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EXTENDED TO MAY 15, 2019

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.

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable:
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
UPMC PINNACLE HOSPITALS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 8700

City or town, state or province, country, and ZIP or foreign postal code
HARRISBURG, PA 17105-8700

F Name and address of principal officer WILLIAM H. PUGH
SAME AS C ABOVE

D Employer identification number
25-1778644

E Telephone number
717-231-8245

G Gross receipts $ 1,558,867,318.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.UPMCPINNACLE.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1996 M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: INPATIENT AND OUTPATIENT HEALTHCARE FOR CITIZENS OF THE LOCAL & SURROUNDING COMMUNITIES.

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)	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	8
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5593
6	Total number of volunteers (estimate if necessary)	377
7a	Total unrelated business revenue from Part VIII, column (C), line 12	6,573,934.
b	Net unrelated business taxable income from Form 990-T, line 34	1,403,568.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,094,625.	13,247,479.
9	Program service revenue (Part VIII, line 2g)	916,638,644.	995,947,544.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,444,004.	20,879,181.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,627,776.	6,352,697.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	936,805,049.	1036426901.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	60,866.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	341,350,442.	365,529,159.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	493,449,753.	486,378,706.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	834,800,195.	851,968,731.
19	Revenue less expenses Subtract line 18 from line 12	102,004,854.	184,458,170.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1483135799.	888,404,831.
21	Total liabilities (Part X, line 26)	996,876,398.	239,119,285.
22	Net assets or fund balances Subtract line 21 from line 20	486,259,401.	649,285,546.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 05/14/2019

▶ WILLIAM H. PUGH, EVP-TREASURER/CFO
Type or print name and title

Paid Preparer Use Only					
Print/Type preparer's name: KERRI N. BOGDA	Preparer's signature: Kerri Bogda	Date: 5/13/19	Check [ ] if self employed	PTIN: P00760402	
Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP				Firm's EIN ▶ 39-0859910	
Firm's address ▶ 221 W. PHILADELPHIA STREET, SUITE 200 YORK, PA 17401				Phone no. 717.846.7000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UPMC PINNACLE IS A CHARITABLE ORGANIZATION DEDICATED TO MAINTAINING AND IMPROVING THE HEALTH AND QUALITY OF LIFE FOR ALL THE PEOPLE OF CENTRAL PENNSYLVANIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses $ 694,916,303. including grants of $ 60,866.) (Revenue $ 973,233,287.)

UPMC PINNACLE HOSPITALS

UPMC PINNACLE HOSPITALS SUBSIDIZES THE COST OF TREATING PATIENTS WHO ARE UNINSURED, UNABLE TO PAY, OR HAVE GOVERNMENT SPONSORED HEALTH INSURANCE WHERE REIMBURSEMENT IS LESS THAN THE COST OF PROVIDING THE SERVICE.

AS AN ANCHOR INSTITUTION AND A LEADER IN OUR COMMUNITY, OUR ROLE HAS BEEN TO CARE FOR PATIENTS EVEN IN THESE DIFFICULT ECONOMIC TIMES. IN KEEPING WITH OUR TRADITION OF CARING FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, UPMC PINNACLE HOSPITALS IS A FORCE FOR STABILITY, STRENGTH, AND RELIABILITY FOR THOSE WE SERVE. IN ADDITION TO FINANCIAL

4b (Code _____) (Expenses $ 26,937,535. including grants of $ 0.) (Revenue $ 16,475,420.)

UPMC PINNACLE EMERGENCY DEPARTMENT SERVICES

UPMC PINNACLE EMERGENCY DEPARTMENT SERVICES (PEDS) IS A TAX EXEMPT, NON-PROFIT CORPORATION ENGAGED IN PROVIDING PROFESSIONAL SERVICES IN THE UPMC PINNACLE EMERGENCY DEPARTMENT.

EMERGENCY SERVICES

TWENTY-FOUR HOUR MEDICAL EMERGENCY SERVICE IS PROVIDED IN THREE EMERGENCY DEPARTMENTS, (HARRISBURG HOSPITAL, COMMUNITY GENERAL HOSPITAL, AND WEST SHORE HOSPITAL) STAFFED BY PHYSICIANS AND NURSES SPECIALIZING IN EMERGENCY MEDICINE AND SUPPORT PERSONNEL. SERVICES ARE

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 721,853,838.

SEE SCHEDULE O FOR CONTINUATION(S)

ROLJIABDH

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*?	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*	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

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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33	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*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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*	35b	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*	36		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*	37		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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
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		
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	5593		
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	X	
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		
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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 [X] 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 ▶

WILLIAM H. PUGH, EVP-TREASURER/CFO - 717-231-8245
P.O. BOX 8700, HARRISBURG, PA 17105-8700

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

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

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

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

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

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 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) FELIX GUTIERREZ, MD	0.10									
DIRECTOR	39.90	X						0.	553,182.	28,704.
(2) KENNETH OKEN, MD	0.40									
DIRECTOR	0.40	X						0.	0.	0.
(3) MICHAEL L FERNANDEZ, MD	0.10									
DIRECTOR	0.20	X						0.	0.	0.
(4) JOHN C HICKEY	0.40									
CHAIRMAN	0.50	X		X				0.	0.	0.
(5) CAROLYN KREAMER, PH.D.	0.40									
DIRECTOR	0.50	X						0.	0.	0.
(6) PHILIP GUARNESCHELLI	30.00									
PRESIDENT/CEO	10.00	X		X				0.	1,197,495.	35,417.
(7) CYNTHIA TOLSMA	0.40									
DIRECTOR	0.50	X						0.	0.	0.
(8) MICHAEL MURCHIE	0.20									
DIRECTOR	0.20	X						0.	0.	0.
(9) DOUG NEIDICH	0.40									
VICE CHAIRMAN	0.50	X		X				0.	0.	0.
(10) HAROLD YANG	0.10									
DIRECTOR/PHYSICIAN	39.90	X						516,675.	0.	35,103.
(11) YVONNE HOLLINS	0.20									
DIRECTOR	0.30	X						0.	0.	0.
(12) MARK GLESSNER	0.20									
DIRECTOR		X						0.	0.	0.
(13) JAMES GRANDON	0.20									
DIRECTOR		X						0.	0.	0.
(14) CHRISTOPHER P MARKLEY, ESQ	14.00									
SEC'Y/SR VP STAT SVC/GEN COUNSEL	26.00			X				0.	589,542.	31,098.
(15) WILLIAM H PUGH	10.00									
EVP-TREASURER/CFO	30.00			X				0.	847,217.	24,208.
(16) JOHN DELORENZO	24.00									
ASSISTANT SECRETARY	16.00			X				0.	196,407.	26,532.
(17) CRAIG SKURCENSKI	40.00									
VP, EMERGENCY MEDICINE						X		596,675.	0.	35,351.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS STONER VP, HOSPITALIST SERVICES	40.00					X		515,918.	0.	30,375.
(19) MARK BARABAS SR VP OPERATIONS(RES. 3/17)	40.00					X		0.	541,678.	19,383.
(20) R SCOTT RANKIN PHYSICIAN	40.00					X		515,343.	0.	23,986.
(21) CHRISTIAN CAICEDO, MD VP, OPERATIONS/MED DIR. W. SHORE	40.00					X		566,777.	0.	34,994.
(22) MICHAEL A YOUNG FORMER PRESIDENT/CEO (RES. 3/17)	13.00 27.00						X	0.	1,220,119.	20,822.
1b Sub-total ▶								2,711,388.	5,145,640.	345,973.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								2,711,388.	5,145,640.	345,973.

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 ▶ 430

		Yes	No
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*	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO P.O. BOX 905374, CHARLOTTE, NC 28290	FOOD SERVICES	13,654,819.
MEDDATA INC PO BOX 8403, CAROL STREAM, IL 60197	BILLING/COLLECTIONS	2,381,265.
PENNSYLVANIA PSYCHIATRIC INSTITUTE, 2501 NORTH THIRD STREET, HARRISBURG, PA 17110	CONTRACTED HEALTH SVC.	2,005,363.
CERNER HEALTH SERVICES INC 51 VALLEY STREAM PKWY, MALVERN, PA 19355	CARE MANAGEMENT	2,000,000.
ARAMARK SERVICES INC, 4700 WESTPORT DR, SUITE 1400, MECHANICSBURG, PA 17055	FOOD SERVICES	1,270,717.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 56

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	213,122.				
	e Government grants (contributions)	1e	1,490,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,544,357.				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f		▶	13,247,479.			
Program Service Revenue		Business Code					
	2 a PATIENT REVENUE, NET	621500		988,432,170.	982,193,333.	6,238,837.	
	b RETAIL PHARMACY	900099		3,143,251.	3,143,251.		
	c CONTRACTED MEDICAL SERVICES	621990		2,034,253.	2,034,253.		
	d COMMUNITY PROG. INC.	900099		1,077,884.	1,077,884.		
	e MEDICAL EDUCATION	900099		589,824.	589,824.		
	f All other program service revenue	621990		670,162.	670,162.		
	g **Total.** Add lines 2a-2f		▶	995,947,544.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	2,840,009.		335,097.	2,504,912.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6 a Gross rents	13,601,989.					
	b Less rental expenses	13,435,621.					
	c Rental income or (loss)	166,368.					
	d Net rental income or (loss)		▶	166,368.			166,368.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 525,508,748.	(ii) Other 1,288,606.				
	b Less cost or other basis and sales expenses	506,525,773.	2,232,409.				
	c Gain or (loss)	18,982,975.	-943,803.				
	d Net gain or (loss)		▶	18,039,172.			18,039,172.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events		▶				
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10 a Gross sales of inventory, less returns and allowances	a	402,024.				
	b Less cost of goods sold	b	246,614.				
	c Net income or (loss) from sales of inventory		▶	155,410.			155,410.
	Miscellaneous Revenue	Business Code					
	11 a QUALITY INCENTIVE INCOME	900099		1,976,155.			1,976,155.
	b ADMIN SVCS - JC BLAIR	900099		1,451,283.			1,451,283.
	c BUNDLED PAYMENTS	900099		1,245,721.			1,245,721.
	d All other revenue	900099		1,357,760.			1,357,760.
	e **Total.** Add lines 11a-11d		▶	6,030,919.			
	12 **Total revenue.** See instructions.		▶	1036426901.	989,708,707.	6,573,934.	26,896,781.

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	60,866.	60,866.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	560,029.	560,029.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	301,822,138.	272,732,857.	29,089,281.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,574,831.	11,363,567.	1,211,264.	
9 Other employee benefits	29,755,131.	26,890,869.	2,864,262.	
10 Payroll taxes	20,817,030.	18,814,432.	2,002,598.	
11 Fees for services (non-employees)				
a Management	72,808,704.	36,404,352.	36,404,352.	
b Legal	255,627.	130,370.	125,257.	
c Accounting	2,295.	2,272.	23.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	147,916.		147,916.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	67,874,976.	56,087,558.	11,787,418.	
12 Advertising and promotion	1,185,579.	952,372.	233,207.	
13 Office expenses	4,305,147.	2,677,606.	1,627,541.	
14 Information technology	33,395,841.	23,372,268.	10,023,573.	
15 Royalties				
16 Occupancy	33,115,907.	22,155,622.	10,960,285.	
17 Travel	1,021,513.	760,134.	261,379.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,718,490.	1,554,177.	164,313.	
20 Interest	5,373,807.	4,477,572.	896,235.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,246,040.	59,217,196.	7,028,844.	
23 Insurance	11,115,431.	11,115,431.		
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 MEDICAL SUPPLIES	105,250,257.	105,250,257.		
b UBIT TAXES	875,000.		875,000.	
c PHARMACY	52,730,333.	52,730,333.		
d MEDICAID COST REDUCTION	13,501,901.		13,501,901.	
e All other expenses	15,453,942.	14,543,698.	910,244.	
25 **Total functional expenses.** Add lines 1 through 24e	851,968,731.	721,853,838.	130,114,893.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	5,387.	1	2,600.
	2	Savings and temporary cash investments	250,903,089.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	114,829,103.	4	102,037,303.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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 instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	1,917,564.	7	932,705.
	8	Inventories for sale or use	19,921,732.	8	23,201,419.
	9	Prepaid expenses and deferred charges	9,068,112.	9	12,691,717.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1176814572.			
	b	Less accumulated depreciation — 10b: 713,035,783.	505,502,765.	10c	463,778,789.
	11	Investments - publicly traded securities	504,151,331.	11	256,549,521.
	12	Investments - other securities See Part IV, line 11	20,580,395.	12	24,236,151.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	2,055,670.	14	0.
	15	Other assets See Part IV, line 11	54,200,651.	15	4,974,626.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1483135799.	16	888,404,831.
Liabilities	17	Accounts payable and accrued expenses	124,032,372.	17	204,006,831.
	18	Grants payable		18	
	19	Deferred revenue	165,484,891.	19	
	20	Tax-exempt bond liabilities	667,362,657.	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	36,187,078.	23	31,303,054.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,809,400.	25	3,809,400.
	26	**Total liabilities.** Add lines 17 through 25	996,876,398.	26	239,119,285.
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	444,099,001.	27	596,166,798.
	28	Temporarily restricted net assets	19,814,569.	28	24,827,012.
	29	Permanently restricted net assets	22,345,831.	29	28,291,736.
		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	486,259,401.	33	649,285,546.
	34	Total liabilities and net assets/fund balances	1483135799.	34	888,404,831.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,036,426,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	851,968,731.
3	Revenue less expenses Subtract line 2 from line 1	3	184,458,170.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	486,259,401.
5	Net unrealized gains (losses) on investments	5	-3,869,522.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,562,503.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	649,285,546.

Part XII Financial Statements and Reporting

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

			Yes	No
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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
UPMC PINNACLE HOSPITALS	25-1778644

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)

03

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First 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 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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*	1		
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)*	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*	3a		
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* .	3b		
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*	3c		
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*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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)*	7		
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)*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
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*	1		
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.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

			Yes	No
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.*	2a		
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.*	2b		
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.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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)

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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**) See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017
Open to Public Inspection

Name of the organization	Employer identification number
UPMC PINNACLE HOSPITALS	25-1778644

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 on Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,488,199.	7,107,039.			
b	Contributions					
c	Net investment earnings, gains, and losses	195,794.	381,160.			
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	7,683,993.	7,488,199.			

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,692,463.		14,692,463.
b Buildings		639,461,787.	368,183,484.	271,278,303.
c Leasehold improvements		22,504,834.	15,794,735.	6,710,099.
d Equipment		452,376,219.	319,657,216.	132,719,003.
e Other		47,779,269.	9,400,348.	38,378,921.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*			▶	463,778,789.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ADVANCES FROM THIRD-PARTY PAYORS	3,809,400.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		3,809,400.

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 [X]

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

PART X, LINE 2:

TAX BENEFITS ARE RECOGNIZED WHEN IT IS MORE-LIKELY-THAN-NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. SUCH TAX POSITIONS ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX AUTHORITIES ASSUMING FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. CERTAIN OF THE COMPANY'S SUBSIDIARIES ARE SUBJECT TO TAXATION IN THE UNITED STATES, VARIOUS STATES, AND FOREIGN JURISDICTIONS. AS OF DECEMBER 31, 2017, THE COMPANY'S RETURNS FOR THE FISCAL YEARS ENDED JUNE 30, 2014, 2015, AND 2016 ARE OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
UPMC PINNACLE HOSPITALS	25-1778644

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year [X] 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% [X] Other 250 %	3a	X	
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% [X] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		

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)			20423256.		20423256.	2.40%
b Medicaid (from Worksheet 3, column a)			103721266	74642378.	29078888.	3.41%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			124144522	74642378.	49502144.	5.81%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		956,872	6265094.		6265094.	.74%
f Health professions education (from Worksheet 5)		8,500	7365143.		7365143.	.86%
g Subsidized health services (from Worksheet 6)		25,500	416,761.		416,761.	.05%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		117,066	162,142.		162,142.	.02%
j **Total.** Other Benefits		1107938	14209140.		14209140.	1.67%
k **Total.** Add lines 7d and 7j		1107938	138353662	74642378.	63711284.	7.48%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			0.			
2	Economic development			0.			
3	Community support		934,035	4050651.		4050651.	.48%
4	Environmental improvements			0.			
5	Leadership development and training for community members			0.			
6	Coalition building			0.			
7	Community health improvement advocacy		500	67,408.		67,408.	.01%
8	Workforce development		100	80,000.		80,000.	.01%
9	Other						
10	Total		934,635	4198059.		4198059.	.50%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
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 8,651,586.			
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 1,307,104.			
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)	5 171,705,516.			
6	Enter Medicare allowable costs of care relating to payments on line 5	6 168,738,914.			
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7 2,966,602.			
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				
	[X] 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 %
1 WEST SHORE SURGERY CENTER LTD.	SURGICAL CARE - MEDICAL SERVICES	45.00%	.00%	53.00%
2 SUSQUEHANNA VALLEY SURGERY CENTER	SURGICAL CARE - MEDICAL SERVICES	50.00%	.00%	50.00%

Part V Facility Information

Section A Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 3

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	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UPMC PINNACLE HARRISBURG 111 SOUTH FRONT STREET HARRISBURG, PA 17101 WWW.UPMCPINNACLE.COM 340601	X	X		X		X	X			
2 UPMC PINNACLE COMMUNITY GENERAL OSTEOP 4300 LONDONDERRY ROAD HARRISBURG, PA 17109 WWW.UPMCPINNACLE.COM 340601	X	X		X		X	X			
3 UPMC PINNACLE WEST SHORE 1995 TECHNOLOGY PARKWAY MECHANICSBURG, PA 17050 WWW.UPMCPINNACLE.COM 340601	X	X		X		X	X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UPMC PINNACLE HARRISBURG

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?	1		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	2		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	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] 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	5	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	6a	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	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a [X] Hospital facility's website (list url) WWW.UPMCPINNACLE.COM			
b [X] Other website (list url) WWW.HSH.ORG, WWW.PENNSTATEHERSHEY.ORG, WWW.PPIM			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url) WWW.UPMCPINNACLE.COM			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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)

2

Name of hospital facility or letter of facility reporting group UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		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	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] 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	5	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	6a	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	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website (list url) WWW.UPMCPINNACLE.COM			
b	[X] Other website (list url) WWW.HSH.ORG, WWW.PENNSTATEHERSHEY.ORG, WWW.PPIM			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[X] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url) WWW.UPMCPINNACLE.COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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)

3

Name of hospital facility or letter of facility reporting group UPMC PINNACLE WEST SHORE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

Community Health Needs Assessment		Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		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	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] 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	5	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	6a	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	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a [X] Hospital facility's website (list url) WWW.UPMCPINNACLE.COM			
b [X] Other website (list url) WWW.HSH.ORG, WWW.PENNSTATEHERSHEY.ORG, WWW.PPIM			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url) WWW.UPMCPINNACLE.COM			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V, Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UPMC PINNACLE HARRISBURG

			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?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] 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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] 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	[X] 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	[X] The FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM			
b	[X] The FAP application form was widely available on a website (list url) WWW.UPMCPINNACLE.COM			
c	[X] A plain language summary of the FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	*Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?*	X	
	If "Yes," indicate the eligibility criteria explained in the FAP		
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %		
b	[ ] Income level other than FPG (describe in Section C)		
c	[X] Asset level		
d	[X] Medical indigency		
e	[X] Insurance status		
f	[X] Underinsurance status		
g	[X] 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?	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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application		
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	[X] 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	[X] Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	[X] The FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
b	[X] *The FAP application form was widely available on a website (list url)* WWW.UPMCPINNACLE.COM		
c	[X] A plain language summary of the FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	[ ] Other (describe in Section C)		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UPMC PINNACLE WEST SHORE

		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?	13 X	
	If "Yes," indicate the eligibility criteria explained in the FAP		
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %		
b	[ ] Income level other than FPG (describe in Section C)		
c	[X] Asset level		
d	[X] Medical indigency		
e	[X] Insurance status		
f	[X] Underinsurance status		
g	[X] 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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application		
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	[X] 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	[X] 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	[X] The FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
b	[X] The FAP application form was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
c	[X] A plain language summary of the FAP was widely available on a website (list url) WWW.UPMCPINNACLE.COM		
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	[ ] Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group UPMC PINNACLE HARRISBURG

		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

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)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

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

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group UPMC PINNACLE WEST SHORE

		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)		

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 UPMC PINNACLE HARRISBURG

		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		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		X

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 UPMC PINNACLE COMMUNITY GENERAL OSTEOPAT

		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		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		X

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 UPMC PINNACLE WEST SHORE

		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		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		X

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

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 5: WE CONDUCTED 56 PHONE INTERVIEWS WITH LOCAL COMMUNITY LEADERS. WITH THE HELP OF COMMUNITY BASED GRASS ROOTS ORGANIZATIONS. A HAND-DISTRIBUTED SURVEY WAS DISSEMINATED TO OUR MOST VULNERABLE POPULATIONS. AVAILABLE IN BOTH ENGLISH AND SPANISH, WE RECEIVED 833 COMPLETED SURVEYS. NEW TO THE CHNA PROCESS, PINNACLE COLLECTED 654 PROVIDER SERVICES SURVEYS WHICH DOCUMENTED COMMUNTY NEEDS AS IDENTIFIED BY PHYSICIANS, NURSES, AND MID LEVEL PROVIDERS IN BOTH INPATIENT AND OUTPATIENT SETTINGS. ALSO THREE KIOSKS WERE MADE AVAILABLE THROUGHOUT THE SYSTEM FOR PUBLIC COMMENTARY. ADDITIONALLY, THIRTY-FIVE COMMUNITY MEMBERS PROVIDED FEEDBACK ON THE PRIOR CHNA AND THE CURRENT HEALTH NEEDS OF THE COMMUNITY. FINALLY, TWO COMMUNITY FORUMS WERE HELD WELCOMING THE ENTIRE COMMUNITY TO REVIEW THE FINDINGS AND PROVIDE FEEDBACK AND/OR VOICE ADDITIONAL CONCERNS.

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 6A: UPMC PINNACLE CARLISLE

PENNSYLVANIA PSYCHIATRIC INSTITUTE

PENN STATE HERSHEY MEDICAL CENTER

HOLY SPIRIT- A GEISINGER AFFILIATE

UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC:

PART V, SECTION B, LINE 6A: UPMC PINNACLE CARLISLE

PENNSYLVANIA PSYCHIATRIC INSTITUTE

PENN STATE HERSHEY MEDICAL CENTER

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

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

HOLY SPIRIT- A GEISINGER AFFILIATE

UPMC PINNACLE WEST SHORE:

PART V, SECTION B, LINE 6A: UPMC PINNACLE CARLISLE

PENNSYLVANIA PSYCHIATRIC INSTITUTE

PENN STATE HERSHEY MEDICAL CENTER

HOLY SPIRIT- A GEISINGER AFFILIATE

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 6B: HAMILTON HEALTH

UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC:

PART V, SECTION B, LINE 6B: HAMILTON HEALTH

UPMC PINNACLE WEST SHORE:

PART V, SECTION B, LINE 6B: HAMILTON HEALTH

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC:

PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

UPMC PINNACLE WEST SHORE:

PART V, SECTION B, LINE 7D: COMMUNITY EVENTS

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

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM THE CHNA AND MAPPING EXISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPLEMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES.

UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2012 AND IN ACCORDANCE WITH IRS REGULATIONS TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2015 CHNA. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH, WITH THE ASSISTANCE OF COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THERE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HEALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3).

PRIORITY 1: ACCESS TO HEALTH SERVICES

THE FINDINGS OF THE CHNA POINTED TO A GROWING ISSUE: LACK OF ACCESS TO QUALITY HEALTHCARE, SPECIFICALLY RELATED TO PRIMARY, SPECIALTY AND DENTAL CARE, IN MANY COMMUNITIES OF THE FIVE-COUNTY REGION OF PA. HEALTH INSURANCE COVERAGE, AFFORDABILITY, HEALTH LITERACY, CULTURAL COMPETENCE, COORDINATION OF COMPREHENSIVE CARE, AND THE AVAILABILITY OF PHYSICIANS ARE ALL FACTORS AFFECTING THE LEVEL OF HEALTHCARE ACCESS.

