Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

EXTENDED TO NOVEMBER 15, 2019

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.

For the 2018 calendar year, or tax year beginning and ending

Check if applicable:

Address change
Name change
Initial return
Final return/termi-
ated
Amended return
Application pending

C Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

GROUP RETURN

3605 WARRINGEN CENTER ROAD

SHAKER HEIGHTS, OH 44122

D Employer identification number

90-0059117

E Telephone number

(216) 844-1000

G Gross receipts

$3,859,616,000.

H(a) Is this a group return

X Yes □ No

For subordinates?

□ Yes □ No

H(b) Are all subordinates included?

□ Yes □ No

If "No," attach a list. (see instructions)

J Website:

WWW.UHOSPITALS.ORG

K Form of organization:

Corporation □ Trust □ Foundation □ Other □

L Year of formation

M State of legal domicile

PART I Summary

1 Briefly describe the organization's mission or most significant activities: UNIVERSITY HOSPITALS (THE SYSTEM) IS GUIDED BY ITS MISSION "TO HEAL, TO TEACH, TO DISCOVER."

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

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

3 268

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

4 290

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5 28376

6 Total number of volunteers (estimate if necessary)

6 4000

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

7a $3,122,000

7b Net unrelated business taxable income from Form 990-T, line 38

7b $1,346,350

8 Contributions and grants (Part VIII, line 1h)

8 $78,214,000

9 Program service revenue (Part VIII, line 2g)

9 $3,121,989,000

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

10 $129,147,000

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

11 $175,633,000

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12 $3,704,983,000

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

13 $4,382,000

14 Benefits paid to or for members (Part IX, column (A), line 4)

14 $0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

15 $1,858,178,000

16a Professional fundraising fees (Part IX, column (A), line 11e)

16a $126,000

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

17 $1,475,157,000

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

18 $3,337,943,000

19 Revenue less expenses. Subtract line 18 from line 12

19 $367,140,000

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

20 $4,865,156,000

21 Total liabilities (Part X, line 26)

21 $2,379,971,000

22 Net assets or fund balances. Subtract line 21 from line 20

22 $2,485,185,000

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. The declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

MICHAEL A. SUZUBSKI, CHIEF FINANCIAL OFFICER

Date

11-14-19

Print/Type preparer's name

REBECCA LYONS

Type or print name and title

Preparer's signature

Date

11/14/19

Paid

11/14/19

PTIN

01487105

Paid

Firm's name

DELOITE TAX LLP

Date

11/14/19

PTIN

Firm's EIN

86-1065772

Preparer

Use Only

Firm's address

250 EAST 5TH STREET SUITE 1900

CINCINNATI, OH 45202

Phone no. (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions)

□ Yes □ No

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)
### Part III | Statement of Program Service Accomplishments

#### 1. Briefly describe the organization's mission:

- SEE SCHEDULE O.

#### 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $)</th>
<th>(Revenue $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>$3,368,759,000</td>
<td>$8,070,000</td>
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<tr>
<td></td>
<td></td>
<td>$3,749,149,000</td>
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</table>

- SEE SCHEDULE O.

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $)</th>
<th>(Revenue $)</th>
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<tr>
<td>3b</td>
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<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $)</th>
<th>(Revenue $)</th>
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<tr>
<td>3c</td>
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<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $)</th>
<th>(Revenue $)</th>
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<tr>
<td>3d</td>
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</table>

- Other program services (Describe in Schedule O.)

<table>
<thead>
<tr>
<th>Expenses $</th>
<th>including grants of $</th>
<th>(Revenue $)</th>
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</thead>
<tbody>
<tr>
<td>3,368,759,000</td>
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</table>
# Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<td>20b</td>
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<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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?</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>25a</td>
<td><strong>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</strong> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>26</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>27</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>28c</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>36</td>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Note</th>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td><img src="x" alt="Yes" /></td>
<td><img src="x" alt="No" /></td>
</tr>
</tbody>
</table>
Part V  Statements Regarding Other IRS Filings and Tax Compliance

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  28376

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

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)?

b If "Yes," enter the name of the foreign country: ▶


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

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?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year

7a X

7b X

7c X

7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

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?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

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

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?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of 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?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed (A, FL, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC)

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website □ Another’s website □ Upon request □ Other (explain in Schedule O)

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.

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

MICHAEL A. SZUBSKI - 216-844-1000
3605 WARRENSVILLE CENTER RD, SHAKER HEIGHTS, OH 44122

See Schedule O for full list of states.
### 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ACO - BECK, ERIC DO DIRECTOR (BEGIN 06/18)</td>
<td>50.00</td>
<td>X</td>
<td>499,045.</td>
<td>0.</td>
<td>13,363.</td>
</tr>
<tr>
<td>(2) ACO - MONHEIM, KAREN M. MD DIRECTOR</td>
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<td>0.</td>
</tr>
<tr>
<td>(3) ACO - PETERS, JEFFREY H. MD DIRECTOR (END 05/18)</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) ACO - SZUBSKI, MICHAEL A. DIRECTOR/TREASURER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) ACO - TAIT, PAUL G. DIRECTOR/CHAIRPERSON (END 05/18)</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) AHUJA - CONIGLIO, GWENAY S. DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) AHUJA - DOODY, RICHARD DIRECTOR</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) AHUJA - GLICK, ROBERT A. DIRECTOR</td>
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<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) AHUJA - HABER, IRWIN DIRECTOR/VICE CHAIR (BEGIN 05/18)</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(10) AHUJA - JORDAN, SHARON SOBOL DIRECTOR (BEGIN 09/18)</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) AHUJA - JURIS, SUSAN V. PRESIDENT/DIRECTOR EX OFFICIO</td>
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<td>X</td>
<td>587,920.</td>
<td>0.</td>
<td>68,024.</td>
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<tr>
<td>(12) AHUJA - KLINE, ANDREW L. DIRECTOR</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) AHUJA - LAUER, DEBORAH A. DIRECTOR</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) AHUJA - MORIKIS, JOHN G. DIRECTOR (END 05/18)</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) AHUJA - ROSENBERG, ENID DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(16) AHUJA - SEITZ, THOMAS W. DIRECTOR/VICE CHAIRPERSON</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(17) AHUJA - SETHI, NEIL M.D. DIRECTOR/CHAIR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHUJA - SHAPIRO, ERIC MD</td>
<td>2.00</td>
<td>DIRECTOR EX OFFICIO (END 05/18)</td>
<td>50.00</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>AHUJA - SIMON, DANIEL I., MD</td>
<td>2.00</td>
<td>DIRECTOR EX OFFICIO (BEGIN 05/18)</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>AHUJA - ZELMAN, DANIEL N.</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>AUX OF PORT - DORIS SCHULER</td>
<td>2.00</td>
<td>RECORDING SECRETARY</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>AUX OF PORT - JEANN TONDIGLIA</td>
<td>2.00</td>
<td>TREASURER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>AUX OF PORT - NORMA WELLING</td>
<td>2.00</td>
<td>TREASURER</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>AUX OF PORT - RUBY SWIGART</td>
<td>2.00</td>
<td>CORRESPONDING SECRETARY</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
</tr>
</tbody>
</table>

1. **Sub-total**: 1,086,965.00 | 420,502.00 | 214,105.00
2. **Total from continuation sheets to Part VII, Section A**: 51,423,113.00 | 7,710,221.00 | 5,769,410.00
3. **Total (add lines 1b and 1c)**: 52,510,078.00 | 8,130,723.00 | 5,983,515.00

### Part VII

#### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCKESSON CORPORATION, 1 PORT STREET SUITE 3275, SAN FRANCISCO, CA 94104</td>
<td>PHARMACEUTICALS DISTRIBUTION</td>
<td>218,306,756.00</td>
</tr>
<tr>
<td>OWS &amp; MINOR DIST INC, 9120 LOCKWOOD BLVD, MECHANICSVILLE, VA 23116</td>
<td>MEDICAL SUPPLIES</td>
<td>83,735,117.00</td>
</tr>
<tr>
<td>CVS CAREMARK SPECIALTY PHARMACY 1 CVS DRIVE, WOONSOCKET, RI 02895</td>
<td>PHARMACEUTICALS</td>
<td>54,814,733.00</td>
</tr>
<tr>
<td>PROKARMA INC, 222 SOUTH 15TH STREET SUITE 505N, OMAHA, NE 68102</td>
<td>INFORMATION TECHNOLOGY, CONSULTING</td>
<td>31,252,463.00</td>
</tr>
<tr>
<td>SODEXO INC &amp; AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878</td>
<td>FACILITIES MANAGEMENT</td>
<td>28,944,975.00</td>
</tr>
</tbody>
</table>

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**: 878
### Part VII

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

#### (A) Name and title

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) CCO - ANNABLE, CATHY J. S. MD</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(28) CCO - BECK, ERIC DO</td>
<td>2.00</td>
<td>DIRECTOR (BEGIN 06/18)</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(29) CCO - HANSON, RICHARD A.</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(30) CCO - HARWELL, CARLA M. MD</td>
<td>50.00</td>
<td>DIRECTOR</td>
<td>0.00 X</td>
<td>205,745.</td>
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</tr>
<tr>
<td>(31) CCO - HERTZ, ANDREW R. MD</td>
<td>50.00</td>
<td>DIRECTOR (BEGIN 06/18)</td>
<td>0.00 X</td>
<td>499,927.</td>
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<tr>
<td>(32) CCO - HOYNES, SEAN MD</td>
<td>2.00</td>
<td>DIRECTOR</td>
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<td>440,137.</td>
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<tr>
<td>(33) CCO - MAITLAND, KEITH R.PH.</td>
<td>2.00</td>
<td>DIRECTOR (END 05/18)</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(34) CCO - MONHEIM, KAREN M. MD</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>50.00 X</td>
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<td>91,443.</td>
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<tr>
<td>(35) CCO - MONTER, BRIAN</td>
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<td>DIRECTOR (BEGIN 05/18)</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(36) CCO - PETERS, JEFFREY H. MD</td>
<td>2.00</td>
<td>DIRECTOR/CHAIR/VICE CHAIR (END 05/18)</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(37) CCO - PLUSH, MARK J.</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(38) CCO - RANNEY, ANN P.</td>
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<td>DIRECTOR (END 05/18)</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(39) CCO - ROS, PABLO R. MD</td>
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<td>DIRECTOR (END 11/18)</td>
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<tr>
<td>(40) CCO - TAIT, PAUL G.</td>
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<td>DIRECTOR/CHAIRPERSON (END 05/18)</td>
<td>0.00 X X</td>
<td>0.</td>
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<tr>
<td>(41) CCO - TOPALSKY, GEORGE MD</td>
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<td>DIRECTOR</td>
<td>0.00 X</td>
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<tr>
<td>(42) CCO - ZELIS, CYNTHIA MD</td>
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<td>DIRECTOR (BEGIN 05/18)</td>
<td>0.00 X</td>
<td>572,987.</td>
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<tr>
<td>(43) CHCO - BALLINGER, MARCIA PHD</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>0.00 X</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(44) CHCO - BRAGG, DAN A.</td>
<td>2.00</td>
<td>DIRECTOR</td>
<td>0.00 X</td>
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<tr>
<td>(45) CHCO - CORCORAN, KEVIN</td>
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<td>DIRECTOR</td>
<td>0.00 X</td>
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</tr>
<tr>
<td>(46) CHCO - LARCHIAN, WILLIAM MD</td>
<td>2.00</td>
<td>DIRECTOR EX OFFICIO</td>
<td>50.00 X</td>
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<td>361,926.</td>
</tr>
</tbody>
</table>

**Total to Part VII, Section A, line 1c**
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(47) CHCO - LONG, REV. JANET</td>
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<td>X</td>
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<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR/CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(48) CHCO - MERCADO, PHILIP C.</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(49) CHCO - MIGGINS, LYNN</td>
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<td>X</td>
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</tr>
<tr>
<td>DIRECTOR/VICE CHAIRPERSON</td>
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<tr>
<td>DIRECTOR (END 05/18)</td>
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</tr>
<tr>
<td>(51) CHCO - RYAN, SPENCER</td>
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<tr>
<td>DIRECTOR (END 05/18)</td>
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<td>(52) CHCO - SINK, KRISTI M.</td>
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<tr>
<td>DIRECTOR EX OFFICIO - PRESIDENT</td>
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<tr>
<td>(53) CHCO - SUZUBSKI, MICHAEL A.</td>
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<tr>
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<td></td>
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<td>(54) CHCO - TAIT, PAUL G.</td>
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</tr>
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<td>DIRECTOR</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(55) CHCO - WALDHÆGER, PRISCILLA MD</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(56) CHCO - WHITE, ROBERT</td>
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<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(57) CONNEAUT - BOWLER, CONNIE</td>
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<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR (BEGIN 05/18)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(58) CONNEAUT - BRANNON, ANGELA L.</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR EX OFFICIO (END 05/18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(59) CONNEAUT - BRECHT, CHRISTOPHER</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(60) CONNEAUT - CONWAY, KESHA</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(61) CONNEAUT - DANA, RICHARD L.</td>
<td>2.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR/VICE CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(62) CONNEAUT - DECK, CHARLES V.</td>
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<td>X</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR/VICE CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(63) CONNEAUT - GARCIA, RICHARD</td>
<td>2.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(64) CONNEAUT - GARDNER, LAUREN A.</td>
<td>2.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(65) CONNEAUT - HOCKADAY, JAMES E.</td>
<td>2.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
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Total to Part VII, Section A, line 1c
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<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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Total to Part VII, Section A, line 1c
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<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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Total to Part VII, Section A, line 1c
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
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<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
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Total to Part VII, Section A, line 1c
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Total to Part VII, Section A, line 1c

832201
04-01-18
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Total to Part VII, Section A, line 1c
### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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<th>Name and title</th>
<th>Average hours per week (list any hours for related organizations below line)</th>
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Total to Part VII, Section A, line 1c

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UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
GROUP RETURN  
90-0059117
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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<th>(B) Average hours per week (list any hours for related organizations below line)</th>
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<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
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Total to Part VII, Section A, line 1c
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832201 04-01-18
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### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

#### (A) Name and title

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<th>Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
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Total to Part VII, Section A, line 1c

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN
90-0059117
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
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<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
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Total to Part VII, Section A, line 1c
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<td>CHIEF OPERATING OFFICER (END 05/18)</td>
<td>0.00</td>
<td>X</td>
<td>3,375,283.</td>
<td>0.</td>
<td>30,373.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(347) UHHS - SNOWBERGER, THOMAS D.</td>
<td>50.00</td>
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<td></td>
<td>896,543.</td>
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<tr>
<td>CHIEF HUMAN RESOURCES OFFICER</td>
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<td>1,430,680.</td>
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<tr>
<td>(348) UHHS - STANDELEY, STEVEN D.</td>
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<tr>
<td>CHIEF ADMINISTRATIVE OFFICER</td>
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<td>1,374,479.</td>
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<tr>
<td>(349) UHHS - SZUBSKI, MICHAEL A.</td>
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<tr>
<td>CHIEF FINANCIAL OFFICER/TREASURER</td>
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<tr>
<td>(350) UHHS - TAIT, PAUL G.</td>
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<td>(351) UHHSF - LAMER, DON</td>
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<td>PRESIDENT</td>
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<tr>
<td>(352) UHHS - BISHOP, SHERRI L</td>
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</tr>
<tr>
<td>CHIEF DEVELOPMENT OFFICER</td>
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<td>524,848.</td>
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</tr>
<tr>
<td>(353) UHHS - BIXENSTONE, KIM F.</td>
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<tr>
<td>CHIEF COMPLIANCE OFFICER</td>
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<tr>
<td>(354) UHHS - KIEGAN, ARTHUR EDWIN</td>
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<td></td>
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</tr>
<tr>
<td>CHIEF MARKETING OFFICER</td>
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<td>X</td>
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</tr>
<tr>
<td>(355) UHMG - HONDA, KORD S</td>
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</tr>
<tr>
<td>DIRECTOR - DERMATOPATHOLOGY</td>
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<td>X</td>
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<td>439,145.</td>
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</tr>
<tr>
<td>(356) UHMG - EBANKS, JASON D</td>
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</tr>
<tr>
<td>ORTHOPEDIC SURGEON</td>
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<tr>
<td>(357) UHMG - VOOS, JAMES E</td>
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</tr>
<tr>
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<tr>
<td>(358) UHMG - DEVANEY, ERIC J</td>
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<td></td>
<td>1,201,974.</td>
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<tr>
<td>CHIEF, PEDIATRIC CARDIAC SURGERY</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>1,201,974.</td>
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<tr>
<td>(359) UHMG - BAMBAKIDIS, NICHOLAS C</td>
<td>50.00</td>
<td></td>
<td></td>
<td>1,063,902.</td>
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</tr>
<tr>
<td>DIRECTOR - CEREBROVASCULAR SURGERY</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>1,063,902.</td>
<td>0.</td>
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<tr>
<td>(360) AMHERST - SHELDON, DONALD S. M</td>
<td>0.00</td>
<td></td>
<td></td>
<td>236,803.</td>
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</tr>
<tr>
<td>FORMER OFFICER</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>236,803.</td>
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<tr>
<td>(361) CCO - HAMMACK, ELIZABETH R. ES</td>
<td>50.00</td>
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<td>251,786.</td>
<td>0.</td>
</tr>
<tr>
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</tr>
<tr>
<td>(362) CHCO - WRAY, CHARLOTTE A.</td>
<td>0.00</td>
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<td></td>
<td>379,509.</td>
<td>0.</td>
</tr>
<tr>
<td>FORMER OFFICER</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>379,509.</td>
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<tr>
<td>(363) PARMA - SINK, KRISTI M.</td>
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<td>431,969.</td>
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</tr>
<tr>
<td>FORMER OFFICER</td>
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<td>431,969.</td>
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<tr>
<td>(364) UHMG - ADELMAN, HARLIN G. ESQ.</td>
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<td></td>
<td>513,815.</td>
<td>0.</td>
</tr>
<tr>
<td>FORMER OFFICER</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>513,815.</td>
<td>0.</td>
</tr>
<tr>
<td>(365) ST. JOHN - O’MALLEY, CHERYL H.</td>
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<td></td>
<td></td>
<td>319,634.</td>
<td>0.</td>
</tr>
<tr>
<td>FORMER KEY EMPLOYEE</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>319,634.</td>
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</tr>
<tr>
<td>(366) UHHS - GARTLAND, HEIDI I.</td>
<td>50.00</td>
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<td></td>
<td>626,963.</td>
<td>0.</td>
</tr>
<tr>
<td>FORMER KEY EMPLOYEE</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td>626,963.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(367) UHMG - RONIS, ROBERT FORMER KEY EMPLOYEE</td>
<td>50.00</td>
<td>X</td>
<td>449,589.</td>
<td>0.</td>
<td>55,123.</td>
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</tbody>
</table>

| Total to Part VII, Section A, line 1c | 51,423,113. | 7,710,221. | 5,769,410. |
### Part VIII Statement of Revenue

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

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a NET PROGRAM SERVICE RE</td>
<td>900099</td>
<td>3,524,427,000.</td>
<td>3,524,427,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b GOVERNMENT REIMBURSEME</td>
<td>900099</td>
<td>62,177,000.</td>
<td>62,177,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c CHILDRENS SUPPLEMENTAL</td>
<td>900099</td>
<td>2,100,000.</td>
<td>2,100,000.</td>
<td></td>
<td></td>
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<tr>
<td>2d PROGRAM SERVICE RENTAL</td>
<td>900099</td>
<td>49,000.</td>
<td>49,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f Total, Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Investment income (including dividends, interest, and other similar amounts)

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>30,985,000.</td>
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<td>3,112,000.</td>
<td>27,873,000.</td>
</tr>
</tbody>
</table>

#### Royalties

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>6,191,000.</td>
<td>-6,191,000.</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
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<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross income from fundraising events (not including $ 490,000. of contributions reported on line 1c).

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ 490,000. of contributions reported on line 1c)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $ 490,000. of contributions reported on line 1c). See Part IV, line 18</td>
<td>172,000.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>219,000.</td>
<td></td>
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<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>-47,000.</td>
<td></td>
<td></td>
<td></td>
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</table>

#### Gross income from gaming activities. See Part IV, line 19

<table>
<thead>
<tr>
<th>Gross income from gaming activities</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td>37,000.</td>
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<tr>
<td>9b Less: direct expenses</td>
<td>11,000.</td>
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<td></td>
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<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td>26,000.</td>
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#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td>11a ANCILLARY REVENUE</td>
<td>900099</td>
<td>137,303,000.</td>
<td>137,303,000.</td>
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<tr>
<td>11b JV INCOME</td>
<td>900099</td>
<td>12,898,000.</td>
<td>12,898,000.</td>
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<tr>
<td>11c SWAP VALUATION ADJ</td>
<td>900099</td>
<td>10,195,000.</td>
<td>10,195,000.</td>
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<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
<td></td>
<td>160,396,000.</td>
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#### Total Revenue. See instructions

<table>
<thead>
<tr>
<th>Total Revenue. See instructions</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>3,853,215,000.</td>
<td>3,749,149,000.</td>
<td>3,112,000.</td>
<td>21,661,000.</td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21...</td>
<td>8,070,000</td>
<td>8,070,000</td>
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</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>48,076,000</td>
<td>27,736,000</td>
<td>20,340,000</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>2,849,000</td>
<td>2,849,000</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,540,311,000</td>
<td>1,440,014,000</td>
<td>91,916,000</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>47,005,000</td>
<td>44,185,000</td>
<td>2,820,000</td>
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<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>206,252,000</td>
<td>191,832,000</td>
<td>12,246,000</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>102,873,000</td>
<td>96,701,000</td>
<td>6,172,000</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>2,801,000</td>
<td>2,633,000</td>
<td>168,000</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>1,090,000</td>
<td>1,025,000</td>
<td>65,000</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>439,000</td>
<td>439,000</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>126,000</td>
<td>126,000</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>111,451,000</td>
<td>104,806,000</td>
<td>6,645,000</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>12,487,000</td>
<td>11,164,000</td>
<td>713,000</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>740,348,000</td>
<td>695,232,000</td>
<td>44,376,000</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>81,060,000</td>
<td>76,176,000</td>
<td>4,862,000</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>160,691,000</td>
<td>150,940,000</td>
<td>9,634,000</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>9,720,000</td>
<td>8,955,000</td>
<td>572,000</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials ...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>46,654,000</td>
<td>43,855,000</td>
<td>2,799,000</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>158,570,000</td>
<td>149,031,000</td>
<td>9,513,000</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>37,438,000</td>
<td>35,192,000</td>
<td>2,246,000</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>OTHER PURCHASED SERVICE</td>
<td>110,758,000</td>
<td>103,934,000</td>
<td>6,645,000</td>
</tr>
<tr>
<td>b</td>
<td>OHIO STATE HOSPITAL FRA</td>
<td>52,440,000</td>
<td>49,294,000</td>
<td>3,146,000</td>
</tr>
<tr>
<td>c</td>
<td>SPECIAL CHARGES</td>
<td>50,138,000</td>
<td>47,130,000</td>
<td>3,008,000</td>
</tr>
<tr>
<td>d</td>
<td>OTHER NONSERVICE PERIOD</td>
<td>21,496,000</td>
<td>20,206,000</td>
<td>1,290,000</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>61,789,000</td>
<td>57,360,000</td>
<td>3,733,000</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>3,614,932,000</td>
<td>3,368,759,000</td>
<td>232,909,000</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustees, key employees, and highest compensated employees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>contributing employers and sponsoring organizations of section 501(c)(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>voluntary employees' beneficiary organizations (see instr). Complete Part</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of</td>
<td>3,667,800,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>1,973,437,000</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>1,340,751,000</td>
<td>1,294,963,000</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>323,546,000</td>
<td>358,816,000</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>491,488,000</td>
<td>460,070,000</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>6,723,000</td>
<td>6,519,000</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>152,641,000</td>
<td>155,398,000</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)**</td>
<td>4,865,356,000</td>
<td>5,014,988,000</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>397,933,000</td>
<td>429,974,000</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>1,799,000</td>
<td>1,400,000</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>1,139,000,000</td>
<td>1,245,237,000</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>key employees, highest compensated employees, and disqualified persons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>170,030,000</td>
<td>139,736,000</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parties, and other liabilities not included on lines 17-24). Complete Part</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25 (must equal line 34)**</td>
<td>671,209,000</td>
<td>623,364,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,379,971,000</td>
<td>2,439,711,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>lines 27 through 29, and lines 33 and 34.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>1,716,247,000</td>
<td>1,811,978,000</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>365,627,000</td>
<td>0</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>403,511,000</td>
<td>763,299,000</td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>2,485,385,000</td>
<td>2,575,277,000</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>4,865,356,000</td>
<td>5,014,988,000</td>
</tr>
</tbody>
</table>

**Form 990 (2018)**
Part XI  Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>3,853,215,000.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>3,614,932,000.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>238,283,000.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>2,485,385,000.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-55,279,000.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>238,283,000.</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>-93,112,000.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>2,575,277,000.</td>
</tr>
</tbody>
</table>

Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Name of the organization
SCHEDULE A
Part I
Reason for Public Charity Status

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

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:
   X University Hospitals Health System, Inc.

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.)

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM</td>
<td>34-1567805</td>
<td>X</td>
<td>No</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CLEVELAND MEDICAL CENTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS</td>
<td>34-1567805</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ROBINSON HEALTH SYSTEM, INC.</td>
<td>46-1382538</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EMH REGIONAL MEDICAL CENTER</td>
<td>34-0714612</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SAMARITAN REGIONAL HEALTH SYSTEM</td>
<td>34-0714535</td>
<td>3</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
<th>16a</th>
<th>17a</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>33 1/3% support test - 2018. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>10% -facts-and-circumstances test - 2018. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>217,000</td>
<td>9,000</td>
<td>2,800,000</td>
<td>147,000</td>
<td>913,000</td>
<td>4,086,000</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>217,000</td>
<td>9,000</td>
<td>2,800,000</td>
<td>147,000</td>
<td>913,000</td>
<td>4,086,000</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>217,000</td>
<td>9,000</td>
<td>2,800,000</td>
<td>147,000</td>
<td>913,000</td>
<td>4,086,000</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td>217,000</td>
<td>9,000</td>
<td>2,800,000</td>
<td>147,000</td>
<td>913,000</td>
<td>4,086,000</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td>100.00</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td>100.00</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33 1/3% support tests - 2018. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33 1/3% support tests - 2017. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV Supporting Organizations (continued)

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<table>
<thead>
<tr>
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</thead>
</table>
| 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? | Yes | No |
|   |   |   |   |   |
|   | b | A family member of a person described in (a) above? | Yes | No |
|   | c | A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI. | Yes | No |

### Section B. Type I Supporting Organizations

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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 organizations.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>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).</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>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 how the role the organization’s supported organizations played in this regard.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
</table>
| 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).  
   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. | Yes | No |

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
| 2 | Activities Test. Answer (a) and (b) below.  
   a | 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.  
   b | Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | Yes | No |

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
| 3 | Parent of Supported Organizations. Answer (a) and (b) below.  
   a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  
   b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard. | Yes | No |
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
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<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
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---

Schedule A (Form 990 or 990-EZ) 2018
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.)

PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN

AMHERST HOSPITAL ASSOCIATION, INC. - 34-0067060

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

EMH REGIONAL MEDICAL CENTER - 34-0714612

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PARMA COMMUNITY GENERAL HOSPITAL - 34-0827442

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

ROBINSON HEALTH SYSTEM, INC. - 46-1382538

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SAMARITAN REGIONAL HEALTH SYSTEM - 34-0714535

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER - 26-4827222
### 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.)

#### Part VI

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<th>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, INC. (UHCMC) -</th>
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<tr>
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<table>
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<th>UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (UHGMCM) -</th>
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<table>
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(See instructions.)

**Part VI Supplemental Information.**

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER - 34-1260978

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SAMARITAN PROFESSIONAL CORPORATION - 34-1856531

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION - 27-3970270

509(A)(2)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903

509(A)(2)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC. - 46-1074672

509(A)(2)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122
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.)

UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS) - 34-1527536

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

(II) EIN OF SUPPORTED ORGANIZATION: 34-1567805

(III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION):

509(A)(3) - TYPE II ORGANIZATION

(IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES

(V) AMOUNT OF MONETARY SUPPORT: $0

ROBINSON HEALTH AFFILIATES - 34-1499719

509(A)(3) - TYPE I ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) ROBINSON HEALTH SYSTEM, INC.

(II) 46-1382538

(III) 170(B)(1)(A)(III)

(IV) YES

(V) $0

COMPREHENSIVE HEALTH CARE OF OHIO, INC. - 34-1492733

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155
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<td>(IV)</td>
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<td>(V)</td>
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SAMARITAN HOSPITAL HOSPITALITY SHOP - 34-0808574

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<td>(IV)</td>
<td>YES</td>
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<td>(V)</td>
<td>$0</td>
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HEATHER HILL INC. (HHI) - 34-0771884

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<tr>
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<th>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER</th>
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<td>(II)</td>
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(See instructions.)

Part VI Supplemental Information.

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) -

34-1720429

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

(II) 34-1567805

(III) 170(B)(1)(A)(III)

(IV) YES

(V) $0

UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG) - 20-4881619

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

(II) 34-1567805

(III) 170(B)(1)(A)(III)

(IV) YES

(V) $60,090,000
THE FOLLOWING GROUP SUBORDINATES RESPONDED YES:

- HEATHER HILL, INC.

THE FOLLOWING GROUP SUBORDINATES RESPONDED NO:

- COMPRESSIVE HEALTH CARE OF OHIO

COMPRESSIVE HEALTH CARE OF OHIO ("CHCO") IS A SUPPORTING ORGANIZATION

OF EMH REGIONAL MEDICAL CENTER AS STATED IN ITS ARTICLES. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. ("UHHS") IS THE SOLE MEMBER OF CHCO.

CHCO IS SUPERVISED, DIRECTED AND CONTROLLED BY UHHS.

-SAMARITAN HOSPITAL HOSPITALITY SHOP

SAMARITAN HOSPITAL HOSPITALITY SHOP ("SHHS") IS A SUPPORTING ORGANIZATION

OF SAMARITAN REGIONAL HEALTH SYSTEM (SAMARITAN) AS STATED IN ITS ARTICLES. UNIVERSITY HOSPITALS ("UHHS") IS THE SOLE MEMBER OF SAMARITAN.

SAMARITAN IS SUPERVISED, DIRECTED AND CONTROLLED BY UHHS.

-UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION ("UHLSF") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER ("UHCMC"). ARTICLES OF INCORPORATION PROVIDE UHCMC WITH SUPERVISION, DIRECTION AND CONTROL OVER UHLSF.

-UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

UNIVERSITY HOSPITALS MEDICAL GROUP, INC. ("UHMG") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER ("UHCMC"). THE CONTROL AND MANAGEMENT OF UHMG IS VESTED IN THE SAME
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.

(Person instructions.)

ENTITIES ARE PART OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM.

- UNIVERSITY HOSPITALS HOMECARE SERVICES, INC.

UNIVERSITY HOSPITALS HOMECARE SERVICES, INC. ("UHHCS") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER ("UHCMC"). THE CONTROL AND MANAGEMENT OF UHHCS IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ITS SUPPORTED ORGANIZATION BECAUSE BOTH ENTITIES ARE PART OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM.

SCHEDULE A, PART IV, SECTION D, TYPE III ORGANIZATIONS

AUXILIARY OF PORTAGE MEDICAL CENTER - 34-0771932

509(A)(3) - TYPE III ORGANIZATION

6847 N. CHESTNUT STREET

RAVENNA, OH 44266

PART I LINE 12G

(I) UH PORTAGE MEDICAL CENTER

(II) 46-1382538

(III) 170(B)(1)(A)(III)

(IV) YES

(V) $0

1. YES

2. YES

3. YES
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.)
**PUBLIC DISCLOSURE COPY**

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

### Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<table>
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<th>Employer identification number</th>
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</thead>
</table>

### Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

GROUP RETURN

### Organization type (check one):

- **Employer identification number**
  - 90-0059117

### Filers of:

- **Form 990 or 990-EZ**
  - [ ] 501(c)(3) exempt private foundation
  - [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - [X] 501(c)(3) taxable private foundation

- **Form 990-PF**
  - [ ] 501(c)(3) exempt private foundation
  - [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

### Check if your organization is covered by the General Rule or a Special Rule.

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

#### General Rule

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

#### Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year

#### Caution:

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Part I  Contributors  (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td>$78,400.</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<td>$100,000.</td>
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<tr>
<td>6</td>
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<td>Person □ Payroll Q Noncash</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
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<td>$ 75,000</td>
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<td>8</td>
<td></td>
<td>$ 12,600</td>
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<td>9</td>
<td></td>
<td>$ 25,000</td>
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<tr>
<td>10</td>
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<td>$ 7,000</td>
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<td>$ 247,662</td>
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<tr>
<td>12</td>
<td></td>
<td>$ 5,000</td>
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### Part I  Contributors  
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<table>
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<tr>
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<td>18</td>
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</table>

**Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN**

**Employer identification number: 90-0059117**
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<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
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<tbody>
<tr>
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<td>$50,400.00</td>
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<td>20</td>
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<td>21</td>
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<td>$12,500.00</td>
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<td>22</td>
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<td>23</td>
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<tr>
<td>24</td>
<td></td>
<td>$5,850.00</td>
<td>Person X, Payroll X, Noncash X</td>
</tr>
</tbody>
</table>
## Part I  Contributors

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<thead>
<tr>
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<th>Type of contribution</th>
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<td>30</td>
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## Part I  Contributors

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<tr>
<td>31</td>
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<tr>
<td>32</td>
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<tr>
<td>34</td>
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<td>36</td>
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## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
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<tbody>
<tr>
<td>No.</td>
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<tr>
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<td>41</td>
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<td>42</td>
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### Part I  Contributors

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</thead>
<tbody>
<tr>
<td>43</td>
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<td>$ 5,986.</td>
<td>Person X Payroll [ ] Noncash [ ]</td>
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<tr>
<td>44</td>
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<td>46</td>
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<td>48</td>
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</table>
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<tr>
<td></td>
<td></td>
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<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
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<td>Person X Payroll</td>
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<tr>
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<td></td>
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<td>Noncash</td>
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<tr>
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<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<td>Noncash</td>
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<tr>
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<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<td>Person X Payroll</td>
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<tr>
<td></td>
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<td>Noncash</td>
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<th>(d) Type of contribution</th>
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<tbody>
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<td>Person ☑ Payroll ☐ Noncash ☐</td>
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<tbody>
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<td>78</td>
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<td>$3,163,750.</td>
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<td>82</td>
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<tr>
<td>84</td>
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(Complete Part II for noncash contributions.)
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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<th>(d) Type of contribution</th>
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**Part I**

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Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

GROUP RETURN

Employer identification number: 90-0059117

(Complete Part II for noncash contributions.)
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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)
## Part I  Contributors

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(Complete Part II for noncash contributions.)
### Part I

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<td>154</td>
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<tr>
<td>156</td>
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Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
Group Return: 90-0059117

Employer identification number: 90-0059117

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Page 2
**Part I**  
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**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN**

90-0059117
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**Name of organization**: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
**Group Return**: 90-0059117
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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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<td>257</td>
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<tr>
<td>258</td>
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### Part I Contributors

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<tr>
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<tbody>
<tr>
<td>259</td>
<td></td>
<td>$9,650</td>
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(Complete Part II for noncash contributions.)
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<tr>
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<td></td>
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<td>282</td>
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<tr>
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<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>284</td>
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<td>285</td>
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<tr>
<td>286</td>
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<td>287</td>
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<tr>
<td>288</td>
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<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>$35,000.</td>
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<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
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(Complete Part II for noncash contributions.)

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<tr>
<td>292</td>
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<td>$105,135.</td>
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<tr>
<td></td>
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<td></td>
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(Complete Part II for noncash contributions.)

<table>
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<td></td>
<td></td>
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(Complete Part II for noncash contributions.)

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<td>294</td>
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<tr>
<td></td>
<td></td>
<td></td>
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(Complete Part II for noncash contributions.)
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<table>
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<tr>
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<tr>
<td>297</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>298</td>
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<td></td>
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<tr>
<td>299</td>
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<td>$ 12,500.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>300</td>
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<tbody>
<tr>
<td>301</td>
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<tr>
<td>302</td>
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<td>303</td>
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<td>$7,550.</td>
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<td>305</td>
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<tr>
<td>306</td>
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<td>$48,444.</td>
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</tbody>
</table>

Complete Part II for noncash contributions.

Employer identification number

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN
90-0059117
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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<thead>
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<th>(d)</th>
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<tr>
<td>308</td>
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**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN**

**Employer identification number**

90-0059117
### Part I

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<tr>
<td>313</td>
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<td>$322,140.</td>
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<tr>
<td>314</td>
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<td>$5,560.</td>
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<tr>
<td>316</td>
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<tbody>
<tr>
<td>319</td>
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<td>Person Payroll  (\times)</td>
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</tr>
<tr>
<td></td>
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<tbody>
<tr>
<td>320</td>
<td></td>
<td>$20,000.</td>
<td>Person Payroll  (\times)</td>
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<tr>
<td></td>
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</tr>
<tr>
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<td></td>
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<tr>
<td>322</td>
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</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td>323</td>
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<td>Person Payroll  (\times)</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<td>324</td>
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<td>$9,000.</td>
<td>Person Payroll  (\times)</td>
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<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>326</td>
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Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN

Employer identification number: 90-0059117

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
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<td>332</td>
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<td>333</td>
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<tr>
<td>338</td>
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Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN
Employer identification number: 90-0059117
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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)

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(Complete Part II for noncash contributions.)
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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<tr>
<td>463</td>
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<td>$1,705,882</td>
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<td>464</td>
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<td>465</td>
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## Part I

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<td>469</td>
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<td>$336,598.</td>
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(Complete Part II for noncash contributions.)
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<td>476</td>
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<td>$115,969.</td>
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### Part I  Contributors

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<td>482</td>
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<td>486</td>
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</table>

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN

Employer identification number: 90-0059117
## Part I
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<tr>
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<td>492</td>
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Employer identification number: 90-0059117
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UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN
90-0059117
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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(Complete Part II for noncash contributions.)
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(Complete Part II for noncash contributions.)
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<td>Person X, Payroll</td>
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<tr>
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UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN
90-0059117

823452 11-08-18
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

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(Complete Part II for noncash contributions.)
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<tr>
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**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**
GROUP RETURN
90-0059117

---

**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

**Name of organization**
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

**Employer identification number**
90-0059117

---

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

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UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN
90-0059117
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(Complete Part II for noncash contributions.)
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(Complete Part II for noncash contributions.)
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### Part I  Contributors

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td></td>
<td>$110,268.</td>
<td>Person X Payroll</td>
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<tr>
<td>704</td>
<td></td>
<td>$5,000.</td>
<td>Person X Payroll</td>
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<tr>
<td>705</td>
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<td>$5,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
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</tr>
<tr>
<td>707</td>
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<tr>
<td>708</td>
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<td>$19,375.</td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>709</td>
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<td>$ 7,525.</td>
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<tr>
<td>710</td>
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<td>$ 7,500.</td>
<td>Payroll X Noncash</td>
</tr>
<tr>
<td>711</td>
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<td>$ 5,100.</td>
<td>Payroll X Noncash</td>
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<td>712</td>
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<tr>
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<td>$ 25,107.</td>
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<tr>
<td>714</td>
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</tbody>
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## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
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<tr>
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<th>Name, address, and ZIP + 4</th>
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<tbody>
<tr>
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<td>Person X, Noncash X</td>
</tr>
<tr>
<td>719</td>
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<td>Person X, Noncash X</td>
</tr>
<tr>
<td>720</td>
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<td>Person X, Noncash X</td>
</tr>
<tr>
<td>(a)</td>
<td>(b) Name, address, and ZIP + 4</td>
<td>(c) Total contributions</td>
<td>(d) Type of contribution</td>
</tr>
<tr>
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<td>-----------------</td>
<td>----------------------</td>
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<td>722</td>
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<td>725</td>
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<tr>
<td>726</td>
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<td>$50,250.</td>
<td>Payroll X</td>
</tr>
</tbody>
</table>
## Part II  Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>SECURITIES</td>
<td>$247,662</td>
<td>03/14/18</td>
</tr>
<tr>
<td>19</td>
<td>14,000 DETERRA MP DRUG DEACTIVATION BAGS</td>
<td>$50,400</td>
<td>12/21/18</td>
</tr>
<tr>
<td>27</td>
<td>ARTWORK</td>
<td>$60,000</td>
<td>07/11/18</td>
</tr>
<tr>
<td>30</td>
<td>SANTA BARBARA SETTING COLLECTION AND ADLER DINING COLLECTION</td>
<td>$28,784</td>
<td>04/13/18</td>
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<tr>
<td>39</td>
<td>ARTWORK</td>
<td>$7,200</td>
<td>08/06/18</td>
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<tr>
<td>41</td>
<td>SECURITIES</td>
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<td>12/20/18</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>-----------------------</td>
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</tr>
<tr>
<td>49</td>
<td>SECURITIES</td>
<td>$ 24,496.</td>
<td>12/21/18</td>
</tr>
<tr>
<td>54</td>
<td>DESIGN, COPYWRITING, AND PRINTING MATERIALS</td>
<td>$ 5,000.</td>
<td>06/11/18</td>
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<td>57</td>
<td>ARTWORK</td>
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<td>12/31/18</td>
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<tr>
<td>68</td>
<td>SECURITIES</td>
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<td>03/20/18</td>
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<tr>
<td>70</td>
<td>SECURITIES</td>
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<tr>
<td>78</td>
<td>SECURITIES</td>
<td>$ 951,390.</td>
<td>09/10/18</td>
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### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (See instructions.)</th>
<th>Date received</th>
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</thead>
<tbody>
<tr>
<td>79</td>
<td>ARTWORK</td>
<td>$102,940</td>
<td>05/29/18</td>
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<tr>
<td>87</td>
<td>SECURITIES</td>
<td>$1,811,640</td>
<td>12/26/18</td>
</tr>
<tr>
<td>101</td>
<td>BACK DROP BANNERS, CARDS, MARKETING AND SIGNAGE MATERIAL, POSTERS, GOLF PROGRAM</td>
<td>$17,469</td>
<td>03/09/18</td>
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<tr>
<td>134</td>
<td>SECURITIES</td>
<td>$15,668</td>
<td>05/18/18</td>
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<tr>
<td>155</td>
<td>2 IN HOME CHEF PREPARED 7 COURSE MEALS; FOOD, BEVERAGES</td>
<td>$10,527</td>
<td>04/13/18</td>
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<tr>
<td>159</td>
<td>SECURITIES</td>
<td>$5,086</td>
<td>05/18/18</td>
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</table>
### Part II  Noncash Property
(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
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<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
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</thead>
<tbody>
<tr>
<td>181</td>
<td>ARTWORK</td>
<td>$5,800.</td>
<td>10/25/18</td>
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<tr>
<td>193</td>
<td>SECURITIES</td>
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<td>198</td>
<td>SECURITIES</td>
<td>$10,102.</td>
<td>11/16/18</td>
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<tr>
<td>208</td>
<td>SECURITIES</td>
<td>$50,000.</td>
<td>11/20/18</td>
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<tr>
<td>225</td>
<td>SUPPORT FOR 12 MONTHS OF HERO OF THE MONTH PROGRAM (PLAQUES, FRAMES, ETC)</td>
<td>$5,040.</td>
<td>04/20/18</td>
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<tr>
<td>228</td>
<td>SECURITIES</td>
<td>$96,628.</td>
<td>12/31/18</td>
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### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>237</td>
<td>SECURITIES</td>
<td>$9,989.</td>
<td>12/18/18</td>
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<tr>
<td>238</td>
<td>SECURITIES</td>
<td>$104,960.</td>
<td>05/23/18</td>
</tr>
<tr>
<td>259</td>
<td>ARTWORK</td>
<td>$9,650.</td>
<td>10/29/18</td>
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<tr>
<td>261</td>
<td>SECURITIES</td>
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<tr>
<td>262</td>
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<tr>
<td>267</td>
<td>ARTWORK</td>
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<td>01/23/18</td>
</tr>
</tbody>
</table>
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>268</td>
<td>SECURITIES</td>
<td>$ 14,912.</td>
<td>12/18/18</td>
</tr>
<tr>
<td>275</td>
<td>VARIOUS IN KIND DONATIONS</td>
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<td>03/08/18</td>
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<td>281</td>
<td>ARTWORK</td>
<td>$ 7,999.</td>
<td>02/08/18</td>
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<tr>
<td>287</td>
<td>SECURITIES</td>
<td>$ 4,966.</td>
<td>10/15/18</td>
</tr>
<tr>
<td>294</td>
<td>SECURITIES</td>
<td>$ 50,073.</td>
<td>07/06/18</td>
</tr>
<tr>
<td>296</td>
<td>SECURITIES</td>
<td>$ 20,153.</td>
<td>12/12/18</td>
</tr>
</tbody>
</table>
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>13191-93 RAVENNA ROAD</td>
<td>$30,500.</td>
<td>07/09/18</td>
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<tr>
<td>306</td>
<td>SECURITIES</td>
<td>$48,444.</td>
<td>02/06/18</td>
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<tr>
<td>312</td>
<td>SECURITIES</td>
<td>$9,154.</td>
<td>06/22/18</td>
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<tr>
<td>343</td>
<td>SECURITIES</td>
<td>$30,615.</td>
<td>01/23/18</td>
</tr>
<tr>
<td>357</td>
<td>SECURITIES</td>
<td>$5,136.</td>
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<tr>
<td>359</td>
<td>SECURITIES</td>
<td>$1,732,455.</td>
<td>07/13/18</td>
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</table>
### Part II: Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
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</thead>
<tbody>
<tr>
<td>363</td>
<td>SECURITIES</td>
<td>$32,138.</td>
<td>11/09/18</td>
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<tr>
<td>365</td>
<td>13191-93 RAVENNA ROAD</td>
<td>$30,500.</td>
<td>07/09/18</td>
</tr>
<tr>
<td>366</td>
<td>SECURITIES</td>
<td>$5,064.</td>
<td>10/17/18</td>
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<td>372</td>
<td>SECURITIES</td>
<td>$5,548.</td>
<td>12/12/18</td>
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<tr>
<td>379</td>
<td>SECURITIES</td>
<td>$12,575.</td>
<td>01/19/18</td>
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<tr>
<td>381</td>
<td>ARTWORK</td>
<td>$27,000.</td>
<td>02/06/18</td>
</tr>
</tbody>
</table>
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>382</td>
<td>SECURITIES</td>
<td>$ 5,477.</td>
<td>10/30/18</td>
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<tr>
<td>385</td>
<td>SECURITIES</td>
<td>$ 5,115.</td>
<td>10/15/18</td>
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<td>SECURITIES</td>
<td>$ 14,303.</td>
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<tr>
<td>448</td>
<td>ARTWORK</td>
<td>$ 173,600.</td>
<td>12/28/18</td>
</tr>
</tbody>
</table>

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
Group Return: Y
EIN: 90-0059117
### Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
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</thead>
<tbody>
<tr>
<td>497</td>
<td>SECGURITIES</td>
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<td>11/30/18</td>
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<td>499</td>
<td>SECGURITIES</td>
<td>$5,104.</td>
<td>10/09/18</td>
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<tr>
<td>509</td>
<td>SECGURITIES</td>
<td>$5,119.</td>
<td>01/16/18</td>
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<tr>
<td>519</td>
<td>GIFT CERTIFICATE FOR PASTEL STUDIO AND PORTRAIT STUDIO</td>
<td>$5,000.</td>
<td>04/13/18</td>
</tr>
<tr>
<td>523</td>
<td>SECGURITIES</td>
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<td>12/04/18</td>
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<td>ARTWORK</td>
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</tr>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate)</td>
<td>Date received</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------</td>
<td>-------------------</td>
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</tr>
<tr>
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<td>SECURITIES</td>
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<td>07/25/18</td>
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<td>SECURITIES</td>
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<td>10/30/18</td>
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<tr>
<td>593</td>
<td>SECURITIES</td>
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<td>11/30/18</td>
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<tr>
<td>594</td>
<td>SECURITIES</td>
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<td>06/22/18</td>
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<tr>
<td>601</td>
<td>ARTWORK</td>
<td>$7,999.</td>
<td>02/08/18</td>
</tr>
<tr>
<td>622</td>
<td>SECURITIES</td>
<td>$50,209.</td>
<td>11/20/18</td>
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### Part II  Noncash Property  
(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>655</td>
<td>SECURITIES</td>
<td>$ 49,801</td>
<td>06/22/18</td>
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<tr>
<td>679</td>
<td>SECURITIES</td>
<td>$ 154,556</td>
<td>12/21/18</td>
</tr>
<tr>
<td>701</td>
<td>MEDICAL/PODIATRY EQUIPMENT AND BUSINESS FURNITURE</td>
<td>$ 23,618</td>
<td>10/10/18</td>
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<tr>
<td>702</td>
<td>SECURITIES</td>
<td>$ 12,696</td>
<td>10/30/18</td>
</tr>
<tr>
<td>713</td>
<td>SECURITIES</td>
<td>$ 25,107</td>
<td>12/14/18</td>
</tr>
<tr>
<td>715</td>
<td>SECURITIES</td>
<td>$ 5,239</td>
<td>11/06/18</td>
</tr>
</tbody>
</table>
**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

**Name of organization**
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

**GROUP RETURN**

**Page 4**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $ ___________

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
<td>(e) Transfer of gift</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
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</tr>
<tr>
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</tbody>
</table>

823454 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION</th>
<th>ORGANIZATION'S ADDRESS</th>
<th>EMPLOYER ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-1567805</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. (AHUJA)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>26-4827222</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0714550</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0714461</td>
</tr>
<tr>
<td>UH REGIONAL HOSPITALS (UHRH)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-1924226</td>
</tr>
<tr>
<td>PARMA COMMUNITY GENERAL HOSPITAL (PARMA)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0827442</td>
</tr>
<tr>
<td>EMH REGIONAL MEDICAL CENTER (ELYRIA)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0714612</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-1260978</td>
</tr>
<tr>
<td>AMHERST HOSPITAL ASSOCIATION INC. (AMH)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0067060</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>20-4881619</td>
</tr>
<tr>
<td>Organization Name</td>
<td>Address</td>
<td>EIN</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS</td>
<td>3605 WARRENSVILLE CENTER ROAD- MSC 9155 - SHAKER</td>
<td>90-0059117</td>
</tr>
<tr>
<td>LABORATORY SERVICES FOUNDATION (UHLSF)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-1720429</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-1527536</td>
</tr>
<tr>
<td>UHHS HEATHER HILL INC. (HHI)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-0771884</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION (ACO)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>27-3970270</td>
</tr>
<tr>
<td>ROBINSON HEALTH SYSTEM, INC. (PORT)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>46-1382538</td>
</tr>
<tr>
<td>ROBINSON HEALTH AFFILIATES, INC. (RHA)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-1499719</td>
</tr>
<tr>
<td>SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-0808574</td>
</tr>
<tr>
<td>SAMARITAN REGIONAL HEALTH SYSTEM (SAM)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-0714535</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>90-0794903</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC. (RCC)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>46-1074672</td>
</tr>
<tr>
<td>COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO)</td>
<td>ROAD- MSC 9155 - SHAKER</td>
<td>34-1492733</td>
</tr>
<tr>
<td>Organization</td>
<td>Address</td>
<td>EIN</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA)</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0816492</td>
</tr>
<tr>
<td>SAMARITAN PROFESSIONAL CORPORATION</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-1856531</td>
</tr>
<tr>
<td>AUXILIARY OF ROBINSON MEMORIAL HOSPITAL</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>34-0771932</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS RESEARCH &amp; EDUCATION COLLABORATIONS, LLC</td>
<td>3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122</td>
<td>83-3785425</td>
</tr>
</tbody>
</table>
SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of organization  UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
Employer identification number  90-0059117

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18
### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amounts Paid or Incurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>9,108, 17,431.</td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>221,183, 423,303.</td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>230,291, 440,734.</td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
<td>1,174,022, 975, 4,654,478, 917.</td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>1,174,253, 266, 4,654,919, 651.</td>
</tr>
<tr>
<td>f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>1,000,000, 1,000,000.</td>
</tr>
</tbody>
</table>

#### If the amount on line 1e, column (a) or (b) is:

- Not over $500,000: 20% of the amount on line 1e.
- Over $500,000 but not over $1,000,000: $100,000 plus 15% of the excess over $500,000.
- Over $1,000,000 but not over $1,500,000: $175,000 plus 10% of the excess over $1,000,000.
- Over $1,500,000 but not over $17,000,000: $225,000 plus 5% of the excess over $1,500,000.
- Over $17,000,000: $1,000,000.

#### Lobbying nontaxable amount (enter 25% of line 1f)

- Grassroots nontaxable amount (enter 25% of line 1f): 250,000, 250,000.
- Subtract line 1g from line 1a. If zero or less, enter 0: 0, 0.
- Subtract line 1i from line 1c. If zero or less, enter 0: 0, 0.

#### 4-Year Averaging Period Under Section 501(h)

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

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amounts Paid or Incurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>1,000,000, 1,000,000, 1,000,000, 1,000,000, 4,000,000.</td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td>6,000,000.</td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td>432,066, 282,398, 627,175, 423,303, 1,764,942.</td>
</tr>
<tr>
<td>d</td>
<td>Grassroots nontaxable amount</td>
<td>250,000, 250,000, 250,000, 250,000, 1,000,000.</td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td>1,500,000.</td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td>4,248, 8,225, 17,170, 17,431, 47,074.</td>
</tr>
</tbody>
</table>
## Part II-B
Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

<table>
<thead>
<tr>
<th>1</th>
<th>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Volunteers?</td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
</tr>
</tbody>
</table>

| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? |
| b | If "Yes," enter the amount of any tax incurred under section 4912 |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? |

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

| 1 | Were substantially all (90% or more) dues received nondeductible by members? |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? |

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

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

### Part IV
Supplemental Information

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

---

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN DOES NOT PARTICIPATE**

IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.
FORM 990, SCHEDULE C, PART II-B

SOFTWARE WOULD NOT ALLOW THE COMPLETION OF PART II-B:

1A - NO

1B - YES

1C - NO

1D - YES $164,083

1E - NO

1F - YES $82,039

1G - YES $120,102

1H - NO

1I - NO

1J - $366,224

2A - NO
### Affiliated Group Lobbying Expenditures

#### Part II -A

<table>
<thead>
<tr>
<th>Name of Affiliated Group Member</th>
<th>Employer ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER</td>
<td>34-1567805</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affiliated Group Member Address</th>
<th>Electing Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>11100 EUCLID AVENUE</td>
<td>YES</td>
</tr>
<tr>
<td>CLEVELAND, OH 44106</td>
<td></td>
</tr>
</tbody>
</table>

#### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>9,108.</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>221,183.</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>230,291.</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>1,629,745,939.</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>1,629,976,230.</td>
</tr>
</tbody>
</table>

#### Lobbying nontaxable amount.

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>&gt; 500,000 &lt;= 1,000,000</td>
<td>100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td>&gt; 1,000,000 &lt;= 1,500,000</td>
<td>175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td>&gt; 1,500,000 &lt;= 17,000,000</td>
<td>225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1f</td>
<td>1,000,000</td>
</tr>
<tr>
<td>1g</td>
<td>250,000</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f) 250,000.

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1h</td>
<td>0.00</td>
</tr>
<tr>
<td>1i</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Member’s share of excess lobbying expenditures 0.
Name of Affiliated Group Member

UH REGIONAL HOSPITALS

Employer ID Number

34-1271115

Affiliated Group Member Address

11100 EUCLID AVENUE

CLEVELAND, OH 44106

ELECTING MEMBER

YES

Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>567</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>13,770</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>14,337</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>113,679,227</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>113,693,564</td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount.

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>&gt; 500,000 &lt;= 1,000,000</td>
<td>100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td>&gt; 1,000,000 &lt;= 1,500,000</td>
<td>175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td>&gt; 1,500,000 &lt;= 17,000,000</td>
<td>225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

1,000,000. f

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

250,000. g

Subtract line 1g from line 1a (limit to zero)

0. h

Subtract line 1f from line 1c (limit to zero)

0. i

Member’s share of excess lobbying expenditures

0. j
Schedule C (Form 990 or 990-EZ)  
**PART IV / SUPPLEMENTAL INFORMATION (CONTINUED)**

**Schedule C**  
Affiliated Group Lobbying Expenditures  
Part II -A

<table>
<thead>
<tr>
<th>Name of Affiliated Group Member</th>
<th>Employer ID Number</th>
<th>Affiliated Group Member Address</th>
<th>Electing Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</td>
<td>34-0750341</td>
<td>158 WEST MAIN RD. CONNEAUT, OH 44030</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Limits on Lobbying Expenditures:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>1a</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>b</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>c</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>d</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>e</td>
</tr>
</tbody>
</table>

**Lobbying nontaxable amount.**

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>&gt; 500,000 &lt;= 1,000,000</td>
<td>100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td>&gt; 1,000,000 &lt;= 1,500,000</td>
<td>175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td>&gt; 1,500,000 &lt;= 17,000,000</td>
<td>225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

| Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. |

<p>| Subtract line 1g from line 1a (limit to zero) | 0. |
| Subtract line 1f from line 1c (limit to zero) | 0. |
| Member’s share of excess lobbying expenditures | 0. |</p>
<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures:</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>1a</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>1b</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>1c</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>1d</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td>1e</td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount.
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<tr>
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</tr>
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</tr>
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</tr>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Grasroots nontaxable amount (enter 25% of line 1f)</td>
<td>250,000.</td>
</tr>
<tr>
<td>Subtract line 1g from line 1a (limit to zero)</td>
<td>0.</td>
</tr>
<tr>
<td>Subtract line 1f from line 1c (limit to zero)</td>
<td>0.</td>
</tr>
<tr>
<td>Member’s share of excess lobbying expenditures</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Affiliated Group Lobbying Expenditures

**Part II - A**

**Schedule C**

Name of Affiliated Group Member
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER

Employer ID Number
34-0714461

Affiliated Group Member Address
870 WEST MAIN STREET
GENEVA, OH 44041

Election of Member
YES

#### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>248.</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>6,021.</td>
</tr>
<tr>
<td>6,269.</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>6,269.</td>
</tr>
<tr>
<td>41,553,381.</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>41,553,381.</td>
</tr>
<tr>
<td>41,559,650.</td>
<td>Other exempt purpose expenditures (add lines 1c and 1d)</td>
<td>41,559,650.</td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount.

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
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</thead>
<tbody>
<tr>
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<td>100,000 + 15%</td>
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<tr>
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<td>175,000 + 10%</td>
</tr>
<tr>
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<td>225,000 + 5%</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

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

250,000.

Subtract line 1g from line 1a (limit to zero)

0.

Subtract line 1f from line 1c (limit to zero)

0.

Member's share of excess lobbying expenditures

0.
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>439</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>10,653</td>
</tr>
<tr>
<td>10,092</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>98,689</td>
<td>Other exempt purpose expenditures</td>
<td>001.</td>
</tr>
<tr>
<td>98,700</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>113.</td>
</tr>
</tbody>
</table>

**Lobbying nontaxable amount.**

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

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

Subtract line 1g from line 1a (limit to zero)

Subtract line 1f from line 1c (limit to zero)

Member’s share of excess lobbying expenditures
Schedule C (Form 990 or 990-EZ)

Part IV Supplemental Information (continued)

Schedule C  Affiliated Group Lobbying Expenditures

Name of Affiliated Group Member
UNIVERSITY HOSPITALS LABORATORY SERVICES

Employer ID Number
34-1720429

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Eating Member
YES

Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Limit Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>181.</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>4,401.</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>4,582.</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>39,209,029.</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td>39,213,611.</td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount.
Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>&gt; $500,000</td>
<td>$100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td>&lt;= 1,000,000</td>
<td>$175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td>&gt; 1,000,000</td>
<td>$225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td>&lt;= 1,500,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>&gt; 1,500,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f)                              | 250,000. |

Subtract line 1g from line 1a (limit to zero)                                    | 0. |

Subtract line 1f from line 1c (limit to zero)                                    | 0. |

Member’s share of excess lobbying expenditures                                  | 0. |
### Affiliated Group Lobbying Expenditures

**Part II -A**

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

<table>
<thead>
<tr>
<th>Name of Affiliated Group Member</th>
<th>UNIVERSITY HOSPITALS MEDICAL GROUP, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer ID Number</td>
<td>20-4881619</td>
</tr>
<tr>
<td>Affiliated Group Member Address</td>
<td>11100 EUCLID AVENUE</td>
</tr>
<tr>
<td></td>
<td>CLEVELAND, OH 44106</td>
</tr>
<tr>
<td>Electing Member</td>
<td>YES</td>
</tr>
</tbody>
</table>

#### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>2,021</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>49,088</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>51,109</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>464,870,249</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td>464,921,358</td>
</tr>
<tr>
<td></td>
<td>Lobbying nontaxable amount.</td>
<td></td>
</tr>
</tbody>
</table>

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>&gt; 500,000 &lt;= 1,000,000</td>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>1,000,000.</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f) | 250,000   |

Subtract line 1g from line 1a (limit to zero) | 0          |

Subtract line 1f from line 1c (limit to zero) | 0          |

Member’s share of excess lobbying expenditures | 0          |
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>355.1a</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>8,617.b</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>8,972.c</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>676,687,028.d</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>676,696,000.e</td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount.

