIRECTOR	(ii) 0.	0	0	0	0	0	0	0
16 MICHAEL CULIG, M D	(i) 495,085	20,581	3,564	3,564	13,250	21,268	553,748	0
16 DIRECTOR	(ii) 0.	0	0	0	0	0	0	0

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other reportable compensation				
1 THOMAS MURPHY DIRECTOR	(i) 207,446. (ii) 0 (iii) 0	0.	836.	0	8,867.	13,908.	231,057	0
2 DAVID STAPOR, M.D. DIRECTOR	(i) 325,000. (ii) 343,498. (iii) 0	0.	0	0	21,082	0	346,082	0
3 BRIAN JONES DIRECTOR	(i) 40,831. (ii) 0. (iii) 0	40,831.	1,548	0	10,985	14,131	410,993	0
4 JEFFREY KIM DIRECTOR	(i) 226,205. (ii) 0 (iii) 0	42,010.	174.	0	6,729	8,854.	283,972	0
5 PATRICK RECIO DIRECTOR	(i) 423,560 (ii) 0. (iii) 0	21,150	438	0	10,600.	14,456	470,204	0
6 CHRISTOPHER SERAFINI DIRECTOR	(i) 205,779 (ii) 0. (iii) 0	580.	25,162.	0	9,604.	13,326	254,451	0
7 JEFFREY CARLSON DIRECTOR	(i) 289,238 (ii) 0 (iii) 0	43,464	3,083	0	6,019	16,547	358,351	0
8 SUSAN MOORE, M D DIRECTOR	(i) 139,357 (ii) 0 (iii) 0	50,804	555	0	6,903	13,402	211,021	0
9 DONALD MCNARY DIRECTOR	(i) 174,596 (ii) 0 (iii) 0	0.	3,087	0	7,217	8,424	193,324	0
10 WILLIAM GOLDFARB DIRECTOR	(i) 369,670 (ii) 0. (iii) 0	0	28,081	0	0	23,724	421,475	0
11 VENKATRAMAN SRINIVASAN, TRUSTEE	(i) 568,216. (ii) 0 (iii) 0	194,399	7,620	0	15,900	19,447.	805,582	0
12 VINCENT MCVITTIE DIRECTOR	(i) 386,966. (ii) 0. (iii) 0	0	18,160	0	0	29,221	434,347	0
13 RONALD ANDRO DIRECTOR & PRESIDENT	(i) 403,265. (ii) 0. (iii) 0	0.	2,859.	0	13,250	22,647	442,021	0
14 JEFFREY COHEN, M D. DIRECTOR & PRESIDENT	(i) 639,599 (ii) 0. (iii) 0	140,580.	4,752.	0	15,900	23,210	824,041	0
15 WILLIAM ENGLERT DIRECTOR & PRESIDENT	(i) 238,055 (ii) 0 (iii) 0	0	975	0	14,295	1,424	254,749	0
16 MICHAEL HARLOVIC DIRECTOR/PRESIDENT	(i) 199,531. (ii) 0 (iii) 0	0.	315,108	0	373,330.	0.	887,969	0

Schedule J (Form 990) 2016

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other reportable compensation				
CYNTHIA HUNDORFEAN 1 st DIRECTOR & PRESIDENT	(i) 768,683	0.	59,878		44,597	14,211	887,369	0
	(ii) 0	0	0.		0	0.	0	0
SCOTT LONG, M.D. 2 nd DIRECTOR & PRESIDENT	(i) 607,250.	234,953	10,066		13,250.	10,775	876,294	0.
	(ii) 0.	/ 0.	0		0	0	0	0
ALFRED MANSFIELD 3 rd DIRECTOR & TREASURER	(i) 308,416	0	48,836.		44,639	14,217	416,108	31,963
	(ii) 0	0.	0		0.	0	0	0
JOHN PAUL 4 th DIRECTOR/PRESIDENT	(i) 190,459.	1,054,866.	1,127,800.		640,203.	6,351	3,019,679	0
	(ii) 0.	0.	0.		0	0.	0	0
MARK RUBINO, M.D. 5 th DIRECTOR & PRESIDENT	(i) 431,101.	83,500.	2,000		13,250.	20,954.	550,805.	0
	(ii) 0	0	0		0	0.	0	0.
JANE SARRA 6 th DIRECTOR/PRESIDENT	(i) 96,981	0.	225,560.		0	8,365	330,906	0
	(ii) 0	0.	0		0.	0	0	0
LOUISE URBAN 7 th DIRECTOR & PRESIDENT	(i) 393,501.	0.	11,413.		21,784	20,702	447,400	0
	(ii) 0.	0.	0		0	0.	0	0
SCOTT WHALEN 8 th DIRECTOR & PRESIDENT	(i) 594,962	0.	134,110.		160,165	13,618	902,855.	120,960
	(ii) 0.	0.	0		0	0	0	0
JEFFREY CRUDELE 9 th DIRECTOR & TREASURER	(i) 606,453	0.	50,568		17,200	33,364	707,585	0
	(ii) 0	0	0		0	0.	0	0
JASON ZAJAC 10 th TRUSTEE/PRESIDENT	(i) 315,234.	0	10,095		0	27,839.	353,168	0
	(ii) 0.	0.	0		0	0	0	0
CAITLIN CLARK 11 th BOARD CHAIR AND PRESIDENT	(i) 156,436.	43,179	129		8,022	620	208,386.	0
	(ii) 0	0	0		0	0	0	0
TONY FARAH, M.D. 12 th BOARD CHAIR AND PRESIDENT	(i) 810,730	0	26,163		49,013	24,761	910,667	0
	(ii) 0	0	0		0	0	0	0
KEITH LEJEUNE 13 th DIRECTOR AND VICE PRESIDENT	(i) 275,359	0	4,478		0	26,167	306,004	0
	(ii) 0	0	0		0	0	0	0
MAGGIE BIEBEL 14 th DIRECTOR AND SECRETARY	(i) 236,700	72,784.	125		10,770	4,615	324,994	0
	(ii) 0	0	0		0	0	0	0
MARK LEONE 15 th DIRECTOR & TREASURER	(i) 200,164	46,730	252		10,071	13,568	270,785	0
	(ii) 0	0	0		0	0	0	0
JACQUELINE BAUER 16 th DIRECTOR & SECRETARY	(i) 204,297.	0	1,793.		3,825	7,935	217,850	0
	(ii) 174,979	25,000.	19,537		16,773	6,855	243,144	0

Schedule J (Form 990) 2016

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other reportable compensation				
JAMES ROHRBAUGH								
1 ASSISTANT TREASURER	(i) 311,888.	0.	479.	0.	19,984.	12,968.	345,319.	0
	(ii) 0.	0	0	0	0	0	0	0
MAUREEN MELIA CHADWICK								
2 ASSISTANT SECRETARY	(i) 221,226.	0	30,844	0	34,879	13,052	300,001	21,928
	(ii) 0	0	0	0	0	0	0	0
DENZIL W RUPERT								
3 DIRECTOR AND PRESIDENT	(i) 427,403	0.	1,053	0	10,600	22,002	461,058	0
	(ii) 0	0.	0	0	0	0	0	0
JEFF VANDALL								
4 EXECUTIVE DIRECTOR	(i) 151,004.	76,077	8,545.	0	9,254.	16,423	261,303	0
	(ii) 0	0	0	0	0	0	0	0
BRIAN HOLZER								
5 SENIOR VICE PRESIDENT	(i) 217,452	0.	2,816	0	0	17,382	237,650	0
	(ii) 149,986	0.	13,098	0	7,498	9,926	180,508	0
THOMAS HIPKISS								
6 VICE PRESIDENT	(i) 191,132	0.	411	0	7,942	22,240	221,725	0
	(ii) 0.	0.	0	0	0	0	0	0
JAMES KANUCH								
7 VICE PRESIDENT	(i) 217,434	0	482	0	8,976	21,611	248,503.	0
	(ii) 0.	0	0.	0.	0	0	0	0
RICHARD THOMPSON								
8 VICE PRESIDENT	(i) 326,957.	0	9,936.	0	0	7,657	344,550.	0
	(ii) 0.	0	0.	0.	0	0.	0	0
CHONG PARK, M.D								
9 CHIEF MEDICAL OFFICER	(i) 560,876	2,000.	2,663.	0	5,300	19,739	590,578	0
	(ii) 0	0.	0.	0.	0	0	0	0
JACQUELINE DAILEY								
10 CIO	(i) 365,692.	66,306	71,771	0	266,251.	35,133.	805,153	0
	(ii) 0.	0	0	0	0	0	0.	0
PATRICK DEMEO, M.D.								
11 DEPARTMENT CHAIR	(i) 1,049,267.	200,000.	4,708.	0	13,250	21,575	1,288,800	0
	(ii) 0.	0	0.	0.	0	0	0	0
GEORGE J MAGOVERN, JR.								
12 DEPARTMENT CHAIR	(i) 688,913	0.	5,116	0	15,099	22,600	731,728	0
	(ii) 0.	0	0.	0.	0	0.	0	0
SUSAN MANZI, M.D.								
13 DEPARTMENT CHAIR	(i) 422,997	63,750.	1,940	0	13,250.	7,407	509,344	0
	(ii) 0.	0	0	0	0	0	0	0
ALLAN KLAPPER, M D.								
14 DEPARTMENT CHAIR	(i) 593,955	45,416	1,449	0	10,600	22,459	673,879.	0
	(ii) 0.	0.	0	0	0	0	0	0
MARGARET DICUCCIO								
15 COO AND CNO	(i) 301,332	0.	709	0	10,600	10,432.	323,073	0
	(ii) 0	0.	0	0	0	0	0	0
RICHARD FRIES								
16 CFO	(i) 229,674	0	963	0	11,826	18,598	261,061	0
	(ii) 0.	0	0	0	0	0	0	0

Schedule J (Form 990) 2016

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(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONALD JAFFE	282,370	16,153	36,455	10,600	16,229	361,807	0
(i) CEO	0	0	0	0	0	0	0
2 DANIEL ALTMAN, M.D.	1,046,767	478,367	4,903	10,600	10,567	1,551,204	0
(i) PHYSICIAN	0	0	0	0	0	0	0
3 GREGORY ALTMAN, M.D.	1,043,608	421,960	2,622	10,600	23,116	1,501,906	0
(i) PHYSICIAN	0	0	0	0	0	0	0
4 NICHOLAS SOTEREANOS, M.	1,100,956	180,067	4,902	13,250	23,116	1,322,291	0
(i) PHYSICIAN	0	0	0	0	0	0	0
5 JOHN DEMPSTER	0	0	10,676	379,747	24,157	414,580	10,676
(i) FORMER PRESIDENT	0	0	0	0	0	0	0
6 PATRICIA LIEBMAN	89,326	157,594	473,073	0	10,269	730,262	472,781
(i) FORMER COO	0	0	0	0	0	0	0
7 REESE JACKSON	0	0	157,616	0	0	157,616	0
(i) FORMER DIRECTOR	0	0	0	0	0	0	0
8 ELIZABETH ALLEN	366,089	0	87,900	0	0	453,989	0
(i) FORMER DIRECTOR & TREASURER	0	0	0	0	0	0	0
9 DONALD WHITING, M.D.	1,448,310	278,887	0	13,250	27,022	1,767,469	0
(i) DEPARTMENT CHAIR	0	0	0	0	0	0	0
10 EDWARD WESTRICK	938,571	487,716	917	0	12,210	1,439,414	0
(i) PHYSICIAN	0	0	0	0	0	0	0
11							
12							
13							
14							
15							
16							

Schedule J (Form 990) 2016

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE

A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED

REIMBURSEMENT FOR RELOCATION EXPENSES FROM THE ORGANIZATION DURING THE

TAX YEAR ENDED DECEMBER 31, 2016 THESE WERE INCLUDED IN BOX 5 OF THEIR

IRS FORM W-2.

TAX INDEMNIFICATION AND GROSS UPS

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

HEALTH OR SOCIAL CLUB DUES

A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED

MEMBERSHIP DUES FROM THE ORGANIZATION DURING THE YEAR ENDED DECEMBER 31,

2016. THESE DUES WERE INCLUDED IN THAT INDIVIDUAL'S BOX 5 OF THE IRS FORM

W-2

Part III Supplemental Information

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

AUTOMOBILE

A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED

EMPLOYER PROVIDED AUTOMOBILE ALLOWANCES FROM THE ORGANIZATION DURING THE

TAX YEAR ENDED DECEMBER 31, 2016 THESE WERE INCLUDED IN THEIR BOX 5 OF

THEIR IRS FORM W-2

SCHEDULE J, PART I, LINE 4A**SEVERANCE PAYMENT**

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31,

2016 THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2

TIM LOCH \$115,385

JOHN PAUL \$829,498

JACQUELINE DAILEY \$65,286

JANE SARRA \$82,145

REESE JACKSON \$157,616

MICHAEL HARLOVIC \$283,336

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN

THE AMOUNTS BELOW WERE INCLUDED UNDER A 457(F) PLAN. DISTRIBUTIONS FROM

THE PLAN ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2.

PATRICIA LIEBMAN \$472,781 OF WHICH \$472,781 WAS REPORTED AS ACCRUED IN A
PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16.

SCOTT WHALEN \$121,110 OF WHICH \$120,960 WAS REPORTED AS ACCRUED IN A
PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16

ALFRED MANSFIELD \$31,854 OF WHICH \$31,963 WAS REPORTED AS ACCRUED IN A
PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16

MAUREEN MELIA CHADWICK \$21,955 OF WHICH \$21,928 WAS REPORTED AS ACCRUED
IN A PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16

JOHN DEMPSTER \$10,676 OF WHICH \$10,676 WAS REPORTED AS ACCRUED IN A

Part III Supplemental Information

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

PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16.

THE FOLLOWING INDIVIDUALS RECEIVED OR PROVIDED 457(F) CONTRIBUTIONS

INCLUDED IN 2016 W-2 COMPENSATION.

JOHN PAUL \$286,828

THOMAS VANKIRK \$58,346

DANIEL ONORATO \$62,684

THE FOLLOWING INDIVIDUALS RECEIVED EMPLOYER CONTRIBUTIONS TO NONQUALIFIED PLANS THAT ARE CURRENTLY NONVESTED.

SCOTT WHALEN \$131,365

ALFRED MANSFIED \$17,862

THE FOLLOWING INDIVIDUALS HAD 457(F) OR CONTRIBUTIONS DEFERRED IN 2016.