PRIMARY CARE

STRATEGY:

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*

PROVIDE INSURANCE ENROLLMENT SPECIALISTS AND FINANCIAL ADVISORS TO EDUCATE AND ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS.

ACTIONS/TACTICS

-EXPAND THE AVAILABILITY OF CERTIFIED APPLICATION COUNSELORS (CAC) IN EACH EMERGENCY ROOM TO IDENTIFY UNINSURED PATIENTS AS THEY REGISTER.

-EXPAND OUTREACH EFFORTS TO INFORM AND ASSIST FAMILIES WITH ENROLLING IN CHILDREN'S HEALTH INSURANCE PLAN AND IMPROVE ACCESS TO MORE AFFORDABLE MEDICATIONS.

STRATEGY:

OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME MODEL

ACTIONS/TACTICS

-COLLABORATE WITH SOCIAL WORKERS, NURSE CARE MANAGERS, AND COMMUNITY-BASED SOCIAL SERVICE ORGANIZATIONS TO ASSIST WITH SOCIAL PROGRAM ELIGIBILITY AND BARRIERS TO INSURANCE ACCESS.

-PROVIDE HOME VISITS TO HIGH-RISK POPULATIONS.

-EXPAND NAVIGATION TEAMS.

STRATEGY:

COLLABORATE WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED AND DIVERSE POPULATIONS.

ACTIONS/TACTICS

-PROVIDE CARE COORDINATION AMONG EACH HEALTH SYSTEM AND COMMUNITY HEALTH CLINICS

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

-CONDUCT EDUCATIONAL EVENTS AND PROGRAMS THAT FOCUS ON THE TRADITIONS, CULTURES AND HEALTHCARE NEEDS OF UNIQUE AND DIVERSE POPULATIONS IN THE SERVICE AREA.

-UTILIZE COMMUNITY PARTNERSHIPS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

SPECIALTY CARE

STRATEGY:

EXPAND HEART AND STROKE HEALTH EDUCATION AND SCREENINGS THROUGH COMMUNITY OUTREACH ACTIVITIES.

ACTIONS/TACTICS

-ENHANCE PUBLIC AWARENESS OF HEART AND VASCULAR HEALTH TO REDUCE HEART AND VASCULAR DISEASE MORTALITY AND MORBIDITY.

-WORK WITH STROKE PROGRAM, CARDIOVASCULAR AND THORACIC SURGERY TEAMS TO FOCUS EDUCATION ON SCHOOL-AGED CHILDREN AND AT-RISK ADULTS IN COLLABORATION WITH THE COMMUNITY TEAM.

STRATEGY:

IMPROVE DIABETIC ADULT CARE

ACTIONS/TACTICS

-IDENTIFY HIGH-RISK PATIENTS DURING THEIR HOSPITALIZATION WITH A DIAGNOSIS OF DIABETES AND PROVIDE ONGOING EDUCATION POST DISCHARGE.

STRATEGY:

IMPROVE CANCER CARE.

ACTIONS/TACTICS

-CONTINUE THE NORTHERN APPALACHIA CANCER NETWORK AND HARRISBURG COMMUNITY

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

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

CANCER NETWORK INITIATIVES

-WORK WITH COMMUNITY CANCER SUPPORT GROUPS SUCH AS CATALYST TO REDUCE HEALTH DISPARITIES AND IMPROVE THE HEALTH OF OUR COMMUNITIES.

-EXPAND FREE MAMMOGRAM VOUCHER PROGRAM TO UNDERSERVED AND/OR UNDERINSURED WOMEN.

STRATEGY:

IMPROVE HIV/AIDS CARE

ACTIONS/TACTICS

-CONTINUE TO PROVIDE THE RESOURCES, EDUCATION AND COMPREHENSIVE CARE PROGRAM TO HIV/AIDS CLIENTS.

-CONTINUE TO WORK WITH ALDER HEALTH SERVICES FOR HIV AIDS CARE.

DENTAL CARE

STRATEGY:

INCREASE UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT AND COORDINATE CARE OF URGENT DENTAL NEEDS WITH THE EMERGENCY DEPARTMENT.

ACTIONS/TACTICS

-UTILIZE VOLUNTEER DENTISTS IN THE SMILES NETWORK.

-PARTNER WITH COMMUNITY CLINICS TO PROVIDE ONGOING PREVENTIVE DENTAL CARE OR NON-URGENT DENTAL CARE. HAMILTON HEALTH CENTER IS A LOCAL FEDERALLY QUALIFIED HEALTH CENTER THAT IS EQUIPPED WITH A STATE-OF-THE-ART DENTAL CLINIC.

PRIORITY 2: BEHAVIORAL HEALTH

BEHAVIORAL HEALTH ISSUES AFFECT NOT ONLY THE MENTAL WELL-BEING OF AN

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

INDIVIDUAL, BUT ALSO SPIRITUAL, EMOTIONAL AND PHYSICAL HEALTH. UNMANAGED MENTAL ILLNESSES INCREASE THE LIKELIHOOD OF ADVERSE HEALTH OUTCOMES, CHRONIC DISEASE, AND SUBSTANCE ABUSE PARTLY DUE TO A DECREASE IN ACCESSING MEDICAL CARE.

MENTAL HEALTH

STRATEGY:

IMPROVE ACCESS AND CONTINUITY OF BEHAVIORAL HEALTH AND MENTAL HEALTH SERVICES.

ACTIONS/TACTICS

-CREATE A DIRECT ADMIT PROGRAM.

-IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH SERVICES.

INTEGRATE PINNACLEHEALTH PSYCHOLOGICAL ASSOCIATES SERVICES INTO THE PINNACLEHEALTH MEDICAL SERVICES.

-INTEGRATE PSYCHOLOGICAL EVALUATION INTO PSYCHOLOGICAL MEDICAL OFFICES.

-PARTNER WITH HAMILTON HEALTH CENTER TO PROVIDE BEHAVIORAL HEALTH SERVICES.

-PROMOTE CONSUMER AND SYSTEM HEALTH LITERACY ON MENTAL HEALTH CONCERNS.

-PPI WILL EXPLORE A PARTNERSHIP FOR A TELE-PSYCHIATRY PROGRAM TO PROVIDE BEHAVIORAL HEALTH CARE TO PATIENTS IN AN ACUTE SETTING.

-ENHANCE BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN NEED.

-DESIGN NEW ADOLESCENT UNIT AT PPI.

-COLLABORATE WITH PA YOUTH SUICIDE PREVENTION INITIATIVE, PPI AND SCHOOLS TO IMPROVE EARLY DETECTION AND REDUCE RISK OF YOUTH SUICIDE.

SUBSTANCE ABUSE

STRATEGY:

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

DEVELOP INPATIENT AND COMMUNITY-BASED SUBSTANCE ABUSE EDUCATION AND TREATMENT SERVICES.

ACTIONS/TACTICS

-IMPLEMENT AN OPIOID TASK FORCE AND STEWARDSHIP PROGRAM.

-PPI INITIATED AN OPIATE TREATMENT PROGRAM IN 2017.

-PROMOTE MEDICAL STAFF AND COMMUNITY AWARENESS EDUCATION FOR PREVENTING PRESCRIPTION DRUG AND OPIOID MISUSE, ABUSE AND OVERDOSE. DRUGS 101: WHAT PARENTS AND KIDS NEED TO KNOW IS A PROGRAM THAT HELPS TO INCREASE DRUG AND ALCOHOL AWARENESS FOR PARENTS AND CHILDREN AGES 10 AND OLDER. THE PROGRAM IS UNIQUE BECAUSE IT INVOLVES BOTH PARENTS AND CHILDREN IN THE SAME EVENT.

-REDUCE ACCESS TO PRESCRIPTION DRUGS, AND THE POSSIBILITY OF MISUSE AND ABUSE, BY PARTICIPATING IN NATIONAL DRUG TAKE BACK DAY AND PROMOTING DRUG TAKE BACK COLLECTION SITES AVAILABLE AT COMMUNITY POLICE DEPARTMENTS.

-PARTICIPATE IN COLLABORATIVE EFFORTS TO IMPROVE POLICY AND ADDRESS DRUG ADDICTION AND ABUSE.

-OFFER AL-ANON SUPPORT FOR THOSE IN NEED.

PRIORITY 3: HEALTHY LIFESTYLES

THE CHNA REVEALED A LACK OF HEALTHY LIFESTYLES IN THE FIVE-COUNTY REGION. OBESITY, BEING OVERWEIGHT, POOR NUTRITION, LACK OF PHYSICAL ACTIVITY AND SMOKING ARE ASSOCIATED WITH PROFOUND, ADVERSE HEALTH CONDITIONS. THESE INCLUDE HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, TYPE 2 DIABETES, HEART DISEASE, SOME CANCERS, AND OTHER LIMITING PHYSICAL AND MENTAL HEALTH ISSUES.

PHYSICAL ACTIVITY

STRATEGY:

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

ASSESS AND EXPAND EXISTING VENUES FOR PHYSICAL ACTIVITY.

ACTIONS/TACTICS

-CONDUCT A WALK-FRIENDLY ASSESSMENT TO IMPROVE WALKABILITY.

-EXPAND THE BAND TOGETHER PROGRAM.

-INCREASE WALKING OPPORTUNITIES.

-CONTINUE EAT SMART, PLAY SMART.

STRATEGY:

INITIATE NEW PHYSICAL ACTIVITY PROGRAMS.

ACTIONS/TACTICS

-LAUNCH "GET FIT TOGETHER" PROGRAM IN COLLABORATION WITH YMCA.

-ESTABLISH A HMC BIKE SHARE PROGRAM.

INADEQUATE NUTRITION AND OBESITY

STRATEGY:

INCREASE ACCESS TO HEALTHY FOOD CHOICES AND NUTRITION EDUCATION.

ACTIONS/TACTICS

-INCREASE ACCESS TO HEALTHY FOOD CHOICES AND NUTRITION EDUCATION THROUGH THE FOOD AS MEDICINE PROGRAM.

-CONTINUE THE HERSHEY COMMUNITY GARDEN LOCATED ON THE HMC CAMPUS.

-PARTNER WITH PENN STATE EXTENSION AND PPI TO DEVELOP MONTHLY HEALTH EDUCATION SESSIONS FOR FOOD PANTRY CLIENTS TO IMPROVE THEIR HEALTH. IN ADDITION, HMC FACULTY, STAFF AND STUDENTS HAVE COLLABORATED WITH STEELTON FOOD PANTRY AND PENN STATE EXTENSION TO BRING HEALTH EDUCATION TO CHILDREN AS PART OF THEIR SUMMER FEEDING PROGRAM.

-CONTINUE TO SUPPORT THE POWER PACK PROGRAM.

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

STRATEGY:

IDENTIFY AT-RISK YOUTH THROUGH SCHOOL-BASED ASSESSMENTS AND IMPLEMENT COMMUNITY NUTRITION EDUCATION AND OBESITY PREVENTION PROGRAMS.

ACTIONS/TACTICS

-CONDUCT SCHOOL-BASED ASSESSMENTS.

-EXPAND COMMUNITY NUTRITION EDUCATION AND OBESITY

SMOKING CESSATION

STRATEGY:

PROVIDE TOBACCO CESSATION PROGRAMS.

ACTIONS/TACTICS

-CONDUCT PENN STATE HERSHEY MEDICAL CENTER'S MONDAY NIGHT SUPPORT GROUP FOR COMMUNITY AND EMPLOYEES.

-CONDUCT SMOKING CESSATION LUNCH AND LEARNS.

-IMPLEMENT TEXT TO QUIT AND BETTER BREATHERS CLUBS. OFFER AT BOTH PINNACLEHEALTH CAMPUSES AND EXPAND TO COMMUNITY LOCATIONS AND MEASURE ANNUALLY.

-CONDUCT INPATIENT-BASED TOBACCO CESSATION INITIATIVES.

-CONDUCT CHRONIC OBSTRUCTIVE PULMONARY DISEASE INITIATIVE.

STRATEGY:

DECREASE THE USE OF ANY TOBACCO PRODUCT AMONG MIDDLE AND HIGH SCHOOL STUDENTS.

ACTIONS/TACTICS

UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC:

PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM 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

CHNA AND MAPPING EXISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPLEMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES.

UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012 AND IN ACCORDANCE WITH IRS REGULATIONS TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2015 CHNA. AS A RESULT OF EXTENSIVE PRIMARY AND SECONDARY RESEARCH, WITH THE ASSISTANCE OF COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THERE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HEALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3).

PRIORITY 1: ACCESS TO HEALTH SERVICES

THE FINDINGS OF THE CHNA POINTED TO A GROWING ISSUE: LACK OF ACCESS TO QUALITY HEALTHCARE, SPECIFICALLY RELATED TO PRIMARY, SPECIALTY AND DENTAL CARE, IN MANY COMMUNITIES OF THE FIVE-COUNTY REGION OF PENNSYLVANIA. HEALTH INSURANCE COVERAGE, AFFORDABILITY, HEALTH LITERACY, CULTURAL COMPETENCE, COORDINATION OF COMPREHENSIVE CARE, AND THE AVAILABILITY OF PHYSICIANS ARE ALL FACTORS AFFECTING THE LEVEL OF HEALTHCARE ACCESS.

PRIMARY CARE

STRATEGY:

PROVIDE INSURANCE ENROLLMENT SPECIALISTS AND FINANCIAL ADVISORS TO EDUCATE AND ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS.

ACTIONS/TACTICS

-EXPAND THE AVAILABILITY OF CERTIFIED APPLICATION COUNSELORS IN EACH

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.

EMERGENCY ROOM TO IDENTIFY UNINSURED PATIENTS AS THEY REGISTER.

-EXPAND OUTREACH EFFORTS TO INFORM AND ASSIST FAMILIES WITH ENROLLING IN CHILDREN'S HEALTH INSURANCE PLAN (CHIP) AND IMPROVE ACCESS TO MORE AFFORDABLE MEDICATIONS.

STRATEGY:

OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME MODEL

ACTIONS/TACTICS

-COLLABORATE WITH SOCIAL WORKERS, NURSE CARE MANAGERS, AND COMMUNITY-BASED SOCIAL SERVICE ORGANIZATIONS TO ASSIST WITH SOCIAL PROGRAM ELIGIBILITY AND BARRIERS TO INSURANCE ACCESS.

-PROVIDE HOME VISITS TO HIGH-RISK POPULATIONS.

-EXPAND NAVIGATION TEAMS.

STRATEGY:

COLLABORATE WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED AND DIVERSE POPULATIONS.

ACTIONS/TACTICS

-PROVIDE CARE COORDINATION AMONG EACH HEALTH SYSTEM AND COMMUNITY HEALTH CLINICS

-CONDUCT EDUCATIONAL EVENTS AND PROGRAMS THAT FOCUS ON THE TRADITIONS, CULTURES AND HEALTHCARE NEEDS OF UNIQUE AND DIVERSE POPULATIONS IN THE SERVICE AREA.

-UTILIZE COMMUNITY PARTNERSHIPS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

SPECIALTY CARE

STRATEGY:

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*

EXPAND HEART AND STROKE HEALTH EDUCATION AND SCREENINGS THROUGH COMMUNITY OUTREACH ACTIVITIES.

ACTIONS/TACTICS

-ENHANCE PUBLIC AWARENESS OF HEART AND VASCULAR HEALTH TO REDUCE HEART AND VASCULAR DISEASE MORTALITY AND MORBIDITY.

-WORK WITH STROKE PROGRAM, CARDIOVASCULAR AND THORACIC SURGERY TEAMS TO FOCUS EDUCATION ON SCHOOL-AGED CHILDREN AND AT-RISK ADULTS IN COLLABORATION WITH THE COMMUNITY TEAM.

STRATEGY:

IMPROVE DIABETIC ADULT CARE

ACTIONS/TACTICS

-IDENTIFY HIGH-RISK PATIENTS DURING THEIR HOSPITALIZATION WITH A DIAGNOSIS OF DIABETES AND PROVIDE ONGOING EDUCATION POST DISCHARGE.

STRATEGY:

IMPROVE CANCER CARE.

ACTIONS/TACTICS

-CONTINUE THE NORTHERN APPALACHIA CANCER NETWORK AND HARRISBURG COMMUNITY CANCER NETWORK INITIATIVES

-WORK WITH COMMUNITY CANCER SUPPORT GROUPS SUCH AS CATALYST TO REDUCE HEALTH DISPARITIES AND IMPROVE THE HEALTH OF OUR COMMUNITIES.

-EXPAND FREE MAMMOGRAM VOUCHER PROGRAM TO UNDERSERVED AND/OR UNDERINSURED WOMEN.

STRATEGY:

IMPROVE HIV/AIDS CARE

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

ACTIONS/TACTICS

-CONTINUE TO PROVIDE THE RESOURCES, EDUCATION AND COMPREHENSIVE CARE PROGRAM TO HIV/AIDS CLIENTS.

-CONTINUE TO WORK WITH ALDER HEALTH SERVICES FOR HIV AIDS CARE.

DENTAL CARE

STRATEGY:

INCREASE UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT AND COORDINATE CARE OF URGENT DENTAL NEEDS WITH THE EMERGENCY DEPARTMENT.

ACTIONS/TACTICS

-UTILIZE VOLUNTEER DENTISTS IN THE SMILES NETWORK.

-PARTNER WITH COMMUNITY CLINICS TO PROVIDE ONGOING PREVENTIVE DENTAL CARE OR NON-URGENT DENTAL CARE. HAMILTON HEALTH CENTER IS A LOCAL FEDERALLY QUALIFIED HEALTH CENTER THAT IS EQUIPPED WITH A STATE-OF-THE-ART DENTAL CLINIC.

PRIORITY 2: BEHAVIORAL HEALTH

BEHAVIORAL HEALTH ISSUES AFFECT NOT ONLY THE MENTAL WELL-BEING OF AN INDIVIDUAL, BUT ALSO SPIRITUAL, EMOTIONAL AND PHYSICAL HEALTH. UNMANAGED MENTAL ILLNESSES INCREASE THE LIKELIHOOD OF ADVERSE HEALTH OUTCOMES, CHRONIC DISEASE, AND SUBSTANCE ABUSE PARTLY DUE TO A DECREASE IN ACCESSING MEDICAL CARE.

MENTAL HEALTH

STRATEGY:

IMPROVE ACCESS AND CONTINUITY OF BEHAVIORAL HEALTH AND MENTAL HEALTH

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*

SERVICES.

ACTIONS/TACTICS

-CREATE A DIRECT ADMIT PROGRAM.

-IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH SERVICES.

INTEGRATE PINNACLEHEALTH PSYCHOLOGICAL ASSOCIATES SERVICES INTO THE PINNACLEHEALTH MEDICAL SERVICES.

-INTEGRATE PSYCHOLOGICAL EVALUATION INTO PSYCHOLOGICAL MEDICAL OFFICES.

-PARTNER WITH HAMILTON HEALTH CENTER TO PROVIDE BEHAVIORAL HEALTH SERVICES.

-PROMOTE CONSUMER AND SYSTEM HEALTH LITERACY ON MENTAL HEALTH CONCERNS.

-PPI WILL EXPLORE A PARTNERSHIP FOR A TELE-PSYCHIATRY PROGRAM TO PROVIDE BEHAVIORAL HEALTH CARE TO PATIENTS IN AN ACUTE SETTING.

-ENHANCE BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN NEED.

-DESIGN NEW ADOLESCENT UNIT AT PPI.

-COLLABORATE WITH PA YOUTH SUICIDE PREVENTION INITIATIVE, PPI AND SCHOOLS TO IMPROVE EARLY DETECTION AND REDUCE RISK OF YOUTH SUICIDE.

SUBSTANCE ABUSE

STRATEGY:

DEVELOP INPATIENT AND COMMUNITY-BASED SUBSTANCE ABUSE EDUCATION AND TREATMENT SERVICES.

ACTIONS/TACTICS

-IMPLEMENT AN OPIOID TASK FORCE AND STEWARDSHIP PROGRAM.

-PPI INITIATED AN OPIATE TREATMENT PROGRAM IN 2017.

-PROMOTE MEDICAL STAFF AND COMMUNITY AWARENESS EDUCATION FOR PREVENTING PRESCRIPTION DRUG AND OPIOID MISUSE, ABUSE AND OVERDOSE. DRUGS 101: WHAT PARENTS AND KIDS NEED TO KNOW IS A PROGRAM THAT HELPS TO INCREASE DRUG AND

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

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

ALCOHOL AWARENESS FOR PARENTS AND CHILDREN AGES 10 AND OLDER. THE PROGRAM IS UNIQUE BECAUSE IT INVOLVES BOTH PARENTS AND CHILDREN IN THE SAME EVENT.

-REDUCE ACCESS TO PRESCRIPTION DRUGS, AND THE POSSIBILITY OF MISUSE AND ABUSE, BY PARTICIPATING IN NATIONAL DRUG TAKE BACK DAY AND PROMOTING DRUG TAKE BACK COLLECTION SITES AVAILABLE AT COMMUNITY POLICE DEPARTMENTS.

-PARTICIPATE IN COLLABORATIVE EFFORTS TO IMPROVE POLICY AND ADDRESS DRUG ADDICTION AND ABUSE.

-OFFER AL-ANON SUPPORT FOR THOSE IN NEED.

PRIORITY 3: HEALTHY LIFESTYLES

THE CHNA REVEALED A LACK OF HEALTHY LIFESTYLES IN THE FIVE-COUNTY REGION. OBESITY, BEING OVERWEIGHT, POOR NUTRITION, LACK OF PHYSICAL ACTIVITY AND SMOKING ARE ASSOCIATED WITH PROFOUND, ADVERSE HEALTH CONDITIONS. THESE INCLUDE HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, TYPE 2 DIABETES, HEART DISEASE, SOME CANCERS, AND OTHER LIMITING PHYSICAL AND MENTAL HEALTH ISSUES.

PHYSICAL ACTIVITY

STRATEGY:

ASSESS AND EXPAND EXISTING VENUES FOR PHYSICAL ACTIVITY.

ACTIONS/TACTICS

-CONDUCT A WALK-FRIENDLY ASSESSMENT TO IMPROVE WALKABILITY.

-EXPAND THE BAND TOGETHER PROGRAM.

-INCREASE WALKING OPPORTUNITIES.

-CONTINUE EAT SMART, PLAY SMART.

STRATEGY:

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.

INITIATE NEW PHYSICAL ACTIVITY PROGRAMS.

ACTIONS/TACTICS

-LAUNCH "GET FIT TOGETHER" PROGRAM IN COLLABORATION WITH YMCA.

-ESTABLISH A HMC BIKE SHARE PROGRAM.

INADEQUATE NUTRITION AND OBESITY

STRATEGY:

INCREASE ACCESS TO HEALTHY FOOD CHOICES AND NUTRITION EDUCATION.

ACTIONS/TACTICS

-INCREASE ACCESS TO HEALTHY FOOD CHOICES AND NUTRITION EDUCATION THROUGH THE FOOD AS MEDICINE PROGRAM.

-CONTINUE THE HERSHEY COMMUNITY GARDEN LOCATED ON THE HMC CAMPUS.

-PARTNER WITH PENN STATE EXTENSION AND PPI TO DEVELOP MONTHLY HEALTH EDUCATION SESSIONS FOR FOOD PANTRY CLIENTS TO IMPROVE THEIR HEALTH. IN ADDITION, HMC FACULTY, STAFF AND STUDENTS HAVE COLLABORATED WITH STEELTON FOOD PANTRY AND PENN STATE EXTENSION TO BRING HEALTH EDUCATION TO CHILDREN AS PART OF THEIR SUMMER FEEDING PROGRAM.