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
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<tr>
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<td>$1,000,000</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f)                          | 250,000.g |

Subtract line 1g from line 1a (limit to zero)                                 | 0.h       |
Subtract line 1f from line 1c (limit to zero)                                 | 0.i       |
Member’s share of excess lobbying expenditures                                | 0.        |
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>1a</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>b</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>c</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>d</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td>e</td>
</tr>
</tbody>
</table>

#### Lobbying Nontaxable Amount

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
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<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. g

Subtract line 1g from line 1a (limit to zero) | 0. h

Subtract line 1f from line 1c (limit to zero) | 0. i

Member's share of excess lobbying expenditures | 0.
Name of Affiliated Group Member
UNIVERSITY HOSPITALS ACCOUNTABLE CARE

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Employer ID Number
27-3970270

ELECTING MEMBER
YES

Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
</tr>
<tr>
<td>0.</td>
<td>Other exempt purpose expenditures</td>
</tr>
<tr>
<td>0.</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
</tr>
<tr>
<td>0.</td>
<td>Lobbying nontaxable amount.</td>
</tr>
</tbody>
</table>

Enter the amount from the following table:

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<tr>
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</tr>
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</table>

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

Subtract line 1g from line 1a (limit to zero)

Subtract line 1f from line 1c (limit to zero)

Member's share of excess lobbying expenditures
Schedule C (Form 990 or 990-EZ)  
GROUP RETURN  
90-0059117  
Page 4

Part IV | Supplemental Information  
(continued)

Schedule C  
Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
UNIVERSITY HOSPITALS COORDINATED CARE

Employer ID Number  
90-0794903

Affiliated Group Member Address  
3605 WARRENSVILLE CENTER RD.  
SHAKER HEIGHTS, OH 44122

Election Member  
YES

Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Limits on Lobbying Expenditures</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>0.</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>0.</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>0.</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>0.</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>0.</td>
</tr>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table:</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>If the amount on line e is:</td>
<td>The lobbying nontaxable amount is:</td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
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<td></td>
</tr>
<tr>
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<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td>0.</td>
</tr>
<tr>
<td>h</td>
<td>Subtract line 1g from line 1a (limit to zero)</td>
<td>0.</td>
</tr>
<tr>
<td>i</td>
<td>Subtract line 1f from line 1c (limit to zero)</td>
<td>0.</td>
</tr>
<tr>
<td>j</td>
<td>Member’s share of excess lobbying expenditures</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Affiliated Group Lobbying Expenditures
#### Part II - A

<table>
<thead>
<tr>
<th>Schedule C (Form 990 or 990-EZ)</th>
<th>Affiliated Group Lobbying Expenditures</th>
<th>Supplemental Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Affiliated Group Member</strong></td>
<td><strong>UNIVERSITY HOSPITALS RAINBOW CARE CONN.</strong></td>
<td><strong>Employer ID Number</strong></td>
</tr>
<tr>
<td><strong>Affiliated Group Member Address</strong></td>
<td><strong>3605 WARRENSVILLE CENTER RD.</strong></td>
<td><strong>ELECTING MEMBER</strong></td>
</tr>
<tr>
<td><strong>SHAKER HEIGHTS, OH 44122</strong></td>
<td></td>
<td><strong>YES</strong></td>
</tr>
</tbody>
</table>

#### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>0.</td>
</tr>
<tr>
<td>0.b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>0.</td>
</tr>
<tr>
<td>0.c</td>
<td>Total lobbying expenditures (add lines 0.a and 0.b)</td>
<td>0.</td>
</tr>
<tr>
<td>0.d</td>
<td>Other exempt purpose expenditures</td>
<td>0.</td>
</tr>
<tr>
<td>0.e</td>
<td>Total exempt purpose expenditures (add lines 0.c and 0.d)</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Lobbying nontaxable amount.**

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 0.e</td>
</tr>
<tr>
<td>&gt; 500,000 &lt;= 1,000,000</td>
<td>100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td>&gt; 1,000,000 &lt;= 1,500,000</td>
<td>175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td>&gt; 1,500,000 &lt;= 17,000,000</td>
<td>225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.f</td>
<td>0.</td>
</tr>
<tr>
<td>0.g</td>
<td>0.</td>
</tr>
<tr>
<td>0.h</td>
<td>0.</td>
</tr>
<tr>
<td>0.i</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Grassroots nontaxable amount (enter 25% of line 0.f)**

Subtract line 0.g from line 0.a (limit to zero)

Subtract line 0.f from line 0.c (limit to zero)

Member’s share of excess lobbying expenditures
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>1a</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>1b</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>1c</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>1d</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>1e</td>
</tr>
<tr>
<td>Lobbying nontaxable amount. Enter the amount from the following table:</td>
<td></td>
</tr>
</tbody>
</table>

**If the amount on line e is:**

<table>
<thead>
<tr>
<th>Range</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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</tr>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Range</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>$250,000</td>
</tr>
</tbody>
</table>

**Subtract line 1g from line 1a (limit to zero)**

<table>
<thead>
<tr>
<th>Subtraction</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtract line 1f from line 1c (limit to zero)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Member’s share of excess lobbying expenditures**

<table>
<thead>
<tr>
<th>Subtraction</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>_subtract line 1f from line 1c (limit to zero)</td>
<td>0</td>
</tr>
</tbody>
</table>
Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>193,341,743</td>
</tr>
<tr>
<td>60b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>193,341,805</td>
</tr>
<tr>
<td>62c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>1,000,000</td>
</tr>
<tr>
<td>193d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>193e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount.
Enter the amount from the following table:

<table>
<thead>
<tr>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f) .................................................. 250,000

Subtract line 1g from line 1a (limit to zero) ......................................................... 0

Subtract line 1f from line 1c (limit to zero) ......................................................... 0

Member's share of excess lobbying expenditures .......................................................... 0
### Schedule C

#### Affiliated Group Lobbying Expenditures

**Part II - A**

<table>
<thead>
<tr>
<th>Name of Affiliated Group Member</th>
<th>Employer ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHERST HOSPITAL ASSOCIATION</td>
<td>34-0067060</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affiliated Group Member Address</th>
<th>Electing Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>3605 WARRENSVILLE CENTER RD.</td>
<td>YES</td>
</tr>
<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
<td></td>
</tr>
</tbody>
</table>

#### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table:</td>
</tr>
</tbody>
</table>

#### Table: Lobbying nontaxable amount

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
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</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>174,635.</td>
</tr>
<tr>
<td>3</td>
<td>43,659.</td>
</tr>
<tr>
<td>4</td>
<td>0.</td>
</tr>
<tr>
<td>5</td>
<td>0.</td>
</tr>
<tr>
<td>6</td>
<td>0.</td>
</tr>
</tbody>
</table>

#### Part IV

**Supplemental Information**

- **AMHERST HOSPITAL ASSOCIATION**
  - Employer ID Number: 34-0067060
  - Address: 3605 WARRENSVILLE CENTER RD., SHAKER HEIGHTS, OH 44122

- **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**
  - Employer ID Number: 90-0059117
  - Address: 3605 WARRENSVILLE CENTER RD., SHAKER HEIGHTS, OH 44122
**Affiliated Group Lobbying Expenditures**

**Part II - A**

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

**Page 4**

---

**Name of Affiliated Group Member**

**EMH REGIONAL MEDICAL CENTER**

**Employer ID Number**

34-0714512

**Affiliated Group Member Address**

3605 WARRENsville CENTER RD.

SHAKER HEIGHTS, OH 44122

**Election Member**

YES

---

**Limits on Lobbying Expenditures:**

<table>
<thead>
<tr>
<th>Line</th>
<th>Line Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td></td>
</tr>
</tbody>
</table>

**Lobbying nontaxable amount.**

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
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<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f</th>
<th>1,000,000.</th>
</tr>
</thead>
</table>

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

250,000.

Subtract line 1g from line 1a (limit to zero)

0.

Subtract line 1f from line 1c (limit to zero)

0.

Member's share of excess lobbying expenditures

0.
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>691</td>
</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>16,787</td>
</tr>
<tr>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>17,478</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>125,266,228</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>125,283,706</td>
</tr>
</tbody>
</table>

**Lobbying nontaxable amount.**

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
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</tr>
<tr>
<td>&gt; $500,000 &lt;= 1,000,000</td>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 |

Subtract line 1g from line 1a (limit to zero) | 0 |

Subtract line 1f from line 1c (limit to zero) | 0 |

Member’s share of excess lobbying expenditures | 0 |
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying nontaxable amount</td>
<td></td>
</tr>
</tbody>
</table>

**Enter the amount from the following table:**

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

0.  "f" Grassroots nontaxable amount (enter 25% of line 1f)

0.  "g" Subtract line 1g from line 1a (limit to zero)

0.  "h" Subtract line 1f from line 1c (limit to zero)

0.  "i" Member’s share of excess lobbying expenditures

---

Name of Affiliated Group Member: ROBINSON HEALTH AFFILIATES

Affiliated Group Member Address: 3605 WARRENSVILLE CENTER RD., SHAKER HEIGHTS, OH 44122

Employer ID Number: 34-1499719

Electing Member: YES
### Affiliated Group Lobbying Expenditures

**Name of Affiliated Group Member**  
ST. JOHN MEDICAL CENTER

**Affiliated Group Member Address**  
3605 WARRENSVILLE CENTER RD.  
SHAKER HEIGHTS, OH 44122

#### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>19,584</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>20,390</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>162,952,877</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>162,973,267</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
</tbody>
</table>

#### Lobbying nontaxable amount.

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
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</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

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

250,000

#### Subtract line 1g from line 1a (limit to zero)

0

#### Subtract line 1f from line 1c (limit to zero)

0

#### Member’s share of excess lobbying expenditures

0
### Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
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</tr>
<tr>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>9,556</td>
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<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>9,950</td>
</tr>
<tr>
<td>Other exempt purpose expenditures</td>
<td>65,743,992</td>
</tr>
<tr>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>65,753,942</td>
</tr>
</tbody>
</table>

#### Lobbying nontaxable amount:

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<td>$1,000,000</td>
</tr>
<tr>
<td></td>
<td>1,000,000, f</td>
</tr>
<tr>
<td></td>
<td>250,000, g</td>
</tr>
<tr>
<td></td>
<td>0, h</td>
</tr>
<tr>
<td></td>
<td>0, i</td>
</tr>
<tr>
<td></td>
<td>0,</td>
</tr>
</tbody>
</table>

Grassroots nontaxable amount (enter 25% of line 1f) | 250,000, g

Subtract line 1g from line 1a (limit to zero) | 0, h

Subtract line 1f from line 1c (limit to zero) | 0, i

Member’s share of excess lobbying expenditures | 0,
Affiliated Group Lobbying Expenditures
Part II - A

Schedule C (Form 990 or 990-EZ) GROUP RETURN 90-0059117 Page 4

<table>
<thead>
<tr>
<th>Name of Affiliated Group Member</th>
<th>Employer ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMARITAN HOSPITAL SHOP</td>
<td>34-0808574</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affiliated Group Member Address</th>
<th>Electing Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>3605 WARRENSVILLE CENTER RD.</td>
<td>YES</td>
</tr>
<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
<td></td>
</tr>
</tbody>
</table>

### Limits on Lobbying Expenditures:

<table>
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<tr>
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</thead>
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<tr>
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<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
</tr>
</tbody>
</table>

#### Lobbying nontaxable amount.

Enter the amount from the following table:

<table>
<thead>
<tr>
<th>If the amount on line e is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>&gt; 500,000 &lt;= 1,000,000</td>
<td>100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td>&gt; 1,000,000 &lt;= 1,500,000</td>
<td>175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td>&gt; 1,500,000 &lt;= 17,000,000</td>
<td>225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount.</td>
</tr>
<tr>
<td>1g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
</tr>
</tbody>
</table>

Subtract line 1g from line 1a (limit to zero) ........................................ 0. h

Subtract line 1f from line 1c (limit to zero) ........................................ 0. i

Member’s share of excess lobbying expenditures ........................................ 0. j

### Supplemental Information

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Employer ID Number</th>
<th>Group Return</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMARITAN HOSPITAL SHOP</td>
<td>34-0808574</td>
<td>YES</td>
<td>3605 WARRENSVILLE CENTER RD.</td>
</tr>
<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>90-0059117</td>
<td>GROUP RETURN</td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ)
## Limits on Lobbying Expenditures:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>44,521</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>44,521</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d).</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the amount on line e is:</td>
<td>The lobbying nontaxable amount is:</td>
</tr>
<tr>
<td></td>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td></td>
<td>&gt; 500,000 &lt;= 1,000,000</td>
<td>100,000 + 15% &gt; 500,000</td>
</tr>
<tr>
<td></td>
<td>&gt; 1,000,000 &lt;= 1,500,000</td>
<td>175,000 + 10% &gt; 1,000,000</td>
</tr>
<tr>
<td></td>
<td>&gt; 1,500,000 &lt;= 17,000,000</td>
<td>225,000 + 5% &gt; 1,500,000</td>
</tr>
<tr>
<td></td>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>8,904</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td></td>
</tr>
<tr>
<td>2,226</td>
<td>Subtract line 1g from line 1a (limit to zero)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Subtract line 1f from line 1c (limit to zero)</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>Member’s share of excess lobbying expenditures</td>
<td></td>
</tr>
</tbody>
</table>
Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
</tr>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
</tr>
<tr>
<td>8</td>
<td>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)?</td>
</tr>
<tr>
<td>9</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>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.</td>
</tr>
<tr>
<td>b</td>
<td>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:</td>
</tr>
<tr>
<td>(i)</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>(ii)</td>
<td>Assets included in Form 990, Part X</td>
</tr>
<tr>
<td>2</td>
<td>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:</td>
</tr>
<tr>
<td>a</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>b</td>
<td>Assets included in Form 990, Part X</td>
</tr>
</tbody>
</table>

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 990) 2018
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

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):

- [ ] Public exhibition
- [ ] Scholarly research
- [x] Preservation for future generations

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

5. 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 ___ X ___ 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 ___ X ___ No __

b. If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ___ Yes ___ X ___ 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 9.

1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$227,487,000.00</td>
<td>$193,568,000.00</td>
<td>$183,805,000.00</td>
<td>$183,504,000.00</td>
<td>$164,715,000.00</td>
</tr>
</tbody>
</table>

b. Contributions

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,345,000.00</td>
<td>$8,523,000.00</td>
<td>$7,136,000.00</td>
<td>$7,350,000.00</td>
<td>$12,048,000.00</td>
</tr>
</tbody>
</table>

c. Net investment earnings, gains, and losses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$-7,225,000.00</td>
<td>$33,352,000.00</td>
<td>$10,239,000.00</td>
<td>$-357,000.00</td>
<td>$12,832,000.00</td>
</tr>
</tbody>
</table>

d. Grants or scholarships

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

e. Other expenditures for facilities and programs

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,025,000.00</td>
<td>$7,956,000.00</td>
<td>$7,612,000.00</td>
<td>$6,692,000.00</td>
<td>$6,091,000.00</td>
</tr>
</tbody>
</table>

f. Administrative expenses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

g. End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$215,582,000.00</td>
<td>$227,487,000.00</td>
<td>$193,568,000.00</td>
<td>$183,805,000.00</td>
<td>$183,504,000.00</td>
</tr>
</tbody>
</table>

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

- [ ] Board designated or quasi-endowment __8.47__% 
- [ ] Permanent endowment __71.83__% 
- [ ] Temporarily restricted endowment __19.70__% 

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:

- [ ] unrelated organizations ___
- [x] related organizations ___

3b. If “Yes” on line 3a(i), are the related organizations listed as required on Schedule R? ___ Yes ___ X ___ No __

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

- [ ] unrelated organizations ___
- [ ] related organizations ___

3d. If “Yes” on line 3c, are the related organizations listed as required on Schedule R? ___ Yes ___ X ___ No __

### 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>$149,104,000.00</td>
<td></td>
<td>$149,104,000.00</td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>$1,914,143,000.00</td>
<td>$838,085,000.00</td>
<td>$1,076,058,000.00</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>$31,648,000.00</td>
<td>$20,426,000.00</td>
<td>$11,222,000.00</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>$1,489,109,000.00</td>
<td>$1,074,482,000.00</td>
<td>$414,627,000.00</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>$83,796,000.00</td>
<td>$40,444,000.00</td>
<td></td>
<td>$43,352,000.00</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) __1,694,363,000.00__
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) INVESTMENTS</td>
<td>358,816,000</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>358,816,000</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BENEFICIAL INT. IN FOUNDATION</td>
<td>162,724,000</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(2) INVESTMENT IN AFFILIATES</td>
<td>108,043,000</td>
<td>COST</td>
</tr>
<tr>
<td>(3) INVESTMENTS - PROGRAM RELATED</td>
<td>189,303,000</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td>460,070,000</td>
<td></td>
</tr>
</tbody>
</table>

**Part IX** Other Assets.

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

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

**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.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td>23,850,000</td>
</tr>
<tr>
<td>(2) RESEARCH INST OPTION LIABILITY</td>
<td>20,569,000</td>
</tr>
<tr>
<td>(3) DUE TO THIRD PARTIES</td>
<td>64,327,000</td>
</tr>
<tr>
<td>(4) INTEREST RATE SWAP LIABILITY</td>
<td>49,592,000</td>
</tr>
<tr>
<td>(5) SELF INSURED LIABILITY</td>
<td>15,866,000</td>
</tr>
<tr>
<td>(6) PENSION LIABILITY</td>
<td>356,402,000</td>
</tr>
<tr>
<td>(7) PROFESSIONAL LIABILITY</td>
<td>50,046,000</td>
</tr>
<tr>
<td>(8) PROFESSIONAL LIABILITY-WRA</td>
<td>42,712,000</td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>623,364,000</td>
</tr>
</tbody>
</table>

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.

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

### 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.

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

### 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 III, LINE 4:**

The UH Art Collection includes approximately 2,828 original works of art, many donated over the years. Artwork includes paintings, photos, sculptures and the like. The UH Art Collection has been established to encourage reflection, and to delight, uplift and comfort our patients, visitors, and employees.

**PART V, LINE 4:**

The intended use of the organization’s endowment fund varies depending on donor stipulations. All spending of endowment earnings are done so in accordance with donor intent and applicable law. Endowments are held on the books of the parent organization of the group members. Spending
ALLOCATIONS ARE MADE TO THE PROPER UH ENTITY BY THE PARENT TO COMPLY WITH DONOR WISHES.

PART X, LINE 2:

UNIVERISTY HOSPITALS HEALTH SYSTEM, INC. MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2018 AND 2017, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

FORM 990, SCHEDULE D, PART V

### Part I  Fundraising Activities

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [x] Mail solicitations
   - [x] Internet and email solicitations
   - [x] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

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

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

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE SENSE - 155 COMMERCY DRIVE, FREEDOM, PA 15042</td>
<td>TELEPHONE FUNDRAISING</td>
<td>Yes</td>
<td>48,750.</td>
<td>126,000.</td>
<td>77,250.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
   MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Total

48,750. 126,000. 77,250.
### Part II  Fundraising Events.

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MH - GALA</td>
<td>PARMA GOLF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>163,286.</td>
<td>177,783.</td>
<td>320,452.</td>
<td>661,521.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>41,715.</td>
<td>42,392.</td>
<td>87,316.</td>
<td>171,423.</td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>(d) Total events (add col. (a) through col. (c))</th>
<th>661,521.</th>
</tr>
</thead>
</table>

### Part III  Gaming.

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td>37,400.</td>
<td></td>
<td>37,400.</td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
<th>11,275.</th>
</tr>
</thead>
</table>

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

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? Yes No
Schedule G (Form 990 or 990-EZ) 2018

11 Does the organization conduct gaming activities with nonmembers? [ ] Yes [ ] No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? [ ] Yes [ ] No

13 Indicate the percentage of gaming activity conducted in:
   a. The organization’s facility
   b. An outside facility

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:
   Name: UNIVERSITY HOSPITALS INVESTOR RELATIONS & DEVELOPMENT
   Address: 3605 WARRENSVILLE CENTER ROAD - SHAVER HEIGHTS, OH 44122

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [ ] No
   b. If “Yes,” enter the amount of gaming revenue received by the organization $____________ and the amount of gaming revenue retained by the third party $____________
   c. If “Yes,” enter name and address of the third party:
      Name: 
      Address:

16 Gaming manager information:
   Name: UNIVERSITY HOSPITALS INVESTOR RELATIONS & DEVELOPMENT
   Gaming manager compensation $____________ 0.
   Description of services provided THE FUND RAISING EVENTS AND GAMING ARE PLANNED AND MANAGED BY THE UH HEALTH SYSTEM’S INVESTOR RELATIONS & DEVELOPMENT DEPARTMENT. THEY DO NOT RECEIVE ANY ADDITIONAL COMPENSATION AS
   Director/officer [ ] Employee [ ] Independent contractor

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TRUE SENSE
(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DRIVE, FREEDOM, PA 15042

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

THE FUND RAISING EVENTS AND GAMING ARE PLANNED AND MANAGED BY THE UH HEALTH SYSTEM’S INVESTOR RELATIONS & DEVELOPMENT DEPARTMENT. THEY DO NOT RECEIVE ANY ADDITIONAL COMPENSATION AS
PLANNING AND MANAGING FUND RAISING EVENTS IS THEIR JOB DESCRIPTION.
### Part I: Financial Assistance and Certain Other Community Benefits at Cost

1. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.
   - Yes [ ]
   - No [x]

2. If "Yes," was it a written policy?
   - Yes [ ]
   - No [x]

3. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
   - [ ] Applied uniformly to all hospital facilities
   - [x] Generally tailored to individual hospital facilities

4. If "Yes," 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 a patient who was eligible for free or discounted care?
   - Yes [ ]
   - No [x]

5. If "Yes," did the organization make it available to the public?
   - Yes [ ]
   - No [x]

6. Did the organization prepare a community benefit report during the tax year?
   - Yes [ ]
   - No [x]

7. Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>46,800,050</td>
<td></td>
<td>46,800,050</td>
<td>1.53%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>717,900,037</td>
<td>525,005,867</td>
<td>192,894,170</td>
<td>6.30%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

    Total - Financial Assistance and Means-Tested Government Programs: 764,700,087 525,005,867 239,694,220 7.83%

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>10,746,754</td>
<td>1,736,444</td>
<td>9,010,310</td>
<td>.29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>110,515,752</td>
<td>28,592,028</td>
<td>81,923,724</td>
<td>2.67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>39,929,746</td>
<td>27,886,638</td>
<td>12,043,108</td>
<td>.39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>68,697,767</td>
<td>31,396,952</td>
<td>37,300,815</td>
<td>1.22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>1,964,384</td>
<td>0</td>
<td>1,964,384</td>
<td>.06%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

    Total, Other Benefits: 231,854,403 89,612,062 142,242,341 4.63%

    Total, Add lines 7d and 7j: 996,554,490 614,617,929 381,936,561 12.46%

---

**Note:**
- The table provides a structured overview of financial assistance and other community benefits provided by the organization, categorized by various means-tested government programs and other benefits. Each category lists specific values related to community benefit expenses, direct offsetting revenue, and the percent of total expense.
### 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.

<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td>195,989</td>
<td></td>
<td></td>
<td>.01%</td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td>436,122</td>
<td></td>
<td></td>
<td>.01%</td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td>47,666</td>
<td></td>
<td></td>
<td>.00%</td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td></td>
<td>4,845</td>
<td></td>
<td></td>
<td>.00%</td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td>89,046</td>
<td></td>
<td></td>
<td>.00%</td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td>4,415</td>
<td></td>
<td></td>
<td>.00%</td>
</tr>
<tr>
<td>10 Total</td>
<td></td>
<td>778,083</td>
<td></td>
<td></td>
<td>.02%</td>
</tr>
</tbody>
</table>

### Part III Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  
   - Yes  
   - No  

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  
   - 53,000,000

3. Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit  

4. Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME)  
   - 563,685,441

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 609,727,631

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - -46,042,190

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.

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year?  
   - Yes  
   - No

9b. 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  
   - Yes  
   - No

### Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
</table>
### 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? 14

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)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Website</th>
<th>Type</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. UH Cleveland Medical Center</td>
<td>11100 Euclid Avenue, Cleveland, OH 44106</td>
<td><a href="http://www.uhhospitals.org/case">Website</a></td>
<td>Licensed hospital</td>
<td>IP Psych./IP</td>
</tr>
<tr>
<td>2. UH Rainbow Babies &amp; Children's Hospital</td>
<td>11100 Euclid Avenue, Cleveland, OH 44106</td>
<td><a href="http://www.uhhospitals.org/rainbow">Website</a></td>
<td>Children's hospital</td>
<td>Level 1 Trauma Ctr</td>
</tr>
<tr>
<td>3. UH Geauga Medical Center</td>
<td>13207 Ravenna Road, Chardon, OH 44024</td>
<td><a href="http://www.uhhospitals.org/geauga">Website</a></td>
<td>Teaching hospital</td>
<td>Level 1 Trauma Ctr</td>
</tr>
<tr>
<td>4. UH Ahuja Medical Center</td>
<td>3999 Richmond Road, Beachwood, OH 44122</td>
<td><a href="http://www.uhhospitals.org/ahuja">Website</a></td>
<td>Critical access hospital</td>
<td>IP Psychiatric Unit</td>
</tr>
<tr>
<td>5. UH Regional Hospitals</td>
<td>27100 Chardon Road, Richmond Heights, OH 44143</td>
<td><a href="http://www.uhhospitals.org/uh-richmon">Website</a></td>
<td>Critical access hospital</td>
<td>IP Psych./IP</td>
</tr>
<tr>
<td>6. UH Geneva Medical Center</td>
<td>870 West Main Street, Geneva, OH 44041</td>
<td><a href="http://www.uhhospitals.org/genesva">Website</a></td>
<td>Research facility</td>
<td>IP Psych./IP</td>
</tr>
<tr>
<td>7. UH Conneaut Medical Center</td>
<td>158 West Main Road, Conneaut, OH 44030</td>
<td><a href="http://www.uhhospitals.org/conneaut">Website</a></td>
<td>ER 24 hours</td>
<td>ER 24 hours</td>
</tr>
<tr>
<td>8. UH Parma Medical Center</td>
<td>7007 Powers Blvd, Parma, OH 44129</td>
<td><a href="http://www.uhhospitals.org/parma">Website</a></td>
<td>ER 24 hours</td>
<td>ER 24 hours</td>
</tr>
<tr>
<td>9. UH Elyria Medical Center</td>
<td>630 East River Street, Elyria, OH 44035</td>
<td><a href="http://www.uhhospitals.org/elyria">Website</a></td>
<td>ER 24 hours</td>
<td>ER 24 hours</td>
</tr>
<tr>
<td>10. UH St. John Medical Center</td>
<td>29000 Center Ridge Road, Westlake, OH 44145-5275</td>
<td><a href="http://www.uhhospitals.org/uh-st-john-medica">Website</a></td>
<td>Other (describe)</td>
<td>Other (describe)</td>
</tr>
</tbody>
</table>
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?

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)

<table>
<thead>
<tr>
<th>License</th>
<th>State</th>
<th>Type</th>
<th>Critical Access Hospital</th>
<th>ER-24 hours</th>
<th>ER-other</th>
<th>Other (describe)</th>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Licensed hospital</td>
<td>Gen. medical &amp; surgical</td>
<td>Children's hospital</td>
<td>Teaching hospital</td>
<td>Research facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 UH PORTAGE MEDICAL CENTER</td>
<td>6847 NORTH CHESTNUT STREET</td>
<td>RAVENNA, OH 44266</td>
<td><a href="http://WWW.UHHOSPITALS.ORG/UH-PORTAGE-MEDICA">WWW.UHHOSPITALS.ORG/UH-PORTAGE-MEDICA</a></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 UH SAMARITAN MEDICAL CENTER</td>
<td>1025 CENTER STREET</td>
<td>ASHLAND, OH 44805</td>
<td><a href="HTTP://WWW.SAMARITANHOSPITAL.ORG/">HTTP://WWW.SAMARITANHOSPITAL.ORG/</a></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 UNIVERSITY HOSPITALS REHABILITATION H</td>
<td>23333 HARVARD ROAD</td>
<td>BEACHWOOD, OH 44122</td>
<td><a href="HTTP://WWW.UHHOSPITALS.ORG/UH-REHAB">HTTP://WWW.UHHOSPITALS.ORG/UH-REHAB</a></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 UH AVON REHABILITATION HOSPITAL</td>
<td>37900 CHESTER ROAD</td>
<td>AVON, OH 44011</td>
<td><a href="HTTP://WWW.UHHOSPITALS.ORG/UH-AVON-RE">HTTP://WWW.UHHOSPITALS.ORG/UH-AVON-RE</a></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2018 GROUP RETURN 90-0059117
### Part V Facility Policies and Practices

**Section B. Facility Policies and Practices**

(please 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

REPORTING GROUP A

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

1, 2, 4, 5, 6, 7, 8, 9, 10, 13

---

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate the amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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 or expertise in public health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a [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 [ ] Asset level 
   d [X] Medical indigency 
   e [X] Insurance status 
   f [X] Underinsurance status 
   g [ ] Residency 
   h [X] Other (describe in Section C) 

14 Explained the basis for calculating amounts charged to patients? 

15 Explained the method for applying for financial assistance? 
   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a [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 [ ] 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? 
   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): SEE PART V, PAGE 8 
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8 
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8 
   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 Limited English Proficiency (LEP) populations 
   j [ ] Other (describe in Section C)
**Part V  Facility Information (continued)**

**Billing and Collections**

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>REPORTING GROUP A</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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:

   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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

   a. Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
   b. Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
   c. Processed incomplete and complete FAP applications (if not, describe in Section C)
   d. Made presumptive eligibility determinations (if not, describe in Section C)
   e. Other (describe in Section C)
   f. None of these efforts were made

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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:** REPORTING GROUP A

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Question 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

#### Question 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.

#### Question 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.

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**Schedule H (Form 990) 2018**
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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Part V Facility Policies and Practices

(continue)

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: REPORTING GROUP B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11,12

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? Yes 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? Yes 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 Yes .

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

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

4. Indicate the tax year the hospital facility last conducted a CHNA: 2016

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 Yes 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 No

6b. Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C No

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

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

Hospital facility’s website (list url): HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-
Other website (list url):
Made a paper copy available for public inspection without charge at the hospital facility
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 Yes X

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2016

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? No

10b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return? Yes X

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? No

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

12c. 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? $
Financial Assistance Policy (FAP)

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? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13 X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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%</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Income level other than FPG (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Asset level</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Medical indigency</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Insurance status</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Underinsurance status</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Residency</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14 X</td>
<td>15 X</td>
</tr>
<tr>
<td>a</td>
<td>Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td></td>
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<tr>
<td>c</td>
<td>Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
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<tr>
<td>d</td>
<td>Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16 X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>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</td>
<td></td>
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<td>h</td>
<td>Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td></td>
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<tr>
<td>i</td>
<td>The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>
**Part V Facility Information**

### Billing and Collections

#### Name of hospital facility or letter of facility reporting group

**REPORTING GROUP B**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these actions or other similar actions were permitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
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<td></td>
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<tr>
<td>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</td>
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<tr>
<td>e Other similar actions (describe in Section C)</td>
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<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
<td>X</td>
<td></td>
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<tr>
<td>d Made presumptive eligibility determinations (if not, describe in Section C)</td>
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<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these efforts were made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

#### Name of hospital facility or letter of facility reporting group

<table>
<thead>
<tr>
<th></th>
<th>REPORTING GROUP B</th>
</tr>
</thead>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>[X]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>[X]</td>
</tr>
</tbody>
</table>

#### 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>[X]</td>
</tr>
</tbody>
</table>
### 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)

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>REPORTING GROUP C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</td>
<td>14</td>
</tr>
</tbody>
</table>

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Needs Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;No,&quot; skip to line 12</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4 Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Hospital facility’s website (list url): <a href="HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-">HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7 Did the hospital facility make its CHNA report widely available to the public?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Hospital facility’s website (list url): <a href="HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-">HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-</a></td>
<td></td>
<td></td>
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<tr>
<td>b Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>X</td>
<td></td>
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<tr>
<td>d Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9 Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a If &quot;Yes,&quot; (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12c If &quot;Yes&quot; 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?</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Did the hospital facility have in place during the tax year a written financial assistance policy that:

13  Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .................................................................
    If "Yes," indicate the eligibility criteria explained in the FAP:
    a  ___ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250% and FPG family income limit for eligibility for discounted care of 400%  
    b  ___ Income level other than FPG (describe in Section C)  
    c  ___ Asset level  
    d  ___ Medical indigency  
    e  ___ Insurance status  
    f  ___ Underinsurance status  
    g  ___ Residency  
    h  ___ Other (describe in Section C)  

14  Explained the basis for calculating amounts charged to patients? ..............................................................................................................

15  Explained the method for applying for financial assistance? ..............................................................................................................
    If "Yes," indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
    a  ___ Described the information the hospital facility may require an individual to provide as part of his or her application  
    b  ___ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  
    c  ___ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  
    d  ___ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  
    e  ___ Other (describe in Section C)  

16  Was widely publicized within the community served by the hospital facility? ..............................................................................................................
    If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
    a  ___ The FAP was widely available on a website (list url): SEE PART V, PAGE 8  
    b  ___ The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8  
    c  ___ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8  
    d  ___ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
    e  ___ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  
    f  ___ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
    g  ___ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention  
    h  ___ Notified members of the community who are most likely to require financial assistance about availability of the FAP  
    i  ___ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations  
    j  ___ Other (describe in Section C)
### Billing and Collections

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>17</td>
<td>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?</td>
<td></td>
<td>X</td>
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</table>

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:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [x] Other similar actions (describe in Section C)
- [ ] 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:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [ ] 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):

- [ ] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- [x] Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- [x] Processed incomplete and complete FAP applications (if not, describe in Section C)
- [ ] Made presumptive eligibility determinations (if not, describe in Section C)
- [ ] Other (describe in Section C)
- [ ] 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:

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)

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Schedule H (Form 990) 2018
### Part V  Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>REPORTING GROUP C</th>
</tr>
</thead>
</table>

#### 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>a</td>
<td></td>
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<tr>
<td>b</td>
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<td>c</td>
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<tr>
<td>d</td>
<td></td>
<td></td>
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</tbody>
</table>

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

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

If "Yes," explain in Section C.

|   | 23 | X |

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

If "Yes," explain in Section C.

|   | 24 | X |
Section B. Facility Policies and Practices

Name of hospital facility or letter of facility reporting group: REPORTING GROUP D

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3</th>
</tr>
</thead>
</table>

### 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?  
   - Yes [X]  
   - No [ ]

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C  
   - Yes [X]  
   - No [ ]

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12  
   - Yes [X]  
   - No [ ]

   If "Yes," indicate what the CHNA report describes (check all that apply):
   - A definition of the community served by the hospital facility [X]
   - Demographics of the community [X]
   - Existing health care facilities and resources within the community that are available to respond to the health needs of the community [X]
   - How data was obtained [X]
   - The significant health needs of the community [X]
   - Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups [X]
   - The process for identifying and prioritizing community health needs and services to meet the community health needs [X]
   - The process for consulting with persons representing the community’s interests [X]
   - The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s) [X]
   - Other (describe in Section C) [ ]

4. Indicate the tax year the hospital facility last conducted a CHNA: 2018

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  
   - Yes [X]  
   - No [ ]

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  
   - Yes [X]  
   - No [ ]

6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C  
   - Yes [X]  
   - No [ ]

7. Did the hospital facility make its CHNA report widely available to the public?  
   - Yes [X]  
   - No [ ]

   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   - Hospital facility’s website (list url): HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-
   - Other website (list url):  
   - Made a paper copy available for public inspection without charge at the hospital facility [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  
   - Yes [X]  
   - No [ ]

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2018

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?  
    - Yes [X]  
    - No [ ]

10b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?  
    - Yes [X]  
    - No [ ]

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)?  
    - Yes [ ]  
    - No [X]

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  
    - Yes [X]  
    - No [ ]

12c. 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? $
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP D

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a [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 [ ] Asset level 
   d [X] Medical indigency 
   e [X] Insurance status 
   f [X] Underinsurance status 
   g [ ] Residency 
   h [X] Other (describe in Section C) 

14 Explained the basis for calculating amounts charged to patients? 

15 Explained the method for applying for financial assistance? 
   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a [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? 
   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): SEE PART V, PAGE 8 
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8 
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8 
   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 Limited English Proficiency (LEP) populations 
   j [ ] Other (describe in Section C)
### Billing and Collections

**Name of hospital facility or letter of facility reporting group**: REPORTING GROUP D

<table>
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<th>Yes</th>
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**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?**

<table>
<thead>
<tr>
<th></th>
<th>Reporting to credit agency(ies)</th>
<th>Selling an individual’s debt to another party</th>
<th>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</th>
<th>Actions that require a legal or judicial process</th>
<th>Other similar actions (describe in Section C)</th>
<th>None of these actions or other similar actions were permitted</th>
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| 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: |

<table>
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<th></th>
<th>Reporting to credit agency(ies)</th>
<th>Selling an individual’s debt to another party</th>
<th>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</th>
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| 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? |

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<th></th>
<th>Reporting to credit agency(ies)</th>
<th>Selling an individual’s debt to another party</th>
<th>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</th>
<th>Actions that require a legal or judicial process</th>
<th>Other similar actions (describe in Section C)</th>
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| 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): |

<table>
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<th></th>
<th>Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</th>
<th>Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</th>
<th>Processed incomplete and complete FAP applications (if not, describe in Section C)</th>
<th>Made presumptive eligibility determinations (if not, describe in Section C)</th>
<th>Other (describe in Section C)</th>
<th>None of these efforts were made</th>
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### Policy Relating to Emergency Medical Care

**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?**

<table>
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<th>The hospital facility did not provide care for any emergency medical conditions</th>
<th>The hospital facility’s policy was not in writing</th>
<th>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</th>
<th>Other (describe in Section C)</th>
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</thead>
</table>
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 [X] 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] 23

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

REPORTING GROUP A

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE

REPORTING GROUP B

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE

REPORTING GROUP C

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE

REPORTING GROUP D

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE

REPORTING GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE

REPORTING GROUP B

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE

REPORTING GROUP C

PART V, LINE 16B, FAP APPLICATION WEBSITE:
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance

 REPORTING GROUP D

 PART V, LINE 16B, FAP APPLICATION WEBSITE:

 https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance

 REPORTING GROUP A

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

 https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance

 REPORTING GROUP B

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

 https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance

 REPORTING GROUP C

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

 https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance

 REPORTING GROUP D

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

 https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance

 SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

 FACILITY REPORTING GROUP A CONSISTS OF:

 - FACILITY 1: UH CLEVELAND MEDICAL CENTER

 - FACILITY 2: UH RAINBOW BABIES & CHILDREN'S HOSPITAL

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

- FACILITY 5: UH REGIONAL HOSPITALS
- FACILITY 6: UH GENEVA MEDICAL CENTER
- FACILITY 7: UH CONNEAUT MEDICAL CENTER
- FACILITY 8: UH PARMA MEDICAL CENTER
- FACILITY 9: UH ELYRIA MEDICAL CENTER
- FACILITY 10: UH ST. JOHN MEDICAL CENTER
- FACILITY 13: UNIVERSITY HOSPITALS REHABILITATION HOSPITAL

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER


UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING

ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF

36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM

RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH CLEVELAND MEDICAL CENTER CHNA TOOK INTO

ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE

COMMUNITY THROUGH IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY

LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH AND CLEVELAND DEPARTMENT

OF PUBLIC HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL

GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS

PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE

2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH CLEVELAND MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS; ECONOMIC ISSUES FACING THE HOSPITAL'S PRIMARY AND SECONDARY MARKET AREAS (E.G., POVERTY, HOMICIDE, OPIOID ABUSE); HOSPITAL PATIENTS SERVED; SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY); HEALTH RESOURCE AVAILABILITY (E.G., AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE); BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE); DEATH,
ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS);

COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS); SENTINEL

EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK

RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND

EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH CLEVELAND MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES & CHILDREN’S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH CLEVELAND MEDICAL CENTER IDENTIFIED THE FOLLOWING 3 PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: IMPROVE THE LEVEL OF STATE OF THE ART STROKE CARE EDUCATION

- STRATEGY #2: COMMUNITY STROKE EDUCATION THROUGH STROKE RISK SCREENING SESSIONS

- STRATEGY #3: EARLY DETECTION OF CHRONIC DISEASES

- STRATEGY #4: HEART FAILURE CPR/SAFETY TRAINING

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

- STRATEGY #6: CANCER RISK REDUCTION STRATEGIES FOR UNDER-RESOURCED COMMUNITY MEMBERS

- STRATEGY #7: ENHANCE HEALTH LITERACY, INCLUDING CANCER RELATED INFORMATION

PRIORITY HEALTH NEED #2: POVERTY

- STRATEGY #1: DEVELOP CAREERS RELATED TO HEART-HEALTH

- STRATEGY #2: EMPLOYMENT AND RETENTION WITHIN UH CLEVELAND MEDICAL CENTER

- STRATEGY #3: FACILITATE A PIPELINE PROGRAM FOR SECONDARY SCHOOL STUDENTS OF A MINORITY

- STRATEGY #4: PROVIDE FOOD FOR UH PATIENTS WHEN EXPERIENCING FOOD INSECURITY

PRIORITY HEALTH NEED #3: HOMICIDES/VIOLENCE/SAFETY

- STRATEGY #1: PARTNERSHIP WITH PEACEMAKERS ALLIANCE TO REDUCE GUN-RELATED VIOLENCE

- STRATEGY #2: PROVIDE STOP THE BLEED TRAINING AND SUPPLIES TO SCHOOLS IN CUYAHOGA COUNTY

IN ADDITION TO THE AFOREMENTIONED STRATEGIC INITIATIVES OUTLINED IN DETAIL

IN THIS PLAN, THE HOSPITAL WILL EITHER BEGIN OR CONTINUE TO PROVIDE OTHER COMMUNITY BENEFIT PROGRAMS RESPONSIVE TO THE HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA. THESE MAY INCLUDE, BUT ARE NOT LIMITED TO, HEALTH EDUCATION PROGRAMS, SCREENINGS, SUPPORT GROUPS AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES; MEDICAL RESEARCH; EDUCATION FOR PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS AND ACCESS TO CARE THROUGH THE UH HOSPITAL FINANCIAL ASSISTANCE PROGRAM.
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, 18d, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE THREE ISSUES ABOVE AS THOSE ISSUES WERE CHOSEN BASED ON THE NUMBER OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION TO HAVE A POSITIVE IMPACT ON THOSE ISSUES. THE ISSUES WHICH WERE NOT CHOSEN TO BE A FOCUS OF THIS PLAN WERE THOSE WHERE THE HOSPITAL IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT ISSUE.

NOT ALL NEEDS IDENTIFIED IN THE 2018 CHNA ARE BEING ADDRESSED BUT THROUGH IMPLEMENTING THE ABOVE STRATEGIES, THE HOSPITAL ANTICIPATES THE FOLLOWING IMPROVEMENTS IN COMMUNITY HEALTH: POSITIVE IMPACT ON THE REDUCTION OF CARDIOVASCULAR DISEASE; POSITIVE IMPACT ON THE REDUCTION OF INFANT MORTALITY AND IMPROVED INFANT HEALTH; REDUCED INAPPROPRIATE EMERGENCY ROOM USE AND POSITIVE IMPACT ON THE REDUCTION OF CANCER MORTALITY RATES, FOCUSING ON LUNG, COLON, BREAST AND CERVICAL CANCERS. COINCIDENT WITH THIS WILL BE A POSITIVE IMPACT ON RATES OF TOBACCO USE. THESE NEEDS ARE ALSO BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN’S HOSPITAL

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

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED, THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A—FACILITY 2 — UH RAINBOW BABIES & CHILDREN’S HOSPITAL

PART V, SECTION B, LINE 5: THE UH RAINBOW BABIES & CHILDREN’S HOSPITAL CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS.

COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH AND CLEVELAND DEPARTMENT OF PUBLIC HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES, PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH CLEVELAND MEDICAL CENTER’S PRIMARY AND SECONDARY MARKET AREAS; ECONOMIC
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

ISSUES FACING THE HOSPITAL’S PRIMARY AND SECONDARY MARKET AREAS (E.G.

POVERTY, HOMICIDE, OPIOID ABUSE); HOSPITAL PATIENTS SERVED; SOCIOECONOMIC

INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY); HEALTH

RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND

LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD

DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE);

BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLLEGAL DRUG USE, PHYSICAL

ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G.

CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE

DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME,

DOMESTIC VIOLENCE, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G.

ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE); DEATH,

ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS);

COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS); SENTINEL

EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK

RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND

EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

GROUP A--FACILITY 2 -- UH RAINBOW BABIES & CHILDREN’S HOSPITAL

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO A JOINT CHNA FOR CUYAHOGA COUNTY. THE

FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH RAINBOW BABIES &

CHILDREN’S HOSPITAL IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH CLEVELAND

MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA

MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION

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

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN’S HOSPITAL

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH RAINBOW BABIES & CHILDREN’S HOSPITAL IDENTIFIED THE FOLLOWING 2 PRIORITY HEATH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: DENTAL CARE FOR CHILDREN THROUGH THE RONALD MCDONALD CARE MOBILE, A MOBILE DENTAL CLINIC

- STRATEGY #2: IMPROVED CHRONIC DISEASE MANAGEMENT AND PREVENTION BY NUTRITION EDUCATION

- STRATEGY #3: FOOD INSECURITY RESOURCE COORDINATION

PRIORITY HEALTH NEED #2: INFANT MORTALITY

- STRATEGY #1: CENTERING PREGNANCY PROGRAM

- STRATEGY #2: CENTERING PREGNANCY APPROACH TO PRENATAL CARE

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA: HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE PREVENTION. THESE HEALTH NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

IMPLEMENTATION STRATEGIES FROM THE 2018 CHNA BEGAN IN 2018.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN’S HOSPITAL

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.
CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A - FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A - FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A - FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A - FACILITY 4 -- UH AHUJA MEDICAL CENTER

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


UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRUS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS, THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRUS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH AHUJA MEDICAL CENTER’S 2018 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE

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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH AHUJA MEDICAL CENTER, UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN’S HOSPITAL, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH AHUJA MEDICAL CENTER IDENTIFIES THE FOLLOWING TWO PRIORITY HEALTH NEEDS:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY ENGAGEMENT FOR EDUCATION, SCREENING, AND SUPPORT OF CHRONIC DISEASES

PRIORITY HEALTH NEED #2: POVERTY

- STRATEGY #2: ANNUAL EVENT TO TARGET UNDER-RESOURCED COMMUNITY MEMBERS

NEEDS IDENTIFIED IN THE 2018 CHNA BUT NOT BEING ADDRESSED IN 2018 INCLUDE:

FOOD INSECURITY, BEHAVIORAL HEALTH (FLU VACCINATION RATES, TOBACCO USE/COPD, AND LACK OF PHYSICAL ACTIVITY), MENTAL HEALTH AND ADDICTION (SUICIDE, HOMICIDE/VIOLENCE, AND OPIOIDS/SUBSTANCE USE), AND MATERNAL/CHILD HEALTH (INFANT MORTALITY). THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO
Part V Facility Information (continued)

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

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE

FACILITIES’ FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS
### Part V Facility Information (continued)

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

**PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED**

**SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS.**

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRUS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRUS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.**

**GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS**

**PART V, SECTION B, LINE 5: THE CHNA FOR THE RICHMOND CAMPUS OF UH REGIONAL HOSPITALS (UH RICHMOND MEDICAL CENTER) TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH**
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, 15e, 18e, 19e, 20a, 20b, 20c, 20d, 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.

BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN CUYAHOGA COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS.

COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES.

PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTER’S PRIMARY AND SECONDARY MARKET AREAS; HOSPITAL PATIENTS SERVED; SOCIOECONOMIC INDICATORS (E.G., UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY); HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE); BEHAVIORAL RISK FACTORS (E.G., OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC ABUSE, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE); DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS); COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS); SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

THE CHNA FOR THE BEDFORD CAMPUS OF UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER) TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN CUYAHOGA COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON...
INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS A LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCY. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS; HOSPITAL PATIENTS SERVED; SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY); HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE); BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC ABUSE, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE); DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS); COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS); SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

GROUP A--FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH REGIONAL HOSPITALS IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH CLEVELAND MEDICAL CENTER.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CENTER, UH RAINBOW BABIES & CHILDREN’S HOSPITAL, UH AHUJA MEDICAL CENTER, UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH REGIONAL HOSPITALS IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

- PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION
  - STRATEGY #1: SCREENINGS AND HEALTH/DISEASE EDUCATION FOR CHRONIC DISEASE

- PRIORITY HEALTH NEED #2: POVERTY
  - STRATEGY #2: EDUCATION ON BETTER HEALTH CARE SERVICE UTILIZATION AND FINANCIAL COUNSELLING

THE FOLLOWING NEEDS WERE IDENTIFIED IN THE 2018 CHNA, BUT ARE NOT BEING ADDRESSED IN 2018 INCLUDE: HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE PREVENTION. THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT...
THE OHIO MEDICAID PROGRAM WOULD COVER. PATIENTS MUST AGREE TO ALLOW UH
TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS
INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES
OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL
ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS
AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES
AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL
COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL
FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A
PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL
CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH
HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED
IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED
SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE
EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO

DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION

ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR

HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA

ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. THE HOSPITAL COUNCIL OF

NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA

COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE

HOSPITAL WAS Captured. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING

ADVOCATE FOR NORtheast OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF

36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM

RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A - FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH GENEVA MEDICAL CENTER CHNA TOOK INTO

ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE

COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN ASHTABULA

COUNTY. INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE

ASHTABULA CITY HEALTH DEPARTMENT AND ASHTABULA COUNTY HEALTH DEPARTMENT

OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC

HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE

PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. 1,200 ADVANCE LETTERS WERE

MAILED TO ADULTS IN ASHTABULA COUNTY. THE RESPONSE RATE FOR THE ENTIRE

MAILING WAS 41%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES

IN THE HEALTH ASSESSMENT SHOULD BE REpresentATIVE OF THE ENTIRE COUNTY.

THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

(HEALTHCARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN’S HEALTH, MEN’S HEALTH, AND ORAL HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE (CARDIOVASCULAR HEALTH, CANCER, ASThma, ARTHRITIS, DIABETES, QUALITY OF LIFE), AND SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING).

GROUP A–FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR ASHTABALA COUNTY. UH GENEVA MEDICAL CENTER AND UH CONNEAUT MEDICAL CENTER ARE INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY.

GROUP A–FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH GENEVA MEDICAL CENTER IDENTIFIED THE FOLLOWING 2 PRIORITY HEALTH NEEDS AND 2 CROSSING-CUTTING FACTORS, ALONG WITH STRATEGIES TO ADDRESS THEM:

- STRATEGY #1: DIABETES PREVENTION PROGRAM
- STRATEGY #2: PRESCRIPTIONS FOR PHYSICAL ACTIVITY
- STRATEGY #3: SCHOOL-BASED NUTRITION EDUCATION PROGRAMS
- STRATEGY #4: NUTRITION AND PHYSICAL ACTIVITY INTERVENTIONS IN PRESCHOOL/CHILD CARE

PRIORITY HEALTH NEED #1: CHRONIC DISEASE

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

<table>
<thead>
<tr>
<th>Strategy #1:</th>
<th>SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS</th>
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<tbody>
<tr>
<td>Strategy #2:</td>
<td>EMERGENCY ROOM AND FIRST RESPONDER OVERDOSE RESPONSE</td>
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<tr>
<td>TRAINING (NALOXONE ACCESS)</td>
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CROSS-CUTTING FACTOR #1: PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS

<table>
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<tr>
<th>Strategy #1:</th>
<th>LINKS TO CESSATION SUPPORT</th>
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<tr>
<td>Strategy #2:</td>
<td>COMMUNITY GARDENS</td>
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<td>Strategy #3:</td>
<td>COMMUNITY-WIDE PHYSICAL ACTIVITY CAMPAIGNS</td>
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CROSS-CUTTING FACTOR #2: HEALTHCARE SYSTEM AND ACCESS

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<th>Strategy #1:</th>
<th>COMMUNITY HEALTH SCREENINGS</th>
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<td>Strategy #2:</td>
<td>FREE MAMMOGRAMS AND PAP SMEARS</td>
</tr>
<tr>
<td>Strategy #3:</td>
<td>IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE</td>
</tr>
<tr>
<td>Strategy #4:</td>
<td>EXPAND ACCESS TO EVIDENCE-BASED TOBACCO CESSATION</td>
</tr>
</tbody>
</table>

TREATMENTS

| Strategy #5: | COMMUNITY HEALTH WORKERS |

NEEDS IDENTIFIED IN 2018 WHICH ARE NOT BEING Addressed INCLUDE SUICIDE PREVENTION, THIS SPECIFIC ISSUE IS BEING Addressed BY OTHER PARTNERS IN ASHTABULA COUNTY.

GROUP A - FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP,

| CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: | THE CARE BEING |
DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT
THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH
TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS
INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES
OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL
ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS
AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES
AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL
COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL
FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A
PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL
CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH
HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED
IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED
SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE
EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRUS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. THE HOSPITAL COUNCIL OF NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRUS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 5: THE UH CONNEAUT MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN ASHTABULA COUNTY. INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE ASHTABULA CITY HEALTH DEPARTMENT AND ASHTABULA COUNTY HEALTH DEPARTMENT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. 1,200 ADVANCE LETTERS WERE MAILED TO ADULTS IN ASHTABULA COUNTY. THE RESPONSE RATE FOR THE ENTIRE MAILING WAS 41%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY.
THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS

(HEALTHCARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN’S

HEALTH, MEN’S HEALTH, AND ORAL HEALTH), HEALTH BEHAVIORS (HEALTH STATUS

PERCEPTIONS, ADULT WEIGHT STATUS, ADULT TOBACCO USE, ADULT ALCOHOL

CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE

(CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, QUALITY OF

LIFE), AND SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL

HEALTH, AND PARENTING).

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR ASHTABULA

COUNTY. UH CONNEAUT MEDICAL CENTER AND UH GENEVA MEDICAL CENTER ARE

INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH

CONNEAUT MEDICAL CENTER IDENTIFIED THE FOLLOWING 2 PRIORITY HEALTH NEEDS

AND 2 CROSSING-CUTTING FACTORS, ALONG WITH STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE

- STRATEGY #1: DIABETES PREVENTION PROGRAM
- STRATEGY #2: PRESCRIPTIONS FOR PHYSICAL ACTIVITY
- STRATEGY #3: SCHOOL-BASED NUTRITION EDUCATION PROGRAMS
- STRATEGY #4: NUTRITION AND PHYSICAL ACTIVITY INTERVENTIONS IN

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

PRIORITY HEALTH NEED #2: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

- STRATEGY #2: EMERGENCY ROOM AND FIRST RESPONDER OVERDOSE RESPONSE

TRAINING (NALOXONE ACCESS)

CROSS-CUTTING FACTOR #1: PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS

- STRATEGY #1: LINKS TO CESSATION SUPPORT

- STRATEGY #2: COMMUNITY GARDENS

- STRATEGY #3: COMMUNITY-WIDE PHYSICAL ACTIVITY CAMPAIGNS

CROSS-CUTTING FACTOR #2: HEALTHCARE SYSTEM AND ACCESS

- STRATEGY #1: COMMUNITY HEALTH SCREENINGS

- STRATEGY #2: FREE MAMMOGRAMS AND PAP SMEARS

- STRATEGY #3: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE

- STRATEGY #4: EXPAND ACCESS TO EVIDENCE-BASED TOBACCO CESSATION TREATMENTS

- STRATEGY #5: COMMUNITY HEALTH WORKERS

NEEDS IDENTIFIED IN 2018 WHICH ARE NOT BEING ADDRESSED INCLUDE SUICIDE PREVENTION. THIS SPECIFIC ISSUE IS BEING ADDRESSED BY OTHER PARTNERS IN ASHTABULA COUNTY.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING
DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT
THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH
TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS
INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES
OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL
ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS
AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES
AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL
COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL
FACILITIES' PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A
PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL
CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH
HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO
ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING
REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE
FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED
IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED
SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. THE HOSPITAL COUNCIL OF NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A—FACILITY 8—UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH PARMA MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN CUYAHOGA COUNTY AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENT PUBLIC HEALTH AGENCIES, PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS:

DEMOGRAPHICS OF UH PARMA MEDICAL CENTER’S PRIMARY AND SECONDARY MARKET AREAS; HOSPITAL PATIENTS SERVED; SOCIOECONOMIC INDICATORS (E.G., UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.)
UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY; HEALTH RESOURCE AVAILABILITY

(E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE); BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE);

ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, DOMESTIC ABUSE, VIOLENT CRIMES, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY AND PRENATAL CARE); DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS); COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS);

SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND

EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH PARMA MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN’S HOSPITAL, UH AHUJA MEDICAL CENTER,

UC HOSPITAL.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH PARMA MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: CONTINUED IMPROVEMENT IN OUTREACH EFFORTS RELATED TO HEALTH INFORMATION, EDUCATION, SCREENINGS, AND WELLNESS BUILDINGS

PRIORITY HEALTH NEED #2: POVERTY

- STRATEGY #1: INCREASE ACCESS TO HEALTHY FOODS FOR VULNERABLE COMMUNITIES

THE STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA: HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE PREVENTION. THESE NEEDS ARE BEING ADDRESSED BY UH CLINICAL SETTINGS.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE FACILITIES’ FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER


UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA
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, 13h, 15e, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

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

HEALTH, ENVIRONMENTAL HEALTH, PARENTING, MATERNAL AND INFANT HEALTH),

RURAL HEALTH, SUBURBAN HEALTH, URBAN HEALTH, AND YOUTH HEALTH (WEIGHT

STATUS, TOBACCO USE, ALCOHOL USE, DRUG USE, MENTAL HEALTH, SAFETY AND

VIOLENCE ISSUES, AND PERCEPTIONS).

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY.

UH ELYRIA MEDICAL CENTER AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN

THE 2018 CHNA FOR LORAIN COUNTY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 11: STRATEGIC INITIATIVES INCLUDE: ACCESS TO CARE

(AVAILABLE PROVIDERS), EXPANDED COORDINATED EDUCATION AND PREVENTION

SERVICES, IMPROVING MENTAL HEALTH, IMPROVING OBESITY AND WEIGHT CONTROL,

AND IMPROVING SUBSTANCE ABUSE.

NEEDS IDENTIFIED IN 2018 BUT NOT BEING ADDRESSED IN 2018 INCLUDE: ACCESS

TO CARE (TRANSPORTATION) AND ALCOHOL USE.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

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

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A -- FACILITY 10 – UH ST. JOHN MEDICAL CENTER

CLEVELAND MEDICAL CENTER’S PRIMARY AND SECONDARY MARKET AREAS; ECONOMIC

ISSUES FACING THE HOSPITAL’S PRIMARY AND SECONDARY MARKET AREAS (E.G. POVERTY, HOMICIDE, OPIOID ABUSE); HOSPITAL PATIENTS SERVED; SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY); HEALTH

RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE);

BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE); DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS); COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS); SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ST. JOHN MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN’S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL MEDICAL CENTER, UH PARMA MEDICAL CENTER, AND UH REHABILITATION HOSPITAL.
GROUP A - FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR ST. JOHN MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY EDUCATION AND PREVENTATIVE HEALTH SCREENINGS

PRIORITY HEALTH NEED #2: OPIOIDS/SUBSTANCE USE DISORDERS/MENTAL AND BEHAVIORAL HEALTH

- STRATEGY #1: PARTICIPATION IN THE OPIATE ABUSE ADVISORY COMMITTEE FOR CUYAHOGA COUNTY

THE HOSPITAL HAS AND WILL CONTINUE TO SUSTAIN SEVERAL EFFORTS WHICH DO ADDRESS EACH OF THECommunity HEALTH NEEDS IN SOME WAY. THE COMMUNITY HEALTH NEEDS INCLUDE: POVERTY, FOOD INSECURITY, LEAD POISONING, HEART DISEASE, CHILDHOOD ASTHMA, VACCINATION RATES, TOBACCO USE, LACK OF PHYSICAL ACTIVITY, SUICIDE, HOMICIDE/VIOLENCE, AND INFANT MORTALITY.

GROUP A - FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER, - PATIENTS MUST AGREE TO ALLOW UH
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A--FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A--FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE FACILITIES’ FINANCIAL ASSISTANCE POLICY.

GROUP A--FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 3," etc.) and name of hospital facility.

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP A -- FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 5: THE UH REHABILITATION HOSPITAL - BEACHWOOD CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS.

COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH AND CLEVELAND DEPARTMENT OF PUBLIC HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH
CLEVELAND MEDICAL CENTER’S PRIMARY AND SECONDARY MARKET AREAS; ECONOMIC

POVERTY, HOMICIDE, OPIOID ABUSE; HOSPITAL PATIENTS SERVED; SOCIOECONOMIC

INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY); HEALTH

RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND

LICENSED PRIMARY CARE PHYSICIANS); QUALITY OF LIFE INDICATORS (E.G. FOOD

DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE);

BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL

ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G.

CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE

DISEASE); SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME,

DOMESTIC VIOLENCE, AND SUICIDE); MATERNAL AND CHILD HEALTH (E.G.

ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE); DEATH,

ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS);

COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS); SENTINEL

EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK

RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER); AND

EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH

REHABILITATION HOSPITAL - BEACHWOOD IN THE 2018 CHNA FOR CUYAHOGA COUNTY:

UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH

AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, AND

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

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH REHABILITATION HOSPITAL - BEACHWOOD IDENTIFIED THE FOLLOWING PRIORITY

HEALTH NEED AND ASSOCIATED STRATEGIES TO ADDRESS IT:

PRIORITY HEALTH NEED: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: IMPROVE STROKE AWARENESS AND EDUCATION
- STRATEGY #2: COMMUNITY EDUCATION ON RISK FACTORS ASSOCIATED WITH DIABETES

NEEDS IDENTIFIED IN 2018 BUT NOT BEING ADDRESSED IN 2018 INCLUDE: POVERTY, FOOD INSECURITY, LEAD POISONING, FLU VACCINATION RATES, SUICIDE, HOMICIDE/VIOLENCE, OPIOIDS/SUBSTANCE USE, AND INFANT MORTALITY. THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE:

- THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER.
- PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1, "A, 4, "B, 2, "B, 3, etc.) and name of hospital facility.

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES.

IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE FACILITIES’ FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 11: UH PORTAGE MEDICAL CENTER
- FACILITY 12: UH SAMARITAN MEDICAL CENTER

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

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


UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2015 AND 2016 CHNAS. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH PORTAGE MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN PORTAGE COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH
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, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE RAVENNA CITY HEALTH DISTRICT AND THE PORTAGE COUNTY GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES.

PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2016 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH PORTAGE MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS; ECONOMIC ISSUES FACING THE HOSPITAL'S PRIMARY AND SECONDARY MARKET AREAS (E.G. POVERTY, UNEMPLOYMENT); COMMUNITY ISSUES (E.G. ENVIRONMENTAL CONCERNS AND CRIME); HEALTH STATUS INDICATORS (E.G.; MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH); HEALTH ACCESS INDICATORS (E.G. UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS); HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES.

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA.

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 11: STRATEGIC INITIATIVES INCLUDE: VULNERABLE POPULATIONS (SERVICES FOR THE ELDERLY, LOWER INCOME: WINDHAM AND SINGLE-HEADED HOUSEHOLDS), ACCESS BARRIERS (ACCESS TO PRIMARY CARE, INSUFFICIENT SPECIALISTS), LIFESTYLE BARRIERS (OBESITY), CHRONIC DISEASE CONDITIONS (DIABETES, HYPERTENSION AND CHOLESTEROL, HEART DISEASE AND STROKE, MENTAL ILLNESS AND SUBSTANCE ABUSE).
NEEDS IDENTIFIED IN 2016 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE:

VULNERABLE POPULATIONS (GROWING INTERNATIONAL STUDENT POPULATION), ACCESS

BARRIERS (COST OF CARE, HEALTH LITERACY AND KNOWLEDGE OF RESOURCES,

TRANSPORTATION BARRIERS, ACCESS TO AND AWARENESS OF HEALTHY FOODS),

LIFESTYLE BARRIERS (SMOKING), AND CHRONIC DISEASE CONDITIONS (CANCER,

MENTAL HEALTH, ASThma, RENAL FAILURE AND PNEUMonia.

IMPLEMENTATION STRATEGIES BEGAN IN 2017. DURING 2017 THE PORTAGE MEDICAL

CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC

INITIATIVES IN WHICH OVER 3,600 COMMUNITY MEMBERS PARTICIPATED.

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE FACILITIES’ FINANCIAL ASSISTANCE POLICY.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2015 AND 2016 CHNAS. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH SAMARITAN MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN ASHLAND COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE ASHLAND CITY HEALTH DISTRICT AND THE ASHLAND COUNTY GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2016 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH SAMARITAN MEDICAL CENTER’S PRIMARY AND SECONDARY MARKET AREAS; ECONOMIC ISSUES FACING THE HOSPITAL’S PRIMARY AND SECONDARY MARKET AREAS (E.G. POVERTY, UNEMPLOYMENT); COMMUNITY ISSUES (E.G. ENVIRONMENTAL CONCERNS AND CRIME); HEALTH STATUS INDICATORS (E.G.; MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH); HEALTH ACCESS INDICATORS (E.G. UNINSURED...
SECTION C. SUPPLEMENTAL INFORMATION FOR PART V, SECTION B.

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

RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS); HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES.