CYNTHIA HUNDORFEAN \$44,597

JEFFREY CRUDELE \$17,200

JACQUELINE BAUER \$3,825

TONY FARAH \$49,013

Part III Supplemental Information

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

DAVID GOLDBERG \$7,850

BRIAN HOLZER \$7,498

MAREN HANLON \$89,550

MAUREEN MELIA CHADWICK \$7,799

SCHEDULE J, PART I, LINE 7

NONFIXED 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, THIS 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 ARRANGEMENTS 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.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINES 8 AND 9

PAID OR ACCRUED COMPENSATION PURSUANT TO A CONTRACT 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 K
-(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

HIGHMARK HEALTH GROUP

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A ERIE COUNTY HOSPITAL AUTHORITY	23-2302072	295200TSB	12/23/2009	90,016,681	NEW CONSTRUCTION AND RENOVATIONS		X		X		X
B ERIE COUNTY HOSPITAL AUTHORITY	25-2302072		08/18/2011	8,728,004	CAPITAL PROJECTS/EQUIP PURCHASE		X		X		X
C ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AZ41	09/30/2010	17,500,000	CONSTRUCTION-RENOVATION OF OPS		X		X		X
D ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1260215	01728AS31	07/24/2008	14,500,000	MISCELLANEOUS CAPITAL PROJECTS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		9,060,000.		3,301,972		1,710,000		1,965,000
2 Amount of bonds legally defeased								
3 Total proceeds of issue		90,016,681		8,728,004		17,500,000		14,500,000
4 Gross proceeds in reserve funds		3,397,500						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		54,781,770.						
7 Issuance costs from proceeds		1,634,946.				196,577		150,643
8 Credit enhancement from proceeds		211,885				34,500		
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		29,990,581				17,268,923		14,349,357
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion					2012		2010	

14 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No
15 Were the bonds issued as part of an advance refunding issue?	X		X		X	X
16 Has the final allocation of proceeds been made?	X	X	X		X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X	X

Part III Private Business Use

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

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

**SCHEDULE K
(Form 990)**

HIGHMARK HEALTH GROUP

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AE50	02/08/2007	14,177,157	REFUND 2000B BONDS		X		X		X
B ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AE51	05/01/2006	22,000,000	REFUND 1996A BONDS		X		X		X
C ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01729AE44	05/01/2006	20,016,475	REFUND 1996A BONDS		X		X		X
D ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AB39	05/13/2004	6,958,163	REFUND 1994A BONDS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		5,945,000			16,740,000			6,935,000
2 Amount of bonds legally defeased								
3 Total proceeds of issue		14,177,157		22,000,000	20,016,475			6,958,163
4 Gross proceeds in reserve funds					1,967,000			
5 Capitalized interest from proceeds		12,639						
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		237,392		291,012	236,663			140,802
8 Credit enhancement from proceeds				15,000				15,000
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		13,939,765		21,693,988	17,902,812			6,802,361
12 Other unspent proceeds								
13 Year of substantial completion	2007		2006		2006			
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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JSA 6E1295 1.000 6100

Schedule K (Form 990) 2016

PAGE 1 of 1

Part III Private Business Use (Continued)

HIGHMARK HEALTH GROUP

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		2.2600	%			%		%
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		2.2600	%			%		%
7 Does the bond issue meet the private security or payment test?	X			X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								PNC BANK
c Term of hedge.								29 000
d Was the hedge superintegrated?								X
e Was the hedge terminated?								X

Part III Private Business Use (Continued)

HIGHMARK HEALTH GROUP

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?				X		X		X
e Was the hedge terminated?				X		X		X

Part IV Arbitrage (Continued)

5a Were gross proceeds invested in a guaranteed investment contract (GIC)?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
b Name of provider		X		X		X		X
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X			X		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 isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X			X		X

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

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

SCHEDULE K, PART II, LINE 3

TOTAL PROCEEDS OF ISSUE

FOR CONTINUATION SHEET, COLUMN C, PART III, LINE 3 DOES NOT MATCH PART I,

COLUMN (E) ISSUE PRICE, AS THE AMOUNTS REPORTED INCLUDE INVESTMENT

EARNINGS ON THE PROCEEDS

SCHEDULE K, PART VI

BOND PROCEEDS

JEFFERSON REGIONAL MEDICAL CENTER HAS NOT VIOLATED ANY APPLICABLE
REQUIREMENTS FOR TAX EXEMPT BONDS BENEFITING THE HOSPITAL THE HOSPITAL
IS WORKING TO ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT ALL
NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE
REQUIREMENTS RELATING TO PRIVATE BUSINESS USE, ARBITRAGE, AND ENSURE
TIMELY IDENTIFICATION OF FEDERAL TAX REQUIREMENTS AND TIMELY CORRECTIONS
OF ANY IDENTIFIED VIOLATORS

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID TOME	FAMILY OF OFFICER	40,884	EMPLOYMENT		X
(2) EDWARD MARASCO	BOARD MEMBER	498,262	BUSINESS TRANSACTION		X
(3) ERIN ECHEMENT	FAMILY OF OFFICER	48,258	EMPLOYMENT		X
(4) KEVIN SNIDER	BOARD MEMBER	1,482,460	BUSINESS TRANSACTION		X
(5) KATIE FARAH	FAMILY OF OFFICER	434,015	EMPLOYMENT		X
(6) MIKE REDLAWSK	BOARD MEMBER	121,143	BUSINESS TRANSACTION		X
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV, LINE 1

THESE FAMILY MEMBERS OF BOARD MEMBERS AND OFFICERS WERE EMPLOYED BY
 RELATED ENTITIES DURING THE YEAR THESE INDIVIDUALS ARE NOT INVOLVED IN
 THE SUPERVISION OF OR COMPENSATION SETTINGS FOR THE EMPLOYED INDIVIDUALS
 COMPENSATION FOR THESE INDIVIDUALS WAS DETERMINED AT AN ARM'S LENGTH.

ALL BUSINESS TRANSACTIONS CONDUCTED BY THE BOARD MEMBERS WERE MADE AT
 ARM'S LENGTH

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
▶ Attach to Form 990
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	7,250.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CARSEATS, CRIBS)	X	12	291,950.	FMV
26 Other ▶ (CAR WASH)	X	1	520	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2016)

JSA

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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.

SCHEDULE M, PART I, COLUMN B

HIGHMARK HEALTH GROUP IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, PART I, OTHER CONTRIBUTIONS

THIS AMOUNT REPRESENTS TEMP RESTRICTED FUNDS RELEASED TO THE SVHC FROM
THE FOUNDATION AND CMN. THE FUNDS WERE USED FOR ITEMS RELATING TO THE
INTENDED PURPOSE (I.E. CARSEATS, CRIBS, ETC.)

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)? If "No," describe in Part III
- 4 a 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?
- 6 a Did the organization have any tax-exempt bonds outstanding during the year?
- b If "Yes" to 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" line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III

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

[illegible]

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

SCHEDULE N, PART II, LINE 2B

EMPLOYEE OF TRANSFEREE ORGANIZATION

PHYSICIANS THAT WERE EMPLOYED AT SAINT VINCENT AFFILIATED PHYSICIANS

BECAME EMPLOYEES OF THE TRANSFEREE ORGANIZATION, SAINT VINCENT MEDICAL

EDUCATION AND RESEARCH INSTITUTE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

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 EIGHT HOSPITALS AND MORE THAN 250 HEALTHCARE SITES, INCLUDING FOUR HEALTH + WELLNESS PAVILIONS, SURGICAL CENTERS AND OUTPATIENT CLINICS; A RESEARCH INSTITUTE; MORE THAN 2,800 EMPLOYED AND AFFILIATED PHYSICIANS, APPROXIMATELY 18,000 TOTAL EMPLOYEES, 2,000 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) AND SEVEN 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, JEFFERSON HOSPITAL, JEFFERSON HILLS, PA; SAINT VINCENT HOSPITAL, ERIE, PA, WEST PENN HOSPITAL, PITTSBURGH, AND WESTFIELD MEMORIAL HOSPITAL, WESTFIELD, NY)

AHN WAS ESTABLISHED IN 2013, BUT ITS MEMBER HOSPITALS SHARE LEGACIES OF CHARITABLE CARE THAT DATE BACK MORE THAN 160 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

WELL AS JEFFERSON HOSPITAL, SAINT VINCENT HOSPITAL AND WESTFIELD MEMORIAL HOSPITAL HIGHMARK HEALTH, IN TURN, SERVES AS THE ULTIMATE PARENT OF AHN AND ITS AFFILIATES

IN 2016, THE HOSPITALS AND CLINICS OF AHN TOGETHER ADMITTED NEARLY 90,000 PATIENTS, LOGGED 300,000 EMERGENCY ROOM VISITS AND DELIVERED MORE THAN 7,300 BABIES; AND ITS PHYSICIANS PERFORMED MORE THAN 100,000 SURGICAL PROCEDURES 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, TEMPLE UNIVERSITY AND THE LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM) NEARLY 250 STUDENTS ARE ENROLLED EACH YEAR IN NURSING PROGRAMS AT THE WEST PENN HOSPITAL SCHOOL OF NURSING IN PITTSBURGH AND THE CITIZENS SCHOOL OF NURSING IN

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

NATRONA HEIGHTS, AND ABOUT 450 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 WITHIN AHN,
WHETHER HOSPITALS OR PHYSICIANS, TO USE THE MOST 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 OUR COMMUNITIES BY
PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT,
REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL
OR MENTAL DISABILITY, OR ABILITY TO PAY

VISION AND STRATEGY

AHN AND HM ARE FULLY COMMITTED TO BUILDING A VALUE-BASED HEALTH CARE
SYSTEM, REQUIRING A FULL-SCALE CULTURAL CHANGE IN THE WAY THAT CLINICAL
SERVICES ARE DELIVERED THIS INVOLVES MOVING CARE TO MORE CONVENIENT AND
LOWER-COST SETTINGS; REDESIGNING CARE MODELS TO PROMOTE INTEGRATION AND
CLINICAL STANDARDIZATION AND PASSING THOSE BENEFITS ALONG TO EMPLOYERS

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

AND MEMBERS, REALIGNING PAYMENT TO QUALITY-AND COST-PERFORMANCE, AND EMBRACING NOVEL FORMS OF INTEGRATION AND PARTNERSHIPS AMONG DIFFERENT PROVIDERS AND PAYERS. AHN AND HM BELIEVE THIS PATH HOLDS THE PROMISE OF CORRECTING MANY OF THE FUNDAMENTAL ISSUES AFFECTING THE HEALTH CARE INDUSTRY TODAY.

TRANSITION TO THIS MODEL REQUIRES SUBSTANTIAL INVESTMENT TO BUILD THE

STRATEGY, THE TENANTS OF WHICH INCLUDE; BUILDING SERVICES, CAPABILITIES AND PRODUCTS THAT ARE ALIGNED TO PATIENTS' DEMANDS FOR VALUE (ACCESS, EXPERIENCE, AND QUALITY AT AN AFFORDABLE COST); FOCUSING ON BUSINESSES AND CUSTOMERS WHERE HM-AHN'S COMMITMENT TO CUSTOMER VALUE MOST RESONATES, BUILDING ON HH'S HISTORY OF INVESTING IN DIVERSIFIED HEALTHCARE BUSINESSES THAT CAN ADD JOBS AND VALUE TO THE COMMUNITY, CREATING CARE MODELS AND UNDERLYING PRODUCTS AND SERVICES THAT IMPROVE THE EXPERIENCE AND OUTCOMES OF PATIENTS, AND THAT ARE ORIENTED TOWARD REDUCING WASTE IN THE HEALTHCARE SYSTEM, BY PUTTING CLINICIANS IN THE DRIVER'S SEAT, IMPROVING THE CORE SYSTEMS THAT ARE REQUIRED FOR DELIVERING PATIENT-CENTERED, HIGH VALUE HEALTH CARE; AND BUILDING THE RIGHT SYSTEMS, PROCESSES AND CARE TEAMS TO ENSURE TRANSFORMATIONAL EXECUTION OF THE STRATEGY ACROSS THE NETWORK.

2016 WAS A YEAR OF ACCELERATION FOR THIS STRATEGY, AND THE DEVELOPMENT OF VALUE-BASED DELIVERY SYSTEM. AHN CREATED A NEW STANDARD FOR ACCESS BY LAUNCHING SAME-DAY APPOINTMENTS IN A MARKET THAT WAS AVERAGING 19 DAYS

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

WAIT TIME FOR A PRIMARY CARE PHYSICIAN APPOINTMENT AND 38 DAYS FOR A

THE HIGH DEGREE OF PATIENT TOUCH AND CARING THAT AHN PROVIDES FOR ITS PATIENTS, AND AHN, ITS COMMUNITY HOSPITAL PARTNERS, AND ITS CLINICALLY INTEGRATED NETWORK OF PHYSICIANS ARE WORKING TOGETHER TO CREATE A LOWER-COST NETWORK THAT COLLABORATES TO BUILD NEW, CONSISTENT AND MORE EFFECTIVE CARE MODELS. THE SUCCESS OF THESE EFFORTS CAN BE SEEN IN THE GROWTH IN VOLUME AT AHN AND AHN'S INCREASE IN REVENUE, AND IN EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION AND AMORTIZATION (EBITDA), FROM 2013 TO 2016.

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. THIS 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 ALL WHO SEEK AHN'S CARE.

AHN POSITIVE HEALTH CLINIC: THE POSITIVE HEALTH CLINIC (PHC) IS A COMPREHENSIVE HIV PRIMARY CARE CLINIC PROVIDING STATE-OF-THE-ART CARE TO HIV-POSITIVE PERSONS. ITS SUPPORT STAFF INCLUDES PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

PSYCHIATRISTS AND PATIENT ADVOCATES THE TEAM TREATS MORE THAN 750 PATIENTS AND HAS EXTENSIVE EXPERIENCE WITH ALL ASPECTS OF HIV MANAGEMENT, PROVIDING A WIDE RANGE OF PRIMARY AND SPECIALIZED HIV CARE, REGARDLESS OF AN INDIVIDUAL'S MEDICAL INSURANCE COVERAGE OR ABILITY TO PAY SERVICES AND PROGRAMS INCLUDE: COMPREHENSIVE HIV CARE, RAPID HIV TESTING AND COUNSELING AND PARTNER TESTING, MEDICATION ADHERENCE COUNSELING AND PHARMACY SUPPORT, GYNECOLOGIC CARE, NUTRITIONAL ASSESSMENT AND COUNSELING BY A REGISTERED DIETITIAN; TREATMENT FOR PERSONS CO-INFECTED WITH HIV AND HEPATITIS C; 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 AHN ALSO PROVIDES SIGNIFICANT FINANCIAL SUPPORT TO A REGIONAL AIDS-PREVENTION PARTNERSHIP WHOSE GOAL IS TO END NEW HIV INFECTIONS IN ALLEGHENY COUNTY, PA , BY 2020

BRADDOCK URGENT CARE IN 2015, AHN AND HH OPENED 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 WITH THE HELP OF A GRANT FROM HIGHMARK INC , 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,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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.