-CONTINUE TO SUPPORT POWER PACKS.

STRATEGY:

IDENTIFY AT-RISK YOUTH THROUGH SCHOOL-BASED ASSESSMENTS AND IMPLEMENT COMMUNITY NUTRITION EDUCATION AND OBESITY PREVENTION PROGRAMS.

ACTIONS/TACTICS

-CONDUCT SCHOOL-BASED ASSESSMENTS.

-EXPAND COMMUNITY NUTRITION EDUCATION AND OBESITY

SMOKING CESSATION

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

STRATEGY:

PROVIDE TOBACCO CESSATION PROGRAMS.

ACTIONS/TACTICS

-CONDUCT PENN STATE HERSHEY MEDICAL CENTER'S MONDAY NIGHT SUPPORT GROUP FOR COMMUNITY AND EMPLOYEES.

-CONDUCT SMOKING CESSATION LUNCH AND LEARNS.

-IMPLEMENT TEXT TO QUIT AND BETTER BREATHERS CLUBS. OFFER AT BOTH PINNACLEHEALTH CAMPUSES AND EXPAND TO COMMUNITY LOCATIONS AND MEASURE ANNUALLY.

-CONDUCT INPATIENT-BASED TOBACCO CESSATION INITIATIVES.

-CONDUCT CHRONIC OBSTRUCTIVE PULMONARY DISEASE INITIATIVE.

STRATEGY:

DECREASE THE USE OF ANY TOBACCO PRODUCT AMONG MIDDLE AND HIGH SCHOOL STUDENTS.

ACTIONS/TACTICS

-PROVIDE TOBACCO PREVENTION PROGRAMS TO MIDDLE AND HIGH SCHOOL STUDENTS.

UPMC PINNACLE WEST SHORE:

PART V, SECTION B, LINE 11: AFTER REVIEWING THE DATA GENERATED FROM THE CHNA AND MAPPING EXISTING INTERNAL AND COMMUNITY BASED RESOURCES, UPMC PINNACLE DEVELOPED THE FOLLOWING IMPLEMENTATION PLAN WITH EVIDENCE-BASED STRATEGIES.

UPMC PINNACLE PRESENTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012 AND IN ACCORDANCE WITH IRS REGULATIONS TO CONDUCT THE CHNA EVERY THREE YEARS, HAS COMPLETED AND APPROVED THE 2015 CHNA. AS A RESULT OF EXTENSIVE

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

PRIMARY AND SECONDARY RESEARCH, WITH THE ASSISTANCE OF COMMUNITY MEMBERS AND COMMUNITY LEADERS, PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES. THE RESEARCH ILLUSTRATED THAT THERE IS A NEED FOR ADDITIONAL INFORMATION AND SERVICES THAT PROMOTE AND PROVIDE ACCESS TO HEALTH SERVICES (1), BEHAVIORAL HEALTH SERVICES (2), AND HEALTHY LIFESTYLES (3).

PRIORITY 1: ACCESS TO HEALTH SERVICES

THE FINDINGS OF THE CHNA POINTED TO A GROWING ISSUE: LACK OF ACCESS TO QUALITY HEALTHCARE, SPECIFICALLY RELATED TO PRIMARY, SPECIALTY AND DENTAL CARE, IN MANY COMMUNITIES OF THE FIVE-COUNTY REGION OF PENNSYLVANIA. HEALTH INSURANCE COVERAGE, AFFORDABILITY, HEALTH LITERACY, CULTURAL COMPETENCE, COORDINATION OF COMPREHENSIVE CARE, AND THE AVAILABILITY OF PHYSICIANS ARE ALL FACTORS AFFECTING THE LEVEL OF HEALTHCARE ACCESS.

PRIMARY CARE

STRATEGY:

PROVIDE INSURANCE ENROLLMENT SPECIALISTS AND FINANCIAL ADVISORS TO EDUCATE AND ENROLL UNINSURED ADULTS AND CHILDREN IN APPROPRIATE INSURANCE PLANS.

ACTIONS/TACTICS

-EXPAND THE AVAILABILITY OF CERTIFIED APPLICATION COUNSELORS IN EACH EMERGENCY ROOM TO IDENTIFY UNINSURED PATIENTS AS THEY REGISTER.

-EXPAND OUTREACH EFFORTS TO INFORM AND ASSIST FAMILIES WITH ENROLLING IN CHILDREN'S HEALTH INSURANCE PLAN (CHIP) AND IMPROVE ACCESS TO MORE AFFORDABLE MEDICATIONS.

STRATEGY:

OPTIMIZE THE PATIENT-CENTERED MEDICAL HOME MODEL

ACTIONS/TACTICS

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

-COLLABORATE WITH SOCIAL WORKERS, NURSE CARE MANAGERS, AND COMMUNITY-BASED SOCIAL SERVICE ORGANIZATIONS TO ASSIST WITH SOCIAL PROGRAM ELIGIBILITY AND BARRIERS TO INSURANCE ACCESS.

-PROVIDE HOME VISITS TO HIGH-RISK POPULATIONS.

-EXPAND NAVIGATION TEAMS.

STRATEGY:

COLLABORATE WITH COMMUNITY HEALTH CENTERS AND CLINICS TO COORDINATE CARE TO UNINSURED, UNDERINSURED AND DIVERSE POPULATIONS.

ACTIONS/TACTICS

-PROVIDE CARE COORDINATION AMONG EACH HEALTH SYSTEM AND COMMUNITY HEALTH CLINICS

-CONDUCT EDUCATIONAL EVENTS AND PROGRAMS THAT FOCUS ON THE TRADITIONS, CULTURES AND HEALTHCARE NEEDS OF UNIQUE AND DIVERSE POPULATIONS IN THE SERVICE AREA.

-UTILIZE COMMUNITY PARTNERSHIPS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

SPECIALTY CARE

STRATEGY:

EXPAND HEART AND STROKE HEALTH EDUCATION AND SCREENINGS THROUGH COMMUNITY OUTREACH ACTIVITIES.

ACTIONS/TACTICS

-ENHANCE PUBLIC AWARENESS OF HEART AND VASCULAR HEALTH TO REDUCE HEART AND VASCULAR DISEASE MORTALITY AND MORBIDITY.

-WORK WITH STROKE PROGRAM, CARDIOVASCULAR AND THORACIC SURGERY TEAMS TO FOCUS EDUCATION ON SCHOOL-AGED CHILDREN AND AT-RISK ADULTS IN

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

COLLABORATION WITH THE COMMUNITY TEAM.

STRATEGY:

IMPROVE DIABETIC ADULT CARE

ACTIONS/TACTICS

-IDENTIFY HIGH-RISK PATIENTS DURING THEIR HOSPITALIZATION WITH A DIAGNOSIS OF DIABETES AND PROVIDE ONGOING EDUCATION POST DISCHARGE.

STRATEGY:

IMPROVE CANCER CARE.

ACTIONS/TACTICS

-CONTINUE THE NORTHERN APPALACHIA CANCER NETWORK AND HARRISBURG COMMUNITY CANCER NETWORK INITIATIVES

-WORK WITH COMMUNITY CANCER SUPPORT GROUPS SUCH AS CATALYST TO REDUCE HEALTH DISPARITIES AND IMPROVE THE HEALTH OF OUR COMMUNITIES.

-EXPAND FREE MAMMOGRAM VOUCHER PROGRAM TO UNDERSERVED AND/OR UNDERINSURED WOMEN.

STRATEGY:

IMPROVE HIV/AIDS CARE

ACTIONS/TACTICS

-CONTINUE TO PROVIDE THE RESOURCES, EDUCATION AND COMPREHENSIVE CARE PROGRAM TO HIV/AIDS CLIENTS.

-CONTINUE TO WORK WITH ALDER HEALTH SERVICES FOR HIV AIDS CARE.

DENTAL CARE

STRATEGY:

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

INCREASE UTILIZATION OF THE SMILES PROGRAM TO MINIMIZE DENTAL CARE AS A BARRIER TO OVERALL HEALTH STATUS IMPROVEMENT AND COORDINATE CARE OF URGENT DENTAL NEEDS WITH THE EMERGENCY DEPARTMENT.

ACTIONS/TACTICS

-UTILIZE VOLUNTEER DENTISTS IN THE SMILES NETWORK.

-PARTNER WITH COMMUNITY CLINICS TO PROVIDE ONGOING PREVENTIVE DENTAL CARE OR NON-URGENT DENTAL CARE. HAMILTON HEALTH CENTER IS A LOCAL FEDERALLY QUALIFIED HEALTH CENTER THAT IS EQUIPPED WITH A STATE-OF-THE-ART DENTAL CLINIC.

PRIORITY 2: BEHAVIORAL HEALTH

BEHAVIORAL HEALTH ISSUES AFFECT NOT ONLY THE MENTAL WELL-BEING OF AN INDIVIDUAL, BUT ALSO SPIRITUAL, EMOTIONAL AND PHYSICAL HEALTH. UNMANAGED MENTAL ILLNESSES INCREASE THE LIKELIHOOD OF ADVERSE HEALTH OUTCOMES, CHRONIC DISEASE, AND SUBSTANCE ABUSE PARTLY DUE TO A DECREASE IN ACCESSING MEDICAL CARE.

MENTAL HEALTH

STRATEGY:

IMPROVE ACCESS AND CONTINUITY OF BEHAVIORAL HEALTH AND MENTAL HEALTH SERVICES.

ACTIONS/TACTICS

-CREATE A DIRECT ADMIT PROGRAM.

-IMPLEMENT AN INTEGRATED CARE MODEL FOR BEHAVIORAL HEALTH SERVICES. INTEGRATE PINNACLEHEALTH PSYCHOLOGICAL ASSOCIATES SERVICES INTO THE PINNACLEHEALTH MEDICAL SERVICES.

-INTEGRATE PSYCHOLOGICAL EVALUATION INTO PSYCHOLOGICAL MEDICAL OFFICES.

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

-PARTNER WITH HAMILTON HEALTH CENTER TO PROVIDE BEHAVIORAL HEALTH SERVICES.

-PROMOTE CONSUMER AND SYSTEM HEALTH LITERACY ON MENTAL HEALTH CONCERNS.

-PPI WILL EXPLORE A PARTNERSHIP FOR A TELE-PSYCHIATRY PROGRAM TO PROVIDE BEHAVIORAL HEALTH CARE TO PATIENTS IN AN ACUTE SETTING.

-ENHANCE BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN NEED.

-DESIGN NEW ADOLESCENT UNIT AT PPI.

-COLLABORATE WITH PA YOUTH SUICIDE PREVENTION INITIATIVE, PPI AND SCHOOLS TO IMPROVE EARLY DETECTION AND REDUCE RISK OF YOUTH SUICIDE.

SUBSTANCE ABUSE

STRATEGY:

DEVELOP INPATIENT AND COMMUNITY-BASED SUBSTANCE ABUSE EDUCATION AND TREATMENT SERVICES.

ACTIONS/TACTICS

-IMPLEMENT AN OPIOID TASK FORCE AND STEWARDSHIP PROGRAM.

-PPI INITIATED AN OPIATE TREATMENT PROGRAM IN 2017.

-PROMOTE MEDICAL STAFF AND COMMUNITY AWARENESS EDUCATION FOR PREVENTING PRESCRIPTION DRUG AND OPIOID MISUSE, ABUSE AND OVERDOSE. DRUGS 101: WHAT PARENTS AND KIDS NEED TO KNOW IS A PROGRAM THAT HELPS TO INCREASE DRUG AND ALCOHOL AWARENESS FOR PARENTS AND CHILDREN AGES 10 AND OLDER. THE PROGRAM IS UNIQUE BECAUSE IT INVOLVES BOTH PARENTS AND CHILDREN IN THE SAME EVENT.

-REDUCE ACCESS TO PRESCRIPTION DRUGS, AND THE POSSIBILITY OF MISUSE AND ABUSE, BY PARTICIPATING IN NATIONAL DRUG TAKE BACK DAY AND PROMOTING DRUG TAKE BACK COLLECTION SITES AVAILABLE AT COMMUNITY POLICE DEPARTMENTS.

-PARTICIPATE IN COLLABORATIVE EFFORTS TO IMPROVE POLICY AND ADDRESS DRUG ADDICTION AND ABUSE.

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

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

-OFFER AL-ANON SUPPORT FOR THOSE IN NEED.

PRIORITY 3: HEALTHY LIFESTYLES

THE CHNA REVEALED A LACK OF HEALTHY LIFESTYLES IN THE FIVE-COUNTY REGION. OBESITY, BEING OVERWEIGHT, POOR NUTRITION, LACK OF PHYSICAL ACTIVITY AND SMOKING ARE ASSOCIATED WITH PROFOUND, ADVERSE HEALTH CONDITIONS. THESE INCLUDE HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, TYPE 2 DIABETES, HEART DISEASE, SOME CANCERS, AND OTHER LIMITING PHYSICAL AND MENTAL HEALTH ISSUES.

PHYSICAL ACTIVITY

STRATEGY:

ASSESS AND EXPAND EXISTING VENUES FOR PHYSICAL ACTIVITY.

ACTIONS/TACTICS

-CONDUCT A WALK-FRIENDLY ASSESSMENT TO IMPROVE WALKABILITY.

-EXPAND THE BAND TOGETHER PROGRAM.

-INCREASE WALKING OPPORTUNITIES.

-CONTINUE EAT SMART, PLAY SMART.

STRATEGY:

INITIATE NEW PHYSICAL ACTIVITY PROGRAMS.

ACTIONS/TACTICS

-LAUNCH "GET FIT TOGETHER" PROGRAM IN COLLABORATION WITH YMCA.

-ESTABLISH A HMC BIKE SHARE PROGRAM.

INADEQUATE NUTRITION AND OBESITY

STRATEGY:

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

INCREASE ACCESS TO HEALTHY FOOD CHOICES AND NUTRITION EDUCATION.

ACTIONS/TACTICS

-INCREASE ACCESS TO HEALTHY FOOD CHOICES AND NUTRITION EDUCATION THROUGH THE FOOD AS MEDICINE PROGRAM.

-CONTINUE THE HERSHEY COMMUNITY GARDEN LOCATED ON THE HMC CAMPUS.

-PARTNER WITH PENN STATE EXTENSION AND PPI TO DEVELOP MONTHLY HEALTH EDUCATION SESSIONS FOR FOOD PANTRY CLIENTS TO IMPROVE THEIR HEALTH. IN ADDITION, HMC FACULTY, STAFF AND STUDENTS HAVE COLLABORATED WITH STEELTON FOOD PANTRY AND PENN STATE EXTENSION TO BRING HEALTH EDUCATION TO CHILDREN AS PART OF THEIR SUMMER FEEDING PROGRAM.

-CONTINUE TO SUPPORT POWER PACKS.

STRATEGY:

IDENTIFY AT-RISK YOUTH THROUGH SCHOOL-BASED ASSESSMENTS AND IMPLEMENT COMMUNITY NUTRITION EDUCATION AND OBESITY PREVENTION PROGRAMS.

ACTIONS/TACTICS

-CONDUCT SCHOOL-BASED ASSESSMENTS.

-EXPAND COMMUNITY NUTRITION EDUCATION AND OBESITY

SMOKING CESSATION

STRATEGY:

PROVIDE TOBACCO CESSATION PROGRAMS.

ACTIONS/TACTICS

-CONDUCT PENN STATE HERSHEY MEDICAL CENTER'S MONDAY NIGHT SUPPORT GROUP FOR COMMUNITY AND EMPLOYEES.

-CONDUCT SMOKING CESSATION LUNCH AND LEARNS.

-IMPLEMENT TEXT TO QUIT AND BETTER BREATHERS CLUBS. OFFER AT BOTH

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

PINNACLEHEALTH CAMPUSES AND EXPAND TO COMMUNITY LOCATIONS AND MEASURE ANNUALLY.

-CONDUCT INPATIENT-BASED TOBACCO CESSATION INITIATIVES.

-CONDUCT CHRONIC OBSTRUCTIVE PULMONARY DISEASE INITIATIVE.

STRATEGY:

DECREASE THE USE OF ANY TOBACCO PRODUCT AMONG MIDDLE AND HIGH SCHOOL STUDENTS.

ACTIONS/TACTICS

-PROVIDE TOBACCO PREVENTION PROGRAMS TO MIDDLE AND HIGH SCHOOL STUDENTS.

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 15E: IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC), FOOD STAMP ELIGIBILITY, OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR.

UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC:

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 15E: IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC), FOOD STAMP ELIGIBILITY, OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR.

UPMC PINNACLE WEST SHORE:

PART V, SECTION B, LINE 15E: IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC), FOOD STAMP ELIGIBILITY, OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR.

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

UPMC PINNACLE HARRISBURG:

PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS.

UPMC PINNACLE COMMUNITY GENERAL OSTEOPATHIC:

PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS.

UPMC PINNACLE WEST SHORE:

PART V, SECTION B, LINE 20E: ANY INDIVIDUAL WHO CALLS HOSPITAL CUSTOMER SERVICE AND MENTIONS THEY CANNOT AFFORD TO PAY THE AMOUNT BILLED IS ORALLY NOTIFIED OF THE FAP AND THE FAP PROCESS.

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? 3

Name and address	Type of Facility (describe)
1 PINNACLE HEALTH EMERGENCY DEPARTMENT 111 SOUTH FRONT STREET HARRISBURG, PA 17101	EMERGENCY MEDICAL SERVICES
2 SUSQUEHANNA VALLEY SURGERY CENTER, LLC 4310 LONDONDERRY ROAD, SUITE 1 HARRISBURG, PA 17109	SURGICAL CARE - MEDICAL SERVICES
3 WEST SHORE SURGERY CENTER, LTD 2015 TECHNOLOGY PARKWAY MECHANICSBURG, PA 17050	SURGICAL CARE - MEDICAL SERVICES

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 7:

THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID COSTS ARE CALCULATED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM FOR EACH OF THE INDIVIDUAL SERVICES PROVIDED TO THE PATIENT. IT UTILIZES HOSPITAL EXPENSES FROM THE GENERAL LEDGER AND REVENUE DETAILS FROM THE PATIENT ACCOUNTING SYSTEM. EACH DEPARTMENT WITHIN THE HOSPITAL IS CLASSIFIED AS EITHER INDIRECT (OVERHEAD) OR DIRECT (PATIENT CARE AREAS). EXPENSES ARE CLASSIFIED AS FIXED OR VARIABLE AS THEY RELATE TO PATIENT VOLUME. LOGICAL STATISTICS ARE USED TO ALLOCATE OVERHEAD EXPENSES TO THE PATIENT CARE DEPARTMENTS. USING EITHER A RATIO OF COST-TO-CHARGE OR RVUS (RELATIVE VALUE UNITS), THE DIRECT AND INDIRECT COSTS FOR EACH DEPARTMENT ARE ALLOCATED TO THE SERVICES THEY PROVIDE.

PART I, LN 7 COL(F):

BAD DEBT EXPENSE OF $38,005,953 IS INCLUDED IN NET PATIENT REVENUE ON FORM 990, PART VIII LINE 2A, AND THEREFORE IS NOT INCLUDED FOR THE PURPOSES OF CALCULATING THE APPLICABLE EXPENSE PERCENTAGES OF SCHEDULE H.

Part VI Supplemental Information *(Continuation)*

PART II, COMMUNITY BUILDING ACTIVITIES:

WITH A FOCUS ON PROVIDING LEADERSHIP AND IMPROVING THE OVERALL HEALTH OF OUR COMMUNITY, UPMC PINNACLE HOSPITALS VALUES RELATIONSHIPS WITH COMMUNITY PARTNERS AND THE ASSETS THEY BRING TO ANY COLLABORATIVE EFFORTS. UPMC PINNACLE HELPED CREATE THE DAUPHIN COUNTY HEALTH IMPROVEMENT PARTNERSHIP (DCHIP) COMPRISED OF REGIONAL HEALTH AND HUMAN SERVICE PROVIDERS, PAYORS, COUNTY GOVERNMENT, AND BUSINESES AND EDUCATION PROFESSIONALS. UPMC PINNACLE HAS WORKED COLLABORATIVELY WITH PHYSICIANS AND HEALTH AND HUMAN SERVICE ORGANIZATIONS FOR MANY YEARS TO MAXIMIZE COMMUNITY CAPACITY, PROVIDE NECESSARY SERVICES TO THE COMMUNITY AND REDUCE DUPLICATION OF SERVICES. UPMC PINNACLE SERVES IN A CONVENING ROLE TO STRENGTHEN COMMUNITY ASSETS THROUGH REFERRAL NETWORKS AND PARTNERSHIPS. SUCH INITIATIVES INCLUDE: PHARMACY VOUCHER PROGRAM WITH THE HARRISBURG PHARMACY AND WITH THE LOCAL SCHOOL SYSTEM TO PROMOTE HEALTHY CHOICES. STAFF AND VOLUNTEERS SUPPORT THE SCHOOL NURSES BY ASSISTING WITH MANDATED HEALTH SCREENINGS INCLUDING HEIGHT, WEIGHT, VISION, HEARING, AND DENTAL SCREENINGS.

DURING FALL 2017, UPMC PINNACLE STAFF AND VOLUNTEERS ASSISTED WITH SCREENING 6,836 STUDENTS IN THE HARRISBURG AND PERRY COUNTY SCHOOL DISTRICTS. PERRY COUNTY IS A RURAL COUNTY WITH A POPULATION OF 45,969; 97% WHITE; HISPANIC/LATINO 1%; TWO OR MORE RACES 1%; BLACK OR AFRICAN AMERICAN BELOW 1%; ASIAN BELOW 1%. THE POVERTY LEVEL IS 8.7%.

UPMC PINNACLE ALSO ENGAGED THE HELP OF MESSIAH COLLEGE NURSING STUDENTS TO BUILD CAPACITY AND ENHANCE THE EDUCATIONAL EXPERIENCES FOR NURSING STUDENTS. THE SCHOOL DISTRICTS SHARE THE SCREENING DATA WITH UPMC TO AID IN FOCUSING OUR EFFORTS AND RESOURCES IN THE AREAS WITH THE HIGHEST NEEDS FOR ACCESS, EDUCATION, AND SUPPORT. BASED ON IDENTIFIED COMMUNITY NEEDS

AND VULNERABLE POPULATIONS, CONTINUOUS AND FREE PUBLIC PROGRAMS TARGETED AT VARIOUS LOCATIONS THROUGHTOUT THE COMMUNITY AND INTO AREAS OF LIMITED ACCESS TO SPECIALTY SERVICES. THESE PROGRAMS ARE INTENDED TO INFORM AND CHANGE THE HEALTH HABITS OF PARTICIPANTS THROUGH SUCH TOPIC AREAS AS DIABETES, HEART DISEASE, SEXUALLY TRANSMITTED DISEASE PREVENTION, CANCER, ACCESSING HEALTHCARE, BEHAVIORAL HEALTH, SMOKING CESSATION AND NUTRITION. EXAMPLES OF UPMC PINNACLE'S LEADERSHIP IN BUILDING COMMUNITY CAPACITY ARE:

FAITH COMMUNITY HEALTH CONNECTION (FCHC)

WITH THE LEADERSHIP OF OUR SPIRITUAL CARE SYSTEM MANAGER, UPMC PINNACLE HAS ENHANCED THE FCHC BY OFFERING A NUMBER OF EDUCATIONAL SESSIONS ON TOPICS SUCH AS ADVANCED DIRECTIVES AND PALLIATIVE CARE. OUR SPIRITUAL CARE DEPARTMENT ENGAGES OUR FAITH COMMUNITY WITH INVITATIONS TO ANY AND ALL EDUCATIONAL OPPORTUNITIES AND ALSO PARTNERS WITH THE FAITH LEADERS TO REACH OUT TO THE MOST VULNERABLE POPULATIONS IN OUR COMMUNITY. IN MANY OF THE ETHNIC COMMUNITIES AROUND UPMC PINNACLE HARRISBURG, THE FAITH LEADER IS THE MOST TRUSTED INDIVIDUAL AND MANY ARE PARTNERS OF UPMC PINNACLE DUE TO THE RELATIONSHIPS WITH THE LEADERS OF OUR SPIRITUAL CARE DEPARTMENT AND THE FCHC INITIATIVE. WHEN A MEMBER OF THE FAITH COMMUNITY IS ADMITTED TO A UPMC PINNACLE HOSPITAL, THE FAITH LEADER AND OUR FCHC LEADERS WORK TO ENSURE THAT THE PATIENT HAS ALL AVAILABLE SUPPORT AND SERVICES ALIGNED TO ASSIST IN A HEALTHY RECOVERY. LEADERS AT LOCAL CONGREGATIONS WORK COLLABORATIVELY WITH UPMC PINNACLE STAFF TO:

-PROVIDE ACCESS TO QUALITY HEALTH CARE AND HELP GUIDE INDIVIDUALS THROUGH THE HEALTHCARE SYSTEM.