REGION B--FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 11: STRATEGIC INITIATIVES INCLUDE: VULNERABLE POPULATIONS (SERVICES FOR THE ELDERLY), ACCESS BARRIERS (INSUFFICIENT SPECIALISTS, HEALTH LITERACY AND KNOWLEDGE OF RESOURCES), LIFESTYLE BARRIERS (OBESITY, SUBSTANCE ABUSE AND SMOKING), CHRONIC DISEASE CONDITIONS (CANCER, ESPECIALLY BREAST CANCER, DIABETES AND HYPERTENSION, HEART DISEASES, MENTAL ILLNESS AND NEUROLOGY).

NEEDS IDENTIFIED IN 2016 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE:

VULNERABLE POPULATIONS (LOWER INCOME SUBSET SINGLE-HEADED HOUSEHOLDS, AMISH POPULATION, SERVICES FOR CHILDREN), ACCESS BARRIERS (COST OF CARE, TRANSPORTATION BARRIERS, ACCESS TO PRIMARY CARE) AND VIOLENCE (DOMESTIC AND CHILD ABUSE).

IMPLEMENTATION STRATEGIES BEGAN IN 2017. DURING 2017 THE UH SAMARITAN MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 1,600 COMMUNITY MEMBERS PARTICIPATED.

REGION B--FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

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

GROUP B—FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

Part V, Section B, Line 15e: The UH Financial Assistance Program (FAP) is intended for all hospital patients who meet the conditions and guidelines outlined in the policy. Information on how to apply for financial assistance under the UH FAP is included on all hospital patient statements and bills, included on the UH website, displayed on signs and in brochures at all UH facilities in areas of hospital registration and financial counseling, and displayed on signs and in brochures at all UH hospital facilities patient access areas or financial assistance offices. If a patient does not qualify for the FAP but believes they have special circumstances, the patient can request that their care be reviewed by a UH hospital financial counselor.

GROUP B—FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

Part V, Section B, Line 18e: No UH hospital facilities were permitted to engage in any of the actions described in Part V, Line 18 before making reasonable efforts to determine individuals’ eligibility under the facilities’ financial assistance policy.

Schedule H, Part V, Section B. Facility Reporting Group C

Facility Reporting Group C consists of:

- Facility 14: UH Avon Rehabilitation Hospital
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL


UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTION OF THE 2017 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

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

MEDICAL CENTER AND UH ST. JOHN MEDICAL CENTER. FROM THAT COMPREHENSIVE LIST, THE CENTER FOR HEALTH AFFAIRS COMPLETED 9 TELEPHONE INTERVIEWS FROM MARCH 2017 TO APRIL OF 2017. ALL INTERVIEWEES WERE TOLD THE PURPOSE OF THE INTERVIEWS. IN ADDITION, KEY THEMES FROM INTERVIEWS CONDUCTED WITH FIVE PUBLIC HEALTH, BEHAVIORAL HEALTH AND GOVERNMENT LEADERS IN 2015 WERE ALSO INCORPORATED INTO THE SUMMARY.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 11: POOR HEALTH STATUS CAN RESULT IF A COMPLEX INTERACTION OF CHALLENGING SOCIAL, ECONOMIC, ENVIRONMENTAL AND BEHAVIORAL FACTORS COMBINED WITH A LACK OF ACCESS TO CARE IS PRESENT. ADDRESSING THE MORE COMMON "ROOT" CAUSES OF POOR COMMUNITY HEALTH CAN SERVE TO IMPROVE A COMMUNITY’S QUALITY OF LIFE AND TO REDUCE MORTALITY AND MORBIDITY. AFTER CAREFUL ANALYSIS OF BOTH QUALITATIVE AND QUANTITATIVE DATA, UH AVON REHABILITATION HOSPITAL IDENTIFIED ONE BROAD PRIORITY HEALTH NEED THAT IMPACTS THE COMMUNITY SERVED BY THE HOSPITAL WHICH IS OBESITY. THIS PRIORITY WAS SELECTED BASED ON INPUT FROM THE BROAD INTERESTS OF THE COMMUNITY AS WELL AS DATA REGARDING HOSPITAL DISCHARGES AND DATA COLLECTION FROM SECONDARY SOURCES. IN PARTICULAR, THE HIGH PREVALENCE OF CHRONIC DISEASE, THE TOP FIVE LEADING CAUSES OF DEATH IN LORAIN COUNTY WERE CANCER, HEART DISEASE, STROKE, ACCIDENTAL DEATH AND DIABETES. OBESITY TOPPED THE CHART IN TERMS OF MOST PREVALENT MORBIDITY IN ADULTS AND YOUTH (29.4%). THIS INFORMATION WAS DISCUSSED AND VETTED WITH KEY LEADERS FROM THE UH AVON REHABILITATION HOSPITAL CORE TEAM. IN ADDITION TO THE DATA ANALYSIS, OBESITY WAS SELECTED BY UH AVON REHABILITATION HOSPITAL AS THE SOLE PRIORITY BASED ON THE HOSPITAL’S ABILITY TO TRACK OUTCOMES; THE HOSPITAL’S ABILITY TO LEVERAGE RESOURCES WITH PARTNERS AND THEIR
CONGRUENCE WITH COUNTY-WIDE INITIATIVES; THE CORRELATION OF OBESITY AND THE ADVERSE IMPACT AS IT RELATES TO REHABILITATION.

IMPLEMENTATION STRATEGIES BEGAN IN 2017.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE:

- THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER.

- PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES.

IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL FINANCIAL COUNSELOR.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE FACILITIES’ FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP D

FACILITY REPORTING GROUP D CONSISTS OF:

- FACILITY 3: UH GEAUGA MEDICAL CENTER

GROUP D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER


THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRUS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA. THE HOSPITAL COUNCIL OF NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER FOR HEALTH AFFAIRS IS THE LEDING
ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF

36 HOSPITALS IN NINE COUNTIES. THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM

RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS.

GROUP D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH GEAUGA MEDICAL CENTER’S 2018 ASSESSMENT

TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF

THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN

GEAUGA COUNTY, AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY

LEADERS FROM THE GEAUGA COUNTY HEALTH DISTRICT AND THE LAKE COUNTY HEALTH

DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENT

PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT

INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. 1,200 SURVEYS WERE

MAILED TO ADULTS IN GEAUGA COUNTY AND HAD A RESPONSE RATE OF 40%. THIS

RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE ASSESSMENT

SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2018 REPORT ADDRESSES

THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS INDICATORS (E.G. COVERAGE,

UTILIZATION, WOMEN’S HEALTH EXAMS, MEN'S HEALTH EXAMS, AND ORAL HEALTH

EXAMS); HEALTH BEHAVIORS INDICATORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT

TOBACCO, DRUG, AND ALCOHOL USE, SEXUAL BEHAVIOR, AND MENTAL HEALTH);

CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS,

DIABETES); SOCIAL CONDITIONS INDICATORS; CHILD HEALTH INDICATORS (E.G.

HEALTHCARE ACCESS, EARLY CHILDHOOD HEALTH, PARENT HEALTH, FAMILY

FUNCTIONING AND COMMUNITY CHARACTERISTICS).

GROUP D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH GEAUGA
### Medical Center Identifies the Following Three Priority Health Needs:

#### Priority Health Need #1: Mental Health and Addiction

- **Strategy #1:** Decrease drug abuse among adults with coordinated care
- **Strategy #2:** First responder overdose response training (naloxone access)

#### Priority Health Need #2: Chronic Disease

- **Strategy #1:** Increase wellness screenings
- **Strategy #2:** Screening events
- **Strategy #3:** Cancer screening events
- **Strategy #4:** Chronic disease education
- **Strategy #5:** Initiate an outpatient chronic disease clinic

#### Priority Health Need #3: Maternal and Infant Health

- **Strategy #1:** Breastfeeding promotion programs

### Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

- **Strategy #1:** Child-specific education
- **Strategy #2:** Amish outreach programs

### Needs Identified in the 2018 CHNA but Not Being Addressed by the Hospital

Include: Campaign to promote the availability of addiction prevention resources, school-based nutrition programming, WIC voucher distribution, and smoke-free worksite/housing advocacy. These needs are being addressed by other Geauga partners based on their specific expertise, experiences,
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OR RESOURCES.

GROUP D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS’ ELIGIBILITY UNDER THE FACILITIES’ FINANCIAL ASSISTANCE POLICY.
### 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? 

62

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> UH CHAGRIN HIGHLANDS MEDICAL CENTER</td>
<td>OUTPATIENT HEALTH CENTER &amp; RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>3909 ORANGE PLACE</td>
<td>RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>ORANGE VILLAGE, OH 44122</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> UH WESTLAKE HEALTH CENTER</td>
<td>OUTPATIENT SPECIALTY CLINIC</td>
</tr>
<tr>
<td>960 CLAGUE ROAD</td>
<td>SURGICAL CENTER &amp; RAINBOW</td>
</tr>
<tr>
<td>WESTLAKE, OH 44145</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> UH SEIDMAN CANCER CENTER AT MONARCH</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>5885 LANDERBROOK DRIVE</td>
<td></td>
</tr>
<tr>
<td>MAYFIELD HEIGHTS, OH 44124</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> UH TWINSBURG HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER &amp; RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>8819 COMMONS BLVD SUITE 100</td>
<td>RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>TWINSBURG, OH 44087</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> UH SHARON HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>5133 RIDGE RD</td>
<td>RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>WADSWORTH, OH 44281</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> UH MENTOR HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>9000 MENTOR AVENUE</td>
<td>SURGICAL CENTER &amp; RAINBOW</td>
</tr>
<tr>
<td>MENTOR, OH 44060</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> UH CONCORD HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>7500 AUBURN ROAD</td>
<td>URGENT CARE</td>
</tr>
<tr>
<td>PAINSVILLE-CONCORD JEDD, OH 44077</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> UH LYNDHURST SURGERY CENTER</td>
<td>SURGICAL CENTER</td>
</tr>
<tr>
<td>29017 CEDAR ROAD</td>
<td></td>
</tr>
<tr>
<td>LYNDHURST, OH 44124</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> UH MEDINA HEALTH CENTER OUTPATIENT HE</td>
<td>OUTPATIENT HEALTH CENTER &amp; RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>4001 CARRICK DR.</td>
<td>RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>MEDINA, OH 44256</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> UH LANDERBROOK HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER &amp; RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>5850 LANDERBROOK DRIVE</td>
<td>RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>MAYFIELD HEIGHTS, OH 44124</td>
<td></td>
</tr>
</tbody>
</table>
### 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? __________  

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 UH EUCLID HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>12 UH MAYFIELD VILLAGE HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>13 UH UNIVERSITY SUBURBAN HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>14 UH HUDSON HEALTH CENTER</td>
<td>RAINBOW SPECIALTY CLINIC</td>
</tr>
<tr>
<td>15 UH MADISON HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>16 UH ASHTABULA HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>17 UH OTIS MOSS JR. HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>18 UH SOLOM HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>19 UH AURORA HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>20 UH FOLEY ELDER HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
</tbody>
</table>
### 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? 62

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 UH WELLPONTE HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>303 E ROYALTON RD</td>
<td>DIAGNOSTIC AND THERAPY CENTER</td>
</tr>
<tr>
<td>BROADVIEW HTS, OH 44147</td>
<td></td>
</tr>
<tr>
<td>22 PARMA MEDICAL ARTS BUILDING 4</td>
<td></td>
</tr>
<tr>
<td>6115 POWERS BLVD</td>
<td>DIAGNOSTIC IMAGING &amp; RAINBOW</td>
</tr>
<tr>
<td>PARMA, OH 44129</td>
<td>SPECIALTY CLINIC</td>
</tr>
<tr>
<td>23 UH AVON HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>1997 HEALTHWAY ROAD</td>
<td>LAB, IMAGING, REHABILITATION,</td>
</tr>
<tr>
<td>AVON, OH 44011</td>
<td>FITNESS CENTER SERVICES,</td>
</tr>
<tr>
<td>24 UH AMHERST HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>254 CLEVELAND ROAD</td>
<td>LAB, 24 HOUR ER, IMAGING</td>
</tr>
<tr>
<td>AMHERST, OH 44001</td>
<td></td>
</tr>
<tr>
<td>25 UH BAINBRIDGE HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>8185 E. WASHINGTON ST.</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>CHAGRIN FALLS, OH 44023</td>
<td></td>
</tr>
<tr>
<td>26 UH CHESTERLAND HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>8055 MAYFIELD RD</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>CHESTERLAND, OH 44026</td>
<td></td>
</tr>
<tr>
<td>27 UH FAIRLAWN HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>3800 EMBASSY PKWY</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>AKRON, OH 44333</td>
<td></td>
</tr>
<tr>
<td>28 UH GEAUGA HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>13221 RAVENNA RD</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>CHARDON, OH 44024</td>
<td></td>
</tr>
<tr>
<td>29 UH INDEPENDENCE HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>6150 OAK TREE BLVD</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>INDEPENDENCE, OH 44131</td>
<td></td>
</tr>
<tr>
<td>30 UH WESTSHORE PRIMARY CARE</td>
<td></td>
</tr>
<tr>
<td>26908 DETROIT ROAD</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>WESTLAKE, OH 44145</td>
<td></td>
</tr>
</tbody>
</table>
**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 UH KENT HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>401 DEVON PLACE KENT, OH 44240</td>
<td></td>
</tr>
<tr>
<td>32 UH MANTUA HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>10803 MAIN ST MANTUA, OH 44255</td>
<td></td>
</tr>
<tr>
<td>33 UH SHEFFIELD HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>5001 TRANSPORTATION DRIVE SHEFFIELD LAKE, OH 44054</td>
<td></td>
</tr>
<tr>
<td>34 UH STREETSBORO HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>9318 STATE ROUTE 14 STREETSBORO, OH 44241</td>
<td></td>
</tr>
<tr>
<td>35 UH WALDEN HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>700 WALDEN PL AURORA, OH 44202</td>
<td></td>
</tr>
<tr>
<td>36 CENTER FOR WOUND CARE LABORATORY SERV</td>
<td>ANCILLARY SERVICES</td>
</tr>
<tr>
<td>133 E. BROAD STREET ELYRIA, OH 44035</td>
<td></td>
</tr>
<tr>
<td>38 ELYRIA FAMILY PRACTICE LABORATORY SVC</td>
<td>ANCILLARY SERVICES</td>
</tr>
<tr>
<td>5319 MEADOW LN. ELYRIA, OH 44035</td>
<td></td>
</tr>
<tr>
<td>39 GRAFTON FAMILY CARE LABORATORY SERVIC</td>
<td>ANCILLARY SERVICES</td>
</tr>
<tr>
<td>489 MAIN ST. GRAFTON, OH 44044</td>
<td></td>
</tr>
<tr>
<td>40 NORTH ROYALTON LABORATORY SVCS</td>
<td>ANCILLARY SERVICES</td>
</tr>
<tr>
<td>14200 RIDGE RD NORTH ROYALTON, OH 44131</td>
<td></td>
</tr>
<tr>
<td>41 UH EUCLID HEALTH CENTER LABORATORY SV</td>
<td>ANCILLARY SERVICES</td>
</tr>
<tr>
<td>18599 LAKESHORE BLVD CLEVELAND, OH 44119</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2018
## Part V - Facility Information (continued)

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

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<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>42 UH PARMA OUTPATIENT CENTER</td>
<td>Ancillary Services</td>
</tr>
<tr>
<td>6305 POWERS BLVD</td>
<td>PARMA, OH 44129</td>
</tr>
<tr>
<td>43 FIRELANDS REGIONAL MEDICAL CENTER</td>
<td>Rainbow Specialty Clinic</td>
</tr>
<tr>
<td>1912 HAYES AVE SOUTH CAMPUS</td>
<td>SANDUSKY, OH 44870</td>
</tr>
<tr>
<td>44 PEDIATRIC OPHTHALMOLOGY RAINBOW SPECI</td>
<td>Rainbow Specialty Clinic</td>
</tr>
<tr>
<td>6001 LANDERHAVEN DR.</td>
<td>MAYFIELD HEIGHTS, OH 44124</td>
</tr>
<tr>
<td>45 UH RAINBOW PHYSICIANS AND SURGEONS</td>
<td>Rainbow Specialty Clinic</td>
</tr>
<tr>
<td>4137 BOARDMAN CANFIELD RD</td>
<td>CANFIELD, OH 44406</td>
</tr>
<tr>
<td>46 UH BROADVIEW HEIGHTS HEALTH CENTER</td>
<td>Outpatient Health Center</td>
</tr>
<tr>
<td>5901 E ROYALTON ROAD</td>
<td>BROADWAY HEIGHTS, OH 44147</td>
</tr>
<tr>
<td>47 EMC PHLEBOTOMY AMBULATORY CARE CENTER</td>
<td>Ancillary Services</td>
</tr>
<tr>
<td>630 E RIVER STREET</td>
<td>ELYRIA, OH 44035</td>
</tr>
<tr>
<td>48 INTERNAL MEDICINE SPECIALISTS</td>
<td>Ancillary Services</td>
</tr>
<tr>
<td>96 GRAHAM ROAD, SUITE A</td>
<td>CUYAHOGA FALLS, OH 44223</td>
</tr>
<tr>
<td>49 UH ASHLAND QCARE</td>
<td>Ancillary Services</td>
</tr>
<tr>
<td>350 HILLCREST DRIVE</td>
<td>ASHLAND, OH 44805</td>
</tr>
<tr>
<td>51 UH ASHTABULA HEALTH CENTER</td>
<td>Urgent Care, Radiology</td>
</tr>
<tr>
<td>3315 N. RIDGE ROAD</td>
<td>ASHTABULA, OH 44004</td>
</tr>
<tr>
<td>52 UH AKRON - URGENT CARE</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>145 WEST AVENUE</td>
<td>TALLMADGE, OH 44278</td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

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

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>53 UH STRONSVILLE</td>
<td>URGENT CARE</td>
</tr>
<tr>
<td>18181 PEARL ROAD SUITE 3104 STRONSVILLE, OH 44136</td>
<td>URGENT CARE</td>
</tr>
<tr>
<td>54 UH KENT HEALTH CENTER</td>
<td>LAB</td>
</tr>
<tr>
<td>411 DEVON PLACE KENT, OH 44240</td>
<td>LAB</td>
</tr>
<tr>
<td>55 UH EVANS MIDDLEFIELD</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>15976 E. HIGH STREET MIDLEFIELD, OH 44062</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>56 UH PAINESVILLE</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>470 BACON ROAD PAINESVILLE, OH 44077</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>57 UH ANDOVER HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>476 S. MAIN STREET ANDOVER, OH 44003</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>58 UH CHAGRIN HIGHLANDS HEALTH CENTER</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>3909 ORANGE PLACE BEACHWOOD, OH 44122</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>59 UH BROOK PARK (PARTNER WITH SOUTHWEST)</td>
<td>URGENT CARE, RADIOLOGY</td>
</tr>
<tr>
<td>15900 SNOW ROAD SUITE 200 BROOK PARK, OH 44142</td>
<td>URGENT CARE, RADIOLOGY</td>
</tr>
<tr>
<td>60 UH BEDFORD MEDICAL CENTER</td>
<td>LAB</td>
</tr>
<tr>
<td>50 BLAINE AVENUE SUITE 2100 BEDFORD, OH 44146</td>
<td>LAB</td>
</tr>
<tr>
<td>61 UH BROOK PARK IMAGING CENTER</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>5260 SMITH ROAD BROOK PARK, OH 44142</td>
<td>RADIOLOGY</td>
</tr>
<tr>
<td>62 UH LOUDONVILLE STATCARE</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>26127 LORAIN ROAD, SUITE 100 NORTH OLMSTED, OH 44070</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>62</td>
<td>URGENT CARE</td>
</tr>
</tbody>
</table>

How many non-hospital health care facilities did the organization operate during the tax year? 62
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</tr>
</thead>
<tbody>
<tr>
<td>63 UH HOME CARE</td>
<td>HOME CARE</td>
</tr>
<tr>
<td>4510 RICHMOND ROAD&lt;br&gt;CLEVELAND, OH 44128</td>
<td></td>
</tr>
<tr>
<td>64 UH NORTH RIDGEVILLE HEALTH CENTER</td>
<td>OUTPATIENT HEALTH CENTER</td>
</tr>
<tr>
<td>32800 LORAIN ROAD&lt;br&gt;NORTH RIDGEVILLE, OH 44039</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2018
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

---

**PART I, LINE 3C:**

Please refer to Schedule H, Part V, Line 13 A-H.

**PART I, LINE 6A:**

The parent organization, University Hospitals (34-0714775), prepares an annual community benefit report that encompasses all of the University Hospitals Health System including the subordinate organizations completing Schedule H.

**PART I, LINE 7:**

Amounts calculated and reported in this table were derived from the most accurate, available sources. A cost-to-charge ratio was used to determine financial assistance cost using hospital financial statements.

Medicaid shortfall for group subordinates was calculated; 1) based on the tax year’s Medicaid cost report adjusted to reflect full costs to direct offsetting revenue from the Medicaid cost report, or 2) based on a cost-to-charge ratio and Medicaid revenues derived using financial...
STATEMENTS. INCLUDED IN THIS MEDICAID SHORTFALL IS THE OHIO STATE CHILDREN’S HEALTH INSURANCE PROGRAM (SCHIP) SHORTFALL. COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS COSTS HAVE BEEN REPORTED BASED ON ACTUAL DIRECT COSTS USING ACTUAL OR AVERAGE EMPLOYEE COMPENSATION RATES AND ADDING INDIRECT COSTS WHICH ARE CALCULATED BY A COST ACCOUNTING SYSTEM AS A PERCENTAGE OF TOTAL COST. THE MEDICARE COST REPORT, ADJUSTED TO REFLECT FULL COSTS, WAS USED TO DETERMINE GROSS COMMUNITY BENEFIT EXPENSE AMOUNTS FOR HEALTH PROFESSIONS EDUCATION. DIRECT OFFSETTING REVENUES ARE INCLUDED FROM MEDICARE, CHILDREN’S HOSPITALS GRADUATE MEDICAL EDUCATION, AND MEDICAID FOR DIRECT MEDICAL EDUCATION. RESEARCH AMOUNTS WERE ALSO BASED ON THE MEDICARE COST REPORT, ADJUSTED TO REFLECT FULL COSTS, USING COSTS ASSIGNED TO RESEARCH COST CENTERS, LESS INDUSTRY-SPONSORED RESEARCH DIRECT AND INDIRECT COSTS. THE EXPENSE OF RESTRICTED CASH CONTRIBUTIONS IS REPORTED BASED ON THE ACTUAL VALUE OF THE CONTRIBUTION BEFORE INDIRECT COST. RESTRICTED IN-KIND CONTRIBUTIONS ARE REPORTED AT FAIR MARKET VALUE. IN CALCULATING GROSS AND NET COMMUNITY BENEFIT EXPENSES, CARE WAS TAKEN TO AVOID DOUBLE-COUNTING COMMUNITY BENEFIT EXPENSES. THE SYSTEM’S NET COMMUNITY BENEFIT CONTRIBUTION FOR FISCAL YEAR 2018 TOTALED $383 MILLION AS COMPARED TO THE 2017 COMMUNITY BENEFIT TOTAL OF $325 MILLION. THE 2018 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE ($47 MILLION), MEDICAID SHORTFALL ($212 MILLION), RESEARCH ($37 MILLION), EDUCATION AND TRAINING ($82 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT ($24 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") ($19 MILLION). TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES. AS SUCH, THE INFORMATION FOR 2018 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED. FOR 2018, THIS REVENUE OFFSET WAS $19 MILLION.
THE 2017 INFORMATION PROVIDED ABOVE ($325 MILLION) INCLUDED A REVENUE OFFSET OF $20 MILLION.

PART I, LINE 7G:

LINE 7G INCLUDES THE COSTS AND DIRECT OFFSETTING REVENUE ASSOCIATED WITH CERTAIN HOSPITAL SERVICES THAT QUALIFY TO BE REPORTED AS A SUBSIDIZED HEALTH SERVICE. THE TOTAL AMOUNT OF GROSS COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G FOR THESE CLINICS IS: $39,101,243. THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS $27,879,765. THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS $11,221,478.

PART II, COMMUNITY BUILDING ACTIVITIES:

ALTHOUGH DIFFICULT TO MEASURE AND NOT REPORTED NUMERICALLY, UH BENEFITS THE COMMUNITY THROUGH IMPORTANT COMMUNITY BUILDING ACTIVITIES THAT ULTIMATELY PROMOTE IMPROVED HEALTH AND WELL-BEING FOR THE SURROUNDING POPULATION. GUIDED BY OUR COMMUNITY HEALTH NEEDS ASSESSMENTS AND COMMUNITY HOSPITAL BOARDS OF DIRECTORS, UH CONTINUES TO MEET COMMUNITY NEEDS THROUGH ECONOMIC DEVELOPMENT OPPORTUNITIES, LOCAL, REGIONAL AND NATIONAL DISASTER PREPAREDNESS EFFORTS, ADVOCACY AND COALITION BUILDING, AMONG OTHERS.

PART III, LINE 2:

THE COST OF BAD DEBT IS CALCULATED USING A COST TO CHARGE RATIO.

ALLOWANCES ARE MADE FOR ESTIMATED DOUBTFUL ACCOUNTS BASED ON HISTORICAL EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS.

PART III, LINE 3:

THERE IS NO ESTIMATED AMOUNT (ZERO) OF BAD DEBT ATTRIBUTABLE TO PATIENTS.
UNDER THE FINANCIAL ASSISTANCE POLICY. FOR PATIENTS WHO QUALIFY, THOSE PATIENTS ARE DEEMED TO BE UNABLE TO PAY AND ARE THEREFORE WRITTEN OFF TO CHARITY RATHER THAN BAD DEBT.

FORM 990, SCHEDULE H, PART II, COMMUNITY BUILDING ACTIVITIES

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM’S MISSION: TO HEAL, TO TEACH, TO DISCOVER. THE SYSTEM SUPPORTS NUMEROUS COMMUNITY BUILDING ACTIVITIES THROUGH ALL SYSTEM ENTITIES AND NOT JUST THOSE REPORTED WITHIN THE UH GROUP 990. MANY OF OUR COMMUNITY BUILDING ACTIVITIES ARE DIFFICULT TO QUANTIFY OR REPORT WITHIN THE SPECIFIC CATEGORIES PROVIDED IN SCHEDULE H, AS THEY OCCUR SYSTEM-WIDE AND NOT AT SPECIFIC ENTITY LEVELS.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE ECONOMIC GROWTH OF THE COMMUNITIES WE SERVE. THE UH HEALTH SYSTEM PROVIDES EMPLOYMENT DIRECTLY FOR OVER 27,500 EMPLOYEES AND PHYSICIANS. UH SUPPORTS THE ECONOMY AS WELL AS STATE AND LOCAL GOVERNMENTS. SYSTEM EMPLOYEES PAID MORE THAN $99 MILLION IN STATE AND LOCAL INCOME TAXES DURING 2018.

UH PROVIDED MANY MORE COMMUNITY BUILDING ACTIVITIES, DIRECTLY AND INDIRECTLY, THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING CONSTRUCTION AND HOSPITAL-BASED JOBS. NEW STATE-OF-THE-ART OUTPATIENT HEALTH CENTERS IN THE REGION HAVE SPURRED ECONOMIC GROWTH WHILE GIVING PEOPLE ACCESS TO THE CARE THEY NEED CLOSE TO HOME AND EXPANDING OUR COMMUNITY BENEFIT PROGRAMS. THE SYSTEM’S SUPPLY CHAIN MANAGEMENT
STRATEGY ENCOMPASSES SUPPLIER DIVERSITY TO INCLUDE MINORITY AND
WOMEN-OWNED BUSINESS ENTERPRISES PROVIDING THEM OPPORTUNITIES TO BE OUR
PARTNERS AND SUPPLIERS OF GOODS AND SERVICES THROUGHOUT THE SYSTEM.

THE SYSTEM SEEKS TO INCORPORATE ENVIRONMENTAL RESPONSIBILITY AND IS
WORKING TOWARDS REDUCING ITS ENVIRONMENTAL FOOTPRINT THROUGHOUT THE
COMMUNITIES IT SERVES, WITH REGARD TO UH BUILDINGS AND MAJOR
RENOVATIONS, UH ENDEAVORS TO INCORPORATE DESIGN AND CONSTRUCTION
STRATEGIES OF THIRD-PARTY BEST-PRACTICE GUIDES SUCH AS THE U.S. GREEN
BUILDING COUNCIL’S LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN
(LEED) CERTIFICATION SYSTEM, THE EPA’S ENERGY STAR PERFORMANCE RATING,
AND HEALTHCARE WITHOUT HARM’S GREEN GUIDE FOR HEALTHCARE. RECENT
CONSTRUCTION PROJECTS HAVE INCORPORATED SUSTAINABLE DESIGN STRATEGIES.

PART III, LINE 8:
UH HOSPITALS PROVIDE SERVICES TO MANY LOW-INCOME MEDICARE RECIPIENTS. THE
MEDICARE LOSSES SUSTAINED AT THESE HOSPITALS ARE A RESULT OF MEDICARE
REIMBURSING AT LESS THAN OPERATING COSTS. IRS REV. RUL. 69-545, WHICH
ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR HOSPITALS, PROVIDES THAT IF
A HOSPITAL SERVES PATIENTS COVERED BY GOVERNMENTAL HEALTH BENEFITS
(INCLUDING MEDICARE), THEN THIS INDICATES THE HOSPITAL OPERATES TO PROMOTE
THE HEALTH OF THE COMMUNITY. IN TURN, TREATING MEDICARE PATIENTS IS
CONSIDERED A COMMUNITY BENEFIT. COSTS WERE DERIVED USING THE MEDICARE COST
REPORT.

PART III, LINE 9B:
PATIENT LIABILITIES FOR SERVICES RENDERED BY UH HOSPITAL FACILITIES SHALL
BE COLLECTED FROM ALL PATIENTS. AMOUNTS OWED BY PATIENTS QUALIFYING FOR
CHARITY CARE UNDER THE UH HOSPITALS FACILITIES’ CHARITY/FINANCIAL
ASSISTANCE POLICY SHALL NOT BE BILLED TO PATIENTS AT AMOUNTS THAT ARE MORE
THAN THE AMOUNTS GENERALLY BILLED TO MEDICARE PATIENTS.

IF A PATIENT QUALIFIES FOR A 100% FINANCIAL ASSISTANCE DISCOUNT,
COLLECTION OF THE ACCOUNT IS NOT PURSUED. IF A PATIENT RECEIVES A PARTIAL
DISCOUNT DUE TO MEDICAL INDIGENCY UNDER THE FINANCIAL ASSISTANCE POLICY,
ANY REMAINING BALANCE NOT DISCOUNTED IS TREATED IN ACCORDANCE WITH THE UH
HOSPITALS COLLECTION POLICY.

PART VI, LINE 2:
UH ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES AS PART OF THE
REGULAR STRATEGIC PLANNING PROCESS WHICH INCLUDES ASSESSMENTS OF
ENVIRONMENTAL, DEMOGRAPHIC, AND ECONOMIC FACTORS. THE SYSTEM ALSO USES UH
PATIENT SURVEYS REGARDING HEALTH CARE UTILIZATION AND WORKS ACTIVELY WITH
VARIOUS PARTNERS THROUGHOUT THE COMMUNITIES WE SERVE. UH HAS WORKED WITH
COMMUNITY ORGANIZATIONS IN ITS MEDICAL CENTERS’ SERVICE AREAS (I.E.
NEIGHBORHOOD CONNECTIONS, LOCAL DEPARTMENTS OF PUBLIC HEALTH, LOCAL
DISEASE FOUNDATIONS, ETC.). THE SYSTEM WORKS CLOSELY WITH LOCAL
GOVERNMENTS AND ELECTED OFFICIALS TO UNDERSTAND THEIR COMMUNITIES’ NEEDS
AND WORK TO IMPLEMENT PROGRAMS AND ACTIVITIES TO ASSIST IN RESPONDING TO
THOSE NEEDS. THE MEMBERS OF VARIOUS UH BOARDS ARE ACTIVE MEMBERS WITHIN
THE COMMUNITIES SERVED AND PROVIDE AN UNDERSTANDING OF AND COLLABORATIVE
FEEDBACK RELATED TO THE NEEDS OF THE COMMUNITIES.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE HEALTH OF ITS CITIZENS AND TO BE
A POSITIVE ECONOMIC FORCE IN ITS REGION. FOR MORE DETAILED INFORMATION ON
THE SYSTEM’S COMMUNITY BENEFIT OR TO VIEW THE 2018 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM’S WEBSITE AT WWW.UHHOSPITALS.ORG.

PART VI, LINE 3:

UH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT OPTIONS FOR RESOLUTION OF THEIR BALANCES, INCLUDING ASSISTANCE UNDER GOVERNMENT PROGRAMS AND UNDER THE UH FINANCIAL ASSISTANCE PROGRAM ("ASSISTANCE PROGRAM") IN A VARIETY OF WAYS. SIGNAGE FOR THE STATE OF OHIO HEALTH CARE ASSURANCE PROGRAM (HCAP) AND THE UH PATIENT FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND IN LOCATIONS WHERE PATIENTS REGISTER FOR CARE, PATIENT ACCESS AREAS, AND VARIOUS POINTS OF ENTRY SUCH AS UH EMERGENCY DEPARTMENTS. SUPPLEMENTAL BROCHURES THAT REFLECT THE UH PATIENT FINANCIAL ASSISTANCE PROGRAM AND THE HCAP PROGRAM ARE ALSO AVAILABLE.

INFORMATION ABOUT THE ASSISTANCE PROGRAM CAN ALSO BE FOUND ON THE UH WEBSITE IN ADDITION TO BEING PROVIDED ON THE BACKS OF PATIENT STATEMENTS, INCLUDING A TOLL FREE PHONE NUMBER TO CALL FOR ASSISTANCE FROM A UH FINANCIAL COUNSELOR.

PART VI, LINE 4:

REPORTING GROUPS A, B, C, AND D

FACILITY 1 -- UH CLEVELAND MEDICAL CENTER
FACILITY 2 -- UH RAINBOW BABIES & CHILDREN’S HOSPITAL
FACILITY 4 -- UH AHUJA MEDICAL CENTER
FACILITY 5 -- UH REGIONAL HOSPITALS
FACILITY 8 -- UH PARMA MEDICAL CENTER
FACILITY 10 -- UH ST. JOHN MEDICAL CENTER
FACILITY 13 -- UH BEACHWOOD REHABILITATION HOSPITAL
THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS CUYAHOGA COUNTY. THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS 1,249,352. 59.2% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 29.1% AFRICAN AMERICAN, 5.7% HISPANIC OR LATINO, AND 6% AS MORE THAN ONE RACE OR OTHER. CUYAHOGA COUNTY ALSO ENCOMPASSES THE CITY OF CLEVELAND. THE TOTAL POPULATION FOR THE CITY OF CLEVELAND IS 385,810. 34.5% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 49.1% AFRICAN AMERICAN, 11% HISPANIC OR LATINO, AND 5.4% AS MORE THAN ONE RACE OR OTHER. CUYAHOGA COUNTY'S POPULATION IS GROWING OLDER, ON AVERAGE. THE 2016 POPULATION ESTIMATES INDICATE MINOR DIFFERENCES BETWEEN CUYAHOGA COUNTY OVERALL AND THE CITY OF CLEVELAND WITH RESPECT TO AGE GROUPS AND GENDER. ALTHOUGH SMALL, THE MOST NOTABLE DIFFERENCES INCLUDE A GREATER PERCENTAGE OF PERSONS 18 TO 34 YEARS OF AGE LIVING IN THE CITY OF CLEVELAND COMPARED TO CUYAHOGA COUNTY AS A WHOLE. CONVERSELY, A GREATER PERCENTAGE OF INDIVIDUALS AGED 65 AND OVER ARE LIVING IN CUYAHOGA COUNTY OVERALL COMPARED TO THE CITY OF CLEVELAND. THE AVERAGE LIFE EXPECTANCY IN CUYAHOGA COUNTY IS 76.4 YEARS OLD COMPARED TO 72.2 YEARS OLD IN THE CITY OF CLEVELAND. 89.5% OF THE POPULATION IN CUYAHOGA COUNTY HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT, AND 81% IN THE CITY OF CLEVELAND. 18.1% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO 35% IN THE CITY OF CLEVELAND. BOTH OF WHICH ARE HIGHER THAN THE 15.8% AVERAGE IN OHIO.

FACILITY 3 -- UH GEAUGA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS GEAUGA COUNTY. THE TOTAL POPULATION FOR GEAUGA COUNTY IS 94,020. 96.7% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 1.3% AS HISPANIC OR LATINO, 1.3% AFRICAN AMERICAN.
AMERICAN, AND 2.3% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 44.2 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.67 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.1 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $221,500. 91.1% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 37.3% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $36,337. 7.5% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15.8% IN OHIO.

FACILITY 6 -- UH GENEVA MEDICAL CENTER

FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS ASHTABULA COUNTY. THE TOTAL POPULATION FOR ASHTABULA COUNTY IS 99,175. 93% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 2.9% AS HISPANIC OR LATINO, 3.5% AFRICAN AMERICAN, .4% ASIAN, AND 2.3% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 42.2 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.47 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.05 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $104,700. 85.4% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 13.1% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $23,266. 20.1% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15.8% IN OHIO.

FACILITY 9 -- UH ELYRIA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY IS 304,091. 85.4% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 2.9% AS HISPANIC OR LATINO, 3.5% AFRICAN AMERICAN, AND 3.1% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 44.2 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.67 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.1 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $221,500. 91.1% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 37.3% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $36,337. 7.5% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15.8% IN OHIO.
IDENTIFIES AS WHITE ALONE, 9.3% AS HISPANIC OR LATINO, 8.5% AFRICAN AMERICAN, 1% ASIAN, AND 5.1% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 41.2 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.5 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.04 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $138,600. 89.2% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23.5% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $27,537. 14.4% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15.8% IN OHIO.

FACILITY 11 -- UH PORTAGE MEDICAL CENTER

UH PORTAGE MEDICAL CENTER IS LOCATED IN THE CITY OF RAVENNA IN PORTAGE COUNTY, OHIO. PORTAGE COUNTY IS LOCATED DIRECTLY EAST OF SUMMIT COUNTY (AKRON METRO AREA) AND SOUTHEAST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA). THE HOSPITAL'S MARKET AREA INCLUDES 15 MUNICIPALITIES (EIGHT IN ITS PRIMARY MARKET AREA AND SEVEN IN ITS SECONDARY MARKET AREA). IT IS ALMOST COMPLETELY CONTAINED WITHIN PORTAGE COUNTY, OHIO. IN 2014, THE HOSPITAL HAD 6,358 DISCHARGED PATIENTS. OF THOSE, 5,316 WERE IN THE HOSPITAL’S PRIMARY MARKET AREA (83.6%) AND 622 (9.8%) WERE IN THE HOSPITAL’S SECONDARY MARKET AREA. THE CITY OF RAVENNA WAS HOME TO ONE-THIRD OF DISCHARGED PATIENTS IN 2014 (37.1%), ALTHOUGH ONLY 15.5% OF THE TOTAL MARKET AREA’S POPULATION LIVES IN RAVENNA. THE CITY OF KENT IS THE SECOND MOST COMMON SOURCE OF PATIENTS FOR THE HOSPITAL (17.7%).

FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

UH SAMARITAN MEDICAL CENTER IS LOCATED IN ASHLAND, OHIO, WITHIN ASHLAND COUNTY.
COUNTY, A RURAL COUNTY LOCATED SOUTHWEST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA) AND NORTHEAST OF FRANKLIN COUNTY (COLUMBUS METRO AREA).

ASHLAND COUNTY IS COMPRISED OF CITIES, VILLAGES AND TOWNSHIPS. ITS COUNTY SEAT IS THE CITY OF ASHLAND, WHERE THE HOSPITAL IS LOCATED. ITS 2010 POPULATION WAS ABOUT 53,000. THE PRIMARY SERVICE AREA FOR THE HOSPITAL INCLUDES ALMOST ALL OF ASHLAND COUNTY. ITS MARKET AREA (MOSTLY SECONDARY MARKET AREA) SLIGHTLY EXPANDS INTO HURON, LORAIN, MEDINA, WAYNE, MORROW, KNOX AND HOLMES COUNTIES. THE HOSPITAL’S SECONDARY MARKET AREA ALSO INCLUDES ALMOST ALL OF RICHLAND COUNTY, JUST TO THE WEST OF ASHLAND COUNTY. THE MUNICIPALITIES OF ASHLAND, JEROMESVILLE, LOUDONVILLE, NOVA, PERRYSVILLE, POLK, SAVANNAH AND SULLIVAN COMPRISE THE HOSPITAL’S PRIMARY MARKET AREA.

FACILITY 14 -- UH REHABILITATION HOSPITAL -- AVON

UH AVON REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF AVON IN LORAIN COUNTY, OHIO. UH AVON REHABILITATION HOSPITAL’S PRIMARY AND SECONDARY SERVICE AREAS ARE ALMOST EXCLUSIVELY CONTAINED WITHIN CUYAHOGA AND LORAIN COUNTIES. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION HOSPITAL INCLUDES AVON AND THE SEVEN COMMUNITIES IMMEDIATELY SURROUNDING IT (ELYRIA, NORTH RIDGEVILLE, WESTLAKE, AVON LAKE, NORTH OLMSTED, SHEFFIELD LAKE/VILLAGE AND BAY VILLAGE). THE SEVEN COMMUNITIES THAT COMPOSE UH AVON REHABILITATION HOSPITAL’S SECONDARY SERVICE AREA ARE LORAIN, CLEVELAND, LAKEWOOD, ROCKY RIVER, GRAFTON, OLMSTED FALLS AND AMHERST.

IN 2015 66.9% OF PATIENT DISCHARGES WERE RESIDENTS OF ITS PRIMARY MARKET AREA; 22.2% WERE RESIDENTS OF ITS SECONDARY MARKET AREA; 74.5% WERE MEDICARE PATIENTS; 13.3% WERE INSURED THROUGH A COMMERCIAL PAYER AND 11.9%
WERE MEDICAID PATIENTS. ALMOST TWO-THIRDS (63%) OF PATIENTS ADMITTED IN 2016 WERE SENIOR CITIZENS AND ALMOST HALF OF INPATIENTS TREATED IN 2016 WERE RECEIVING REHABILITATION SERVICES BECAUSE OF A STROKE OR OTHER NEUROLOGICAL CONDITION OR TRAUMA.

PART VI, LINE 5:

UH CONTINUES TO INVEST IN ITSELF AND THE COMMUNITY THROUGH ENHANCED CLINICAL SERVICES, EDUCATIONAL PROGRAMS, RESEARCH, AND CAPITAL IMPROVEMENTS THAT MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES AND PATIENTS IT SERVES. UH PROVIDES AN OUTSTANDING BALANCE OF HIGH-QUALITY CLINICAL CARE WITHIN ITS WALLS, AND COMMUNITY HEALTH OUTREACH TO LOCAL POPULATIONS. FOUR UH HEALTH CLINICS ARE LOCATED IN AREAS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THESE CLINICS INCLUDE THE DOUGLAS MOORE HEALTH CLINIC, WOMEN’S HEALTH CENTER, RAINBOW AMBULATORY PRACTICE, AND FAMILY MEDICINE CLINIC, ALL LOCATED ON THE CAMPUS OF UH CASE MEDICAL CENTER. HRSA ALSO DESIGNATES MEDICALLY UNDERSERVED AREAS (MUAS) AND MEDICALLY UNDERSERVED POPULATIONS (MUPS) BASED ON SPECIFIC CRITERIA. TWENTY-FIVE AREAS WITHIN THE UH SERVICE AREA INCLUDING CUYAHOGA, LORAIN, AND SUMMIT COUNTIES QUALIFY AS MUAS, WHILE ONE POPULATION IN KENT, PORTAGE COUNTY IS A DESIGNATED MUP. CUYAHOGA COUNTY ALONE ACCOUNTS FOR 20 MUAS LOCATED IN 13 ZIP CODES, REPRESENTING 12 TOWNS. THE UH SYSTEM’S TWO CRITICAL ACCESS HOSPITALS IN ASHTABULA COUNTY SIT IN APPALACHIA, AS DESIGNATED BY THE APPALACHIAN REGIONAL COMMISSION.

UH IS COMMITTED TO TRAINING THE NEXT GENERATION OF PHYSICIANS, NURSES, SPECIALISTS AND OTHER ALLIED HEALTH CARE PROVIDERS ANNUALLY. MANY OF THESE STUDENTS AND TRAINEES COMPLETE THEIR EDUCATION AND TAKE THEIR KNOWLEDGE
AND EXPERTISE TO OTHER PARTS OF THE STATE OR COUNTRY, THEREBY BENEFITING
OTHER COMMUNITIES.

UH WORKS TO INCREASE HEALTH AND MEDICAL KNOWLEDGE THROUGH GOVERNMENT AND
NON-PROFIT FUNDED RESEARCH, THE SHARED KNOWLEDGE DERIVED FROM THESE
EFFORTS IMPROVES THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NATION
AND THE WORLD WHEN THEY LEAD TO NEW STANDARDS OF CARE, NEW MEDICAL
DEVICES, OR BREAKTHROUGHS IN TACKLING DISEASES.

AS INDICATED IN THE ABOVE RESPONSE TO PART VI, LINE 4, UH HAS MADE
SIGNIFICANT INVESTMENTS IN ACCESS TO CARE FOR LOW INCOME AND VULNERABLE
RESIDENTS WITHIN THE COUNTIES UH SERVES.

PART VI, LINE 6:
FOUR UH HEALTH CLINICS ARE LOCATED IN AREAS DESIGNATED AS HEALTH
PROFESSIONAL SHORTAGE AREAS (HPSAS) BY THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA). THESE CLINICS INCLUDE THE DOUGLAS MOORE HEALTH
CLINIC AND FAMILY MEDICINE CLINIC LOCATED ON THE CAMPUS OF UH CLEVELAND
MEDICAL CENTER, AND THE WOMEN’S HEALTH CENTER AND RAINBOW AMBULATORY
PRACTICE LOCATED OFF CAMPUS IN THE UH RAINBOW CENTER FOR WOMEN & CHILDREN.

UH SERVES AN ESSENTIAL ROLE IN THE COMMUNITY BY PROVIDING DIVERSE
POPULATIONS THROUGHOUT THE NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH
CARE - FROM PRIMARY CARE TO HIGHLY SPECIALIZED MEDICAL CARE FOR THE MOST
SERIOUS OF HEALTH PROBLEMS, IT PROVIDES THE SAME QUALITY AND COMPASSIONATE
SERVICE TO ALL, NO MATTER THEIR INCOME, ABILITY TO PAY OR SOCIOECONOMIC
STATUS, UH CARES FOR THE WELL-INSURED AND THE UNINSURED; MEN, WOMEN AND
CHILDREN FROM EVERY COMMUNITY IN THE REGION, FROM URBAN CENTERS, SMALL
TOWNS, RURAL AREAS AND SUBURBS.

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

OH
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.

Name of the organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
</tr>
<tr>
<td>2</td>
<td>Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered &quot;Yes&quot; 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (a) Name and address of organization or government</td>
<td>(b) EIN</td>
</tr>
<tr>
<td>ACE MENTOR PROGRAM OF CLEVELAND</td>
<td>27-1547626</td>
</tr>
<tr>
<td>1100 SUPERIOR AVE., SUITE 1500 CLEVELAND, OH 44114</td>
<td></td>
</tr>
<tr>
<td>AMERICAN CANCER SOCIETY</td>
<td>13-1788491</td>
</tr>
<tr>
<td>10501 EUCLID AVENUE CLEVELAND, OH 44106</td>
<td></td>
</tr>
<tr>
<td>AMERICAN HEART ASSOCIATION</td>
<td>13-5613797</td>
</tr>
<tr>
<td>7272 GREENVILLE AVE. DALLAS, TX 75232</td>
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</tr>
<tr>
<td>AMERICAN RED CROSS</td>
<td>53-0196605</td>
</tr>
<tr>
<td>431 18TH STREET, NW WASHINGTON, DC 20006</td>
<td></td>
</tr>
<tr>
<td>AMERICAN LUNG ASSOCIATION</td>
<td>13-1632524</td>
</tr>
<tr>
<td>55 W WACKER DR SUITE 1150 CHICAGO, IL 60601</td>
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<tr>
<td>ARTHRITIS FOUND NORTHEASTERN OHIO</td>
<td>58-1341679</td>
</tr>
<tr>
<td>4630 RICHMOND ROAD CLEVELAND, OH 44128</td>
<td></td>
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</tbody>
</table>

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

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

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

Schedule I (Form 990) (2018)
### Part II  Continuation of Grants and Other Assistance to Governments and Organizations in the United States  
(Schedule I (Form 990), Part II.)

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEV METROPARKS (CLEVELAND FOUNDATION) - 1422 EUCLID AVENUE, SUITE 1300 - CLEVELAND, OH 44115</td>
<td>34-0714588</td>
<td>501(C)(3)</td>
<td>25,000.</td>
<td>0.</td>
<td>GENERAL SUPPORT</td>
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| CLEV STATE UNIV FOUNDATION  
2121 EUCLID AVENUE, UN 501  
CLEVELAND, OH 44115-2214 | 34-1316665 | 501(C)(3) | 10,000. | 0. | GENERAL SUPPORT |
| CLEVELAND FILM SOCIETY  
2510 MARKET AVE  
CLEVELAND, OH 44113-3434 | 34-1262368 | 501(C)(3) | 20,000. | 0. | GENERAL SUPPORT |
| CLEVELAND PLAY HOUSE  
1901 E. 13TH STREET SUITE 200  
CLEVELAND, OH 44114 | 34-6515260 | 501(C)(3) | 10,000. | 0. | GENERAL SUPPORT |
| CLEVELAND PUBLIC THEATRE  
6415 DETROIT AVE,  
CLEVELAND, OH 44102 | 34-1359225 | 501(C)(3) | 10,000. | 0. | GENERAL SUPPORT |
| COLLECTIVE ARTS NETWORK  
PO BOX 771748  
LAKEWOOD, OH 44107 | 46-4406224 | 501(C)(3) | 50,000. | 0. | GENERAL SUPPORT |
| COMMUNITY IMPROVEMENT CORPORATION OF SHAKER HEIGHTS OHIO - 3400 LEE ROAD - SHAKER HEIGHTS, OH 44120 | 34-1314225 | 501(C)(3) | 10,000. | 0. | GENERAL SUPPORT |
| CRAINS CLEV BUSINESS  
1155 GRATIOT AVENUE  
DETROIT, MI 48207 | 36-0708800 | 501(C)(3) | 8,000. | 0. | GENERAL SUPPORT |
<p>| CUYAHOGA COMMUNITY COLLEGE FOUNDATION - 700 CARNegie AVE - CLEVELAND, OH 44115 | 23-7320719 | 501(C)(3) | 7,000. | 0. | GENERAL SUPPORT |</p>
<table>
<thead>
<tr>
<th><strong>(a)</strong> Name and address of organization or government</th>
<th><strong>(b)</strong> EIN</th>
<th><strong>(c)</strong> IRC section if applicable</th>
<th><strong>(d)</strong> Amount of cash grant</th>
<th><strong>(e)</strong> Amount of non-cash assistance</th>
<th><strong>(f)</strong> Method of valuation (book, FMV, appraisal, other)</th>
<th><strong>(g)</strong> Description of non-cash assistance</th>
<th><strong>(h)</strong> Purpose of grant or assistance</th>
</tr>
</thead>
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<td>DESTINATION CLEVELAND PO BOX 2063</td>
<td>20-8085344</td>
<td>501(C)(3)</td>
<td>7,500</td>
<td>0</td>
<td>GENERAL SUPPORT</td>
<td></td>
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<tr>
<td>SHELBY, NC 28151</td>
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<td>ECONOMIC GROWTH FOUNDATION</td>
<td>34-1916518</td>
<td>501(C)(3)</td>
<td>100,000</td>
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<tr>
<td>1240 HURON RD E STE 300</td>
<td></td>
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### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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## Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States
(Schedule I (Form 990), Part II)

<table>
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<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>832241</td>
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<td>GROUP RETURN</td>
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<td>SHAKER HEIGHTS DEVELOPMENT CORPORATION - 3400 LEE ROAD - SHAKER HEIGHTS, OH 44120</td>
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<td>34-1455135</td>
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<td>STEWARTS CARING PLACE 2955 WEST MARKET ST STE R AKRON, OH 44333</td>
<td>20-0181338</td>
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<td>SUSAN G KOMEN NORTHEAST OHIO 26210 EMERY ROAD, STE. 307 CLEVELAND, OH 44128</td>
<td>34-1793460</td>
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<td>UNITED WAY SVC 1331 EUCLID AVE CLEVELAND, OH 44115</td>
<td>34-6516654</td>
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<td>YWCA OF GREATER CLEVELAND 4019 PROSPECT AVE. CLEVELAND, OH 44103</td>
<td>34-0714800</td>
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<td>34-1626664</td>
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<td>ROBINSON MEMORIAL HOSPITAL FOUNDATION - 6847 N. CHESTNUT STREET PO BOX 1204 - RAVENNA, OH 44266</td>
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### 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.

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

### 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:**

UH HAS A PROCESS WHERE WE RECEIVE AND REVIEW REQUESTS FOR FUNDING, WHICH INCLUDES OUR SENIOR LEADERS. IN THAT REVIEW PROCESS WE CHECK TO BE SURE THE ORGANIZATION IS MISSION AlIGNED TO UH AND REVIEW HISTORICAL GIVING, MUCH OF OUR SUPPORT IS REVIEWED BOTH INTERNALLY AND WITH THE EXTERNAL GROUP ON AN ANNUAL BASIS.
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.

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

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

GROUP RETURN

Employer identification number

90-0059117

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2018
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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).

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.

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
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<tr>
<th>Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
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<td>(1) ACO - BECK, ERIC DO</td>
<td>(i) 446,879.</td>
<td>(ii) 52,166.</td>
<td>(iii) 13,363.</td>
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<td>(2) AHUJA - JURIS, SUSAN V.</td>
<td>(i) 391,246.</td>
<td>(ii) 70,168.</td>
<td>(iii) 28,094.</td>
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<td>(3) AHUJA - SHAPIRO, ERIC MD</td>
<td>(i) 414,265.</td>
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<td>(4) CCO - HARWELL, CARLA M. MD</td>
<td>(i) 203,796.</td>
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<td>(i) 396,443.</td>
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<td>(6) CCO - HOYNES, SEAN MD</td>
<td>(i) 288,031.</td>
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<td>(12) ECC - BOND, BRADLEY C.</td>
<td>(i) 388,600.</td>
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<td>(13) GEAUGA - JONES, M. STEVEN</td>
<td>(i) 512,016.</td>
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<td>(14) GENEVA - HOWE, EVAN MD</td>
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<td>(15) HOME CARE - CHICKERELLA, DANIEL</td>
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<td>(16) HOME CARE - MAITLAND, KEITH R.</td>
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<tr>
<td>DIRECTOR /PRESIDENT (END 07/18)</td>
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</table>
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).

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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
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<tbody>
<tr>
<td>(17) HOME CARE - SILA, CATHY MD</td>
<td>377,606.00</td>
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<td>(18) PARMA - BERGMANN, PETER U</td>
<td>444,867.00</td>
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<td>(19) PARMA - BURMA, GERALD M., MD</td>
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<td>(26) RCC - ZEIGER, TODD MD</td>
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</table>
### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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).

**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

<table>
<thead>
<tr>
<th>(33) SAMARITAN - SNYDER, ROGER MD</th>
<th><strong>(B) Breakdown of W-2 and/or 1099-MISC compensation</strong></th>
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<tbody>
<tr>
<td>(i)</td>
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<tr>
<td>Base compensation</td>
<td>Bonus &amp; incentive compensation</td>
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<td>1,633,475.</td>
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<td>205,063.</td>
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</table>

**Use duplicate copies if additional space is needed.**
## 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.

### Table

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
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<tr>
<td>(49) UHMG - MEGERIAN, CLIFF MD</td>
<td>(i) 929,482. 165,639. 249,989.</td>
<td>(ii) 238,368. 26,407. 1,609,885.</td>
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<td>(50) UHMG - MILLER, MARLENE MD</td>
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<td>(ii) 13,253. 26,329. 487,463.</td>
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<td>(52) UHMG - ROTHESTEIN, FRED C. MD</td>
<td>(i) 304,958. 176,842. 493,650.</td>
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<td>(53) UHMG - SELMAN, WARREN R. MD</td>
<td>(i) 1,049,778. 57,806. 28,158.</td>
<td>(ii) 36,704. 18,618. 1,191,064.</td>
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<td>(54) UHMG - ZOLTANSKI, JOAN MD</td>
<td>(i) 265,685. 19. 63,294.</td>
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<td>(55) ACO - HILLARD, BRADLEY G. DO</td>
<td>(i) 319,817. 27,466. 4,626.</td>
<td>(ii) 12,420. 37,402. 401,731.</td>
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<td>(56) CCO - SCHARIO, MARK E. SECRETARY</td>
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<td>(57) UHCMC - BLAKE, JEAN D. RN CHIEF NURSING OFFICER</td>
<td>(i) 413,881. 338,090. 17,594.</td>
<td>(ii) 20,177. 27,370. 817,112.</td>
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<td>(58) UHCMC - DEPOMPPI, PATRICIA M. PRESIDENT - RAINBOW BABIES &amp; CHILDREN</td>
<td>(i) 470,596. 139,425. 79,680.</td>
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<td>(i) 202,113. 493,310. 40,904.</td>
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<td>(ii) 38,354. 10,810. 1,344,504.</td>
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</table>
### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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).

**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.

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<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred on prior Form 990</th>
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<td>(65) UHHS - PETERS, JEFFREY H. MD CIO &amp; CHIEF STRATEGY OFFICER (END 05/18)</td>
<td>(i) 1,028,713.</td>
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<td>(66) UHHS - SNOWBERGER, THOMAS D. CHIEF HUMAN RESOURCES OFFICER</td>
<td>(i) 557,012.</td>
<td>(ii) 335,951.</td>
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<td>(67) UHHS - STANDLEY, STEVEN D. CHIEF ADMINISTRATIVE OFFICER</td>
<td>(i) 618,428.</td>
<td>(ii) 675,547.</td>
<td>(iii) 136,705.</td>
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<td>(68) UHHS - SZUBSKI, MICHAEL A. CHIEF FINANCIAL OFFICER/TREASURER</td>
<td>(i) 877,755.</td>
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<td>(70) UHLSF - LANDEK, DON PRESIDENT</td>
<td>(i) 167,891.</td>
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<td>(71) UHHS - BISHOP, SHERRI L CHIEF DEVELOPMENT OFFICER</td>
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<td>(72) UHHS - BIXENSTINE, KIM P. CHIEF COMPLIANCE OFFICER</td>
<td>(i) 335,892.</td>
<td>(ii) 126,315.</td>
<td>(iii) 62,641.</td>
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<td>(74) UHMG - HONDA, KORD S DIRECTOR - DERMATOLOGY</td>
<td>(i) 1,261,816.</td>
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<td>(iii) 2,201.</td>
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<td>(75) UHMG - EUBANKS, JASON D. ORTHOPEDIC SURGEON</td>
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<td>(ii) 2,340.</td>
<td>(iii) 35,023.</td>
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<td>(76) UHMG - VOOS, JAMES E. ORTHOPEDIC SURGEON</td>
<td>(i) 1,221,241.</td>
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<td>(iii) 18,111.</td>
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<td>(77) UHMG - DEVANEY, ERIC J CHIEF, PEDIATRIC CARDIAC SURGERY</td>
<td>(i) 1,191,887.</td>
<td>(ii) 10,087.</td>
<td>(iii) 17,492.</td>
<td>25,957.</td>
<td>1,245,423.</td>
</tr>
<tr>
<td>(78) UHMG - BAMBAKIDIS, NICHOLAS C. DIRECTOR - CEREBR CEREBRAL SURGERY</td>
<td>(i) 1,018,226.</td>
<td>(ii) 44,866.</td>
<td>(iii) 35,530.</td>
<td>32,411.</td>
<td>1,131,033.</td>
</tr>
<tr>
<td>(79) AMHERST - SHELTON, DONALD S. FORMER OFFICER</td>
<td>(i) 233,945.</td>
<td>(ii) 2,858.</td>
<td>(iii) 13,776.</td>
<td>3,026.</td>
<td>253,605.</td>
</tr>
<tr>
<td>(80) CCO - HAMMACK, ELIZABETH R. FORMER OFFICER</td>
<td>(i) 215,202.</td>
<td>(ii) 31,579.</td>
<td>(iii) 5,005.</td>
<td>16,608.</td>
<td>25,207.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(81) CHCO - WRAY, CHARLOTTE A. FORMER OFFICER</td>
<td>(i) 254,589. 0. 124,920. 14,653. 16,719. 410,881. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(82) PARMA - SINK, KRISTI M. FORMER OFFICER</td>
<td>(i) 362,141. 67,228. 2,600. 13,758. 24,703. 470,430. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(83) UHMG - ADELMAN, HARLIN G. ESQ. FORMER OFFICER</td>
<td>(i) 317,585. 120,845. 75,385. 20,896. 31,462. 566,173. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(84) ST. JOHN - O'MALLEY, CHERYL H. FORMER KEY EMPLOYEE</td>
<td>(i) 257,672. 58,876. 3,086. 19,163. 11,461. 350,258. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(85) UHHS - GARTLAND, HEIDI I. FORMER KEY EMPLOYEE</td>
<td>(i) 289,900. 82,421. 254,642. 40,468. 9,876. 677,307. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(86) UHMG - RONIS, ROBERT FORMER KEY EMPLOYEE</td>
<td>(i) 403,142. 39,056. 7,391. 33,043. 22,080. 504,712. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 7:

MANAGEMENT INCENTIVE PLAN (MIP) PAYMENTS ARE CALCULATED ANNUALLY AS A CYCLE. THE ELIGIBLE INCENTIVE PERCENTAGE IS DEPENDENT UPON EACH CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS PERCENTAGE OF BASE SALARY BASED UPON GOAL ATTAINMENT FOR EACH INCENTIVE INDIVIDUAL'S LEADERSHIP LEVEL IN THE ORGANIZATION.

PART I, LINE 8:

CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS OF THE INITIAL CONTRACT EXCEPTION.

PART I, LINE 4A:

DURING TAX YEAR 2018, WILLIAM STEINER II RECEIVED $36,755 OF SEVERANCE PAY.