CANCER SCREENINGS MANY CANCERS CAN BE PREVENTED OR DETECTED AT EARLIER AND MORE TREATABLE STAGES IF PATIENTS UNDERGO ROUTINE SCREENING TESTS IN THE FALL OF 2014, AHN LAUNCHED A FREE HEALTH SCREENING AND CANCER EDUCATION PROGRAM AT JEFFERSON HOSPITAL, WITH SCREENINGS FOR CERVICAL, BREAST, COLORECTAL, PROSTATE, LUNG, HEAD AND NECK, AND SKIN CANCER. IN 2015, THE SCREENING PROGRAM EXPANDED ACROSS THE NETWORK, AND IN 2016, AHN CLINICIANS PROVIDED NEARLY 2,000 SCREENINGS TO NEARLY 600 PATIENTS AT EVENTS THROUGHOUT THE AREA THOSE WITH ABNORMAL SCREENINGS WERE REFERRED FOR FOLLOW-UP TREATMENT OR TESTING THE SCREENINGS ARE ALL BEING PERFORMED BY AHN HEALTH PROFESSIONALS WHO ARE VOLUNTEERING THEIR TIME AT NO COST TO THE PATIENTS PATIENT SURVEYS SHOW A HIGH RATE OF SATISFACTION AND APPRECIATION FOR THIS AHN CANCER INSTITUTE CANCER SCREENING AND EDUCATION PROGRAM ADDITIONAL FREE COMMUNITY CANCER SCREENINGS ARE SCHEDULED THROUGHOUT THE REGION AT AHN FACILITIES THROUGH 2017 AND WILL REMAIN AN ANNUAL SERVICE TO THE COMMUNITY PERFORMED BY THE AHN CANCER INSTITUTE

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

COMMUNITY HEALTH NEEDS ASSESSMENT IN 2015, 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. SYSTEM-WIDE PRIORITIES WERE DEVELOPED TO DELEGATE RESOURCES ACROSS THE SYSTEM TO IMPACT THE REGION'S MOST PRESSING HEALTH NEEDS, WHILE HOSPITAL-SPECIFIC STRATEGIES WERE OUTLINED TO GUIDE LOCAL EFFORTS AND COLLABORATION WITH COMMUNITY PARTNERS TO ADDRESS THOSE PRIORITIZED NEEDS.

THE AHN CHNA STEERING AND ADVISORY COMMITTEES REVIEWED FINDINGS FROM THE CHNA RESEARCH, INCLUDING PUBLIC HEALTH DATA, SOCIO-ECONOMIC MEASURES, RESPONSES FROM THE KEY INFORMANT SURVEY, AND HOSPITAL UTILIZATION TRENDS TO DETERMINE THE HIGHEST NEEDS IN EACH HOSPITAL COMMUNITY AND DEVELOP SYSTEM-WIDE PRIORITIES TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS. THE COMMITTEE MEMBERS RECOMMENDED THE FOLLOWING ISSUES BE ADOPTED AS PRIORITY HEALTH NEEDS ACROSS THE AHN SERVICE AREA: BEHAVIORAL HEALTH, CANCER, CHRONIC DISEASE, AND MATERNAL & CHILD HEALTH. THE RATIONALE AND CRITERIA USED TO SELECT THESE SYSTEM-WIDE PRIORITIES INCLUDED PREVALENCE OF DISEASE AND NUMBER OF COMMUNITY MEMBERS IMPACTED, RATE OF DISEASE IN COMPARISON TO STATE AND NATIONAL BENCHMARKS, HEALTH DISPARITIES AMONG RACIAL AND ETHNIC MINORITIES, EXISTING PROGRAMS, RESOURCES, AND EXPERTISE.

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

TO ADDRESS THE ISSUES, AND INPUT FROM REPRESENTATIVES OF UNDERSERVED POPULATIONS. SUBSEQUENTLY, THE CHNA DEVELOPED SEVERAL COMMUNITY HEALTH GOALS AND INITIATIVES BASED ON THE IDENTIFICATION OF THE PRIORITY NEEDS.

THE 2015 CHNA BUILDS UPON OUR HOSPITALS' PREVIOUS CHNAS CONDUCTED, AND PROVIDES A COMPREHENSIVE GUIDE FOR ALLEGHENY HEALTH NETWORK'S COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT EFFORTS. AHN IDENTIFIED NEEDS WITHIN EACH OF ITS HOSPITAL COMMUNITIES, AND WORKED WITH ITS COMMUNITY PARTNERS TO TAKE A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT WHILE DIRECTING SYSTEM-WIDE RESOURCES TO IMPROVE POPULATION HEALTH THROUGHOUT THE REGION WHERE APPLICABLE, AHN HAS ALIGNED ITS PRIORITIES AND PLANNING WITH EXISTING LOCAL AND REGIONAL INITIATIVES TO FOSTER COLLABORATION IN COMMUNITY HEALTH IMPROVEMENT.

COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS: MAJOR PARTNERSHIPS IMPLEMENTED IN 2016 INCLUDE A CARNEGIE SCIENCE CENTER SPONSORSHIP (A DYNAMIC, THREE-PRONGED HEALTH AND SCIENCE EDUCATIONAL PROGRAM FOR THE REGION INVOLVING A NEW EXHIBIT AT THE SCIENCE CENTER THAT OPENED IN 2016, A LIVE DEMONSTRATION THEATER, AND A TRAVELING SCIENCE SHOW THAT VISITS LOCAL SCHOOLS, HEALTH FAIRS AND COMMUNITY MARKETS), THE ALL FOR HEALTH, HEALTH FOR ALL BRADDOCK INITIATIVE (A COMMUNITY HEALTH PROGRAM IN BRADDOCK, PA.. THAT PROVIDED FIVE COMMUNITY EDUCATION LECTURES. A STRESS MANAGEMENT WORK SHOP FOR TEENS, A HEALTHY AGING DAY FOR SENIORS, A COMMUNITY HEALTH FAIR, AND TWO CANCER SCREENING EVENTS); AND THE BLOOMFIELD SATURDAY MARKET (A WEEKLY FARMER'S MARKET THAT ATTRACTED OVER

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

18,000 VISITORS THROUGHOUT THE SPRING, SUMMER AND AUTUMN OF 2016 AND INVOLVED NUTRITION COUNSELING AND HEALTH SCREENINGS FOR DIABETICS LIVING OR WORKING NEAR THE BLOOMFIELD AREA OF THE CITY).

THROUGHOUT 2016, AHN SPONSORED APPROXIMATELY 44 HEALTH- AND AWARENESS-RELATED FUND-RAISING WALKS AND HUNDREDS OF COMMUNITY EVENTS, INCLUDING LUNCH-AND-LEARN EVENTS, EMPLOYER WELLNESS EVENTS, SCREENINGS, AND SCHOOL PROGRAMMING (CPR CERTIFICATION CLASSES, DISABILITY MENTORING DAY, PROJECT MOVE, COLLEGE AND CAREER READINESS PROGRAMS, SURGERY OBSERVATION PROGRAMS, AND 37 HEALTH FAIRS). IN 2016, AHN ISSUED GRANTS AND SPONSORSHIPS TO 194 COMMUNITY PARTNERS, TOTALING \$1,229,370

MEDICAL RESPITE PROGRAM IN 2016, AHN ESTABLISHED A MEDICAL RESPITE PROGRAM THAT PROVIDES ITINERANT PATIENTS RECOVERING FROM ILLNESSES WITH A SAFE PLACE TO RECUPERATE AND RECEIVE ONGOING NON-ACUTE CARE AND SUPPORT FOLLOWING A HOSPITAL STAY THIS INNOVATIVE MODEL REPRESENTS THE FIRST AND ONLY MEDICAL RESPITE PROGRAM IN THE PITTSBURGH REGION THE MEDICAL RESPITE PROGRAM FIRST ADDRESSES THE PATIENTS' PRIMARY NEEDS FOR SAFE TEMPORARY HOUSING AND NUTRITION (THROUGH PARTNERSHIPS WITH LOCAL HOMELESS SERVICES FACILITIES LOCATED IN DOWNTOWN PITTSBURGH), THEN FOLLOWS UP WITH PATIENTS' HEALTH NEEDS WITH VISITS FROM AHN HEALTH CARE PROFESSIONALS (AHN'S CENTER FOR INCLUSION HEALTH AND HEALTHCARE@HOME PROGRAMS) THROUGH THIS MODEL, THE PROGRAM HELPS ACHIEVE BETTER HEALTH OUTCOMES AND SOCIAL STABILITY FOR AT-RISK PATIENT POPULATIONS, WHILE LOWERING THEIR RISK OF DANGEROUS AND COSTLY RE-HOSPITALIZATIONS.

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

OPEN HEART SURGERY OBSERVATION SINCE 2008, HIGH SCHOOL STUDENTS FROM WESTERN PENNSYLVANIA, WEST VIRGINIA AND OHIO HAVE BEEN INVITED TO OBSERVE ALLEGHENY HEALTH NETWORK'S CARDIOVASCULAR SURGEONS IN ACTION THROUGH THE CARDIOVASCULAR INSTITUTE'S (CVI) OPEN HEART SURGERY OBSERVATION PROGRAM. THE PROGRAM, WHICH HAS HOSTED MORE THAN 10,000 AREA STUDENTS FROM DOZENS OF SCHOOLS, IS SUPPORTED BY TWO PART-TIME POSITIONS, AND IS PART OF AHN'S AND THE CVI'S COMMITMENT TO COMMUNITY EDUCATION AND INSPIRING FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS

PERINATAL HOPE: IN 2016, AHN LAUNCHED ITS PERINATAL HOPE PROGRAM, 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

HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS

ALLEGHENY GENERAL HOSPITAL FOUNDED IN 1885, ALLEGHENY GENERAL HOSPITAL (AGH) IS AHN'S FLAGSHIP HOSPITAL, SERVING AS AHN'S PRIMARY TEACHING HOSPITAL, ITS PREMIERE QUATERNARY CARE FACILITY, OFFERING HIGHLY ADVANCED

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

SPECIALTIES SUCH AS ORGAN TRANSPLANTATION, NEUROSURGERY, SURGICAL ONCOLOGY AND CARDIOVASCULAR SURGERY LOCATED IN PITTSBURGH'S NORTH SIDE, AGH HAS 576 LICENSED BEDS AND APPROXIMATELY 800 PHYSICIANS AND 5,000 STAFF MEMBERS. AGH IS ALSO A LEVEL I SHOCK TRAUMA CENTER, AND ITS LIFEFLIGHT AEROMEDICAL SERVICE WAS THE FIRST TO FLY IN THE NORTHEASTERN UNITED STATES. FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 24,000, EMERGENCY DEPARTMENT VISITS WERE 55,000, AND OUTPATIENT VISITS WERE 349,000 TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$369,221,705 IN ADDITION TO ORGAN TRANSPLANTATION AND AFOREMENTIONED ADVANCED SPECIALTIES, AGH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS GENERAL AND MINIMALLY INVASIVE SURGERY, ROBOTIC SURGERY, ALLERGY AND IMMUNOLOGY, CARDIOVASCULAR DISEASE TREATMENT, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, ASTHMA TREATMENT, BARIATRIC SURGERY, HEMATOLOGY, CHILD AND ADOLESCENT PSYCHIATRY, ADULT PSYCHIATRY, DERMATOLOGY, DENTISTRY, DIABETES MANAGEMENT, DIGESTIVE HEALTH, EAR NOSE AND THROAT CARE, FAMILY MEDICINE, GYNECOLOGY, HIV AIDS CARE, HOME HEALTH, HOSPICE AND PALLIATIVE MEDICINE, INFECTIOUS DISEASE, INTERNAL MEDICINE, INTERVENTIONAL RADIOLOGY, NEPHROLOGY, NUTRITION, OCCUPATIONAL MEDICINE, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, ORTHOPEDIC SURGERY AND SPORTS MEDICINE, OTOLARYNGOLOGY, PAIN MANAGEMENT, PATHOLOGY AND LABORATORY MEDICINE, PEDIATRICS, PLASTIC AND RECONSTRUCTIVE SURGERY, PODIATRIC SURGERY, PULMONARY DISEASE MANAGEMENT, INTERVENTIONAL RADIOLOGY AND DIAGNOSTIC IMAGING, REHABILITATION AND POST-ACUTE CARE, RHEUMATOLOGY/AUTOIMMUNE DISORDER MANAGEMENT, GERIATRICS, SLEEP MEDICINE,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

STROKE, THORACIC SURGERY, UROLOGY, URINARY INCONTINENCE TREATMENT AND
WOUND CARE

ALLEGHENY VALLEY HOSPITAL: ALLEGHENY VALLEY HOSPITAL (AVH) HAS SERVED
NATRONA HEIGHTS, PA., AND THE SURROUNDING COMMUNITY FOR OVER 100 YEARS
FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE
APPROXIMATELY 5,600, EMERGENCY DEPARTMENT VISITS WERE 39,000, AND
OUTPATIENT VISITS WERE 194,000. TOTAL UNCOMPENSATED CARE AND COMMUNITY
BENEFITS WAS \$53,361. AVH HAS 228 LICENSED BEDS OFFERS ACCESS TO SERVICES
AND SPECIALTIES SUCH AS PRIMARY CARE, FAMILY MEDICINE, INTERNAL MEDICINE,
GYNECOLOGY, GERIATRICS, UROLOGY, UROGYNECOLOGY, PODIATRY, PULMONARY
MEDICINE, DIAGNOSTIC RADIOLOGY, EMERGENCY MEDICINE, DIABETES AND
ENDOCRINOLOGY, THORACIC SURGERY, GASTROENTEROLOGY, GENERAL AND MINIMALLY
INVASIVE SURGERY, ANESTHESIOLOGY/PAIN MEDICINE, NEPHROLOGY/RENAL, GENERAL
AND DIAGNOSTIC CARDIOLOGY, VASCULAR SURGERY, OPHTHALMOLOGY, EAR, NOSE AND
THROAT CARE, OCCUPATIONAL MEDICINE, PHYSICAL MEDICINE AND REHABILITATION,
SPEECH THERAPY, LOW VISION REHABILITATION, SLEEP DISORDER MANAGEMENT,
ORTHOPEDIC SURGERY, NEUROSCIENCES, NEUROSURGERY, PLASTIC AND
RECONSTRUCTIVE SURGERY, PSYCHIATRY, BEHAVIOR HEALTH CARE, CRITICAL CARE
MEDICINE, INFECTIOUS DISEASE TREATMENT, MEDICAL ONCOLOGY AND HEMATOLOGY,
RADIATION ONCOLOGY, SURGICAL ONCOLOGY, PATHOLOGY AND LABORATORY MEDICINE,
VASCULAR SURGERY, PULMONARY MEDICINE, RHEUMATOLOGY, ORAL AND
MAXILLOFACIAL SURGERY, AND NUTRITION SERVICES