-PROVIDE ADVOCACY TO EMPOWER CONGREGANTS IN HEALTHCARE EDUCATION MAKING.

-CONNECT FAITH COMMUNITIES TO A NETWORK OF SUPPORT FOLLOWING ILLNESS,

INJURY, AND HOSPITALIZATION.

-CONNECT PEOPLE WITH EDUCATION AND SERVICES THAT WILL ENABLE THEM TO MAINTAIN OPTIMAL LEVELS OF HEALTH AND WELLBEING.

-ASSIST UPMC PINNACLE STAFF IN PROVIDING CULTURALLY SENSITIVE SERVICES TO DIVERSE POPULATIONS.

INDIGENT CARE FUND

EACH YEAR UPMC PINNACLE MAKES AVAILABLE $20,000 TO SIX LOCAL CLINICS THAT SERVE THE UNINSURED AND UNDERSERVED. IN FISCAL 2018 CLINICS UTILIZED APPROXMATELY $138,618 TO PROVIDE DIAGNOSTIC TESTING AT NO COST TO THEIR PATIENTS. TO DATE, THE CONTINUUM PROJECT HAS DISBURSED OVER $496,201 IN FREE CARE FUNDS TO COVER THE COST OF DIAGNOSTIC SERVICES TO PATIENTS AT THE BEACON CLINIC, BETHESDA MISSION, COMMUNITY CHECK UP CENTER, HAMILTON HEALTH CENTER AND HOPE WITHIN CLINIC AND MISSION OF MERCY. BASED ON UPMC PINNACLE GOALS AND THE ANALYSIS OF RELATED DATA TO DATE, THE FOLLOWING GOAL AND RELATED OUTCOME HAS BEEN NOTED:

-DECREASE READMISSIONS WITHIN 30 DAYS FOR COMMUNITY HEALTH CENTER PATIENTS FROM 16% TO 14% IN EIGHTEEN MONTHS.

THE TRANSFORMATION FROM A TRADITIONAL INPATIENT BASED HEALTH CARE MODEL TO A COLLABORATIVE, PATIENT-CENTERED MEDICAL HOME MODEL REQUIRES A PARTNERSHIP BETWEEN INDIVIDUAL PATIENTS, PHYSICIANS, CLINICS AND THE COMMUNITY-BASED PATIENT SUPPORT SYSTEM. PATIENT CARE IS FACILITATED BY THE COMMUNITY HEALTH NAVIGATION TEAM USING RELATIONSHIPS WITH COMMUNITY BASED ORGANIZATIONS AND A HEALTH INFORMATION EXCHANGE TO ENSURE PATIENTS GET THE INDICATED CARE WHEN AND WHERE THEY NEED AND WANT IT IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER.

CHILDREN'S RESOURCE CENTER (CRC)

AS A TRUSTED PLACE FOR OUR COMMUNITY TO GO FOR ACCESS TO PUBLIC HEALTH SERVICES AND INFORMATION, UPMC PINNACLE'S STAFF OF PROFESSIONALS MEET THE NEEDS OF A DIVERSE POPULATION WITH CULTURAL AWARENESS AND SENSITIVITY. THE CRC PARTNERS WITH LAW ENFORCEMENT, DISTRICT ATTORNEY OFFICES, SOCIAL SERVICES, PSYCHOLOGICAL SUPPORT SERVICES, CRISIS INTERVENTION, AND CHILD PROTECTION SERVICES TO PROVIDE EFFICIENT, QUALITY CARE IN A SAFE, CHILD-FRIENDLY ENVIRONMENT FOR CHILDREN SUSPECTED OF HAVING BEEN ABUSED OR NEGLECTED. THROUGH ONGOING TRAINING AND EDUCATION IN THE COMMUNITY, THE CRC HAS SEEN AN INCREASE IN PARTICIPATION WITH PARTNERS AGENCIES IN AN EVER-WIDENING GEOGRAPHIC SERVICE AREA. THE CRC SERVED 1180 CHILDREN IN 2017 AND APPROXIMATELY 655 CAREGIVERS. WE SAW CHILDREN FROM OVER 20 COUNTIES IN PENNSYLVANIA BUT ROUTINELY SERVED CHILDREN FROM DAUPHIN, CUMBERLAND, PERRY, LEBANON, JUNIATA, AND MIFFLIN COUNTIES.

LEAD AND HEALTHY HOMES PROGRAM (LHHP)

THE UPMC PINNACLE LEAD POISONING PREVENTION PROGRAM (LPPEP) IS A NONPROFIT, SELF-SUPPORTING, NON-GRANT FUNDED PROGRAM THAT PASSIONATELY CARES ABOUT THE CHILDREN IN SOUTH CENTRAL PA. WITH OVER 25 YEARS OF CHILDHOOD LEAD POISONING PREVENTION EXPERIENCE, OUR TEAM OF HEALTH PROFESSIONALS INCLUDING REGISTERED NURSES AND PUBLIC HEALTH PERSONNEL WITH LICENSES IN NOT ONLY LEAD RISK ASSESSMENTS WITH AN EXPERTISE IN CHILDHOOD LEAD POISONING PREVENTION AND RECOGNITION, BUT ALSO ARE HEALTHY HOMES SPECIALISTS BY THE NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION (NEHA), AND ASBESTOS BUILDING INSPECTORS.

WHEN A CHILD IS DIAGNOSED WITH AN ELEVATED LEAD LEVEL (EBL) BY THEIR

Part VI Supplemental Information *(Continuation)*

PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER; THE LPPEP WILL CONTACT THE PARENT TO DISCUSS THE LEAD ELEVATION AND MAKE AN APPOINTMENT FOR AN ENVIRONMENTAL LEAD INVESTIGATION. IN ADDITION, THE REGISTERED NURSE WILL:

REVIEW POSSIBLE CAUSES OF ELEVATED LEAD

ASK ABOUT CHIPPING AND PEELING PAINT IN THE HOME

DETERMINE THE AGE OF THE HOME (WHICH HAS BEEN ALREADY RESEARCHED)

INQUIRE ABOUT ANY HOME RENOVATIONS CURRENTLY OR PREVIOUSLY CONDUCTED IN THE HOME

REQUEST INFORMATION ABOUT OTHER HOMES, DAY CARES, OR PLACES WHERE THE CHILD SPENDS TIME

ASK ABOUT ANY OTHER CHILDREN IN THE FAMILY, AND IF THEY WERE TESTED FOR (EBL)

REVIEW DIET, AND RECOMMENDED NUTRITION INFORMATION FOR CHILDREN WITH EBL

DISCUSS THE IMPORTANCE OF VITAMINS

STRESS THE IMPORTANCE OF FOLLOW UP LEAD TESTING FOR THE CHILD

REFER TO EARLY INTERVENTION AND THE INTERMEDIATE UNIT

REFER TO OTHER SOCIAL SERVICE AGENCIES, I.E. HEAD START, WIC

PREPARE WRITTEN LITERATURE AND OTHER EDUCATIONAL PAMPHLETS ABOUT LEAD POISONING TO BE GIVEN AT THE HOME VISIT. IF REQUESTED, THESE CAN ALSO BE MAILED TO THE PARENT.

THE UPMC LPPEP LICENSED RISK ASSESSOR WILL TEST EACH ROOM OF THE HOUSE; PAINTED OR VARNISHED SURFACES, BATHTUBS IF APPLICABLE, AND ALSO THE OUTSIDE OF THE HOME, INCLUDING PORCHES AND OUT-BUILDINGS. SOIL SAMPLES WILL BE TAKEN IF DEEMED NECESSARY. PLUMBING WILL BE EXAMINED FOR LEAD PIPES AND SOLDERING.

ALSO, THE LPPEP STAFF IS EXPERIENCED IN RECOGNIZING MANY OTHER FORMS OF

Part VI Supplemental Information *(Continuation)*

LEAD POISONING IN CHILDREN WHICH ARE ON THE RISE. THESE INCLUDE:

CULTURAL- APPLICATION OF KOHL, SINDOOR IN MIDDLE EASTERN AND ASIAN IMMIGRANTS

TOYS AND CANDY MADE OUTSIDE THE UNITED STATES

CANDY WRAPPERS MADE OUTSIDE OF THE UNITED STATES

CHILDREN AND ADULT JEWELRY CONTAINING LEAD

DISHES, AND OTHER CONTAINERS WHICH CONTAIN LEAD IN THE GLAZE

RICE COOKERS

SOIL CONTAMINATED WITH LEAD FROM EXTERIOR PAINT FROM THE HOME, OUT-HOUSES, GARAGES, AND ALSO WHERE THE AREA AROUND THE HOME WAS USED FOR AUTO REPAIR PRIOR TO 1978 WHEN LEAD GASOLINE WAS BANNED.

(ALL OF THE ABOVE WERE ACTUALLY FOUND TO BE CAUSES OF SOME OF OUR INVESTIGATIONS FOR SOURCE OF LEAD TOXICITY IN CHILDREN)

(CONT'D)

PART III, LINE 3:

MANAGEMENT IS IN THE PROCESS OF ESTABLISHING A METHODOLOGY TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER UPMC PINNACLE'S FINANCIAL ASSISTANCE POLICY.

PART II: COMMUNITY BUILDING ACTIVITIES

WE ALSO WILL INVESTIGATE ANY HOBBIES THAT LEAD IS INVOLVED WITH SUCH AS STAINED GLASS REPAIR OR MAKING, RELOADING BULLETS, TARGET SHOOTING AT THE RANGE,

THE NURSE WILL ALSO INQUIRE ABOUT OCCUPATIONS WHICH INVOLVE LEAD SUCH AS:

BRIDGE PAINTERS

Part VI Supplemental Information *(Continuation)*

BATTERY MANUFACTURERS

CONSTRUCTION WORKERS

DEMOLITION WORKERS

FIRE RANGE WORKERS

PIPE FITTERS

AS YOU CAN SEE, UPMC PINNACLE LPPEP GOES ABOVE AND BEYOND WHEN CONDUCTING A THOROUGH ENVIRONMENTAL LEAD INSPECTION WITH A DEDICATED AND COMPASSIONATE STAFF.

UPMC PINNACLE LPPEP STAFF ARE CERTIFIED IN NEHA'S HEALTH HOMES CREDENTIALING, AND HAVE MANY YEARS OF EXPERIENCE IN ASSURING FAMILY HOMES ARE SAFE. WE ARE EXPERTS ON LEAD AS WELL AS:

RADON

ASTHMA (INCLUDING ASTHMA TRIGGERS)

ALLERGIES

MOLD

CARBON MONOXIDE

HOME SAFETY

INTEGRATED PEST MANAGEMENT (BEDBUGS, MICE, RATS, COCKROACHES)

*IF THE LEAD RISK ASSESSOR DOES A HOME VISIT, AND RECOGNIZES ANY OF THE ABOVE, THEY ARE PROVIDED EXPERT EDUCATION, AS WELL AS REFERRALS TO ASSIST THEM TO CORRECT THESE UNHEALTHY HOME ISSUES.

IN THE MANY YEARS WE HAVE BEEN CONDUCTING LEAD RISK ASSESSMENTS, WE HAVE DONE MANY THOUSANDS OF LEAD INVESTIGATIONS IN SOUTH CENTRAL, NORTH CENTRAL, AND NORTHEAST PA. JUST IN THE PAST 18 MONTHS, THE UPMC PINNACLE LPPEP HAS COMPLETED OVER 500 LEAD ENVIRONMENTAL

INVESTIGATIONS/EDUCATION IN SOUTH CENTRAL PA.

SINCE JULY OF 2016, WE HAVE RECEIVED 480 REFERRALS FOR CHILDREN WITH ELEVATED BLOOD LEAD LEVELS. WE COVER 15 COUNTIES, BUT 40% ARE IN DAUPHIN, 40% IN LANCASTER, AND THE 20% SPREAD OVER CUMBERLAND, YORK, PERRY, HUNTINGTON, FRANKLIN, AND LEBANON.

OF THAT 480, ENVIRONMENTAL HOME ASSESSMENTS WERE COMPLETED AT APPROXIMATELY 380 HOMES. ALL FAMILIES, INCLUDING THE REMAINDER RECEIVED COMPREHENSIVE AND THOROUGH LEAD EDUCATION EITHER VIA A HOME VISIT OR TELEPHONE. LEAD POISONING PREVENTION LITERATURE IS GIVEN TO ALL FAMILIES TOO.

SINCE JULY 2017, 103 ENVIRONMENTAL LEAD INSPECTIONS WERE PERFORMED AND 96 LEAD EDUCATION WAS PROVIDED.

RESOURCE EDUCATION AND COMPREHENSIVE CARE FOR HIV (REACCH)

THE UPMC PINNACLE REACCH PROGRAM SERVES AS A COMPREHENSIVE MEDICAL CARE PROGRAM FOR ALL PEOPLE LIVING WITH HIV/AIDS WITHIN THE SOUTH CENTRAL PENNSYLVANIA REGION. IN 2017, REACCH SERVED 594 RACIALLY DIVERSE PATIENTS: 40% WERE AFRICAN AMERICAN, 47% CAUCASIAN/NON-HISPANIC, 10% HISPANIC, AND 3% MULTI-RACIAL OR OTHER. ALMOST ALL PATIENTS HAVE BEEN ABLE TO OBTAIN HEALTH INSURANCE THROUGH THE AFFORDABLE CARE ACT AND EXPANDED MEDICAID. 37% ARE COVERED BY MEDICAID, 25% ARE COVERED BY MEDICARE, 30% HAD PRIVATE INSURANCE AND ONLY 6% WERE UNINSURED. 68% OF REACCH PATIENTS LIVE IN HARRISBURG CITY, 4% IN OTHER PARTS OF DAUPHIN COUNTY, 13% IN CUMBERLAND COUNTY, 3% IN PERRY COUNTY, AND THE REST OF THEM RESIDE IN FRANKLIN, YORK, OR OTHER SURROUNDING COUNTIES. IN

Part VI Supplemental Information (Continuation)

ADDITION TO HIV TREATMENT, PRIMARY MEDICAL CARE AND COMPREHENSIVE DENTAL CARE, STAFF SEEKS TO REMOVE SOCIAL AND ECONOMIC BARRIERS TO CARE BY PROVIDING TREATMENT ADHERENCE COUNSELING, BEHAVIORAL HEALTH COUNSELING, CASE MANAGEMENT, SOCIAL WORK SERVICES, NUTRITION THERAPY, AND FINANCIAL COUNSELING. REACCH ALSO PROVIDES OUTREACH AND TESTING WITHIN THE COMMUNITY, SEEKING TO IDENTIFY HIV+ INDIVIDUALS WHO DO NOT KNOW THEIR STATUS THROUGH TESTING HIGH-RISK POPULATIONS, AND REACHING OUT TO INDIVIDUALS KNOWN TO BE POSITIVE BUT WHO ARE NOT ACTIVELY ENGAGED IN MEDICAL TREATMENT. IN 2017, 443 INDIVIDUALS WERE TESTED THROUGHOUT THE COMMUNITY. REACCH HAS EXCELLENT PROGRAM OUTCOMES. 88% OF REACCH PATIENTS CONSISTENTLY HAVE AN UNDETECTABLE AMOUNT OF HIV IN THEIR BLOOD, COMPARED WITH THE NATIONAL RATE OF ONLY 33%. OVER 110 BABIES HAVE BEEN BORN TO HIV+ MOTHERS THROUGH THE REACCH PROGRAM, AND THERE HAS BEEN NO VERTICAL TRANSMISSION OF HIV; ALL OF THESE BABIES ARE HIV NEGATIVE. THROUGH OUR HOMELESS PREVENTION PROGRAM (RYAN WHITE HOUSING) AT REACCH WE HAVE BEEN ABLE TO HELP 60 PATIENTS WITH HOUSING ASSISTANCE PREVENTING HOMELESSNESS.

PART III, LINE 4:

THE FINANCIAL STATEMENTS DO NOT HAVE A SPECIFIC NOTE ON BAD DEBT EXPENSE; RATHER THE FINANCIAL STATEMENTS EVALUATE BAD DEBTS ON ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE FOOTNOTE RELATED TO THE ALLOWANCE IS SUMMARIZED AS FOLLOWS: ACCOUNTS RECEIVABLE ARE RECORDED AT THEIR ESTIMATED NET REALIZABLE VALUE. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED UPON HISTORICAL COLLECTION RATES.

THE BAD DEBT EXPENSE ON PART III, LINE 2 WAS CALCULATED BY TAKING THE

Part VI Supplemental Information *(Continuation)*

AMOUNT WRITTEN OFF TO BAD DEBT FOR EACH ACCOUNT AND CONVERTING IT TO CHARGES BY APPROPRIATELY ADJUSTING THE AMOUNT BY THE PAYOR REIMBURSEMENT PERCENTAGE FOR THAT ACCOUNT. THEN, THE COST/CHARGE RATIO METHODOLOGY FOR EACH SPECIFIC ACCOUNT, UTILIZING THE COSTS FROM THE HOSPITAL COST ACCOUNTING SYSTEM (DESCRIBED IN DETAIL ABOVE), WAS APPLIED TO THIS CALCULATED PORTION OF THE TOTAL CHARGES.

FOR THE PORTION OF BAD DEBT EXPENSE THAT IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE HOSPITAL DETERMINED THE CITY OF HARRISBURG ZIP CODES THAT PRIMARILY INCLUDE PUBLIC HOUSING. THEN WE REVIEWED OUR BAD DEBT WRITE-OFFS FOR THE FISCAL YEAR TO DETERMINE THE ACCOUNTS WHERE THE PATIENT ADDRESS WAS INCLUDED IN THOSE ZIP CODES. AN OVERALL COST TO CHARGE RATIO WAS THEN APPLIED TO THIS AMOUNT TO ARRIVE AT AN EXPENSE FIGURE. THIS AMOUNT CONTINUES TO DECREASE EACH YEAR AS WE HAVE FURTHER DEVELOPED OUR PRESUMPTIVE CHARITY CARE AND FINANCIAL AID APPROACH.

PART III, LINE 8:

THE MEDICARE COSTS WERE DETERMINED BASED ON THE HOSPITALS' COST COST TO CHARGE RATIO FOR THE SERVICES RENDERED.

PART III, LINE 9B:

PATIENTS ARE NOTIFIED OF OUR CHARITY CARE POLICY IN A VARIETY OF WAYS. THERE ARE POSTERS INFORMING PATIENTS OF OUR CHARITY CARE POLICY AND A PLAIN LANGUAGE VERSION OF THE POLICY HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES. ALL OF OUR PATIENT ACCOUNT STATEMENTS CONTAIN LANGUAGE THAT INDICATES THERE IS FINANCIAL AID AVAILABLE FOR QUALIFYING INDIVIDUALS. IN ADDITION, THE POLICY AND APPLICATION ARE POSTED ON THE

Part VI Supplemental Information *(Continuation)*

HOSPITAL WEBSITE IN BOTH ENGLISH AND SPANISH. PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE AND PROVIDE ALL THE NECESSARY DOCUMENTATION REQUIREMENTS ARE NOTIFIED WITHIN THIRTY DAYS OF THE HOSPITAL'S DECISION. WHEN THE APPROVAL IS DETERMINED, THE APPROPRIATE DISCOUNT IS POSTED TO THE PATIENT ACCOUNT IMMEDIATELY. THE FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO SERVICE FOR THE PREVIOUS TWELVE MONTHS AND SUBSEQUENT SIX MONTHS. THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE. NO ADDITIONAL COLLECTION EFFORTS ARE MADE. APPLICANTS APPROVED FOR ONLY PARTIAL DISCOUNT WILL BE REQUIRED TO MAKE REASONABLE PAYMENT ARRANGEMENTS ON THEIR BALANCE IN ACCORDANCE WITH THE HOSPITAL'S CREDIT AND COLLECTION POLICY. THIS POLICY DOES PERMIT THE USE OF BOTH INTERNAL COLLECTION STAFF AND EXTERNAL COLLECTION AGENCIES WHO WILL ENGAGE IN STANDARD ACCEPTABLE BUSINESS PRACTICES WHICH INCLUDE PHONE CALLS, MAILING AND THE REPORTING OF UNPAID DEBT TO THE CREDIT REPORTING AGENCIES; BUT UNDER NO CIRCUMSTANCES WILL THE HOSPITALS OR ITS CONTRACTED COLLECTION AGENCY ADOPT "EXTRAORDINARY COLLECTION ACTIONS" THAT ENTAIL ANY LEGAL COURSE OF ACTION OR JUDICIAL PROCESSES SUCH AS LAWSUITS OR LIENS.

PART VI, LINE 2:

LED BY THE MISSION EFFECTIVENESS DEPARTMENT, THE CHNA PROCESS REPRESENTS A COMPREHENSIVE COMMUNITY-WIDE PROCESS THAT CONNECTS MORE THAN 500,000 COMMUNITY RESIDENTS AND A WIDE RANGE OF PUBLIC AND PRIVATE ORGANIZATIONS. THESE INCLUDE EDUCATIONAL INSTITUTIONS, HEALTH-RELATED PROFESSIONALS, LOCAL GOVERNMENT OFFICIALS, HUMAN SERVICE ORGANIZATIONS AND FAITH-BASED ORGANIZATIONS TO EVALUATE THE COMMUNITY'S HEALTH AND SOCIAL NEEDS. THE ASESSMENT UTILIZED SECONDARY DATA COLLECTION, INTERVIEWS WITH KEY COMMUNITY LEADERS, HAND DISTRIBUTED SURVEYS, PUBLIC FORUMS AND PROVIDER

Part VI Supplemental Information (Continuation)

SURVEYS TO IDENTIFY HEALTH PROGRAMS AND RISK FACTORS IN THE SERVICE AREA.

IN FY2013 UPMC PINNACLE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN COLLABORATION WITH TWO OTHER LOCAL HEALTH SYSTEMS. THIS COLLABORATIVE ENGAGED THE BROADER COMMUNITY TO GATHER INPUT AND DOCUMENT COMMUNITY HEALTH NEEDS. THE FOLLOWING TOOLS WERE USED TO ASSESS THE COMMUNITY IN FY 2013:

COMMUNITY LEADER INTERVIEWS

INTERVIEWS WITH FIFTY-EIGHT COMMUNITY LEADERS THROUGHOUT THE REGION WERE CONDUCTED TO GAIN AN UNDERSTANDING OF THE COMMUNITY'S HEALTH NEEDS FROM ORGANIZATIONS AND AGENCIES THAT HAVE A DEEP UNDERSTANDING OF THE POPULATIONS IN THE GREATEST NEED. THE COLLABORATIVE DEVELOPED A LIST OF COMMUNITY LEADERS TO INTERVIEW. INTERVIEWS WERE CONDUCTED WITH AN ARRAY OF DIRECTORS AND STAFF MEMBERS FROM COMMUNITY HEALTH CENTERS, MEMBERS FROM SOCIAL SERVICES ORGANIZATIONS, EDUCATIONAL LEADERS, RELIGIOUS GROUPS, AND ELECTED OFFICIALS. THE INFORMATION COLLECTED PROVIDED KNOWLEDGE ABOUT THE COMMUNITY'S HEALTH STATUS, RISK FACTORS, SERVICE UTILIZATION, AND COMMUNITY RESOURCE NEEDS, AS WELL AS GAPS AND SERVICE SUGGESTIONS.