PART I, LINE 4B:

THE FOLLOWING PERSONS PARTICIPATED IN, OR RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN (457(F)OR SERP) IN 2018:

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
90-0059117
GROUP RETURN
### 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADELMAN, HARLIN G. ESQ.</td>
<td>$53,894</td>
</tr>
<tr>
<td>BAMBAKIDIS, NICHOLAS C.</td>
<td>$20,340</td>
</tr>
<tr>
<td>BECK, ERIC H.</td>
<td>$51,810</td>
</tr>
<tr>
<td>BENOIT, WILLIAM A.</td>
<td>$36,809</td>
</tr>
<tr>
<td>BERGMANN, PETER U FACHE</td>
<td>$54,257</td>
</tr>
<tr>
<td>BISHOP, SHERRI L.</td>
<td>$87,451</td>
</tr>
<tr>
<td>BIXENSTINE, KIM F.</td>
<td>$55,927</td>
</tr>
<tr>
<td>BLAKE, JEAN D. RN</td>
<td>$86,600</td>
</tr>
<tr>
<td>BOND, BRADLEY C.</td>
<td>$64,555</td>
</tr>
<tr>
<td>BRIEN, WILLIAM W.</td>
<td>$63,600</td>
</tr>
<tr>
<td>CARSON, BRENT</td>
<td>$39,183</td>
</tr>
<tr>
<td>CHICKERELLA, DANIELLE</td>
<td>$36,683</td>
</tr>
<tr>
<td>DAVID, ROBERT G.</td>
<td>$60,766</td>
</tr>
<tr>
<td>DEPOMPEI, PATRICIA M</td>
<td>$74,262</td>
</tr>
<tr>
<td>DZIEDZICKI, RONALD E</td>
<td>$81,859</td>
</tr>
<tr>
<td>GARTLAND, HEIDI I.</td>
<td>$37,521</td>
</tr>
<tr>
<td>HANSON, RICHARD A.</td>
<td>$136,738</td>
</tr>
<tr>
<td>HERTZ, ANDREW R. MD</td>
<td>$49,726</td>
</tr>
<tr>
<td>JONES, STEVEN M.</td>
<td>$82,331</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2018
**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Salary</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>JURIS, SUSAN</td>
<td>$63,360</td>
<td>SERP</td>
</tr>
<tr>
<td>KEEGAN, ARTHUR EDWIN</td>
<td>$46,586</td>
<td>SERP</td>
</tr>
<tr>
<td>MCNEIL, KAREN</td>
<td>$33,480</td>
<td>SERP</td>
</tr>
<tr>
<td>MEGERIAN, CLIFF MD</td>
<td>($171,510)</td>
<td>SERP</td>
</tr>
<tr>
<td>MILLER, JANET</td>
<td>($114,459)</td>
<td>SERP</td>
</tr>
<tr>
<td>MONTER, BRIAN</td>
<td>($41,539)</td>
<td>SERP</td>
</tr>
<tr>
<td>O’MALLEY, CHERYL H.</td>
<td>($32,199)</td>
<td>SERP</td>
</tr>
<tr>
<td>SALVINO, SONIA</td>
<td>($61,766)</td>
<td>SERP</td>
</tr>
<tr>
<td>SCHARIO, MARK E</td>
<td>($32,926)</td>
<td>SERP</td>
</tr>
<tr>
<td>SIMON, DANIEL I. MD</td>
<td>($187,374)</td>
<td>SERP</td>
</tr>
<tr>
<td>SINK, KRISTI</td>
<td>($34,897)</td>
<td>SERP</td>
</tr>
<tr>
<td>SNOWBERGER, THOMAS D.</td>
<td>($113,830)</td>
<td>SERP</td>
</tr>
<tr>
<td>STANDLEY, STEVEN D</td>
<td>($126,652)</td>
<td>SERP</td>
</tr>
<tr>
<td>STROSACKER, ROBYN MD</td>
<td>($41,914)</td>
<td>SERP</td>
</tr>
<tr>
<td>SZUBSKI, MICHAEL A</td>
<td>($174,602)</td>
<td>SERP</td>
</tr>
<tr>
<td>TAIT, PAUL G.</td>
<td>($122,622)</td>
<td>SERP</td>
</tr>
<tr>
<td>ZELIS, CYNTHIA B.R.</td>
<td>($67,124)</td>
<td>SERP</td>
</tr>
<tr>
<td>ZENTY, THOMAS F III</td>
<td>($406,848)</td>
<td>SERP</td>
</tr>
<tr>
<td>ZOLTANSKI, JOAN MD</td>
<td>($30,660)</td>
<td>SERP</td>
</tr>
</tbody>
</table>
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.

FORM 990, SCHEDULE J, PART II

FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED

COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS PARTICIPANTS. AS SUCH, AMOUNTS MAY BE SHOWN IN PART VII AND SCHEDULE J DURING A YEAR IN WHICH THOSE AMOUNTS WERE DEFERRED, AND AGAIN IN SUBSEQUENT YEARS IN PART VII AND SCHEDULE J WHEN ACTUALLY PAID, ONLY SCHEDULE J INCLUDES A COLUMN (F), NOTING THESE AMOUNTS WERE PREVIOUSLY REPORTED.
Transactions With Interested Persons

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?

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (i) Written agreement?

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

Schedule L (Form 990 or 990-EZ) 2018

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

LHA
### Part IV  Business Transactions Involving Interested Persons.

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization’s revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHYRN THOMPSON</td>
<td>FAMILY RELATIONSHIP</td>
<td>100,000</td>
<td>PATRICIA M.</td>
<td>Yes</td>
</tr>
<tr>
<td>MATTHEW DZIEDZICKI</td>
<td>FAMILY RELATIONSHIP</td>
<td>54,320</td>
<td>RONALD E. D</td>
<td>Yes</td>
</tr>
<tr>
<td>LAUREN NEDRICH</td>
<td>FAMILY RELATIONSHIP</td>
<td>45,853</td>
<td>DAVID NEDRI</td>
<td>Yes</td>
</tr>
<tr>
<td>KORINA SHULEMOVICH</td>
<td>FAMILY RELATIONSHIP</td>
<td>120,000</td>
<td>MITCHELL MA</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

### 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: KATHYRN THOMPSON

**B** RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP

**C** AMOUNT OF TRANSACTION $100,000.

**D** DESCRIPTION OF TRANSACTION: PATRICIA M. DEPOMPEI: FAMILY MEMBER OF MS. DEPOMPEI, PRESIDENT UHCMC RAINBOW BABIES & CHILDREN’S HOSPITAL/UHCMC DIRECTOR.

A FAMILY MEMBER OF MS. DEPOMPEI IS EMPLOYED BY UHCMC.

**E** SHARING OF ORGANIZATION REVENUES? = NO

---

**A** NAME OF PERSON: MATTHEW DZIEDZICKI

**B** RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP

**C** AMOUNT OF TRANSACTION $54,320.

**D** DESCRIPTION OF TRANSACTION: RONALD E. DZIEDZICKI: FAMILY MEMBER OF MR. DZIEDZICKI, CHIEF OPERATING OFFICER UHCMC.

A FAMILY MEMBER OF MR. DZIEDZICKI IS EMPLOYED BY UHCMC.

**E** SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: LAUREN NEDRICH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP

(C) AMOUNT OF TRANSACTION $ 45,853.

(D) DESCRIPTION OF TRANSACTION: DAVID NEDRICH: FAMILY MEMBER OF MR. NEDRICH, PARMA CHAIR/DIRECTOR.

A FAMILY MEMBER OF MR. NEDRICH IS EMPLOYED BY PARMA.

(E) SHARING OF ORGANIZATION REVENUES? = NO

---

(A) NAME OF PERSON: KORINA SHULEMOVICH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP

(C) AMOUNT OF TRANSACTION $ 120,000.

(D) DESCRIPTION OF TRANSACTION: MITCHELL MACHTAY, MD: FAMILY MEMBER OF MITCHELL MACHTAY, MD UHMG DIRECTOR.

A FAMILY MEMBER OF DR. MACHTAY IS EMPLOYED BY UHMG.

(E) SHARING OF ORGANIZATION REVENUES? = NO

---

ADDITIONAL INFORMATION FOR SCHEDULE L PART V

IN ACCORDANCE WITH IRS REQUIREMENTS, BUSINESS TRANSACTIONS INVOLVING INDIVIDUALS AND ENTITIES THAT ARE INTERESTED PERSONS WITH RESPECT TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (EIN: 34-0714775) ARE REPORTED ON PART IV OF THE SCHEDULE L INCLUDED WITH THE SEPARATE FORM 990 FILED BY UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
Noncash Contributions

Part I  Types of Property

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td>X</td>
<td>51</td>
<td>566,054. APPRAISALS, RECEIPT</td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td>X</td>
<td>7</td>
<td>RECEIPT</td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td>X</td>
<td></td>
<td>11,401. RECEIPT, FMV, RETAIL PRICE</td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td>X</td>
<td>76</td>
<td>6,518,343. FMV</td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td>X</td>
<td>2</td>
<td>61,000. APPRAISALS</td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td>X</td>
<td>7</td>
<td>7,748. RECEIPT</td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td>X</td>
<td>3</td>
<td>74,019. RECEIPT</td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other (AUCTION ITEMS)</td>
<td>X</td>
<td>169</td>
<td>115,779. RECEIPT, FMV</td>
<td></td>
</tr>
<tr>
<td>26 Other (EVENT ITEMS)</td>
<td>X</td>
<td>19</td>
<td>40,440. RECEIPT</td>
<td></td>
</tr>
<tr>
<td>27 Other (MISCELLANEOUS)</td>
<td>X</td>
<td>14</td>
<td>14,565. RECEIPT, FMV</td>
<td></td>
</tr>
<tr>
<td>28 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?  Yes  No

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Yes  No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  Yes  No

33 If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS REPORTED IN PART I, COLUMN (B) REPRESENT A COMBINATION OF

THE NUMBER OF CONTRIBUTIONS OR THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B:

BNY MELLON CAPITAL MARKETS AND STATE STREET CORPORATION WERE USED IN

2018 TO FACILITATE THE TRANSFER AND SALE OF SECURITIES.
FORM 990, PART III, LINE 1 - ORGANIZATION’S MISSION

UNIVERSITY HOSPITALS (THE “SYSTEM”) IS GUIDED BY ITS MISSION “TO HEAL.
TO TEACH, TO DISCOVER.” THE SYSTEM SERVES A UNIQUE ROLE IN THE
COMMUNITIES IT SERVES BY PROVIDING DIVERSE POPULATIONS THROUGHOUT THE
NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH CARE - FROM PRIMARY
CARE TO HIGHLY SPECIALIZED MEDICAL CARE FOR THE MOST SERIOUS OF HEALTH
PROBLEMS. THE SYSTEM IS KNOWN FOR PROVIDING SUPERIOR, LEADING-EDGE
HEALTH CARE ACROSS THE FULL RANGE OF MEDICAL AND SURGICAL SPECIALITIES
FROM INFANCY TO ELDER CARE. IN ADDITION TO DELIVERING QUALITY PATIENT
CARE, THE SYSTEM SERVES AS A PREEMINENT TEACHING FACILITY FOR
PHYSICIANS, NURSES AND ANCILLARY MEDICAL PERSONNEL. THE SYSTEM’S
EXTENSIVE CLINICAL RESEARCH PROGRAMS CONTINUE TO IMPROVE THE
UNDERSTANDING OF DISEASE AND ENHANCE PATIENT CARE.

FORM 990, PART I, LINE 6

THE TOTAL NUMBER OF VOLUNTEERS IS PROVIDED BY EACH UH MEDICAL CENTER’S
VOLUNTEER COORDINATOR.

VOLUNTEERS PROVIDE ASSISTANCE IN MANY DIFFERENT DEPARTMENTS THROUGHOUT
THE UH MEDICAL CENTERS. THE ROLES OF A VOLUNTEER FALL INTO THREE
CATEGORIES: PATIENT CONTACT, LIMITED PATIENT CONTACT AND NO PATIENT
CONTACT. ROLES IN THE PATIENT CONTACT CATEGORY INCLUDE THOSE WHERE THE
VOLUNTEER IS WORKING DIRECTLY WITH A PATIENT OR THE PATIENT’S FAMILY.
EXAMPLES OF VOLUNTEER ROLES FROM THIS CATEGORY INCLUDE BUT ARE NOT
LIMITED TO PASTORAL CARE VOLUNTEERS AND NEWBORN NURSERY VOLUNTEERS.

VOLUNTEERS WHO SERVE IN ROLES WHERE THERE IS LIMITED PATIENT CONTACT
WORK IN AREAS WHERE THEY MAY BE WORKING MORE WITH HOSPITAL STAFF THAN
OUR PATIENTS OR VISITORS. EXAMPLES OF VOLUNTEER ROLES UNDER THE LIMITED
PATIENT CONTACT INCLUDE BUT ARE NOT LIMITED TO FLOWER DELIVERY
VOLUNTEERS AND ATRIUM GIFT SHOP VOLUNTEERS. FINALLY, EXAMPLES OF
VOLUNTEER ROLES FROM THE NO PATIENT CONTACT CATEGORY INCLUDE BUT ARE
NOT LIMITED TO MAILROOM AND CLERICAL VOLUNTEERS (WORKING IN OFFICES
THROUGHOUT THE UH MEDICAL CENTERS).

TREASURY REGULATION SECTION 1.6033-2(D)(5):
PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(5), UNIVERSITY
HOSPITALS HEALTH SYSTEM, INC. ("PARENT ORGANIZATION") HAS ELECTED TO
REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS AND GRANTS, AND
COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES, CERTAIN HIGHLY COMPENSATED EMPLOYEES, AND CERTAIN
PROFESSIONAL CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL THE MEMBERS OF
ITS GROUP EXEMPTION, INCLUDING THE PARENT ORGANIZATION, ON THE
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN.

FORM 990, PART III - PROGRAM SERVICE, LINE 4A
COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM’S
MISSION: TO HEAL. TO TEACH. TO DISCOVER. IN 2018, UNIVERSITY HOSPITALS
DEDICATED MORE THAN $383 MILLION TO COMMUNITY BENEFIT PROGRAMS IN
NORTHEAST OHIO CONSISTING OF:
- EDUCATION AND TRAINING = $ 82 MILLION
- RESEARCH = $ 37 MILLION
- CHARITY CARE = $47 MILLION
- MEDICAID SHORTFALL = $212 MILLION
COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = $24 MILLION

HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = ($19 MILLION).

REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2018 TOTaled $382 MILLION.

IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID PROGRAM, THE SYSTEM INCURS SIGNIFICANT LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENT FOR SERVICES RENDERED OR INSURED PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DEDUCTIBLES AS REQUIRED UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS. IN 2018, $53 MILLION REPRESENTED REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE UNCOLLECTIBLE.

THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING CUYAHOGA, LORAIN, GEAUGA, ASHTABULA, PORTAGE, ASHLAND, AND RICHLAND COUNTIES SERVICE AREAS. THE BREADTH OF THE SYSTEM’S SERVICE AREA IS COVERED THROUGH ITS ACADEMIC MEDICAL CENTER, COMMUNITY MEDICAL CENTERS, JOINT VENTURES, AMBULATORY HEALTH CENTERS, AND MEDICAL PRACTICES.

THE UH HEALTH SYSTEM PROVIDES WORK DIRECTLY FOR MORE THAN 27,500 EMPLOYEES AND PHYSICIANS. UH PROVIDES MANY COMMUNITY BENEFITS DIRECTLY AND INDIRECTLY THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION,
Providing construction and hospital-based jobs. State-of-the-art facilities and services at UH Cleveland Medical Center, our world-renowned academic medical center in Cleveland, provide Cleveland residents and people from throughout the region and the world with the finest in primary and specialty health care. The facilities allow us to conduct vital medical research and offer advanced training for students and health professionals. The Quentin & Elisabeth Alexander Neonatal Intensive Care Unit at UH Rainbow Babies & Children’s Hospital serves our most vulnerable children. The system’s emergency facilities at or medical centers and the system’s Seidman Cancer Center at UH Cleveland Medical Center and various community medical centers, continue to provide expanded employment opportunities while extending UH’s mission to more patients. New state-of-the-art outpatient health centers in the region have spurred economic growth while giving people access to the care they need close to home and expanding our community benefit programs.

The system is proud to contribute to the health of its citizens and to be a positive economic force in the region, for more detailed information on the system’s community benefit or to view the 2018 community benefit report, please visit the system’s website at www.uhhospitals.org.

Form 990, tax exempt bond information:

The system’s tax-exempt bonds were issued in the name of the parent organization, University Hospitals Health System, Inc. (EIN: 34-0714775). Therefore, the IRS requires that information related to
THESE BONDS BE REPORTED ON SCHEDULE K, SUPPLEMENTAL INFORMATION OF TAX-EXEMPT BONDS, INCLUDED WITH THE SEPARATE FORM 990 FILED BY THE UH PARENT ORGANIZATION. THE SYSTEM HAS THE FOLLOWING TAX-EXEMPT BOND ISSUES OUTSTANDING:

- 2003 CUYAHOGA COUNTY, OHIO BONDS: ISSUE PRICE $14,389,000
- 2007 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $290,313,879
- 2010 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $94,797,375
- 2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $189,782,379
- 2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $40,710,000
- 2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $55,371,387
- 2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $23,775,000
- 2013 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $124,142,966
- 2014 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $100,361,458
- 2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $20,000,000
- 2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $100,000,000
- 2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE $91,000,000
- 2016 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE

$249,373,895

- 2018 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE

$243,220,482

- 2018 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS: ISSUE PRICE

$109,150,000

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING INFORMATION REGARDING FAMILY AND BUSINESS RELATIONSHIPS WAS OBTAINED WHILE REVIEWING CONFLICT OF INTEREST QUESTIONNAIRE RESPONSES RECEIVED FROM DIRECTORS, OFFICERS, AND KEY EMPLOYEES. UNIVERSITY HOSPITALS RELIES UPON THESE QUESTIONNAIRE RESPONSES TO DETERMINE THESE RELATIONSHIPS.

MR. LEE KOURY (UHCMC DIRECTOR) AND MR. GREGORY SKODA (UHCMC DIRECTOR)

HAVE A BUSINESS RELATIONSHIP.

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

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THE ORGANIZATIONS INCLUDED IN THIS RETURN. ITS RIGHTS INCLUDE ELECTING THE BOARD OF DIRECTORS AND APPROVING SIGNIFICANT DECISIONS OF EACH ORGANIZATION'S BOARD.

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

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (SOLE MEMBER) ELECTS THE BOARD OF DIRECTORS, INCLUDING THE DESIGNATION OF THE DIRECTORS TO BE THE CHAIRPERSON AND VICE CHAIRPERSON OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN GOVERNING RESPONSIBILITIES ARE RESERVED AT THE PARENT ORGANIZATION, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (SOLE MEMBER). EXAMPLES INCLUDE APPROVING MATTERS RELATING TO FINANCES AND FINANCING, MATTERS RELATING TO INVESTMENTS, LEGAL MATTERS, MATERIAL ASSETS SALES OR TRANSFERS, STRATEGIC PLAN, OFFICERS, AND DIRECTORS TO THE ORGANIZATIONS BOARD.

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


FORM 990, PART V, LINE 2A

UHHS ACTS AS A COMMON PAY AGENT FOR THE VARIOUS ENTITIES THAT COMPRIZE THE SYSTEM, AS A RESULT THE NUMBER OF EMPLOYEES REPORTED ON FORM W-3 WILL BE DIFFERENT THAN WHAT IS SHOWN IN PART V LINE 2A BECAUSE THIS GROUP RETURN DOES NOT ENCOMPASS ALL ENTITIES FOR WHICH THE PARENT ACTS AS A COMMON PAY AGENT.
THE SYSTEM HAS ADOPTED SIX CONFLICT OF INTEREST POLICIES THAT SET FORTH

GUIDELINES RELATED TO TRANSACTIONS WITH DISQUALIFIED PERSONS (AS DEFINED IN

APPLICABLE FEDERAL REGULATION). THESE POLICIES APPLY TO ALL EMPLOYEES,

EMPLOYED PHYSICIANS AND OTHER LICENSED PRACTITIONERS (EXCLUDING PHYSICIAN

TRAINEES), DIRECTORS, OFFICERS, AND RELATED PARTIES TO UH AND ITS

WHOLLY-OWNED SUBSIDIARIES. UH REGULARLY AND CONSISTENTLY MONITORS AND

ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICIES. DESIGNATED

INDIVIDUALS, (E.G., UH MANAGEMENT, DIRECTORS, EMPLOYED PHYSICIANS, AND

ADVANCED PRACTICE PROFESSIONALS), ARE REQUIRED TO COMPLETE AN ANNUAL

DISCLOSURE AND PROVIDE INFORMATION REGARDING ANY INTERESTS THAT MAY BE

POTENTIAL CONFLICTS PURSUANT TO THE CONFLICT OF INTEREST POLICIES. THEY

ARE REQUIRED TO PROVIDE ANY CHANGES OR NEW DISCLOSURES SHOULD THEY OCCUR.

ALL DISCLOSURES AND SUBSEQUENT UPDATES TO DISCLOSURES ARE REVIEWED BY THE

UH COMPLIANCE AND ETHICS DEPARTMENT. BOARD-LEVEL AND KEY PERSONNEL

CONFLICTS ARE REVIEWED AND APPROVED, IF APPROPRIATE, BY THE AUDIT AND

COMPLIANCE COMMITTEE OF THE UH BOARD AND/OR THE UH BOARD. IF A CONFLICT

EXISTS WITH A DIRECTOR, CERTAIN RESTRICTIONS MAY BE IMPOSED, SUCH AS

EXCUSING THE DIRECTOR FROM THE ROOM DURING DISCUSSION AND/OR VOTING WITH

REGARD TO A PROPOSED TRANSACTION. EDUCATION REGARDING CONFLICTS OF

INTEREST IS INCLUDED IN THE ANNUAL COMPLIANCE TRAINING THAT INCLUDES ALL

DIRECTORS, EMPLOYEES, PHYSICIANS AND LICENSED PRACTITIONERS.

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

THE CHIEF EXECUTIVE OFFICER’S COMPENSATION IS APPROVED BY THE UHHS BOARD

OF DIRECTORS. EXECUTIVE COMPENSATION IS APPROVED BY THE COMPENSATION

COMMITTEE OF THE BOARD (THE “COMMITTEE”). THE COMMITTEE HAS RETAINED AN

INDEPENDENT COMPENSATION CONSULTANT WHO PROVIDES INFORMATION TO THE

COMMITTEE ON CHANGES AND TRENDS IN EXECUTIVE COMPENSATION AND OBJECTIVE
THIRD PARTY INFORMATION ON COMPETITIVE AND COMPARABLE EXECUTIVE

COMPENSATION AND BENEFIT LEVEL/PROGRAMS. THE CONSULTANT COLLECTS AND

PROVIDES TO THE COMMITTEE, APPROPRIATE MARKET COMPENSATION AND BENEFITS

INFORMATION, APPROPRIATE MARKET PRACTICES FOR COMPARABLE ORGANIZATIONS’

POSITIONS AND BEST PRACTICES. THE CONSULTANT ALSO PROVIDES ADVICE ON

DEVELOPING AND MODIFYING UH’S EXECUTIVE COMPENSATION PHILOSOPHY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, FL, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NY, OR, PA, SC, TN, VA, WI, GA

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

THE FINANCIAL STATEMENTS FOR UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. AND

ITS SUBSIDIARIES ARE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND

(DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT

WWW.DACBOND.COM. THE ORGANIZATION’S ARTICLES, CODE OF REGULATIONS, AND

CONFLICT OF INTEREST POLICY MAY BE MADE AVAILABLE UPON REQUEST.

FORM 990, PARTS VIII, IX AND X:

IN ORDER TO PROVIDE A MORE COMPLETE AND ACCURATE PICTURE OF UNIVERSITY

HOSPITALS HEALTH SYSTEM’S FINANCIAL INFORMATION, UH HAS INCLUDED ALL

FINANCIAL DATA FOR BOTH THE CONSOLIDATED GROUP AND PARENT ORGANIZATION

IN THIS FORM 990 FOR PARTS VIII, IX AND X, INCLUDING SUPPLEMENTAL

INFORMATION REQUIRED IN SCHEDULE D.

PLEASE REFER TO THE AUDITED FINANCIAL STATEMENTS ATTACHED TO THIS

RETURN AND THE SEPARATELY FILED FORM 990 FOR THE UH PARENT FOR

ADDITIONAL INFORMATION.
### RECONCILIATION OF GROUP PRESENTATION

#### PART VIII - STATEMENT OF REVENUE

<table>
<thead>
<tr>
<th></th>
<th>UH GROUP</th>
<th>UH PARENT</th>
<th>ELIMINATIONS</th>
<th>UH GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UH PARENT</strong></td>
<td></td>
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<tr>
<td><strong>PARENT ONLY</strong></td>
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<tr>
<td><strong>COMBINED</strong></td>
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</tr>
</tbody>
</table>

| LINE 1H | 79,293,000 | (12,520,000) | 2,318,000 | 69,091,000 |
| LINE 2G | 3,588,753,000 | (468,785,000) | 437,521,000 | 3,537,489,000 |
| LINE 3  | 30,985,000 | (30,852,000) | -         | 133,000 |
| LINE 6  | -           | -              | -         | -        |
| LINE 7D | (6,191,000) | 6,206,000 | -         | 15,000 |
| LINE 8C | (47,000) | -              | -         | (47,000) |
| LINE 9  | 26,000 | -              | -         | 26,000 |
| LINE 11E | 160,396,000 | (78,669,000) | -         | 81,727,000 |
| LINE 12 | 3,853,215,000 | (604,620,000) | 439,839,000 | 3,688,434,000 |

*TOTAL REVENUE REPORTED ON LINE 12 OF $3,853,215,000 CONSISTED OF $3,749,149,000 EXEMPT FUNCTION REVENUE, $3,112,000 OF UNRELATED BUSINESS REVENUE, AND $21,661,000 OF REVENUE EXCLUDED FROM TAX UNDER SECTIONS 512-514.*

#### PART IX - STATEMENT OF FUNCTIONAL EXPENSES

<table>
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<tr>
<th></th>
<th>UH GROUP</th>
<th>UH PARENT</th>
<th>ELIMINATIONS</th>
<th>UH GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND PARENT</td>
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<tr>
<td><strong>COMBINED</strong></td>
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832212 10-10-18
Name of the organization | UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
---|---
Group Return | GROUP RETURN
Employer identification number | 90-0059117

### Line 1
- **8,070,000**
- **(8,046,000)**
- **-**
- **24,000**

### Line 5
- **48,076,000**
- **(20,340,000)**
- **-**
- **27,736,000**

### Line 6
- **2,849,000**
- **(677,000)**
- **-**
- **2,172,000**

### Line 7
- **1,540,311,000**
- **(260,040,000)**
- **-**
- **1,280,271,000**

### Line 8
- **47,005,000**
- **17,306,000**
- **-**
- **64,311,000**

### Line 9
- **206,252,000**
- **(44,265,000)**
- **-**
- **161,987,000**

### Line 10
- **102,873,000**
- **(17,982,000)**
- **-**
- **84,891,000**

### Line 11B
- **2,801,000**
- **(2,789,000)**
- **-**
- **12,000**

### Line 11C
- **1,090,000**
- **(521,000)**
- **-**
- **569,000**

### Line 11D
- **439,000**
- **(16,000)**
- **-**
- **423,000**

### Line 11E
- **126,000**
- **-**
- **-**
- **126,000**

### Line 11G
- **111,451,000**
- **(29,082,000)**
- **-**
- **82,369,000**

### Line 12
- **12,487,000**
- **(9,935,000)**
- **-**
- **2,552,000**

### Line 13
- **740,348,000**
- **(6,832,000)**
- **-**
- **733,516,000**

### Line 14
- **81,060,000**
- **(76,757,000)**
- **-**
- **4,303,000**

### Line 16
- **160,691,000**
- **(19,440,000)**
- **-**
- **141,251,000**

### Line 17
- **9,720,000**
- **(1,959,000)**
- **-**
- **7,761,000**

### Line 20
- **46,654,000**
- **(46,654,000)**
- **-**
- **-**

### Line 22
- **158,570,000**
- **(51,168,000)**
- **-**
- **107,402,000**

### Line 23
- **37,438,000**
- **9,839,000**
- **-**
- **47,277,000**

### Line 24
- **296,621,000**
- **(107,336,000)**
- **437,521,000**
- **626,806,000**

### Line 25
- **3,614,932,000**
- **(676,694,000)**
- **437,521,000**
- **3,375,759,000**

**TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF $3,614,932,000**

**CONSISTED OF $3,368,759,000 PROGRAM SERVICE EXPENSES, $232,909,000 OF MANAGEMENT AND GENERAL EXPENSES, AND $13,264,000 OF FUNDRAISING EXPENSES.**
### PART X - BALANCE SHEET

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<th>UH GROUP AND</th>
<th>UH PARENT</th>
<th>ELIMINATIONS</th>
<th>UH GROUP</th>
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<tbody>
<tr>
<td>UH PARENT</td>
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<td>PARENT)</td>
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<th>LINE</th>
<th>Amount</th>
<th>Eliminations</th>
<th>Amount</th>
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<td>609,621,000</td>
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<td>1,576,951,000</td>
<td>177,990,000</td>
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<td>6,519,000</td>
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<td>Before</td>
<td>Change</td>
<td>After</td>
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<td>Net Assets Released from Restriction</td>
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<td>Investment in Subsidiaries</td>
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<td>Additional Minimum Liability</td>
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<td>Equity Transfers</td>
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<td>Other Changes in Fund Balance</td>
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<td>88,357,000</td>
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<td>Change in Beneficial Interest Foundations</td>
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<td>Total to Form 990, Part XI, Line 9</td>
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<td>-93,112,000</td>
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### Part I: Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>Name of disregarded entity</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Total income</th>
<th>End-of-year assets</th>
<th>Direct controlling entity</th>
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</thead>
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<tr>
<td>MEDINA COMMUNITY HEALTHCARE PROPERTIES</td>
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<td>UHHS</td>
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<td>CLEVELAND, OH 44106</td>
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<tr>
<td>JWR COMMERCIAL PROPERTIES, LLC</td>
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<td>OHIO</td>
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<td>0.</td>
<td>UHHS</td>
</tr>
<tr>
<td>CLEVELAND, OH 44106</td>
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<tr>
<td>CHESTER ROAD COMMERCIAL PROPERTIES, LLC</td>
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<tr>
<td>UH HEALTH SOLUTIONS, LLC</td>
<td>SUPPORT SERVICES</td>
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<td>0.</td>
<td>0.</td>
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### 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.

<table>
<thead>
<tr>
<th>Name of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Exempt Code section</th>
<th>Status (if section 501(c)(3))</th>
<th>Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARMA HOSPITAL HEALTH CARE FOUNDATION - 34-1626664, 7007 POWERS BLVD, PARMA, OH 44129</td>
<td>SUPPORT HOSPITAL</td>
<td>OHIO</td>
<td>501(C)(3)</td>
<td>TYPE I</td>
<td>UHPMC</td>
</tr>
<tr>
<td>SAMARITAN HOSPITAL FOUNDATION - 34-1783215 663 EAST MAIN ST ASHLAND, OH 44805</td>
<td>SUPPORT HOSPITAL</td>
<td>OHIO</td>
<td>501(C)(3)</td>
<td>TYPE I</td>
<td>UHSRMC</td>
</tr>
<tr>
<td>ROBINSON MEMORIAL HOSPITAL FOUNDATION - 34-1510544, 6847 N CHESTNUT ST, RAVENNA, OH 44266</td>
<td>SUPPORT HOSPITAL</td>
<td>OHIO</td>
<td>501(C)(3)</td>
<td>TYPE I</td>
<td>UHRHS</td>
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<tr>
<td>ELYRIA MEDICAL CENTER FOUNDATION - 61-1579760, 630 EAST RIVER STREET, ELYRIA, OH 44035</td>
<td>SUPPORT HOSPITAL</td>
<td>OHIO</td>
<td>501(C)(3)</td>
<td>TYPE I</td>
<td>UHEMC</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part I

**Continuation of Identification of Disregarded Entities**

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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<tbody>
<tr>
<td>UH HEALTH VENTURES, LLC</td>
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<tr>
<td>11100 EUCLID AVE.</td>
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<tr>
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<tr>
<td>UH RESEARCH EDUCATION AND COLLABORATION LLC</td>
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<tr>
<td>- 27-1287585, 11100 EUCLID AVE., CLEVELAND,</td>
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### Part II Continuation of Identification of Related Tax-Exempt Organizations

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<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled organization?</th>
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<tr>
<td>5805 EUCLID INC. - 81-4962989</td>
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<td>3605 WARRENSVILLE CENTER ROAD</td>
<td>SUPPORT HOSPITAL</td>
<td>OHIO</td>
<td>501(C)(3)</td>
<td>TYPE I</td>
<td>UHCMC</td>
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<td>UNIVERSITY HOSPITALS HEALTH SYSTEM - HEATHER</td>
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<td>HILL, INC. - 34-0771884, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122</td>
<td>INACTIVE</td>
<td>OHIO</td>
<td>501(C)(3)</td>
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<td>AMHERST HOSPITAL ASSOCIATION INC -</td>
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<td>34-0067060, 630 EAST RIVER STREET, ELYRIA, OH 44035</td>
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<td>OHIO</td>
<td>501(C)(3)</td>
<td>LINE 3</td>
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<td>FUND FOR CURES UK, LTD.</td>
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<tr>
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<td>GRANT FUNDING</td>
<td>OHIO</td>
<td>N/A</td>
<td>N/A</td>
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<td>KETTERING MOHICAN AREA MEDICAL CENTER INC.</td>
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<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
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### Part III: Identification of Related Organizations Taxable as a Partnership

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<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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<tbody>
<tr>
<td>SAMARITAN REGIONAL PAIN MANAGEMENT LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805</td>
<td>MEDICAL SERVICES</td>
<td>OH</td>
<td>RELATED</td>
<td>506,463</td>
<td>341,700</td>
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<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>51.00%</td>
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<tr>
<td>UHHS ENDOSCOPY HOLDINGS LLC - 83-1284090, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122</td>
<td>MEDICAL SERVICES</td>
<td>OH</td>
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<td>N/A</td>
<td>N/A</td>
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<tr>
<td>UH CANTON-ENDOSCOPY, LLC - 83-0638696, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122</td>
<td>MEDICAL SERVICES</td>
<td>OH</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

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<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) General or managing partner?</th>
<th>(k) Section 512(b)(13) controlled entity?</th>
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</thead>
<tbody>
<tr>
<td>WESTERN RESERVE ASSURANCE CO. LTD. SPC - 98-0462740, PO BOX 1051, GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS KY1 - 1102</td>
<td>INSURANCE</td>
<td>CAYMAN ISLANDS</td>
<td>UHHS</td>
<td>C CORP</td>
<td>0</td>
<td>0</td>
<td>100%</td>
<td>X</td>
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</tr>
<tr>
<td>UNIVERSITY HOSPITALS HOLDINGS, INC. - 34-1768931, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>HOLDING COMPANY</td>
<td>OH</td>
<td>UHHS</td>
<td>C CORP</td>
<td>472,014,740</td>
<td>63,240,814</td>
<td>100%</td>
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<tr>
<td>UNIVERSITY HOSPITALS PHYSICIAN SERVICES - 34-1768929, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>PHYSICIAN</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>UNIVERSITY PRIMARY CARE PRACTICES INC. - 34-1768928, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>ADMINISTRATION</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM MCO - 34-1843674, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>PHYSICIAN GROUP</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN 90-0059117</td>
<td>MEDICAL</td>
<td>OH</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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## Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Direct controlling entity</th>
<th>Type of entity (C corp, S corp, or trust)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Percentage ownership</th>
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<tr>
<td>UHHS PROVIDER &amp; CENTRAL VERIFICATION ORG - 34-1908517, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>MEDICAL MANAGEMENT</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>CEDAR BRAINARD SURGERY CENTER INC. - 20-4957632, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>HOLDING COMPANY</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES - 34-1510005, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>MEDICAL MANAGEMENT</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
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<tr>
<td>BMH DEVELOPMENT CORP. - 34-1346212</td>
<td>LAND DEVELOPMENT</td>
<td>OH</td>
<td>CONNEAUT</td>
<td>MEDICAL CENTER</td>
<td>C CORP</td>
<td>48,551.</td>
<td>242,166.</td>
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<td>CENTER FOR ORTHOPEDICS, INC. - 34-1665082</td>
<td>PHYSICIANS GROUP</td>
<td>OH</td>
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<td>C CORP</td>
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<td>COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122</td>
<td>PHYSICIAN</td>
<td>OH</td>
<td>UHCHCO, INC.</td>
<td>C CORP</td>
<td>1,043,108.</td>
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<td>ADMINISTRATION</td>
<td>OH</td>
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<td>MEDICAL CENTER</td>
<td>C CORP</td>
<td>21,419,288.</td>
<td>2,743,088.</td>
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<td>POWERS PROFESSIONAL CORPORATION - 34-1735290</td>
<td>PHYSICIANS GROUP</td>
<td>OH</td>
<td>UHCHCO, INC.</td>
<td>MEDICAL CENTER</td>
<td>C CORP</td>
<td>94,751.</td>
<td>589.</td>
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<tr>
<td>EMH PROFESSIONAL SERVICES, INC. - 34-1778419</td>
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<td>OH</td>
<td>UHCHCO, INC.</td>
<td>MEDICAL CENTER</td>
<td>C CORP</td>
<td>1,952,848.</td>
<td>7,381,652.</td>
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<tr>
<td>UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION INC. - 81-3836118, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH</td>
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<td>C CORP</td>
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<td>PHYSICIANS GROUP</td>
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<td>MEDICAL CENTER</td>
<td>C CORP</td>
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<tr>
<td>BMH DEVELOPMENT CORP. - 34-1346212</td>
<td>PHYSICIANS GROUP</td>
<td>OH</td>
<td>UHCHCO, INC.</td>
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<td>C CORP</td>
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<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
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<td>C CORP</td>
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<td>EMH PROFESSIONAL SERVICES, INC. - 34-1778419</td>
<td>PHYSICIANS GROUP</td>
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<td>C CORP</td>
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<td>C CORP</td>
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<td>MEDICAL CENTER</td>
<td>C CORP</td>
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<td>C CORP</td>
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<td>C CORP</td>
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Yes No
### Part IV  Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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<td>OH</td>
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<td>C CORP</td>
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<td>PHYSICIAN</td>
<td>OH</td>
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<td>WESTSHORE PRIMARY CARE ASSOCIATES, INC. - 34-1675567</td>
<td></td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>-529.</td>
<td>286,980</td>
<td>100%</td>
<td>X</td>
</tr>
<tr>
<td>3605 WARRENSVILLE CNTR RD</td>
<td>ADMINISTRATION</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
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<tr>
<td>COMMUNITY MEDICAL GROUP, LLC - 45-3023969</td>
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<tr>
<td>3605 WARRENSVILLE CNTR RD</td>
<td>PHYSICIANS GROUP</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
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<td></td>
<td></td>
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<tr>
<td>EMH MEDICAL OFFICE BUILDING IN AVON, INC. - 34-1935407</td>
<td></td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3605 WARRENSVILLE CNTR RD</td>
<td>REAL ESTATE</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>73,353.</td>
<td>17,848.</td>
<td>100%</td>
<td>X</td>
</tr>
<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
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<td></td>
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<tr>
<td>EMH SHEFFIELD MEDICAL BUILDING CONDOMINIUM</td>
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<tr>
<td>ASSOCIATION - 26-0636602, 3605 WARRENSVILLE CNTR RD</td>
<td></td>
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<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
<td>REAL ESTATE</td>
<td>OH</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
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<tr>
<td>SHAKER HEIGHTS, OH 44122</td>
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<td></td>
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</tr>
</tbody>
</table>
Part V Transactions With Related Organizations. Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 35b, or 36.

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

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

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Amount Involved</th>
<th>Method of Determining Amount Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
<td>726,281</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>1b Gift, grant, or capital contribution to related organization(s)</td>
<td>826,985</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>1c Gift, grant, or capital contribution from related organization(s)</td>
<td>282,405</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>1d Loans or loan guarantees to or for related organization(s)</td>
<td>1,642,248</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>1e Loans or loan guarantees by related organization(s)</td>
<td>211,576</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>1f Dividends from related organization(s)</td>
<td>7,324,225</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>1g Sale of assets to related organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Purchase of assets from related organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1i Exchange of assets with related organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1j Lease of facilities, equipment, or other assets to related organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1k Lease of facilities, equipment, or other assets from related organization(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1l Performance of services or membership or fundraising solicitations for related organization(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1m Performance of services or membership or fundraising solicitations by related organization(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1o Sharing of paid employees with related organization(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1p Reimbursement paid to related organization(s) for expenses</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1q Reimbursement paid by related organization(s) for expenses</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1r Other transfer of cash or property to related organization(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1s Other transfer of cash or property from related organization(s)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Related Organization</th>
<th>Transaction Type</th>
<th>Amount Involved</th>
<th>Method of Determining Amount Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICIAN SERVIC</td>
<td>A</td>
<td>726,281</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS PHYSICIAN SERVICES TO UNIVERSITY HOSPITALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. JOH</td>
<td>A</td>
<td>826,985</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS CLEV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>282,405</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>1,642,248</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UN REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN</td>
<td>A</td>
<td>211,576</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>7,324,225</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>-----</td>
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</tr>
<tr>
<td>Name of other organization</td>
<td>Transaction type (a-r)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>POWERS PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>A</td>
<td>189,697.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>PRL CORPORATION FROM THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION</td>
<td>A</td>
<td>581,834.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>PRL CORPORATION FROM UNIVERSITY HOSPITALS MEDICAL GROUP, INC.</td>
<td>A</td>
<td>64,513.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>PRL CORPORATION FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC.</td>
<td>A</td>
<td>605,328.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND</td>
<td>A</td>
<td>71,100.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>COMPREHENSIVE VENTURES UNLIMITED, INC. FROM UH MANAGEMENT SERVICES ORG</td>
<td>A</td>
<td>599,418.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>NORTH OHIO HEART, INC. FROM EMH REGIONAL MEDICAL CENTER</td>
<td>A</td>
<td>141,691.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS MEDICAL GROUP TO UNIVERSITY HOSPITALS ST. JOHN MEDICAL</td>
<td>A</td>
<td>51,491.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS PHYSICI</td>
<td>A</td>
<td>8,613,052.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS MEDICAL</td>
<td>A</td>
<td>2,804,316.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN</td>
<td>A</td>
<td>64,042.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UH REGIONAL HOSPITALS - RICHMOND CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYST</td>
<td>A</td>
<td>122,207.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS LAB</td>
<td>A</td>
<td>165,015.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS MED</td>
<td>A</td>
<td>1,604,499.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER, INC. FROM UNIVERSITY HOSPITA</td>
<td>A</td>
<td>1,390,324.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY</td>
<td>A</td>
<td>115,802.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS GEauga MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSIC</td>
<td>A</td>
<td>288,361.</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS GEauga MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S</td>
<td>A</td>
<td>582,741.</td>
<td>GENERAL LEDGER</td>
</tr>
</tbody>
</table>
## Part V  Continuation of Transactions With Related Organizations  
(Schedule R (Form 990), Part V, line 2)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of other organization</td>
<td>Transaction type (a=r)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY</td>
<td></td>
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</tr>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND</td>
<td>A</td>
<td>723,705</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UH REGIONAL HOSPITALS - BEDF</td>
<td>A</td>
<td>59,570</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY</td>
<td>A</td>
<td>884,810</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS AHUJA M</td>
<td>A</td>
<td>64,484</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS GENEVA</td>
<td>A</td>
<td>424,704</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY</td>
<td>A</td>
<td>60,395</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>COMPREHENSIVE VENTURES UNLIMITED, INC. FROM ELYRIA MEDICAL CENTER</td>
<td>A</td>
<td>246,042</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>5805 EUCLID, INC. FROM UNIVERSITY HOSPITALS CLEVELAND</td>
<td>A</td>
<td>299,784</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS</td>
<td>A</td>
<td>428,175</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>SAMARITAN PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>12,655,162</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY</td>
<td>R</td>
<td>233,244,804</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>5805 EUCLID, INC. FROM UNIVERSITY HOSPITALS CLEVELAND</td>
<td>A</td>
<td>246,042</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER</td>
<td>R</td>
<td>497,931</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>12,655,162</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UH REGIONAL HOSPITALS - BEDFORD CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTEM</td>
<td>R</td>
<td>8,165,672</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH</td>
<td>R</td>
<td>2,862,077</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>SAMARITAN REGIONAL HEALTH SYSTEM TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>6,050,293</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC. TO UNIVERSITY HOSPITALS HEALTH</td>
<td>R</td>
<td>9,882,839</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS ACO INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>7,973,057</td>
<td>GENERAL LEDGER</td>
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</tbody>
</table>
### Part V  Continuation of Transactions With Related Organizations  
(Schedule R (Form 990), Part V, line 2)

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY CARE NETWORK TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>742,992.00</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>ST. JOHN MEDICAL GROUP TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>2,585,184.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>SPONSORED ACTIVITY TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>11,927,306.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>COMPARE TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>75,195.00</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS MEDICAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>134,811,375.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>5805 EUCLID, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. ELYRIA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>1,305,812.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>PORTAGE HEALTH AFFILIATES TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>24,616,627.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>CENTER FOR ORTHOPEDICS, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</td>
<td>R</td>
<td>604,482.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS HOME CARE</td>
<td>S</td>
<td>19,551,392.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS LABORATORIES</td>
<td>S</td>
<td>4,167,973.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO HEALTH DESIGN PLUS</td>
<td>S</td>
<td>499,181.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO POWERS PROFESSIONAL CORPORATION</td>
<td>S</td>
<td>322,861.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO THE PARMA COMMUNITY GENERAL</td>
<td>S</td>
<td>2,129,815.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS CONNEAUX</td>
<td>S</td>
<td>2,327,140.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS PHYSICIANS</td>
<td>S</td>
<td>242,333,212.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS ACO NFP FROM UNIVERSITY HOSPITAL HEALTH SYSTEM, INC.</td>
<td>S</td>
<td>912,562.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO ST. JOHN MEDICAL GROUP</td>
<td>S</td>
<td>750,756.00</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>---</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Name of other organization</td>
<td>Transaction type (a-r)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH REGIONAL HOSPITALS - RICH</td>
<td>S</td>
<td>10,396,142</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>COMPREHENSIVE VENTURES UNLIMITED FROM UNIVERSITY HOSPITALS HEALTH SYST</td>
<td>S</td>
<td>180,526</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>NORTH OHIO HEART, INC. FROM UNIVERSITY HOSPITALS HEALTH SYST</td>
<td>S</td>
<td>12,506,441</td>
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<td>S</td>
<td>531,296</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO WESTSHORE PRIMARY CARE ASSOC</td>
<td>S</td>
<td>414,686</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS MEDICAL</td>
<td>S</td>
<td>63,832,622</td>
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<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH AHUJA MEDICAL CENTER</td>
<td>K</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH CLEVELAND MEDICAL CENTER</td>
<td>K</td>
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<td>5805 EUCLID, INC. TO UH CLEVELAND MEDICAL CENTER</td>
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<tr>
<td>UHRH BEDFORD MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER</td>
<td>K</td>
<td>71,100</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UHRH RUCHMOND MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER</td>
<td>K</td>
<td>723,705</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>ST. JOHN MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER</td>
<td>K</td>
<td>1,390,324</td>
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<tr>
<td>PORTAGE MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER</td>
<td>K</td>
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<tr>
<td>NORTH OHIO HEART, INC. TO EMH REGIONAL MEDICAL CENTER</td>
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<tr>
<td>COMPREHENSIVE VENTURES UNLIMITED TO EMH REGIONAL MEDICAL CENTER</td>
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<td>60,395</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO GEAUGA MEDICAL CENTER</td>
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<td>582,741</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO GENEVA MEDICAL CENTER</td>
<td>K</td>
<td>64,484</td>
<td>GENERAL LEDGER</td>
</tr>
</tbody>
</table>
**Part V** Continuation of Transactions With Related Organizations  
(Schedule R (Form 990), Part V, line 2)

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type (a-r)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRL CORPORATION TO THE PARMA COMMUNITY GENERAL HOSPITAL</td>
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<td>GENERAL LEDGER</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO POWERS PROFESSIONAL CORP</td>
<td>K</td>
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<tr>
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<tr>
<td>UH CLEVELAND MEDICAL CENTER TO UH LAB SERVICES FOUNDATION</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>8,613,052</td>
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</tr>
<tr>
<td>UHRH BEDFORD MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>211,576</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UH GEAUGA MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>288,361</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UH CONNEAUT MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>115,802</td>
<td>GENERAL LEDGER</td>
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<td>UHRH RICHMOND MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>64,042</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>SAMARITAN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>726,281</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UH ST. JOHN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>826,985</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>UH PORTAGE MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>1,642,248</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UH PHYSICIANS SERVICES</td>
<td>K</td>
<td>299,784</td>
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<tr>
<td>PRL CORPORATION TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>605,328</td>
<td>GENERAL LEDGER</td>
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<tr>
<td>COMPREHENSIVE VENTURES UNLIMITED TO UH PHYSICIANS SERVICES ORG</td>
<td>K</td>
<td>599,418</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHRH BEDFORD MEDICAL CENTER</td>
<td>K</td>
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<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHRH RICHMOND MEDICAL CENTER</td>
<td>K</td>
<td>122,207</td>
<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS MEDICAL GR</td>
<td>K</td>
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<td>GENERAL LEDGER</td>
</tr>
<tr>
<td>(a) Name of other organization</td>
<td>(b) Transaction type (a-r)</td>
<td>(c) Amount involved</td>
<td>(d) Method of determining amount involved</td>
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<tr>
<td>UH CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS MEDICAL GROUP</td>
<td>K</td>
<td>1,604,499.96</td>
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<tr>
<td>UH ST. JOHN MEDICAL CENTER TO UNIVERSITY HOSPITALS MEDICAL GROUP</td>
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<td>PRL CORPORATION TO UNIVERSITY HOSPITALS MEDICAL GROUP</td>
<td>K</td>
<td>64,513.00</td>
<td>GENERAL LEDGER</td>
</tr>
</tbody>
</table>
### 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.

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

Schedule R (Form 990) 2018
Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.
Electronic Filing PDF Attachment
2017 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY

Adopted by University Hospitals, September 13, 2017.
This plan was updated on March 20, 2018.
INTRODUCTION

In 2017, University Hospitals Avon Rehabilitation Hospital ("Hospital") conducted a community health needs assessment ("CHNA") of the geographic areas served by the hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code. The assessment was adopted by University Hospitals on September 13, 2017.

This is the first UH Avon Rehabilitation Hospital CHNA in response to the federal government regulation. The 2017 UH Avon Rehabilitation Hospital CHNA served as the foundation for developing an implementation strategy to address those needs that (a) the Hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the Hospital’s service area. This implementation strategy (Strategy), also required by Section 501(r), documents the Hospital’s efforts to address the community health needs identified in the 2017 CHNA.

The Strategy identifies the means through which the Hospital plans to address a number of the needs that are consistent with the Hospital’s mission from 2017 through 2018 as part of its community benefit programs. Beyond these programs, the Hospital is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day.

It is important to note that UH Avon Rehabilitation Hospital is in a unique situation in terms of timing for its CHNA and implementation strategy. The Hospital has only been open since January 2016. UH Avon Rehabilitation Hospital will have less than a year to implement the strategy (October 2017-June 30, 2018)*. UH Avon Rehabilitation Hospital will complete its next CHNA in 2018 to align with the rest of the University Hospital facilities.

The Hospital anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2017 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospital in the Strategy. During 2017 and throughout 2018, other community organizations may address certain needs, indicating that the Hospital’s strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2017 CHNA. In addition, changes may be warranted by the publication of final regulations.

* The implementation period was extended by six months and approved by University Hospitals on March 20, 2018. The new period is October 1, 2017-December, 31, 2018.

WRITTEN COMMENTS

Individuals are encouraged to submit written comments, questions, or other feedback about the UH Avon Rehabilitation Hospital Implementation Plan at communitybenefit@UHhospitals.org. Please make sure to include the name of the UH Facility that you are commenting about, and if possible, a reference to the appropriate section within the Implementation Plan.

OVERVIEW OF THE IMPLEMENTATION STRATEGY

The Strategy includes the following information:

1. UH Avon Rehabilitation Hospital Purpose and Mission Statement
2. Communities Served by UH Avon Rehabilitation Hospital
3. Observations from the 2017 CHNA
4. Priority Community Health Needs
5. Implementation Strategies: 2017-2018
6. Needs Not Being Addressed by the UH Avon Rehabilitation Implementation Plan
7. Community Collaborations

1 The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adds new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. UH Avon Rehabilitation Hospital followed the final rule entitled “Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals”; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.
1. UH AVON REHABILITATION HOSPITAL
PURPOSE AND MISSION STATEMENT
The purpose statement of UH Avon Rehabilitation Hospital is to "Restore, Redefine and Rediscover." Its mission is "To rebuild lives by setting the standard in rehabilitation care through education, compassion and dedicated services.” In addition, the Hospital is committed to the mission statements of its parent companies – University Hospitals Health System, Inc. (“University Hospitals” or “UH) and Kindred Healthcare (“Kindred”) identified in the 2017 CHNA. In addition, changes may be warranted by the publication of final regulations.

2. COMMUNITIES SERVED BY UH AVON REHABILITATION HOSPITAL
UH Avon Rehabilitation Hospital is located in the City of Avon in Lorain County, Ohio. UH Avon Rehabilitation Hospital’s primary and secondary service areas are almost exclusively contained within Cuyahoga and Lorain counties. The primary service area for UH Avon Rehabilitation Hospital includes Avon and the seven communities immediately surrounding it (Elyria, North Ridgeville, Westlake, Avon Lake, North Olmsted, Sheffield Lake/Village and Bay Village). The seven communities that comprise UH Avon Rehabilitation Hospital’s secondary service area are Lorain, Cleveland, Lakewood, Rocky River, Grafton, Olmsted Falls and Amherst.

Prepared by: The Center for Health Affairs, May 2017
UH Avon Rehabilitation Hospital's Market Area and Population Served, by the Numbers

- Service Area Population: 2015 - 358,607
- 66.9% of patient discharges were residents of its primary market area; 22.2% were residents of its secondary market area.
- 74.5% were Medicare patients; 13.3% were insured through a commercial payer; 11.9% were Medicaid patients.
- Almost two-thirds (63%) of patients admitted in 2016 were senior citizens.
- Almost half of inpatients treated in 2016 were receiving rehabilitation services because of a stroke or other neurological condition or trauma.

Population Trends:

- 21.6% of individuals living in the service area are under age 18; 62.2% are aged 18 to 64; 16.2% are aged 65 and older.
- The population within the service area shows a lower level of poverty (10.6%) than either Cuyahoga County (11.6%) or Lorain County (14.6%) as a whole.
- The Hospital's service area is majority White (90.1%). Only 9.8% of the population is a race other than White. African Americans comprise the largest proportion of racial minorities (4.9%) within the region.
- The educational level of the population in the service area mirrors that of the region overall. Adults are about evenly split among those at the high school level or less (36.3%); some college, or a two-year degree (31.7%); four-year degree or more (32.0%).

3. OBSERVATIONS FROM THE 2017 CHNA

Poor health status results when a complex interaction of challenging social, economic, environmental and behavioral factors combined with a lack of access to care are present. Addressing these root causes is an important way to improve a community's quality of life and to reduce mortality and morbidity.

Key findings from analyses of the Hospital's market area population that relate to health are as follows:

- Females are somewhat more likely to be living in poverty (11.8%) than males (9.4%).
- Lorain County's unemployment rate of 7.2% ranks 16th highest in Ohio and Cuyahoga County's unemployment rate of 6.7% places it 24th highest in Ohio compared to Ohio's 88 counties.
- Race is strongly associated with economic status in the Hospital's service area. Almost one-third (31.5%) of African Americans were living in poverty in 2015, three times that of their White counterparts in the service area (9.1%). Those of Hispanic or Latino descent fare better economically (14.9%) than African Americans (31.5%), but worse than White individuals (9.1%).
- Educational attainment is strongly associated with economic status. The educational level of the population in the service area mirrors that of the region overall. Adults are about evenly split among those at the high school level or less (36.3%); some college or a two-year degree (31.7%); four-year degree or more (32.0%).

4. PRIORITY COMMUNITY HEALTH NEEDS

After careful analysis of both qualitative and quantitative data, the Hospital identified one broad priority health need that impacts the community served by the Hospital - obesity.

<table>
<thead>
<tr>
<th>Identified Health Needs</th>
<th>Priorities for 2017-2018</th>
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<tbody>
<tr>
<td>Vulnerable Populations</td>
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</tr>
<tr>
<td>Services for the isolated and elderly</td>
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</tr>
<tr>
<td>Lower income and uninsured</td>
<td>No</td>
</tr>
<tr>
<td>Access</td>
<td></td>
</tr>
<tr>
<td>Cost of care</td>
<td>No</td>
</tr>
<tr>
<td>Lack community or family support</td>
<td>No</td>
</tr>
<tr>
<td>Transportation</td>
<td>No</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes</td>
<td>No</td>
</tr>
<tr>
<td>Behavioral health needs</td>
<td>No</td>
</tr>
<tr>
<td>Acute Condition</td>
<td></td>
</tr>
<tr>
<td>Neurological condition or trauma</td>
<td>No</td>
</tr>
<tr>
<td>Orthopedic condition</td>
<td>No</td>
</tr>
</tbody>
</table>
5. IMPLEMENTATION STRATEGIES: 2017 – 2018

UH Avon Rehabilitation Hospital, through its Mission, intends to meet community health needs through its provision of ongoing community benefit programs and services. UH Avon Rehabilitation Hospital will continue this commitment through the strategic initiatives set forth here that focus primarily on the gaps/needs identified in the 2017 Community Needs Assessment (CHNA). All individuals are treated with respect regardless of their individual financial circumstances. No one is denied or delayed emergency or medically necessary care because of an inability to pay for services. UH has a comprehensive Financial Assistance Program which can be accessed online at UHhospitals.org/FinancialAssistance or you may call Customer Service at 216-844-8299 or 800-859-5906 for more information.

It is important to note that UH Avon Rehabilitation Hospital is in a unique situation in terms of timing for its CHNA and implementation strategy. The Hospital has only been open since January 2016 and will have less than a year to implement the strategy (October 2017-June 30, 2018). UH Avon Rehabilitation Hospital will complete its next CHNA in 2018 to align with the rest of the University Hospital facilities.

The program described in this implementation strategy emphasizes the new initiative that has been adopted to meet the needs in the 2017 Community Health Needs Assessment. This priority was selected based on input from the broad interests of the community as well as data regarding hospital discharges and data collection from secondary sources. In particular, the high prevalence of chronic disease. The top five leading causes of death in Lorain County were cancer, heart disease, stroke, accidental death and diabetes. Obesity topped the chart in terms of most prevalent morbidity in adults and youth (29.4%). This information was discussed and vetted with key leaders from the UH Avon Rehabilitation Hospital’s core medical and administrative team. Participants included the hospital President, Chief Clinical Officer, Director of Quality, Director of Business Development, Controller and Director of Human Resources.

<table>
<thead>
<tr>
<th>University Hospitals Avon Rehabilitation Hospital</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>CHNA Health Issue:</td>
<td>Obesity</td>
</tr>
<tr>
<td>Description of the health issue:</td>
<td>Obesity is a health factor related to stroke. Strokes are the number one cause for admission to UH Avon Rehabilitation Hospital.</td>
</tr>
<tr>
<td>Goal:</td>
<td>Launch a wellness program emphasizing weight issues at UH Avon Rehabilitation Hospital.</td>
</tr>
<tr>
<td>Objective:</td>
<td>Increase awareness of, access to, and participation in UH Avon Rehabilitation Hospital’s wellness program.</td>
</tr>
<tr>
<td>Strategies and Anticipated Outcomes:</td>
<td></td>
</tr>
<tr>
<td>1. Promote the existence of UH Avon Rehabilitation Hospital’s wellness program in the community (e.g. libraries, churches, primary care, etc.).</td>
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<tr>
<td>2. Refer patients to existing wellness programs that are available in locations convenient to the patient.</td>
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<tr>
<td>3. Create a flyer listing the wellness programs available at all partner organizations.</td>
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<tr>
<td>Evaluated Outcomes:</td>
<td></td>
</tr>
<tr>
<td>1. Increase the number of community members participating in UH Avon Rehabilitation Hospital’s wellness program by 100% from the first to the last class.</td>
<td></td>
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<tr>
<td>2. Offer one wellness program per quarter during the evaluation period.</td>
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<tr>
<td>3. Market the wellness program through traditional posters/flyers, digitally and through the use of other forms of media as appropriate.</td>
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</tbody>
</table>
6. IDENTIFIED NEEDS NOT BEING ADDRESSED BY UH AVON REHABILITATION IMPLEMENTATION PLAN

1. Services for the isolated and elderly
   While hospital social work staff assists with this issue during the course of clinical care, other organizations are better suited to impact this health need.

2. Lower income and uninsured
   While addressing the needs of lower income and uninsured patients is not specifically addressed in this plan, hospitals within the University Hospitals system participate in University Hospitals’ comprehensive Financial Assistance Program.

3. Cost of care
   While decreasing the cost of care is not specifically addressed in this plan, hospitals within the University Hospitals system participate in University Hospitals’ comprehensive Financial Assistance Program.

4. Lack community or family support
   Prior to discharge, hospital personnel ensure that patients are entering an environment with adequate support (i.e. case-managers work with patients to identify services that can help provide additional support once patients leave the Hospital).

5. Transportation
   Case managers work with patients to help address transportation barriers. However, the larger transportation infrastructure is not an issue that is within the Hospital’s locus of control.

6. Diabetes
   These services are provided as part of the routine standard of care. In addition, diabetes prevention is indirectly addressed by raising awareness with the wellness program.

7. Behavioral health needs
   Resource constraints impact the Hospital’s ability to adequately address this issue and other UH hospitals and community partners have robust mental health services.

8. Neurological condition or trauma
   These services are provided as part of the routine standard of care. In addition, this is indirectly addressed by raising awareness with the stroke support group.

9. Orthopedic condition
   These services are provided as part of the routine standard of care.

7. COMMUNITY COLLABORATIONS

The Hospital plans to collaborate with the following organizations. This is only a partial list of all current and potential collaborators:

- Avon YMCA
- Cuyahoga County Board of Health
- Elyria YMCA
- LifeCare Ambulance Service
- Lorain County Board of Health
- Local Clergy
- UBER
- Weight Watchers
- UH Elyria Medical Center
- UH St. John Medical Center

Adoption of UH Avon Rehabilitation Hospital 2017 – 2018 Implementation Strategy

Adopted by University Hospitals, September 13, 2017.
University Hospitals

2019
Community Health Implementation Strategy
UH Geauga Medical Center
Geauga County
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  Ohio State Health Improvement Plan (SHIP)

Adoption by the Board

University Hospitals adopted the UH Geauga Medical Center Community Health Implementation

Community Health Implementation Strategy Availability

The Implementation Strategy can be found on University Hospitals’ website at
www.UHhospitals.org/CHNA-IS or a hard copy can be mailed upon request at
CommunityBenefit@UHhospitals.org.

Written Comments

Individuals are encouraged to submit written comments, questions or other feedback about the UH
Geauga Medical Center Implementation Strategy to CommunityBenefit@UHhospitals.org. Please
be sure to include the name of the UH facility that you are commenting about and, if possible, a
reference to the appropriate section within the Implementation Strategy.
Glossary

State Assessments and Plans

SHA (State Health Assessment)—A health assessment conducted by the state of Ohio to measure the health status of Ohioans. It is conducted every 3 years. The data collected from a SHA informs the state health improvement plan (SHIP).

SHIP (State Health Improvement Plan)—An improvement plan conducted by the state of Ohio that contains priorities, strategies, and measurable indicators to address health needs identified in the SHA. The SHIP is conducted every 3 years and serves as a guide for local improvement plans and hospital implementation strategies.

Hospital Assessments and Strategies

CHNA (Community Health Needs Assessment)—A health assessment conducted by hospitals to measure the health status of the population. It is required by Section 501(r) of the Internal Revenue Code and conducted every 3 years. The data collected from a CHNA informs the implementation strategy (IS).

IS (Implementation Strategy)—A hospital plan that identifies priorities, strategies, and measurable indicators to address health needs identified in the CHNA. It is required by Section 501(r) of the Internal Revenue Code and conducted every 3 years. IS’s are required to align with the SHIP beginning in 2020.