CANONSBURG HOSPITAL SINCE 1904, 104-BED CANONSBURG HOSPITAL (CH), BASED

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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 FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 2,300, EMERGENCY DEPARTMENT VISITS WERE 17,000 AND OUTPATIENT VISITS WERE 63,000 TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$27,020,116. CH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, BARIATRIC SURGERY, BREAST SURGERY WITH NURSE NAVIGATION, CARDIOVASCULAR CARE, CARDIOVASCULAR DISEASE, ELECTROPHYSIOLOGY, ESOPHAGEAL SURGERY, ENDOCRINOLOGY, EMERGENCY MEDICINE, GASTROENTEROLOGY, GENERAL AND LAPAROSCOPIC SURGERY, GYNECOLOGIC ONCOLOGY, INPATIENT REHABILITATION SERVICES, LABORATORY AND MEDICAL IMAGING, MEDICAL ONCOLOGY, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, OBSTETRICS AND GYNECOLOGY, OCULOPLASTIC SURGERY, ORTHOPAEDICS, FOOT AND ANKLE SURGERY, HAND SURGERY, ORTHOPAEDIC SURGERY, SPORTS MEDICINE, PEDIATRIC OTOLARYNGOLOGY, PLASTIC SURGERY, PRIMARY CARE MEDICINE, OCCUPATIONAL THERAPY, ONCOLOGY, PHYSICAL THERAPY, PODIATRY, PULMONARY DISEASE, RADIATION ONCOLOGY, RHEUMATOLOGY, SPEECH THERAPY, TRAVEL IMMUNOLOGY, VASCULAR SURGERY

FORBES HOSPITAL: SINCE 1978, FORBES HOSPITAL (FH) HAS BEEN PROVIDING HIGH-QUALITY CARE FOR THE COMMUNITIES OF EASTERN ALLEGHENY AND WESTMORELAND COUNTIES. FH FEATURES A LEVEL II TRAUMA CENTER, A TOP RATED CARDIOVASCULAR SURGERY PROGRAM AND A COMPREHENSIVE OBSTETRICS AND GYNECOLOGY SERVICE AMONG ITS MANY CLINICAL OFFERINGS A 315-BED FACILITY BASED IN MONROEVILLE, PA , FH RECORDED APPROXIMATELY 14,400 INPATIENT

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

DISCHARGES, 42,000 EMERGENCY DEPARTMENT VISITS, 141,000 OUTPATIENT VISITS AND 1,300 BIRTHS IN THE 2016 REPORTING PERIOD. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$150,098,645 IN ADDITION TO ITS TRAUMA CENTER AND AFOREMENTIONED SPECIALTY SERVICES, FH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS AMBULATORY SURGERY, ANESTHESIOLOGY, BREAST CARE, MEDICAL, SURGICAL AND RADIATION ONCOLOGY, CANCER CARE, CARDIOVASCULAR DISEASE MANAGEMENT, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, CHEST PAIN TREATMENT, COLON AND RECTAL SURGERY, DERMATOLOGY, EMERGENCY MEDICINE AND TRAUMA CARE, ENDOCRINOLOGY, FAMILY MEDICINE, FOOT AND ANKLE SURGERY, GASTROENTEROLOGY, GENERAL INTERNAL MEDICINE, HOSPICE AND PALLIATIVE MEDICINE, INFECTIOUS DISEASE TREATMENT, INTERVENTIONAL VASCULAR RADIOLOGY, DIABETES MANAGEMENT, CENTER AFFILIATE, LEVEL II TRAUMA CENTER, MENTAL HEALTH, MINIMALLY INVASIVE SURGERY, NEPHROLOGY, NEUROLOGY, NEURORADIOLOGY, NEUROSURGERY, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SERVICES, ORTHOPAEDIC SURGERY, OTOLARYNGOLOGY, PAIN MANAGEMENT, PATHOLOGY AND LABORATORY MEDICINE, PEDIATRIC AND ADOLESCENT CARE SERVICES, PELVIC FLOOR DISEASES, PERIPHERAL VASCULAR DISEASE, PHYSICAL MEDICINE & REHABILITATION, PHYSICAL THERAPY, PLASTIC AND RECONSTRUCTIVE SURGERY, PSYCHIATRY, PULMONARY DISEASES, RADIOLOGY/DIAGNOSTIC IMAGING, OBSTETRICS AND GYNECOLOGY, LABOR AND DELIVERY, REPRODUCTIVE ENDOCRINOLOGY, RESPIRATORY DISEASE MANAGEMENT, RHEUMATOLOGY, ROBOTIC SURGERY, SPEECH THERAPY, SPORTS MEDICINE, STROKE CARE, SURGERY, UROLOGY, WOMEN'S AND INFANTS' SERVICES, AND WOUND CARE.

JEFFERSON HOSPITAL ALSO KNOWN AS JEFFERSON REGIONAL MEDICAL CENTER, JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973 LOCATED JUST SOUTH

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

OF PITTSBURGH, JH PROVIDES A WIDE SPECTRUM OF HIGH QUALITY HEALTH CARE SERVICES, FROM EMERGENCY CARE AND INTENSIVE CARE, COMPREHENSIVE SURGICAL PROGRAMS AND REHABILITATION. IN 2014, JH OPENED A NEW LABOR AND DELIVERY UNIT, THE FIRST NEW HOSPITAL-BASED MATERNITY PROGRAM TO BE BUILT AND DEVELOPED IN PENNSYLVANIA IN THREE DECADES. FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 15,000, EMERGENCY DEPARTMENT VISITS WERE 52,000, OUTPATIENT VISITS WERE 248,000 AND BIRTHS EXCEEDED 900. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$42,152,908. IN ADDITION TO THE AFOREMENTIONED SERVICES, JH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, CARDIOVASCULAR DISEASE, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, ASTHMA, BARIATRIC SURGERY, HEMATOLOGY/BLOOD CANCER, MEDICAL, RADIATION AND SURGICAL ONCOLOGY, CELIAC DISEASE, COLORECTAL SURGERY, NEUROLOGY AND NEUROSURGERY, DEMENTIA CARE, DERMATOLOGY, DIABETES, EMERGENCY MEDICINE, ENDOCRINOLOGY, FAMILY MEDICINE, ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, GASTROENTEROLOGY, GENETICS, PRENATAL, OBSTETRICS AND GYNECOLOGY, HEMATOLOGY, HIV AND AIDS CARE, HOME HEALTH, HOSPICE AND PALLIATIVE MEDICINE, INFECTIOUS DISEASE, INFERTILITY, INTERNAL MEDICINE, INTERVENTIONAL RADIOLOGY, MATERNAL FETAL MEDICINE, NEPHROLOGY, NUTRITION, OCCUPATIONAL MEDICINE, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, OTOLARYNGOLOGY, PAIN MANAGEMENT, PLASTIC SURGERY, PODIATRIC SURGERY, PSYCHIATRY, PSYCHOLOGY, PULMONARY DISEASE, RADIOLOGY, REHABILITATION AND POST-ACUTE CARE, RHEUMATOLOGY, SENIOR CARE, SLEEP MEDICINE, STROKE, SURGERY, THORACIC SURGERY, TRAUMATIC STRESS, TRAVEL MEDICINE, UROLOGY, URINARY

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

INCONTINENCE, AND WOUND CARE

SAINT VINCENT HOSPITAL ALSO KNOWN AS THE SAINT VINCENT HEALTH CENTER, 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 AS A DISPROPORTIONATE SHARE HOSPITAL, SAINT VINCENT PROVIDES SERVICES TO A LARGE PERCENTAGE OF MEDICAID PATIENTS. 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 FOR THE 2016 REPORTING PERIOD, SVH'S TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 14,000, EMERGENCY DEPARTMENT VISITS WERE 68,000, OUTPATIENT VISITS WERE 205,000, AND BIRTHS EXCEEDED 1,000. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$77,400,998 SVH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, AORTIC DISEASE CARE, ASTHMA, ATRIAL FIBRILLATION, BACK AND NECK CARE, BARIATRIC SURGERY, BLOODLESS MEDICINE, , BONE MARROW TRANSPLANTATION, BREAST HEALTH, BURN CARE, CANCER AND ONCOLOGY CARE, CARDIAC ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIOVASCULAR DISEASE CARE, CHILD AND ADOLESCENT PSYCHIATRY, COLORECTAL CARE, CORONARY ARTERY DISEASE, DENTAL MEDICINE, DERMATOLOGY, DIABETES MANAGEMENT, DIGESTIVE HEALTH, EMERGENCY MEDICINE, ENDOCRINOLOGY, EPILEPSY TREATMENT, FAMILY MEDICINE, GASTROENTEROLOGY, GENETICS, GYNECOLOGIC ONCOLOGY, GYNECOLOGY AND OBSTETRICS, HEMATOLOGY, HIV AIDS CARE, HOME HEALTH, INTERNAL

Name of the organization

HIGMARK HEALTH GROUP

Employer identification number

MEDICINE, INTERVENTIONAL CARDIOLOGY, JOINT REPLACEMENT, LUPUS CARE, MATERNAL AND FETAL MEDICINE, NEONATAL-PERINATAL MEDICINE, NEPHROLOGY, NEUROLOGY, NUTRITION SERVICES, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PAIN MANAGEMENT, PERINATOLOGY, PLASTIC SURGERY, ADULT PSYCHIATRY AND PSYCHOLOGY, PULMONARY HYPERTENSION MANAGEMENT, RHEUMATOLOGY, GERIATRIC MEDICINE, SLEEP MEDICINE, SPORTS MEDICINE, STROKE CARE, TRANSPLANT SURGERY, UROLOGY, VASCULAR SURGERY AND WOUND CARE.

WEST PENN HOSPITAL SERVING THE BLOOMFIELD AREA OF PITTSBURGH AND ITS SURROUNDING COMMUNITIES SINCE 1848, WEST PENN HOSPITAL (WPH) IS A 317-BED ACADEMIC MEDICAL CENTER WITH PRIVATE ACUTE-CARE PATIENT ROOMS AND ONE OF PENNSYLVANIA'S MOST ADVANCED OBSTETRICAL AND NEWBORN CARE PROGRAMS, INCLUDING A LEVEL 3 NEONATAL INTENSIVE CARE UNIT. WPH HAS A REPUTATION FOR OUTSTANDING CLINICAL CARE AND NURSING EXCELLENCE, WPH 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 FOR THE 2016 REPORTING PERIOD, WPH'S TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 12,200, EMERGENCY DEPARTMENT VISITS WERE 22,500, OUTPATIENT VISITS WERE 108,000, AND BIRTHS WERE 4,100 WEST PENN IS A DISPROPORTIONATE SHARE HOSPITAL, PROVIDING SERVICES TO A LARGE NUMBER OF MEDICAID PATIENTS TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS AT WEST PENN WAS \$91,017,542. IN ADDITION TO ITS BURN CENTER, NICU, AND AFOREMENTIONED

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

SPECIALTY SERVICES, WPH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, CARDIOVASCULAR DISEASE, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, ASTHMA, BARIATRIC SURGERY, HEMATOLOGY/BLOOD CANCER, MEDICAL, RADIATION AND SURGICAL ONCOLOGY ANESTHESIOLOGY/PAIN MEDICINE, BARIATRIC SURGERY, BONE MARROW AND CELL TRANSPLANTATION, COLORECTAL SURGERY, CRITICAL CARE MEDICINE, DERMATOLOGY, DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY, EMERGENCY MEDICINE, ENDOCRINOLOGY/DIABETES MANAGEMENT, ESOPHAGEAL DISEASE, FAMILY MEDICINE, GASTROENTEROLOGY, GENERAL SURGERY, GERIATRICS, OBSTETRICS AND GYNECOLOGY, LABOR AND DELIVERY, INFECTIOUS DISEASE TREATMENT, INTERNAL MEDICINE, LUPUS CARE, MATERNAL AND FETAL MEDICINE, MINIMALLY INVASIVE AND ROBOTIC SURGERY, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORAL/MAXILLOFACIAL SURGERY, ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, OTOLARYNGOLOGY, OTORHINOLARYNGOLOGY, PAIN MEDICINE, PATHOLOGY AND LABORATORY MEDICINE, PEDIATRICS, PELVIC FLOOR DISORDERS, PLASTIC AND RECONSTRUCTIVE SURGERY, PHYSICAL MEDICINE AND REHABILITATION, PODIATRY, PRIMARY CARE MEDICINE, PULMONARY MEDICINE, REPRODUCTIVE MEDICINE AND INFERTILITY, RHEUMATOLOGY AND AUTOIMMUNE DISORDERS, SLEEP DISORDERS, THORACIC SURGERY, AND UROLOGY

OUTPATIENT CARE FACILITIES IN ADDITION TO ITS HUNDREDS OF CLINICAL OFFICES, AHN OPERATES FOUR LARGE, MULTI-SPECIALTY HEALTH + WELLNESS PAVILIONS (TWO IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY, AND ONE IN ERIE COUNTY), FIVE URGENT CARE CLINICS (THREE IN ALLEGHENY COUNTY AND TWO IN ERIE COUNTY), AND EIGHT HOSPITAL-BASED AND FREE-STANDING SURGERY

Name of the organization

Employer identification number

HIGHMARK HEALTH GROUP

CENTERS (SIX IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY AND ONE IN ERIE COUNTY).

ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE: AHN'S 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:

IMPROVING THE HEALTH OF PATIENTS AND ADVANCING THE SCIENCE OF MEDICINE.

PHYSICIANS AND SCIENTISTS AT ALLEGHENY HEALTH NETWORK 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 WITH MORE THAN 1,200 EMPLOYED PHYSICIANS AND 4,700

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

TOTAL EMPLOYEES, THE ALLEGHENY CLINIC IS ONE OF WESTERN PENNSYLVANIA'S LARGEST PHYSICIAN GROUPS. SINCE THE FORMATION OF ALLEGHENY HEALTH NETWORK, 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, AMONG OTHERS.