HAND DISTRIBUTED SURVEYS

A HAND-DISTRIBUTION METHODOLOGY WAS EMPLOYED TO DISSEMINATE SURVEYS TO INDIVIDUALS THROUGHOUT THE STUDY AREA. THE SURVEY WAS AVAILABLE IN BOTH ENGLISH AND IN SPANISH. THE ASSISTANCE OF LOCAL COMMUNITY ORGANIZATIONS WAS VITAL TO THE SURVEY DISTRIBUTION PROCESS. IN TOTAL, 883 SURVEYS WERE USED FOR ANAYLSIS. OF THESE SURVEYS, 790 WERE COLLECTED IN ENGLISH AND 93 SURVEYS WERE COLLECTED IN SPANISH.

Part VI Supplemental Information *(Continuation)*

COMMUNITY FORUMS

A SERIES OF THREE COMMUNITY FORUMS WERE FACILITATED WITH COMMUNITY ORAGNIZATION LEADERS, RELIGIOUS LEADERS, GOVERNMENT STAKEHOLDERS, AND OTHER KEY COMMUNITY LEADERS AT EACH OF THE SPONSORING HOSPITAL/HEALTH SYSTEM LOCATIONS. THE PURPOSE OF THE COMMUNITY FORUMS WAS TO PRESENT THE CHNA FINDINGS TO DATE AND TO RECEIVE INPUT WITH REGARD TO THE NEEDS AND CONCERNS OF THE COMMUNITY. WITH INPUT RECEIVED FROM FORUM PARTICIPANTS, COLLABORATIVE MEMBERS IDENTIFIED THE THREE TOP PRIORITY AREAS AS: HEALTHY LIFESTYLES, BEHAVIORAL HEALTH SERVICES, AND ACCESS TO HEALTH SERVICES.

UPMC PINNACLE HOSPITALS USED DIRECT PATIENT FEEDBACK, OUTREACH EFFORTS, AND COMMUNITY BASED PARTNERSHIPS TO DETERMINE THE HEALTH CARE NEEDS IN CUMBERLAND, DAUPHIN, AND PERRY COUNTIES. THE PRIMARY DATA SOURCES FOR ASSESSING THE UNMET NEEDS OF THE COMMUNITY ARE DIRECT PATIENT POPULATION IN UPMC PINNACLE'S FOUR CAMPUSES (COMMUNITY, WEST SHORE, HARRISBURG AND POLYCLINIC), FAMILY CARE PHYSICIAN PRACTICES, OUTPATIENT SURGERY AND IMAGING CENTERS. THROUGH VARIOUS OUTREACH PROGRAMS INCLUDING HEALTH FAIRS, SCREENINGS, LECTURES, AND EDUCATION SESSIONS, DATA IS COLLECTED AND INCLUDED IN ASSESSING THE OVERALL UNMET NEEDS OF THE COMMUNITY.

AS PART OF THE CHNA PROCESS, OUR TEAM GATHERED BOTH PRIMARY AND SECONDARY DATA. AS A PART OF THE PRIMARY DATA COLLECTION, WE CONDUCTED 56 PHONE INTERVIEWS WITH LOCAL COMMUNITY LEADERS. WITH THE HELP OF COMMUNITY BASED, GRASSROOTS ORGANIZATIONS, A HAND-DISTRIBUTED SURVEY WAS DISSEMINATED TO OUR MOST VULNERABLE POPULATIONS. AVAILABLE IN BOTH ENGLISH AND SPANISH, WE RECEIVED 1,229 COMPLETED SURVEYS. IN ADDITION, WE CONDUCTED 9 FOCUS GROUPS. LASTLY, TWO COMMUNITY FORUMS WERE HELD WELCOMING THE ENTIRE COMMUNITY TO REVIEW THE FINDINGS AND ADD COMMENTS OR ADDITIONAL CONCERNS.

UPMC PINNACLE CONDUCTED THE NEXT CHNA IN FY2016. AS PART OF THIS CHNA PROCESS, OUR TEAM GATHERED BOTH PRIMARY AND SECONDARY DATA. AS PART OF THE PRIMARY DATA COLLECTION, WE CONDUCTED 56 PHONE INTERVIEWS WITH LOCAL COMMUNITY LEADERS. WITH THE HELP OF COMMUNITY BASED GRASS ROOTS ORGANIZATIONS. A HAND-DISTRIBUTED SURVEY WAS DISSEMINATED TO OUR MOST VULNERABLE POPULATIONS. AVAILABLE IN BOTH ENGLISH AND SPANISH, WE RECEIVED 833 COMPLETED SURVEYS. NEW TO THE CHNA PROCESS, PINNACLE COLLECTED 654 PROVIDER SERVICES SURVEYS WHICH DOCUMENTED COMMUNTY NEEDS AS IDENTIFIED BY PHYSICIANS, NURSES, AND MID LEVEL PROVIDERS IN BOTH INPATIENT AND OUTPATIENT SETTINGS. ALSO THREE KIOSKS WERE MADE AVAILABLE THROUGHOUT THE SYSTEM FOR PUBLIC COMMENTARY. ADDITIONALLY, THIRTY-FIVE COMMUNITY MEMBERS PROVIDED FEEDBACK ON THE PRIOR CHNA AND THE CURRENT HEALTH NEEDS OF THE COMMUNITY. FINALLY, TWO COMMUNITY FORUMS WERE HELD WELCOMING THE ENTIRE COMMUNITY TO REVIEW THE FINDINGS AND PROVIDE FEEDBACK AND/OR VOICE ADDITIONAL CONCERNS.

SECONDARY DATA COLLECTION

SECONDARY DATA WAS COLLECTED FROM MULTIPLE SOURCES, INCLUDING: COUNTY HEALTH RANKINGS, HEALTHY PEOPLE 2020, OFFICE OF APPLIED STUDIES, PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF HEALTH STATISTICS AND RESEARCH, PENNSYLVANIA OFFICE OF RURAL HEALTH, CAPITAL AREA COALITION ON HOMELESSNESS, THE CENTERS FOR DISEASE PREVENTION AND CONTROL (CDC), ETC. THE DATA RESOURCES WERE RELATED TO DISEASE PREVALENCE, SOCIO-ECONOMIC FACTORS, AND BEHAVIORAL HABITS. THE DATA WAS BENCHMARKED AGAINST STATE AND NATIONAL TRENDS.

UPMC PINNACLE HOSPITALS UTILIZED THE US DEPARTMENT OF HEALTH AND HUMAN

Part VI Supplemental Information *(Continuation)*

SERVICES COMMUNITY HEALTH STATUS INDICATORS, WHICH PROVIDED DATA THAT CAN BE COMPARED TO PEER COUNTIES ON A STATE AND NATIONAL LEVEL. IN ADDITION, HEALTHY PEOPLE 2020 IDENTIFIED NEARLY 600 OBJECTIVES WITH MORE THAN 1,300 MEASURES TIO IMPROVE THE HEALTH OF ALL AMERICANS. TO MONITOR PROGRESS TOWARDS ACHIEVING INDIVIDUAL OBJECTIVES, HEALTHY PEOPLE RELIES ON DATA SOURCES DERIVED FROM A NATIONAL CENSUS OF EVENTS LIKE NATIONAL VITAL STATISTICS SYSTEM AND NATIONALLY REPRESENTATIVE SAMPLE SURVEYS LIKE THE NATIONAL HEALTH INTERVIEW SURVEY. UPMC PINNACLE HOSPITALS SEARCHES THE HEALTH INDICATORS WAREHOUSE FOR DATA RELATED TO HEALTHY PEOPLE 2020 OBJECTIVES DEVELOPED BY THE NATIONAL CENTER FOR HEALTH STATISTICS TO DEFINE PRIORITIES THAT ASSIST IN IMPROVING HEALTH IN THE COMMUNITY.

DATA WAS ALSO OBTAINED THROUGH TRUVEN HEALTH ANALYTICS (FORMERLY KNOWN AS THOMSON REUTERS) TO QUANTIFY THE SEVERITY OF HEALTH DISPARITIES FOR EVERY ZIP CODE IN THE NEEDS ASSESSMENT AREA BASED ON SPECIFIC BARRIERS TO HEALTHCARE ACCESS. FIVE PROMINENT SOCIO-ECONONMIC BARRIERS TO COMMUNITY HEALTH WERE IDENTIFIED: INCOME BARRIERS, CULTURE/LANGUAGE BARRIERS, EDUCATIONAL BARRIERS, INSURANCE BARRIERS, AND HOUSING BARRIERS.

UPMC PINNACLE PRESENTED THE RESULTS OF A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN NOVEMBER 2015 AND DEVELOPED AN IMPLEMENTATION PLAN WITH STRATEGIES TO ADDRESS THE IDENTIFIED COMMUNITY HEALTH NEEDS. THE FINAL IMPLEMENTATION PLAN WAS VIEWED BY THE MISSION EFFECTIVENESS AND STRATEGIC ISSUES COMMITTEE OF THE BOARD IN SEPTEMBER 2016 AND APPROVED BY THE PINNACLEHEALTH BOARD OF DIRECTORS IN NOVEMBER 2016. THE FINAL APPROVED VERSION OF THE CHNA AND IMPLEMENTATION PLAN IS AVAILABLE TO THE PUBLIC ON THE WWW.UPMCPINNACLE.COM WEBSITE.

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AS UPMC PINNACLE LOOKS TOWARDS THE FUTURE, WE ENSURE THAT OUR CORE VALUES OF QUALITY, ACCESS TO CARE AND COORDINATION OF CARE ARE AT THE CENTER OF ALL OF OUR ORGANIZATIONAL STRATEGIES. WE EMBRACE OUR COMMUNITY PARTNERS AND WORK COLLABORATIVELY WITH THEM TO STRENGTHEN THE SUPPORT SYSTEMS THAT WILL ALLOW US AND OUR PARTNERS TO MAINTAIN POSITIVE HEALTH OUTCOMES.

(CON'T)

PART VI, LINE 3:

PATIENTS ARE INFORMED OF AVAILABLE ASSISTANCE IN NUMEROUS WAYS. SIGNAGE IS POSTED AND LITERATURE IS HANDED OUT TO THE UNINSURED AT ALL THE REGISTRATION SITES INDICATING TO THE PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL UNINSURED PATIENTS WHO ARE SCHEDULED FOR HIGH DOLLAR TESTS AND SURGERIES ARE CONTACTED BY ONE OF THE HOSPITAL'S FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE OPTIONS AVAILABLE TO THEM. THE FINANCIAL ASSISTANCE POLICY IS ALSO DISCLOSED ON THE HOSPITAL WEBSITE, ALONG WITH THE APPLICATION, IN BOTH ENGLISH AND SPANISH. IN ADDITION, ALL INPATIENTS WHO ARE RESIDENTS OF PENNSYLVANIA ARE PROVIDED PERSONAL ASSISTANCE IN THE COMPLETION OF THE MEDICAL ASSISTANCE APPLICATION. AS PART OF THE DISCHARGE PROCESS IN THE EMERGENCY DEPARTMENT, ALL UNINSURED PATIENTS ARE SCREENED FOR CHARITY CARE ELIGIBILITY UNDER THE HOSPITAL POLICY, AND IF APPROPRIATE PROVIDED ASSISTANCE IN APPLYING FOR MEDICAID OR OBTAINING INSURANCE THROUGH HEALTHCARE.GOV. LASTLY, INFORMATION ABOUT FINANICAL ASSISTANCE IN INCLUDED ON THE PATIENT BILLING STATEMENTS. PROGRAMS DISCUSSED INCLUDE THE PENNSYLVANIA STATE MEDICAID PROGRAM (MEDICAL ASSISTANCE), HOSPITAL CHARITY CARE PROGRAM, AND FUNDS AVAILABLE THROUGH HOSPITAL ENDOWMENT FUNDS.

IN INSTANCES WHEN AN UNINSURED PATIENT MAY APPEAR ELIGIBLE FOR A CHARITY

Part VI Supplemental Information (Continuation)

CARE/FINANCIAL ASSISTANCE DISCOUNT, BUT LACKS DOCUMENTATION TO SUPPORT IT, CONSIDERATION WILL BE GIVEN BASED ON CIRCUMSTANCES PRESENTED OR CREDIT AGENCY INCOME DATA FOR PRESUMPTIVE CHARITY CARE/FINANCIAL ASSISTANCE. THIS WILL INCLUDE, BUT IS NOT LIMITED TO; HOMELESSNESS, NO INCOME, PARTICIPATION IN WOMEN INFANTS AND CHILDREN PROGRAMS (WIC) FOOD STAMP ELIGIBILITY AND OTHER STATE OR LOCAL ASSISTANCE THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN), INFORMATION FROM FAMILY OR FRIENDS, LOW INCOME HOUSING PROVIDED AS A VALID ADDRESS, PATIENT DECEASED WITH NO KNOWN ESTATE, ELIGIBLE FOR STATE FUNDED PRESCRIPTION PROGRAM, AND CREDIT BUREAU SOFT CREDIT CHECKS THAT ARE ONLY SEEN BY THE PATIENT/ GUARANTOR.

PART VI, LINE 4:

THE PSA IN WHICH UPMC PINNACLE SERVES HAS 12 CENSUS TRACTS WHICH HAVE BEEN IDENTIFIED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED AREAS (MUAS). ADJACENT TO THE WEST OF THE PSA ARE AN ADDITIONAL 5 MINOR CIVIL DIVISIONS WHICH HAVE BEEN IDENTIFIED AS MUAS. UPMC PINNACLE IS A SIGNIFICANT PROVIDER OF HEALTHCARE SERVICES TO PATIENTS IN THE AREAS ADJACENT TO ITS PSA.

UPMC PINNACLE IS THE PRIMARY PROVIDER FOR THE 49,528 PEOPLE LIVING IN THE CITY OF HARRISBURG. THE UPMC PINNACLE EMERGENCY DEPARTMENT (ED) IS FIRST OPTION FOR THE MAJORITY OF THE RESIDENTS. IN ADDITION, THE HOSPITAL AND RELATED ORGANIZATIONS OPERATE ADULT, CHILDREN, WOMAN AND TEEN PRIMARY CARE CLINICS THAT SERVE THE CITY'S MEDICAID AND UNINSURED POPULATION.

NEARLY 67.4% OF THE HARRISBURG CITY POPULATION IS MINORITY, COMPARED TO 32% OF THE COUNTY POPULATION. AFRICAN-AMERICAN/BLACKS COMPRISE 51.3% OF HARRISBURG'S POPULATION AND HISPANICS/LATINOS MAKE UP 19.4% OF THE CITY'S

POPULATION, COMPARED TO 17% AFRICAN-AMERICANS/BLACKS AND 9% HISPANICS/LATINOS IN DAUPHIN COUNTY AS A WHOLE. NEARLY 18% OF HARRISBURG CITY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME, COMPARED TO 10% OF COUNTY RESIDENTS.

FULLY 36% OF CITY RESIDENTS HAVE INCOME BELOW THE POVERTY LEVEL, WHILE ONLY 12% OF COUNTY RESIDENTS HAVE INCOME BELOW THE POVERTY LEVEL. WHILE THE CITY REPRESENTS 18% OF THE COUNTY POPULATION, IT IS HOME TO 38% OF THOSE WITH INCOMES AT OR BELOW THE FEDERAL POVERTY LEVEL (FPL). NEARLY 29% OF HARRISBURG CITY RESIDENTS RECEIVED FOOD STAMPS/SNAP BENEFITS AT SOME POINT IN THE PAST YEAR, COMPARED TO 9.1% IN THE COUNTY AS A WHOLE. CURRENTLY 17% OF DAUPHIN COUNTY RESIDENTS HAVE NO HEALTH INSURANCE. UPMC PINNACLE WORKS IN COLLABORATION WITH OUR LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC), HAMILTON HEALTH CENTER, WHICH IS LOCATED IN THE HEART OF THE HARRISBURG HIGH-NEED AREA. ZIP CODE ANALYSIS CONDUCTED BY UPMCPINNACLE SHOWED THAT THIS SAME POPULATION USES UPMC PINNACLE HARRISBURG HOSPITAL AS THEIR PRIMARY HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT. MOST RECENTLY AVAILABLE INFORMATION SHOWS 81% OF THOSE SERVED HAD INCOME AT OUR BELOW THE FEDERAL POVERTY LEVEL (FPL) AND 99% HAD INCOME AT OR BELOW 200% OF THE FPL. MORE THAN A THIRD OF THOSE SERVED (34.5%) BY HAMILTON DID NOT HAVE INSURANCE. THIS IS SUBSTANTIALLY HIGHER THAN FQHCS IN THE STATE AS A WHOLE, WHERE 26.9% OF PATIENTS SERVED HAD NO INSURANCE.

COUNTIES IN EACH OF THE 50 STATES ARE RANKED ACCORDING TO SUMMARIES OF MORE THAN 30 HEALTH MEASURES. THOSE HAVING GOOD RANKINGS, SUCH AS 1 OR 2, ARE CONSIDERED TO BE THE "HEALTHIEST." COUNTIES ARE RANKED RELATIVE TO THE HEALTH OF OTHER COUNTIES IN THE SAME STATE (PENNSYLVANIA HAVING 67 COUNTIES) ON HEALTH OUTCOMES (MORTALITY, MORBIDITY) AND HEALTH MEASURES

Part VI Supplemental Information *(Continuation)*

(HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC, AND PHYSICAL ENVIRONMENTS). DAUPHIN COUNTY RANKS AMONG THE WORST (UNHEALTHIEST) OF THE COUNTIES IN: HEALTH OUTCOMES (52), MORBIDITY (54), HEALTH BEHAVIORS (51), AND SOCIAL AND ECONOMIC FACTORS (49). PERRY COUNTY RANKS AMONG THE WORST (UNHEALTHIEST) IN MORTALITY (53), CLINICAL CARE (54), AND PHYSICAL ENVIRONMENT (61). CUMBERLAND COUNTY RANKS IN THE TOP 5 (HEALTHIEST) IN A NUMBER OF CATEGORIES: HEALTH OUTCOMES (4), HEALTH FACTORS (4), MORTALITY, LENGTH OF LIFE (4), HEALTH BEHAVIORS (3), AND CLINICAL CARE (4).

PART VI, LINE 5:

UPMC PINNACLE HOSPITALS MAINTAINS AN ACTIVE ROLE IN THE COMMUNITIES IN WHICH IT SERVES. THE ROLE IS REFLECTIVE IN ITS BOARD OF DIRECTORS WHOSE COMPOSITION IS GREATER THAN 80 PERCENT INDEPENDENT COMMUNITY BASED LEADERS. UPMC PINNACLE HAS AN OPEN MEDICAL STAFF. UPMC PINNACLE PROVIDES TRAINING FOR BOTH MEDICAL STUDENTS AND RESIDENTS IN A NUMBER OF SPECIALTIES. UPMC PINNACLE HOSPITALS HAS ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) ACCREDITED RESIDENCY PROGRAMS AS WELL AS AMERICAN OSTEOPATHIC ASSOCIATION (AOA) ACCREDITED TEACHING PROGRAMS. UPMC PINNACLE USES ITS SURPLUS FUNDS TO RENOVATE AND EXPAND PATIENT CARE AREAS IN ADDITION TO DEVELOPING PATIENT SERVICES WHICH MAY NOT BE CURRENTLY AVAILABLE IN THE COMMUNITY.

UPMC PINNACLE HOSPITALS RECOGNIZES THAT THE HEALTH OF THE COMMUNITY GOES BEYOND THAT OF THE PHYSICAL HEALTH OF ITS MEMBERS. TAKING A HOLISTIC APPROACH TO ADDRESSING THE HEALTH NEEDS OF THE COMMUNITY, UPMC PINNACLE SUPPORTS A PLETHORA OF COMMUNITY-WIDE INITIATIVES THAT ADDRESS SOCIO-ECONOMIC BARRIERS TO IMPROVED HEALTH. STAFF WORK CLOSELY WITH THE CAPITAL AREA COALITION ON HOMELESSNESS AND HOLD SEATS ON BROAD-BASED

Part VI Supplemental Information (Continuation)

INITIATIVES SUCH AS PROJECT HOMELESS CONNECT, AN EVENT THAT TARGETS THE HARDEST-TO-REACH MEN, WOMEN, TEENS, AND CHILDREN WHO ARE IN SHELTERS, ABOUT TO LEAVE SHELTERS, OR LIVING ON THE STREET. IN SEPTEMBER 2016, THIS EVENT HELPED MORE THAN THREE HUNDRED INDIVIDUAL MOVE FROM CRISIS TO MEANINGFUL AND LASTING SUCCESS.

UPMC PINNACLE STAFF ALSO HAS A ROLE IN THE COMPASSIONATE CLOSURES PROGRAM TO ASSIST INDIGENT FAMILIES WITH NO FINANCIAL RESOURCES TO RESPECTFULLY MEMORIALIZE, CREMATE OR BURY THEIR LOVED ONES. A BROAD COMMUNITY PARTNERSHIP HAS COME TOGETHER TO ADDRESS THIS NEED AND THE PARTNERS ARE: THE VNA OF CENTRAL PENNSYLVANIA AND CROSSINGS HOSPICE, THE HISPANIC COMMUNITY CENTER, THE INTERNATIONAL SERVICE CENTER, THE PENNSYLVANIA FUNERAL DIRECTORS ASSOCIATION, UPMC PINNACLE SYSTEM, THE SALVATION ARMY, THE UNITED WAY OF THE CAPITAL REGION, DAUPHIN COUNTY COMMISSIONERS AND CORONER'S OFFICE, CUMBERLAND COUNTY COMMISSIONERS AND CORONER'S OFFICE, THE FOUNDATION FOR ENHANCING COMMUNITIES AND THE PA DEPARTMENT OF PUBLIC WELFARE. THE MISSION OF THE PARTNERS IS TO OFFER A MEASURE OF COMPASSIONATE CARE BLENDED WITH DIGNITY AND RESPECT FOR OUR INDIGENT FAMILIES LIVING IN DAUPHIN OR CUMBERLAND COUNTIES WHO HAVE LOST LOVED ONES.

A RETAIL PHARMACY WAS OPENED IN THE HARRISBURG HOSPITAL TO BETTER SERVE PATIENTS AND THEIR FAMILIES. ADDITIONALLY, CONSTRUCTION WAS COMPLETED FOR THE LEBANON VALLEY ADVANCED CARE CENTER WHICH OPENED IN JULY 2017.

ADDITIONAL PROJECTS INCLUDE MODERNIZING AND UPDATING EXISTING LOCATIONS WITHIN THE UPMC PINNACLE SERVICE AREA TO MEET THE PATIENT NEEDS IN THE COMMUNITIES WE SERVE AND IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS

Part VI Supplemental Information *(Continuation)*

ACROSS THE BREADTH OF THE UPMC PINNACLE SYSTEM. SIGNIFICANT RESOURCES WERE EXPENDED TO INSTALL A NEW INTEGRATED CLINICAL ENTERPRISE WIDE COMPUTER SYSTEM WHICH WENT LIVE IN THE PREVIOUS FISCAL YEAR. THE TRANSITION TO A MORE EFFICIENT, CENTRALIZED INFORMATION MANAGEMENT SYSTEM CENTERED ON THE PATIENT HAS ADVANCED THE VALUE OF ALL PATIENT CARE SERVICES DELIVERED.