Local Health Department (LHD) Assessments and Plans

CHA (Community Health Assessment)—A collaborative, county-level health assessment conducted by the health department and other community members to measure the health status of the population. It is required by the Public Health Accreditation Board (PHAB) and is conducted every 3 years in Ohio. The data collected from a CHA informs the community health improvement plan (CHIP).

CHIP (Community Health Improvement Plan)—A collaborative, county-level improvement plan conducted by the health department and other community members that identifies priorities, strategies, and measurable indicators to address health needs identified in the CHA. It is required by the Public Health Accreditation Board (PHAB) and is conducted every 3 years in Ohio. CHIP’s are required to align with the SHIP beginning in 2020.

Miscellaneous

Ohio state law (ORC 3701.981)—A state law that requires all hospitals to collaborate with their local health departments on CHAs and CHIPs.

PHAB (Public Health Accreditation Board)—A national body that issues accreditation to health departments based on a set of standards. All health departments in Ohio are mandated to become accredited by 2020.
Acronyms

National, State, and Local Organizations

**CDC**—Centers for Disease Control and Prevention

**ODH**—Ohio Department of Health

**HCNO**—Hospital Council of Northwest Ohio

**UH**—University Hospitals

Miscellaneous

**BRFSS**—Behavioral Risk Surveillance System

**YRBSS**—Youth Risk Behavior Surveillance System

**NSCH**—National Survey of Children’s Health

**MAPP**—Mobilizing for Planning and Partnerships

**CHR**—County Health Rankings
Introduction

In 2018, University Hospitals Geauga Medical Center (the “Hospital”) conducted a community health needs assessments (a “CHNA”) compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) 3701.981. The 2018 CHNA served as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) the Hospital determined it is able to meet in whole or in part; (b) is otherwise part of UH’s mission; and (c) is not met (or are not adequately met) by other programs and services in the county. The IS identifies the means through which the Hospital plans to address a number of the needs that are consistent with the Hospital’s charitable mission as part of its community benefit programs. Additionally, the Hospital is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. The Hospital anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2018 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospital in the IS. More specifically, since this IS was done in conjunction with the existing Geauga County Community Health Improvement Plan, other community organizations will be addressing certain needs.

In addition, the Hospital worked together to align both its CHNA and IS with state plans. Ohio state law (ORC 3701.981) mandates that all hospitals must collaborate with their local health departments on community health assessments (a “CHA”) and community health improvement plans (a “CHIP”). Additionally, local hospitals must align with the Ohio State Health Assessment (a “SHA”) and Ohio State Health Improvement Plan (a “SHIP”); see Appendix A. This requires alignment of the CHNA and IS process timeline, indicators, and strategies. This local alignment must take place by October 2020.

Note: This symbol 📈 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. This symbol ⬇️, the Geauga County outline, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2018-2019 CHIP.

This aligned approach has resulted in less duplication, increased collaboration, and sharing of resources. This report serves as the initial IS to move the Hospital into a more collaborative approach with county partners. As a result of this alignment, the Hospital will be actively participating in the upcoming 2019 Geauga County CHA and CHIP process, which will align partners to be in compliance by 2020.

University Hospitals Health Systems, Inc. (“University Hospitals” or “UH”), contracted with the Hospital Council of Northwest Ohio (“HCNO”) to align the 2019 IS with the existing 2018-2019 Geauga County CHIP and the 2017-2019 SHIP.

HCNO guided the process and reviewed sources of primary data including the 2018 CHNA, 2016 hospital utilization and discharge data, the previous Hospital’s IS, the 2017 evaluation of impact and the 2018-2019 Geauga County CHIP. The goal was to identify strategies to address the priorities identified in the 2018 UH Geauga CHNA, being mindful of any new data or nuances that may have occurred since the 2016 Geauga County CHA was adopted. The following priorities were identified in the 2018 CHNA: mental health and addiction, chronic disease, and maternal and infant health, which mirror the priorities in the Geauga County CHIP.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, the Hospitals are committed to supporting the UH mission, “To Heal. To Teach. To Discover.” (the “Mission”), by providing a wide range of community benefits including clinical services, medical education and research. UH is an integrated
delivery system and thus can provide benefits by coordinating within and among various entities ("UH System").

**Community Served by the Hospital**

The community has been defined as Geauga County. About two-fifths (41%) of University Hospitals Geauga Medical Center’s discharges were Geauga County residents. In addition, University Hospital collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community.

**2018 CHNA Observations**

**Data Observations**

The 2018 UH Geauga Medical Center CHNA is a 165-page report that consists of county-level primary and secondary data for Geauga County. The following data are key findings from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: https://www.uhhospitals.org/about-uh/community-benefit/community-health-needs-assessment

- Six percent (6%) of Geauga County adults were uninsured in 2016.
- In 2016, 9% of Geauga County adults did not have at least one person they thought of as their personal doctor or healthcare provider.
- Three percent (3%) of Geauga County adults considered attempting suicide in 2016.
- According to the Ohio Department of Health (ODH), the suicide death rate for Geauga County was 11.5 per 100,000 population (age-adjusted) from 2012-2017.
- In 2016, 5% of Geauga County adults had used marijuana in the past 6 months, increasing to 13% of those under the age of 30.
- Five percent (5%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 13% of those under the age of 30.
- From 2012-2017, there were 21.1 unintentional resident drug overdose deaths per 100,000 population (age-adjusted) in Geauga County, according to ODH.
- Nearly than two-thirds (64%) of Geauga County adults were either overweight (37%) or obese (27%) by Body Mass Index (BMI) in 2016.
- Four percent (4%) Geauga County adults did not have any servings of fruits and vegetables on the average day in 2016.
- Nearly one in six (16%) adults did not participate in any physical activity in the past week, including 2% who were unable to exercise, in 2016.
- One in ten (10%) Geauga County adults were current smokers in 2016.
- In 2016, 51% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- In 2016, 3% of adults reported they had angina or coronary heart disease, increasing to 10% of those over the age of 65.
- In 2016, 9% of Geauga County adults had been diagnosed with diabetes, increasing to 25% of those with incomes less than $25,000.

**2018 CHNA Adult Trend Summary Table**

*N/A – Not Available*
<table>
<thead>
<tr>
<th>Adult Variables</th>
<th>Geauga County 2011</th>
<th>Geauga County 2016</th>
<th>Ohio 2016</th>
<th>U.S. 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Status and Coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rated health as excellent or very good</td>
<td>67%</td>
<td>63%</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td>Rated general health as fair or poor</td>
<td>6%</td>
<td>9%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Rated their mental health as not good on four or more days in the previous month</td>
<td>18%</td>
<td>28%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Average number of days that physical health was not good in the past month</td>
<td>N/A</td>
<td>3.8</td>
<td>3.7*</td>
<td>3.8*</td>
</tr>
<tr>
<td>Average number of days that mental health was not good in the past month</td>
<td>N/A</td>
<td>4.8</td>
<td>4.0*</td>
<td>3.8*</td>
</tr>
<tr>
<td>Uninsured</td>
<td>12%</td>
<td>6%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Had at least one person they thought of as their personal doctor or healthcare provider</td>
<td>51%</td>
<td>54%</td>
<td>83%</td>
<td>77%</td>
</tr>
<tr>
<td>Visited a doctor for a routine checkup in the past year</td>
<td>57%</td>
<td>59%</td>
<td>75%</td>
<td>71%</td>
</tr>
<tr>
<td>Unable to see doctor due to cost</td>
<td>12%</td>
<td>7%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had been diagnosed with diabetes</td>
<td>6%</td>
<td>9%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had been diagnosed with asthma</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Arthritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had been diagnosed with arthritis</td>
<td>34%</td>
<td>31%</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Cardiovascular Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had angina or coronary heart disease</td>
<td>N/A</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Had a heart attack</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Had a stroke</td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Has been diagnosed with high blood pressure</td>
<td>30%</td>
<td>27%</td>
<td>34%***</td>
<td>31%***</td>
</tr>
<tr>
<td>Has been diagnosed with high blood cholesterol</td>
<td>36%</td>
<td>36%</td>
<td>37%***</td>
<td>36%***</td>
</tr>
<tr>
<td>Had blood cholesterol checked within the past five years</td>
<td>N/A</td>
<td>86%</td>
<td>78%***</td>
<td>78%***</td>
</tr>
<tr>
<td><strong>Weight Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>38%</td>
<td>37%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Obese</td>
<td>22%</td>
<td>27%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Alcohol Consumption</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current drinker (drank alcohol at least once in the past month)</td>
<td>65%</td>
<td>69%</td>
<td>53%</td>
<td>54%</td>
</tr>
<tr>
<td>Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)</td>
<td>18%</td>
<td>26%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker (currently smokes some or all days)</td>
<td>14%</td>
<td>10%</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>Former smoker (smoked 100 cigarettes in lifetime and now do not smoker)</td>
<td>30%</td>
<td>27%</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Drug Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who used marijuana in the past six months</td>
<td>5%</td>
<td>5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adults who misused prescription drugs in the past six months</td>
<td>4%</td>
<td>5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Indicates alignment with the Ohio State Health Assessment

* 2015 BRFSS as compiled by 2017 Community Health Rankings
**Ohio and U.S. BRFSS reports women ages 21-65
***2015 Ohio and U.S. BRFSS
<table>
<thead>
<tr>
<th>Preventive Medicine</th>
<th></th>
<th>N/A</th>
<th>81%</th>
<th>75%</th>
<th>73%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a pneumonia vaccine in lifetime (age 65 and older)</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a flu vaccine in the past year (ages 65 and over)</td>
<td></td>
<td>41%</td>
<td>83%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>Had a mammogram in the past two years (age 40 and older)</td>
<td></td>
<td>77%</td>
<td>78%</td>
<td>74%</td>
<td>72%</td>
</tr>
<tr>
<td>Had a pap smear in the past three years</td>
<td></td>
<td>N/A</td>
<td>69%</td>
<td>82%**</td>
<td>80%**</td>
</tr>
<tr>
<td>Had a PSA test in within the past two years (age 40 and over)</td>
<td></td>
<td>N/A</td>
<td>56%</td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td>Had a digital rectal exam within the past year</td>
<td></td>
<td>30%</td>
<td>24%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th></th>
<th>N/A</th>
<th>28%</th>
<th>21%***</th>
<th>21%***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited in some way because of physical, mental or emotional problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th></th>
<th>2%</th>
<th>3%</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered attempting suicide in the past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Behavior</th>
<th></th>
<th>5%</th>
<th>2%</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had more than one sexual partner in past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Health</th>
<th>Adults who have visited the dentist in the past year</th>
<th>68%</th>
<th>79%</th>
<th>68%</th>
<th>66%</th>
</tr>
</thead>
</table>

N/A – Not Available

[1] Indicates alignment with the Ohio State Health Assessment

* 2015 BRFSS as compiled by 2017 Community Health Rankings

**Ohio and U.S. BRFSS reports women ages 21-65

***2015 Ohio and U.S. BRFSS
## 2018 CHNA Child Trend Summary Table

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Functional Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rated health as excellent or very good</td>
<td>96%</td>
<td>96%</td>
<td>94%</td>
<td>93%</td>
<td>96%</td>
<td>96%</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>Rated health as fair or poor</td>
<td>4%</td>
<td>4%</td>
<td>N/A</td>
<td>N/A</td>
<td>4%</td>
<td>4%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Dental care visit in past year</td>
<td>45%</td>
<td>63%</td>
<td>54%*</td>
<td>59%*</td>
<td>77%</td>
<td>85%</td>
<td>95%</td>
<td>91%</td>
</tr>
<tr>
<td>Diagnosed with asthma</td>
<td>6%</td>
<td>10%</td>
<td>9%</td>
<td>6%</td>
<td>11%</td>
<td>12%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Diagnosed with ADHD/ADD</td>
<td>1%</td>
<td>0%</td>
<td>2%**</td>
<td>3%**</td>
<td>10%</td>
<td>7%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Diagnosed with behavioral or conduct problems</td>
<td>4%</td>
<td>1%</td>
<td>3%**</td>
<td>5%**</td>
<td>4%</td>
<td>2%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>Diagnosed with vision problems that cannot be corrected</td>
<td>3%</td>
<td>1%</td>
<td>N/A</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>N/A</td>
<td>2%</td>
</tr>
<tr>
<td>Diagnosed with bone, joint, or muscle problems</td>
<td>2%</td>
<td>3%</td>
<td>N/A</td>
<td>N/A</td>
<td>2%</td>
<td>5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Diagnosed with epilepsy</td>
<td>2%</td>
<td>3%</td>
<td>N/A</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>N/A</td>
<td>1%</td>
</tr>
<tr>
<td>Diagnosed with a head injury</td>
<td>2%</td>
<td>1%</td>
<td>N/A</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
<td>N/A</td>
<td>2%</td>
</tr>
<tr>
<td>Diagnosed with diabetes</td>
<td>1%</td>
<td>1%</td>
<td>N/A</td>
<td>N/A</td>
<td>&lt;1%</td>
<td>1%</td>
<td>N/A</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Diagnosed with depression</td>
<td>1%</td>
<td>1%</td>
<td>N/A</td>
<td>N/A</td>
<td>2%</td>
<td>3%</td>
<td>N/A</td>
<td>2%</td>
</tr>
<tr>
<td>Experienced two or more adverse childhood experiences</td>
<td>N/A</td>
<td>6%</td>
<td>18%</td>
<td>12%</td>
<td>N/A</td>
<td>4%</td>
<td>29%</td>
<td>23%</td>
</tr>
</tbody>
</table>

### Health Care Coverage, Access and Utilization

<table>
<thead>
<tr>
<th><strong>Family Functioning, Neighborhood and Community Characteristics</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent reads to child everyday</td>
<td>35%</td>
<td>44%</td>
<td>39%</td>
<td>38%</td>
<td>13%</td>
<td>12%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Family eats a meal together every day of the week</td>
<td>38%</td>
<td>43%</td>
<td>51%</td>
<td>53%</td>
<td>15%</td>
<td>33%</td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>Child never attends religious services</td>
<td>27%</td>
<td>28%</td>
<td>N/A</td>
<td>N/A</td>
<td>18%</td>
<td>29%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Indicates alignment with the Ohio State Health Assessment
N/A – Not Available
*Ages 1-5 years old
**Ages 3-5
***The response rate for this question was significantly lower compared to 2011 Assessment. Please use numbers with caution.*
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood (0-5 Years Old)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never breastfed their child</td>
<td>N/A</td>
<td>17%</td>
<td>30%</td>
<td>21%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Middle Childhood (6-11 Years Old)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent felt child was usually/always safe at school</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>98%</td>
<td>99%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Child participated in 1 or more activities</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>51%</td>
<td>82%</td>
<td>76%</td>
</tr>
<tr>
<td>Parent Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s mental or emotional health is fair/poor</td>
<td>2%</td>
<td>20%***</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>12%***</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Father’s mental or emotional health is fair/poor</td>
<td>13%</td>
<td>24%***</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
<td>14%***</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>

N/A – Not Available
*Ages 1-5 years old
**Ages 3-5
***The response rate for this question was significantly lower compared to 2011 Assessment. Please use numbers with caution.
Priority Health Needs

Reminder: This symbol 📚, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. This symbol 📚, the Geauga County outline, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2018-2019 CHIP.

Priorities:

1. Mental Health and Addiction 📚 📚
2. Chronic Disease 📚 📚
3. Maternal and Infant Health 📚 📚

Cross-Cutting Factors:

1. Public health system, prevention and health behaviors 📚 📚

Significant Health Needs Not Being Addressed by the Hospital

The Partnership for a Healthy Geauga and key leadership at the Hospital agree that the focus should remain on the priorities identified above. This is based on the magnitude and severity of the conditions and the momentum already underway to address these needs. Although the Hospital is implementing strategies in all three of the 2018 CHNA priority areas, there are some initiatives within the focus areas that will be addressed by other Geauga partners based on their specific expertise, experience or resources. This include: a social marketing campaign promoting the availability of addiction prevention resources in Geauga county; school-based nutrition programming; WIC voucher distribution at farmer's markets and smoke-free worksite/housing advocacy.

Strategies to Address Health Needs

An ad hoc IS committee was convened in July 2018 to solicit input from key staff at the Hospital, including the Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Director of Clinical Services, Director of Operations and Community Outreach Nurse, affiliated community partners, and members of the Geauga County CHA-CHIP planning team. This committee was assembled to identify strategies that the Hospital will execute in view of lessons learned and current opportunities. To do this, the committee reviewed various sources of data including primary data from the 2018 CHNA, hospital utilization and discharge data from 2016, the evaluation of impact, and the previous 2016 IS. The committee agreed to continue the efforts of the previous IS. Therefore, the following strategies, goals and objectives were developed:
## Priority 1: Mental Health and Addiction

### Priority #1: Mental Health and Addiction

#### Strategy 1: Coordinated Care

**Goal:** Decrease drug abuse among adults.

**Objective:** By December 31, 2019, admit 10 patients per month to the inpatient medical stabilization program.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The admission coordinator will continue to screen individuals and refer them to the hospital’s inpatient medical stabilization program, or an appropriate outpatient treatment center if they do not qualify for inpatient services.</td>
<td>Adult</td>
<td>Admission Coordinator</td>
<td>December 31, 2019</td>
<td>Reduce unintentional drug overdose deaths: Number of deaths due to unintentional drug overdoses per 100,000 population (age adjusted) 🍼 <em>(Source for Data: ODH Public Health Data Warehouse)</em></td>
</tr>
</tbody>
</table>

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**

- Yes
- No

**Resources to address strategy:**

- Hospital-level resources: Program coordinator and admission coordinator
- Community-level resources: Ravenwood and other mental health services
## Priority #1: Mental Health and Addiction

### Strategy 2: First responder overdose response training (Naloxone Access)

**Goal:** Increase awareness of response strategies to opioid overdoses.

**Objective:** Train 150 first responders on opioid overdose response strategies by January 1, 2020.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Utilizing SAMHSA’s Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders, or another evidence-based program or toolkit, such as Project DAWN, train first responders (EMS, police and schools) on how to respond to and treat an opioid overdose, such as the use of naloxone. Increase awareness of free naloxone distribution for lay responders.</td>
<td>Adult</td>
<td>TBD</td>
<td>January 1, 2020</td>
<td>1. Reduce overdose deaths: Number of overdose-related deaths for EMS/Emergency Room 2. Increase naloxone distribution: Number of naloxone doses distributed 3. Increase referrals: Number of referrals to treatment</td>
</tr>
</tbody>
</table>

(Source for all Data: UH)

### Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

### Strategy identified as likely to decrease disparities?

- Yes
- No
- Strategy is not specific to the SHIP

### Resources to address strategy:

- Hospital-level resources: staff, UH pharmacy, Naloxone, curriculum
- Community-level resources: Narcan
## Priority 2: Chronic Disease

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1: The Wellness Navigator will continue to screen inpatients and outpatients, and facilitate scheduling services that are identified (i.e. mammogram, colonoscopy, calcium scoring, etc.)</td>
<td>Adult</td>
<td>Wellness Navigator</td>
<td>December 31, 2019</td>
<td>Increase patient referrals: Percent of inpatients and outpatients referred to another service by a Wellness Navigator. (Source for Data: UH)</td>
</tr>
</tbody>
</table>

### Type of Strategy:
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

### Strategy identified as likely to decrease disparities?
- Yes
- No
- Strategy is not specific to the SHIP

### Resources to address strategy:
- Hospital-level resources: Wellness navigator.
- Community-level resources: N/A
### Priority #2: Chronic Disease 🏥

#### Strategy 2: Screening events

**Goal:** Increase prevention and early detection.

**Objective:** By December 31, 2019, host 175 screening events per year in Geauga County.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
</table>
| **Year 1:** Community Outreach will provide 175 chronic disease screening events during the year to facilitate early detection and mitigate chronic disease progression. | Adults | Community Outreach | December 31, 2019 | 1. Reduce coronary heart disease: Percent of adults ever diagnosed with coronary heart disease 🏥  
2. Reduce diabetes: Percent of adults who have been told by a health professional that they have diabetes 🏥 |

**Type of Strategy:**
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: Community outreach nurses and ancillary staff (lab, radiology, cardiology, SCC staff)
- Community-level resources: N/A
Priority #2: Chronic Disease

Strategy 3: Cancer screening events

**Goal:** Increase early detection of cancer.

**Objective:** By December 31, 2019, host 6 cancer screening events per year in Geauga County.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1: Community Outreach will provide 6 cancer screening events during the year to facilitate early detection.</td>
<td>Adults</td>
<td>Community Outreach</td>
<td>December 31, 2019</td>
<td>Increase cancer screenings: Number of adults who have been screened for cancer during UH outreach (Source for Data: UH)</td>
</tr>
</tbody>
</table>

**Type of Strategy:**
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: Oncologist and support staff
- Community-level resources: N/A
**Priority #2: Chronic Disease 🌍**  
**Strategy 4: Chronic disease education**

**Goal:** Increase prevention of chronic disease.

**Objective:** By December 31, 2019, host 100 chronic disease prevention education classes per year in Geauga County.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
</table>
| **Year 1:** Community Outreach will provide 100 chronic disease prevention education classes during the year. | Adults | Community Outreach | December 31, 2019 | 1. Reduce coronary heart disease: Percent of adults ever diagnosed with coronary heart disease 🌍  
2. Reduce diabetes: Percent of adults who have been told by a health professional that they have diabetes 🌍 |

(Source for all Data: CHNA and BRFSS)

**Type of Strategy:**  
- Social determinants of health  
- Public health system, prevention and health behaviors  
- Healthcare system and access  
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**  
- Yes  
- No  
- Strategy is not specific to the SHIP

**Resources to address strategy:**  
- Hospital-level resources: Community outreach nurses  
- Community-level resources: N/A
Priority #2: Chronic Disease 🌻

Strategy 5: Initiate an outpatient Chronic Disease Clinic

Goal: Open a Chronic Disease Clinic.

Objective: By December 31, 2019, see 400 patients in the Chronic Disease Clinic.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
</table>
| **Year 1:** Open a Chronic Disease Clinic and see 400 patients by December 31, 2019. | Adults | Hospital President/Chief Medical Officer | December 31, 2019 | 1. Reduce readmission rate for COPD (rolling 12 months, all payers)  
2. Reduce readmission rate for heart failure (rolling 12 months, all payers)  
(Source for Data: UH) |

Type of Strategy:
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

Strategy identified as likely to decrease disparities?
- Yes
- No
- Strategy is not specific to the SHIP

Resources to address strategy:
- Hospital-level resources: NP, nursing and support staff
- Community-level resources: N/A
Priority 3: Maternal and Infant Health

**Goal:** Increase breastfeeding.

**Objective:** By December 31, 2019, at least six Geauga County employers will have established breastfeeding support policies.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Work with the Geauga County Health District to convene a breastfeeding committee, identify employers willing to adopt breastfeeding policies, and obtain a memorandum of understanding (MOU) with potential employers. Work with the Geauga County Health District to provide technical assistance.</td>
<td>Children</td>
<td>OB Nurse Manager</td>
<td>December 31, 2019</td>
<td>1. Breastfed at 6 months: Percent of infants that were breastfed at 6 months (Sources for Data: CHNA and NSCH)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Breastfed exclusively: Percent of OB discharges that exclusively breastfeed (Source for Data: UH)</td>
</tr>
</tbody>
</table>

**Type of Strategy:**
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: Nurses and lactation specialist
- Community-level resources: N/A
Cross-cutting Factor: Public health system, prevention and health behaviors

**Strategy 1: Child-specific education (including Amish events)**

**Goal:** Increase positive health behaviors in children.

**Objective:** By December 31, 2019, host 50 child education programs per year.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Community Outreach will provide 50 child-specific education programs (DARE, nutrition education, alcohol, vaping, etc) during the year.</td>
<td>Children</td>
<td>Community Outreach</td>
<td>December 31, 2019</td>
<td>Increase education: Number of children who participated in a UH education program (Source for Data: UH)</td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**
- ☑ Mental health and addiction
- ☑ Chronic disease
- ☑ Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- ☑ Yes
- ☑ No
- ☑ Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: Community outreach nurses
- Community-level resources: N/A
**Cross-Cutting Factor:** Public health system, prevention and health behaviors

**Strategy 1:** Amish outreach programs

**Goal:** Increase positive health outcomes among Amish.

**Objective:** By December 31, 2019, host 30 Amish outreach programs per year.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Community Outreach will provide 30 Amish-specific outreach programs (well baby clinic, immunizations clinic, health screens, etc.) during the year.</td>
<td>Adult (Amish)</td>
<td>Community Outreach</td>
<td>December 31, 2019</td>
<td>Increase access to health services: Number of Amish who received health services during UH outreach efforts <em>Source for Data: UH</em></td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**
- Mental health and addiction
- Chronic disease

**Strategy identified as likely to decrease disparities?**
- Yes
- No

**Resources to address strategy:**
- Hospital-level resources: Community outreach nurses
- Community-level resources: N/A
Community Collaborators

This IS was commissioned by University Hospitals. The Implementation Planning Team included:

- Adam Beach, University Hospitals
- Danielle Price, University Hospitals
- Diamond Page, University Hospitals
- Dan Ellenberger, University Hospitals
- Christi Gigliotti, Geauga County Health District
- Jason Pirtz, University Hospitals
- Julie Novak, University Hospitals
- Vicki Muir, University Hospitals
- Don DeCarlo, University Hospitals

This IS was facilitated and written by Britney Ward, Director of Community Health Improvement, and Emily Golias, Community Health Improvement Coordinator, of the Hospital Council of Northwest Ohio.

This IS will be implemented in collaboration with other entities including, but not limited to:

- Geauga County Health Department
- Geauga County Mental Health Recovery Services Board
- Geauga YMCA
Qualifications of Consulting Company

This IS was facilitated and written by Britney Ward, Director of Community Health Improvement, and Emily Golias, Community Health Improvement Coordinator, of the Hospital Council of Northwest Ohio.

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)(3) non-profit regional hospital association founded in 1972 that represents and advocates on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of Northwest Ohio. HCNO is respected as a neutral forum for community health improvement. HCNO has a track record of addressing health issues and health disparities collaboratively throughout northwest Ohio, and the state. Local and regional initiatives include: county-wide health assessments, community health improvement planning, strategic planning, disaster preparedness planning, Northwest Ohio Regional Trauma Registry, Healthcare Heroes Recognition Program and the Northwest Ohio Pathways HUB.

The Community Health Improvement division of HCNO has been conducting community health assessments (CHAs), community health improvement plans (CHIPs), and facilitating outcome focused multi-sectorial collaborations since 1999. HCNO has completed more than 90 CHAs in 44 counties. The model used by HCNO can be replicated in any type of county and therefore has been successful at the local and regional level, as well as for urban, suburban, and rural communities.

The HCNO Community Health Improvement Division has six full time staff members with Master’s Degrees in Public Health (MPH), that are dedicated solely to CHAs, CHIPs, and other community health improvement initiatives. HCNO also works regularly with professors at the University of Toledo, along with multiple graduate assistants to form a very experienced and accomplished team. The HCNO team has presented at multiple national, state, and local conferences including the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) conference, the Association of Community Health Improvement (ACHI) national conference, the Ohio Hospital Association (OHA) state conference, the Ohio Association of Health Commissioners (AOHC), and others.

Contact

For more information about the Implementation Strategy, please contact:

Danielle Price
Director, Community Health Engagement
Government & Community Relations
University Hospitals
11100 Euclid Avenue, MPV 6003
Cleveland, Ohio 44106
216.844.2391
Danielle.Price3@UHhospitals.org
Appendix A

Ohio State Health Improvement Plan (SHIP)

Note: This symbol ⬇️, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

SHIP Overview

The Hospital closely considered the 2017-2019 State Health Improvement Plan (SHIP) when identifying strategies. The SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health, including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators in particular, to measure impact:

- **Self-reported health** status (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. **Maternal and Infant Health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio’s greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.
SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity**: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

- **Social determinants of health**: Conditions in the social, economic and physical environments that affect health and quality of life.

- **Public health system, prevention and health behaviors**:  
  - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
  - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
  - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.

- **Healthcare system and access**: Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

**Alignment with the 2017-2019 SHIP**

Beginning in 2020, IS’s will be required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross-cutting strategy and 1 cross-cutting outcome indicator to align with the SHIP (see Figure 1.1 on the next page). While SHIP-alignment is not a requirement for the 2019 IS, the SHIP was used as a guide in the creation of this document. The following 2019 IS priority topics, priority outcomes, cross-cutting factors and cross-cutting outcomes very closely align with the 2017-2019 SHIP priorities:

<table>
<thead>
<tr>
<th>Priority Topic</th>
<th>Priority Outcome</th>
<th>Cross-Cutting Strategy</th>
<th>Cross-Cutting Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and addiction</td>
<td>• Reduce unintentional drug overdose deaths</td>
<td>• Public health system, prevention and health behaviors</td>
<td>• N/A</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>• Reduce diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reduce heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal and Infant Health</td>
<td>• N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Figure 1.1. State Health Improvement Plan (SHIP) Overview**

<table>
<thead>
<tr>
<th>Overall health outcomes</th>
<th>Overview of guidance for local alignment with the SHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>↑ Health status</strong></td>
<td>See ODH guidance for aligning state and local efforts for details</td>
</tr>
<tr>
<td><strong>↑ Premature death</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 3 priority topics

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Heart disease</td>
<td>Preterm births</td>
</tr>
<tr>
<td>Suicide</td>
<td>Diabetes</td>
<td>Low birth weight</td>
</tr>
<tr>
<td>Drug dependency/abuse</td>
<td>Child asthma</td>
<td>Infant mortality</td>
</tr>
<tr>
<td>Drug overdose deaths</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10 priority outcomes

<table>
<thead>
<tr>
<th>Equity: Priority populations for each outcome</th>
<th>4 cross-cutting factors</th>
</tr>
</thead>
</table>

**Social determinants of health**

**Public health system, prevention and health behaviors**

**Healthcare system and access**

**Equity**

- **Select at least 2 priority topics** (based on best alignment with findings of CHA/CHNA)
- **Select at least 1 priority outcome indicator** within each selected priority topic (see master list of SHIP indicators)
- **Identify priority populations** for each priority outcome indicator (based on findings from CHA/CHNA) and develop targets to reduce or eliminate disparities
  - **Select at least 1 cross-cutting strategy** relevant to each selected priority outcome (see community strategy and indicator toolkits) AND
  - **Select at least 1 cross-cutting outcome indicator** relevant to each selected strategy (see community strategy and indicator toolkits)

For a stronger plan (optional), select 1 strategy and 1 indicator for each of the 4 cross-cutting factors.

- Prioritize selection of strategies likely to decrease disparities (see community strategy and indicator toolkits)
- Ensure that delivery of selected strategies is designed to reach priority populations and high-need geographic areas.
2019 Community Health Implementation Strategy

UH Conneaut Medical Center
UH Geneva Medical Center
Ashtabula County
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Adoption by the Board

University Hospitals adopted the UH Conneaut and Geneva Medical Centers’ Community Health Implementation Strategy on March 20, 2019.

Community Health Implementation Strategy Availability

The Implementation Strategy can be found on University Hospitals’ website at www.UHhospitals.org/CHNA-IS or a hard copy can be mailed upon request at CommunityBenefit@UHhospitals.org.

Written Comments

Individuals are encouraged to submit written comments, questions or other feedback about the UH Conneaut and Geneva Medical Center Implementation Strategy to CommunityBenefit@UHhospitals.org. Please be sure to include the name of the UH facility that you are commenting about and, if possible, a reference to the appropriate section within the Implementation Strategy.
Glossary

State Assessments and Plans

SHA (State Health Assessment)—A health assessment conducted by the state of Ohio to measure the health status of Ohioans. It is conducted every 3 years. The data collected from a SHA informs the state health improvement plan (SHIP).

SHIP (State Health Improvement Plan)—An improvement plan conducted by the state of Ohio that contains priorities, strategies, and measurable indicators to address health needs identified in the SHA. The SHIP is conducted every 3 years and serves as a guide for local improvement plans and hospital implementation strategies.

Hospital Assessment and Strategies

CHNA (Community Health Needs Assessment)—A health assessment conducted by hospitals to measure the health status of the population. It is required by Section 501(r) of the Internal Revenue Code and conducted every 3 years. The data collected from a CHNA informs the implementation strategy (IS).

IS (Implementation Strategy)—A hospital plan that identifies priorities, strategies, and measurable indicators to address health needs identified in the CHNA. It is required by Section 501(r) of the Internal Revenue Code and conducted every 3 years. IS’s are required to align with the SHIP beginning in 2020.

Local Health Department (LHD) Assessments and Plans

CHA (Community Health Assessment)—A collaborative, county-level health assessment conducted by the health department and other community members to measure the health status of the population. It is required by the Public Health Accreditation Board (PHAB) and is conducted every 3 years in Ohio. The data collected from a CHA informs the community health improvement plan (CHIP).

CHIP (Community Health Improvement Plan)—A collaborative, county-level improvement plan conducted by the health department and other community members that identifies priorities, strategies, and measurable indicators to address health needs identified in the CHA. It is required by the Public Health Accreditation Board (PHAB) and is conducted every 3 years in Ohio. CHIP’s are required to align with the SHIP beginning in 2020.

Miscellaneous

Ohio state law (ORC 3701.981)—A state law that requires all hospitals to collaborate with their local health departments on CHAs and CHIPs.

PHAB (Public Health Accreditation Board)—A national body that issues accreditation to health departments based on a set of standards. All health departments in Ohio are mandated to become accredited by 2020.
Acronyms

National, State, and Local Organizations

**CDC**—Centers for Disease Control and Prevention

**ODH**—Ohio Department of Health

**HCNO**—Hospital Council of Northwest Ohio

**UH**—University Hospitals

Miscellaneous

**BRFSS**—Behavioral Risk Surveillance System

**YRBSS**—Youth Risk Behavior Surveillance System

**MAPP**—Mobilizing for Planning and Partnerships

**CHR**—County Health Rankings
Introduction

In 2018, University Hospitals Conneaut Medical Center and Geneva Medical Center (the “Hospitals”) conducted a joint community health needs assessments (a “CHNA”) compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) 3701.981. The 2018 CHNA served as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) the Hospitals determine they are able to meet in whole or in part; (b) are otherwise part of UH’s mission; and (c) are not met (or are not adequately met) by other programs and services in the county. The IS identifies the means through which the Hospitals plan to address a number of the needs that are consistent with the Hospitals’ charitable mission as part of their community benefit programs. Additionally, the Hospitals are addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. The Hospitals anticipate that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2018 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospitals in the IS. More specifically, since this IS was done in conjunction with the existing Ashtabula County Community Health Improvement Plan, other community organizations will be addressing certain needs.

In addition, the Hospitals worked together to align both their CHNA and IS with state plans. Ohio state law (ORC 3701.981) mandates that all hospitals must collaborate with their local health departments on community health assessments (a “CHA”) and community health improvement plans (a “CHIP”). Additionally, local hospitals must align with the Ohio State Health Assessment (a “SHA”) and Ohio State Health Improvement Plan (a “SHIP”); see Appendix A. This requires alignment of the CHNA and IS process timeline, indicators, and strategies. This local alignment must take place by October 2020.

Note: This symbol 🌐 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. This symbol 🌐, the Ashtabula County outline, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2020 CHIP.

This aligned approach has resulted in less duplication, increased collaboration, and sharing of resources. This report serves as the initial IS to move the Hospitals into a more collaborative approach with county partners. As a result of this alignment, the Hospitals will be actively participating in the upcoming 2019 Ashtabula County CHA and CHIP process, which will align partners to be in compliance by 2020.

University Hospitals Health Systems, Inc. (“University Hospitals” or “UH”), contracted with the Hospital Council of Northwest Ohio (“HCNO”) to align the 2019 IS with the existing 2017-2020 Ashtabula County CHIP and the 2017-2019 SHIP.

HCNO guided the process and reviewed sources of primary data including the 2018 CHNA, 2016 hospital utilization and discharge data, the previous Hospitals’ IS, and the 2017 evaluation of impact. The goal was to identify strategies to address the priorities identified in the 2018 UH Conneaut-Geneva CHNA, being mindful of any new data or nuances that may have occurred since the 2016 Ashtabula County CHA was adopted. The following priorities were identified in the 2018 UH Conneaut-Geneva CHNA: suicide prevention; childhood & adult obesity prevention; chronic disease prevention; and opiate overdose prevention. To align with the Ohio SHIP, these priorities have been reorganized and will be referred to more concisely as chronic disease and mental health and addiction.
Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, the Hospitals are committed to supporting the UH mission, “To Heal. To Teach. To Discover.” (the “Mission”), by providing a wide range of community benefits including clinical services, medical education and research. UH is an integrated delivery system and thus can provide benefits by coordinating within and among various entities (“UH System”).

Community Served by the Hospital

The community has been defined as Ashtabula County. Most (93%) of University Hospitals Conneaut Medical Center’s discharges and 78% of University Hospitals Geneva Medical Center’s discharges were residents of Ashtabula County. In addition, University Hospital collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community served by the hospital.

2018 CHNA Observations

The 2018 UH Geneva and Conneaut Medical Center CHNA is a 163-page report that consists of county-level primary and secondary data for Ashtabula County. The following data are key findings from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: https://www.uhhospitals.org/about-uh/community-benefit/community-health-needs-assessment

- In 2016, 15% of Ashtabula County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- Seven percent (7%) of Ashtabula County adults considered attempting suicide in 2016.
- According to the Ohio Department of Health (ODH), the suicide death rate for Ashtabula County was 19.8 per 100,000 population (age-adjusted) from 2012-2017.
- From 2012-2017, there were 28.8 unintentional resident drug overdose deaths per 100,000 population (age-adjusted) in Ashtabula County, according to ODH.
- In 2016, 5% of Ashtabula County adults reported they had angina or coronary heart disease, increasing to 17% of those over the age of 65.
- In 2016, 13% of Ashtabula County adults had been diagnosed with diabetes, increasing to 26% of those over the age of 65 and 27% of those with incomes less than $25,000.
- More than two-thirds (73%) of Ashtabula County adults were either overweight (30%) or obese (43%) by Body Mass Index (BMI) in 2016.
- One in twelve (8%) Ashtabula County adults did not have any servings of fruits and vegetables on the average day in 2016.
- Nearly one-fourth (24%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise, in 2016.
- In 2016, over half (52%) of current smokers reported that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Eleven percent (11%) of adults had been diagnosed with COPD or emphysema, increasing to 15% of those over the age of 65 and 18% of those with incomes less than $25,000.
- In 2016, 15% of Ashtabula County adults did not have at least one person they thought of as their personal doctor or healthcare provider.

2018 CHNA Trend Summary Table
<table>
<thead>
<tr>
<th>Adult Variables</th>
<th>Ashtabula County 2011</th>
<th>Ashtabula County 2016</th>
<th>Ohio 2016</th>
<th>U.S. 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rated health as excellent or very good</td>
<td>48%</td>
<td>43%</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td>Rated general health as fair or poor</td>
<td>19%</td>
<td>22%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Average days that physical health not good in past month</td>
<td>N/A</td>
<td>5.8</td>
<td>3.7‡</td>
<td>3.8‡</td>
</tr>
<tr>
<td>Average days that mental health not good in past month</td>
<td>N/A</td>
<td>7.0</td>
<td>4.0‡</td>
<td>3.8‡</td>
</tr>
<tr>
<td><strong>Healthcare Coverage, Access, and Utilization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>17%</td>
<td>8%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Had at least one person they thought of as their personal doctor or healthcare provider</td>
<td>N/A</td>
<td>53%</td>
<td>83%</td>
<td>77%</td>
</tr>
<tr>
<td>Visited a doctor for a routine checkup in the past year</td>
<td>48%</td>
<td>64%</td>
<td>75%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Diabetes, Asthma, and Arthritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had been diagnosed with diabetes</td>
<td>10%</td>
<td>13%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Had been diagnosed with asthma</td>
<td>10%</td>
<td>19%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Had been diagnosed with arthritis</td>
<td>35%</td>
<td>44%</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Cardiovascular Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had angina or coronary heart</td>
<td>N/A</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Had a heart attack</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Had a stroke</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Had been diagnosed with high blood pressure</td>
<td>31%</td>
<td>37%</td>
<td>34%*</td>
<td>31%*</td>
</tr>
<tr>
<td>Had been diagnosed with high blood cholesterol</td>
<td>34%</td>
<td>37%</td>
<td>37%*</td>
<td>36%*</td>
</tr>
<tr>
<td>Had blood cholesterol checked within the past 5 years</td>
<td>N/A</td>
<td>78%</td>
<td>78%*</td>
<td>78%*</td>
</tr>
<tr>
<td><strong>Weight Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>36%</td>
<td>30%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Obese</td>
<td>32%</td>
<td>43%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Alcohol Consumption</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Drinker (drank alcohol at least once in the past month)</td>
<td>51%</td>
<td>49%</td>
<td>53%</td>
<td>54%</td>
</tr>
<tr>
<td>Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)</td>
<td>21%</td>
<td>24%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker (currently smoke some or all days)</td>
<td>N/A</td>
<td>21%</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>Former smoker (smoked 100 cigarettes in lifetime &amp; now do not smoke)</td>
<td>N/A</td>
<td>30%</td>
<td>24%</td>
<td>25%</td>
</tr>
</tbody>
</table>

N/A - Not available
‡2015 BRFSS Data as compiled by 2017 County Health Rankings
*2015 BRFSS Data

Indicates alignment with the Ohio State Health Assessment
<table>
<thead>
<tr>
<th>Adult Variables</th>
<th>Ashtabula County 2011</th>
<th>Ashtabula County 2016</th>
<th>Ohio 2016</th>
<th>U.S. 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who used recreational marijuana in the past 6 months</td>
<td>7%</td>
<td>8%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adults who misused prescription drugs in the past 6 months</td>
<td>8%</td>
<td>4%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Sexual Behavior</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had more than one sexual partner in past year</td>
<td>4%</td>
<td>3%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Preventive Medicine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a pneumonia vaccine (age 65 and older)</td>
<td>N/A</td>
<td>69%</td>
<td>75%</td>
<td>73%</td>
</tr>
<tr>
<td>Had a flu vaccine in the past year (ages 65 and over)</td>
<td>62%</td>
<td>70%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>Had a shingles or Zoster vaccination in lifetime</td>
<td>N/A</td>
<td>15%</td>
<td>21%**</td>
<td>22%**</td>
</tr>
<tr>
<td>Had a clinical breast exam in the past two years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(age 40 and older)</td>
<td>69%</td>
<td>70%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Had a mammogram in the past two years (age 40 and older)</td>
<td>N/A</td>
<td>63%</td>
<td>74%</td>
<td>72%</td>
</tr>
<tr>
<td>Had a Pap smear in the past three years</td>
<td>N/A</td>
<td>63%</td>
<td>82%¥</td>
<td>80%¥</td>
</tr>
<tr>
<td>Had a digital rectal exam within the past year</td>
<td>24%</td>
<td>16%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited in some way because of physical, mental or emotional problem</td>
<td>31%</td>
<td>36%</td>
<td>21%*</td>
<td>21%*</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considered attempting suicide in the past year</td>
<td>8%</td>
<td>7%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Two or more weeks in a row felt sad or hopeless</td>
<td>15%</td>
<td>15%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who have visited the dentist in the past year</td>
<td>61%</td>
<td>60%</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>Adults who had one or more permanent teeth removed</td>
<td>N/A</td>
<td>56%</td>
<td>45%</td>
<td>43%</td>
</tr>
<tr>
<td>Adults 65 years and older who had all their permanent teeth removed</td>
<td>N/A</td>
<td>17%</td>
<td>17%</td>
<td>14%</td>
</tr>
</tbody>
</table>

N/A - Not available
*2015 BRFSS Data
**2014 BRFSS Data
¥ Ohio and U.S. BRFSS reports women ages 21-65
Indicates alignment with the Ohio State Health Assessment
Priority Health Needs

Reminder: This symbol 📊, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. This symbol 🗺️, the Ashtabula County outline, will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2020 CHIP.

Priorities:

1. Chronic Disease (formerly referred to as chronic disease prevention and childhood obesity prevention) 📊 🗺️
2. Mental Health and Addiction (formerly referred to as suicide prevention and opiate overdose prevention) 🗺️ 📊

Cross-Cutting Factors:

The Ohio SHIP contains strategies that are referred to as cross-cutting. This means that cross-cutting strategies have an impact on all selected priority areas. Certain priorities identified in the 2018 CHNA also fit within the following cross-cutting areas:

1. Public health system, prevention and health behaviors (formerly referred to as childhood & adult obesity prevention) 📊 🗺️
2. Healthcare system and access (formerly referred to as chronic disease prevention) 🗺️ 📊

Significant Health Needs Not Being Addressed by the Hospital

The Hospitals are implementing strategies in all the priorities identified in the 2018 CHNA with the exception of suicide prevention, which is included under the broader category of Mental Health and Addiction. This specific issue is better addressed by other partners in Ashtabula County, with the Ashtabula County Mental Health and Recovery Services Board as the lead agency over the taskforce for the Ashtabula County CHA-CHIP planning team. Having said that, providers from UH Conneaut and Geneva continue to be thought leaders with other partners regarding this issue and indirectly address it via school-based programs focused on preventing substance and violence.

These efforts are being done in alignment with the Ashtabula County CHA-CHIP planning team, which has a bevy of additional strategies underway addressing needs in the priority areas.

Strategies to Address Health Needs

An ad hoc IS committee was convened in July 2018 to solicit input from key staff at the Hospitals, affiliated community partners, and members of the Ashtabula County CHA-CHIP planning team. This committee was assembled to identify potential strategies that the Hospitals will execute in view of lessons learned and current opportunities. To do this, the committee reviewed various sources of data including primary data from the 2018 CHNA, hospital utilization and discharge data from 2016, the evaluation of impact, and the previous 2016 IS. The committee agreed to build upon the efforts of the previous IS. Therefore, the following strategies, goals and objectives were developed. The same strategies will be implemented at both UH Conneaut and UH Geneva Medical Centers.
Priority 1: Chronic Disease

**Priority #1: Chronic Disease**

**Strategy 1: Diabetes Prevention Program (DPP)**

**Goal:** Increase awareness of diabetes prevention and self-management.

**Objective:** By December 2020, increase enrollment in diabetes education programs by 5%.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to implement diabetes education programs. Increase enrollment in diabetes education programs by 5%.</td>
<td>Adults</td>
<td>UH Certified Diabetic Educator</td>
<td>December 2020</td>
<td>Decrease diabetes: Percent of adults who have been told by a health professional that they have diabetes (Source for Data: CHNA and BRFSS)</td>
</tr>
</tbody>
</table>

**Type of Strategy:**
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach, UH Physician Services (referrals to the program), and UH Nutritional Services (referrals from Dietician)
- Community-level resources: N/A
**Priority #1: Chronic Disease**

**Strategy 2: Prescriptions for Physical Activity**

**Goal:** Decrease adult obesity.

**Objective:** By April 2020, create a written plan for integrating exercise prescriptions into primary care.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Collect information on evidence-based exercise prescriptions. Work with Ashtabula County Metroparks to create a written plan for integrating exercise prescriptions into primary care.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach, UH Physician Services, and Ashtabula Metroparks</td>
<td>April 2020</td>
<td>Decrease physical inactivity (no leisure time physical activity): Percentage of adults aged 18 and over reporting no leisure time physical activity (Source for Data: CHNA and BRFSS)</td>
</tr>
</tbody>
</table>

**Type of Strategy:**
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach and UH Physician Services
- Community-level resources: Ashtabula Metroparks
**Priority #1: Chronic Disease 🚑 🔥**

**Strategy 3: School-based nutrition education programs 📚 🔍**

**Goal:** Decrease youth obesity.

**Objective:** Introduce the MyPlate and Rethink Your Drink programs to at least one new school by October 2020.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
</table>
| **Year 1:** Continue to implement the MyPlate and Rethink Your Drink programs in Ashtabula County schools. Introduce the MyPlate and Rethink Your Drink programs to at least one new school. Complete a pre-test health evaluation upon the beginning of the program and a post-test health evaluation upon completion of the program. | Youth ages 12-18            | UH Conneaut & UH Geneva Community Outreach and Educational Service Center | October 2020 | 1. Increase fruit and vegetable consumption (youth ages 12-18): Percent of program participants who increased their daily fruit and vegetable consumption *(Source for Data: County pre-test and post-test evaluations)*  
2. Decrease sugar-sweetened beverage consumption (youth ages 12-18): Percent of program participants who decreased their daily sugar-sweetened beverage consumption *(Source for Data: County pre-test and post-test evaluations)* |

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**

- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Ashtabula Area City Schools, Buckeye Local Schools, Grand Valley Local Schools, Jefferson Area Local Schools, and Conneaut Area City Schools
## Priority #1: Chronic Disease

### Strategy 4: Nutrition and physical activity interventions in preschool/child care

**Goal:** Decrease childhood obesity.

**Objective:** Introduce the MyPlate and Rethink Your Drink programs to at least one new preschool or child care center by October 2020.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/ Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to implement the MyPlate and Rethink Your Drink programs in Ashtabula County preschools. Introduce the MyPlate and Rethink Your Drink programs to at least one new preschool or child care center.</td>
<td>Children ages 0-11</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>October 2020</td>
<td>1. Increase fruit and vegetable consumption (child age 0-11): Percent of program participants who increased their daily fruit and vegetable consumption <em>(Source for Data: County pre-test and post-test evaluations)</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Decrease sugar-sweetened beverage consumption (child age 0-11): Percent of program participants who decreased their daily sugar-sweetened beverage consumption <em>(Source for Data: County pre-test and post-test evaluations)</em></td>
</tr>
</tbody>
</table>

**Type of Strategy:**
- ○ Social determinants of health
- ✰ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- ○ Yes
- ○ No
- ○ Strategy is not specific to the SHIP

**Resources to address strategy:**
- • Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- • Community-level resources: Ashtabula County Head Start, KIDS Only Day Care, Ashtabula Family YMCA, and Conneaut Human Resource Center Right Track
## Priority 2: Mental Health and Addiction

### Strategy 1: School-based alcohol/other drug prevention programs.

**Goal:** Reduce the impact of substance use, misuse, and abuse.

**Objective:** Implement the Botvin Life Skills Training in all Ashtabula County school districts by December 2020.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to work with the Ashtabula County Mental Health and Recovery Services Board to implement the Botvin Life Skills Training in all Ashtabula County school districts.</td>
<td>Youth</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach, Mental Health and Recovery Services Board, and Ashtabula County Drug Prevention Coalition</td>
<td>December 2020</td>
<td>Decrease youth marijuana use (past 30 days): Percent of youth who report using marijuana one or more times within the past 30 days (Source for Data: UH pre-test/post-test and Mental Health Recovery Services Board)</td>
</tr>
</tbody>
</table>

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**

- Yes
- No

**Resources to address strategy:**

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Mental Health Recovery Services Board, Ashtabula County Drug Prevention Coalition, Country Neighbor, Community Counseling Agency, and Geneva Rotary
**Priority #2: Mental Health and Addiction 🗼**

**Strategy 2: Emergency room and first responder overdose response training (Naloxone Access) 🕵️‍♀️**

**Goal:** Increase awareness of response strategies to opioid overdoses.

**Objective:** Train 50% of emergency department staff and first responders on opioid overdose response strategies by December 2020.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Utilizing SAMHSA’s <em>Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders</em>, or another evidence-based program or toolkit, such as Project DAWN, train all Conneaut &amp; UH Geneva emergency department staff and first responders on how to respond to and treat an opioid overdose, such as the use of naloxone.</td>
<td>Adult</td>
<td>UH Community Outreach, UH EMSI, and Ashtabula County Substance Abuse Leadership Team</td>
<td>December 2020</td>
<td>1. Reduce overdose deaths: Number of overdose-related deaths for EMS/Emergency Room 2. Increase referrals: Number of referrals to treatment</td>
</tr>
</tbody>
</table>

(Source for all Data: UH)

**Type of Strategy:**
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No
- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach and UH EMS Institute
- Community-level resources: Ashtabula County Substance Abuse Leadership Team, Community Counseling of Ashtabula County, and Mental Health Recovery Services Board
<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask all patients about tobacco use at every visit.</td>
<td>Adults</td>
<td>UH Physician Services, UH Respiratory Therapy, and UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>December 2020</td>
<td>Increase quit attempts: Percent of adult smokers who have made a quit attempt in the past year &lt;br&gt; (Source for Data: CHNA and BRFSS)</td>
</tr>
<tr>
<td>Advise smokers to quit and assess their willingness to make a quit attempt.</td>
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</tr>
<tr>
<td>Assist them in their quit attempts, either directly or by referring them</td>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to a free, reduced-cost or covered cessations treatment, such as the</td>
<td></td>
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<tr>
<td>University Hospitals SMOKELESS Program.</td>
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<tr>
<td>Arrange follow-up.</td>
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</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**

- Mental health and addiction 
- Chronic disease

**Strategy identified as likely to decrease disparities?**

- Yes  
- No 

**Resources to address strategy:**

- Hospital-level resources: UH Physician Services, UH Respiratory Therapy and UH Conneaut & UH Geneva Community Outreach
- Community-level resources: N/A
### Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

### Strategy 2: Community gardens

**Goal:** Decrease adult obesity.

**Objective:** By March 2020, work with partner organizations to identify and secure an additional site for a community garden.

<table>
<thead>
<tr>
<th>Action Step</th>
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<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to promote, support and implement community gardens in Ashtabula County. Work with partner organizations to identify and secure an additional site for a community garden.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>March 2020</td>
<td>Increase vegetable consumption (adult): Percent of adults who report consuming vegetables less than one time daily. <em>(Source for Data: 2019 CHA and BRFSS)</em></td>
</tr>
</tbody>
</table>

### Priority area(s) the strategy addresses:

- Mental health and addiction
- Chronic disease

### Strategy identified as likely to decrease disparities?

- Yes
- No

### Resources to address strategy:

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: City of Conneaut, City of Geneva and South County townships and municipalities
**Cross-Cutting Factor:** Public Health System, Prevention and Health Behaviors

**Strategy 3:** Community-wide physical activity campaigns

**Goal:** Decrease adult obesity.

**Objective:** By March 2020, work with partner organizations to plan and implement a 2019 summer walking series.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
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<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1: Continue to promote free and low-cost fitness opportunities for Ashtabula County residents such as walking trails, biking trails, and the summer walking series. Work with partner organizations to plan and implement a 2019 summer walking series.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>March 2020</td>
<td>Decrease physical inactivity (no leisure time physical activity): Percentage of adults aged 18 and over reporting no leisure time physical activity (Source for Data: CHNA and BRFSS)</td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**
- Mental health and addiction
- Chronic disease

- Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- Yes
- No

- Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Ashtabula Metroparks, Conneaut Township Park, Saybrook Township Park, and Ashtabula Towne Square
# Cross-cutting Factor: Healthcare System and Access

## Strategy 1: Community health screenings

### Goal:
Increase adult health screenings.

### Objective:
By December 2020, offer blood pressure, cholesterol, and glucose screenings to the general public once a month.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
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<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to implement community health screenings. Offer blood pressure, cholesterol, and glucose screenings to the general public once a month.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>December 2020</td>
<td>Increase adult health screenings: Number of adults being screened for high blood pressure, cholesterol, and blood glucose (Source for Data: UH)</td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**
- Mental health and addiction
- Chronic disease

**Strategy identified as likely to decrease disparities?**
- Yes
- No

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Ashtabula Family YMCA, Ashtabula Towne Square, Orwell Country Neighbor, Andover Public Library, New Leaf Church, and Conneaut Human Resource Center
**Cross-Cutting Factor:** Healthcare System and Access

**Strategy 2:** Free mammograms and Pap smears

**Goal:** Increase access to women’s health screenings

**Objective:** By December 2020, adopt a plan to begin offering free monthly Pap smear clinics to uninsured women ages 19-64.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to offer free monthly mammogram clinics to uninsured women ages 30-64. Adopt a plan to begin offering free monthly Pap smear clinics to uninsured women ages 19-64.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach, UH Seidman Cancer Center, and UH Physician Services</td>
<td>December 2020</td>
<td>Increase women’s health screenings: Number of women being screened for breast and cervical cancer (Source for Data: UH)</td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**

- Mental health and addiction
- Chronic disease

**Strategy identified as likely to decrease disparities?**

- Yes
- No

**Resources to address strategy:**

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach, UH Seidman Cancer Center, and UH Physician Services
- Community-level resources: Breast and Cervical Cancer Program (BCCP – Cuyahoga County)
**Cross-Cutting Factor:** Healthcare System and Access

**Strategy 3:** Improve access to comprehensive primary care

**Goal:** Increase access to primary care.

**Objective:** By December 2020, connect 25% of adults who attend monthly health screenings with a primary care provider.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1:</strong> Continue to implement monthly health screenings. Connect 25% of adults who attend monthly health screenings with a primary care provider (if they do not have one). Arrange follow-up procedures.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>December 2020</td>
<td>Decrease the number of adults without a usual source of care: Percent of adults ages 19 and older who don't have one (or more) persons they think of as their personal healthcare provider (Source for Data: CHNA and BRFSS)</td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**
- ☒ Mental health and addiction
- ☒ Chronic disease
- ○ Strategy is not specific to the SHIP

**Strategy identified as likely to decrease disparities?**
- ☒ Yes
- ○ No
- ○ Strategy is not specific to the SHIP

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach, UH Physician Services, and UH Patient Access
- Community-level resources: N/A
### Cross-Cutting Factor: Healthcare System and Access

### Strategy 3: Expand access to evidence-based tobacco cessation treatments

**Goal:** Increase access to smoking cessation.

**Objective:** By December 2020, work with community partners to create a written plan to increase access to smoking cessation.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Priority Population</th>
<th>Responsible Party/Collaborator</th>
<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect information on smoking cessation programs and counseling (individual, group or phone) in Ashtabula County. Promote the Ohio Tobacco Quitline (1-800-QUIT-NOW) in provider offices as well as in the community. Work with community partners to create a written plan to increase access to smoking cessation.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach and Ashtabula County Health Department</td>
<td>December 2020</td>
<td>Increase quit attempts: Percent of adult smokers who have made a quit attempt in the past year (Source for Data: CHNA and BRFSS)</td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**
- ☑ Mental health and addiction
- ☑ Chronic disease

**Strategy identified as likely to decrease disparities?**
- ☑ Yes
- ☐ No

**Resources to address strategy:**
- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: Ashtabula County Health Department
**Cross-Cutting Factor:** Healthcare System and Access

**Strategy 4:** Community health workers (including workers in community-based settings to address Social determinants of health)

**Goal:** Increase access to health care.

**Objective:** By December 2020, explore the feasibility of expanding the Hospital to Home (H2H) outreach service.

<table>
<thead>
<tr>
<th>Action Step</th>
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<th>Timeline</th>
<th>Indicator(s) to measure impact of strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to implement the Hospital to Home (H2H) nurse outreach service for patients suffering from diabetes, COPD, and congestive heart failure.</td>
<td>Adults</td>
<td>UH Conneaut &amp; UH Geneva Community Outreach</td>
<td>December 2020</td>
<td>Increase provider availability- Community Health Workers: Ratio of population to community health workers (Source for Data: UH)</td>
</tr>
<tr>
<td>Explore the feasibility of expanding service to include home visits to improve self-management education and reduce home asthma.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Priority area(s) the strategy addresses:**

- ☑ Mental health and addiction
- ☑ Chronic disease

**Strategy identified as likely to decrease disparities?**

- ☑ Yes
- ○ No

**Resources to address strategy:**

- Hospital-level resources: UH Conneaut & UH Geneva Community Outreach
- Community-level resources: N/A
Community Collaborators

This IS was commissioned by University Hospitals. The Implementation Planning Team included:

- Chris Kettunen, Ashtabula County Health Department
- Danielle Price, University Hospitals
- Denise DiDonato, University Hospitals
- Diamond Page, University Hospitals
- Elyse Bierut, University Hospitals
- Haley Whitehall, Pharmacy Student
- Jason Glowczewski, University Hospitals
- Judy Summers, Ashtabula County Health Department
- Julia Sabik, University Hospitals
- Kathryn Morrison, Ashtabula County Prevention Coalition
- Katie Park, Ashtabula County Mental Health and Recovery Services Board
- Lori Gilhousen, Ashtabula County Medical Center
- Lori Kingston, University Hospitals
- Miriam Walton, Mental Health and Recovery Services Board
- Peggy Ducro, Ashtabula City Health Department
- Sally Kennedy, Conneaut City Health Department

This IS will be implemented in collaboration with other entities including, but not limited to:

- Ashtabula Area City Schools
- Ashtabula City Health Department
- Ashtabula County Department of Job and Family Services
- Ashtabula County Children’s Services
- Ashtabula County Health Department
- Ashtabula County Head Start
- Ashtabula County Mental Health Recovery Services Board
- Ashtabula County Prevention Coalition
- Ashtabula County Substance Abuse Leadership Team
- Ashtabula Metroparks
- Ashtabula County Family YMCA
- Buckeye Local Schools
- Conneaut Area City Schools
- Conneaut City Health Department
- Community Counseling Center
- Conneaut Human Resources Center
- Country Neighbor
- Geneva Area City Schools
- Grand Valley Local Schools
- Jefferson Area Local Schools
- Pymatuning Valley Local Schools
Qualifications of Consulting Company

This IS was facilitated and written by Britney Ward, Director of Community Health Improvement, and Emily Golias, Community Health Improvement Coordinator, of the Hospital Council of Northwest Ohio.

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)(3) non-profit regional hospital association founded in 1972 that represents and advocates on behalf of its member hospitals and health systems and provides collaborative opportunities to enhance the health status of the citizens of Northwest Ohio. HCNO is respected as a neutral forum for community health improvement. HCNO has a track record of addressing health issues and health disparities collaboratively throughout northwest Ohio, and the state. Local and regional initiatives include: county-wide health assessments, community health improvement planning, strategic planning, disaster preparedness planning, Northwest Ohio Regional Trauma Registry, Healthcare Heroes Recognition Program and the Northwest Ohio Pathways HUB.

The Community Health Improvement division of HCNO has been conducting community health assessments (CHAs), community health improvement plans (CHIPs), and facilitating outcome focused multi-sectorial collaborations since 1999. HCNO has completed more than 90 CHAs in 44 counties. The model used by HCNO can be replicated in any type of county and therefore has been successful at the local and regional level, as well as for urban, suburban, and rural communities.

The HCNO Community Health Improvement Division has six full time staff members with Master’s Degrees in Public Health (MPH), that are dedicated solely to CHAs, CHIPs, and other community health improvement initiatives. HCNO also works regularly with professors at the University of Toledo, along with multiple graduate assistants to form a very experienced and accomplished team. The HCNO team has presented at multiple national, state, and local conferences including the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) conference, the Association of Community Health Improvement (ACHI) national conference, the Ohio Hospital Association (OHA) state conference, the Ohio Association of Health Commissioners (AOHC), and others.

Contact

For more information about the Implementation Plan, please contact:

Danielle Price
Director, Community Health Engagement
Government & Community Relations
University Hospitals
11100 Euclid Avenue, MPV 6003
Cleveland, Ohio 44106
216.844.2391
Danielle.Price3@UHhospitals.org
Appendix A

Ohio State Health Improvement Plan (SHIP)

Note: This symbol ▶️ will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

SHIP Overview

The Hospital closely considered the 2017-2019 State Health Improvement Plan (SHIP) when identifying strategies. The SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health, including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators in particular, to measure impact:

- **Self-reported health** status (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. **Maternal and Infant Health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio’s greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- Health equity: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
• Social determinants of health: Conditions in the social, economic and physical environments that affect health and quality of life.