FOUNDATIONS: IN ADDITION TO THE AFOREMENTIONED ENTITIES, AHN ALSO HAS A NUMBER OF AFFILIATED PHILANTHROPIC ORGANIZATIONS, INCLUDING THE ALLE-KISKI MEDICAL CENTER TRUST (AKMC TRUST), FORBES HEALTH FOUNDATION (FHF), SUBURBAN HEALTH FOUNDATION (SHF), AND THE WEST PENN HOSPITAL FOUNDATION.

KEY INSTITUTES AND SERVICE 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; TOGETHER THEY TREAT 10,000 PATIENTS ANNUALLY IN WESTERN PENNSYLVANIA, ERIE, WEST VIRGINIA, AND OHIO AHN RECENTLY OPENED AN EXTENDED HOURS ONCOLOGY CLINIC AT WEST PENN HOSPITAL TO BETTER CARE FOR PATIENTS EXPERIENCING THE SIDE EFFECTS OF CHEMOTHERAPY TREATMENTS, AND OVER THE NEXT FEW YEARS, AHN AND HM WILL INVEST MORE THAN \$200 MILLION IN

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

NEW INFRASTRUCTURE AND CAPABILITIES TO SUPPORT OUR VISION AND STRATEGY FOR SERVING OUR PATIENTS AND MEMBERS WHO ARE DIAGNOSED WITH CANCER, THAT INFRASTRUCTURE WILL INCLUDE A NEW ACADEMIC CANCER INSTITUTE ON THE AGH CAMPUS AS WELL AS 6-10 NEW COMMUNITY-BASED CANCER TREATMENT CLINICS. ADDITIONALLY, AHN COLLABORATES WITH JOHNS HOPKINS KIMMEL CANCER CENTER, TO OFFER ACCESS TO CLINICAL TRIALS AND PROVIDE ADDITIONAL TREATMENT OPTIONS AND SECOND OPINIONS FOR PATIENTS WITH RARE AND COMPLEX CANCERS, AMONG OTHER BENEFITS.

ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE. ON THE FRONTIER OF ADVANCED SPECIALTY HEART CARE, THE ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE 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 ALLEGHENY HEALTH NETWORK 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

IMPLANTED TO ASSIST A WEAKENED HEART MUSCLE CURRENTLY, THE PHYSICIANS AT THE CARDIOVASCULAR INSTITUTE ARE CONDUCTING RESEARCH THAT LEADS TO BETTER WAYS TO PREVENT, DIAGNOSE AND TREAT HEART DISEASE; CURRENTLY, AHN RESEARCHERS AND PHYSICIANS ARE WORKING ON MORE THAN 75 RESEARCH PROJECTS AND CLINICAL TRIALS 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 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, EPILEPSY, NEURO-MUSCULAR DISEASE, CONGENITAL SPINAL CONDITIONS, AND MORE

THE HIGHEST DISTINCTION OF STROKE CARE AWARDED BY THE AMERICAN HEART ASSOCIATION'S JOINT COMMISSION AHN'S NEUROSCIENCE PROGRAM INCLUDES WORLD-RENNOWNED 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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, UPPER AND LOWER EXTREMITY CARE, ORTHOPAEDIC TRAUMA, SPINAL SURGERY, AND SPORTS MEDICINE TOGETHER, AHN AND HH HAVE MADE SIGNIFICANT INVESTMENTS IN AHN'S ORTHOPAEDIC CAPABILITIES AND INFRASTRUCTURE, INCLUDING THE 2016 OPENING OF THE AHN SPORTS COMPLEX AT COOL SPRINGS, A LARGE MULTI-SPORT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS MEDICINE, AND THE 2017 OPENING OF THE STATE-OF-THE-ART PEDIATRIC ORTHOPAEDIC INSTITUTE, A GROUP OF ORTHOPAEDIC SPECIALISTS WHO TREAT A WIDE RANGE OF NEURO- AND MUSCULO-SKELETAL INJURIES AND CONDITIONS. AHN'S SPORTS MEDICINE TEAM IS 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 OFFER SPORTS MEDICINE SERVICES FOR LOCAL COLLEGES AND HIGH SCHOOLS

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'S OFFERS HEART, KIDNEY, PANCREAS AND LIVER TRANSPLANTATION SERVICES, WITH A LEGACY OF EXCEPTIONAL TRANSPLANTATION CARE AND

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

INNOVATION THAT DATES TO THE 1980S; IN 2016, THE ALLEGHENY HEALTH NETWORK HEART TRANSPLANT INSTITUTE RANKED AMONG THE TOP 25 PROGRAMS IN THE COUNTRY, ACCORDING TO THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR), THE OFFICIAL NATIONAL DATABASE OF ORGAN TRANSPLANTATION STATISTICS. 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, IN 2016, AHN (IN PARTNERSHIP WITH THE CENTER FOR ORGAN RECOVERY & EDUCATION) HELPED SAVE 111 LIVES THROUGH ORGANS (AS WELL AS TISSUE AND CORNEAS) DONATED AT ITS HOSPITALS THROUGHOUT THE CALENDAR YEAR.

EMERGENCY MEDICINE AND TRAUMA CARE: IN 2016, ALLEGHENY HEALTH NETWORK'S HOSPITALS RECORDED NEARLY 300,000 EMERGENCY DEPARTMENT VISITS; AHN'S AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO 5,000 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

REGIONAL EMERGENCY HELICOPTER AND CRITICAL CARE GROUND TRANSPORTATION SERVICES FOR CRITICALLY ILL AND INJURED PATIENTS WHO NEED IMMEDIATE SPECIALIZED CARE, WAS THE FIRST AIR MEDICAL SERVICE IN THE NORTHEASTERN UNITED STATES, AND NOW OPERATES FIVE MEDICAL HELICOPTER BASES (AT CLARION HOSPITAL, CANONSBURG HOSPITAL, INDIANA REGIONAL MEDICAL CENTER, BUTLER AIRPORT, AND ROSTRAVER AIRPORT)

WOMEN'S HEALTH: AHN OFFERS COMPASSIONATE AND COMPREHENSIVE CARE THROUGH OUR 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 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 LAST YEAR, AHN'S HOSPITALS DELIVERED MORE THAN 7,300 BABIES

ACCOMPLISHMENTS

THE HOSPITALS OF ALLEGHENY HEALTH NETWORK HAVE EARNED MANY ACCOLADES FOR

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

SUPERIOR QUALITY AND SERVICE EXCELLENCE, INCLUDING RECOGNITION FROM RESPECTED INDEPENDENT ANALYSTS AND REGULATORY BODIES SUCH AS THE JOINT COMMISSION, QUANTROS INC , US NEWS & WORLD REPORT, CONSUMER REPORTS AND HEALTHGRADES ACCORDING TO QUANTROS INC 'S 2017 CARECHEX HOSPITAL QUALITY RATINGS, ALLEGHENY HEALTH NETWORK IS RATED IN THE TOP 10 PERCENT NATIONALLY FOR PATIENT SAFETY IN CARDIAC CARE, AND IS THE HIGHEST-RATED HEALTH SYSTEM IN WESTERN PA FOR MEDICAL EXCELLENCE IN CARDIAC CARE, STROKE CARE AND WOMEN'S HEALTH. ADDITIONALLY, AGH, THE NETWORK'S FLAGSHIP, IS NO. 1 IN WESTERN PENNSYLVANIA FOR MEDICAL EXCELLENCE IN MAJOR CARDIAC SURGERY, CORONARY BYPASS SURGERY, INTERVENTIONAL CORONARY CARE, INTERVENTIONAL CAROTID CARE, HEART TRANSPLANTS, ORGAN TRANSPLANTS AND GALLBLADDER REMOVAL IN THE ERIE MARKET, SVH IS THE NO. 1 HOSPITAL IN ITS MARKET FOR MEDICAL EXCELLENCE IN OVERALL HOSPITAL CARE, OVERALL MEDICAL CARE, OVERALL SURGICAL CARE, CANCER CARE, CARDIAC CARE, HEART ATTACK TREATMENT, STROKE CARE AND WOMEN'S HEALTH, ACCORDING TO QUANTROS INC 'S 2017 CARECHEX HOSPITAL QUALITY RATINGS

FIVE AHN HOSPITALS ALSO CONTINUE TO RECEIVE NATIONAL RECOGNITION FOR THE QUALITY OF THEIR HEART FAILURE PROGRAMS IN 2016, AGH, AVH, CH, JH AND

HEART FAILURE ACHIEVEMENT AWARDS THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION PRESENTS THE ANNUAL HONORS TO HOSPITALS THAT IMPLEMENT SPECIFIC QUALITY IMPROVEMENT MEASURES OUTLINED BY THE AMERICAN HEART ASSOCIATION/AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION'S SECONDARY PREVENTION GUIDELINES FOR PATIENTS WITH HEART FAILURE

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

INVESTMENTS

SINCE ITS FORMATION IN 2013, AHN, WITH THE SUPPORT OF HIGHMARK HEALTH, HAS MADE SIGNIFICANT INVESTMENTS IN ITS FACILITIES, PROGRAMS AND CAPABILITIES IN ORDER TO ENHANCE THE QUALITY OF PATIENT CARE AND EXPAND THE REACH OF ITS SERVICES FOR THOSE WHO LIVE AND WORK IN THE WESTERN PENNSYLVANIA REGION. TO DATE, THE TOTAL HIGHMARK HEALTH INVESTMENT IN AHN

- INCLUDING CAPITAL INVESTMENTS, STRUCTURAL AND OPERATIONAL INVESTMENTS, AND CLINICAL AND PROGRAMMATIC INVESTMENTS - EXCEEDS \$1 BILLION

MANY OF THESE INVESTMENTS HAVE LED TO NO IMMEDIATE FINANCIAL RETURN FOR AHN OR HIGHMARK HEALTH, BUT WERE REQUIRED TO SUSTAIN THE NETWORK, PROVIDE THE APPROPRIATE ACCESS TO ITS SERVICES, MODERNIZE ITS INFRASTRUCTURE, AND ENHANCE CLINICAL QUALITY AND PATIENT EXPERIENCE, AFTER YEARS OF UNDER-CAPITALIZATION AND DEFERRED MAINTENANCE. MOREOVER, THE KEY TO DELIVERING ON THE PROMISE OF THE HH-AHN AFFILIATION WAS THE CREATION OF A MODEL OF HEALTH CARE THAT TRULY OFFERED VALUE TO CUSTOMERS, IN THE FORM OF BETTER EXPERIENCE (SIMPLICITY AND TRANSPARENCY), BETTER ACCESS, AND BETTER OUTCOMES, AT AN AFFORDABLE COST. DELIVERY OF THE GOAL REQUIRED LARGE INVESTMENTS TO RECAPITALIZE AHN, TO BUILD OUT A BROADER NETWORK ACROSS THE FULL SPECTRUM OF CARE, TO INVEST IN COMMUNITY PARTNERS TO PRESERVE THEIR SERVICES, FINANCIAL VIABILITY, AND INDEPENDENCE; TO UPGRADE CLINICAL CAPABILITIES, AND TO BUILD A VALUE-BASED,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

PATIENT-CENTERED MODEL OF CARE

SIGNIFICANT CAPITAL AND PROGRAMMATIC INVESTMENTS HAVE INCLUDED:

FOUR HEALTH + WELLNESS PAVILIONS. AHN'S HEALTH + WELLNESS PAVILIONS (HWPS) ARE LARGE, MULTI-SPECIALTY CLINICAL LOCATIONS DESIGNED WITH THE PATIENT IN MIND, THE HWPS PROVIDE CONVENIENCE AND EXCEPTIONAL PATIENT EXPERIENCE BY CO-LOCATING A VARIETY OF INTERRELATED CLINICAL AND SURGICAL SERVICES IN ORDER TO MEET A WIDE SPECTRUM OF A PATIENT'S OR FAMILY'S HEALTH AND WELLNESS NEEDS, ALL IN ONE PLACE TO DATE, AHN HAS OPENED HWPS IN WEXFORD, PA., ERIE, PA., BETHEL PARK, PA , AND PETERS TWP., PA

THE AHN SPORTS COMPLEX AT COOL SPRINGS THE SPORTS COMPLEX IS A LARGE MULTI-SPORT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS MEDICINE. THE STATE-OF-THE-ART, 169,000 SQUARE FOOT FACILITY FEATURES THREE PARTITIONED 115 X 182 FOOT, MULTI-PURPOSE, FULLY TURFED FIELDS THAT COMBINE INTO ONE FIFA REGULATION-SIZED FIELD, TWO REGULATION HARDWOOD BASKETBALL COURTS AND FOUR VOLLEYBALL COURTS, AS WELL AS A MEMBERSHIP FITNESS CENTER FOR THE COMMUNITY THE COMPLEX ALSO HOUSES A BROAD ARRAY OF AHN ORTHOPEDIC AND SPORTS MEDICINE SERVICES, WITH A PARTICULAR FOCUS ON ADVANCED SPORTS PERFORMANCE TRAINING, PHYSICAL THERAPY AND ORTHOPAEDIC CARE

THE CAHOUEY CENTER FOR COMPREHENSIVE PARKINSON'S CARE THE CAHOUEY CENTER IS DESIGNED TO HELP PATIENTS WITH PARKINSON'S DISEASE AND THEIR FAMILIES

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

MORE SEAMLESSLY ACCESS AND COORDINATE THE CLINICAL AND SUPPORT SERVICES THEY REQUIRE. THE CAHOQUET CENTER COMBINES AHN'S WORLD-CLASS MEDICAL EXPERTISE WITH THE EXTENSIVE RESOURCES OF THE PITTSBURGH-BASED PARKINSON FOUNDATION FOR THE BENEFIT OF THOSE IN WESTERN PENNSYLVANIA WHO ARE LIVING WITH PARKINSON'S. A TEAM OF EXPERIENCED PROFESSIONALS, INCLUDING A MOVEMENT DISORDERS SPECIALIST, SPEECH, OCCUPATIONAL AND PHYSICAL THERAPISTS, PSYCHOLOGIST, SOCIAL WORKER, DIETITIAN AND EXERCISE SPECIALISTS, IS AVAILABLE TO PATIENTS AT THE CENTER AND WILL COLLABORATE TO CREATE A COMPREHENSIVE CARE PLANS

A NEW 48-BED CRITICAL CARE/TELEMETRY UNIT FOR CARDIOVASCULAR PATIENTS AT AGH: IN 2016, AGH OPENED A NEW FACILITY THAT PROVIDES CARDIOVASCULAR PATIENTS WITH ACCESS TO 48 PRIVATE BEDS IN A STATE-OF-THE-ART SETTING, INCLUDING 24 CRITICAL CARE BEDS AND A 24-BED MONITORED STEP DOWN UNIT. LOCATED ON THE 11TH FLOOR OF AGH'S SNYDER PAVILION, THE \$26 MILLION PROJECT WAS PART OF A MAJOR INITIATIVE UNDERWAY TO IMPROVE AND MODERNIZE THE INFRASTRUCTURE OF THE HOSPITAL AND FURTHER ADVANCE ITS CAPABILITIES AS AHN'S FLAGSHIP QUATERNARY MEDICAL CENTER

CANCER INSTITUTE BUILDING ON AHN'S LEGACY AS A PROVIDER OF INNOVATIVE, WORLD-CLASS CANCER CARE, AHN AND HH ANNOUNCED PLANS IN 2017 TO INVEST MORE THAN \$200 MILLION OVER TWO YEARS TO FURTHER ENHANCE ACCESS TO LEADING-EDGE ONCOLOGY SERVICES IN THE WESTERN PENNSYLVANIA REGION, BUILD A STATE-OF-THE-ART ACADEMIC CANCER INSTITUTE FACILITY ON THE AGH CAMPUS, ESTABLISH ADDITIONAL COMMUNITY-BASED CANCER TREATMENT CENTERS ACROSS

Name of the organization
HIGHMARK HEALTH GROUP

Employer identification number

WESTERN PENNSYLVANIA; AND EXPAND HH'S AND AHN'S RELATIONSHIP WITH THE
WORLD-RENOUNDED JOHNS HOPKINS MEDICINE.