AS ONE OF THE LEADING HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, UPMC PINNACLE HOSPITALS STRIVES TO STRENGTHEN ACCESS TO CARE AS WE PROVIDE A CONTINUUM OF COMMUNITY-BASED SERVICES THAT EXTEND BEYOND THE ROLE OF AN ACUTE CARE HOSPITAL, FROM IN-HOME PRENATAL CARE FOR FIRST TIME MOTHERS TO A LEAD AGENCY ON A REGIONAL DISASTER PREPAREDNESS TASK FORCE.

TO BRING FOCUS TO OUR MISSION, UPMC PINNACLE HOSPITALS IS COMMITTED TO SIX STRATEGIC PILLARS: COMMITMENT TO PEOPLE, SERVICE, QUALITY, GROWTH, COMMUNITY, AND FINANCE. GUIDED BY THESE PILLARS AND BY THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE NINE INITIATIVES HIGHLIGHTED BELOW ARE KEY EXAMPLES OF OUR COMMITMENT TO BEING A TRUSTED PLACE FOR OUR COMMUNITY TO GO FOR ACCESS TO PUBLIC HEALTH SERVICES AND INFORMATION:

CHILDRENS RESOURCE CENTER (CRC) AND REACCH WERE PREVIOUSLY DESCRIBED AND ARE AMONG THE GREATEST EXAMPLES OF UPMC PINNACLE'S COMMITMENT TO THE OVERALL HEALTH OF THE COMMUNITY.

-NURSE FAMILY PARTNERSHIP (NFP) WITH A FOCUS ON PEOPLE AND A DESIRE TO MAKE THE HEALTHCARE SYSTEM EASIER TO NAVIGATE, WE OFFER THIS VOLUNTARY PREVENTION PROGRAM THAT PROVIDES NURSE HOME VISITATION SERVICES TO LOW INCOME, FIRST-TIME MOTHERS UNTIL THE INFANT IS TWO YEARS OLD. THIS NATIONALLY RENOWNED, EVIDENCE-BASED COMMUNITY HEALTH CURRICULUM TRANSFORMED THE LIVES OF VULNERABLE FAMILIES. IN FY16, NFP SERVED 277

Part VI Supplemental Information *(Continuation)*

CLIENTS.

-CERTIFIED APPLICATION COUNSELORS (CAC) - DURING THE LAUNCH OF THE INSURANCE MARKETPLACE IN FALL 2013, UPMC PINNACLE HOSPITALS DEDICATED TWO STAFF TO THE OPEN ENROLLMENT PROCESS AND SUPPORTED THEIR ROLES AS CERTIFIED APPLICATION COUNSELORS. UPMC PINNACLE CACS WERE POSITIONED IN OUR HEALTH CLINICS WHERE MANY UNINSURED AND VULNERABLE MEMBERS OF OUR COMMUNITY VISIT OUR HEALTH SYSTEM FOR SERVICES. THE CACS HELPED PEOPLE UNDERSTAND, APPLY, AND ENROLL FOR HEALTH COVERAGE THROUGH THE MARKETPLACES. THE CACS COMPLETED REQUIRED TRAINING AND COMPLIED WITH PRIVACY AND SECURITY LAWS, AND OTHER PROGRAM STANDARDS.

INSURANCE ENROLMENT SPECIALISTS - NEARLY 1,000 CHILDREN AND MORE THAN 6,700 ADULTS IN THE CITY OF HARRISBURG ARE NOT RECEIVING ADEQUATE HEALTH CARE, OR DO NOT HAVE HEALTH INSURANCE. TO ADDRESS THIS GAP IN CARE AND COVERAGE, UPMC PINNACLE HAS TWO DEDICATED INSURANCE ENROLLMENT SPECIALISTS WHO ARE COMMUNITY BASED AND GO TO WHERE THE PATIENTS ARE TO CONNECT PEOPLE TO MUCH-NEEDED HEALTH CARE. LAUNCHED IN APRIL 2013, THE INITIATIVE'S MISSION IS TO IDENTIFY, ENROLL, AND COORDINATE HEALTH CARE SERVICES FOR HARRISBURG AREA FAMILIES WHO ARE UNINSURED OR MEDICALLY UNDERSERVED. THE PROGRAM ALSO PROVIDES FAMILY-CENTERED SUPPORT TO PARENTS OR GUARDIANS OF THESE CHILDREN.

-DAUPHIN COUNTY HEALTH IMPOVEMENT PARTNERHIP (DCHIP) WITH A FOCUS ON CREATING A COHESIVE SYSTEM OF PUBLIC HEALTH SERVICES, WE CONVENED A TEAM OF MULTI-SECTOR, COMMUNITY-BASED PARTNERS FROM HEALTHCARE, HUMAN SERVICE, GOVERNMENT, EDUCATION, FAITH AND PAYOR COMMUNITIES. MEMBERS ARE COMMITTED TO WORKING COLLABORATIVELY TO IMPROVE HEALTH, REDUCE DISPARITIES, AND

Part VI Supplemental Information *(Continuation)*

ADDRESS THE QUALITY OF LIFE OF COMMUNITY RESIDENTS.

-EAT SMART, PLAY SMART - WITH A FOCUS ON LONG-RANGE SUSTAINABLE GROWTH WITHIN OUR COMMUNITIES, IT IS EVIDENT THAT THE HEALTH OF OUR CHILDREN IS A FOCAL POINT. A MULTI-STEP, LONG-TERM APPROACH TO PARTNERING WITH SCHOOLS, BUSINESSES, AND PAYORS TO EDUCATE STUDENTS AND FAMILIES ON HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY ALTERNATIVES ENSURES SUSTAINABLE BEHAVIOR CHANGE.

-EMERGENCY MANAGEMENT PLAN SOUTH CENTRAL TASK FORCE - WITH A FOCUS ON PROVIDING LEADERSHIP IN IMPROVING THE OVERALL HEALTH OF OUR COMMUNITY, OUR EMERGENCY MANAGEMENT TEAM CREATES AN ENVIRONMENT THAT SUPPORTS ACCESSIBILITY AND COLLABORATES AND COORDINATES BOTH PUBLIC AND PRIVATE SECTOR RESOURCES FOR REGIONAL SOLUTIONS THAT PROVIDE SUPPORT TO COMMUNITIES WHEN EVENTS EXCEED THEIR CAPABILITIES.

-SMILES - IN JANUARY 2013, UPMC PINNACLE STARTED WORKING IN PARTNERSHIP WITH MEMBERS OF THE HARRISBURG AREA DENTAL SOCIETY TO PROVIDE ACCESS TO DENTAL SERVICES FOR UNINSURED AND UNDERINSURED PATIENTS WITH URGENT DENTAL NEEDS. A NETWORK OF MORE THAN FIFTY VOLUNTEER DENTISTS SPANS THE EAST AND WEST SHORES OF HARRISBURG. ONCE IT IS DETERMINED THAT A PATIENT HAS AN URGENT DENTAL NEED, HE/SHE CAN BE REFERRED TO SMILES USING THE FOLLOWING REFERRAL PROCESS. UPMC PINNACE'S DENTAL ACCESS COORDINATOR WILL WORK WITH THE PATIENT AND DENTIST TO SET UP AN APPOINTMENT TO ALLEVIATE THE URGENT NEED. IN FY17, PINNACLE REFERRED 942 PATIENTS TO VOLUNTEER DENTISTS FOR URGENT DENTAL NEEDS. IT IS ESTIMATED THAT THIS PROGRAM HAS REDUCED DENTAL RELATED VISITS TO THE ER BY 25%.

Part VI Supplemental Information *(Continuation)*

PART VI, LINE 6:

UPMC PINNACLE HOSPITALS IS PART OF UPMC PINNACLE, A FULLY INTEGRATED, AFFILIATED HEALTH CARE SYSTEM. UPMC PINNACLE IS COMPRISED OF TEN WHOLLY OWNED ENTITIES AS WELL AS A VARIETY OF AFFILIATED JOINT VENTURES. THE ORGANIZATION'S MISSION IS TO MAINTAIN AND IMPROVE THE HEALTH AND QUALITY OF LIFE FOR EVERYONE IN CENTRAL PENNSYLVANIA. UPMC PINNACLE IS ENGAGED IN AND CONDUCTS CHARITABLE, EDUCATIONAL, AND SCIENTIFIC ACTIVITIES THROUGH THE SUPPORT AND BENEFIT OF PINNACLE HEALTH FOUNDATION, AND PROVIDES MANAGEMENT AND CONSULTATIVE SERVICES TO AFFILIATED ENTITIES. PINNACLE HEALTH MEDICAL SERVICES IS PRIMARILY ENGAGED IN THE PROVISION OF PHYSICIAN SERVICES TO SUPPORT AND ENHANCE THE SERVICES WITHIN UPMC PINNACLE HOSPITALS AND UPMC PINNACLE. THE PINNACLE HEALTH CARDIOVASCULAR INSTITUTE IS ENGAGED IN PROVIDING COMPREHENSIVE CARDIAC CARE, INCLUDING TECHNOLOGICAL ADVANCES, IN ORDER TO PROVIDE THE BEST CLINICAL OUTCOMES TO THE COMMUNITY. COMMUNITY LIFE TEAM IS ENGAGED IN PROVIDING COMMUNITY BASED, EFFICIENT AND COST EFFECTIVE MEDICAL TRANSPORT SERVICES AND PRE-HOSPITAL EMERGENCY MEDICAL SERVICES FOR THE RESIDENTS AND COMMUNITIES OF THE CENTRAL PENNSYLVANIA REGION.

PINNACLE HEALTH VENTURES (VENTURES) WAS FORMED IN 2012 TO CONSOLIDATE VARIOUS ENTITIES THAT FUNCTION IN SUPPORT OF THE UPMC PINNACLE NETWORK. CURRENTLY INCLUDED IN VENTURES ARE PINNACLE HEALTH IMAGING, MEDCARE SUSQUEHANNA VALLEY, PINNACLE HEALTH ALLBETTERCARE, AND MEDICAL ARTS BUILDING. UNITED HEALTH RISK IS A WHOLLY-OWNED, FOR-PROFIT, OFFSHORE CAPTIVE INSURANCE COMPANY, AND UNITED CENTRAL PENNSYLVANIA RECIPROCAL RISK RETENTION GROUP IS A WHOLLY OWNED, FOR-PROFIT, VERMONT CAPTIVE INSURANCE COMPANY. BOTH INSURANCE ENTITIES OPERATE FOR THE BENEFIT OF UPMC PINNACLE.

Part VI | Supplemental Information *(Continuation)*

UPMC PINNACLE AND ITS AFFILIATES ARE ACTIVELY INVOLVED IN THE CENTRAL PENNSYLVANIA REGION THROUGH VARIOUS CHARITY AND COMMUNITY BENEFIT ACTIVITIES. THE ENTITIES WITHIN THE SYSTEM PROVIDED $18,455,622 OF CHARITY CARE RECORDED AT CHARGES.

THE FOLLOWING LISTS THE VARIETY OF COMMUNITY BENEFITS PERFORMED WITHIN UPMC PINNACLE, THAT HAD THEY BEEN PERFORMED AT THE HOSPITAL LEVEL, WOULD HAVE BEEN INCLUDIBLE ON SCHEDULE H.

UPMC PINNACLE - $ 6,265,094 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES AND HEALTH CARE SUPPORT SERVICES, $7,365,143 IN HEALTH PROFESSIONS EDUCATION (PHYSICIANS/MEDICAL STUDENTS), $416,716 IN SUBSIDIZED HEALTH SERVICES, $162,142 IN FINANCIAL AND IN-KIND CONTRIBUTIONS, $4,198,059 IN COMMUNITY BUILDING ACTIVITIES-COMMUNITY SUPPORT, COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT/PROFESSIONS EDUCATION, COMMUNITY BENEFIT OPERATIONS, COMMUNITY BUILDING ACTIVITIES, AND CASH AND IN-KIND CONTRIBUTIONS.

-PINNACLE HEALTH FOUNDATION- $837,359 IN COMMUNITY BENEFIT OPERATIONS AND FINANCIAL CONTRIBUTIONS.

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

PA

SCHEDULE H, PART VI, CHNA:

UPMC PINNACLE IN RESPONSE TO OUR COMMUNITY COMMITMENT AND IN ACCORDANCE WITH IRS GUIDELINES, UPMC PINNACLE BEGAN THE NEXT COMMUNITY HEALTH

Part VI Supplemental Information (Continuation)

NEEDS ASSESSMENT IN FALL 2017 THROUGH MAY 2018. ORGANIZATIONS AND COMMUNITY LEADERS WITHIN THE FIVE-COUNTY REGION WERE ENGAGED TO IDENTIFY THE NEEDS OF THE COMMUNITY. THOSE COUNTIES INCLUDE CUMBERLAND, DAUPHIN, LEBANON, PERRY, AND YORK. UPMC CARLISLE, UPMC COMMUNITY OSTEPATHIC, UPMC HARRISBURG AND WEST SHORE, COLLABORATED WITH THE HAMILTON HEALTH CENTER, AND PENNSYLVANIA PSYCHIATRIC INSTITUTE. UPMC PINNACLE EXECUTED A CHNA PROCESS THAT INCLUDED THE COLLECTION OF PRIMARY AND SECONDARY DATA.

FAITH-BASED ORGANIZATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN CONTRIBUTIONS FROM OVER 900 COMMUNITY RESIDENTS, LEADERS, ORGANIZATIONS, AND COMMUNITY STAKEHOLDERS. THE PRIMARY DATA COLLECTED CONSISTED OF TWENTY-SEVEN COMMUNITY STAKEHOLDER INTERVIEWS; 831 PAPER HAND SURVEYS WERE COLLECTED FROM COMMUNITY RESIDENTS IN SPANISH, ENGLISH, AND NEPALISE; FORTY-TWO COMMUNITY LEADERS ATTENDED A COMMUNITY FORUM.

A SIGNIFICANT AMOUNT OF DATA WAS EXAMINED TO GAIN A DEEPER UNDERSTANDING OF THE HEALTH CARE NEEDS IN THE REGION. THE STUDY AREA FOR UPMC PINNACLE SHOWS THAT THE FIVE COUNTIES ARE PROJECTED TO HAVE A POPULATION GROWTH FROM 2017-2022. THE DATA REVEALS A HIGHER REPRESENTATION IN DAUPHIN COUNTY OF BLACK, NON-HISPANIC 17.2 PERCENT; LEBANON COUNTY HAS THE HIGHEST RATE OF HISPANIC 12.5 PERCENT; DAUPHIN COUNTY HAS THE HIGHEST RATE OF ASIAN/PACIFIC ISLANDER, NON-HISPANIC IS 4.0 PERCENT OF THE POPULATION. THE COMMUNITY NEEDS INDEX (CNI) SCORES FOR DAUPHIN AND LEBANON COUNTIES (2.8 AND 2.9, RESPECTIVELY) SHOW THE

Part VI Supplemental Information (Continuation)

POPULATION IN THESE COUNTIES FACE SIGNIFICANT BARRIERS TO HEALTH CARE ACCESS; PERRY COUNTY REPORTS A LOWER SCORE OF 2.1 INDICATING FEWER BARRIERS TO CARE. THE POVERTY LEVELS FOR THE COUNTIES INCLUDED IN THE ASSESSMENT ARE AS FOLLOWS: CUMBERLAND COUNTY 8.6 PERCENT; DAUPHIN COUNTY 13.4 PERCENT; LEBANON COUNTY 25.7 PERCENT; PERRY COUNTY 8.7 PERCENT; AND YORK COUNTY 10.5 PERCENT.

AS A RESULT OF THE EXTENSIVE PRIMARY AND SECONDARY RESEARCH, COMMMUNITY MEMBERS, COMMUNITY LEADERS, AND PROJECT LEADERSHIP IDENTIFIED THREE REGIONAL PRIORITIES:

ACCESS TO CARE, WHICH IS THE EASE IN WHICH A POPULATION ACCESSES HEALTH CARE, HAS A DIRECT CORRELATION TO THE HEALTH OF THE OVERALL COMMUNITY. ACCESS TO HEALTH CARE IS A CULMINATION OF MANY FACTORS INCLUDING, GEOGRAPHIC, ECONOMIC, CULTURAL , AND SOCIAL FACTORS.

BEHAVIORAL HEALTH IS AN IMPORTANT ASPECT OF AN INDIVIDUAL'S OVERALL WELL-BEING. MENTAL HEALTH ISSUES THAT GO UNTREATED CAN INCREASE RISK OF UNHEALTHY AND/OR VIOLENT BEHAVIOR.

THE SOCIAL DETERMINANTS OF HEALTH, WHICH ARE CONDITIONS IN THE ENVIRONMENTS IN WHICH PEOPLE ARE BORN, LIVE, LEARN, WORK, AND PLAY, AFFECT OVERALL HEALTH. EXAMPLES WOULD BE SAFE HOUSING, QUALITY EDUCATION AND EMPLOYMENT OPPORTUNITIES. LACKING ANY ONE OF THESE RESOURCES MAKES IT DIFFICULT FOR INDIVUALS AND FAMILIES TO COPE WITH EVERYDAY LIFE AND CAN BE DISASTROUS WHEN PRESENTED WITH SICKNESS OR DISEASE.

Part VI **Supplemental Information** *(Continuation)*

THE UPMC PINNACLE BOARD OF DIRECTORS APPROVED THE CHNA IN SEPTEMER 2018. UPON APPROVAL, THE STEERING COMMITTEE BEGAN TO MEET TO DEVELOP A COMPREHENSIVE IMPLEMENTATION PLAN IN CONJUCTION WITH WITH THE COMPLETION OF THE CHNA. THE IMPLEMENTATION PLAN WILL GO TO THE BOARD FOR APPROVAL AT THE MAY 2019 BOARD MEETING. THE OVERALL PLAN IS TO LEVERAGE ORGANIZATIONAL RESOURCES TO BEST ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH AND WELL-BEING OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA IN 2018.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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? [X] 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 noncash assistance	(h) Purpose of grant or assistance
IN THE NET SPORTS COMPLEX 798 AIRPORT ROAD PALMYRA, PA 17078	20-2756630		6,000.	0.			SPONSORSHIP OF SPORTS-RELATED COMMUNITY PROGRAMS FOR CHILDREN
PLAY FOR PINK, INC. 4721 ROCK LEDGE DRIVE HARRISBURG, PA 17110	22-3503952	501(C)(3)	10,000.	0.			SPONSORSHIP OF GALA SUPPORTING THE BREAST CANCER RESEARCH FOUNDATION
UNIVERSITY OF PITTSBURGH UPMC CANCER PAVILION, STE 1B, 5150 PITTSBURGH, PA 15232	25-1423657	501(C)(3)	35,000.	0.			SPONSORSHIP TO SUPPORT HILLMAN CANCER CENTER

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

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

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

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

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

PART I, LINE 2:

THE ORGANIZATION SUPPORTS COMMUNITY-BASED PROGRAMS THAT SUPPORT THE MISSION OF UPMC PINNACLE. CONTRIBUTIONS ARE GIVEN FREELY AND THE USE OF FUNDS ARE NO MONITORED ONCE THE MONIES ARE DISBURSED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UPMC PINNACLE HOSPITALS

Employer identification number

25-1778644

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ 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 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2		
3	Indicate which, if any, of the following the 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? 4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FELIX GUTIERREZ, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	402,111.	128,906.	22,165.	16,200.	12,504.	581,886.	0.
(2) PHILIP GUARNESCHELLI	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	746,232.	249,290.	201,973.	16,200.	19,217.	1,232,912.	0.
(3) HAROLD YANG	(i)	241,165.	25,000.	250,510.	16,200.	18,903.	551,778.	0.
DIRECTOR/PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER P MARKLEY, ESQ	(i)	0.	0.	0.	0.	0.	0.	0.
SEC'Y/SR VP STAT SVC/GEN COUNSEL	(ii)	372,245.	133,810.	83,487.	16,200.	14,898.	620,640.	0.
(5) WILLIAM H PUGH	(i)	0.	0.	0.	0.	0.	0.	0.
EVP-TREASURER/CFO	(ii)	545,622.	202,914.	98,681.	16,200.	8,008.	871,425.	0.
(6) JOHN DELORENZO	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY	(ii)	160,286.	32,136.	3,985.	8,570.	17,962.	222,939.	0.
(7) CRAIG SKURCENSKI	(i)	329,372.	59,809.	207,494.	16,200.	19,151.	632,026.	0.
VP, EMERGENCY MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THOMAS STONER	(i)	367,559.	64,297.	84,062.	11,974.	18,401.	546,293.	0.
VP, HOSPITALIST SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK BARABAS	(i)	0.	0.	0.	0.	0.	0.	0.
SR VP OPERATIONS(RES. 3/17)	(ii)	96,206.	0.	445,472.	4,170.	15,213.	561,061.	0.
(10) R SCOTT RANKIN	(i)	446,701.	62,250.	6,392.	16,200.	7,786.	539,329.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTIAN CAICEDO, MD	(i)	392,301.	114,850.	59,626.	16,200.	18,794.	601,771.	0.
VP, OPERATIONS/MED DIR. W. SHORE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL A YOUNG	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER PRESIDENT/CEO (RES. 3/17)	(ii)	308,524.	0.	911,595.	6,423.	14,399.	1,240,941.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

UPMC PINNACLE HOSPITALS RELIES ON PINNACLE HEALTH SYSTEM, A RELATED ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO.

METHODS USED TO ESTABLISH COMPENSATION BY THE RELATED ORGANIZATION INCLUDE:

* COMPENSATION COMMITTEE
* INDEPENDENT COMPENSATION CONSULTANT
* COMPENSATION SURVEY OR STUDY
* APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD

PART I, LINES 4A-B:

MICHAEL YOUNG, THE FORMER CEO, RECEIVED A SEVERANCE PAYMENT OF $701,954 UPON HIS DEPARTURE.

MICHAEL YOUNG PARTICIPATED IN A SPLIT INTEREST LIFE INSURANCE POLICY WHEREBY THE ORGANIZATION PAID THE PREMIUMS AND MR. YOUNG REPORTED THE PREMIUMS AS OTHER REPORTABLE COMPENSATION. UPON MR. YOUNG'S DEATH, THE ORGANIZATION WOULD HAVE RECOVERED ITS PREMIUMS BEFORE ANY PROCEEDS COULD BE RELEASED TO THE BENEFICIARIES.

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

FELIX GUTIERREZ, A DIRECTOR AND PINNACLE HEALTH CARDIOVASCULAR INSTITUTE EMPLOYEE, ALSO PARTICIPATES IN A NONQUALIFIED PLAN. PINNACLE HEALTH CONTRIBUTED $13,869 TO THE PLAN DURING THE FISCAL YEAR.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open To Public Inspection

Name of the organization: UPMC PINNACLE HOSPITALS

Employer identification number: 25-1778644

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	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DANIEL PUGH	RELATIVE OF OFFICER	102,509.	DANIEL PUGH		X
MICHAEL HESS	RELATIVE OF OFFICER	58,954.	MICHAEL HES		X
CHRISTIAN CAICEDO	OWNER OF EC2 SOLUTI	1,607,907.	AS THE OWNE		X
CRAIG SKURCENSKI	OWNER OF EC2 SOLUTI	1,607,907.	SOFTWARE SU		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: DANIEL PUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER WILLIAM PUGH

(D) DESCRIPTION OF TRANSACTION: DANIEL PUGH IS A RELATIVE OF WILLIAM PUGH AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. WILLIAM PUGH DOES NOT SUPERVISE DANIEL PUGH NOR DOES HE PARTICIPATE IN DISCUSSIONS ON DANIEL PUGH'S COMPENSATION.

(A) NAME OF PERSON: MICHAEL HESS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF OFFICER PHILIP GUARNESCHELLI

(D) DESCRIPTION OF TRANSACTION: MICHAEL HESS IS A RELATIVE OF PHILIP GUARNESCHELLI AND IS COMPENSATED BY UPMC PINNACLE AS AN EMPLOYEE. PHILIP GUARNESCHELLI DOES NOT SUPERVISE MICHAEL HESS NOR DOES HE PARTICIPATE IN DISCUSSIONS ON MICHAEL HESS' COMPENSATION.