• Public health system, prevention and health behaviors:
  o The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
  o Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
  o Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.

• Healthcare system and access: Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

Alignment with the 2017-2019 SHIP

Beginning in 2020, IS’s will be required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the SHIP (see Figure 1.1 on the next page). While SHIP-alignment is not a requirement for the 2019 IS, the SHIP was used as a guide in the creation of this document. The following 2019 IS priority topics, priority outcomes, cross cutting factors and cross-cutting outcomes very closely align with the 2017-2019 SHIP priorities:

<table>
<thead>
<tr>
<th>Priority Topic</th>
<th>Priority Outcome</th>
<th>Cross-Cutting Strategy</th>
<th>Cross-Cutting Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and addiction</td>
<td>• Decrease adult depression</td>
<td>• Public health system, prevention and health behaviors</td>
<td>• Increase adult smoking quit attempts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase adult vegetable consumption</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Decrease adult physical inactivity</td>
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<td>• Decrease the number of adults without a usual source of care</td>
</tr>
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<td>• Increase provider availability- Community Health Workers</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>• Decrease adult diabetes</td>
<td>• Healthcare system and access</td>
<td></td>
</tr>
</tbody>
</table>

27
Figure 1.1. State Health Improvement Plan (SHIP) Overview

State health improvement plan (SHIP) overview

Overall health outcomes
- Health status
- Premature death

3 priority topics
- Mental health and addiction
- Chronic disease
- Maternal and infant health

10 priority outcomes
- Depression
- Suicide
- Drug dependency/abuse
- Drug overdose deaths
- Heart disease
- Diabetes
- Child asthma
- Preterm births
- Low birth weight
- Infant mortality

Equity: Priority populations for each outcome

4 cross-cutting factors
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Equity

Overview of guidance for local alignment with the SHIP
See ODH guidance for aligning state and local efforts for details

Select at least 2 priority topics (based on best alignment with findings of CHA/CHNA)

Select at least 1 priority outcome indicator within each selected priority topic (see master list of SHIP indicators)

Identify priority populations for each priority outcome indicator (based on findings from CHA/CHNA) and develop targets to reduce or eliminate disparities

- Select at least 1 cross-cutting strategy relevant to each selected priority outcome (see community strategy and indicator toolkits) AND
- Select at least 1 cross-cutting outcome indicator relevant to each selected strategy (see community strategy and indicator toolkits)

For a stronger plan (optional), select 1 strategy and 1 indicator for each of the 4 cross-cutting factors.

- Prioritize selection of strategies likely to decrease disparities (see community strategy and indicator toolkits)
- Ensure that delivery of selected strategies is designed to reach priority populations and high-need geographic areas
Suggested Report Citation
2019 Cuyahoga County Community Health Implementation Strategy
Adopted by University Hospitals on March 20, 2019.

Electronic Access
This publication can be accessed electronically at:
  • http://hipcuyahoga.org/2018cha/
  • www.clevelandhealth.org
  • www.ccbh.net
  • www.UHhospitals.org/CHNA-IS

We welcome comments and feedback on ways to improve this document in future editions. We can be reached at 216-309-CHIP(2447) or hip.cuyahoga@gmail.com

Written Comments
Individuals are encouraged to submit written comments, questions, or other feedback about University Hospitals’ strategies to communitybenefit@UHhospitals.org. Please make sure to include the name of the UH Facility that you are commenting about, and if possible, a reference to the appropriate section within the Implementation Strategy.
2019 Cuyahoga County Community Health Implementation Strategy

Adopted by University Hospitals Board of Directors March 20, 2019.

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Introduction

In 2018, University Hospitals Ahuja Medical Center, Beachwood RH, LLC (UH Rehabilitation Hospital), UH Regional Hospitals (Bedford and Richmond Campuses), University Hospitals Cleveland Medical Center, The Parma Community General Hospital Association d/b/a University Hospitals Parma Medical Center, University Hospitals Rainbow Babies & Children’s Hospital, and University Hospitals St. John Medical Center (collectively the “Hospitals”) developed a combined assessment with Case Western Reserve University School of Medicine, the Cleveland Department of Public Health, the Cuyahoga County Board of Health, the Health Improvement Partnership-Cuyahoga, and The Center for Health Affairs. This assessment, the 2018 Cuyahoga County Community Health Assessment - a Community Health Needs Assessment (“CHNA”), was the first combined assessment of its kind in Cuyahoga County and represents a new, more effective and collaborative approach to identifying and addressing the health needs of the community at the local level while enabling these stakeholders to align with state plans. This work sets the stage for an even larger collaborative assessment effort planned for 2019 that engages additional health care systems in Cuyahoga County. The assessment was approved by the University Hospitals Board of Directors on September 27, 2018.

The recent 2018 CHNA, compliant with the requirements of Treas. Reg. §1.501(r) (“Section 501(r)”), served as the foundation for developing an Implementation Strategy (“IS”) to address those needs that, (a) the Hospitals determine they are able to meet in whole or in part; (b) are otherwise part of UH’s mission; and (c) are not met (or are not adequately met) by other programs and services in the county.

This report, the 2019 Cuyahoga County Community Health Implementation Strategy, serves as the initial IS – a bridge year -- to move the Hospitals into a more collaborative approach with public health departments and other county partners. While public health partners were not required to complete a 2019 Cuyahoga County Community Health Implementation Strategy, which they define as an Improvement Plan, they have worked collaboratively with the 8 University Hospital facilities located in Cuyahoga County to develop one aligned strategy to address a shared health priority. This demonstrates the intent of public health partners and University Hospitals to collaborate not just in developing joint CHNAs, but also in addressing health needs through more effective community health planning. This work will continue for the next planning cycle, which will engage additional health care systems in Cuyahoga County, beginning in 2019.

This IS, also required by Section 501(r), documents the Hospitals’ efforts to address the community health needs identified in the 2018 CHNA. The IS identifies the means through which the Hospitals’ plan to address a number of the needs that are consistent with UH’s charitable mission during 2019 as part of its community benefit program.

The Hospitals anticipate that the strategies may change and therefore, a flexible approach is well suited for the development of its response to the 2018 CHNA. Other community organizations may address certain needs or new opportunities for collaboration may be identified, all of which may lead to modification to the IS.

Additionally, Ohio Revised Code (“ORC”) 3701.981 (effective September, 2016), mandated that all tax-exempt hospitals must collaborate with their local health departments on community health assessments (a “CHA”) and community health improvement plans (a “CHIP”). Local hospitals must also align with the State Health Assessment (a “SHA”) and State Health Improvement Plan (a “SHIP”) for the state of Ohio; details are available in Appendix 1.
Note: This symbol 🔴 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

The alignment of the CHNA and IS pertains to the process, timeline, indicators, and strategies. This local alignment must take place by October 2020.

University Hospitals Health Systems, Inc. (“University Hospitals” or “UH”), contracted with The Center for Health Affairs (“The Center”) and Cypress Research Group (“Cypress”) to develop the IS. The Center and Cypress guided the process and together with the Hospitals reviewed primary data, hospital utilization and discharge data, and evaluation of program impact reports from the 2018 CHNA as well as the prior IS reports from 2016. The goal was to identify strategies to address the priorities identified in the 2018 CHNA.

The following priorities were identified:

- Poverty
- Opioids / substance use disorders / mental and behavioral health
- Infant mortality
- Homicides / violence / safety
- Chronic disease management and prevention.

These priorities align closely with the priorities in the Ohio SHIP.
Cleveland Department of Public Health Mission Statement

We are committed to improving the quality of life in the City of Cleveland by promoting healthy behavior, protecting the environment, preventing disease and making our communities healthy places to live, visit, work and play.

Cuyahoga County Board of Health Mission Statement

To work in partnership with the community to protect and improve the health and well-being of everyone in Cuyahoga County.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, the Hospitals are committed to supporting the UH mission, “To Heal. To Teach. To Discover.” (the “Mission”), by providing a wide range of community benefits including clinical services, medical education and research. UH is an integrated delivery system and thus can provide benefits by coordinating within and among various entities (“UH System”).
2018 CHNA Observations

The 2018 Cuyahoga County Community Health Assessment is a 277-page report that consists of primary and secondary data for Cuyahoga County. The following data are key findings from the CHNA that deepened our understanding of the current health needs and health inequities in our community and support the priorities and strategies found in this IS. The full CHNA report can be found at: https://www.uhhospitals.org/about-uh/community-benefit/community-health-needs-assessment

1. **The strongest indicator we have of health status is poverty.** The 2018 Cuyahoga County Community Health Assessment identified several inequities in access to care and health outcomes based on socioeconomic status:
   a. One-third (35%) of city of Cleveland residents lived below the poverty line in 2016, compared to half that (18.1%) of county residents, as a whole.
   b. Likewise, Cleveland residents were significantly more likely to die of cardiovascular disease (+27.5%), a drug-induced death (+64.3%) or to be a homicide victim (+99.3%).

2. There are several priority health and safety concerns for Cuyahoga County and there are several reasons for this designation. They may be conditions where Cuyahoga County appears to compare unfavorably to its peer counties, they may be conditions that can be minimized or prevented via effective programming, or they may have been selected because they impact certain population groups in our county at particularly high frequency. For all of these, Cuyahoga County compares unfavorably to national benchmark goals in the following areas:
   a. Cuyahoga County’s mortality rate from **cardiovascular disease** was significantly higher (199.8 per 100,000) than for the U.S. overall (165.5) and the national benchmark of 100.8. Cardiovascular disease was also the most common reason for hospitalizations in Cuyahoga County in 2016.
   b. Cuyahoga County’s **suicide rate** is two points above the national benchmark of 10.2 (per 100,000). In surveys, county residents report an average of 3.7 **poor mental health days** per month. The **homicide rates** within Cuyahoga County (14.2) and the city of Cleveland (28.3) are significantly higher than the national benchmark of 5.5 (per 100,000).
   c. **Infant mortality** rates in Cuyahoga County (8.7 per 1,000) and the city of Cleveland (12.0) are also significantly higher than for the U.S. overall (5.9) and the national benchmark (6.0). Furthermore, the county rate is three times higher for Black, non-Hispanic infants (15.0) compared to White, non-Hispanic infants (4.5).
   d. **High blood lead levels** among young children (ages 5 and younger) are a persistent problem. For Cuyahoga County residents under age 6, 8.2% had dangerous blood lead levels (> 5 ug/dl) in 2016, and that was significantly higher for young children in the city of Cleveland (12.4%). This compares very unfavorably to the state (2.0%) and national rate (3.0% in 2015) overall. Blood lead levels above zero are considered above the national benchmark.
   e. The number of **unintentional opioid deaths** was high in Ohio overall (32.9 per 100,000), but somewhat higher in Cuyahoga County (38.2). In the city of Cleveland, the rate of unintentional opioid deaths is about twice as high (61.8) as in the county overall. The rate of unintentional opioid deaths in the city of Cleveland is about five times that of the U.S. overall (13.3).
   f. Many of the estimated 20,000 or more deaths in the U.S. from influenza each year may have been prevented by the flu vaccine. The national benchmark for vaccination levels among
Medicare beneficiaries is 70%. Within Cuyahoga County during the 2017-2018 flu season, only 48.9% received a flu vaccine.

g. Tobacco (cigarette) use in Cuyahoga County is higher than the national rate (21% vs. 15.5%). City of Cleveland residents use cigarettes at a much higher rate (35.2%). Of particular concern is the higher incidence of mothers who smoked during pregnancy (U.S. overall, 7.2%; Cuyahoga County, 9.1%; city of Cleveland, 14.3%).

h. Within the city of Cleveland, residents lack sufficient physical activity at higher rates (58.1%) compared to the national benchmark (32.6%).

3. Childhood asthma was the most common ambulatory care sensitive (ACS) condition for hospitalized children in 2016, where the incidence of childhood asthma differed based on race and/or ethnicity. Significantly higher proportions of hospitalized Medicaid beneficiaries were Black (4.2%) or of Hispanic descent (3.3%) compared to White children (1.3%). This suggests higher rates of childhood asthma among Black and Hispanic children and lower access to primary care to minimize hospitalizations. We know that exposure to asthma triggers like dust mites and indoor pollutants associated with substandard housing and exposure to environmental tobacco smoke and outdoor air pollutants are risk factors for childhood asthma, and optimizing clinical care, improving the quality of housing, and reducing trigger exposure can reduce asthma exacerbations.

4. The most common ACS conditions for older adult residents of Cuyahoga County in 2016 were chronic obstructive pulmonary disease (4.6% of all adults age 40+ hospitalizations) and congestive heart failure (5.5% of all seniors hospitalized). Improved screening and primary care for these conditions can reduce hospitalization rates.

5. An examination of all hospitalized Cuyahoga County patients’ diagnoses in 2016 shines a light on the impact of chronic health conditions as well as the complexity of most hospitalization cases. Most inpatients had multiple secondary diagnoses requiring a high level of coordinated care. The following are conditions that were far more common as secondary diagnoses than as primary diagnoses (in other words, patients’ secondary diagnoses did not lead to the hospitalization, but greatly complicated the care needed during hospitalization):

   a. Hyperlipidemia (18.3%)
   b. Type 2 diabetes (16.5%)
   c. Essential hypertension (16.0%)
   d. Anemias (11.2%)
   e. Nicotine dependence (10.4%)
   f. Substance dependence/abuse (alcohol, opioids, cocaine, cannabis, etc., 8.2%)
   g. Hypertensive heart & kidney disease (8.0%)
   h. Gastro-esophageal reflux disease (6.9%)
   i. Chronic kidney disease (6.8%)
   j. Asthma (5.8%)
   k. Adverse effect/poisoning by prescribed or over-the-counter drugs (4.9%)
   l. Chronic pain (4.2%)
   m. Encephalopathy (4.2%)
   n. Dementia (3.6%)
The most common reason children are hospitalized differs from that for adults. Looking just at hospitalized Cuyahoga County patients under the age of 18 in 2016, excluding healthy newborns, the most common primary diagnosis was related to diseases of the respiratory system (23.0%) – whereas for adults diseases of the circulatory system were the most common reason for hospitalization. Asthma was the most common condition and was a primary diagnosis for 4.6% of patients and a secondary diagnosis for 12.8% of young patients. Hospitalizations related to mental and behavioral health disorders (12.2%) comprised the second largest category of primary diagnoses among patients under the age of 18. Digestive system diseases (7.3%) were the third most common category of primary diagnoses among young patients.

6. Evidence is growing that food insecurity due to poverty and lack of access to high-quality nutritious food leads to increased risk for chronic disease and poor health outcomes. A large proportion of the city of Cleveland is considered a “food desert,” where residents have limited local access to grocery stores and other sources of healthy food.
Priority Health Needs

Poor health status can result from a complex interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care, perceived or actually present. Addressing the more common “root” causes of poor community health can serve to improve a community’s quality of life and to reduce mortality and morbidity.

Based upon review of the community voice, community stakeholder, hospital and secondary data contained within the 2018 Cuyahoga County Community Health Assessment, a list of the top 13 health issues were identified (Appendix 2). Many of the top health and safety concerns for Cuyahoga County were selected based on Cuyahoga County comparing unfavorably to peer counties and unfavorably to national benchmark goals. Some of the top health needs were chosen because certain population groups in Cuyahoga County experience these conditions at high rates.

A two-step process was used to arrive at the final list of five prioritized health needs. The first step involved assignment of priority points by each voting participant (which included hospital representatives from the 8 UH hospitals as well as both public health departments) to eliminate five health needs from the initial list of 13, to arrive at eight health needs. The second step involved each voting participant recording their ratings for each of the eight remaining health needs based on consideration of the following criteria: magnitude of the problem; severity of the problem; and magnitude of the health disparity. For both voting rounds, weighting was used to ensure that public health stakeholders received a combined 50% of the vote and hospital stakeholders received a combined 50% of the vote.

The following five health needs were selected as priorities that will be the focus of the IS. There is strong alignment between the selected health priorities and state population health priorities. In no particular order:

1) Poverty (i.e. healthy homes, food insecurity)
2) Opioids / Substance Use Disorders / Mental and Behavioral Health
3) Infant Mortality
4) Homicides / Violence / Safety
5) Chronic Disease Management and Prevention (i.e. cancer, diabetes, COPD, asthma, cardiovascular disease, healthy eating / active living)

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>UH Hospital Planning to Address</th>
</tr>
</thead>
</table>
| Poverty                                            | UH Ahuja Medical Center  
UH Bedford Medical Center  
UH Cleveland Medical Center  
UH Parma Medical Center  
UH Richmond Medical Center |
| Opioids / Substance Use Disorders / Mental and Behavioral Health | UH Cleveland Medical Center*  
UH St. John Medical Center |
| Infant Mortality                                   | UH Rainbow Babies & Children’s Hospital                             |
| Homicides / Violence / Safety                      | UH Cleveland Medical Center                                         |
| Chronic Disease Management and Prevention (i.e. cancer, diabetes, COPD, asthma, cardiovascular disease, healthy eating / active living) | UH Ahuja Medical Center  
Beachwood RH, LLC (UH Rehab. Hosp.)  
UH Bedford Medical Center  
UH Cleveland Medical Center  
UH Parma Medical Center  
UH Rainbow Babies & Children’s Center  
UH Richmond Medical Center  
UH St. John Medical Center |

*UH Cleveland Medical Center activities that address this health priority are reflected on page 51.
Community Served by University Hospitals

The community has been defined as Cuyahoga County for eight University Hospital (UH) facilities that are located in Cuyahoga County and have the majority of their patient discharges from Cuyahoga County: UH Ahuja Medical Center, Beachwood RH, LLC (UH Rehabilitation Hospital), UH Bedford Medical Center, UH Cleveland Medical Center, UH Parma Medical Center, UH Rainbow Babies & Children’s Hospital, UH Richmond Medical Center and UH St. John Medical Center. Defining the community in this way allows the health care system to more readily collaborate with public health partners for the completion of community health needs assessments, and health improvement planning based on shared geographical communities served and health priority.
Strategies to Address Health Needs

University Hospitals
For the 2019 IS, each UH hospital team met to identify potential strategies to execute in view of lessons learned and current opportunities. To do this, the teams reviewed various sources of data including primary data, hospital utilization and discharge data, and evaluation of program impact reports from the 2018 CHNA as well as the prior IS from 2016. The teams built upon the efforts of the previous IS. Additionally, all eight hospitals, both public health departments, medical residents from Case Western Reserve University School of Medicine and local community stakeholders met to identify a collective strategy involving all partners and to receive general input from community representatives. The following strategies, goals and objectives were developed.

Note: This symbol 💙 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.
University Hospitals
Ahuja Medical Center

STRATEGIES
UH Ahuja Medical Center

University Hospitals Ahuja Medical Center, which opened in 2011, is a 144-bed community hospital focused on patient and family-centered care and the principles of evidence-based design. It is designed to be one of the safest and most technologically advanced hospitals in the country. Built on a calm, park-like campus that includes gardens and walkways, the hospital provides exceptional care to residents of Cuyahoga, Lake and Summit counties.

UH Ahuja Medical Center's medical staff includes over 980 physicians and allied professionals highly trained in 21 full-service specialties and subspecialties including adult and pediatric emergency services, cardiology, neurosurgery, pulmonology, orthopedics and more.

<table>
<thead>
<tr>
<th>University Hospitals Ahuja Medical Center</th>
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<tbody>
<tr>
<td><strong>CHNA Priority:</strong> Chronic Disease Management and Prevention</td>
</tr>
</tbody>
</table>

**Strategy 1:**
- Community engagement to provide education, screening and support groups to prevent and/or manage chronic diseases

**Goals:**
- Reach people/communities with limited access to valuable health information
- Increase knowledge about chronic diseases in general, including prevention and disease management strategies
- Increase early detection of diseases

**Objectives:**
- Provide or participate in at least 40 educational and/or screening events in the community:
  o Corporations, YMCA, schools, temples, churches, senior centers, low income apartments, community health fairs and rehab centers
  o Involvement in eight community Chambers of Commerce offering health education and screening to their members and companies
- Offer education talks, support groups and connection to resources to at least 3,800 people via:
  o 4 diabetes management classes (Target: 50 people annually)
  o Monthly support group for diabetic patients (Target: 20 people)
  o Monthly Wellness Seminars with presenting physicians and auxiliary staff
  o Monthly talks for Emergency Medical Services
  o Family Health and Safety Day at Ahuja with screenings for vascular, biometric, carotid, dermatology, BMI and orthopedic issues
  o Women’s Health Expo with educational speakers and biometric screening
  o Ortho Day with orthopedic surgeon speakers, rehabilitation, diabetes, pain management, pharmacy and home care dialogue and information
- Conduct screenings with at least 2,500 people via events at corporations, YMCA, schools, temples, churches, senior centers, low income apartments, community health fairs and rehabilitation centers
  o Develop a program with Food Strong CLE for health screenings and educational materials to be provided during Farmers Markets
Hernia screening with the ability to follow up with further testing and appointments with surgeons. Screenings typically include: blood pressure, cholesterol, A1C

**Anticipated Outcomes:**
- Increased connection to primary care physicians, specialists and surgeons if needed
- Improved health outcomes for individuals participating in classes and support groups; reduced A1C blood test results for diabetic patients
- Reduced complications and hospitalizations due to early detection and improved management of diabetes, heart disease, and respiratory failure for individuals participating in classes and support groups
- Continue increasing number of follow-up screenings scheduled
- Increased number of appointments scheduled with primary care provider in reaction to positive screenings
- Improved medical screening results for disease management group participants (e.g. A1C levels for diabetics)

**Indicators used to measure impact of outcomes:**
- Proportion of adults who have been told by a health professional that they have diabetes or prediabetes *(Source for Data: BRFSS, vs. 2019 baseline)*
- Proportion of adults who engage in Type II diabetes prevention behaviors (exercise, controlled diet, controlled weight) *(Source for Data: BRFSS, vs. 2019 baseline)*

**Collaboration and Partnerships:**
- Local corporations, YMCA, schools, temples, churches, senior centers, low income apartments, rehabilitation centers, Chamber of Commerce
University Hospitals Ahuja Medical Center

CHNA Priority: **Poverty**

**Strategy 2:**
- UH Ahuja has had great success in building strong relationships with area employers in order to use employer locations for screening events. Upon review of where events tend to be held, outreach personnel identified areas of the community where the outreach was not reaching certain types of community members, in particular very low income families. A new annual event was thus designed, with the goal of targeting the most under-resourced community members. This event, Breakfast with Santa, will be launched in connection with the Warrensville Heights YMCA.

**Goals:**
- To provide an event that supports children and families that are marginalized in the area. Outreach thru local YMCA programming, local daycares, preschools, schools, the human resource department at UH Ahuja Medical Center and community social workers.

**Objectives:**
- To provide an event on December 14, 2019 that is a celebration of community and Santa, along with a nutritional meal, engagement in arts and crafts, literacy program with reading and a book to take home, and gifts of school backpacks filled with school supplies. Certificates for Swim and Water Safety lessons to be given to the children
- Developing strategies to include more community partners in 2019

**Anticipated Outcomes:**
- Develop an event which targets and attracts community members whose access to healthcare and health information is most constrained and use this event to build awareness of services available to them, share important health information which impacts them, and identify specific needs of these community members related to their health.
- To increase community awareness of the children in the Warrensville Heights and the Tri city area who are in need.
- Evaluation of the program with the Executive Board of the YMCA to ensure targeted annual participation levels of the target population
  - Goal is to reach approximately 200 to 300 children within the most under-resourced areas of the community
  - Include more community partners to expand the scope of services and information brought to event participants

**Indicators used to measure impact of outcomes:**
- Decreased number of community members without any health insurance *(Source for Data: BRFSS, vs. 2019 baseline; Census Bureau, ACS estimates, 2019 baseline)*
- Decreased use of Emergency Department for non-emergent medical issues *(Source for Data: UH)*
- Increased proportion of community members in the most under-resourced areas with a medical home *(Source for Data: BRFSS, aggregated for key zip codes)*

**Collaboration and Partnerships:**
Warrensville Heights YMCA; communities of Nordonia Hills, Warrensville Heights and Highland Hills; Sodexo; Amazon Corporation; NSL Analytical Corporation; and area business and community leaders.
University Hospitals Rehabilitation Hospital

A Joint Venture with Kindred Healthcare

STRATEGIES
Beachwood RH, LLC (UH Rehabilitation Hospital)

UH Rehabilitation Hospital is a joint venture between University Hospitals and Kindred Healthcare Corporation. It aides in restoring lives, helping patients regain their independence so they can return home. It is a 50-bed, state-of-the-art acute inpatient rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced a variety of conditions including amputation, brain injury, neurological conditions, orthopedic injury, spinal cord injury, stroke and trauma. It provides acute inpatient medical and functional rehabilitation.

<table>
<thead>
<tr>
<th>CHNA Priority: Chronic Disease Management and Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1:</strong> To improve awareness and education about strokes for the local community that we serve.</td>
</tr>
<tr>
<td><strong>Goals:</strong> Increase awareness of stroke and stroke prevention. Create monthly support group for stroke survivors and caregivers</td>
</tr>
<tr>
<td><strong>Objectives:</strong> Offer monthly stroke support group for stroke survivors and caregivers to improve their ability to manage their own care or provide stroke care to others. Provide education at local events (i.e. Big Tent, Healthy Wellness days, etc.)</td>
</tr>
<tr>
<td><strong>Anticipated outcomes:</strong> Offering a venue to stroke survivors and caregivers where they can gain support and state-of-the-art knowledge about stroke care and services for them in our community. Create enhanced education on stroke prevention and reduce the number of strokes in the local community. Attendance at stroke group Target participation levels: 8 events for stroke survivors group; 4 events for caregivers support group. Number of educational materials distributed. Attendance at community events Target participation levels: 150 attendees at Big Tent; 100 attendees at Healthy Wellness days. Number of speaking engagements for stroke experts.</td>
</tr>
<tr>
<td><strong>Indicators used to measure impact of outcomes:</strong> Reduced length of initial hospital stay for those with a primary diagnosis of stroke (Source for Data: OHA or UH)</td>
</tr>
<tr>
<td><strong>Collaboration and Partnerships:</strong> Partnership with UH hospitals (UH Ahuja, UH Bedford and UH Richmond); American Diabetes Association; Cuyahoga County Board of Health; physicians and physical therapists.</td>
</tr>
</tbody>
</table>
**Beachwood RH, LLC (UH Rehabilitation Hospital)**

**CHNA Priority:** Chronic Disease Management and Prevention

**Strategy 2:**
- To improve community members’ understanding of risk factors associated with diabetes, and awareness of diabetes prevention and management.

**Goals:**
Bring UH resources to the outside community for those previously not reached:
- Provide pre-screens, offer educational materials, participate in local community events, and provide access to physicians.

**Objectives:**
- Provide community outreach while improving the number of individuals who have early detection of diabetes.

**Anticipated Outcome(s):**
- Increase number of individuals who have early detection and provide access to physicians.
  - During the course of the year 200 people receive early detection
  - During the course of the year 25 receive access to physicians
- Increased number of individuals who participated in screens; number of positive screenings requiring some kind of follow-up; and number of educational materials distributed to community members.

**Indicators used to measure impact of outcomes:**
- Proportion of adults who have been told by a health professional that they have diabetes or prediabetes *(Source for Data: BRFSS, 2019 baseline)*
- Proportion of adults who engage in Type II diabetes prevention behaviors (exercise, controlled diet, controlled weight) *(Source for Data: BRFSS, 2019 baseline)*

**Collaboration and Partnerships:**
Partnership with UH hospitals (Bedford, Richmond, and Ahuja); American Diabetes Association; local support groups and physicians.
CUYAHOGA COUNTY COMMUNITY HEALTH IMPLEMENTATION STRATEGY

STRATEGIES
UH Bedford Medical Center and UH Richmond Medical Center (UH Regional Hospitals)

For more than 90 years, University Hospitals Bedford Medical Center, a campus of UH Regional Hospitals, has served the residents of Bedford, Ohio and the surrounding communities. It is a full service, acute-care community hospital, offering adult and senior emergency services, a state-of-the-art outpatient surgery center, comprehensive imaging facilities and a network of primary and specialty care physician practices.

UH Bedford Medical Center’s medical staff includes 193 physicians highly trained in 30 medical specialties, including orthopedics, ophthalmology, wound care and hyperbaric medicine, geriatric medicine and more. It is a certified Primary Stroke Center and an accredited Chest Pain Center. It also holds NICHE Exemplar status - the highest designation available by the nursing education program, Nurses Improving Care for Healthsystem Elders (NICHE).

University Hospitals Richmond Medical Center, a campus of UH Regional Hospitals, is a 59-staffed-bed acute-care hospital serving the residents of Lake and eastern Cuyahoga counties since 1961. UH Richmond Medical Center includes adult and senior emergency services, comprehensive imaging facilities, a dedicated wound care center, and a network of primary and specialty care physician practices. It is also a premier location for UH Center for Lifelong Health and Age Well Be Well, a popular club for seniors.

UH Richmond Medical Center’s medical staff consists of more than 190 UH and independent physicians representing over 30 medical specialties. The hospital is a certified Primary Stroke Center and an accredited Chest Pain Center. It also holds a Senior Friendly designation from the nursing education program, Nurses Improving Care for Healthsystem Elders (NICHE).

The same implementation strategies will be happening at both hospitals.
### University Hospitals Bedford Medical Center & Richmond Medical Center

**CHNA Priority:** Chronic Disease Management and Prevention

#### Strategy 1:
- Provide 1) screenings and 2) health / disease education to detect and help manage chronic disease

#### Goal:
- Reduce incidence of chronic disease, hospitalization rates and mortality due to chronic diseases (i.e. diabetes, cardiac, pulmonary) in our communities

#### Objectives:
- Provide education about chronic disease detection and management in a variety of community venues (i.e. wellness events, lectures, distribution of literature, etc.), reaching at least 150 people at each hospital, total of 300 individuals
- Provide screenings that detect disease processes (200 at each hospital, total of 400)
- Provide access to healthcare professionals who will help manage chronic diseases
- Provide support groups for individuals with chronic conditions

#### Anticipated Outcomes:
- Increased number of community outreach events to counsel/screen a broader number and type of community members
- Improved proportion of community members whose chronic disease is screened for and detected early in the disease progression.
- Improved number of individuals educated about the more pervasive chronic diseases in our community
- Improved number of individuals screened for cardiac, pulmonary and diabetes conditions

#### Indicators used to measure impact of outcomes:
- Proportion of adults who have been told by a health professional that they have diabetes or prediabetes, cardiac or pulmonary disease in the past year
- Proportion of adults who engage in chronic disease prevention or control prevention behaviors (i.e. exercise, controlled diet, controlled weight, regular visits to health care professional)

#### Collaboration and Partnerships:
Health professionals- dieticians, physicians, nurse practitioners, EMS institute, respiratory therapists; community partnership on aging; local churches; local nursing facilities; local senior centers; local government; local businesses; Cuyahoga County Public Library; educational institutes; and local schools
University Hospitals Bedford Medical Center & Richmond Medical Center

**CHNA Priority: Poverty**

**Strategy 2:**
- Financial constraints are a common barrier to accessing needed healthcare. During non-emergent visits to the Emergency Department, low-income individuals will receive education about better health care service utilization, financial counselling services from hospital financial specialists and support services from third party vendors. These vendors connect people with healthcare insurance that is appropriate for their medical needs and level of income, i.e. Medicaid applications, insurance from the exchanges, or whatever is appropriate for their situation.

**Goal:**
- Ensure that community members seek necessary healthcare services when needed to prevent worsening conditions and need for higher cost services.

**Objectives:**
- Educate community members on proper use of emergency department and financial counselling services available

**Anticipated Outcomes:**
- Increased primary care alignment
- Increased number of individuals seeking services when needed
- Increase in insured lives in our communities
- Increase in number of events where education is available
- Increased number of individuals educated at talks/lectures about this topic

**Indicators used to measure impact of outcomes:**
- Decreased number of community members without any health insurance *(Source for Data: BRFSS, vs. 2019 baseline; Census Bureau, ACS estimates, 2019 baseline)*
- Decreased use of Emergency Department for non-emergent medical issues *(Source for Data: UH)*
- Increased proportion of community members in the most under-resourced areas with a medical home *(Source for Data: BRFSS, vs. 2019 baseline)*

**Collaboration and Partnerships:**
Third party vendors; internal UH departments including financial counselling staff, ED providers and staff, primary care offices
S T R A T E G I E S
UH Cleveland Medical Center (CMC)

Founded in 1866, University Hospitals Cleveland Medical Center has a long history of providing exceptional healthcare for the residents of Northeast Ohio. Among the nation’s leading academic medical centers, UH CMC is leading the way in both the discovery and implementation of medical advancements and the delivery of exceptional patient care.

With more than 1,000 registered beds, UH CMC provides primary, specialty and subspecialty medical and surgical care. Located in the heart of Cleveland’s University Circle on a beautiful 35-acre campus, UH CMC includes general medical, intensive care and surgical units as well as two major hospitals:

- UH Seidman Cancer Center
- UH Rainbow Babies & Children’s Hospital

As a comprehensive, integrated, academic health system, its physicians and researchers span the full spectrum – from basic/translational to clinical/population research. The UH Clinical Research Center is home to the largest clinical trial site in northeast Ohio with more than 1,000 active trials.

<table>
<thead>
<tr>
<th>University Hospitals Cleveland Medical Center Neurological Institute</th>
<th>CHNA Priority: Chronic Disease Management and Prevention</th>
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<tbody>
<tr>
<td><strong>Strategy 1:</strong></td>
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</table>
- Reduce the incidence of cardiovascular disease by improving the level of state-of-the-art stroke care education among nursing and ancillary clinical staff for the Northeast Ohio region; including non-UH employees |
| **Goal:** |  
- Provide stroke education at Neuroscience Nursing Symposium on September 26, 2019. |
| **Objective:** |  
- Review current guidelines on the diagnosis, treatment and care of patients with cerebrovascular disorders based on the latest advances in the fields of neurology, neurosurgery, neuro-interventional, neuro-critical care, and neuroscience nursing |
| **Anticipated Outcome:** |  
- Attendance of 150 or more participants including nurses, therapists and other ancillary clinical staff within the Northeast Ohio region. |
| **Indicators used to measure impact of outcomes:** |  
- Reduced length of initial hospital stay and inpatient rehabilitation stay for those with a primary diagnosis of stroke. *(Source for Data: UH)* |
<p>| <strong>Collaboration and Partnerships:</strong> | Internal UH departmental collaboration |</p>
<table>
<thead>
<tr>
<th>University Hospitals Cleveland Medical Center</th>
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<tbody>
<tr>
<td>Neurological Institute</td>
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<tr>
<td>CHNA Priority: <strong>Chronic Disease Management and Prevention</strong></td>
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**Strategy 2:**
- Community stroke education developed to reduce the incidence of cardiovascular disease – 3 stroke risk screening sessions will be provided in May 2019 during stroke awareness month. The screening will be conducted by nurses and will include blood pressure assessment, BMI assessment, review of medical history for stroke risk factors and education. Education will include: signs of stroke, calling EMS emergently, interventions to control risk factors, healthy diet and exercise discussions and the importance of regular physician checkups and medication compliance. Written materials.

**Goal:**
- Provide stroke education at stroke risk screening events

**Objective:**
- Improve public recognition of stroke symptoms and stroke risk factors

**Anticipated Outcomes:**
- Increase number of at-risk community members’ knowledge of controlling stroke risk factors to prevent a stroke
- Screen 300 or more participants total over the 3 days
- Increase number of patients calling EMS for stroke symptoms

**Indicators used to measure impact of outcomes:**
- Reduced length of initial hospital stay and inpatient rehabilitation stay for those with a primary diagnosis of stroke *(Source for Data: UH)*

**Collaboration and Partnerships:**
Internal UH departmental collaboration
### University Hospitals Cleveland Medical Center

Harrington Heart and Vascular Institute

**CHNA Priority:** Chronic Disease Management and Prevention

<table>
<thead>
<tr>
<th>Strategy 3:</th>
<th>• Awareness building and early detection</th>
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<tr>
<th>Goal:</th>
<th>• Reduce the incidence of cardiovascular disease through prevention and early detection</th>
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</table>

| Objectives: | • Host 50 physician talks and/or screening events in strategic locations to reach under-resourced populations  
• Screen 1,000 or more people for cardiovascular disease and provide information about their results  
• Educate 2,000 or more people regarding vascular disease, cardiovascular risk factors and lifestyle, medication adherence, CPR, AED, and smoking/vaping cessation/education |
|---|---|

| Anticipated Outcomes: | • Increased knowledge about risks and warning signs amongst at-risk populations  
• Increased number of people aware of risk factors and resources to address cardiovascular disease |
|---|---|

<table>
<thead>
<tr>
<th>Indicator(s) used to measure outcomes:</th>
<th>• Increased proportion of community-members who live in the most under-resourced communities who have had basic cardiovascular disease screening (blood pressure, etc.) within the past year (Source for Data: BRFSS, vs. 2019 baseline)</th>
</tr>
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</table>

**Collaboration and Partnerships:** American Heart Association, Breakthrough Schools, Cuyahoga Metropolitan Housing Authority, Hunger Network, Ursuline College
<table>
<thead>
<tr>
<th>University Hospitals Cleveland Medical Center</th>
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<tbody>
<tr>
<td>Harrington Heart and Vascular Institute</td>
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<tr>
<td><strong>Priority: Chronic Disease Management and Prevention 🌸</strong></td>
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**Strategy 4:**
- Heart Failure CPR / safety training

**Goal:**
- Increase the number of first responders trained in CPR and use of AED equipment

**Objectives:**
- Offer trainings in local schools and business to increase awareness for sudden cardiac arrest and heart failure education and risks (Target: 3000 individuals)

**Outcome:**
- Increased number of people trained in properly doing CPR/AED

**Indicator:**
- Number of sudden cardiac victims who are admitted to the hospital from the Emergency Department *(Source for Data: UH, OHA)*
- Average length-of-stay for sudden cardiac victims *(Source for Data: UH, OHA)*
- Survival rates for hospitalized sudden cardiac event patients *(Source for Data: UH, OHA)*

**Collaboration and Partnerships:**
Local first responder departments; UH EMS Institute
### Strategy 5:
- Prepare the future workforce for careers related to heart-health

### Goal:
- Introduce middle school age youth to health professions
- Increase knowledge about healthy behaviors

### Objectives:
- Offer classes at Cuyahoga Metropolitan Housing Authority weekly and Breakthrough schools twice a week and/or community based youth programs
- Increase awareness about health professions and healthy lifestyles of students (Target: approximately 1,000 students)

### Outcomes:
- Increased awareness about health careers
- Students have an increased interest in Sciences
- Students apply for internships or shadowing experiences at hospitals
- Improved awareness of risk factors, medication adherence, CPR training, AED training, and smoking cessation (CHMA)
- Early education on cardiovascular risk factors and lifestyle, and smoking/vaping education

### Indicator:
- Decreased proportion of those aged 12-15 who use tobacco products *(Source for Data: YRFSS, vs. 2019 baseline)*

### Collaboration and Partnerships:
Breakthrough Schools, Cuyahoga Metropolitan Housing Authority, American Heart Association: STEM Goes Red for Girls
### University Hospitals Cleveland Medical Center

**UH Seidman Cancer Center**

CHNA Priority: **Chronic Disease Management and Prevention**

<table>
<thead>
<tr>
<th>Strategy 6:</th>
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<tbody>
<tr>
<td>- Cancer risk reduction strategies targeted at under-resourced community members</td>
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<table>
<thead>
<tr>
<th>Goal:</th>
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<tbody>
<tr>
<td>- Increase cancer risk reduction awareness as it relates to breast and colon cancer</td>
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<tr>
<th>Objective:</th>
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</thead>
<tbody>
<tr>
<td>- Provide education and screenings to 1,400 participants</td>
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<tr>
<td>- Host and/or participate in 50 screening and education events</td>
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<tr>
<th>Anticipated Outcome:</th>
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<tbody>
<tr>
<td>- 3% increase in screenings compared to last year</td>
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<tr>
<td>- Pre- and post-tests following educational presentations that indicate willingness to get screened</td>
</tr>
</tbody>
</table>

**Indicators used to measure impact of outcomes:**

- Improved early-stage cancer detection among under-resourced community members *(Source for Data: UH)*
- Improved cancer survival rates *(Source for Data: CDC, at the county level)*

**Collaboration and Partnerships:**

Cleveland Public Health Department; City of Cleveland; Cleveland Clinic Foundation; The MetroHealth System
University Hospitals Cleveland Medical Center

**UH Seidman Cancer Center**

**CHNA Priority:** *Chronic Disease Management and Prevention*

<table>
<thead>
<tr>
<th><strong>Strategy 7:</strong></th>
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<tbody>
<tr>
<td>• Increase access to cancer-related information and enhance health literacy</td>
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<table>
<thead>
<tr>
<th><strong>Goals:</strong></th>
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<tbody>
<tr>
<td>• To ensure that individuals have access to, and comprehend, materials pertaining to cancer.</td>
<td></td>
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<tr>
<td>• To engage and practice health literacy principles that result in patient education materials and communication that are understood by all.</td>
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<table>
<thead>
<tr>
<th><strong>Objectives:</strong></th>
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<tbody>
<tr>
<td>• Publicize the Seidman Cancer Center learning library via 10 media outlets</td>
<td></td>
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<tr>
<td>• Serve 800 library visitors</td>
<td></td>
</tr>
<tr>
<td>• Examine and develop content for 15 publications to make them easy to understand</td>
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<tr>
<td>• Provide a space and librarian to assist with identifying cancer-related information</td>
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<thead>
<tr>
<th><strong>Anticipated Outcome:</strong></th>
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<tbody>
<tr>
<td>• Increased health literacy</td>
<td></td>
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<tr>
<td>• Increased access to useful information</td>
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<tr>
<td>• Increased compliance to treatment</td>
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<tr>
<td>• Increased visits to Seidman Cancer Center learning center</td>
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<tr>
<th><strong>Indicators used to measure impact of outcomes:</strong></th>
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<tbody>
<tr>
<td>• Improved five-year cancer survival rates <em>(Source for Data: CDC, at the county level)</em></td>
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<tr>
<th><strong>Collaboration and Partnerships:</strong></th>
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<tbody>
<tr>
<td>Cleveland Public Health Department; City of Cleveland, Health Improvement Partnership-Cuyahoga; Healthy CLE</td>
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</table>
University Hospitals Cleveland Medical Center

Adult Trauma Program, Violence Interrupters Program

CHNA Priority: Homicides / Violence / Safety

Strategy 8:
- Pilot a hospital and community-based partnership with Peacemakers Alliance in an attempt reduce gun-related violence in the target population. Peacemakers Alliance is housed within the Boys and Girls Clubs of Cleveland; it employs community-based outreach workers to provide mediation, conflict resolution, case management, family services and hospital-based intervention following violent incidents. For the latter, its focus is on preventing retaliation violence.

Goals:
- Provide intervention in the hospital with follow-up community-based referral and programs to victims of gun violence.
- Provide intervention to family and community members while the patient is hospitalized to reduce the potential of retaliatory violence.

Objectives:
- Introduction of Violence Interrupter services from Peacemakers Alliance in April 2018 to eligible victims of gun violence during hospitalization.
- Referral to outpatient community services, education and job placement at the time of discharge.

Anticipated Outcome:
- Increased number of victims of penetrating violence or their family members who receive violence intervention support services
- All gun violence victims and family members are offered intervention (includes community presence) to mitigate the potential for violence while victim is hospitalized

Indicators used to measure impact of outcomes:
- Reduced penetrating trauma violence in residents of Cleveland with a primary focus in the 16 to 30 year-old population (Source for Data: City of Cleveland)
- Reduction in recidivism (annualized tracking to be reported Q1 2020) (Source for Data: UH and City of Cleveland)

Collaboration and Partnerships:
Cleveland City Council; United Way; Peacemakers Alliance; Northern Ohio Trauma System (NOTS)
**University Hospitals Cleveland Medical Center**

**EMS Institute, Stop the Bleed Training**

**CHNA Priority:** Homicides / Violence / Safety

**Strategy 9:**
*Provide Stop the Bleed training and supplies to schools in Cuyahoga County.*

Stop the Bleed is a national awareness campaign intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.

**Goals:**
- To provide awareness and education on bleeding control in schools in the event of traumatic injuries in school districts within Cuyahoga County.

**Objective:**
- Meet with school system leadership to implement Stop the Bleed curriculum by December 31, 2019.

**Anticipated Outcomes:**
- Train 20% percent of the schools in Cuyahoga County in 2019
- Schedule trainings for an additional 30% of schools for 2020
- 20% of students and classified/non-classified staff trained
- Bleeding control kits distributed to all participating schools

**Indicators used to measure impact of outcomes:**
- N/A

**Collaboration and Partnerships:**
Fire departments; mayors; safety directors; school districts
University Hospitals Cleveland Medical Center

Step Up to UH

CHNA Priority: Poverty

**Strategy 10:**
- Employment and retention - work with community partners to recruit and provide soft skill training to community residents for employment in Environmental Services and Nutrition Services at UH Cleveland Medical Center

**Goals:**
- Increase employment options among community members residing in neighborhoods surrounding UH Cleveland Medical Center.
- Decrease unemployment in an under-resourced community.
- Increase financial stability and access to healthcare for under-resourced populations.

**Objectives:**
- Offer 4 cohorts of soft skills training
- Complete soft skills training for 80 people annually
- Hire 35-40 program participants
- 78% retention rate for employees recruited via Step Up to UH

**Anticipated Outcomes:**
- Increased financial stability for individuals living in the Greater University Circle (GUC) footprint
- Improved economic inclusion and wealth building as part of the GUC anchor strategy

**Indicators used to measure impact of outcomes:**
- Number of program participants who are hired by UH *(Source for Data: UH)*
- Number of program participants who are hired and who are still employed after one year *(Source for Data: UH)*

**Collaboration and Partnerships:**
Neighborhood Connections; Towards Employment
University Hospitals Cleveland Medical Center

Community Impact, Equity, Diversity and Inclusion (CEDI), UH Health Scholars Program

CHNA Priority: Poverty

Strategy 11:
- Facilitate a pipeline program for minoritized* secondary school students

Goal:
- Create a pipeline for local minoritized secondary students to understand and pursue careers in medicine

Objectives:
- Work with 30 students throughout the year (school year and summer) to build and develop social/emotional learning, executive functioning skills, and an academic profile that will get them into and through the necessary post-secondary education/training to become physicians.

Anticipated Outcomes:
Students will have the necessary social/emotional skills, executive functioning skills, and an academic profile to be successful physicians

Indicators used to measure impact of outcomes:
- Students’ scores on Health Scholars assessments
- Number of students who complete all necessary high school classes needed to enter a pre-professional/pre-med college program
- School grades
- Standardized test scores
- Proportion of program graduates who are accepted into an accredited pre-professional four-year degree program which prepares students for medical school

(Source for Data: UH)

Collaboration and Partnerships:
Shaker Heights High School; Cleveland School of Science and Medicine; Case Western Reserve University

*The definition of minoritize is “to make a minority” (minority+ize). It acknowledges the process and product of being a person who is called a "minority." Minoritized individuals include:
- Groups of people that are different and as a result of social constructs have less power or representation compared to other members or groups in society
- People forced into a group that is mistreated or faces prejudices such as sexism, ableism, racism, xenophobia, homophobia, islamophobia, etc.
- People that are discriminated against because of situations outside of personal control
### University Hospitals Cleveland Medical Center

**Otis Moss Center, Food for Life Market**

**CHNA Priority: Poverty**

<table>
<thead>
<tr>
<th><strong>Strategy 12:</strong></th>
<th>• Providing food for UH patients when they experience food insecurity</th>
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<tbody>
<tr>
<td><strong>Goals:</strong></td>
<td>• Reduce food insecurity of UH patients</td>
</tr>
<tr>
<td></td>
<td>• Reduce hemoglobin A1C levels of food insecure UH patients</td>
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<td></td>
<td>• Reduce blood pressure of food insecure UH patients</td>
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<thead>
<tr>
<th><strong>Objectives:</strong></th>
<th>• Provide 35 pounds/person of shelf food, fresh produce, and nutrition coaching and counseling for a subset of UH patients</th>
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<tr>
<td><strong>Anticipated Outcomes:</strong></td>
<td>• Ensure subset of UH patients have basic needs met</td>
</tr>
<tr>
<td></td>
<td>• Reduction in the amount of stress experienced by 1,200 UH patients</td>
</tr>
<tr>
<td></td>
<td>• Reduction in the blood pressure and A1C levels of food insecure UH patients</td>
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| **Indicators used to measure impact of outcomes:** | • Improved self-report of food insecurity among program participants *(Source for Data: UH)* |
|                                                    | • Decreased hospitalization rates among program participants *(Source for Data: UH)* |

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<thead>
<tr>
<th><strong>Collaboration and Partnerships:</strong></th>
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<tbody>
<tr>
<td>Sodexo; Olivet Institutional Baptist Church</td>
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*This strategy also addresses chronic disease management and prevention*
UH Parma Medical Center

For more than 50 years, University Hospitals Parma Medical Center has been serving the health care needs of the residents of Parma, Parma Heights, Brooklyn, Brooklyn Heights, Seven Hills, North Royalton and surrounding communities.

This 332-bed full-service hospital employs more than 1,300 Northeast Ohio residents, and has more than 700 physicians trained in more than 30 specialties on its medical staff. This includes experts in emergency medicine, heart and vascular disease, cancer, bariatric surgery, pain management and acute rehabilitation. UH Parma Medical Center has also received national recognition for its orthopedics program and cardiovascular outcomes.

Radiology and diagnostic imaging, physical therapy and laboratory services are available at multiple locations, while home health care, hospice, screenings and educational programs round out the full spectrum of services. UH Parma Medical Center is a preferred provider for all major managed care plans, delivering exceptional care, close to home.
**University Hospitals Parma Medical Center**

**CHNA Priority:** **Chronic Disease Management and Prevention**

**Strategy 1:**
The overall strategy is to continue to increase UH Parma Medical Center’s outreach efforts in order to ensure all community members, and especially those historically under-resourced, have access to health information, education, health screenings and wellness-building services.

- Conduct community-based events which offer screenings, publications and handouts
- Provide community-based programming to improve behavioral lifestyle choices
- Offer structured exercise programs at the Health Education Center
- Mail educational materials to households
- Provide medical and clinical professionals to speak at events
- Provide CPR/AED training in the community

**Goal:**
- Increase patient and community member awareness of support programs, screenings and understanding of chronic diseases. Provide navigation services where applicable to access care.

**Objectives:**
- Screen at least 500 individuals who are managing a chronic disease
- Promote healthy lifestyle choices to at least 500 individuals
- Participate in at least 200 outreach screening events

**Anticipated Outcome:**
- Improve health literacy and health outcomes among current chronic disease patients and community members through programs and education

**Indicators used to measure outcome:**
- Proportion of adults who have been told by a health professional that they have diabetes or prediabetes, cardiac or pulmonary disease in the past year *(Source for Data: BRFSS, baseline 2019)*
- Proportion of adults who engage in chronic disease prevention or control prevention behaviors (exercise, controlled diet, controlled weight, regular visits to health care professional) *(Source for Data: BRFSS, baseline 2019)*

**Collaboration and Partnerships:**
Senior centers in UH Parma service areas; community health fairs; Alzheimer’s Association, CBS Connects (Parma City Schools), Parkinson’s Foundation, Partnership for a Healthy North Royalton, North Royalton School District, The Arthritis Foundation, Parma City School District; Parma Area Family Collaborative; Padua High School; St. Albert The Great School; Brecksville/Broadview Heights School District; North Royalton YMCA; YMCA of Greater Cleveland; American Heart Association, Parma Libraries, West Creek Conservancy; cities of Parma, North Royalton, Parma Heights, Seven Hills, Brooklyn, Brooklyn Heights and Broadview Heights
### University Hospitals Parma Medical Center

**CHNA Priority:** Poverty*

#### Strategy 2:
The overall strategy is to increase access to healthy foods for the most vulnerable community members.
- Provide healthy, affordable food through Meals on Wheels program to residents in the cities of: Brooklyn, Seven Hills and Parma
- Provide Kids Summer Lunch Program with Sodexo (a food management company)
- Integrate UH Parma events with The Hunger Network “Stay Well” program in targeted areas
- Provide discounted/no cost healthcare for eligible patients/provide subsidized healthcare
- Provide free screenings

#### Goal:
- Improve the quality of life for those in the UH Parma service areas demonstrating poverty and/or food insecurity

#### Objective:
- Provide health information and food/meal assistance to medically underserved areas and/or persons with food insecurities

#### Anticipated Outcomes:
- Provide at least 225 meals through Kids Summer Lunch Program
- Provide at least 2,000 meals through Meals On Wheels program

#### Indicators used to measure impact of outcomes:
- Number of community members who report food insecurity issues *(Source for Data: BRFSS)*
- Decreased child asthma hospitalizations *(Source for Data: UH)*

#### Collaboration and Partnerships:
The Hunger Network of Greater Cleveland; Parma Area Collaborative; local food pantries; Sodexo, cities of Seven Hills, Parma and Brooklyn, Rainbow Babies and Children’s Hospital

*This strategy also addresses chronic disease management and prevention
UH Rainbow Babies & Children’s Hospital (RBC)

UH Rainbow Babies & Children’s Hospital is a 244-bed, full-service children’s hospital and academic medical center. A trusted leader in pediatric health care for more than 125 years, UH RBC consistently ranks among the top children’s hospitals in the nation. As the region’s premier resource for pediatric referrals, UH RBC’s dedicated team of more than 1,300 pediatric specialists uses the most advanced treatments and latest innovations to deliver the complete range of pediatric specialty services for 700,000 patient encounters, annually.
University Hospitals Rainbow Babies & Children’s Hospital

CHNA Priority: Chronic Disease Management and Prevention

**Strategy 1:**
- Continue to bring dental care directly to children who need it most through UH Rainbow Babies & Children’s Hospital’s Ronald McDonald Care Mobile, a 42-foot-long, three operatory mobile dental clinic.
  - The Care Mobile travels throughout Northeast Ohio to provide much needed dental care to children ages 3 to 12 in underserved populations, many of whom get their first glimpse of a dentist’s chair through this service.
  - Tooth decay is the most common chronic childhood disease in America. One in every 5 children aged 5 to 11 have at least one untreated decayed tooth. It’s a problem that overwhelmingly affects children from low income families, who are less likely to receive regular dental care. More than 51 million school hours are lost each year to dental-related illness in the U.S.

**Goals:**
- To continue to reach underserved children throughout a 20 county area to provide routine dental screenings and cleanings.
- In addition to preventive care, treatment options include filling cavities, extractions, pulp therapy and placing crowns.
- In addition, the pediatric mobile dental unit endeavors to provide treatment to at least 93% of children served on the Care Mobile instead of referring out—this ensures that children will get the restorative care they need through prompt follow-up appointments in their community on the Care Mobile.

**Objectives:**
- Continue to reach underserved children throughout a 20 county area to provide preventive care, sealants, fluoride treatment, and treatment of dental caries
- Increase the number of schools and geographic diversity, Head Starts, and public health agencies reached each year
- Increase the number of low-income children reached each year who do not have a regular source of preventive dental care
- Increase the number of patients whose treatment takes place right on the Care Mobile in their community

**Anticipated Outcomes:**
- At least 2,400 pediatric patients seen in a minimum of 8 counties
- 93% or more children receive their treatment on the Care Mobile
- Significant proportion of children receive sealants and/or fluoride varnish treatments

**Indicators used to measure impact of outcomes:**
- Decreased number of children with Emergency Department visits due to dental issues *(Source for Data: UH)*

**Collaboration and Partnerships:**
Ronald McDonald House Charities of Northeastern Ohio; Case Western Reserve University School of Dental Medicine; school districts; DDC Clinic; public health departments; and residential treatment facilities throughout NEO.
### University Hospitals Rainbow Babies & Children’s Hospital

**CHNA Priority:** *Chronic Disease Management and Prevention*  

**Strategy 2:**  
- Improved chronic disease management and prevention.

**Goals:**  
- Deliver interactive nutrition education and family-centered cooking instruction.

**Objectives:**  
- Offer at least 45 hours of nutrition outreach programs (classes 2x/month) by December 31, 2019 held at UH Rainbow Center for Women and Children and Dave’s community teaching kitchen.

**Anticipated Outcomes:**  
- Improved health and nutrition literacy among vulnerable patient populations such as cancer patients and patients with diet-related chronic diseases such as cardiovascular disease, diabetes, and obesity.

**Indicators used to measure impact of outcomes:**  
- Percent of patients who report consuming 5 or more servings/day fruits and vegetables  
  *(Source for Data: UH)*
- Percent of patients with self-reported improved self-efficacy on post-surveys related to healthy meal preparation for self and family. *(Source for Data: UH)*
- Decreased proportion of children in targeted areas (zip codes) with a high BMI and/or high blood pressure*  
  *(Source for Data: Better Health Partnership)*

**Collaboration and Partnerships:**
Dave’s Markets; Local Matters; MidTown Cleveland Inc.; Sodexo; and the Greater Cleveland Food Bank.
<table>
<thead>
<tr>
<th>University Hospitals Rainbow Babies &amp; Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHNA Priority:</strong> Chronic Disease Management and Prevention</td>
</tr>
<tr>
<td><strong>Strategy 3:</strong></td>
</tr>
<tr>
<td>• Food insecurity resource coordination.</td>
</tr>
<tr>
<td><strong>Goal:</strong></td>
</tr>
<tr>
<td>• Offer on-site produce distribution program.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
</tr>
<tr>
<td>• Serve an average of 50 patients per month with healthy harvest produce distribution program by July 1, 2019.</td>
</tr>
<tr>
<td><strong>Anticipated Outcomes:</strong></td>
</tr>
<tr>
<td>• Improved healthy food access and nutrition literacy among vulnerable patient populations such as cancer patients, prenatal care patients, and patients with diet-related chronic diseases such as cardiovascular disease, diabetes, and obesity.</td>
</tr>
<tr>
<td><strong>Indicator used to measure outcomes:</strong></td>
</tr>
<tr>
<td>• Percent of patients who report consuming 5 or more servings/day fruits and vegetables. <em>(Source for Data: UH)</em></td>
</tr>
<tr>
<td><strong>Collaboration and Partnerships:</strong></td>
</tr>
<tr>
<td>Green City Growers; Sodexo; Greater Cleveland Food Bank; Dave’s Markets; and MidTown Cleveland Inc.</td>
</tr>
</tbody>
</table>
### University Hospitals Rainbow Babies & Children’s Hospital

**CHNA Priority:** Infant Mortality

#### Strategy 4:
- Offer Centering Pregnancy program

#### Goals:
- To improve birth outcomes through the innovative Centering Pregnancy program that provides education, outreach, and coordination of healthcare and social services for pregnant women.

The Centering Pregnancy model combines health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. It brings patients out of the exam room and into a group setting with other pregnant moms which also helps build their community of support.

#### Objectives:
- Increase in number of women participating
- Continue to expand the Centering program by including partnerships with home visiting organizations and enhancing the curriculum to fit patient needs
- Reduce maternal stress and depression using Centering program’s group dynamic
- Educate participants about breastfeeding, infant mortality, and safe sleep
- Provide essential services during pregnancy for improved birth outcomes

#### Anticipated Outcomes:
- Decrease pre-term deliveries by one percentage point
- 5% or fewer low-birth weight babies
- Increase appointment compliance to 75%
- Increase postpartum attendance visits to 75%
- Increase breastfeeding rates at discharge to (80%) and at 6-weeks to (65%)
- Serve 500 mothers

#### Indicators used to measure impact of outcomes:
- Decreased infant mortality rate
- Decreased rate of preterm births (<37 weeks gestation)
- Decreased rate of very premature births (< 32 weeks)
- Decreased proportion of low weight births

(Source for Data: Vital Statistics; Cuyahoga County Board of Health; First Year Cleveland)

#### Collaboration and Partnerships:
- Centering Healthcare Institute
- The Centers for Families and Children
### University Hospitals Rainbow Babies & Children’s Hospital

**CHNA Priority:** Infant Mortality 🏧

#### Strategy 5:
- Centering Pregnancy approach to prenatal care

#### Goal:
- Strengthen nutrition education delivered during Centering Pregnancy programs

#### Objective:
- Incorporate food-based learning activity or recipe demonstration in weeks 1 and 2 of curriculum.

#### Anticipated Outcomes:
- Reduce incidence of gestational diabetes among prenatal care patients
- Reduce maternal postpartum readmissions related to inadequate diet

#### Indicator used to measure outcomes:
- Reduced low birth weight deliveries (Source for Data: UH; Cuyahoga County Board of Health; First Year Cleveland)
- Reduced very preterm births (<32 weeks gestation) (Source for Data: Vital Statistics; Cuyahoga County Board of Health)
- Reduced preterm births (<37 weeks) (Source for Data: Vital Statistics; Cuyahoga County Board of Health)

#### Collaboration and Partnerships:
Sodexo; Birthing Beautiful Communities; Greater Cleveland Food Bank
STRATEGIES
UH St. John Medical Center

Since opening in 1981, University Hospitals St. John Medical Center has remained committed to providing the residents of western Cuyahoga and eastern Lorain counties with excellent health care in a faith-based Catholic hospital setting. This non-profit, acute care hospital in Westlake, Ohio, is a 204-bed full-service facility, offering comprehensive medical and surgical care for children and adults.

Services include a 24-hour emergency room, urology care, orthopedics, neurology and a family birth center. It also offers onsite diagnostic imaging and lab services, and a range of other services for its patients, families and visitors.

UH St. John Medical Center is one of the largest employers in the City of Westlake with more than 1,200 employees, including more than 500 medical staff. UH St. John Medical Center is a teaching hospital and maintains an affiliation with the Ohio University Heritage College of Osteopathic Medicine. Also, the medical center is affiliated with Westshore Primary Care, Inc., a consortium of more than 50 physicians who range in specialties from family practice to obstetrics.