\$115 MILLION INVESTMENT IN ERIE AND SVH: IN EARLY 2017, AHN, HH AND
SAINT VINCENT HOSPITAL ANNOUNCED A \$115 MILLION, MULTI-PHASED CAPITAL
INVESTMENT PLAN FOR SAINT VINCENT THAT WILL ENHANCE THE HOSPITAL'S
CAPABILITIES, EXPAND ITS CAPACITY TO MEET THE EVOLVING HEALTH NEEDS OF
THE COMMUNITY AND FACILITATE A PATIENT-CENTERED CARE MODEL FOCUSED ON
QUALITY, CONVENIENCE AND SERVICE EXCELLENCE THOSE PLANS INCLUDE
CONSTRUCTION OF A NEW EMERGENCY DEPARTMENT AND A STATE-OF-THE-ART
OPERATING ROOM SUITE IN A NEW STRUCTURE ON THE HOSPITAL CAMPUS
GROUND-BREAKING ON THAT NEW FACILITY OCCURRED IN MAY 2017

SAME-DAY APPOINTMENTS IN 2016, AHN BEGAN OFFERING SAME-DAY ACCESS TO
PRIMARY CARE PHYSICIANS AND EXPANDED TO SPECIALIST SAME-DAY ACCESS IN
EARLY 2017 PATIENTS WHO CALL AHN'S 412 DOCTORS BEFORE 11 A M , MONDAY
THROUGH FRIDAY, ARE OFFERED A SAME-DAY APPOINTMENT WITH A SPECIALTY
DOCTOR, PRIMARY CARE PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN
ASSISTANT THE SAME-DAY APPOINTMENT INITIATIVE WAS THE CULMINATION OF
SIGNIFICANT STRUCTURAL AND OPERATIONAL INVESTMENTS IN AHN'S CALL CENTER

EPIC ELECTRONIC HEALTH RECORD AND MYCHART FUNCTIONALITY AHN IS IN THE
MIDST OF A MULTI-YEAR IMPLEMENTATION OF ITS EPIC ELECTRONIC HEALTH
RECORDS SYSTEM BY CHOOSING EPIC SYSTEMS CORP TO INSTALL AHN'S EHR, AHN
WILL BE THE FIRST HEALTH CARE SYSTEM IN THE REGION TO HAVE A SINGULAR,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

FULLY INTEGRATED PATIENT HEALTH RECORDS SYSTEM ACROSS ALL PROVIDER SITES.

TO DATE, THE EPIC SYSTEM HAS BEEN IMPLEMENTED AT MOST OF THE NETWORK'S EMPLOYED PHYSICIAN PRACTICES AND FOUR OF ITS HOSPITALS (AGH, FORBES, JEFFERSON AND WPH). ADDITIONALLY, EMBEDDED IN THE EPIC SYSTEM IS THE MYCHART PATIENT PORTAL, WHICH ALLOWS PATIENTS TO ACCESS PERSONAL AND FAMILY HEALTH INFORMATION, MESSAGE THEIR DOCTORS, ACCESS CLINICIANS THROUGH E-VISITS, COMPLETE QUESTIONNAIRES, AND CONDUCT VIDEO VISITS WITH CLINICIANS.

WOMEN'S CARE: OVER THE LAST FOUR YEARS, AHN AND HH HAVE MADE SIGNIFICANT INVESTMENTS IN AHN'S WOMEN'S HEALTH SERVICES, INCLUDING OBSTETRICS AND GYNECOLOGIC SURGERY. IN 2014, AHN OPENED A NEW WOMEN'S HEALTH CENTER AT JH, THE FIRST BRAND-NEW OBSTETRICS AND MATERNITY CARE CENTER TO BE BUILT IN PENNSYLVANIA IN MORE THAN 30 YEARS. ADDITIONALLY, IN 2015, AHN OPENED NEW OBSTETRICS FACILITIES AT WPH, INCLUDING A 33 BED-POSTPARTUM UNIT, IN 2016, IT EXPANDED ITS LABOR AND DELIVERY UNIT AT FH

ALEXIS JOY D'ACHILLE CENTER FOR WOMEN'S BEHAVIORAL HEALTH. THE CENTER, A UNIQUE PROGRAM THAT OFFERS THE MOST COMPREHENSIVE, STATE-OF-THE-ART CARE AVAILABLE IN WESTERN PENNSYLVANIA FOR WOMEN SUFFERING FROM PREGNANCY-RELATED DEPRESSION, BEGAN SERVICES IN 2016 AND WILL BE HOUSED IN A NEW FACILITY OPENING IN 2017. THE CENTER HOUSES AN ARRAY OF SERVICES CURRENTLY OFFERED TO WOMEN AT WPH WHO ARE IN NEED OF TREATMENT FOR PERINATAL DEPRESSION, ENCOMPASSING POSTPARTUM DEPRESSION AND DEPRESSION DURING PREGNANCY. IT'S ONE OF THE FEW PROGRAMS IN THE U.S. TO

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

PROVIDE SUCH A WIDE RANGE OF TREATMENTS, INCLUDING THERAPY, AN INTENSIVE OUTPATIENT PROGRAM FOR WOMEN IN NEED OF A HIGHER LEVEL OF CARE, AND A PARTIAL HOSPITALIZATION PROGRAM FOR WOMEN SUFFERING FROM MORE SEVERE FORMS OF DEPRESSION

CENTER FOR PEDIATRIC ORTHOPAEDIC CARE: IN 2017, AHN OPENED ITS NEW PEDIATRIC ORTHOPAEDIC INSTITUTE, A MULTI-DISCIPLINARY PROGRAM FOR CHILDREN, ADOLESCENTS AND TEENAGERS WHO SUFFER FROM ORTHOPAEDIC AND NEUROMUSCULAR CONDITIONS, INCLUDING THOSE WHO SUSTAIN INJURIES THAT REQUIRE SAME-DAY CARE STAFFED BY BOARD-CERTIFIED PHYSICIANS AND ORTHOPAEDIC SURGEONS (AS WELL AS CERTIFIED PHYSICIAN ASSISTANTS, PROSTHETISTS / ORTHOTISTS, REGISTERED NURSES AND SPORTS MEDICINE SPECIALISTS), THE 15,000-SQUARE-FOOT INSTITUTE FEATURES VARIOUS SPECIALTY CENTERS OF CARE DEDICATED TO THE DIAGNOSIS AND TREATMENT OF NEURO AND MUSCULOSKELETAL INJURIES AND CONDITIONS

OTHER RECENT CAPITAL INVESTMENTS HAVE INCLUDED, BUT ARE NOT LIMITED TO, THE FOLLOWING

A NEW ORTHOPAEDIC INSTITUTE AT SVH; RENOVATED CH SLEEP LAB, NEW CT SCAN TECHNOLOGY AT WESTFIELD MEMORIAL HOSPITAL, A NEW PATIENT ELEVATOR TOWER AT FH, A NEW ISLET CELL ISOLATION LAB FOR PANCREATIC DISEASE TREATMENT AT AGH, NEW MAKO ROBOTIC TECHNOLOGY FOR HIP AND KNEE REPLACEMENTS AT SVH, AGH AND WPH, A NEW CARDIAC ICU AT WPH, EXPANDED OBSTETRICAL FACILITIES AT FH, THE OPENING OF A NEW, STATE-OF-THE-ART CENTER FOR SURGICAL ARTS

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

TRAINING FACILITY AT AGH FOR RESIDENTS, FELLOWS AND ATTENDING SURGEONS,
AND A NEW EXTENDED-HOURS ONCOLOGY CLINIC AT WPH

PART I, LINE 3 AND PART V, LINE 1A

VOTING MEMBERS OF GOVERNING BOARD

THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY REFLECTED IN IRS FORM
990, PAGE 1, PART I, LINE 3 WILL NOT CORRESPOND TO THE ACTUAL NUMBER OF
VOTING MEMBERS LISTED IN IRS FORM 990, PAGE 7, PART VII. THE REASON BEING
IS THAT CERTAIN VOTING MEMBERS OF THE GOVERNING BODY ARE VOTING MEMBERS
FOR MORE THAN ONE OF THE ORGANIZATIONS INCLUDED IN THIS GROUP FILING IN
THESE INSTANCES, THE INDIVIDUAL IS COUNTED IN PART I, LINE 3 IN
ACCORDANCE WITH THE NUMBER OF ORGANIZATIONS THEY ARE VOTING MEMBERS BUT
WILL ONLY BE LISTED IN PART VII ONCE

PART I, LINE 5 AND PART V, LINE 2A

INDIVIDUALS EMPLOYED

TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN 2015 OF 18,030 IS REPRESENTATIVE
OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE 18 SEPARATE AND
DISTINCT LEGAL ENTITIES THAT ARE SUBSIDIARIES OF HIGHMARK HEALTH GROUP
AND ARE INCLUDED IN THE GROUP RETURN

PART I, LINE 8

CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED

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,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

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

ALLEGHENY HEALTH NETWORK 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

ALLE-KISKI MEDICAL CENTER IS THE SOLE MEMBER OF

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

- 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

CANONSBURG GENERAL HOSPITAL IS THE SOLE MEMBER OF:

- CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE

MEMBERS OR STOCKHOLDERS WHO MAY ELECT

FORM 990, PART VI, LINE 7A

PURSUANT TO THE BYLAWS OF EACH ENTITY, THE SOLE MEMBER OF SUCH ENTITY HAS
THE POWER TO ELECT OR APPOINT ALL OR A SIGNIFICANT PORTION OF SUCH
ENTITY'S BOARD OF DIRECTORS AND TO REMOVE OR REPLACE SUCH DIRECTORS

DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, LINE 7B

FOR THE FOLLOWING ENTITIES THAT COMPRISE THE GROUP, HIGHMARK HEALTH, AS
THE DIRECT OR INDIRECT SUB MEMBER, HOLD CERTAIN RESERVE POWERS PURSUANT
TO THE BYLAWS

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

- CANONSBURG GENERAL HOSPITAL
- ALLEGHENY HEALTH NETWORK
- JEFFERSON REGIONAL MEDICAL CENTER
- ALLEGHENY SINGER RESEARCH INSTITUTE
- ALLE-KISKI MEDICAL CENTER
- THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION
- ALLE-KISKI MEDICAL CENTER TRUST
- FORBES HEALTH FOUNDATION
- WEST PENN ALLEGHENY HEALTH SYSTEM, INC.
- ALLEGHENY HEALTH NETWORK
- 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

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,

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

- 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 ALLEGHENY HEALTH NETWORK, 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 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 ALLEGHENY HEALTH NETWORK, 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

HIGHMARK HEALTH GROUP IRS FORM 990 WAS PREPARED BY ITS EXTERNAL ADVISORS, GRANT THORNTON, LLP AND REVIEWED BY THE HIGHMARK HEALTH TAX DEPARTMENT, SENIOR MANAGEMENT OF THE ORGANIZATION, AND THE AUDIT AND COMPLIANCE COMMITTEE BEFORE FILING THE TAX RETURN WITH THE INTERNAL REVENUE SERVICE, A FINAL COPY WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

HIGHMARK HEALTH (HH), HAS A CORPORATE COMPLIANCE DEPARTMENT THAT MONITORS AND OVERSEES COMPLAINTS WITH THE CONFLICT OF INTEREST POLICY FOR ALL ENTITIES WITHIN THE FILING GROUP. THE FOLLOWING DESCRIBES THE MANNER IN WHICH THE CORPORATE COMPLIANCE DEPARTMENT MONITORS AND OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ON AN ANNUAL BASIS BY ALL BOARD MEMBERS, OFFICERS, AND ANY PERSON WHO HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS, KEY EMPLOYEES, MANAGERS AND ABOVE, PERSONS WITH PURCHASING AUTHORITY INCLUDING PROCUREMENT DEPARTMENT EMPLOYEES AND COMMITTEE WHICH MAY INFLUENCE PURCHASING DECISIONS, AND ANY

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

OTHER EMPLOYEES AS DESIGNATED BY THE COMPLIANCE DEPARTMENT

UPON COMPLETION OF THE ABOVE DISCLOSURE STATEMENT BY ALL APPLICABLE INDIVIDUALS, THE INTEGRITY AND COMPLIANCE DEPARTMENT REVIEWS ALL DISCLOSURES. THOSE THAT REQUIRE ADDITIONAL INFORMATION OR CLARIFICATION ARE CONTACTED BY THE INTEGRITY AND COMPLIANCE DEPARTMENT REQUESTING SUCH

ONCE RECEIVED, ALL INFORMATION IS EVALUATED IN CONSULTATION WITH THE LEGAL DEPARTMENT AND SENIOR MANAGEMENT AS APPLICABLE TO DETERMINE WHETHER A REAL OR POTENTIAL CONFLICT OF INTEREST EXISTS. THOSE CONFLICTS THAT REQUIRE A MITIGATION PLAN ARE DEVELOPED AND APPROVED IN COORDINATION WITH THE RESPECTIVE RESPONSIBLE SENIOR MANAGEMENT. THE SENIOR MANAGERS ARE RESPONSIBLE FOR DISCUSSING THE MITIGATION PLAN WITH THE INDIVIDUAL AS NEEDED AND MONITORING COMPLIANCE WITH THE MITIGATION PLAN.