(A) NAME OF PERSON: CHRISTIAN CAICEDO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF EC2 SOLUTIONS/CIS PA LLC

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(D) DESCRIPTION OF TRANSACTION: AS THE OWNER OF EC2 SOLUTIONS, MR. CAICEDO PROVIDES SOFTWARE SUPPORT FOR UPMC PINNACLE ENTITIES. ALL TRANSACTIONS ARE NEGOTIATED AT ARM'S LENGTH RATES.

(A) NAME OF PERSON: CRAIG SKURCENSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNER OF EC2 SOLUTIONS/CIS PA LLC

(D) DESCRIPTION OF TRANSACTION: SOFTWARE SUPPORT FOR UPMC PINNACLE ENTITIES. ALL TRANSACTIONS ARE NEGOTIATED AT ARM'S LENGTH RATES.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UPMC PINNACLE HOSPITALS

Employer identification number
25-1778644

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

SUPPORT, OUTREACH TO THE COMMUNITY IS CRUCIAL TO ACHIEVING OUR MISSION. THROUGH VOLUNTEERISM AND ENGAGEMENT, WE STRIVE TO BE A FORCE FOR HEALTH AND WELL-BEING. WE HELP THE UNDERSERVED, MENTOR STUDENTS, LEND EXPERTISE TO COMMUNITY ORGANIZATIONS, AND EDUCATE THE COMMUNITY ON DISEASE PREVENTION AND MANAGEMENT.

COMMUNITY HEALTH IMPROVEMENT SERVICES

AS ONE OF THE LARGEST PROVIDERS OF HEALTHCARE SERVICES IN THE STATE OF PENNSYLVANIA, UPMC PINNACLE HOSPITALS OFFERS A VARIETY OF CLINICAL, EDUCATION AND SUPPORT SERVICES FOCUSED ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE.

COMMUNITY HEALTH EDUCATION

DIABETES EDUCATION FOR DISPARATE POPULATIONS:

TO PROVIDE CULTURALLY AND ECONOMICALLY APPROPRIATE EDUCATION THAT ENABLES PERSONS WITH DIABETES TO BETTER MANAGE THEIR DISEASE.

EAT SMART PLAY SMART(ESPS):

THE GOAL OF ESPS IS TO PROVIDE AN EVIDENCE-BASED, CULTURALLY SENSITIVE NUTRITION AND PHYSICAL ACTIVITY PROGRAM TO ALL YOUTH FROM PRESCHOOL TO HIGH SCHOOL.

Name of the organization: UPMC PINNACLE HOSPITALS

Employer identification number: 25-1778644

GOALS AND STRATEGIES:

1) IMPROVE KNOWLEDGE ABOUT HEALTH AND WELLNESS

-OFFER EDUCATION THAT INCLUDES PRACTICAL INFORMATION ON FITNESS, NUTRITION, AND MENTAL HEALTH

-OFFER FUN AND INTERACTIVE ACTIVITIES THAT WILL ENHANCE PROGRAM MATERIAL AND ARE ACCESSIBLE TO YOUTH

-EVALUATE CHANGE IN YOUTHS' KNOWLEDGE BY ADMINISTERING PRE-TEST, POST-TEST, AND FUTURE FOLLOW UP

2) EDUCATE YOUTH ON POSITIVE BEHAVIOR CHANGES TOWARDS A HEALTHY LIFESTYLE

-IMPROVED KNOWLEDGE OF THE IMPORTANCE OF CARDIOVASCULAR FITNESS

-NOTICEABLE CHANGE IN HEALTHY FOOD CHOICES

-ENHANCED KNOWLEDGE OF TOOLS TO IMPROVE MENTAL HEALTH AND WELL-BEING

3) DEVELOP A CURRICULUM THAT IS ACCESSIBLE AND CULTURALLY SENSITIVE FOR YOUTH AND THEIR ROLE MODELS

-OFFER THE PROGRAM IN A VARIETY OF SETTINGS THAT FIT THE NEEDS OF THE COMMUNITY, INCLUDING SCHOOL-BASED, AFTER SCHOOL-BASED, AND COMMUNITY-BASED PROGRAMS

-PROVIDE THE PROGRAM TO A DIVERSE POPULATION

-COLLABORATE WITH VARIOUS COMMUNITY PARTNERS TO ENSURE EFFICIENCY OF PROGRAM AND USE OF RESOURCES

-OFFER MATERIALS IN A VARIETY OF DIFFERENT MEDIA, INCLUDING PRINT, ONLINE, AND ORAL COMMUNICATIONS

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A VARIETY OF CHILDBIRTH EDUCATION PROGRAMS ARE OFFERED FOR NEW AND EXPECTANT PARENTS AND SIBLINGS INCLUDING INFANT CARE CLASSES. UPMC PINNACLE IS ONE OF ONLY 90 HOSPITALS TO PARTICIPATE IN THE BEST FED BEGINNING LEARNING COLLABORATIVE, A ONE-OF-A-KIND NATIONAL EFFORT TO SIGNIFICANTLY IMPROVE BREAST-FEEDING RATES.

SUPPORT GROUPS ARE OFFERED FREE OF CHARGE TO HELP PEOPLE UNDERSTAND AND COPE WITH PARTICULAR PROBLEMS OR ILLNESSES. THEY INCLUDE DIABETES, BEREAVEMENT, CAREGIVER, TRANSPLANT, AND HEART DISEASE.

CHILDREN'S HEALTH FAIR, CONFERENCES AND LECTURES PROVIDE INFORMATION ON HEALTHY LIFESTYLES AND HEALTH CAREER SESSIONS, YOUTH HEALTH SCREENINGS, YOUTH OBESITY PREVENTION, CHILD ABUSE AWARENESS/PREVENTION AND LITERACY PROGRAMS FOR CHILDREN.

COMMUNITY HEALTH FAIRS

COMMUNITY LECTURES ON A VARIETY OF TOPICS, INCLUDING CARDIOVASCULAR HEALTH, HIV/AIDS, SPORTS MEDICINE, ETHICS, AND END-OF-LIFE PLANNING.

TOBACCO CESSATION EDUCATION IN CLINICS AND THROUGHOUT THE COMMUNITY.

HEALTH EDUCATION STORIES IN THE NEWSPAPER, ON TELEVISION, ON RADIO AND IN HOSPITAL NEWSLETTER.

CLERGY ARE AVAILABLE TO PATIENTS AND FAMILY MEMBERS TWENTY-FOUR HOURS A DAY. VOLUNTEER CHAPLAINS PROVIDE BASIC SPIRITUAL SUPPORT, I.E., PRAY WITH PATIENT, READ SCRIPTURE AND PROVIDE SPIRITUAL RESOURCES, SUCH AS

Name of the organization: UPMC PINNACLE HOSPITALS

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ROSARIES, CROSSES AND RELIGIOUS BOOKS. STAFF CHAPLAINS VISIT WITH PATIENTS AND FAMILIES WHEN THERE IS A CRISIS SITUATION, WHEN THERE ARE ETHICAL/MORAL DILEMMAS, AND WHEN THE PATIENT IS EXPERIENCING GRIEF, ANXIETY, DEPRESSION, LONELINESS OR PERSONAL ISSUES.

AS DESCRIBED IN THE HOSPITAL'S MISSION STATEMENT, UPMC PINNACLE HOSPITALS IS COMMITTED TO PROVIDING COMMUNITY-BASED PROGRAMS AND SERVICES WHICH WILL ENHANCE THE HEALTH STATUS OF THE PEOPLE WE SERVE. TOWARD THAT END, UPMC PINNACLE HOSPITALS PROVIDED THE FOLLOWING WELLNESS AND SCREENING PROGRAMS:

SCREENINGS:

CHOLESTEROL SCREENINGS

BODY COMPOSITION SCREENINGS

PROSTATE SCREENINGS

INFANT DEVELOPMENT SCREENINGS

SPEECH AND HEARING SCREENINGS

DEPRESSION AND ANXIETY SCREENINGS

BONE DENSITY SCREENINGS

NUTRITION THERAPY EDUCATION PROGRAMS

LEAD POISONING SCREENINGS

UPMC PINNACLE CANCER CENTER'S BOARD-CERTIFIED SURGEONS AND MEDICAL ONCOLOGISTS ATTACK ALL TYPES OF CANCER, SUPPORTED BY A TEAM OF PHARMACISTS, SOCIAL WORKERS, REHABILITATION AND PAIN MANAGEMENT SPECIALISTS, EACH WITH A UNIQUE AWARENESS OF PATIENT NEEDS.

THE HEART FAILURE CENTER WAS DEVELOPED IN AN EFFORT TO PROVIDE PATIENTS

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SUFFERING FROM HEART FAILURE WITH AN ALTERNATIVE TO FREQUENT HOSPITALIZATIONS. OUR TEAM OF EXPERIENCED HEALTHCARE PROFESSIONALS ASSISTS PATIENTS IN LEARNING THE SKILLS NEEDED TO HELP SELF-MANAGE THEIR CHRONIC ILLNESS.

THE SPINE INSTITUTE COMBINES THE EXPERTISE OF NEUROSURGEONS, ORTHOPEDIC SURGEONS, PSYCHIATRISTS, NEUROLOGISTS, PAIN MANAGEMENT SPECIALISTS, NURSES, IMAGING SERVICES AND REHABILITATION SERVICES TO TARGET EVERY PATIENT'S PARTICULAR PROBLEM AND PROVIDE OPTIMAL TREATMENT.

BUS PASSES OR TAXI FEES ARE PROVIDED TO PATIENTS AND FAMILIES MEETING THE ORGANIZATION'S FINANCIAL ASSISTANCE GUIDELINES TO ENHANCE PATIENT ACCESS TO CARE.

RESIDENT PHYSICIAN TRAINING PROGRAMS FOR ORTHOPEDIC SURGERY, INTERNAL MEDICINE, GENERAL SURGERY, PODIATRY, AND FAMILY PRACTICE.

FELLOWSHIP PROGRAMS FOR SPORTS MEDICINE AND MATERNAL FETAL MEDICINE.

CLINICAL SITE FOR MEDICAL STUDENTS

CLINICAL SITE FOR NURSING STUDENTS

CLINICAL SITE FOR DIETITIANS

CLINICAL SITE FOR EMERGENCY MEDICAL PERSONNEL

CLINICAL SITE FOR PARAMEDIC STUDENTS

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CLINICAL SITE FOR RESPIRATORY THERAPY STUDENTS

CLINICAL SITE FOR RADIOLOGY STUDENTS

INTERNSHIPS FOR MEDICAL ASSISTANTS, SPEECH AND HEARING, PT/OT AND OTHER ALLIED HEALTH PROFESSIONAL TRAINING.

CONTINUING EDUCATION FOR NURSES AND PHYSICIAN OFFICE STAFF AND FOR LOCAL COMMUNITY PROFESSIONALS SUCH AS SCHOOL NURSES.

AUXILIARY ERNEST R. MCDOWELL SCHOLARSHIP PROGRAM

EQUIPMENT DONATIONS

UNITED WAY FUNDRAISING

BAILEY HOUSE IS A HOME AWAY FROM HOME. IT PROVIDES FREE OVERNIGHT LODGING AND A COMFORTABLE, SUPPORTIVE, AND NURTURING ENVIRONMENT FOR FAMILIES FROM OUTSIDE THE HARRISBURG AREA.

NURSE/FAMILY PARTNERSHIP PROGRAM WAS IMPLEMENTED BASED ON VERY HIGH TEEN BIRTH RATES AND A HIGH INCIDENCE OF WOMEN NOT RECEIVING PRENATAL CARE DURING THE FIRST TRIMESTER. THIS IS A NATIONALLY RENOWNED, EVIDENCE-BASED, NURSE HOME VISITATION PROGRAM THAT IMPROVES THE HEALTH, WELL-BEING AND SELF SUFFICIENCY OF LOW-INCOME FIRST-TIME PARENTS AND THEIR CHILDREN.

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CHILDREN'S RESOURCE CENTER (CRC) PROVIDES CARE AND COORDINATION TO CHILDREN SUSPECTED OF BEING ABUSED AND ENGAGES MULTIPLE DISCIPLINES TO DIAGNOSE, EVALUATE AND TREAT CHILDREN WHO ARE VICTIMS OF SEXUAL ABUSE.

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

OPEN TO ALL PERSONS WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, HANDICAP OR ABILITY TO PAY.

MEDICAL COVERAGE IS GIVEN FOR COMMUNITY SPORTING EVENTS.

CPR TRAINING PROGRAMS ARE OFFERED TO COMMUNITY GROUPS AND ORGANIZATIONS.

TWENTY-FOUR HOUR EMERGENCY MEDICAL COMMAND IS PROVIDED FOR THE TRI-COUNTY AREA.

DURING FISCAL YEAR 2018, UPMC PINNACLE HOSPITALS TREATED 140,045 PATIENTS IN ITS THREE EMERGENCY DEPARTMENTS. THIS WAS A INCREASE OF 761 PATIENTS OVER THE PRIOR YEAR.

FORM 990, PART V, LINE 1:

UPMC PINNACLE, THE PARENT ENTITY OF A GROUP OF TAX-EXEMPT ORGANIZATIONS, IS THE COMMON REPORTING AGENT FOR THE GROUP AND FILES ALL 1099 FORMS FOR UPMC PINNACLE HOSPITALS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION RESTATED ITS BYLAWS TO REFLECT A MERGER WITH UPMC AS WELL

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AS THE SOLE MEMBER OF THE ORGANIZATION UNDERGOING A NAME CHANGE. THE SOLE MEMBER ORGANIZATION'S NAME WAS CHANGED FROM PINNACLE HEALTH SYSTEM TO UPMC PINNACLE.

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

THE SOLE MEMBER OF THE CORPORATION IS UPMC PINNACLE, A NONPROFIT CORPORATION (EIN 25-1778658).

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

AS SOLE MEMBER OF THE ORGANIZATION, UPMC PINNACLE SHALL ELECT THE BOARD OF DIRECTORS.

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

CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION REQUIRE THE APPROVAL OF BOTH THE UPMC PINNACLE BOARD AND THE UPMC BOARD, AS THE SOLE MEMBER OF UPMC PINNACLE.

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

THE AUTHORITY AND RESPONSIBILITY FOR REVIEW OF THE FORM 990 FOR UPMC PINNACLE AND SUBSIDIARIES IS DELEGATED TO THE FINANCE COMMITTEE OF THE UPMC PINNACLE BOARD. IN ORDER TO ACCOMPLISH THIS, ALL MEMBERS OF THE FINANCE COMMITTEE ARE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE IRS FORMS 990 OF UPMC PINNACLE AND ITS SUBSIDIARIES. IN ADDITION, EACH MEMBER OF EACH RESPECTIVE BOARD OF DIRECTORS WILL BE GIVEN ACCESS TO VIEW THEIR INDIVIDUAL FORM 990 VIA A SHARED, PASSWORD-PROTECTED WEBSITE BEFORE THE RETURNS ARE FILED WITH THE INTERNAL REVENUE SERVICE.

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FORM 990, PART VI, SECTION B, LINE 12C:

IN THE PERFORMANCE OF THEIR DUTIES TO UPMC PINNACLE AND SUBSIDIARIES, COVERED PERSONS SHALL SEEK TO ACT IN THE BEST INTERESTS OF UPMC PINNACLE, AND SHALL EXERCISE GOOD FAITH, LOYALTY, DILIGENCE AND HONESTY. A COVERED PERSON IS ANY INDIVIDUAL WHO SERVES IN A FIDUCIARY CAPACITY TO, OR WHO HAS LEGAL AUTHORITY TO REPRESENT OR OBLIGATE, UPMC PINNACLE OR ANY OF ITS AFFILIATED ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS. COVERED PERSONS ALSO INCLUDE A) IMMEDIATE FAMILIES (SPOUSES, CHILDREN, SIBLINGS, PARENTS, OR SPOUSE'S PARENTS), B) ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILIES DIRECTLY OR INDIRECTLY I) HAVE A MATERIAL FINANCIAL OR BENEFICIAL INTEREST, OR II) SERVE AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, ATTORNEY OR SIMILAR CAPACITY. A COVERED PERSON SHALL DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS OR RELATIONSHIPS WHICH MAY BE IN CONFLICT WITH THE INTEREST OF UPMC PINNACLE, INCLUDING, BUT NOT LIMITED TO (A) ENGAGING IN OR SEEKING TO BE ENGAGED IN (I) THE DELIVERY OF HEALTH CARE SERVICES OR (II) THE DELIVERY OF GOODS OR SERVICES TO UPMC PINNACLE, OR (B) ANY TRANSACTION OR ARRANGEMENT WITH UPMC PINNACLE WHICH WOULD RESULT IN BENEFIT TO COVERED PERSONS. THE GOVERNANCE COMMITTEE OF THE UPMC PINNACLE BOARD REVIEWS ALL CONFLICT OF INTEREST STATEMENTS ANNUALLY AND DETERMINES WHETHER EACH DIRECTOR ON THE BOARD IS INDEPENDENT. COVERED PERSONS WHO ARE DIRECTORS MUST COMPLY WITH THE UPMC PINNACLE GUIDELINES FOR DETERMINING DIRECTOR INDEPENDENCE AND APPLYING DIRECTOR INDEPENDENCE REQUIREMENTS. COVERED PERSONS WITH A CONFLICT OF INTEREST SHALL NOT VOTE ON THE MATTER, AND THE UPMC PINNACLE BOARD OR COMMITTEE MUST APPROVE, AUTHORIZE, OR RATIFY THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE NON-INTERESTED DIRECTORS OR COMMITTEE MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM. VIOLATIONS OF THIS STATEMENT OF POLICY MAY SUBJECT COVERED PERSONS TO

Name of the organization: UPMC PINNACLE HOSPITALS

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APPROPRIATE SANCTIONS, INCLUDING REMOVAL FROM THEIR POSITIONS WITH UPMC PINNACLE.

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

THE COMPENSATION COMMITTEE OF THE UPMC PINNACLE BOARD HAS THE AUTHORITY TO DEVELOP AND MAINTAIN EXECUTIVE AND PHYSICIAN COMPENSATION TO BE APPROVED BY THE UPMC PINNACLE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE WILL FOLLOW A DILIGENT PROCESS THAT MEETS REGULATORY REQUIREMENTS FOR A REBUTTABLE PRESUMPTION OF REASONABLENESS AND PROMOTES EFFECTIVE GOVERNANCE OF EXECUTIVE COMPENSATION, CONSISTENT WITH THE UPMC PINNACLE COMPENSATION PHILOSOPHY. 1. FOLLOW A PROCESS THAT ESTABLISHES AND MAINTAINS A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL EXECUTIVES AND PHYSICIANS POTENTIALLY SUBJECT TO INTERMEDIATE SANCTIONS. 2. PREPARE MINUTES FOR EACH MEETING TO RECORD THE TERMS OF THE COMMITTEE'S DECISIONS AND THE PROCESS FOLLOWED IN REACHING THOSE DECISIONS. THESE MINUTES MUST INCLUDE INDICATIONS THAT THE COMMITTEE IS FOLLOWING GOOD PRACTICES IN DEALING WITH CONFLICTS OF INTEREST AND IN OBTAINING AND RELYING ON APPROPRIATE COMPARABILITY DATA ON TOTAL COMPENSATION. 3. SELECT AND DIRECTLY ENGAGE AND SUPERVISE ANY CONSULTANT HIRED BY UPMC PINNACLE TO ADVISE THE COMMITTEE ON EXECUTIVE AND PHYSICIAN COMPENSATION. 4. PERIODICALLY EVALUATE THE APPROPRIATENESS OF THIS CHARTER AND THE EFFECTIVENESS OF THE PROCESS THE COMMITTEE USES IN GOVERNING EXECUTIVE AND PHYSICIAN COMPENSATION AND REPORT THIS EVALUATION TO THE UPMC PINNACLE BOARD. 5. PROVIDE THE UPMC PINNACLE BOARD WITH AN ANNUAL REPORT ON THE COMMITTEE'S ACTIONS. 6. MONITOR CHANGES IN LAWS AND REGULATIONS PERTAINING TO EXECUTIVE COMPENSATION AND BENEFITS TO SEE THAT UPMC PINNACLE COMPLIES WITH THEM. 7. SEEK OUTSIDE REVIEW OF COMMITTEE OPERATIONS TO ENSURE COMPLIANCE WITH THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS. 8. REVIEW ACTUAL EXECUTIVE COMPENSATION

Name of the organization: UPMC PINNACLE HOSPITALS | Employer identification number: 25-1778644

AND BENEFITS PROVIDED TO CONFIRM CONSISTENCY WITH COMPENSATION AND BENEFITS APPROVED BY THE COMMITTEE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION. THE ORGANIZATION INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH THE STATE REGISTRATION FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS. THESE DOCUMENTS ARE A MATTER OF PUBLIC RECORD AND CAN BE VIEWED AT THE BUREAU OFFICE.

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

FINANCING FRAMEWORK TRANSFERS	-96,900,926.
INTERCOMPANY TRANFERS - NET ASSETS RELEASED	1,758,013.
CHANGES IN TEMPORARY AND PERMANENTLY RESTRICTED NET ASSETS	-3,405,866.
INTERCOMPANY TRANSFERS	1,757,513.
CERNER LIABILITY ADJUSTMENT	-4,000,000.
CHANGE IN MEDICAL MALPRACTICE RESERVES	-16,250,000.
DUFF AND PHELPS HANOVER ASSET VALUATION	-12,000,000.
TRANSFERS OF GOODWILL	-2,025,760.
OBS ADJUSTMENTS	113,504,523.
TOTAL TO FORM 990, PART XI, LINE 9	-17,562,503.