### CHNA Priority: Chronic Disease Management and Prevention

#### Strategy 1:
- Community education and awareness, exercise promotion and preventative health screenings

#### Goals:
- Support individual self-management of chronic diseases
- Promote healthy lifestyle behaviors
- Increase health behaviors that contribute to the prevention of chronic diseases including exercise, weight management, healthy nutrition, and stress relief.
- Increase awareness and education of chronic disease self-management skills through health talks, classes, disease-specific literature and other resources

#### Objectives:
- Screen at least 500 individuals who are managing a chronic disease
- Promote healthy lifestyle choices to 500 individuals
- Increase awareness and education of chronic disease self-management skills to 1,500 individuals

#### Anticipated Outcomes:
- Improved health literacy, skills and motivation
- Positive changes in support of healthy behavior and reduction in health risks
- Increased ability to recognize changes in a chronic disease based on screenings and education

#### Indicators used to measure impact of outcomes:
- Proportion of individuals self-reporting positive health status *(Source for Data: BRFSS)*

#### Collaboration and Partnerships:
- American Diabetes Association, American Heart Association, Colon Cancer Alliance, Crohns and Colitis Foundation, Cuyahoga County Board of Health, Far West, Porter and Lakewood Libraries, The Gathering Place, United Way, Veterans Administration, Westlake Community Services, Westlake Food Pantry, Westshore YMCA
- Local senior centers, Great Northern Mall; Bay Village Schools, North Olmsted and Westlake Schools
- Schools, Area Extended care Facilities, Westside Health Organization, Fire Stations, Westlake Recreation Center, American Cancer Society, Rite Aid, Fairhill Partners, City of Westlake
University Hospitals St. John Medical Center

CHNA Priority: **Opioids / Substance Use Disorders / Mental and Behavioral Health**

**Strategy 2:**
- Ongoing participation and contribution to the county-wide Opiate Abuse Advisory Committee

**Goals:**
- To increase awareness and provide education on heroin and opiate abuse prevention

**Objectives:**
- To provide education to at least 200 individuals on the scope and course of opiate abuse in our community
- To increase awareness and use of non-pharmacological pain management as evidence-based and a safe alternative to curb opiate abuse for at least 150 individuals

**Anticipated Outcome:**
- Increased knowledge of participants at educational events
- Increased awareness regarding options for pain management and complimentary therapies

**Indicators used to measure outcome:**
- Pre-post results from events *(Source for Data: UH)*
- Number of opioid overdoses within St. John’s primary market area *(Source for Data: ODH Public Health Data Warehouse)*
- Number of opioid overdose deaths within St. John’s primary market area *(Source for Data: ODH Public Health Data Warehouse)*

**Collaboration and Partnerships:**
- Cuyahoga County Opiate Task Force; West Shore Enforcement Bureau; Lorain County Alcohol, Drug and Addiction Services (LCADA); St. John Medical Center Pain Management Clinic; UH Psychiatrist; Project DAWN, Ohio Pharmacy Board, Catholic Charities Matt Talbot for Women, The Center for Health Affairs, Laurelwood, SVCH Rosary Hall, The City of Westlake Community Services, The City of Westlake Fire and Rescue, The City of Westlake Police, UH Case Medical Center
Other UH Community Health Initiatives

University Hospitals has contributed over $2.63 billion in the past decade toward critical needs in our community. From its participation in long term regional efforts such as the Greater University Circle Initiative (GUCI) and Say Yes to Education; to non-profit board participation; free and discounted care to those unable to afford healthcare; subsidized healthcare to beneficiaries of Medicaid and other government programs; numerous sponsorships to non-profit organizations that help address priority-needs identified in its Community Health Needs Assessments (CHNAs); and training for the next generation of medical professionals. These ongoing efforts occur in addition to the strategies developed in response to each new CHNA -- a few of them are listed below:

University Hospitals Collaboration with Greater University Circle Initiative

Economic prosperity and economic insecurity are important social determinants of health status. University Hospitals helps lift our regional and state economies with thousands of jobs and a focused effort on local purchasing. It has been a committed partner of the Greater University Circle Initiative (GUCI) since its inception. GUCI is an anchor strategy of three major institutions in the heart of Cleveland, which was spearheaded by The Cleveland Foundation and operational for the past 13 years. Its goals are Buy Local, Live Local, Hire Local and Connect:

Buy Local - UH invests in buying local products. It has spent over $4.8 million on services in a conscious effort to invest in local companies. It continues to support Evergreen Cooperatives, which includes Green City Growers, Evergreen Cooperative Laundry and Evergreen Energy Solutions.

Live Local – UH encourages employees to become residents through home purchasing, rental assistance and exterior upgrades and repairs through the Greater Circle Living program, providing over $900,000 since 2014. As a result, 117 employees have taken advantage of this strategic initiative to attract and retain residents in the city of Cleveland.

Hire Local – Since 2013, more than 399 local residents have been hired at UH through the Step Up to UH program and New Bridge Cleveland Center for Arts and Technology through GUCI.

Additionally, UH was actively involved with other Greater University Circle partners to implement lead-safe homes and infant mortality strategies in two strategic GUC neighborhoods. It continues to support regional efforts to address these critical issues.

UH Clinic and Institutes

University Hospitals Cleveland Medical Center has a number of clinics and institutes specifically developed to expand the scope of clinical and/or wrap-around services for its patients. These services go above and beyond the standard level of care to address target populations experiencing adverse conditions. These programs and services complement and enhance UH’s more direct community health strategies and align with Cuyahoga county’s five priority-need areas. Most of these clinics are subsidized by the health system to ensure that patients receive necessary care.

Douglas Moore Clinic

The Douglas Moore Clinic has been designated as being in a primary care Health Professional Shortage Area. The Heart Failure Program, started in 2013, in the Cleveland Medical Center’s Douglas Moore Clinic, has become an integral part of the health care services provided to under-resourced populations in Cleveland. The partnership
between the Cardiology/Heart Failure team and Internal Medicine Practice team at Douglas Moore Clinic has been successful in reducing heart failure readmissions by providing disease, drug, and dietary education, thereby improving patient compliance. UH reduced hospital re-admissions by scheduling shorter interval follow-up office visits and frequent phone calls by nurses and health coaches to provide patient education, and to review complex medical regimens. This intensive program is now standard practice within the Douglas Moore Clinic and is responsible for improving health outcomes, quality of life and patient satisfaction for more than 1,200 patients to date.

The Douglas Moore Clinic is staffed by Internal Medicine residents and attending physicians. It aims to increase the proportion of physicians who integrate preventive primary care with chronic and primary care of cardiac patients.

Medical Access Clinic
The Medical Access Clinic is run in conjunction with the Department of Family Medicine and the Department of Emergency Medicine to treat non-emergent patients in a clinical setting after they have been triaged and medically screened to meet EMTALA (The Emergency Medical Treatment and Labor Act) regulations. The Medical Access Clinic is staffed by nurse practitioners and family medicine physicians and provides clinical care for patients and establishes links to primary care. The clinic sees an average of 8,000 patients per year and 97% of them have not returned to the Center for Emergency Medicine (CEM) for non-emergent visits. They are also provided education on how to manage their medical conditions and access to care.

Pain Management Institute
The UH Pain Management Institute brings together providers throughout the UH system and across multiple disciplines including primary care, anesthesiology, surgery, emergency medicine, pediatrics, psychiatry, pain management and the UH Connor Integrative Health Network to optimize patient care. The UH approach not only spans multiple practice disciplines, but serves as an end-to-end model from provider prescribing education, to comprehensive inpatient and outpatient care, to referral services into the community. The mantra for the institute: maximize function and minimize risk for patients living with pain.

In 2018, numerous events were held system wide to educate providers on safe, responsible prescribing practices. To reinforce accountability and the importance of changing the prescribing culture, UH’s Board and senior leaders engaged in a retreat where information was shared about the subject. UH also facilitates clinician education for community providers, sponsoring events such as the UH Connor Integrative Health Symposium and the Pediatric Pain and Palliative Care Week. Additionally, as a member of the Cuyahoga County Task Force, UH holds community outreach events, including safety fairs to educate the community on opioid awareness.

Additionally, UH joined with other area health systems and The Center for Health Affairs to create The Northeast Ohio Hospital Opioid Consortium in 2016 – a unique hospital system-based and physician-led collaborative. The inaugural chair of the consortium is Dr. Randy Jernejcic, Vice President of Clinical Integration at UH. The consortium’s goal is to share and implement evidence-based practices, promote policy changes and increase prevention efforts related to the opioid epidemic.

UH Otis Moss, Jr. and Olivet Community Health & Wellness Center
For over 20 years, University Hospitals Otis Moss, Jr. Health Center has been serving the Greater Cleveland area and especially our neighbors in the Fairfax community. UH Otis Moss Center was established in close partnership with the Olivet Institutional Baptist Church in 1997. The center provides high-quality patient care in a spiritually supportive environment. This new model of care will allow walk-in access with convenient and extended hours. In 2017, UH and Olivet reaffirmed their commitment to the community by expanding and enhancing services beyond access to excellent primary care.
Most recently, the center became the home to an innovative program to help patients with chronic conditions obtain healthy foods more conveniently, the Food for Life Market. In addition to a patient home for Family and primary care, the center will offer specialty services which include brain health (a focus on Alzheimer’s, dementia, and addictive medicine), urology and a comprehensive care for male health. Expanded community services will support workforce development, health care education and programs addressing the social determinants of health.

**UH Rainbow Center for Women and Children**
Expanding the concept of traditional hospital-based medical care to include addressing the overall health and wellness of the community, UH Rainbow Center for Women & Children provides an oasis of health care, education and support for families in the heart of Cleveland’s vibrant and inclusive MidTown neighborhood. Along with necessary healthcare delivery for women and children, the 40,000-square-foot, three-story, urban center addresses health disparities and social determinants of health that affect wellness. The incorporation of sustainable design principles ensures a green, healthy building for patients and staff.

UH Rainbow Babies & Children’s Hospital enlisted neighborhood residents; local organizations, representing education, housing and public health; faith-based organizations; and community development corporations to form the Community Advisory Board to determine what medical care and social programs are at the center. The center brings together, in one convenient location, OB/GYN, pediatric primary care and adolescent healthcare services, plus social services to make it easier for area residents to lead healthier lives. In addition, education and advocacy are at the core of the center’s mission, and it is a primary site for training the next generation of pediatric and OB/GYN clinicians.

Programs and services:
- Integrated mental and behavioral health services
- Nutrition education and health food programs, including counseling provided by dieticians
- OneSight, a full-service vision clinic
- Dental screening and cleaning
- Medical-legal partnership
- WIC (Women, Infants and Children) office
- Pharmacy
The Cleveland Department of Public Health and the Cuyahoga County Board of Health

The Cleveland Department of Public Health and the Cuyahoga County Board of Health are not required to report strategies associated with the 2018 CHNA until 2020. Although this is a “bridge” year until the 2020-2022 joint Cuyahoga County IS is developed, the health departments and hospitals will implement one collective strategy which is described in a later section.

Both public health departments have significant programming that addresses the five priority health needs. Related to addressing poverty, the Cleveland Department of Public Health’s Office of Minority Health aims to identify local health disparity needs with an emphasis on informing, educating, empowering at-risk communities and providing minority health data and technical assistance to local agencies that are working to improve the health status of minority populations. CDPH’s deliberate and intentional efforts in addressing poverty are built into their programs, specifically around reducing rates of infant mortality, lead poisoning, maternal and sexual health, HIV and communicable diseases and providing outreach and education specific to the needs of the Cleveland community.

In addition, Cleveland Department of Public Health’s Division of Air Quality and Division of Environment work to ensure safe environments for all residents, especially among those who are of lower income and/or at risk for higher health risks. For example, Cleveland Department of Public Health’s Division of Air Quality monitors ambient air emissions from industrial sources.

To address the opioid epidemic, both health departments, in collaboration with the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, MetroHealth, the Ohio Department of Health, Circle Health Services, the Substance Abuse and Mental Health Services Administration, Cleveland EMS, and the Hispanic Urban Minority Alcoholism Drug Abuse Outreach Project, raise awareness, provide education, and distribute naloxone kits to address opioid overdoses. Cuyahoga County Board of Health coordinates the Cuyahoga County Opiate Task Force which is comprised of the following stakeholder groups: drug treatment/recovery, education, health care, law enforcement, medicine, prevention specialists, mental health services, concerned citizens and public health.

To address other behavioral health needs, Cleveland Department of Public Health’s Office of Mental Health and Substance Abuse provides an Alcohol and Other Drug treatment program called CenterPoint which is located in the J. Glen Smith Health Center in the Glenville neighborhood. Cuyahoga County Board of Health and Cleveland Department of Public Health collaborate with a syringe service program and efforts to safely dispose of unused prescription medications.

Public health involvement in infant mortality initiatives includes Cleveland Department of Public Health’s MomsFirst Program, which has served expectant women and their families with home-visiting, education and supportive services since 1991. The goal of MomsFirst is to reduce the number of babies that die before they are one year old. The program provides case management and home visiting services to pregnant women and new moms until their baby reaches age two. Women who participate in the MomsFirst program receive health education on topics such as prenatal care, breastfeeding, family planning, and safe sleep. MomsFirst also assists with referrals to meet other needs such as health insurance, housing, food and education. Along with their involvement in the Ohio Equity Institute and being a founding member of First Year Cleveland, Cleveland Department of Public Health’s clinics provide pregnancy testing and reproductive health services on a sliding scale fee to improve maternal health. The Cuyahoga County Board of Health is involved in a variety of initiatives aimed at addressing infant mortality including the Cleveland-Cuyahoga Equity Institute, First Year Cleveland, the
Prevent Premature Fatherhood program, the Child Fatality Review Initiative and newborn home visiting program serving Medicaid families.

A series of strategies addressing violence are being implemented throughout Cleveland including releasing violence reports, implementing Cleveland Peacemakers Alliance, a partnership for a Safer Cleveland, and MyCom - which focuses on youth development.

Chronic disease management and prevention programs that public health partners are involved in include early childhood obesity and breast and cervical cancer prevention, healthy food financing, and Safe Routes to School. A partnership between both local health departments and Case Western Reserve University’s Prevention Research Center for Healthy Neighborhoods has produced a series of Neighborhood Briefs which combine multiple years of data on chronic disease topics, such as diabetes, obesity, hypertension awareness, asthma, cigarette and other tobacco product use.
Aligned Hospital and Public Health Strategy

While public health partners were not required to complete a 2019 Cuyahoga County Community Health Implementation Strategy, they have worked collaboratively with the 8 University Hospital facilities located in Cuyahoga County to develop one aligned strategy in this bridge year to address a shared health priority for this IS. This demonstrates the intent of public health partners and University Hospitals to collaborate not just in developing joint CHNAs, but also in addressing health needs through more effective community health planning.

To determine an aligned strategy that public health partners and hospitals will work on collaboratively as part of the 2019 Cuyahoga County Community Health Implementation Strategy, several meetings were held that engaged representatives from the 8 University Hospital facilities, the two public health departments (Cleveland Department of Public Health and the Cuyahoga County Board of Health), and community stakeholders.

During the first meeting, UH hospitals and public health partners reviewed how their current programs and initiatives address the five health priorities from the 2018 CHNA. The group then generated a list of 11 potential aligned strategies based on a review of evidence-based strategies as well as new ideas generated during the meeting.

During the second meeting, UH hospitals, public health partners and community stakeholders met to review the list of 11 potential aligned strategies. Community stakeholders provided valuable and candid feedback about the 11 potential strategies which informed decision-making by hospitals and public health. The list of 11 potential aligned strategies was narrowed down to a list of 5 potential strategies (Appendix 3) based on that meeting.

A follow-up survey was sent to hospital and public health participants to allow voting on the 5 potential aligned strategies, with weighting to ensure that public health stakeholders and hospitals each received 50% of the vote. Survey results indicated a very close tie between two potential strategies: 1) equity, diversity, inclusion and cultural humility training and 2) trust-building with community residents.

Based on survey results and a follow-up call with hospital and public health stakeholders, the aligned strategy for the 2019 IS will focus on combining the two strategies that received the most votes. As a result, hospitals and public health partners will engage in equity, diversity, inclusion and cultural humility grounding in an effort to increase trust with community stakeholders. The initial step will be to ensure that all stakeholders come to consensus and have a shared understanding about the meaning of equity, diversity, inclusion and cultural humility. The second phase of the strategy will be to determine how to apply the grounding concepts to current work being planned, efforts which will include collaboration among hospitals, public health, and community stakeholders.

This strategy will continue to be developed and refined throughout the year, however once consensus on key terms has been achieved among key stakeholders during the grounding session, events which are currently being planned (i.e. UH’s Family Health and Safety Days, resident-led initiatives, public health department events) will be co-developed with input from community stakeholders, public health partners and hospitals to increase their impact and ability to reach diverse members of the community. This strategy will likely extend beyond the one-year timeframe that is the focus of the 2019 IS.
Cleveland Department of Public Health / Community Stakeholders / Cuyahoga County Board of Health / University Hospitals

CHNA Priority: **Chronic Disease Management and Prevention; Opioids / Substance Use Disorders / Mental and Behavioral Health**

### Strategy 1:
- Hospitals and public health partners participate in equity, diversity, inclusion and cultural humility grounding and co-develop events with community stakeholders to boost trust levels.

### Goals:
- Hospitals and public health partners come to consensus and have a shared understanding of key terms that relate to equity, diversity, inclusion and cultural humility
- Increased levels of trust among community stakeholders, public health partners and hospitals

### Objectives:
- Equity, diversity, inclusion and cultural humility grounding among hospitals and public health partners
- Co-developed events that engage hospitals, public health and community stakeholders

### Anticipated Outcome:
- Community stakeholders have a greater trust of healthcare providers (hospitals and public health); healthcare providers have improved understanding and empathy for community members
- Hospitals and public health partners have a shared understanding of key terms such as equity, diversity, inclusion and cultural humility

### Indicators used to measure outcome:
- Pre- and post- surveys that measure hospital and public health stakeholders’ shared understanding of equity, diversity, inclusion and cultural humility grounding concepts
- Number of community stakeholders who participate in planning and deployment of events
- Number of community stakeholders who participate in events

*(Source for Data: UH)*

### Collaboration and Partnerships:
Community stakeholders; Cleveland Department of Public Health; Cuyahoga County Board of Health; University Hospitals
**Significant Health Needs Not Being Addressed by Hospitals**

The original list of 13 top health issues identified areas in which Cuyahoga County residents as a whole fare poorly compared to peer counties and to national benchmark goals. The prioritization process winnowed the list of health priorities down to five health priorities that comprise the focus of this IS. During the prioritization process, several health needs were combined into one health need (i.e. cardiovascular disease and diabetes became chronic disease management and prevention) and then selected as a health priority while others were not selected as a focus for the 2019 Cuyahoga County Community Health Implementation Strategy. This section describes why the remaining list of significant health needs are not being directly addressed by hospital programs in this IS.

<table>
<thead>
<tr>
<th>Identified Health Need</th>
<th>Reason Not Directly Addressed in Current Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood lead levels</td>
<td>High blood lead levels are being addressed in UH clinical settings when patients present with elevated blood lead levels, but this issue is not being addressed as part of this IS because it requires a long term regional approach that is currently being developed by a multi-sector partnership. Examples of how local public health departments are involved in addressing high blood levels are described below.</td>
</tr>
<tr>
<td>Childhood asthma</td>
<td>Childhood asthma is being addressed in UH clinical settings, but this issue is not being addressed as part of this IS based on the decision to target resources to infant mortality strategies due to alarming rates in Cuyahoga County.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Influenza is being addressed in UH clinical settings and by the public health departments as part of their ongoing services and was therefore not selected as a 2019 priority. Information on how public health departments respond to this health need are described below.</td>
</tr>
<tr>
<td>Tobacco use / chronic obstructive pulmonary disease</td>
<td>COPD is being addressed in UH clinical settings, as well as tobacco cessation for high-risk patients, but these issues are not being specifically addressed as part of this IS because of the overall strategy to foster wellness and prevention pertaining to all types of chronic diseases and risky behaviors. Examples of how local public health departments are addressing this health need are described below.</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>This issue is not being specifically addressed as part of this IS based on the decision to target resources to the current opioid epidemic.</td>
</tr>
</tbody>
</table>

Both public health departments continue to administer ongoing programs and services that address several identified health needs, including implementing comprehensive lead poisoning prevention programs that screen children for elevated blood lead levels, conducting risk assessments and state code enforcement in units where children are found to have elevated blood lead levels and referring families to grant and loan programs that provide funding to remediate lead hazards in the home. Funding sources from the US Department of Housing and Urban Development (HUD) may allow for the elimination of asthma triggers in homes where lead hazards exist when families qualify based on income levels.
City and county health departments also provide seasonal influenza vaccinations at their respective clinics, and track and report surveillance data on factors such as flu-like illness, over-the-counter sales of cold remedies and school absenteeism. They monitor the onset and course of seasonal influenza activity in the community and actively encourage residents and those at risk to get vaccinated annually.

Local health departments enforce the complaint driven statewide comprehensive Smokefree Ohio Law, which prohibits smoking in all public locations such as bars, restaurants, bowling alleys, and places of business. The Cleveland Department of Public Health, with its partners, crafted legislation that raised the age to purchase tobacco and tobacco products to 21, an initiative called Tobacco 21. The intent behind Tobacco 21, passed in 2015, is to restrict sales to minors in order to reduce future tobacco use, their health problems and those associated with second hand smoke including infant mortality and chronic diseases. Several other communities in Cuyahoga County, including the cities of Euclid and Cleveland Heights, have also passed Tobacco 21 legislation with additional communities in process.

The Cuyahoga County Suicide Prevention Coalition, coordinated by the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board, is composed of organizations, community members and survivors dedicated to instilling hope, raising awareness, providing education and promoting resources in an effort to reduce the incidence of suicide and suicidal behavior in Cuyahoga County. Membership spans a broad range of community partners including mental health and addiction treatment and recovery agencies, social service, family advocates as well as representatives from the education, healthcare and faith-based community.
Community Collaborators

This IS was commissioned by University Hospitals. The UH Implementation planning Team included:

- Brian Adams, University Hospitals Regional Hospitals
- Elyse Bierut, University Hospitals
- Pam Brys, University Hospitals Ahuja Medical Center
- Vetella Camper, University Hospitals Regional Hospitals
- Chesley Cheatham, University Hospitals Seidman Cancer Center
- Paul Forthofer, University Hospitals St. John Medical Center
- Mary Kiczek, University Hospitals St. John Medical Center
- Margaret Larkins Pettigrew, University Hospitals Cleveland Medical Center
- Sharon Nichols, University Hospitals Parma Medical Center
- Danielle Price, University Hospitals
- Lori Robinson, University Hospitals Regional Hospitals
- Phillip Rowland-Seymour, University Hospitals
- Adrianne Shadd, University Hospitals
- Colletta Somrack, University Hospitals Ahuja Medical Center
- Robyn Strosaker, University Hospitals Cleveland Medical Center
- Mary Beth Talerico, University Hospitals Parma Medical Center
- Onyinyechi Ukwuoma, University Hospitals Rainbow Babies & Children’s Hospital
- Kathryn Wesolowski, University Hospitals Rainbow Babies & Children’s Hospital

The following public health partners informed the creation of an aligned strategy:

- Dr. Assim Alabdulkader, Case Western Reserve University School of Medicine
- Terry Allan, Cuyahoga County Board of Health
- Dr. Adeola Fakolade, Case Western Reserve University
- Merle Gordon, Cleveland Department of Public Health
- Dr. Heidi Gullett, Case Western Reserve School of Medicine / HIP-Cuyahoga
- Martha Halko, Cuyahoga County Board of Health
- Chris Kippes, Cuyahoga County Board of Health
- Adam Nation, Cleveland Department of Public Health

The following community stakeholders participated in a facilitated discussion that helped narrow down the original list of 11 potential aligned strategies to a list of 5 potential aligned strategies:

- Erika Brown, Community Resident
- Marilyn Burns, Community Resident
- Delores Collins, A Vision of Change
- Sara Continenza, Food Strong
- Reverend Earnest Fields, Calvary Hill Church of God in Christ
- Gwendolyn Garth, Kings & Queens of Art
- Kaela Geschke, Neighborhood Connections
- Cheryl Johnson, Community Resident
- Judy Klobusnik, UH-PFPC
- Frank Matranga, UH-PFPC
- Jackie Morris, Neighborhood Connections / Community Resident
- Alexander Robertson, Recess Cleveland
- Barbara Wilcher, Neighbor-to-Neighbor Facilitator / Community Resident
Qualifications of Consulting Companies

The process to develop this IS was facilitated and written by Pat Cirillo, President, Cypress Research Group, Kirstin Craciun, Director of Community Outreach, The Center for Health Affairs and Candice Kortyka, Member Services Project Manager, The Center for Health Affairs.

The Center for Health Affairs, Cleveland, Ohio
The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. With a rich history as the Northeast Ohio hospital association, dating back to 1916, The Center serves as the collective voice of 36 hospitals spanning nine counties.

The Center recognizes the importance of analyzing the top health needs in each community while ensuring hospitals are compliant with IRS regulations governing nonprofit hospitals. Since 2010, The Center has helped hospitals fulfill the CHNA requirements contained within the Affordable Care Act. More recently, The Center has helped hospitals coordinate their community health planning efforts with those of public health departments to ensure alignment with state population health guidance. Beyond helping hospitals with the completion of timely CHNA reports, The Center spearheads the Northeast Ohio CHNA Roundtable, which brings member hospitals and other essential stakeholders together to spur opportunities for shared learning and collaboration in the region.

The Center’s contribution to the 2019 Cuyahoga County Community Health Implementation Strategy - which included meeting facilitation, writing report narrative and project management - was led by The Center’s community outreach director, supported by the Member Services project manager and overseen by The Center’s senior vice president of member services. The Center engaged Cypress Research Group to provide expertise in statistical methods and evaluation of hospital program impact.

More information about The Center for Health Affairs and its involvement in CHNAs can be found at www.chanet.org.

Cypress Research Group, Cleveland, Ohio
Founded in 1997, Cypress Research Group focuses on quantitative analysis of primary and secondary market and industry data. Industry specialties include health care, hi-tech and higher education. Since 2002, Cypress Research Group has partnered with The Center for Health Affairs to conduct a range of studies including building forecast models for nurses and most recently to analyze data for community health assessments.

The 2019 Cuyahoga County Community Health Implementation Strategy was directed by the company’s president and supported by the work of associates and research analysts. The company’s president, as well as all associates and research analysts, hold graduate degrees in relevant fields.
Contact

For more information about the UH Implementation Strategies, please contact:

Danielle Price  
Director, Community Health Engagement  
Government & Community Relations  
University Hospitals  
11100 Euclid Avenue, MPV 6003  
Cleveland, Ohio 44106  
216.844.2391  
Danielle.Price3@UHhospitals.org
Appendices

Appendix 1

State Health Improvement Plan (SHIP)
The Hospitals closely considered the 2017-2019 State Health Improvement Plan (SHIP) for Ohio when identifying strategies. The SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health, including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators in particular, to measure impact:

- **Self-reported health** status (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma and related clinical risk factors—obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors—nutrition, physical activity and tobacco use)
3. **Maternal and Infant Health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

The SHIP also takes a comprehensive approach to improving Ohio’s greatest health priorities by identifying cross-cutting factors that impact multiple outcomes: health equity, social determinants of health, public health system, prevention and health behaviors, and healthcare system and access.

By October 2020, ISs are required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2020-2022 SHIP. University Hospitals has chosen to demonstrate alignment with the current version of the SHIP in advance of the requirement.
Appendix 2

Original List of 13 Significant Health Issues
These 13 significant health issues were originally identified through a careful analysis of the qualitative and quantitative data provided in the 2018 Cuyahoga County Community Health Assessment. From this list of 13 health issues, a two-step process was used to arrive at the final list of five prioritized health needs that were the focus of the 2019 Cuyahoga County Community Health Implementation Strategy.

Quality of Life
- Poverty
- Food insecurity

Chronic Disease
- Lead poisoning
- Cardiovascular disease
- Childhood asthma
- Diabetes

Behavioral Health
- Flu vaccination rates
- Tobacco use/COPD
- Lack of physical activity

Mental Health and Addiction
- Suicide/mental health
- Homicide/violence/safety
- Opioids/substance use disorders

Maternal/Child Health
- Infant mortality
Appendix 3

5 Aligned Strategies Voted On

12,000 STRONG
Volunteers would identify activities/services among the partners which are designed to improve wellbeing and behavior modification (i.e. mindfulness, exercise, massage/reiki, nutrition, Adverse Childhood Experience screening and services, etc.). Included in that catalogue would be the type, size, and populations served of all programs. Armed with that information, a “campaign” would be launched where community members (goal: 12,000) join in a year-long challenge to improve their health status in the STRONG categories. Improvement would come via small, incremental change in lifestyle and choices. The challenge would require some type of enabling technology (and “app”) that would allow participants to log progress and see the aggregate result of everyone’s effort at the end of the year.

Early Childhood
A small team of experts from the hospitals and public health departments review the current research literature and other published sources to identify best practices in home visitation programs where the desired impact is reduced child maltreatment.

- Capturing SDOH information at home visits and/or universal SDOH screening at UH
- Connect to the Accountable Health Communities work that United Way is spearheading
- Once best practices are identified, the local home visitation programs are reviewed (via contact with program leadership) to determine the practices used locally and identify where programs could be improved via integration of identified best practices.

Trauma
Community effort related to how to interface with clients that have experienced trauma. This includes adverse childhood experiences (ACEs) and trauma-informed care.

Trust-building with community residents
Develop a plan to increase the level of trust between community residents and hospitals and public health.

Equity, Diversity, Inclusion and Cultural Humility training

- Ongoing equity, diversity, inclusion, cultural humility training (staff, leadership, out in the community) taking action with evidence-based tools. Broadly speaking (i.e. rape survivor and gender of her practitioner). Includes trauma-informed care & ACEs work implementation.
  - There are several strong equity/inclusion awareness building and training classes already developed. This action plan would focus on ensuring all health care workers have received the training.
We welcome comments and feedback on ways to improve this document in future editions.

216-309-CHIP(2447) or
hip.cuyahoga@gmail.com.
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Financial Statements
and Supplementary Information

December 31, 2018 and 2017

(With Independent Auditors’ Reports Thereon)
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<tr>
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<td>41</td>
</tr>
</tbody>
</table>
Independent Auditors’ Report

The Board of Directors
University Hospitals Health System, Inc.:

We have audited the accompanying consolidated financial statements of University Hospitals Health System, Inc. and its subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2018 and 2017, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of University Hospitals Health System, Inc. and its subsidiaries as of December 31, 2018 and 2017, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Cleveland, Ohio
March 20, 2019

KPMG LLP is a Delaware limited liability partnership and the U.S. member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative (“KPMG International”), a Swiss entity.
**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Consolidated Balance Sheets

December 31, 2018 and 2017

(In thousands of dollars)

<table>
<thead>
<tr>
<th>Assets</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$288,517</td>
<td>201,782</td>
</tr>
<tr>
<td>Patient accounts receivable, less allowance for doubtful accounts of $69,920 in 2017</td>
<td>568,227</td>
<td>564,874</td>
</tr>
<tr>
<td>Other receivables</td>
<td>70,155</td>
<td>49,921</td>
</tr>
<tr>
<td>Other current assets</td>
<td>172,548</td>
<td>163,365</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>1,099,447</td>
<td>979,942</td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>1,737,542</td>
<td>1,747,491</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>1,736,862</td>
<td>1,663,717</td>
</tr>
<tr>
<td><strong>Other assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments in affiliates</td>
<td>100,557</td>
<td>96,306</td>
</tr>
<tr>
<td>Beneficial interest in Foundations</td>
<td>162,724</td>
<td>175,013</td>
</tr>
<tr>
<td>Perpetual trusts</td>
<td>189,303</td>
<td>210,846</td>
</tr>
<tr>
<td>Other</td>
<td>197,319</td>
<td>144,739</td>
</tr>
<tr>
<td><strong>Total other assets</strong></td>
<td>649,903</td>
<td>626,904</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$5,223,754</td>
<td>5,018,054</td>
</tr>
</tbody>
</table>

(Continued)
### Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current installments of long-term debt</td>
<td>$ 24,446</td>
<td>23,736</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>447,967</td>
<td>414,530</td>
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<tr>
<td>Other current liabilities</td>
<td>148,453</td>
<td>80,465</td>
</tr>
<tr>
<td>Estimated amounts due to third-party payors</td>
<td>20,569</td>
<td>23,167</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>641,435</td>
<td>541,898</td>
</tr>
<tr>
<td><strong>Long-term debt, less current installments</strong></td>
<td>1,227,641</td>
<td>1,252,444</td>
</tr>
<tr>
<td>Revolving credit line</td>
<td>140,000</td>
<td>40,000</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>626,748</td>
<td>676,146</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td>2,635,824</td>
<td>2,510,488</td>
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<tr>
<td><strong>Net assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without donor restrictions</td>
<td>1,824,631</td>
<td>1,738,444</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>763,299</td>
<td>769,122</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>2,587,930</td>
<td>2,507,566</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>$ 5,223,754</td>
<td>5,018,054</td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
# UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

**Consolidated Statements of Operations and Changes in Net Assets**

**Years ended December 31, 2018 and 2017**

*(In thousands of dollars)*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient service revenue (net of contractual allowances and discounts)</td>
<td>$ —</td>
<td>3,787,793</td>
</tr>
<tr>
<td>Provision for bad debts</td>
<td>—</td>
<td>(112,520)</td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>3,893,916</td>
<td>3,675,273</td>
</tr>
<tr>
<td>Other revenue</td>
<td>223,868</td>
<td>221,398</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>4,117,784</td>
<td>3,896,671</td>
</tr>
</tbody>
</table>

| **Expenses:**        |          |          |
| Salaries, wages, and employee benefits | 2,325,296 | 2,221,151 |
| Purchased services   | 281,733  | 267,517  |
| Patient care supplies| 723,608  | 654,964  |
| Other supplies       | 46,359   | 45,595   |
| Insurance            | 49,191   | 37,925   |
| Other                | 340,792  | 327,999  |
| Depreciation and amortization | 163,562 | 151,722 |
| Interest             | 46,212   | 45,560   |
| Special charges      | 7,599    | 470      |
| **Total expenses**   | 3,984,352| 3,752,903|
| **Net operating income** | 133,432 | 143,768 |

| **Nonoperating revenues (expenses):** |          |          |
| Net investment (loss) income         | (32,772) | 126,050  |
| Change in fair value of derivative instruments | 10,195   | 4,463    |
| Loss on extinguishment of debt       | (442)    | —        |
| Gain on disposition of business unit | —        | 2,612    |
| Pension settlement costs             | (42,539) | —        |
| Other nonservice periodic pension costs | (21,496) | (23,521) |
| **Excess of revenues over expenses** | $ 46,378 | 253,372  |
**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

*Consolidated Statements of Operations and Changes in Net Assets*

*Years ended December 31, 2018 and 2017*

(In thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Without donor restrictions</th>
<th>With donor restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net assets at December 31, 2016</strong></td>
<td>$1,508,451</td>
<td>706,495</td>
<td>2,214,946</td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td>253,372</td>
<td>—</td>
<td>253,372</td>
</tr>
<tr>
<td>Investment income</td>
<td>—</td>
<td>9,284</td>
<td>9,284</td>
</tr>
<tr>
<td>Contribution and grant revenue</td>
<td>—</td>
<td>49,446</td>
<td>49,446</td>
</tr>
<tr>
<td>Change in beneficial interest in Foundations and perpetual trusts</td>
<td>—</td>
<td>36,859</td>
<td>36,859</td>
</tr>
<tr>
<td>Net assets released from restrictions used for operations</td>
<td>—</td>
<td>(28,232)</td>
<td>(28,232)</td>
</tr>
<tr>
<td>Change in net unrealized gains on other-than-trading securities</td>
<td>3,535</td>
<td>249</td>
<td>3,784</td>
</tr>
<tr>
<td>Change in joint venture net assets without donor restrictions</td>
<td>(325)</td>
<td>—</td>
<td>(325)</td>
</tr>
<tr>
<td>Pension liability adjustment</td>
<td>(32,631)</td>
<td>—</td>
<td>(32,631)</td>
</tr>
<tr>
<td>Net assets released from restrictions for acquisition of property and equipment</td>
<td>4,979</td>
<td>(4,979)</td>
<td>—</td>
</tr>
<tr>
<td>Contributed capital</td>
<td>1,063</td>
<td>—</td>
<td>1,063</td>
</tr>
<tr>
<td><strong>Increase in net assets</strong></td>
<td><strong>229,993</strong></td>
<td><strong>62,627</strong></td>
<td><strong>292,620</strong></td>
</tr>
<tr>
<td><strong>Net assets at December 31, 2017</strong></td>
<td><strong>1,738,444</strong></td>
<td><strong>769,122</strong></td>
<td><strong>2,507,566</strong></td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td>46,378</td>
<td>—</td>
<td>46,378</td>
</tr>
<tr>
<td>Investment income</td>
<td>—</td>
<td>10,254</td>
<td>10,254</td>
</tr>
<tr>
<td>Contribution and grant revenue</td>
<td>—</td>
<td>52,480</td>
<td>52,480</td>
</tr>
<tr>
<td>Change in beneficial interest in Foundations and perpetual trusts</td>
<td>—</td>
<td>(33,862)</td>
<td>(33,862)</td>
</tr>
<tr>
<td>Net assets released from restrictions used for operations</td>
<td>—</td>
<td>(31,259)</td>
<td>(31,259)</td>
</tr>
<tr>
<td>Pension settlement costs</td>
<td>42,539</td>
<td>—</td>
<td>42,539</td>
</tr>
<tr>
<td>Pension liability adjustment</td>
<td>(6,682)</td>
<td>—</td>
<td>(6,682)</td>
</tr>
<tr>
<td>Net assets released from restrictions for acquisition of property and equipment</td>
<td>3,436</td>
<td>(3,436)</td>
<td>—</td>
</tr>
<tr>
<td>Contributed capital</td>
<td>516</td>
<td>—</td>
<td>516</td>
</tr>
<tr>
<td><strong>Increase (decrease) in net assets</strong></td>
<td><strong>86,187</strong></td>
<td><strong>(5,823)</strong></td>
<td><strong>80,364</strong></td>
</tr>
<tr>
<td><strong>Net assets at December 31, 2018</strong></td>
<td><strong>$1,824,631</strong></td>
<td><strong>763,299</strong></td>
<td><strong>2,587,930</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to consolidated financial statements.
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
Consolidated Statements of Cash Flows
Years ended December 31, 2018 and 2017
(In thousands of dollars)

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating activities:</strong></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$ 80,364</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:</td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>163,562</td>
</tr>
<tr>
<td>Amortization of bond premium, discount, and financing costs</td>
<td>(477)</td>
</tr>
<tr>
<td>Provision for bad debts</td>
<td>—</td>
</tr>
<tr>
<td>Loss on extinguishment of debt</td>
<td>442</td>
</tr>
<tr>
<td>Change in beneficial interest in foundations and perpetual trusts</td>
<td>33,862</td>
</tr>
<tr>
<td>Net realized and unrealized investment (gains) losses</td>
<td>63,568</td>
</tr>
<tr>
<td>Pension liability adjustment</td>
<td>6,682</td>
</tr>
<tr>
<td>Net change attributable to investments in joint ventures</td>
<td>(4,251)</td>
</tr>
<tr>
<td>Restricted revenue and investment income</td>
<td>2,916</td>
</tr>
<tr>
<td>Gain on disposal of business unit</td>
<td>—</td>
</tr>
<tr>
<td><strong>Net change in operating assets and liabilities:</strong></td>
<td></td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>(3,353)</td>
</tr>
<tr>
<td>Other current assets</td>
<td>(29,417)</td>
</tr>
<tr>
<td>Accounts payable, accrued expenses, and other current liabilities</td>
<td>99,475</td>
</tr>
<tr>
<td>Other assets and liabilities</td>
<td>(111,730)</td>
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<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>301,643</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investing activities:</strong></td>
<td></td>
</tr>
<tr>
<td>Acquisition of property and equipment</td>
<td>(236,161)</td>
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<td>Proceeds from sales of investments</td>
<td>651,962</td>
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<tr>
<td>Purchases of investments</td>
<td>(705,581)</td>
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<tr>
<td><strong>Net proceeds from disposal of business unit</strong></td>
<td>3,000</td>
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<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(289,780)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financing activities:</strong></td>
<td></td>
</tr>
<tr>
<td>Proceeds from restricted revenue and investment income (loss)</td>
<td>(2,916)</td>
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<tr>
<td>Repayment of long-term debt</td>
<td>(372,794)</td>
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<tr>
<td>Proceeds from issuance of long-term debt</td>
<td>352,370</td>
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<tr>
<td>Bond issuance costs</td>
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<td>Proceeds from revolving credit borrowing</td>
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<tr>
<td>Increase in treasury service agreement</td>
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<tr>
<td><strong>Net cash provided by financing activities</strong></td>
<td>74,872</td>
</tr>
<tr>
<td>Increase (decrease) in cash and cash equivalents</td>
<td>86,735</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at beginning of year</strong></td>
<td>201,782</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at end of period</strong></td>
<td>$ 288,517</td>
</tr>
</tbody>
</table>

Supplemental cash flow information:
- Change in accounts payable related to property and equipment | $ (546) | (1,259) |

See accompanying notes to consolidated financial statements.
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
Notes to Consolidated Financial Statements
December 31, 2018 and 2017
(In thousands of dollars)

(1) Organization and Principles of Consolidation
University Hospitals Health System, Inc. (the System) is the parent of various corporations involved in the
delivery of healthcare services, including a network of physicians, outpatient centers, hospitals, wellness,
occupational health, skilled nursing, elder health, rehabilitation, and home care services that operate in the
Northeast Ohio region. University Hospitals Cleveland Medical Center (UHCMC) is the System’s major
subsidiary. The System provides certain management and planning services to its subsidiaries. The
System also has joint venture investments in other healthcare systems (note 13), which are accounted for
under the equity method.

The consolidated financial statements include the accounts of the System and its subsidiaries. All
significant intercompany transactions have been eliminated in the consolidated financial statements.

(2) Summary of Significant Accounting Policies
(a) Cash and Cash Equivalents
The System considers all highly liquid debt instruments purchased with an original maturity of
three months or less to be cash equivalents. The carrying amount of cash and cash equivalents
approximates fair value.

(b) Investments and Investment Income
Investments in equity securities with readily determinable fair values and all investments in debt
securities are measured at fair value on the consolidated balance sheets. Effective January 1, 2018,
the System changed its investment advisor and custodian. As part of this significant change, the
System has designated its investments as a trading portfolio. Alternative investments, which include
private equity, real estate, hedge funds, and distressed debt investments, are reported at fair value as
estimated and reported by general partners based upon the underlying net asset value of the fund or
partnership as a practical expedient.

Interest, dividends, unrealized and realized gains and losses from all investments without restrictions
are recorded within nonoperating revenues on the consolidated statements of operations and changes
in net assets as investment income (loss). Investment income (loss) on investments with restrictions is
recorded according to the donor’s intentions and reported with donor restrictions as investment income
(loss) within the consolidated statements of operations and changes in net assets.

Investments, in general, are exposed to various risks such as interest rate, credit and overall market
volatility. As such, it is reasonably possible that changes in the values of investments will occur in the
near term, and that such changes could materially affect the amounts reported in the consolidated
financial statements.

(c) Costs of Borrowing
Interest costs incurred on borrowed funds during the period of construction of capital assets are
capitalized as a component of the cost of acquiring those assets. Capitalized interest totaled $2,450
and $2,210 for the years ended December 31, 2018 and 2017, respectively.
Deferred financing costs are capitalized when incurred, and then amortized during the period in which the debt is outstanding. Net deferred financing costs totaled $11,945 and $9,852 for the years ended December 31, 2018 and 2017 and are reported as a component of long-term debt on the consolidated balance sheets.

(d) Property and Equipment and Other Long-Lived Assets

Additions and improvements to property and equipment are capitalized at cost. Costs for maintenance and repairs are charged to expense as incurred. Depreciation on plant and equipment is computed on the straight-line basis over the estimated useful lives of the respective assets. Buildings and improvements are depreciated over estimated useful lives ranging generally from 5 to 50 years. Leasehold improvements are depreciated over the lesser of the life of the asset or the term of the lease. Estimated useful lives of equipment vary generally from 3 to 20 years.

Long-lived assets, such as property and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Management has reviewed the carrying amount of these assets and has determined that they are not currently impaired.

(e) Contribution and Grant Revenue

Unconditional donor promises to give cash, marketable securities, and other assets to the System are recognized and reported at fair value net of fund-raising costs, at the date the promise is received to the extent estimated to be collectible. Conditional donor promises to give and indications of intentions to give are not recognized until donor imposed conditions are satisfied. The System has conditional donor promises to give of $222,239 and $201,310 at December 31, 2018 and 2017, respectively, which have not been recognized as assets or revenues in the consolidated financial statements.

Unconditional contribution and grant revenue with no purpose or time restrictions are included in the consolidated statements of operations and changes in net assets as other revenue within net assets without donor restrictions. Contributions that are received with donor imposed restrictions that limit the use of the asset are reported in the consolidated statements of operations and changes in net assets as contribution revenue with donor restrictions. When the donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, net assets with donor restrictions are transferred to net assets without donor restrictions.

Contributions that have been received from various corporations, foundations, and individuals for the years ended December 31, 2018 and 2017 are reported as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without donor restrictions</td>
<td>$2,214</td>
<td>3,842</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>52,480</td>
<td>49,446</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$54,694</td>
<td>53,288</td>
</tr>
</tbody>
</table>
Outstanding pledges receivable are recorded at their net present value and reported in current other assets or noncurrent other assets on the consolidated balance sheet. The balances at December 31, 2018 and 2017 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pledges due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In less than one year</td>
<td>$44,044</td>
<td>$42,677</td>
</tr>
<tr>
<td>In one year to five years</td>
<td>50,716</td>
<td>49,336</td>
</tr>
<tr>
<td>In more than five years</td>
<td>46,701</td>
<td>38,609</td>
</tr>
<tr>
<td></td>
<td>141,461</td>
<td>130,622</td>
</tr>
<tr>
<td>Discount</td>
<td>(14,655)</td>
<td>(11,420)</td>
</tr>
<tr>
<td>Allowance for doubtful pledges</td>
<td>(3,013)</td>
<td>(2,849)</td>
</tr>
<tr>
<td></td>
<td>$123,793</td>
<td>116,353</td>
</tr>
</tbody>
</table>

Amounts received from government agencies are reported in the consolidated statements of operations and changes in net assets as other revenue within net assets without donor restrictions since government grant restrictions are met in the same reporting period as revenue is recognized. Grants revenue totaled $6,377 and $7,803 for the years ended December 31, 2018 and 2017, respectively.

The System has elected to report restricted contributions and grants whose restrictions are met in the same reporting period as the revenue is recognized as other revenue with net assets without donor restrictions.

(f) **Net Patient Service Revenue**

The System’s net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (e.g., Medicare, Medicaid, and commercial insurance carriers), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the System bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total actual charges. The System believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is
recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

As a result of all its performance obligations relating to patient contracts being less than a year in duration, the System has elected to apply the optional exemption in Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) Topic 606-10-50-14(a). This exemption does not require the System to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied) as of the end of the reporting period. These unsatisfied or partially unsatisfied performance obligations primarily relate to inpatient services at the end of the reporting period.

The System records revenue based on standard charges for services provided, reduced by variable considerations resulting from explicit contractual adjustments provided to third-party payors and implicit price concessions provided to patients as reductions from established billing rates. The System determines its estimates of explicit and implicit price concessions based on historical data from experience, market condition and other factors.

Explicit and implicit price concessions to revenue are recorded at the time the performance obligations are satisfied in exchange for providing services to patients. Any changes to these concessions, as a result of subsequent reassessment, are recognized in the period the change is identified as adjustments to net patient service revenue. The amount recognized due to changes in its estimates of explicit and implicit price concessions for the year ended December 31, 2018 is not significant. Subsequent changes that are determined to be the result of an adverse change in the patient’s ability to pay are recorded as bad debt expense. There was no bad debt expense for the year ended December 31, 2018.

For the year ended December 31, 2017, the System maintained an allowance for doubtful accounts based on the expected collectability of patient accounts receivable. In evaluating the collectability of patient accounts receivable, the System considered historical collection experience and other economic factors.

The System provides care to patients who do not have the ability to pay and who qualify for charity care pursuant to the established policies of the System and the State of Ohio’s Care Assurance Program (HCAP). Charity care is defined as services for which patients have the obligation to pay, but do not have the ability to do so. The charges for charity care provided by the System are entirely offset by the related implicit price concessions and therefore, are not recognized as net patient service revenue. The cost of charity care provided in 2018 and 2017 was $46,800 and $42,562, respectively. The System determines its estimate of the cost of charity care by applying an overall cost to charge ratio to the charges associated with patients who qualify for charity care.

(g) Other Revenue

The System’s other revenue consists of contracts that vary in duration and in performance obligations. In evaluating these revenue streams that fall under ASC Topic 606 for compliance with this Topic, there were no changes to the nature, timing or extent of revenues previously recognized. Revenues are recognized when the performance obligations identified within the individual contracts are satisfied and
collections can be reasonably assured. There are certain revenue streams under Other Revenue that are not subject to this Topic.

(h) Derivative Financial Instruments

Derivative financial instruments are reported at fair value and are utilized by the System to manage: (i) interest rate risk; (ii) the fixed and floating interest rate mix of the System’s total debt portfolio; and (iii) related overall cost of borrowing. The interest rate swap agreements involve the periodic exchange of payments without the exchange of the notional amount upon which the payments are based. The System does not use derivative financial instruments for trading purposes. The System’s interest rate swap agreements are not designated as hedging instruments.

The System minimizes credit risk related to derivative financial instruments by requiring high credit standards for its counterparties and periodic settlements. The counterparties to these contractual arrangements are financial institutions that carry investment-grade credit ratings with which the System also has other financial relationships. The System is exposed to credit loss in the event of nonperformance by these counterparties. To mitigate credit exposure, the swap agreements contain certain collateral provisions applicable to both the System and the counterparties.

The related liability to counterparties under interest rate swap agreements is included in noncurrent other liabilities and the related asset from counterparties under swap agreements is included in noncurrent other assets on the consolidated balance sheets. Gains and losses on derivative financial instruments are recorded in the change in fair value of derivative instruments within the consolidated statements of operations and changes in net assets. The net amount paid or received under the swap agreements is recorded as a component of interest expense in the consolidated statements of operations and changes in net assets (note 9).

(i) Income Taxes

The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes pursuant to Section 501(a) of the Code. The System also has certain subsidiaries that are taxable for federal income tax purposes (note 18).

The System must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. As of December 31, 2018 and 2017, the System does not have any uncertain tax positions.

(j) Loss Contingencies

Liabilities for asserted or unasserted claims and assessments are recorded when an unfavorable outcome of a matter is deemed to be both probable and the loss contingency is reasonably estimable.
(k) Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(l) Treasury Service Agreement

The System included amounts due to a third party financing company for the use under a Supplemental Treasury Services Agreement (Agreement), entered into during 2013, within accounts payable in the accompanying consolidated balance sheets. Cash flows related to the Agreement are classified as financing activities in the consolidated statements of cash flows. The Agreement is a $70,000 unsecured trade payables and corporate card float program that is noninterest bearing and is not collateralized. The Agreement includes customary covenants as well as customary events of defaults. The amounts outstanding on the Agreement fluctuate on a daily basis, but as of December 31, 2018 and 2017, the amount outstanding included within accounts payable was $63,948 and $62,547, respectively.

(m) Recently Issued Accounting Standards

In August 2016, the FASB issued Accounting Standard Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. This update is intended to improve financial statement requirements by not-for-profit organizations. There are changes to qualitative and quantitative requirements in a number of areas including; net asset classification, liquidity and availability of resources, disclosing expenses by both their natural and functional classification, financial performance and cash flows. The main provision of this guidance reduces the number of net asset classes presented on the balance sheet from three to two: with donor restrictions and without donor restrictions. The System adopted ASU 2016-14 effective January 1, 2018 using the retrospective method of transition. As a result of adopting this standard certain prior year amounts were reclassified to conform to the presentation requirements of the standard.

In May 2014, the FASB issued ASU 2014-09, Revenue from Contracts with Customers (Topic 606), which outlines a single comprehensive model for entities to recognize revenue in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. ASU 2014-09 supersedes the most current revenue recognition guidance in U.S. GAAP and requires significant expanded disclosures about the nature, timing and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments. The System adopted ASU 2014-09 on January 1, 2018 using the modified retrospective method of transition. There was no material impact to the System related to its existing revenue streams.

In June 2018, the FASB issued ASU 2018-08, Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made (Topic 958) which is intended to improve and clarify existing guidance on revenue recognition of grants and contracts by not-for-profit entities. The Standard addresses concerns that it is difficult to determine whether certain grants and similar contracts are exchange transactions or contributions. The distinction is important because contributions
are accounted for under Accounting Standards Codification (ASC) 958-605, Not-for-Profit Entities — Revenue Recognition, while exchanges are accounted for under other guidance (e.g., ASC 606, Revenue from Contracts with Customers). For contributions, the timing of revenue and expense recognition depends on whether they are conditional. An unconditional contribution is recognized when it is received or made, while a conditional contribution is recognized when the barriers to entitlement are overcome. This ASU is effective for fiscal years beginning after June 15, 2018, but the System early adopted it simultaneously with ASU 2014-09 using the modified retrospective method of transition. There was no material impact to the System related to adoption of this ASU.

In January 2016, the FASB issued ASU 2016-01, Financial Instruments — Overall (Subtopic 825-10) which requires entities to measure equity method investments that do not result in consolidation and are not accounted for under the equity method at fair value and recognize and changes in fair value in excess of revenues over expenses. The System adopted the ASU using the cumulative-effect method of transition. There was no cumulative effect adjustment as a result of adopting this standard.

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842) which requires lessees to recognize assets and liabilities on the balance sheet for all leases with lease terms greater than twelve months. ASU 2016-02 amends current guidance that requires only capital leases to be recognized on the lessee balance sheet. ASU 2016-02 also requires significantly expanded disclosures about the timing, amount and uncertainty of cash flows arising from leases. ASU 2016-02 is effective for the System January 1, 2019. The System estimates that as a result of the adoption of ASU 2016-02 it will record a right-of-use asset and lease liability in excess of $100 million.

**Reclassifications**

Certain amounts included in the 2017 consolidated financial statements have been reclassified to conform to the 2018 presentation.

**Net Patient Service Revenue**

Net patient service revenue by major payer source as of December 31, 2018 and 2017, are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$1,257,517</td>
<td>32%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>557,040</td>
<td>14</td>
</tr>
<tr>
<td>Managed Care and commercial</td>
<td>1,888,945</td>
<td>49</td>
</tr>
<tr>
<td>Self-pay</td>
<td>190,414</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,893,916</td>
<td></td>
</tr>
</tbody>
</table>

The System's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of the System's patients and payors. The composition of accounts receivable as of December 31, 2018 and 2018 approximates the net patient service revenue composition in the table above.
(4) **Net Assets with Donor Restrictions**

Net assets with donor restrictions are available for the following purposes and the amount of beneficial interest in Foundations at December 31, 2018 and 2017 are as follows:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital expenditures</td>
<td>54,268</td>
<td>47,735</td>
</tr>
<tr>
<td>Education</td>
<td>13,057</td>
<td>9,193</td>
</tr>
<tr>
<td>Research</td>
<td>99,414</td>
<td>100,038</td>
</tr>
<tr>
<td>Patient care</td>
<td>77,791</td>
<td>65,338</td>
</tr>
<tr>
<td>Beneficial interest in foundations</td>
<td>132,050</td>
<td>143,307</td>
</tr>
<tr>
<td><strong>Amounts held in perpetuity:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetual trusts</td>
<td>189,303</td>
<td>210,876</td>
</tr>
<tr>
<td>Receivables</td>
<td>17,025</td>
<td>16,557</td>
</tr>
<tr>
<td>Endowments</td>
<td>149,717</td>
<td>144,372</td>
</tr>
<tr>
<td>Beneficial interest in foundations</td>
<td>30,674</td>
<td>31,706</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>763,299</td>
<td>769,122</td>
</tr>
</tbody>
</table>

During the years ended December 31, 2018 and 2017, net assets released from restrictions used for operations totaled $31,259 and $28,232, respectively. Net assets released from restrictions used for operations are recorded in other revenue in the consolidated statements of operations and changes in net assets. In addition, $3,436 and $4,979 in net assets were released from restriction for the acquisition of property and equipment in the years ended December 31, 2018 and 2017, respectively.

The System’s endowment consists of 453 individual funds established for a variety of purposes. Endowments include both donor-restricted funds and funds designated by the Board of Directors (the Board) to function as endowments. Net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The System’s donor restricted endowment funds’ original corpus, totaled $149,717 and $144,372 at December 31, 2018 and 2017, respectively. Board designated funds totaled $30,268 and $32,727 at December 31, 2018 and 2017, and are included within investments and net assets without donor restrictions.

The System’s investment policy establishes a limited number of investment pools with a specific purpose of aggregating various System funds’ investments according to their risk tolerance. Asset allocation is reviewed quarterly with respect to: i) System tolerance for risk based on its financial condition and need for cash from investments to support operations; ii) expected asset class return, risk, and correlation characteristics; iii) changes in accounting guidance or tax law; and iv) changes in bond covenants or other restrictions. Management of the System is responsible to ensure the proper allocation of funds according to the specific needs, timing of cash flows, and risk tolerance of each fund.

The System’s spending practices are intended to comply with the donor’s wishes and meet all applicable laws and regulations including the Uniform Prudent Management of Institutional Funds Act. Spending must
be for a purpose that is consistent with the documented intent of the donor. The System generally appropriates an amount not to exceed 5% of the endowment fund’s fair value for annual spending subject to spending guidelines and restrictions per the System’s policy. The fair value of the endowment fund is determined quarterly and averaged over a period of a rolling thirty-six months.

<table>
<thead>
<tr>
<th></th>
<th>Without donor restriction</th>
<th>With donor restriction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment net assets, at December 31,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>$ 30,005</td>
<td>163,563</td>
<td>193,568</td>
</tr>
<tr>
<td>Endowment return:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>3,357</td>
<td>29,995</td>
<td>33,352</td>
</tr>
<tr>
<td>Contributions</td>
<td>—</td>
<td>8,523</td>
<td>8,523</td>
</tr>
<tr>
<td>Appropriation of endowment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets for expenditure</td>
<td>(635)</td>
<td>(7,321)</td>
<td>(7,956)</td>
</tr>
<tr>
<td>Endowment net assets, at December 31,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>32,727</td>
<td>194,760</td>
<td>227,487</td>
</tr>
<tr>
<td>Endowment return:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>(1,598)</td>
<td>(5,627)</td>
<td>(7,225)</td>
</tr>
<tr>
<td>Contributions</td>
<td>—</td>
<td>5,345</td>
<td>5,345</td>
</tr>
<tr>
<td>Appropriation of endowment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets for expenditure</td>
<td>(861)</td>
<td>(9,164)</td>
<td>(10,025)</td>
</tr>
<tr>
<td>Endowment net assets, at December 31,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>$ 30,268</td>
<td>185,314</td>
<td>215,582</td>
</tr>
</tbody>
</table>

(5) **Fair Value Measurements**

Assets and liabilities carried at fair value are disclosed on a hierarchy for ranking the quality and reliability of the information used to determine fair values according to the following three levels:

**Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets. Level 1 yields the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities. A quoted price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.

**Level 2** – Observable inputs other than quoted prices in Level 1. Inputs such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar liabilities that are not active, or other inputs that are observable or can be corroborated by observable market data.

**Level 3** – Unobservable inputs that are significant to the valuation of assets or liabilities and are supported by little or no market data. This includes discounted cash flow methodologies, pricing models, and similar techniques that use significant unobservable inputs.
The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from stock exchanges, and the Chicago Board of Trade. Level 1 instruments primarily consist of equities, exchange traded funds, and certain government securities.

Assets and liabilities in Level 2 are primarily comprised of corporate bonds, bonds, asset-backed securities, fixed income mutual funds, and derivative financial instruments. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity, and other relevant information including matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available. Fair values for the System’s interest rate swaps are provided on a monthly basis by the System’s independent financial advisor and counterparties. Monthly valuations are derived by pricing models, which use market inputs such as LIBOR, Securities Industry and Financial Markets Association (SIFMA) Swap Index, and bond coupon rates provided by various inter-broker sources. The resulting combination of market data feeds, specific structuring characteristics such as the amortization of notional amounts, effective dates, payment frequencies, day counts, credit risk, and indices, are factored into the pricing model to determine the fair market value of the System’s interest rate swaps.

Items classified as Level 3 in the fair value hierarchy include beneficial interest in Foundations, perpetual trusts, and exclude pledges of $126,838 and $119,202 at December 31, 2018 and 2017, respectively. Foundations operate for the exclusive benefit of the System, and variance power was not explicitly given to the Foundations by the donors. Therefore, the System is required to record its beneficial interest in the net assets of the Foundations. The primary input utilized in calculating the Foundations’ fair value is its net assets, which represents fair market valuation of certain equity, debt, and other instruments held by the Foundations. The System records 100% of the Foundations’ net assets at approximate fair market value. Amounts held in perpetuity as designated by donors, includes the System’s portion of beneficial interests in several perpetual trusts held and administered by others in which the System is an income beneficiary. Perpetual trusts are measured at fair value by the external trustee, which approximates the present value of expected future cash flows. Perpetual trusts utilize significant unobservable inputs determined by the external trustees in estimating fair value.
Investments that are measured at NAV per share are not categorized in the following fair value hierarchy tables.

<table>
<thead>
<tr>
<th>December 31, 2018:</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$288,517</td>
<td>—</td>
<td>—</td>
<td>288,517</td>
</tr>
<tr>
<td>Cash and cash equivalents – pooled with investments</td>
<td>33,059</td>
<td>—</td>
<td>—</td>
<td>33,059</td>
</tr>
<tr>
<td>Restricted cash – held by bond trustees</td>
<td>110,846</td>
<td>110,846</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>—</td>
<td>186,770</td>
<td>—</td>
<td>186,770</td>
</tr>
<tr>
<td>Fixed income mutual funds</td>
<td>535,610</td>
<td>—</td>
<td>—</td>
<td>535,610</td>
</tr>
<tr>
<td>Government securities</td>
<td>103,606</td>
<td>41,003</td>
<td>—</td>
<td>144,609</td>
</tr>
<tr>
<td><strong>Total fixed income securities</strong></td>
<td>639,216</td>
<td>227,773</td>
<td>—</td>
<td>866,989</td>
</tr>
<tr>
<td>Equities, mutual and exchange traded funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>224,411</td>
<td>10,878</td>
<td>—</td>
<td>235,289</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>51,376</td>
<td>113,563</td>
<td>—</td>
<td>164,939</td>
</tr>
<tr>
<td><strong>Total equities, mutual and exchange traded funds</strong></td>
<td>275,787</td>
<td>124,441</td>
<td>—</td>
<td>400,228</td>
</tr>
<tr>
<td>Deferred compensation assets – mutual funds</td>
<td>18,764</td>
<td>—</td>
<td>—</td>
<td>18,764</td>
</tr>
<tr>
<td>Beneficial interest in Foundations</td>
<td>—</td>
<td>—</td>
<td>162,724</td>
<td>162,724</td>
</tr>
<tr>
<td>Perpetual trusts</td>
<td>—</td>
<td>—</td>
<td>189,303</td>
<td>189,303</td>
</tr>
<tr>
<td>Interest rate swaps</td>
<td>—</td>
<td>8,084</td>
<td>—</td>
<td>8,084</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$1,366,189</td>
<td>360,298</td>
<td>352,027</td>
<td>2,078,514</td>
</tr>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred compensation liabilities</td>
<td>$18,764</td>
<td>—</td>
<td>—</td>
<td>18,764</td>
</tr>
<tr>
<td>Interest rate swaps</td>
<td>—</td>
<td>49,592</td>
<td>—</td>
<td>49,592</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>$18,764</td>
<td>49,592</td>
<td>—</td>
<td>68,356</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$201,782</td>
<td>—</td>
<td>—</td>
<td>201,782</td>
</tr>
<tr>
<td>Cash and cash equivalents – pooled with investments</td>
<td>44,093</td>
<td>—</td>
<td>—</td>
<td>44,093</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>—</td>
<td>193,258</td>
<td>—</td>
<td>193,258</td>
</tr>
<tr>
<td>Fixed income mutual funds</td>
<td>638,588</td>
<td>—</td>
<td>—</td>
<td>638,588</td>
</tr>
<tr>
<td>Government securities</td>
<td>76,331</td>
<td>63,499</td>
<td>—</td>
<td>139,830</td>
</tr>
<tr>
<td>Total fixed income securities</td>
<td>714,919</td>
<td>256,757</td>
<td>—</td>
<td>971,676</td>
</tr>
<tr>
<td>Equities, mutual and exchange traded funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>224,311</td>
<td>12,191</td>
<td>—</td>
<td>236,502</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>59,766</td>
<td>131,741</td>
<td>—</td>
<td>191,507</td>
</tr>
<tr>
<td>Total equities, mutual and exchange traded funds</td>
<td>284,077</td>
<td>143,932</td>
<td>—</td>
<td>428,009</td>
</tr>
<tr>
<td>Deferred compensation assets – mutual funds</td>
<td>21,421</td>
<td>—</td>
<td>—</td>
<td>21,421</td>
</tr>
<tr>
<td>Beneficial interest in Foundations</td>
<td>—</td>
<td>—</td>
<td>175,013</td>
<td>175,013</td>
</tr>
<tr>
<td>Perpetual trusts</td>
<td>—</td>
<td>—</td>
<td>210,846</td>
<td>210,846</td>
</tr>
<tr>
<td>Interest rate swaps</td>
<td>—</td>
<td>6,476</td>
<td>—</td>
<td>6,476</td>
</tr>
<tr>
<td>Total assets</td>
<td>$1,266,292</td>
<td>407,165</td>
<td>385,859</td>
<td>2,059,316</td>
</tr>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred compensation liabilities</td>
<td>$21,421</td>
<td>—</td>
<td>—</td>
<td>21,421</td>
</tr>
<tr>
<td>Interest rate swaps</td>
<td>—</td>
<td>56,724</td>
<td>—</td>
<td>56,724</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>$21,421</td>
<td>56,724</td>
<td>—</td>
<td>78,145</td>
</tr>
</tbody>
</table>
The following table summarizes the System’s investments at December 31, 2018 and 2017, for which NAV was used as a practical expedient to estimate fair value:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hedge funds</td>
<td>$220,913</td>
<td>218,057</td>
</tr>
<tr>
<td>Real estate</td>
<td>37,832</td>
<td>32,901</td>
</tr>
<tr>
<td>Private debt</td>
<td>30,338</td>
<td>23,568</td>
</tr>
<tr>
<td>Private equity</td>
<td>35,200</td>
<td>28,029</td>
</tr>
<tr>
<td><strong>Total alternative investments</strong></td>
<td><strong>$324,283</strong></td>
<td><strong>302,555</strong></td>
</tr>
</tbody>
</table>

The System evaluated transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total. For the years ended December 31, 2018 and 2017, there were no transfers into or out of Level 1, 2, or 3.