A FINAL REPORT OF ALL BOARD AND EXECUTIVE LEVEL MANAGEMENT DISCLOSURES IS SUBMITTED FOR REVIEW TO THE AUDIT AND COMPLIANCE SUBCOMMITTEE OF THE BOARD, AS WELL AS BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A AND 15B

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

THE AHN CORPORATE FOLLOWS A PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE POSITIONS, (INCLUDING OFFICERS, KEY EMPLOYEES AND OTHER MANAGEMENT POSITIONS), AND ARE COVERED BY THE AHN EXECUTIVE COMPENSATION

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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 PERSONNEL AND COMPENSATION COMMITTEE (PEC) 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 PEC 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 ALLEGHENY HEALTH NETWORK 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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.

THE HUMAN RESOURCES DEPARTMENT OF ALLEGHENY HEALTH NETWORK OBTAINS APPROPRIATE MARKET COMPARABILITY DATA FOR EACH ENTITY, 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. THE HOSPITAL EXECUTIVES CAN EARN INCENTIVE COMPENSATION ONLY IF THE ORGANIZATION ACHIEVES CERTAIN PRE-DETERMINED FINANCIAL GOALS. THE PLANS ARE INTENDED TO HOLD EXECUTIVES ACCOUNTABLE FOR ACHIEVING PERFORMANCE.

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

THAT IS CONSISTENT WITH THE LONG-TERM GOALS AND OBJECTIVES OF THE
HOSPITAL

ALL ENTITIES WITHIN THE FILING FOLLOW THE REQUIREMENT IN THE REGULATIONS
TO COMPLY WITH THE REBUTTABLE PRESUMPTION OF THE REASONABLENESS OF
COMPENSATION.

FORM 990, PART VI, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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.

PART XI LINE 9

OTHER CHANGES IN NET ASSETS

EQUITY TRANSFERS	110,408,487
PENSION LIABILITY ADJUSTMENTS	-63,301,866
OTHER	-32,207,747

TOTAL	14,898,874

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LEIDOS HEALTH LLC 705 EAST MAIN STREET WESTFIELD, IN 46074	IT IMPLEMENTATION	18,944,340
STAFF ASSIST WORKFORCE MGMT, LLC 62373 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	STAFFING	11,564,821
ASTORINO DEVELOPMENT COMPANY 235 FORT PITT BOULEVARD PITTSBURGH, PA 15222	CONSTRUCTION	10,969,673.
ASSEMBLY 711 3RD AVENUE, 3RD FLOOR NEW YORK, NY 10022	ADVERTISING	5,150,118.
PROVIDER PPI, LLC P.O BOX 645160 PITTSBURGH, PA 15264-5160	SUPPLY CHAIN	4,057,598

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

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 47-3690355 1000 HIGBEE DRIVE BETHEL PARK, PA 15102	HEALTHCARE	PA	943,332	535,918	AHN
(2) WEST PENN ALLEGHENY FOUNDATION LLC 20-1107650 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	CAPITAL ACQ	PA	3,514,389	28,666,430	WPAHS
(3) PETERS TOWNSHIP ASC LLC 27-3982341 160 GALLERY DRIVE MCMURRAY, PA 15317	HEALTHCARE	PA	4,129,362	6,408,841	WPAHS
(4) WEST PENN ASC LLC 27-2344847 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	INACTIVE	PA	0	0	WPAHS
(5) JRMC DIAGNOSTIC SERVICES LLC 80-0069336 565 COAL VALLEY ROAD PITTSBURGH, PA 15025	HEALTHCARE	PA	1,344,045	382,843	JRMC
(6) SV SHARED SAVINGS PROGRAM ACO LLC 45-5550348 232 WEST 25TH STREET ERIE, PA 16544	INACTIVE	PA	0	0	SVHC

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?
(1) CANONSBURG HOSPITAL & HEALTH FOUNDATION 25-1818505 100 MEDICAL BOULEVARD CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	12-TYPE I	N/A	X
(2) CLINICAL PATHOLOGY INSTITUTE COOPERATIVE 25-1528055 1526 PEACH STREET ERIE, PA 16501	HEALTHCARE	PA	501(C)(3)	3	SVHC	X
(3) COMMUNITY BLOOD BANK 25-1181389 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	12-TYPE I	SVHC	X
(4) ENERGYCARE, INC 25-1430922 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	10	SVHC	X
(5) GREATER CANONSBURG HEALTH SYSTEM 25-1488089 100 MEDICAL BOULEVARD CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	12-TYPE I	N/A	X
(6) REGIONAL CANCER CENTER 25-1385705 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHS	X
(7) REGIONAL HEART NETWORK 25-1856341 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHC	X

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

Schedule R (Form 990) 2016

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PAGE 210

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

OMB No 1545-0047

2016

Open to Public
Inspection

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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)	REGIONAL HOME HEALTH AND HOSPICE 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	10	SVHS		X
(2)	SUBURBAN HEALTH FOUNDATION 100 SOUTH JACKSON AVE PITTSBURGH, PA 15202	FUNDRAISING	PA	501(C)(3)	12-TYPE I	WPAHS, INC		X
(3)	VANTAGE HEALTH GROUP 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHC		X
(4)	WEST ALLEGHENY HOSPITAL 100 MEDICAL BOULEVARD PITTSBURGH, PA 15317	INACTIVE	PA	501(C)(3)	3	N/A		X
(5)	WESTFIELD MEMORIAL HOSPITAL, INC 189 EAST MAIN STREET WESTFIELD, NY 14787	HEALTHCARE	NY	501(C)(3)	3	SVHS		X
(6)	GATEWAY HEALTH FOUNDATION 444 LIBERTY AVENUE PITTSBURGH, PA 15222	FUNDRAISING	PA	501(C)(3)	12-TYPE I	GATEWAY LP		X
(7)	HIGHMARK HEALTH 120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222	HEALTHCARE	PA	501(C)(3)	12-TYPE I	NA		X

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

Schedule R (Form 990) 2016

JSA

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PAGE 220

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			
(1) 5148 LIBERTY ASSOC 25-1689871 5989 CENTRE AVENUE	PROPERTY RENTAL	PA	WPAHS, INC	EXCLUDED	366,221	882,975		X		X	50.0000
(2) ANN HOME INFUSION 25-1736527 312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	SVHS	RELATED	8,560,030	38,789,969		X		X	80.0000
(3) ALLEGHENY IMAGING 30-0314897 4800 FRIENDSHIP AVE PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	81,328	385,144		X		X	50.0000
(4) ASSOC CLINICAL LAB 25-1533746 312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		X		X	
(5) ASSOC CLINIC LAB PA 45-3688292 312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		X		X	
(6) ERIE MED COMPLEX 20-1017545 312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	DE	N/A	RELATED	0	0		X		X	
(7) GATEWAY HLTH PLAN 25-1691945 444 LIBERTY AVE PITTSBURGH, PA	HEALTH PLAN	PA	N/A	RELATED	0	0		X		X	

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	HOLDING COMPANY	PA	SVHS	C CORP	4,023,803	14,549,140	100.0000	X		
(2) DAVIS VISION IPA, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	TPA	NY	DAVIS VISION	C CORP	0	0	0			X
(3) DAVIS VISION, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	MEDICAL PRACTICE	NY	HVHC	C CORP	0	0	0			X
(4) ECCA MANAGED VISION CARE, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	MEDICAL PRACTICE	TX	VW OF AMER	C CORP	0	0	0			X
(5) EMPIRE VISION CENTER, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	RETAIL SALES	NY	VW OF AMER	C CORP	0	0	0			X
(6) EYE DRX RETAIL MANAGEMENT, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	OFFICE ADMINISTRATION	DE	VW OF AMER	C CORP	0	0	0			X
(7) FAMILY PRACTICE MEDICAL ASSOC SOUTH, INC 2414 LYTLE RD STE 300 BETHEL PARK, PA 15102	MEDICAL PRACTICE	PA	JRMC	C CORP	8,317,428	2,732,081	100.0000	X		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JEFFERSON MED ASSOC 25-1740456 1200 BROOKS LN CLAIRTON, PA	MEDICAL PRACTICE	PA	N/A	RELATED	244,447	5,055,219		X			X	44.0000
(2) JENKINS EMP ASSOC 25-1524682 120 FIFTH AVE PITTSBURGH, PA	PROPERTY MGMT	PA	N/A	RELATED	0	0		X			X	
(3) JV HOLDCO, LLC 47-2368587 120 FIFTH AVE PITTSBURGH, PA	HOLDING COMPANY	PA	WPAHS, INC	RELATED	31,265,606	30,925,297		X			X	50.0000
(4) MCCANDLES ENDOSCOPY 26-1284448 4800 FRIENDSHIP AVE PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	1,437,908	522,903		X			X	50.0000
(5) N SHORE ENDOSCOPY 25-1880238 4800 FRIENDSHIP AVE PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	1,247,608	425,531		X			X	50.0000
(6) PROVIDER PPI, LLC 32-0429947 120 FIFTH AVE PITTSBURGH, PA	FACILITIES SUPPOR	PA	HMPG	RELATED	0	0		X			X	
(7) ST VINC PROF BLDG 25-1578290 312 W 25TH ST ERIE, PA 16502	PROPERTY MGMT	PA	CSI	RELATED	74,561	34,234		X			X	17.0000

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) FIRST PRIORITY LIFE INSURANCE CO, INC 19 NORTH MAIN STREET WILKES-BARRE, PA 18711	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X
(2) GATEWAY HEALTH PLAN OF OHIO, INC 444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222	INSURANCE	OH	GATEWAY LP	C CORP	0	0			X
(3) GATEWAY HEALTH PLAN, INC 444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222	INSURANCE	PA	GATEWAY LP	C CORP	0	0			X
(4) GRANDIS, RUBIN SHANAHAN & ASSOC 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORP	5,007,562	973,490	100.0000	X	
(5) HCI, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	VT	HIGHMARK, INC	C CORP	0	0			X
(6) HEALTH SYSTEM SERVICES CORP & SUBS 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	REAL ESTATE OPERA	PA	JRMC	C CORP	2,721,824	24,388,421	100.0000	X	
(7) HIGHMARK BCBSO HEALTH OPTIONS, INC 800 DELAWARE AVENUE WILMINGTON, DE 19801-1368	INSURANCE	DE	HM DE	C CORP	0	0			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SILVER RAIN LP 27-3035436 120 FIFTH AVE PITTSBURGH, PA	PROPERTY MGMT	PA	HMPG NORTH	RELATED	0	0		X			X	
(2) S HILLS SURG CNTR 27-4011352 6161 CLAIRTON RD W MIFFLIN, PA	MEDICAL PRACTICE	PA	N/A	RELATED	78,000	509,200		X			X	42 0000
(3) THRYVE DIGITAL 98-1311003 120 FIFTH AVENUE, SUITE 922	INFORMATIONAL TEC	IN	N/A	RELATED	0	0		X			X	
(4) TRI STATE REG ASSOC 23-2919277 312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		X			X	
(5) UPMC VNA HOME HLTH 25-1844485 120 FIFTH AVE PITTSBURGH, PA	MEDICAL PRACTICE	PA	N/A	RELATED	1,968,443	8,191,382		X			X	33 0000
(6) UPPER MW CONSL SRVS 26-3112347 7401 FRANCES AVE MINNEAPOLIS	MEDICAL PRACTICE	MN	N/A	RELATED	0	0		X			X	1 0000
(7) VANTAGE CAP MGMT 23-3099689 312 W 25TH ST ERIE, PA 16502	CAPITAL MGMT	PA	N/A	RELATED	0	0		X			X	

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) HIGHMARK BCBSD, INC 800 DELAWARE AVENUE WILMINGTON, DE 19801-1368	INSURANCE	DE	HIGHMARK, INC	C CORP	0	0			X
(2) HIGHMARK BENEFITS GROUP, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X
(3) HIGHMARK CASUALTY INSURANCE COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HMTG	C CORP	0	0			X
(4) HIGHMARK COVERAGE ADVANTAGE, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X
(5) HIGHMARK, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HM HEALTH	C CORP	0	0			X
(6) HIGHMARK SELECT RESOURCES, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X
(7) HIGHMARK SENIOR HEALTH COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) VANTAGE HLDNG COMP 03-0477182 312 W 25TH ST ERIE, PA 16502	CAPITAL MGMT	PA	CSI	RELATED	0	0		X				X
(2) WATERFRONT SURG CNTR 25-1898743 495 E WATERFRONT DR HOMESTEAD	MEDICAL PRACTICE	PA	N/A	RELATED	259,302	562,654		X				X 25 0000
(3) WSC REALTY PARTNERS 25-1874990 495 E WATERFRONT DR HOMESTEAD	PROPERTY MGMT	PA	N/A	EXCLUDED	43,457	420,000		X				X 23 0000
(4) ANN EMERGENCY 46-5705484 30 ISABELLA ST, PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		X				X
(5) HEALTHCARE SUPPLY 47-2509307 30 ISABELLA ST, PITTSBURGH	GROUP PURCH	DE	N/A	RELATED	0	0		X				X
(6) CELTIC HOSPICE 20-5661063 PITTSBURGH	MEDICAL PRACTICE	PA	WPAHS, INC	RELATED	9,088,268	8,335,961		X				X 48 0000
(7)												

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) HIGHMARK SENIOR SOLUTIONS COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	WV	HIGHMARK WV	C CORP	0	0			X
(2) HIGHMARK VENTURES, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HOLDING COMPANY	PA	HIGHMARK, INC	C CORP	0	0			X
(3) HIGHMARK WEST VIRGINIA P O BOX 1948 PARKERSBURG, WV 26102	INSURANCE	WV	HIGHMARK, INC	C CORP	0	0			X
(4) HM BENEFITS ADMINISTRATORS, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	FUNDS ADMINISTRAT	PA	HMIG	C CORP	0	0			X
(5) HM CASUALTY INSURANCE COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HMIG	C CORP	0	0			X
(6) HM CENTERED HEALTH 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X
(7) HM HEALTH HOLDINGS COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HOLDING COMPANY	PA	HM HEALTH	C CORP	0	0			X