PART XII, LINE 2C:

UPMC IS AUDITED ON A CONSOLIDATED BASIS. THEREFORE, THERE ARE NO SEPARATE AUDITED FINANCIAL STATEMENTS FOR UPMC PINNACLE AND ITS SUBSIDIARIES.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PINNACLE HEALTH EMERGENCY DEPARTMENT SERVICES, LLC - 86-1057582, P.O. BOX 8700, HARRISBURG, PA 17105-8700	MEDICAL EMERGENCY SERVICES	PENNSYLVANIA	-10,462,114.	2,910,471.	UPMC PINNACLE HOSPITALS
PINNACLE HEALTH HOSPITALISTS SERVICES, LLC - 46-2927099, P.O. BOX 8700, HARRISBURG, PA 17105-8700	HOSPITALISTS SERVICES	PENNSYLVANIA	-15,284,414.	742,508.	UPMC PINNACLE HOSPITALS
PINNACLE HEALTH OBSERVATION SERVICES, LLC - 47-2088742, P.O. BOX 8700, HARRISBURG, PA 17105-8700	PROFESSIONAL SERVICES TO OBSERVATION PATIENTS	PENNSYLVANIA	-1,308,641.	51,691.	UPMC PINNACLE HOSPITALS
UPMC PINNACLE ANESTHESIA SERVICES - 82-3458724, P.O. BOX 8700, HARRISBURG, PA 17105-8700	ANESTHESIA SERVICES	PENNSYLVANIA	-2,524,837.	470,165.	UPMC PINNACLE HOSPITALS

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	(g) No
UPMC SENIOR COMMUNITIES INC.* - 25-1574736 600 GRANT STREET PITTSBURGH, PA 15219	SENIOR LIVING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC		X
PITTSBURGH LIFETIME CARE COMMUNITY* - 25-1335247, 600 GRANT STREET, PITTSBURGH, PA 15219	CCRC	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
CANTERBURY PLACE* - 25-0965334 600 GRANT STREET PITTSBURGH, PA 15219	SENIOR LIVING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
SENECA PLACE* - 72-1562844 600 GRANT STREET PITTSBURGH, PA 15219	SENIOR LIVING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
SHADYSIDE HOSPITAL SUPPORTING FOUNDATION* - 26-0303394, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC		X
UPMC LEE* - 25-0613830 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
PITTSBURGH CARE PARTNERSHIP INC.* - 25-1753852, 600 GRANT STREET, PITTSBURGH, PA 15219	SENIOR CARE MANAGEMENT	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC		X
UPMC CENTER FOR HIGH VALUE HEALTHCARE* - 45-2178782, 600 GRANT STREET, PITTSBURGH, PA 15219	RESEARCH	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC		X
SHADYSIDE HOSPITAL FOUNDATION* - 25-1290546 532 SOUTH AIKEN AVENUE PITTSBURGH, PA 15232	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	UPMC PRESBY		X
PASSAVANT HOSPITAL FOUNDATION* - 25-1407815 9100 BABCOCK BLVD PITTSBURGH, PA 15237	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC PASS		X
UPMC NORTHWEST FOUNDATION* - 25-1483624 100 FARFIELD DRIVE SENECA, PA 16346	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	UPMC NORTHWE		X
ST. MARGARET FOUNDATION* - 25-1520340 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC ST MARG		X
CHILDREN'S HOSPITAL OF PITTSBURGH FND - 25-1865744, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC CHP		X
MAGEE-WOMEN RES INST AND FOUNDATION* - 25-1462312, 600 GRANT STREET, PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
GREAT LAKES PHYSICIAN PRACTICE P.C.* - 46-4186362, 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	NEW YORK	501(C)(3)	LINE 3	REGNL HEALTH		X
HAMOT HEALTH FOUNDATION* - 25-1400999 302 FRENCH STREET ERIE, PA 16507	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC HAMOT		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
UPMC JAMESON* - 25-0965406 1211 WILMINGTON AVE NEW CASTLE, PA 16105	HEALTHCARE	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
JAMESON HEALTHCARE FOUNDATION* - 25-1536037 1211 WILMINGTON AVE NEW CASTLE, PA 16105	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC JAMESON		X
JAMESON HEALTH SERVICES INC.* - 03-0486993 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC JAMESON		X
CHILDREN'S ADVOCACY CENTER OF LAWRENCE* - 25-1581304, 1107 WILMINGTON AVE, NEW CASTLE, PA 16105	COORDINATION SERVICES	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC JAMESON		X
UPMC/JAMESON CANCER CENTER* - 20-1459415 600 GRANT STREET, 58TH FL PITTSBURGH, PA 15219	ONCOLOGY SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMESON		X
JAMESON MEDICAL CARE INC.* - 26-0462696 1211 WILMINGTON AVE NEW CASTLE, PA 16105	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC JAMESON		X
JAMESON CARE CENTER INC.* - 23-2871396 1211 WILMINGTON AVE NEW CASTLE, PA 16105	SENIOR SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
UPMC SUSQUEHANNA* - 23-2751183 700 HIGH STREET WILLIAMSPORT, PA 17701	MANAGMENT SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC		X
MUNCY VALLEY HOSPITAL* - 24-0806023 215 EAST WATER STREET MUNCY, PA 17756	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
DIVINE PROVIDENCE HOSPITAL OF THE SISTER* - 24-0799343, 1100 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
SUSQUEHANNA PHYSICIAN SERVICES* - 23-2449454 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
SUSQUEHANNA HEALTH SYSTEM INNOVATION CTR* - 47-1600873, 700 HIGH STREET, WILLIAMSPORT, PA 17701	SUPPORT SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
SUSQUEHANNA HEALTH FOUNDATION* - 23-2743470 1100 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC SUSQUEH		X
THE WILLIAMSPORT HOSPITAL* - 24-0795508 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
LAUREL REALTY INC.* - 23-1403678 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	REAL ESTATE	PENNSYLVANIA	501(C)(3)	N/A	UPMC SUSQUEH		X
LAUREL MANAGEMENT SERVICES INC.* - 25-1644910, 32-36 CENTRAL AVENUE, WELLSBORO, PA 16901	MANAGEMENT SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
LAUREL HEALTH SYSTEM* - 24-0795488 22 WALNUT STREET WELLSBORO, PA 16901	SUPPORT SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
SOLDIERS AND SAILORS MEMORIAL HOSPITAL* - 23-2176963, 32-36 CENTRAL AVENUE, WELLSBORO, PA 16901	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
THE GREEN HOME* - 24-0804365 37 CENTRAL AVENUE WELLSBORO, PA 16901	SKILLED NURSING	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SUSQUEH		X
TIOGA HEALTH CARE PROVIDERS* - 25-1765538 1201 GRAMPIAN BOULEVARD WELLSBORO, PA 17701	HEALTHCARE	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SUSQUEH		X
WILLIAMSPORT AREA AMBULANCE SERVICE COOP* - 23-2416166, 700 HIGH STREET, WILLIAMSPORT, PA 17701	AMBULANCE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	WILLIAM HOSP		X
UPMC SUSQUEHANNA LOCK HAVEN* - 82-1600494 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
UPMC SUSQUEHANNA SUNBURY* - 82-1592230 700 HIGH STREET WILLIAMSPORT, PA 17701	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC SUSQUEH		X
UPMC CHAUTAUQUA AT WCA* - 16-0743226 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	UPMC CHAUTAU		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
W.C.A. GROUP INC. - 22-2392582 207 FOOTE AVENUE JAMESTOWN, NY 14701	HOLDING COMPANY	NEW YORK	501(C)(3)	LINE 12B, II	CHAUT AT WCA		X
STARFLIGHT INC.* - 16-1557878 135 ALLEN STREET JAMESTOWN, NY 14701	AIR AMBULANCE	NEW YORK	501(C)(3)	LINE 7	CHAUT AT WCA		X
SOUTH CENTRAL ALPHA HOUSING & HEALTH* - 25-1701701, 3410 W PITTSBURG ROAD, NEW CASTLE, PA 16101	SNF & AL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
SOUTH WESTERN ALPHA HOUSING & HEALTH* - 25-1701700, 745 GREENVILLE ROAD, MERCER, PA 16137	SNF & IL	PENNSYLVANIA	501(C)(3)	LINE 10	UPMC SR COMM		X
KANE COMMUNITY HOSPITAL FOUNDATION* - 26-3906925, 4372 ROUTE 6, KANE, PA 16735	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
JUNIOR GUILD OF THE JAMESON MEMORIAL HOS* - 25-6005313, 1211 WILMINGTON AVENUE, NEW CASTLE, PA 16105	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
LAUREL HEALTH FOUNDATION* - 25-1810488 32-36 CENTRAL AVENUE WELLSBORO, PA 16901	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	N/A		X
W.C.A. FOUNDATION INC.* - 22-2393584 300 FOOTE AVENUE; P.O. BOX 840 JAMESTOWN, NY 14702	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		X
VENANGO V.N.A. FOUNDATION* - 25-1472179 491 ALLEGHENY BOULEVARD FRANKLIN, PA 16323	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-O	N/A		X
UPMC PINNACLE - 25-1778658 409 SOUTH SECOND STREET HARRISBURG, PA 17104	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC		X
UPMC PINNACLE CARLISLE - 82-0880337 361 ALEXANDER SPRING ROAD CARLISLE, PA 17105	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
UPMC PINNACLE LITITZ - 82-0844453 1500 HIGHLANDS AVENUE LITITZ , PA 17543	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
UPMC PINNACLE MEMORIAL - 82-0912090 325 SOUTH BELMONT STREET YORK, PA 17405	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
PINNACLE HEALTH REGIONAL PHYSICIANS - 82-0947698, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
PINNACLE HEALTH FOUNDATION - 22-2691718 409 SOUTH SECOND STREET HARRISBURG, PA 17104	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC PINNACLE		X
COMMUNITY LIFE TEAM, INC. - 23-1890444 409 SOUTH SECOND STREET HARRISBURG, PA 17104	MEDICAL TRANSPORT	PENNSYLVANIA	501(C)(3)	LINE 7	UPMC PINNACLE		X
HANOVER HEALTHCARE PLUS, INC. - 22-2658574 300 HIGHLAND AVENUE HANOVER, PA 17331	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12A, I	UPMC PINNACLE		X
UPMC PINNACLE HANOVER - 23-1360851 300 HIGHLAND AVENUE HANOVER, PA 17331	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	HANNOVER HEALTH		X
UPMC PINNACLE LANCASTER - 82-0896436 250 COLLEGE AVENUE LANCASTER, PA 17603	HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
PINNACLE HEALTH MEDICAL SERVICES - 25-1709054, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	UPMC PINNACLE		X
ASBURY HEIGHTS OF UPMC* - 25-1555687 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12B, II	UPMC SR COMM		X
ASBURY HEALTH CENTER* - 25-0969472 600 GRANT STREET PITTSBURGH, PA 15219	CCRC	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGHTS		X
ASBURY VILLAS* - 25-1819952 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGHTS		X
ASBURY PLACE* - 25-1729266 600 GRANT STREET PITTSBURGH, PA 15219	PERSONAL CARE	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY HEIGHTS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
WESLEY HILLS* - 25-1507472 600 GRANT STREET PITTSBURGH, PA 15219	INDEPENDENT LIVING	PENNSYLVANIA	501(C)(3)	N/A	ASBURY HEIGHTS		X
ASBURY FOUNDATION* - 25-1555688 600 GRANT STREET PITTSBURGH, PA 15219	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ASBURY HEIGHTS		X
UPMC - 25-1423657 600 GRANT STREET PITTSBURGH, PA 15219	SUPPORTING ORG	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	N/A		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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
WEST SHORE SURGERY CENTER, LTD. - 25-1821415, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	SURGICAL CARE - MEDICAL SERVICES	PA	SEE PART VII - SUPPLEMENTAL INFORMATION	RELATED	1,113,495.	2,369,969.		X	N/A		X	45.00%
SUSQUEHANNA VALLEY SURGICAL CENTER - 25-1847818, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	SURGICAL CARE - MEDICAL SERVICES	PA	N/A	RELATED	517,695.	1,848,304.		X	N/A		X	50.00%
SENECA HILLS ASSISTED LIVING L.P.* - 23-2873106, 600 GRANT STREET, PITTSBURGH, PA 15219	ASSISTED LIVING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. MARGARET MEDICAL ARTS ASSOCIATES* - 25-1786655, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
H.C.PHARMACY CENTRAL INC.* - 25-1364192 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY CO-O	PA	N/A	C CORP	N/A	N/A	N/A		X
CHILDREN'S COMMUNITY CARE* - 25-1781887 600 GRANT STREET PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC PHYSICIAN SERVICES HOLDING COMPANY INC.* - 25-1877017, 600 GRANT STREET, PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
HEMATOLOGY ONCOLOGY ASSOCIATION INC.* - 42-1648357, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
ONCOLOGY HEMATOLOGY ASSOCATION INC.* - 25-1762980, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
CORE NETWORK LLC* - 25-1786209, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFE HOME CARE LP* - 25-1847839, 600 GRANT STREET, PITTSBURGH, PA 15219	HOMECARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SHADYSIDE MEDICAL CENTER ASSOCIATION* - 25-1608318, 600 GRANT STREET, PITTSBURGH, PA 15219	MED OFFICE BL	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHARTWELL PA LP* - 25-1729714 600 GRANT STREET PITTSBURGH, PA 15219	HOMEHEALTH	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFE CARE HOME SRV OF NW PA* - 25-1536879, 1647 SASSAFRAS STREET, ERIE, PA 16501	HOME HEALTH SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HAMOT-KCH REAL ESTATE VENTURE* - 26-3691782, 300 STATE STREET, ERIE, PA 16507	MEDICAL OFFICE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HAMOT SURGERY CENTER LLC* - 25-1863661, 200 STATE STREET, ERIE, PA 16507	AMBULATORY SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EPN-HAMOT URGENT CARE LLC* - 27-2147949, 600 GRANT STREET, PITTSBURGH, PA 15219	URGENT CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNTAIN VIEW MEDICAL ONCOLOGY* - 46-1449241, 600 GRANT STREET, 58TH FLOOR, PITTSBURGH, PA 15219	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
LAWRENCE COUNTY MRI & DIAGNOSTIC IMAGING* - 27-0219891, 2526 WILMINGTON AVE, NEW CASTLE, PA 16105	IMAGING CENTER	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COMMUNITY BASKET LLC* - 20-1195736, 1205 GRAMPIAN BOULEVARD, WILLIAMSPORT, PA 17701	REAL ESTATE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HANOVER SURGICENTER REAL ESTATE, LP - 35-2342993, 300 HIGHLAND AVE, HANOVER, PA 17331	INACTIVE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDCARE SUSQUEHANNA VALLEY, LLC - 82-1673688, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	DME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OMICELO RE I, LP - 47-5603393 2525 LIBERTY AVENUE PITTSBURGH, PA 16222	REAL ESTATE DEVELOPMENT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
TRI-STATE NEUROSURGICAL ASSOCIATES - UPMC INC.* - 25-1458655, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
RENAISSANCE FAMILY PRACTICE - UPMC INC.* - 26-2942406, 600 GRANT STREET, PITTSBURGH, PA 15219	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HOLDING COMPANY INC.* - 25-1777713 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC COVERAGE PRODUCTS INC.* - 25-1777710 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
FREEDOM INSURANCE COMPANY* - 03-0308944 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
TRI-CENTURY INSURANCE CO* - 25-1500739 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC DNA INC.* - 25-1883237 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH BENEFITS INC.* - 25-1844144 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH NETWORK INC.* - 72-1527566 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH PLAN INC.* - 23-2813536 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC BENEFIT MANAGEMENT SERVICES INC.* - 25-1769564, 600 GRANT STREET, PITTSBURGH, PA 15219	WORKERS' COMP	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC DIVERSIFIED SERVICES INC.* - 25-1778454 600 GRANT STREET PITTSBURGH, PA 15219	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
MONROEVILLE SPECIALTY CLINIC* - 25-1666087 600 GRANT STREET PITTSBURGH, PA 15219	AMB SURGERY	PA	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL ARCHIVAL SYSTEMS INC.* - 23-2912501 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
PRESBY HEALTH RESOURCE MGMT* - 25-1422155 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
RX PARTNERS INC.* - 25-1801966 600 GRANT STREET PITTSBURGH, PA 15219	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
BIOTRONICS INC.* - 25-1843500 600 GRANT STREET PITTSBURGH, PA 15219	EQUIPMENT MAINTENANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL CENTER PROPERTIES INC.* - 25-1796940 600 GRANT STREET PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
ASKESIS DEVELOPMENT GROUP INC.* - 54-1625585 600 GRANT STREET PITTSBURGH, PA 15219	SOFTWARE DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
UPMC INTERNATIONAL HEALTH INITIATIVES* - 84-1706741, 600 GRANT STREET, PITTSBURGH, PA 15219	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
BAYFRONT REGIONAL DEVELOPMENT CORP* - 25-1401388, 300 STATE STREET, ERIE, PA 16507	REAL ESTATE HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
BAYSIDE DEVELOPMENT CORP* - 25-1401386 300 STATE STREET ERIE, PA 16507	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC WORK ALLIANCE INC.* - 45-2825053 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
ALLIED ORTHOPEDICS APPLIANCES INC.* - 16-1092951, 335 E 3RD STREET, JAMESTOWN, NY 14701	INACTIVE	NY	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
UPMC HEALTH COVERAGE INC.* - 46-2824537 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC HEALTH OPTIONS INC.* - 46-2824626 600 GRANT STREET PITTSBURGH, PA 15219	INSURANCE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC COMPLETE CARE INC.* - 46-3605753 5215 CENTRE AVENUE PITTSBURGH, PA 15232	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
AMERICAN HOME HEALTH SERVICES* - 31-1521422 868 CORPORATE WAY WESTLAKE, OH 44145	HOME HEALTH CARE	OH	N/A	C CORP	N/A	N/A	N/A		X
HEALTH FIDELITY INC.* - 45-2538963 210 S. B STREET SAN MATEO, CA 94401	TECHNOLOGY SERVICES	CA	N/A	C CORP	N/A	N/A	N/A		X
FLUENCE HEALTH INC.* - 47-2684174 6425 PENN AVENUE PITTSBURGH, PA 15206	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
CURAVI HEALTH INC.* - 81-1217377 6425 PENN AVENUE PITTSBURGH, PA 15206	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		X
PENSIAMO INC.* - 81-2069236 600 GRANT STREET, 59TH FL PITTSBURGH, PA 15219	SUPPLY CHAIN	DE	N/A	C CORP	N/A	N/A	N/A		X
ALTOONA FAMILY INC.* - 25-1444935 620 HOWARD AVE ALTOONA, PA 16601	MANAGEMENT SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON HOLDINGS INC.* - 25-1794386 620 HOWARD AVE ALTOONA, PA 16601	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON ONE INC.* - 25-1468889 620 HOWARD AVE ALTOONA, PA 16601	RENTAL	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON TWO INC.* - 25-1555689 HOWARD AVE & 7TH ST ALTOONA, PA 16601	DME	PA	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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LEXINGTON FOUR INC.* - 25-1793736 620 HOWARD AVE ALTOONA, PA 16601	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X
ALLEGHENY HEALTHCARE STAFFING INC.* - 27-1657362, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC ALTOONA REGIONAL HEALTH SERVICES* - 25-1219302, 1414 9TH AVENUE, ALTOONA, PA 16602	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
LEXINGTON ANESTHESIA ASSOCIATES INC.* - 25-1897765, 620 HOWARD AVE, ALTOONA, PA 16601	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
NORTHERN CAMBRIA MEDICAL CENTER INC.* - 25-1530860, 620 HOWARD AVE, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
PATTON FAMILY MEDICAL CENTER INC.* - 25-1793735, 620 HOWARD AVE, 5TH FL, ALTOONA, PA 16601	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
MEDCPU INC.* - 38-3805381 100 WALL STREET, SUITE 2202 NEW YORK, NY 10005	SOFTWARE DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
RXANTE INC.* - 45-4040219 511 CONGRESS STREET #803 PORTLAND, ME 04101	MEDICATION MANAGEMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
VINCENT PAYMENT SOLUTIONS INC.* - 82-1101143 BAKERY SQUARE; 6425 PENN AVENUE; STE 200 PITTSBURGH, PA 15206	PAYMENT SYSTEM	DE	N/A	C CORP	N/A	N/A	N/A		X
J. HEALTH VENTURES INC.* - 25-1607893 1211 WILIMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
J.E.R. MEDICAL ASSOCIATES INC.* - 25-1609398 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
SUSQUEHANNA VENTURES INC.* - 23-2470623 1201 GRAMPIAN BOULEVARD WILLIAMSPORT, PA 17701	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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TYOGA CARENET* - 25-1810967 114 EAST AVENUE WELLSBORO, PA 16901	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A		X
W.C.A. SERVICE CORPORATION INC.* - 16-1151438, 207 FOOTE AVENUE, JAMESTOWN, NY 14701	SUPPORT	NY	N/A	C CORP	N/A	N/A	N/A		X
ITTCCO I INC.* - 82-2590699 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
ITTCCO II INC.* - 82-2597388 600 GRANT STREET PITTSBURGH, PA 15219	INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH CARDIOVASCULAR INSTITUTE INC. - 32-0321362, 409 SOUTH SECOND STREET, HARRISBURG, PA 17104	PHYSICIAN SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER HEALTH CORPORATION - 90-0498067 300 HIGHLAND AVENUE HANOVER, PA 17331	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
HANOVER APOTHECARY INC. - 03-0594526 310 STOCK STREET SUITE 1 HANOVER, PA 17331	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
UNITED CENTRAL PA RECIPROCAL RISK RETENTION GROUP - 13-4224033, 76 SAINT PAUL STREET SUITE 500, BURLINGTON, VT 05401	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH VENTURES INC. - 61-1677624 409 SOUTH SECOND STREET HARRISBURG, PA 17104	HOLDING COMPANY	PA	N/A	C CORP	N/A	N/A	N/A		X
PINNACLE HEALTH IMAGING INC. - 23-1718571 409 SOUTH SECOND STREET HARRISBURG, PA 17104	IMAGING SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
COLE CARE INC.* - 25-1497347 1001 EAST 2ND STREET COUDERSPORT, PA 16915	DME	PA	N/A	C CORP	N/A	N/A	N/A		X
UPMC ITALY HEALTH SERVICES S.R.L* VIA DISCESA DEI GIUDICI, 4 PALERMO, ITALY 90133	HEALTH SERVICES	ITALY	N/A	C CORP	N/A	N/A	N/A		X

Part IV. Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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UPMC INVESTMENTS LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	HOLDING COMPANY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
UPMC PROPERTY LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
UPMC PROPERTY II LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
EURO CARE INFRASTRUCTURE LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY MANAGEMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
EURO CARE PROPERTY MANAGEMENT LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	PROPERTY MANAGEMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
EURO CARE HEALTHCARE LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	HOSPITAL	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
WATERFORD ONCOLOGY ASSOCIATES LTD.* C/O UPMC WHITFIELD CORK ROAD BUTLERSTOWN NORT WATERFORD, IRELAND X91 DH9W	ONCOLOGY SERVICES	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
UPMC CANCER CENTERS IRELAND LIMITED* 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 18	CANCER TREATMENT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
PANTHER REINSURANCE COMPANY LTD* - 98-1402742, P.O. BOX 1109, GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
FORBES REINSURANCE COMPANY LTD* - 98-1400710 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
CATHEDRAL (RE) INSURANCE CO* - 98-1400837 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
UPMC IRELAND LIMITED* 6TH FLOOR BEACON HOSPITAL SANDYFORD, IRELAND DUBLIN 18	HEALTHCARE SUPPORT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
UPMC CANADA TECHNOLOGIES LIMITED* 600 GRANT STREET PITTSBURGH, CANADA 15219	SOFTWARE	CANADA	N/A	C CORP	N/A	N/A	N/A		X
SUSQUEHANNA HEALTH SYSTEM INSURANCE NET* P.O. BOX 1159 GRAND CAYMAN, CAYMAN ISLANDS N/A	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
UNITED HEALTH RISK LTD. PO BOX HM 2450 HAMILTON, BERMUDA N/A	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X
UPMC UNITED KINGDOM LTD* - 98-0571026 C/O NAIR&CO 11TH FLOOR WHITEFRIARS BRISTOL UK, UNITED KINGDOM BS1 2NT	SOFTWARE LICENSING	UNITED KINGDOM	N/A	C CORP	N/A	N/A	N/A		X
UPMC EXCESS PL TRUST* - 82-6254351 600 GRANT STREET PITTSBURGH, PA 15219	N/A	PA	N/A	TRUST	N/A	N/A	N/A		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WEST SHORE SURGERY CENTER, LTD.	A	551,741.	COST ADJ. ANNUALLY FOR CPI
(2) WEST SHORE SURGERY CENTER, LTD.	R	838,517.	COST ADJ. ANNUALLY FOR CPI
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

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

FORM 990, SCHEDULE R, PARTS I THROUGH IV:

ENTITIES REPORTED IN PARTS I THROUGH IV THAT ARE MARKED WITH AN * ARE NOT TECHNICALLY "RELATED ORGANIZATIONS", AS DEFINED IN THE FORM 990 INSTRUCTIONS. HOWEVER, THEY ARE DISCLOSED ON SCHEDULE R TO REFLECT THAT THEY ARE A PART OF THE UPMC SYSTEM OF ENTITIES, AS THEY ALL SHARE UPMC AS THEIR ULTIMATE PARENT CORPORATION. THE DISCLOSURE IS IN THE INTEREST OF TRANSPARENCY.

FORM 990, SCHEDULE R, PART III

WEST SHORE SURGERY CENTER IS OWNED BY THE FOLLOWING RELATED ENTITIES:

UPMC PINNACLE HOSPITALS - 45%

PINNACLE HEALTH MEDICAL SERVICES - 2%

THE REMAINING 53% IS OWNED BY A NUMBER OF INDIVIDUAL PHYSICIANS.