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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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) HM HEALTH INSURANCE COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 54-1637426	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0	0		X
(2) HM HEALTH SOLUTIONS, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 46-3823617	INFO TECHNOLOGY	PA	HM HEALTH	C CORP	0	0	0		X
(3) HM INSURANCE GROUP 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 25-1646315	HOLDING COMPANY	PA	HIGHMARK, INC	C CORP	0	0	0		X
(4) HM LIFE INSURANCE COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 06-1041332	INSURANCE	PA	HMIG	C CORP	0	0	0		X
(5) HM LIFE INSURANCE COMPANY OF NEW YORK 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 25-1800302	INSURANCE	NY	HMIG	C CORP	0	0	0		X
(6) HMO OF NORTHEASTERN PENNSYLVANIA, INC 19 NORTH MAIN STREET WILKES-BARRE, PA 18711 23-2413324	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0	0		X
(7) HMPG, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 45-3444325	HOLDING COMPANY	PA	AHN	C CORP	4,852,692	16,174,521	100.0000	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) HVHC, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 25-1801124	HOLDING COMPANY	DE	HIGHMARK, INC	C CORP	0	0	0		X
(2) JEA, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 25-1712017	REAL ESTATE OPERA	PA	HIGHMARK, INC	C CORP	0	0	0		X
(3) JEFFERSON HILLS SURGICAL SPECIALISTS PA 1200 BROOKS LN 150 CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORP	4,058,709	675,012	100.0000	X	
(4) JRMC PHYSICIAN SERVICE CORP 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORP	280,604	115,287	100.0000	X	
(5) JRMC SPECIALTY GROUP PRACTICE 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORP	1,018,657	111,031	100.0000	X	
(6) HIGHMARK CHOICE COMPANY 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0	0		X
(7) KLINGENSMITH, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTH EQUIP	PA	HMPG, INC	C CORP	0	0	0		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) LAKE ERIE MEDICAL GROUP, PC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 45-3444157	MEDICAL PRACTICE	PA	AC	C CORP	5,135,579	1,676,656	100.0000	X	
(2) OPTIMA IMAGING 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 25-1652874	INACTIVE	PA	WPAHS, INC	S CORP	0	0	20.0000		X
(3) PALLADIUM RISK RETENTION GROUP 409 BROAD ST STE 270 SEWICKLEY, PA 15143 72-1529328	INSURANCE	VT	WPAHS, INC	C CORP	27,724,425	77,061,735	51.9800		X
(4) PARK CARDIOTHORACIC & VASCULAR INST 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025 55-0625743	MEDICAL PRACTICE	PA	JRMC	C CORP	1,787,480	153,244	100.0000	X	
(5) PARKER BENEFITS PO BOX 1948 PARKERSBURG, WV 26102 45-3913973	TPA	WV	HIGHMARK WV	C CORP	0	0			X
(6) PHYSICIAN LANDING ZONE, PC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 90-0925581	HEALTH CARE	PA	AC	C CORP	9,168,034	1,455,549	100.0000	X	
(7) PITTSBURGH BONE, JOINT AND SPINE, INC 1200 BROOKS LN, STE G20 JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORP	5,008,307	1,547,759	100.0000	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) PITTSBURGH PULMONARY & CRITICAL CARE 1200 BROOKS LN, STE 130 CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORP	3,735,896	681,243	100.0000	X	
(2) PREMIER MEDICAL ASSOCIATES, PC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	MEDICAL PRACTICE	PA	AC	C CORP	55,681,729	25,735,022	100.0000	X	
(3) PREMIER WOMEN'S HEALTH 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	MEDICAL PRACTICE	PA	AC	C CORP	5,902,578	1,485,727	100.0000	X	
(4) PRIMARY CARE GROUP 2, INC 6011 BAPTIST RD STE 220 PITTSBURGH, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORP	838,923	0	100.0000	X	
(5) PRIMARY CARE GROUP 3, INC 5426 MIFFLIN RD PITTSBURGH, PA 15227	MEDICAL PRACTICE	PA	JRMC	C CORP	739,841	127,336	100.0000	X	
(6) PRIMARY CARE GROUP 4, INC 1907 LEBANON CHURCH RD WEST MIFFLIN, PA 15122	MEDICAL PRACTICE	PA	JRMC	C CORP	581,271	60,243	100.0000	X	
(7) PRIMARY CARE GROUP 5, INC 624 MONONGAHELA AVE GLASSPORT, PA 15045	MEDICAL PRACTICE	PA	JRMC	C CORP	641,514	92,682	100.0000	X	

Schedule R (Form 990) 2016

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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) PRIMARY CARE GROUP 6, INC P O BOX 333 WEST MIFFLIN, PA 15122 90-0503600	MEDICAL PRACTICE	PA	JRMC	C CORP	483,649	80,410	100,0000	X	
(2) PRIMARY CARE GROUP 7, INC 575 COAL VALLEY RD JEFFERSON HILLS, PA 15025 25-1287041	MEDICAL PRACTICE	PA	JRMC	C CORP	689,013	328,347	100,0000	X	
(3) PRIMARY CARE GROUP 8, INC 803 MILLER AVE CLAIRTON, PA 15025 01-0927360	MEDICAL PRACTICE	PA	JRMC	C CORP	215,348	291,348	100,0000	X	
(4) PRIMARY CARE GROUP 10, INC 3726 BROWNSVILLE RD PITTSBURGH, PA 15227 38-3807173	MEDICAL PRACTICE	PA	JRMC	C CORP	408,481	125,356	100,0000	X	
(5) PRIMARY CARE GROUP 11, INC 455 VALLEY BROOK RD STE 300 MCMURRAY, PA 15317 80-0494617	MEDICAL PRACTICE	PA	JRMC	C CORP	0	399,575	100,0000	X	
(6) PRIMARY CARE GROUP 12, INC 17 ARENTZEN BLVD STE 101 CHARLEROI, PA 15022 90-0614054	MEDICAL PRACTICE	PA	JRMC	C CORP	1,520,255	299,109	100,0000	X	
(7) PRIME MEDICAL GROUP PCG 1 1200 BROOKS LN 110 CLAIRTON, PA 15025 26-4194208	MEDICAL PRACTICE	PA	JRMC	C CORP	3,877,203	415,852	100,0000	X	

Schedule R (Form 990) 2016

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)												
(2)												
(3)												
(4)												
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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) REMWORKS SLEEP STORE, INC 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 25-1411844	RENTAL & SALES	PA	HIGHMARK, INC	C CORP	0	0	100.0000		X
(2) SOUTH PITTSBURGH UROLOGY ASSOCIATES 1200 BROOKS LN, STE 220 CLAIRTON, PA 15025 46-4954859	MEDICAL PRACTICE	PA	JRMC	C CORP	1,103,837	301,660	100.0000	X	
(3) SPECIALTY GROUP PRACTICE 1, INC 575 COAL VALLEY RD STE 365 CLAIRTON, PA 15025 35-2367818	MEDICAL PRACTICE	PA	JRMC	C CORP	67,015	1,018,657	100.0000	X	
(4) STANDARD PROPERTY CORPORATION 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 25-1668093	REAL ESTATE OPERA	PA	HIGHMARK, INC	C CORP	0	0			X
(5) STEEL VALLEY ORTHOPEDICS & SPORTS MEDICI 1200 BROOKS LN 240 CLAIRTON, PA 15025 45-3540378	MEDICAL PRACTICE	PA	JRMC	C CORP	4,725,275	877,834	100.0000	X	
(6) UNITED CONCORDIA COMPANIES, INC 4401 DEER PATH ROAD HARRISBURG, PA 17110 25-1687586	DENTAL INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X
(7) UNITED CONCORDIA DENTAL CORP OF ALABAMA 4401 DEER PATH ROAD HARRISBURG, PA 17110 63-1028262	DENTAL INSURANCE	AL	UCCI	C CORP	0	0			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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) UNITED CONCORDIA DENTAL PLANS OF CA 4401 DEER PATH ROAD HARRISBURG, PA 17110 23-7328765	DENTAL INSURANCE	CA	UCCI	C CORP	0	0	0		X
(2) UNITED CONCORDIA DENTAL PLANS OF KY 4401 DEER PATH ROAD HARRISBURG, PA 17110 61-1012900	DENTAL INSURANCE	KY	UCCI	C CORP	0	0	0		X
(3) UNITED CONCORDIA DENTAL PLANS OF PA 4401 DEER PATH ROAD HARRISBURG, PA 17110 23-2541529	DENTAL INSURANCE	PA	UCCI	C CORP	0	0	0		X
(4) UNITED CONCORDIA DENTAL PLANS OF TX, INC 4401 DEER PATH ROAD HARRISBURG, PA 17110 74-2489037	DENTAL INSURANCE	TX	UCCI	C CORP	0	0	0		X
(5) UNITED CONCORDIA DENTAL PLANS OF THE MID 4401 DEER PATH ROAD HARRISBURG, PA 17110 38-2289438	DENTAL INSURANCE	MI	UCCI	C CORP	0	0	0		X
(6) UNITED CONCORDIA DENTAL PLANS, INC 4401 DEER PATH ROAD HARRISBURG, PA 17110 52-1542269	DENTAL INSURANCE	MD	UCCI	C CORP	0	0	0		X
(7) UNITED CONCORDIA INSURANCE COMPANY 4401 DEER PATH ROAD HARRISBURG, PA 17110 86-0307623	DENTAL INSURANCE	AZ	UCCI	C CORP	0	0	0		X

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Schedule R (Form 990) 2016

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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) UNITED CONCORDIA INSURANCE CO OF NEW 4401 DEER PATH ROAD HARRISBURG, PA 17110 11-3008245	DENTAL INSURANCE	NY	UCCI	C CORP	0	0	0		X
(2) UNITED CONCORDIA LIFE & HEALTH INSURANCE 4401 DEER PATH ROAD HARRISBURG, PA 17110 23-1661402	DENTAL INSURANCE	PA	UCCI	C CORP	0	0	0		X
(3) VISIONARY PROPERTIES, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 74-2849554	REAL ESTATE OPERA	DE	VW OF AMER	C CORP	0	0	0		X
(4) VISIONARY RETAIL MANAGEMENT, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 74-2849552	OFFICE ADMINISTRATION	DE	VW OF AMER	C CORP	0	0	0		X
(5) VISIONWORKS DISTRIBUTION SERVICES, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 04-3742989	OPTICAL RETAIL	TX	VW OF AMER	C CORP	0	0	0		X
(6) VISIONWORKS ENTERPRISES, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 35-2196998	TRADEMARKS	DE	VW OF AMER	C CORP	0	0	0		X
(7) VISIONWORKS LAB SERVICES, INC 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 04-3742977	OPTICAL RETAIL	TX	VW OF AMER	C CORP	0	0	0		X

JSA

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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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) VISIONWORKS OF AMERICA, INC. 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 74-2337775	RETAIL SALES	TX	HVHC	C CORP	0	0	0		X
(2) VISIONWORKS, INC. 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 02-0677066	OPTICAL RETAIL	DE	VW OF AMER	C CORP	0	0	0		X
(3) WEST PENN CORPORATE MEDICAL SERVICES, INC. 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 25-1437405	INACTIVE	PA	WPAHS INC	C CORP	0	89,483	100.0000	X	
(4) WEST PENN NEUROSURGERY, PC 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 25-1630719	INACTIVE	PA	WPAHS INC	C CORP	0	0	100.0000	X	
(5) WEST VIRGINIA FAMILY HEALTH PLAN, INC. 1219 VIRGINIA STREET EAST CHARLESTON, WV 25301 45-2763165	INSURANCE	WV	HIGHMARK WV	C CORP	0	0	0		X
(6)									
(7)									

Schedule R (Form 990) 2016

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALLEGHENY CLINIC	P	204,508,281.	FMV
(2)	MONROEVILLE ASC, LLC	P	2,110,741	FMV
(3)	WEXFORD MEDICAL MALL, LLC	P	1,327,720	FMV
(4)	ALLE-KISKI MEDICAL CENTER	P	628,408	FMV
(5)	ALLEGHENY CLINIC MEDICAL ONCOLOGY	P	615,591	FMV
(6)	CANONSBURG GENERAL HOSPITAL	P	567,069.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WEST PENN ALLEGHENY HEALTH SYSTEM	Q	199,543,805	FMV
(2)	SAINT VINCENT HEALTH CENTER	Q	8,931,808	FMV
(3)	WEXFORD MEDICAL MALL, LLC	Q	5,340,685	FMV
(4)	ALLEGHENY CLINIC PEDIATRICS	Q	2,328,028	FMV
(5)	JEFFERSON REGIONAL MEDICAL CENTER	Q	1,656,885	FMV
(6)	PROVIDER PPI, LLC	Q	1,489,542	FMV

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	AHN SURGERY CENTER BETHEL-PARK	Q	1,016,976	FMV
(2)	PETERS TOWNSHIP SURGERY CENTER, LLC	Q	625,222	FMV
(3)	OSIRIS PROPERTIES, LLC	Q	417,465	FMV
(4)	ALLEGHENY CLINIC RADIOLOGY	Q	377,521	FMV
(5)	PROVIDER SUPPLY CHAIN SERVICES	Q	136,128	FMV
(6)	PROMEDIX, LLC	Q	124,980	FMV

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	
b	Gift, grant, or capital contribution to related organization(s).	1b	
c	Gift, grant, or capital contribution from related organization(s).	1c	
d	Loans or loan guarantees to or for related organization(s).	1d	
e	Loans or loan guarantees by related organization(s).	1e	
f	Dividends from related organization(s).	1f	
g	Sale of assets to related organization(s).	1g	
h	Purchase of assets from related organization(s).	1h	
i	Exchange of assets with related organization(s).	1i	
j	Lease of facilities, equipment, or other assets to related organization(s).	1j	
k	Lease of facilities, equipment, or other assets from related organization(s).	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o	Sharing of paid employees with related organization(s).	1o	
p	Reimbursement paid to related organization(s) for expenses.	1p	
q	Reimbursement paid by related organization(s) for expenses.	1q	
r	Other transfer of cash or property to related organization(s).	1r	
s	Other transfer of cash or property from related organization(s).	1s	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PHYSICIAN LANDING ZONE	Q	111,547	FMV
(2)	GOLD MIST ADVISORS, LLC	Q	105,847	FMV
(3)	WEXFORD MEDICAL MALL, LLC (GPO)	Q	93,993	FMV
(4)	ALLEGHENY SINGER RESEARCH INSTITUTE	Q	90,783	FMV
(5)	SUMMER WIND MANAGEMENT, LLC	Q	73,997	FMV
(6)	HMPG PROPERTIES NORTH, LLC	Q	57,941	FMV

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
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Schedule R (Form 990) 2016

Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 2

HIGHMARK HEALTH GROUP TRANSACTS BUSINESS WITH THE LISTED RELATED ORGANIZATIONS IN THE MANNER IDENTIFIED IN COLUMN 2(B). DUE TO THE ADMINISTRATIVE DIFFICULTIES ASSOCIATED WITH A DETAILED BREAKDOWN OF TRANSACTION TYPE N, O, AND P, HIGHMARK HEALTH GROUP HAS CHOSEN TO REFLECT THESE TRANSACTIONS COMBINED FOR PURPOSES OF DISCLOSURE ON SCHEDULE R, PART V, LINE 2.