For the years ended December 31, 2018 and 2017, the reconciliation of investments with fair value measurements using significant unobservable inputs (level 3) is as follows:

<table>
<thead>
<tr>
<th></th>
<th><strong>Fair value measurements using significant unobservable inputs (Level 3)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Beneficial interest in Foundations</strong></td>
</tr>
<tr>
<td><strong>Balance at December 31, 2016</strong></td>
<td>$157,985</td>
</tr>
<tr>
<td>Total change included in:</td>
<td></td>
</tr>
<tr>
<td>Donor restricted net assets</td>
<td>$17,028</td>
</tr>
<tr>
<td><strong>Balance at December 31, 2017</strong></td>
<td>175,013</td>
</tr>
<tr>
<td>Total change included in:</td>
<td></td>
</tr>
<tr>
<td>Donor restricted net assets</td>
<td>(12,289)</td>
</tr>
<tr>
<td><strong>Balance at December 31, 2018</strong></td>
<td>$162,724</td>
</tr>
</tbody>
</table>
(6) Investments

The composition of investments at December 31, 2018 and 2017 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents – pooled with investments</td>
<td>$33,059</td>
<td>44,093</td>
</tr>
<tr>
<td>Restricted cash - held by bond trustees</td>
<td>110,846</td>
<td>—</td>
</tr>
<tr>
<td>Fixed income securities</td>
<td>866,989</td>
<td>971,676</td>
</tr>
<tr>
<td>Equities, mutual and exchange traded funds</td>
<td>400,228</td>
<td>428,009</td>
</tr>
<tr>
<td>Alternative investments</td>
<td>324,283</td>
<td>302,555</td>
</tr>
<tr>
<td>Other</td>
<td>2,137</td>
<td>1,158</td>
</tr>
<tr>
<td><strong>Total investments</strong></td>
<td>$1,737,542</td>
<td>1,747,491</td>
</tr>
</tbody>
</table>

The System holds certain investments in fixed income securities including domestic and international corporate bonds, U.S. Treasuries, government, and agency bonds; non-U.S. sovereign debt; and emerging market debt. The System holds common and preferred stock including investments in small cap, mid cap, and large cap companies as well as in non-U.S. equities in developed and emerging markets.

Alternative investments include private equity, real estate, hedge funds, and distressed debt. These investments are made either directly or through various Fund-of-Funds, both of which are typically Limited Partnership structures. For the Fund-of-Funds investments, the System is invested in a Limited Partnership, which in turn utilizes its expertise to invest in underlying Limited Partnership Funds and make certain other investments.

The General Partner of each direct Limited Partnership determines the fair market valuation of its underlying holdings based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information. The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments. These valuations are based primarily on the quarterly internal and annual audited consolidated financial statements of the underlying Limited Partnership Funds, which report net asset value based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information. The System undertakes various measures to validate that the reported net asset value approximates the fair market value. The determination of fair market values for the alternative investments requires the General Partners and System management to make estimates and assumptions about certain inputs and other factors that are inherently uncertain. These estimates are subjective and require judgment regarding significant matters such as the amount and timing of future cash flows and the selection of discount rates that appropriately reflect market and credit risks.

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates. These gates prevent short-term liquidation of assets. Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45 to 65 days, prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice. Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time the commitment to the fund is made.
While distributions of capital during this term typically occur, many of these funds have provisions that allow the General Partner to extend the final term and suspend distributions. Distressed debt funds are typically 1-year to 5-year or 6-year to 10-year term structures, and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary. As a result of these contractual limitations on liquidity, these alternative assets are generally considered illiquid. Contractual liquidity terms of alternative investments at December 31, 2018 are as follows:

<table>
<thead>
<tr>
<th>Carrying value</th>
<th>Unfunded commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year, no contractual restrictions have been imposed $229,178</td>
<td>116</td>
</tr>
<tr>
<td>Subject to existing gates or restrictions 5,393</td>
<td>—</td>
</tr>
<tr>
<td>Limited Partnership Fund expiring in 1 – 5 years 35,967</td>
<td>6,661</td>
</tr>
<tr>
<td>Limited Partnership Fund expiring in 6 – 10 years 36,488</td>
<td>29,493</td>
</tr>
<tr>
<td>Limited Partnership Fund expiring in 11 – 12 years 17,257</td>
<td>52,447</td>
</tr>
</tbody>
</table>

Total alternative investments $324,283 88,717

The components and related restrictions of investments shown above are as follows:

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without donor restriction and board designated $1,336,732</td>
<td>1,475,566</td>
</tr>
<tr>
<td>Swap collateral 2,937</td>
<td>4,850</td>
</tr>
<tr>
<td>Investments held by bond trustees 110,846</td>
<td>—</td>
</tr>
<tr>
<td>With donor restriction 287,027</td>
<td>267,075</td>
</tr>
</tbody>
</table>

Total investments $1,737,542 1,747,491

(Continued)
Investment income (loss) is comprised of the following for the years ended December 31, 2018 and 2017:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without donor restriction</td>
<td>$ 30,472</td>
<td>29,599</td>
</tr>
<tr>
<td>With donor restriction</td>
<td>4,020</td>
<td>4,452</td>
</tr>
<tr>
<td></td>
<td>34,492</td>
<td>34,051</td>
</tr>
<tr>
<td>Net (loss) gain:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without donor restriction</td>
<td>(63,244)</td>
<td>98,473</td>
</tr>
<tr>
<td>With donor restriction</td>
<td>6,234</td>
<td>4,832</td>
</tr>
<tr>
<td></td>
<td>(57,010)</td>
<td>103,305</td>
</tr>
<tr>
<td>Total (loss) income</td>
<td>$ (22,518)</td>
<td>137,356</td>
</tr>
</tbody>
</table>

(7) **Property and Equipment**

Property and equipment, at December 31, 2018 and 2017, are summarized below:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and land improvements</td>
<td>$ 168,744</td>
<td>165,226</td>
</tr>
<tr>
<td>Buildings and fixed equipment</td>
<td>2,004,219</td>
<td>1,902,560</td>
</tr>
<tr>
<td>Movable equipment and furnishings</td>
<td>1,489,105</td>
<td>1,381,582</td>
</tr>
<tr>
<td>Construction in progress</td>
<td>108,044</td>
<td>91,196</td>
</tr>
<tr>
<td></td>
<td>3,770,112</td>
<td>3,540,564</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>2,033,250</td>
<td>1,876,847</td>
</tr>
<tr>
<td>Net property and equipment</td>
<td>$ 1,736,862</td>
<td>1,663,717</td>
</tr>
</tbody>
</table>

As of December 31, 2018, the System has made contractual commitments on construction contracts, including information technology projects, of $69,407.

(8) **Short-Term Borrowings and Long-Term Debt**

The System’s $225,000 revolving credit commitment (the Credit Commitment), is a syndicated commitment with a maturity date of January 21, 2021. The Credit Commitment bears interest at various rates for short-term periods. For the years ended December 31, 2018 and 2017, the average interest rate for borrowings under this credit line was 2.95% and 2.04%, respectively. As of December 31, 2018 and 2017, there were $140,000 and $40,000, respectively, in borrowings outstanding under the Credit Commitment reported within noncurrent liabilities in the consolidated balance sheet. The remaining available Credit Commitment is $85,000 and $140,000 at December 31, 2018 and 2017, respectively.
A summary of long-term debt at December 31, 2018 and 2017 is as follows:

<table>
<thead>
<tr>
<th>Series</th>
<th>Type</th>
<th>Average interest rate% for the year ended December 31, 2018</th>
<th>Final maturity</th>
<th>Amount outstanding December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>December 31, 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>2018A Revenue Bonds</td>
<td>Variable</td>
<td>1.62</td>
<td>2046</td>
<td>$25,230</td>
</tr>
<tr>
<td>2018B Revenue Bonds</td>
<td>Variable</td>
<td>1.63</td>
<td>2047</td>
<td>88,505</td>
</tr>
<tr>
<td>2018C Revenue Bonds</td>
<td>Fixed</td>
<td>4.52</td>
<td>2042</td>
<td>60,850</td>
</tr>
<tr>
<td>2018D Revenue Bonds</td>
<td>Fixed</td>
<td>4.31</td>
<td>2039</td>
<td>57,355</td>
</tr>
<tr>
<td>2018E Revenue Bonds</td>
<td>Variable</td>
<td>2.31</td>
<td>2036</td>
<td>109,150</td>
</tr>
<tr>
<td>2017A Revenue Bonds</td>
<td>Variable</td>
<td>2.33</td>
<td>2035</td>
<td>—</td>
</tr>
<tr>
<td>2017B Revenue Bonds</td>
<td>Variable</td>
<td>2.38</td>
<td>2035</td>
<td>—</td>
</tr>
<tr>
<td>2016A Revenue Bonds</td>
<td>Fixed</td>
<td>3.59</td>
<td>2046</td>
<td>229,725</td>
</tr>
<tr>
<td>2015A Revenue Bonds</td>
<td>Variable</td>
<td>1.64</td>
<td>2045</td>
<td>30,000</td>
</tr>
<tr>
<td>2015B Revenue Bonds</td>
<td>Variable</td>
<td>1.70</td>
<td>2045</td>
<td>30,000</td>
</tr>
<tr>
<td>2015C Revenue Bonds</td>
<td>Variable</td>
<td>1.64</td>
<td>2045</td>
<td>40,000</td>
</tr>
<tr>
<td>2015D Revenue Bonds</td>
<td>Variable</td>
<td>2.35</td>
<td>2046</td>
<td>—</td>
</tr>
<tr>
<td>2015E Revenue Bonds</td>
<td>Variable</td>
<td>2.35</td>
<td>2046</td>
<td>—</td>
</tr>
<tr>
<td>2014A Revenue Bonds</td>
<td>Fixed</td>
<td>3.69</td>
<td>2044</td>
<td>56,145</td>
</tr>
<tr>
<td>2014B Revenue Bonds</td>
<td>Variable</td>
<td>1.64</td>
<td>2045</td>
<td>30,000</td>
</tr>
<tr>
<td>2014C Revenue Bonds</td>
<td>Variable</td>
<td>2.38</td>
<td>2044</td>
<td>—</td>
</tr>
<tr>
<td>2013A Revenue Bonds</td>
<td>Fixed</td>
<td>4.65</td>
<td>2029</td>
<td>83,455</td>
</tr>
<tr>
<td>2013B Revenue Bonds</td>
<td>Variable</td>
<td>1.70</td>
<td>2033</td>
<td>30,000</td>
</tr>
<tr>
<td>2013C Revenue Bonds</td>
<td>Variable</td>
<td>1.89</td>
<td>2050</td>
<td>—</td>
</tr>
<tr>
<td>2012A Revenue Bonds</td>
<td>Fixed</td>
<td>4.73</td>
<td>2041</td>
<td>169,550</td>
</tr>
<tr>
<td>2012B Revenue Bonds</td>
<td>Variable</td>
<td>2.55</td>
<td>2019</td>
<td>4,750</td>
</tr>
<tr>
<td>2012C Revenue Bonds</td>
<td>Fixed</td>
<td>3.71</td>
<td>2042</td>
<td>55,825</td>
</tr>
<tr>
<td>2012D Revenue Bonds</td>
<td>Variable</td>
<td>2.10</td>
<td>2021</td>
<td>13,980</td>
</tr>
<tr>
<td>2010A Revenue Bonds</td>
<td>Fixed</td>
<td>4.82</td>
<td>2027</td>
<td>47,440</td>
</tr>
<tr>
<td>2010B Revenue Bonds</td>
<td>Variable</td>
<td>1.78</td>
<td>2035</td>
<td>—</td>
</tr>
<tr>
<td>2007A Revenue Bonds</td>
<td>Fixed</td>
<td>4.85</td>
<td>2041</td>
<td>52,445</td>
</tr>
<tr>
<td>2001 Revenue Bonds</td>
<td>Variable</td>
<td>2.14</td>
<td>2033</td>
<td>10,000</td>
</tr>
<tr>
<td>Term Loan</td>
<td>Variable</td>
<td>2.90</td>
<td>2040</td>
<td>—</td>
</tr>
<tr>
<td>Note Payable</td>
<td>Fixed</td>
<td>1.50</td>
<td>2036</td>
<td>—</td>
</tr>
<tr>
<td>Other long-term debt</td>
<td></td>
<td></td>
<td></td>
<td>7,051</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,231,456</td>
</tr>
</tbody>
</table>

Unamortized premium
34,285 24,697

Less:

Unamortized discount
1,709 1,825
Deferred financing costs
11,945 9,852
Current installments
24,446 23,736

Long-term debt, less current installments
$1,227,641 1,252,444

The average interest rate provided in the table above includes the weighted average interest cost for each individual variable rate type series and is for the year ended December 31, 2018.
The System is party to a Master Trust Indenture, amended and restated as of June 15, 1989 (the Indenture). The Revenue Bonds listed in the table above are secured by the Indenture and are general obligations of the Obligated Group. The Obligated Group consists of the System, UHCMC, University Hospitals Geauga Medical Center, University Hospitals Ahuja Medical Center, University Hospitals Parma Medical Center, University Hospitals Elyria Medical Center, and University Hospitals St. John Medical Center.

During 2018, the System issued tax-exempt bonds totaling $341,090 with total proceeds of $352,320. Proceeds from these bonds totaling $222,117 were used to refund the Series 2010B, 2014C, 2015D and E, and 2017A and B bonds and the remaining proceeds of $130,203 were used to finance new capital projects and the cost of issuance.

During 2017, the System entered into a New Market Tax Credit (NMTC) financing transaction with a lender to finance the construction and development of the Rainbow Center for Women and Children. As of December 31, 2018, the System has recorded $7,114 in other long-term debt in connection with the NMTC transaction. The NMTC provides the lender a specified amount of tax credits as the System satisfies of certain government compliance requirements over a seven-year period. The System anticipates that the liability of $7,114 will ultimately be forgiven by the lender.

The System’s debt structure consists of 66% fixed rate debt and 34% floating rate debt, $812,790 and $411,615 respectively. The floating rate debt structure includes $10,000 in daily reset self-liquidity bonds that could come due at any time, $273,735 in variable rate remarketed obligations pricing daily and weekly, $18,730 of bank direct purchase bonds fully amortizing through 2021, and $109,150 in bank direct purchase bonds which renew in 2025.

A total of $14,585 of bonds could become due in 2019. This amount represents i) variable rate bonds totaling $4,585 backed by a bank letter of credit that could become due in 2019 based on the repayment schedule of the bank letter of credit upon the failure to remarket these bonds and ii) $10,000 of variable rate bonds for which the System provides self-liquidity and are not backed by a letter of credit. The total that could become due in 2019 can be offset by the remaining available borrowing capacity of $85,000 on the Credit Commitment, which is not due until January 21, 2021.

During the term of the various agreements and leases, the System is required to make specified deposits with trustees to fund principal and interest payments due. The System is subject to certain restrictive covenants, including provisions relating to certain debt ratios, days cash on hand, and other matters. The System was in compliance with these debt covenants at December 31, 2018 and 2017.

Combined current aggregate scheduled maturities of long-term debt for the five years subsequent to December 31, 2018 are as follows: 2019 – $24,446; 2020 – $24,220; 2021 – $25,260; 2022 – $26,310; 2023 – $27,540; and 2024 and thereafter – $1,103,680.

Cash paid for operating interest totaled $45,514 and $46,149 in 2018 and 2017, respectively.
(9) Interest Rate Swap Agreements

The System utilizes interest rate swaps to manage the overall cost of debt and risk profile related to its long-term debt. The swaps utilized include i) fixed-payer swaps, whereby the System receives a floating rate and pays a fixed rate designed to either hedge against rising interest rates or achieve a lower overall cost of debt relative to traditional fixed-rate structures and ii) basis swaps whereby the System receives a floating rate based on a taxable index (LIBOR) and pays a floating rate based on a tax-exempt index (SIFMA) designed to reduce interest costs associated with its traditional fixed rate debt. A summary of the System's interest rate swap agreements is as follows:

<table>
<thead>
<tr>
<th>Swap type</th>
<th>Maturity date</th>
<th>Year ended December 31, 2018</th>
<th>Notional value at December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>System pays</td>
<td>System receives</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2034</td>
<td>3.36%</td>
<td>67% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2034</td>
<td>3.42%</td>
<td>67% of 1-month LIBOR</td>
</tr>
<tr>
<td>Basis</td>
<td>2028</td>
<td>SIFMA Index</td>
<td>67% of 1-month LIBOR + 0.47%</td>
</tr>
<tr>
<td>Basis</td>
<td>2028</td>
<td>SIFMA Index</td>
<td>67% of 1-month LIBOR + 0.53%</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2034</td>
<td>3.49%</td>
<td>67% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2034</td>
<td>3.47%</td>
<td>67% of 1-month LIBOR</td>
</tr>
<tr>
<td>Basis</td>
<td>2027</td>
<td>SIFMA Index</td>
<td>86.2% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2044</td>
<td>2.30%</td>
<td>65% of 1-month LIBOR + 0.12%</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2044</td>
<td>2.49%</td>
<td>65% of 1-month LIBOR + 0.12%</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2042</td>
<td>3.64%</td>
<td>70% of 1-month LIBOR</td>
</tr>
<tr>
<td>Basis</td>
<td>2032</td>
<td>SIFMA Index</td>
<td>85.3% of 3-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2029</td>
<td>3.61%</td>
<td>64.11% of 5-year LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2030</td>
<td>5.09%</td>
<td>91.05% of 5-year LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2030</td>
<td>3.62%</td>
<td>64.09% of 5-year LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2026</td>
<td>3.78%</td>
<td>70% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2022</td>
<td>3.68%</td>
<td>70% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2021</td>
<td>3.31%</td>
<td>70% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2047</td>
<td>1.43%</td>
<td>70% of 1-month LIBOR</td>
</tr>
<tr>
<td>Fixed-payer</td>
<td>2047</td>
<td>1.23%</td>
<td>70% of 1-month LIBOR</td>
</tr>
<tr>
<td>Constant Maturity payer</td>
<td>2038</td>
<td>67% of 1-month LIBOR</td>
<td>67% 10 yr LIBOR-.38%</td>
</tr>
<tr>
<td>Total Return Swap</td>
<td>2022</td>
<td>SIFMA Index +0.63%</td>
<td>4.85%</td>
</tr>
</tbody>
</table>

$633,120 $589,420

In 2018, the System entered into a Constant Maturity Swap trade for a notional amount of $50,000 with cash flows beginning in November, 2020 and a termination date of 2038.

In 2017, the System entered into a Municipal Financing Agreement or Total Return Swap for a notional amount of $52,445 and a termination date of 2022.

SIFMA is an index of high-grade, tax-exempt variable rate demand obligations. SIFMA ranged from 0.94% to 1.81% (average rate of 1.41%) for the year ended December 31, 2018 and 0.62% to 1.71% (average rate of 0.85%) for the year ended December 31, 2017.

The net fair value of interest rate swap agreements was a liability of $41,508 as of December 31, 2018. The net fair value for swap agreements at December 31, 2018 consisted of $8,084 recorded in other assets and $49,592 recorded in other liabilities within the December 31, 2018 consolidated balance sheet. The net
fair value of interest rate swap agreements was a liability of $51,703 as of December 31, 2017. The net fair value for swap agreements at December 31, 2017 consisted of $6,476 recorded in other assets and $58,179 recorded in other liabilities within the December 31, 2017 consolidated balance sheet.

An increase in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled $10,195 and $4,463 for the years ended December 31, 2018 and 2017, respectively. Cash paid to counterparties totaled $6,011 and $9,350 for the years ended December 31, 2018 and 2017, respectively. Cash received from counterparties totaled $2,007 and $1,737 for the years ended December 31, 2018 and 2017, respectively.

The System posted collateral of $2,937 and $4,947 due to the decrease in swap valuations as of December 31, 2018 and 2017, respectively. The collateral is comprised of U.S. Treasury and government securities, is limited as to use, and is recorded as an investment within the consolidated balance sheets.

(10) Operating Leases
The System leases various facilities and equipment under operating lease agreements, which extend to 2069. Lease expense in the years ended December 31, 2018 and 2017 totaled $32,656 and $35,843, respectively. Future minimum noncancelable operating lease payments with terms in excess of one year are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$26,630</td>
</tr>
<tr>
<td>2020</td>
<td>19,902</td>
</tr>
<tr>
<td>2021</td>
<td>13,945</td>
</tr>
<tr>
<td>2022</td>
<td>11,506</td>
</tr>
<tr>
<td>2023</td>
<td>8,217</td>
</tr>
<tr>
<td>2024 and thereafter</td>
<td>29,181</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$109,381</strong></td>
</tr>
</tbody>
</table>

(11) Insurance
Western Reserve Assurance Company, Ltd. (Western Reserve), a wholly owned subsidiary of the System, provides professional and general liability insurance coverage on a claims-made basis for substantially all of the System. Effective July 1, 2004, Western Reserve was restructured from a single parent company to a segregated portfolio company (SPC), Western Reserve Assurance Company, Ltd., SPC (Western Reserve SPC). SPC is an insurance company that operates as a single legal entity, which allows for assets and liabilities to be segregated between different protected portfolios of the company. The individual segregated portfolios do not, by law, have access or rights to the assets of any of the other segregated portfolios within SPC. At December 31, 2018, the Western Reserve SPC consists of several individual segregated portfolios. Each segregated portfolio provides coverage for its respective entity’s insurance programs and is consolidated into each respective entity’s consolidated financial statements. Western Reserve SPC has reinsurance agreements with unrelated commercial carriers in place relative to a portion of the risks.
Various claimants have asserted professional and general liability and workers’ compensation claims against the System. These claims are in various stages of processing or are in litigation.

In the first quarter of 2018, an unexpected equipment failure occurred at a Fertility Clinic that was operated by UH Cleveland Medical Center. Multiple claims, with multiple theories of recovery, have been filed against the System and some of its wholly owned entities; some of the lawsuits include class action allegations. In general, the lawsuits seek compensatory and punitive damages. The claims and lawsuits are being treated as professional liability claims and therefore subject to the System’s professional and liability insurance policies. The System notified its insurance carriers and recorded a reserve for the anticipated resolution of these claims and a receivable from its insurance carriers equal to the amount of the reserve less its self-insured retention limits.

Beyond the claims and lawsuits noted above, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims for professional liability, general liability or workers compensation. The System has accrued an estimate of both asserted and unasserted losses primarily based on actuarially determined amounts. The System’s reserves for professional, general, and workers’ compensation liabilities (including incurred but not reported claims) total $153,548 and $160,796 at December 31, 2018 and 2017, respectively. The current portion of the reserves at December 31, 2018 and 2017, amounts to $50,000 and $10,000, respectively, is recorded in other current liabilities and the remaining portion is recorded in other long term liabilities.

The System does not believe the outcome of the claims and lawsuits described above would have a material adverse effect on the consolidated financial position, liquidity, or results of operations of the System, based on current knowledge and taking into account current accruals. Litigation is inherently unpredictable and judgments could be entered into that could adversely affect the System’s operating results or cash flows in a particular period.

(12) Retirement Plans

The System maintains a noncontributory defined benefit pension plan (the plan) for the benefit of eligible employees. The benefits are based upon years of service and the employees’ compensation, as defined by the plan. It is the System’s policy to contribute annually to the defined benefit plan amounts that are actuarially determined to provide the plan with sufficient assets to meet future benefit payment requirements. In April 2015, the System froze its final average pay formula benefit, replacing it with a cash balance formula.

The System recognizes the funded status (difference between the fair value of plan assets and the projected benefit obligation) of the defined benefit pension plan on its consolidated balance sheets. Gains or losses and prior service costs or credits that arise during the period but are not recognized as components of net periodic benefit costs are recognized as a component of net assets without donor restrictions. The System uses December 31 as the measurement date for plan assets and benefit obligations.
The amounts recognized in changes in net assets without donor restrictions at December 31, 2018 and 2017 consisted of the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrecognized actuarial loss</td>
<td>$488,440</td>
<td>526,693</td>
</tr>
<tr>
<td>Unrecognized prior service costs</td>
<td>(10,890)</td>
<td>(13,288)</td>
</tr>
<tr>
<td><strong>Net amount recognized</strong></td>
<td><strong>$477,550</strong></td>
<td><strong>513,405</strong></td>
</tr>
</tbody>
</table>

The accumulated benefit obligation for the plan was $1,122,600 and $1,238,505 as of December 31, 2018 and 2017, respectively. The following represents selected information about the plan as of December 31, 2018 and 2017:

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected benefit obligation (PBO) at beginning of year</td>
<td>$1,272,117</td>
<td>1,110,764</td>
</tr>
<tr>
<td>Service cost</td>
<td>51,610</td>
<td>46,178</td>
</tr>
<tr>
<td>Interest cost</td>
<td>41,454</td>
<td>38,385</td>
</tr>
<tr>
<td>Actuarial loss</td>
<td>(44,623)</td>
<td>135,301</td>
</tr>
<tr>
<td>Retiree annuity purchases</td>
<td>(74,205)</td>
<td>—</td>
</tr>
<tr>
<td>Benefits paid</td>
<td>(84,705)</td>
<td>(58,511)</td>
</tr>
<tr>
<td><strong>Projected benefit obligation at end of year</strong></td>
<td><strong>$1,161,648</strong></td>
<td><strong>1,272,117</strong></td>
</tr>
</tbody>
</table>

Change in plan assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair value of assets at beginning of year</td>
<td>885,732</td>
<td>711,108</td>
</tr>
<tr>
<td>Actual return on assets</td>
<td>(31,350)</td>
<td>117,535</td>
</tr>
<tr>
<td>Employer contribution</td>
<td>136,200</td>
<td>115,600</td>
</tr>
<tr>
<td>Retiree annuity purchases</td>
<td>(74,205)</td>
<td>—</td>
</tr>
<tr>
<td>Benefits paid</td>
<td>(84,705)</td>
<td>(58,511)</td>
</tr>
<tr>
<td><strong>Fair value of assets at end of year</strong></td>
<td><strong>$831,672</strong></td>
<td><strong>885,732</strong></td>
</tr>
</tbody>
</table>

Funded status (PBO in excess of plan assets) $329,976 $386,385
The components of net periodic pension costs included the following:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service cost</td>
<td>$51,611</td>
<td>46,178</td>
</tr>
<tr>
<td><strong>Nonoperating expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest cost</td>
<td>41,454</td>
<td>38,385</td>
</tr>
<tr>
<td>Expected return on plan assets</td>
<td>(61,116)</td>
<td>(52,122)</td>
</tr>
<tr>
<td>Amortization of prior service costs</td>
<td>(2,399)</td>
<td>(2,398)</td>
</tr>
<tr>
<td>Settlement cost</td>
<td>42,539</td>
<td>—</td>
</tr>
<tr>
<td>Recognized net actuarial loss</td>
<td>43,557</td>
<td>39,656</td>
</tr>
<tr>
<td><strong>Net periodic pension cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$115,646</td>
<td>69,699</td>
</tr>
</tbody>
</table>

In November 2018, the System purchased a group annuity contract from an insurance company to transfer $74,205 of the outstanding pension benefit obligations related to certain retirees and beneficiaries. As a result of the transaction, the insurance company is now required to pay and administer the retirement benefits owed to the approximately 2,700 U.S. retirees and beneficiaries, with no change to their monthly retirement benefit payment amounts. In connection with this transaction, the System recognized a pension settlement charge of $42,539 as a nonoperating expense, primarily related to the accelerated recognition of actuarial losses included in net assets for the plan.

The amounts in net assets without donor restrictions expected to be recognized as components of net periodic pension costs in the year ended December 31, 2018 are as follows:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amortization of prior service costs</td>
<td>$2,399</td>
</tr>
<tr>
<td>Recognized actuarial losses</td>
<td>34,445</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$32,046</td>
</tr>
</tbody>
</table>

The weighted average assumptions used to determine benefit obligations and net benefit cost for the years ended December 31, 2018 and 2017 were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weighted average assumptions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discount rate</td>
<td>4.40%</td>
<td>3.72%</td>
</tr>
<tr>
<td>Expected return on plan assets</td>
<td>6.50</td>
<td>6.75</td>
</tr>
<tr>
<td>Rate of compensation increase</td>
<td>3.75</td>
<td>3.75</td>
</tr>
</tbody>
</table>
Pension assets are invested in various asset classes as follows:

<table>
<thead>
<tr>
<th>Asset class</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities, mutual and exchange traded funds</td>
<td>37%</td>
<td>42%</td>
</tr>
<tr>
<td>Fixed income</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Alternative investments</td>
<td>35</td>
<td>30</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The Finance Committee of the Board of Directors has responsibility for establishing and monitoring compliance with the investment policy governing the investment of pension assets. The investment policy is utilized as the basis for determining the long-term return assumption for the assets. Historical data, combined with future expected returns of each asset class, are the primary components utilized in developing this assumption. Additional information, such as specific manager performance and risk characteristics, is also included in the assessment of the long-term rate of return assumption.

The System expects to contribute $34,000 to the plan in the year ended December 31, 2019. The estimated benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the System as follows: 2019 – $73,477; 2020 – $77,836; 2021 – $81,105; 2022 – $86,156; 2023 – $89,451; and 2024 to 2028 – $481,898.

The following tables present the System’s fair value leveling hierarchy for those plan assets measured at fair value as of December 31, 2018 and 2017. Refer to note 5 for level definitions.

<table>
<thead>
<tr>
<th>December 31, 2018:</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$</td>
<td>7,871</td>
<td>—</td>
<td>7,871</td>
</tr>
<tr>
<td>Fixed income securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>121,420</td>
<td>61,152</td>
<td>—</td>
<td>182,572</td>
</tr>
<tr>
<td>Government securities</td>
<td>39,046</td>
<td>—</td>
<td>—</td>
<td>39,046</td>
</tr>
<tr>
<td>Total fixed securities</td>
<td>160,466</td>
<td>61,152</td>
<td>—</td>
<td>221,618</td>
</tr>
<tr>
<td>Equities, mutual and exchange</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>traded funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>79,437</td>
<td>8,490</td>
<td>—</td>
<td>87,927</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>102,810</td>
<td>120,754</td>
<td>—</td>
<td>223,364</td>
</tr>
<tr>
<td>Total equities, mutual and exchange</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>traded funds</td>
<td>182,047</td>
<td>129,244</td>
<td>—</td>
<td>311,291</td>
</tr>
<tr>
<td>Total</td>
<td>$350,384</td>
<td>190,396</td>
<td>—</td>
<td>540,780</td>
</tr>
</tbody>
</table>
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
Notes to Consolidated Financial Statements  
December 31, 2018 and 2017  
(In thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 2017:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 15,453</td>
<td>—</td>
<td>—</td>
<td>15,453</td>
</tr>
<tr>
<td>Fixed income securities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>124,935</td>
<td>65,051</td>
<td>—</td>
<td>189,986</td>
</tr>
<tr>
<td>Government securities</td>
<td>39,403</td>
<td>—</td>
<td>—</td>
<td>39,403</td>
</tr>
<tr>
<td>Total fixed securities</td>
<td>164,338</td>
<td>65,051</td>
<td>—</td>
<td>229,389</td>
</tr>
<tr>
<td>Equities, mutual and exchange</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>traded funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic mutual funds</td>
<td>102,967</td>
<td>10,537</td>
<td>—</td>
<td>113,504</td>
</tr>
<tr>
<td>International mutual funds</td>
<td>122,872</td>
<td>134,141</td>
<td>—</td>
<td>257,013</td>
</tr>
<tr>
<td>Total equities, mutual and</td>
<td>225,839</td>
<td>144,678</td>
<td>—</td>
<td>370,517</td>
</tr>
<tr>
<td>exchange traded funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$ 405,630</td>
<td>209,729</td>
<td>—</td>
<td>615,359</td>
</tr>
</tbody>
</table>

The plan held certain investments in cash and cash equivalents consisting of short-term money market instruments including commercial paper, asset backed securities, treasury bonds and bills, and short-term corporate bonds. The plan also holds certain alternative investments including hedge funds, real estate, and distressed debt.

The following table summarizes the System’s investments at December 31, 2018 and 2017, for which NAV was used as a practical expedient to estimate fair value:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hedge funds</td>
<td>$ 139,201</td>
<td>132,798</td>
</tr>
<tr>
<td>Real estate</td>
<td>83,586</td>
<td>79,585</td>
</tr>
<tr>
<td>Private debt</td>
<td>36,340</td>
<td>34,887</td>
</tr>
<tr>
<td>Private equity</td>
<td>31,765</td>
<td>23,103</td>
</tr>
<tr>
<td>Total alternative investments</td>
<td>$ 290,892</td>
<td>270,373</td>
</tr>
</tbody>
</table>
The table below classifies the net asset value at December 31, 2018 for the alternative investment portion of the plan assets into categories based on the stated contractual liquidity terms of the underlying investments:

<table>
<thead>
<tr>
<th>Net asset value</th>
<th>Unfunded commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year, no contractual restrictions have been imposed</td>
<td>$ 151,280</td>
</tr>
<tr>
<td>Subject to existing gates or restrictions</td>
<td>16,179</td>
</tr>
<tr>
<td>Limited partnership fund expiring in 1–5 years</td>
<td>26,801</td>
</tr>
<tr>
<td>Limited partnership fund expiring in 6–10 years</td>
<td>68,027</td>
</tr>
<tr>
<td>Limited partnership fund expiring in 11–15 years</td>
<td>28,058</td>
</tr>
<tr>
<td>Limited partnership fund expiring in 15+ years</td>
<td>547</td>
</tr>
<tr>
<td><strong>Total alternative investments</strong></td>
<td><strong>$ 290,892</strong></td>
</tr>
</tbody>
</table>

The System sponsors various defined contribution employee benefit plans. The System contributed $28,541 and $28,274 to the defined contribution employee benefit plans for the years ended December 31, 2018 and 2017, respectively.

The System also has nonqualified deferred compensation plans for certain employees. The System contributed and expensed $6,109 and $4,889 to the deferred compensation plans for the years ended December 31, 2018 and 2017, respectively.

(13) **Investments in Joint Ventures**

The System has invested in a number of joint ventures to provide specialty healthcare services which are recorded on the equity method of accounting. During 1997, the System entered into an agreement with Southwest Community Health System and certain of its affiliated entities, including Southwest General Health Center (Southwest). The agreement has been amended and restated as of January 1, 2011 and is effective for 10 years. The agreement provides that 50% of the voting members of Southwest’s board of trustees shall be selected for appointment by the System and that the System is entitled to 50% of the annual net income as defined in the agreement. Earnings under the Southwest joint venture for the years ended December 31, 2018 and 2017 were $4,035 and $6,446, respectively. Total investment in Southwest amounted to $76,055 and $72,020 at December 31, 2018 and 2017, respectively. Total investments for all joint ventures, including Southwest, amounted to $86,768 and $83,459 at December 31, 2018 and 2017, respectively, and are included in noncurrent other assets on the consolidated balance sheets.

(14) **Litigation and Contingencies**

The System is involved in litigation arising in the ordinary course of business. Claims have been asserted against the System and are currently in various stages of litigation. It is the opinion of management that estimated costs accrued are adequate to provide for potential losses resulting from pending or threatened litigation.
(15) Special Charges

The System incurred $7,599 and $470 in special charges during the years ending 2018 and 2017, respectively. The special charges related primarily to severance, impact of IT system implementation, and restructuring costs.

(16) Purchase Commitments

The System has commitments to purchase goods and services with the following minimum contractual obligations as follows: 2019 – $36,851; 2020 – $33,846; 2021 – $10,928; and 2022 – $6,757; 2023 – $3,102 and 2024 and thereafter – $4,725. Purchases under these or similar contracts totaled $137,273 and $97,689 in the years ending December 31, 2018 and 2017, respectively.

(17) Income Taxes

The System has certain taxable subsidiaries that have incurred net losses for federal income tax purposes. Cumulative losses available totaled approximately $873,032 and $727,064 at December 31, 2018 and 2017 respectively. The losses are available to offset future taxable income indefinitely with utilization limited to 80% of taxable income for losses arising after December 31, 2017. A potential tax benefit has not been recorded in the consolidated financial statements at December 31, 2018 and 2017 due to the uncertainty of realizing those benefits in the future.

The System recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. As of December 31, 2018 and 2017, the System does not have any uncertain tax positions.
(18) **Functional Expenses**

The System provides healthcare services, medical education, and performs medical research. Operating expenses related to these functions presented by their natural classifications were as follows for the year ended December 31, 2018:

<table>
<thead>
<tr>
<th></th>
<th>Health Care Services</th>
<th>Academic and Research</th>
<th>Administrative Support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, wages and</td>
<td>$ 1,971,277</td>
<td>30,742</td>
<td>323,277</td>
<td>2,325,296</td>
</tr>
<tr>
<td>employee benefits</td>
<td>198,649</td>
<td>12,944</td>
<td>70,140</td>
<td>281,733</td>
</tr>
<tr>
<td>Patient care supplies</td>
<td>720,604</td>
<td>2,238</td>
<td>766</td>
<td>723,608</td>
</tr>
<tr>
<td>Other supplies</td>
<td>40,283</td>
<td>1,635</td>
<td>4,441</td>
<td>46,359</td>
</tr>
<tr>
<td>Insurance</td>
<td>49,191</td>
<td>—</td>
<td>—</td>
<td>49,191</td>
</tr>
<tr>
<td>Other and special charges</td>
<td>243,246</td>
<td>6,806</td>
<td>98,339</td>
<td>348,391</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>112,358</td>
<td>57</td>
<td>51,147</td>
<td>163,562</td>
</tr>
<tr>
<td>Interest</td>
<td>46,212</td>
<td>—</td>
<td>—</td>
<td>46,212</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$ 3,381,820</td>
<td>54,422</td>
<td>548,110</td>
<td>3,984,352</td>
</tr>
</tbody>
</table>

Some categories of natural class expenses are attributable to more than one activity and require allocation, applied on a consistent basis. Interest is allocated based on net patient revenue. Insurance represents the professional liability insurance. Administrative support consists of corporate functions such as legal, accounting and information systems.

(19) **Liquidity and Availability of Resources**

As of year ended December 31, 2018, financial assets and liquidity resources available within one year for general expenditures, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows:
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements
December 31, 2018 and 2017
(In thousands of dollars)

Financial assets:
Cash and cash equivalents $ 268,517
Patient accounts receivable 568,227
Other receivables 61,778
Investments 1,268,240

Total financial assets available within a year 2,186,762

Liquidity resources:
Available revolving credit commitment $ 85,000

Total financial assets and liquidity resources available within a year $ 2,271,762

Other receivables exclude receivables that are not expected to be converted into cash within a year. As part of liquidity management, the System’s policy is to structure and manage its financial assets to be available to meet its general expenditure needs. To help manage unanticipated liquidity needs, the System maintains syndicated revolving lines of credit that are drawn upon during the year to manage cash flows, as of December 31, 2018.

(20) Related Parties

Certain members of the System’s Board of Directors serve as management of companies that provide products and/or services to the System or with which the System has a contract or other relationship (e.g., schools). Two members of the System’s Board of Directors are employees: the Chief Executive Officer and a physician employed by one of the entities in the System.

The System’s management believes that transactions with related parties are entered into upon terms comparable to those that would be available from unaffiliated third parties. Related party transactions are reviewed by the Audit & Compliance Committee.

(21) Subsequent Events

Management has evaluated subsequent events through March 20, 2019 which represents the date the consolidated financial statements were available for issuance, to ensure that the consolidated financial statements include appropriate disclosures of events both recognized in the consolidated financial statements as of December 31, 2018, and events which occurred subsequent to December 31, 2018, but were not recognized in the consolidated financial statements. There were no reportable events.
SUPPLEMENTARY INFORMATION
Independent Auditors’ Report on Supplementary Information

The Board of Directors
University Hospitals Health System, Inc.:

We have audited the consolidated financial statements of University Hospitals Health System, Inc. and its subsidiaries as of and for the years ended December 31, 2018 and 2017, and have issued our report thereon dated March 20, 2019, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Schedules 1 through 4 is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Cleveland, Ohio
March 20, 2019
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2018
(In thousands of dollars)

<table>
<thead>
<tr>
<th>Assets</th>
<th>Obligated group</th>
<th>Other Nonobligated group</th>
<th>5805 Euclid Inc</th>
<th>Total Nonobligated group</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>280,414</td>
<td>2,683</td>
<td>5,420</td>
<td>8,103</td>
<td></td>
<td>288,517</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>410,969</td>
<td>157,258</td>
<td></td>
<td>157,258</td>
<td></td>
<td>568,227</td>
</tr>
<tr>
<td>Other receivables</td>
<td>19,744</td>
<td>99,160</td>
<td></td>
<td>99,160</td>
<td>(48,749)</td>
<td>70,155</td>
</tr>
<tr>
<td>Other current assets</td>
<td>145,022</td>
<td>27,526</td>
<td></td>
<td>27,526</td>
<td></td>
<td>172,548</td>
</tr>
<tr>
<td>Total current assets</td>
<td>856,140</td>
<td>286,827</td>
<td>5,420</td>
<td>292,047</td>
<td>(48,749)</td>
<td>1,099,447</td>
</tr>
<tr>
<td>Investments</td>
<td>1,653,596</td>
<td>83,946</td>
<td></td>
<td>83,946</td>
<td></td>
<td>1,737,542</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>1,557,378</td>
<td>160,930</td>
<td>18,554</td>
<td>179,484</td>
<td></td>
<td>1,736,862</td>
</tr>
<tr>
<td>Other assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments in affiliates</td>
<td>361,800</td>
<td>3,307</td>
<td></td>
<td>3,307</td>
<td>(264,550)</td>
<td>100,557</td>
</tr>
<tr>
<td>Beneficial interest in Foundations</td>
<td>109,111</td>
<td>53,813</td>
<td></td>
<td>53,813</td>
<td></td>
<td>162,724</td>
</tr>
<tr>
<td>Perpetual trusts</td>
<td>1,057</td>
<td>1,057</td>
<td></td>
<td></td>
<td></td>
<td>1,057</td>
</tr>
<tr>
<td>Other</td>
<td>196,777</td>
<td>13,821</td>
<td>487</td>
<td>14,108</td>
<td>(13,566)</td>
<td>197,319</td>
</tr>
<tr>
<td>Total other assets</td>
<td>855,934</td>
<td>71,598</td>
<td>487</td>
<td>72,085</td>
<td>(278,116)</td>
<td>649,903</td>
</tr>
<tr>
<td>Total assets</td>
<td>4,923,057</td>
<td>603,101</td>
<td>24,461</td>
<td>627,562</td>
<td>(326,865)</td>
<td>5,223,754</td>
</tr>
</tbody>
</table>

| Liabilities and Net Assets         |                 |                          |                 |                          |              |             |
| Current liabilities:               |                 |                          |                 |                          |              |             |
| Current installments of long-term  | 24,445          | 1                        |                 | 1                        |              | 24,446      |
| debt                                |                 |                          |                 |                          |              |             |
| Accounts payable and accrued        | 395,895         | 52,270                   | 2                | 52,272                   |              | 447,967     |
| expenses                            |                 |                          |                 |                          |              |             |
| Other current liabilities           | 118,205         | 72,821                   | 6,176           | 78,997                   | (48,749)     | 148,453     |
| Estimated amounts due to third      | 18,603          | 1,966                    |                 | 1,966                    |              | 20,569      |
| party payors                        |                 |                          |                 |                          |              |             |
| Total current liabilities           | 556,948         | 127,058                  | 6,176           | 133,236                  | (48,749)     | 641,435     |
| Long-term debt, less current        | 1,220,526       | 1                        | 20,680          | 20,681                   | (13,566)     | 1,227,641   |
| installments                        |                 |                          |                 |                          |              |             |
| Revolving credit commitment         | 140,000         |                          |                 |                          |              | 140,000     |
| Other liabilities                  | 478,388         | 148,360                  |                 | 148,360                  |              | 628,748     |
| Total liabilities                  | 2,395,862       | 275,419                  | 26,858          | 302,277                  | (62,315)     | 2,635,824   |

| Net assets:                         |                 |                          |                 |                          |              |             |
| Without donor restrictions          | 1,824,631       | 266,947                  | (2,397)         | 264,550                  | (264,550)    | 1,824,631   |
| With donor restrictions             | 702,564         | 60,735                   |                 | 60,735                   |              | 763,299     |
| Total net assets                    | 2,527,195       | 327,682                  | (2,397)         | 325,285                  | (264,550)    | 2,587,930   |
| Total liabilities and net assets    | 4,923,057       | 603,101                  | 24,461          | 627,562                  | (326,865)    | 5,223,754   |

See accompanying independent auditors' report on supplementary information and notes to supplementary information.
### Schedule 2

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Supplementary Information – Schedule of Operations

Year ended December 31, 2018

(In thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Obligated group</th>
<th>Other Nonobligated group</th>
<th>5805 Euclid Inc</th>
<th>Total Nonobligated group</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient service revenue</td>
<td>$2,698,371</td>
<td>1,195,545</td>
<td></td>
<td>1,195,545</td>
<td></td>
<td>3,893,916</td>
</tr>
<tr>
<td>Other revenue</td>
<td>173,146</td>
<td>221,025</td>
<td>253</td>
<td>221,278</td>
<td>(170,556)</td>
<td>223,868</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>2,871,517</td>
<td>1,416,570</td>
<td>253</td>
<td>1,416,823</td>
<td>(170,556)</td>
<td>4,117,784</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages and employee benefits</td>
<td>1,334,212</td>
<td>999,340</td>
<td></td>
<td>999,340</td>
<td>(8,256)</td>
<td>2,325,296</td>
</tr>
<tr>
<td>Purchased services</td>
<td>125,691</td>
<td>266,105</td>
<td>40</td>
<td>266,145</td>
<td>(110,103)</td>
<td>267,733</td>
</tr>
<tr>
<td>Patient care supplies</td>
<td>577,999</td>
<td>145,609</td>
<td></td>
<td>145,609</td>
<td></td>
<td>723,608</td>
</tr>
<tr>
<td>Other supplies</td>
<td>32,121</td>
<td>14,238</td>
<td></td>
<td>14,238</td>
<td></td>
<td>48,359</td>
</tr>
<tr>
<td>Insurance</td>
<td>25,833</td>
<td>46,586</td>
<td></td>
<td>46,586</td>
<td>(23,228)</td>
<td>49,191</td>
</tr>
<tr>
<td>Other</td>
<td>295,817</td>
<td>73,737</td>
<td></td>
<td>73,737</td>
<td>(28,762)</td>
<td>340,792</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>145,032</td>
<td>18,280</td>
<td>270</td>
<td>18,530</td>
<td></td>
<td>163,562</td>
</tr>
<tr>
<td>Interest</td>
<td>46,212</td>
<td></td>
<td>207</td>
<td>207</td>
<td>(207)</td>
<td>46,212</td>
</tr>
<tr>
<td>Special charges</td>
<td>7,599</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,599</td>
</tr>
<tr>
<td><strong>Net operating income (loss)</strong></td>
<td>2,970,516</td>
<td>1,563,875</td>
<td>517</td>
<td>1,564,392</td>
<td>(170,556)</td>
<td>3,984,352</td>
</tr>
</tbody>
</table>

Nonoperating revenues (expenses):

<table>
<thead>
<tr>
<th></th>
<th>Obligated group</th>
<th>Other Nonobligated group</th>
<th>5805 Euclid Inc</th>
<th>Total Nonobligated group</th>
<th>Eliminations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment loss</td>
<td>(30,763)</td>
<td>(2,009)</td>
<td></td>
<td>(2,009)</td>
<td></td>
</tr>
<tr>
<td>Change in fair value of derivative instruments</td>
<td>10,195</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss on extinguishment of debt</td>
<td>(442)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension settlement costs</td>
<td>(42,539)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other nonservice periodic pension costs</td>
<td>(21,496)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenues over expenses</strong></td>
<td>$195,956</td>
<td>(149,314)</td>
<td>(264)</td>
<td>(149,578)</td>
<td></td>
</tr>
</tbody>
</table>

See accompanying independent auditors’ report on supplementary information and notes to supplementary information.
### Schedule 3

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

**Supplementary Information – Balance Sheet**

**December 31, 2017**

(In thousands of dollars)

<table>
<thead>
<tr>
<th>Assets</th>
<th>Obligated group</th>
<th>Other Nonobligated group</th>
<th>5805 Euclid Inc</th>
<th>Total Nonobligated group</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$192,413</td>
<td></td>
<td>16,478</td>
<td>9,369</td>
<td></td>
<td>201,782</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>423,206</td>
<td>141,668</td>
<td></td>
<td>141,668</td>
<td></td>
<td>564,674</td>
</tr>
<tr>
<td>Other receivables</td>
<td>44,206</td>
<td>26,900</td>
<td></td>
<td>26,900</td>
<td>(21,345)</td>
<td>49,521</td>
</tr>
<tr>
<td>Other current assets</td>
<td>138,222</td>
<td>25,143</td>
<td></td>
<td>25,143</td>
<td></td>
<td>163,365</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>798,207</td>
<td>186,662</td>
<td>16,478</td>
<td>203,080</td>
<td>(21,345)</td>
<td>979,942</td>
</tr>
<tr>
<td>Investments</td>
<td>1,664,186</td>
<td>83,305</td>
<td></td>
<td>83,305</td>
<td></td>
<td>1,747,491</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>1,512,659</td>
<td>143,265</td>
<td>7,793</td>
<td>151,058</td>
<td></td>
<td>1,663,717</td>
</tr>
<tr>
<td><strong>Other assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments in affiliates</td>
<td>337,974</td>
<td>6,974</td>
<td></td>
<td>6,974</td>
<td>(248,542)</td>
<td>98,306</td>
</tr>
<tr>
<td>Beneficial interest in Foundations</td>
<td>113,820</td>
<td>61,193</td>
<td></td>
<td>61,193</td>
<td></td>
<td>175,013</td>
</tr>
<tr>
<td>Perpetual trusts</td>
<td>209,633</td>
<td>1,213</td>
<td></td>
<td>1,213</td>
<td></td>
<td>210,846</td>
</tr>
<tr>
<td>Other</td>
<td>144,547</td>
<td>13,271</td>
<td>487</td>
<td>13,758</td>
<td>(13,566)</td>
<td>144,739</td>
</tr>
<tr>
<td><strong>Total other assets</strong></td>
<td>805,974</td>
<td>82,651</td>
<td>487</td>
<td>83,138</td>
<td>(262,208)</td>
<td>626,904</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$4,781,026</td>
<td>495,833</td>
<td>24,758</td>
<td>520,581</td>
<td>(283,553)</td>
<td>5,018,054</td>
</tr>
</tbody>
</table>

**Liabilities and Net Assets**

| Current liabilities: | | | | | | |
| Current installments of long-term debt | $23,726 | | 10 | | 10 | 23,736 |
| Accounts payable and accrued expenses | 383,566 | 50,825 | 139 | 50,964 | | 414,530 |
| Other current liabilities | 65,134 | 31,910 | 4,766 | 36,876 | (21,345) | 80,465 |
| Estimated amounts due to third party payors | 18,557 | 4,810 | | 4,810 | | 23,167 |
| **Total current liabilities** | 470,983 | 87,355 | 4,905 | 92,260 | (21,345) | 541,898 |
| Long-term debt, less current installments | 1,245,310 | 20 | 20,680 | 20,700 | (13,566) | 1,252,444 |
| Revolving credit commitment | 40,000 | | | | | 40,000 |
| Other liabilities | 582,025 | 94,121 | | 94,121 | | 766,146 |
| **Total liabilities** | 2,238,318 | 181,496 | 25,585 | 207,081 | (34,911) | 2,510,488 |

**Net assets:**

| Without donor restrictions | 1,738,444 | 249,469 | (827) | 248,642 | (248,642) | 1,738,444 |
| With donor restrictions | 704,264 | 64,858 | | 64,858 | | 769,122 |
| **Total net assets** | 2,442,708 | 314,327 | (827) | 313,500 | (248,642) | 2,507,566 |
| **Total liabilities and net assets** | $4,781,026 | 495,833 | 24,758 | 520,581 | (283,553) | 5,018,054 |

See accompanying independent auditors’ report on supplementary information and notes to supplementary information.
## Schedule 4
### UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
**Supplementary Information – Schedule of Operations**

**Year ended December 31, 2017**

(In thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>Obligated group</th>
<th>Other Nonobligated group</th>
<th>5805 Euclid Inc</th>
<th>Total Nonobligated group</th>
<th>Eliminations</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient service revenue (net of contractual allowances and discounts)</td>
<td>$2,596,130</td>
<td>1,191,663</td>
<td>—</td>
<td>1,191,663</td>
<td>—</td>
<td>3,787,793</td>
</tr>
<tr>
<td>Provision for bad debts</td>
<td>(59,931)</td>
<td>(52,589)</td>
<td>—</td>
<td>(52,589)</td>
<td>—</td>
<td>(112,520)</td>
</tr>
<tr>
<td>Net patient service revenue less provision for bad debts</td>
<td>2,536,199</td>
<td>1,139,074</td>
<td>—</td>
<td>1,139,074</td>
<td>—</td>
<td>3,675,273</td>
</tr>
<tr>
<td>Other revenue</td>
<td>169,142</td>
<td>209,511</td>
<td>7</td>
<td>209,518</td>
<td>(157,262)</td>
<td>221,398</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>2,705,341</td>
<td>1,348,585</td>
<td>7</td>
<td>1,348,592</td>
<td>(157,262)</td>
<td>3,896,671</td>
</tr>
</tbody>
</table>

| **Expenses:**       |                 |                          |                 |                          |              |             |
| Salaries, wages and employee benefits | 1,271,253 | 957,798 | — | 957,798 | (7,900) | 2,221,151 |
| Purchased services | 127,134 | 243,973 | — | 243,973 | (103,590) | 267,517 |
| Patient care supplies | 515,274 | 139,690 | — | 139,690 | — | 654,964 |
| Other supplies | 32,351 | 13,244 | — | 13,244 | — | 45,595 |
| Insurance | 16,669 | 41,393 | — | 41,393 | (20,137) | 37,925 |
| Other | 281,057 | 72,429 | — | 72,429 | (25,457) | 327,999 |
| Depreciation and amortization | 135,711 | 16,011 | — | 16,011 | — | 151,722 |
| Interest | 45,541 | 19 | 148 | 167 | (148) | 45,560 |
| Special charges | 219 | 251 | — | 251 | — | 470 |
| **Total expenses** | 2,425,209 | 1,484,808 | 148 | 1,484,956 | (157,262) | 3,752,903 |
| **Net operating income (loss)** | 280,132 | (136,223) | (141) | (136,364) | — | 143,768 |

| **Nonoperating revenues (expenses):** |                 |                          |                 |                          |              |             |
| Investment income | 126,185 | (135) | — | (135) | — | 126,050 |
| Change in fair value of derivative instruments | 4,463 | — | — | — | — | 4,463 |
| Gain (loss) on disposition of business unit | 2,625 | (13) | — | (13) | — | 2,612 |
| Other nonservice periodic pension costs | (23,521) | — | — | — | — | (23,521) |
| **Excess (deficiency) of revenues over expenses** | $389,884 | (136,371) | (141) | (136,512) | — | 253,372 |

See accompanying independent auditors' report on supplementary information and notes to supplementary information.
(1) **Basis of Presentation**

In the accompanying supplementary information, the Obligated group includes the following:

- University Hospitals Health System, Inc.
- University Hospitals Cleveland Medical Center
- University Hospitals Geauga Medical Center
- University Hospitals Ahuja Medical Center, Inc.
- Parma Community General Hospital Association d/b/a University Hospitals Parma Medical Center
- EMH Regional Hospital Medical Center d/b/a University Hospitals Elyria Medical Center
- University Hospitals St. John Medical Center

Certain affiliated or controlled entities of the System required to be consolidated with the System in accordance with accounting principles generally accepted in the United States of America are presented in the supplementary information as Nonobligated group totals. Entities included in the Nonobligated group include the following:

- University Hospitals Health Care Enterprises, Inc.
- University Hospitals Regional Hospitals Richmond Medical Center Campus
- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center
- University Hospitals Regional Hospitals Bedford Medical Center Campus
- University Hospitals Medical Group, Inc.
- University Hospitals Holdings, Inc.
- Western Reserve Assurance Company Ltd., SPC
- University Hospitals Samaritan Medical Center
- University Hospitals Portage Medical Center
- University Hospitals Accountable Care Organization
- UH Health Solutions, LLC
- University Hospitals Home Care Services, Inc.
- UH Ventures, LLC
- 5805 Euclid, Inc.
The University Hospitals Board of Directors adopted the Community Health Needs Implementation Strategy on December 16, 2016.
INTRODUCTION

In 2016, University Hospitals Portage Medical Center ("Hospital") conducted a community health needs assessment ("CHNA") of the geographic areas served by the Hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)"). The assessment was approved by the University Hospitals Board of Directors on September 21, 2016.

This is the first UH Portage Medical Center CHNA in response to the federal government regulation. The 2016 UH Portage Medical Center CHNA served as the foundation for developing an implementation strategy, required by the regulation, to address those needs that (a) the Hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the Hospital’s service area. This implementation strategy ("Strategy"), also required by Section 501(r), documents the Hospital’s efforts to address the community health needs identified in the 2016 CHNA.

The Hospital anticipates the strategies may change and therefore, a flexible approach is well suited for the development of its response to the 2016 CHNA. Other community organizations may address certain needs, or new opportunities for collaboration may be identified, all of which may lead to modification to the Hospital’s implementation plan. In addition, changes to IRS final regulations may also require changes to this Strategy.

WRITTEN COMMENTS

Individuals are encouraged to submit written comments, questions or other feedback about the UH Portage Medical Center Implementation Plan to CommunityBenefit@UHhospitals.org. Please make sure to include the name of the UH facility that you are commenting about and, if possible, a reference to the appropriate section within the Implementation Plan.

OVERVIEW OF THE IMPLEMENTATION STRATEGY

The Strategy includes the following information:

1. Hospital Mission Statement
2. Communities Served by the Hospital
3. Observations from the 2016 CHNA
4. Priority Community Health Needs
5. Implementation Strategies: 2017 – 2018
6. Significant Health Needs Not Being Addressed by the Hospital’s Programs
7. Community Collaborations

HOSPITAL MISSION STATEMENT

The Hospital provides an exceptional model of community-based care with an emphasis on wellness and convenient access to specialized medical and surgical services. The Hospital is the second-largest employer in the county and has been recognized with the coveted Magnet designation. It is a full-service, nonprofit, acute care hospital with extended services offered at health centers and outpatient facilities throughout the entire county.

In June 2015, the Hospital was fully integrated into the University Hospitals system, which comprises a broad network of primary care physicians, specialists, ambulatory care centers, hospitals and related health care delivery services. Recent enhancements at the Hospital include investments in state-of-the-art technology and medical equipment, expert services from UH Seidman Cancer Center, comprehensive care from UH Harrington Heart & Vascular Institute, the Women’s Health Center and access to northern Ohio’s largest primary care physician network and more than 4,700 providers.

1 The Patient Protection and Affordable Care Act (Pub. L. 111-148) added Section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and added new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.
Note: The large blank portion east of where the Hospital is located is a military installation and is not part of the Hospital's service area.

The Hospital is located in the city of Ravenna in Portage County, Ohio. Portage County is located directly east of Summit County (Akron metro area) and southeast of Cuyahoga County (Cleveland metro area).

The Hospital's market area includes 15 municipalities (eight in its primary market area and seven in its secondary market area). It is almost completely contained within Portage County, Ohio. In 2014, the Hospital had 6,358 discharged patients. Of those, 5,316 were in the Hospital's primary market area (83.6%) and 622 (9.8%) were in the Hospital's secondary market area.

The city of Ravenna was home to one-third of discharged patients in 2014 (37.1%), although only 15.5% of the total market area's population lives in Ravenna. The city of Kent is the second most common source of patients for the hospital (17.7%).
**OBSERVATIONS FROM THE 2016 CHNA**

The 2016 UH Portage Medical Center’s Community Health Needs Assessment deepened our understanding of the current health needs in the community:

Population trends:

- Proportionately, there was little change in Portage County’s demographic composition from 2010 to 2014.
  - Portage County increased in population size by 0.5% from 2010 to 2014.
  - Portage County is growing older, on average.
  - Portage County is majority White (91.8%), but the percentage of the population that is White decreased by 0.5% from 2010 to 2014. Only 4.0% of the population in Portage County is Black or African-American, and 0.5% is of Hispanic/Latino descent.

Poverty and transportation barriers impact access (to health services, healthy food and other necessities) and thus contribute to poor health.

- Almost 10% of all families in Portage County were living under the poverty line in 2014.
- The proportion of Portage County households receiving Food Stamp/SNAP benefits increased by 1.2% from 2010 to 2014.
- The unemployment rate in Portage County in May 2014 was 4.4%, which was slightly lower than the national rate of 4.7%.

A wide range of health status and access challenges exist across the community.

- Almost one-fourth (23.3%) of discharged patients in 2014 were diabetic, and 39.8% had hypertension.
- Mental illnesses were fairly common secondary diagnoses among the Hospital’s patients. Nondependent drug abuse (8.2%) was also a fairly common secondary diagnosis.
- Surveys of Portage County youth (grades 6 to 12) regarding their health and safety behaviors and attitudes found the following:
  - Of 6th to 12th graders, 1 in 10 had used marijuana in the 30 days prior to the survey, and this increased to 17% among those 17 and older.
  - Within the past year, 27% of youth felt sad or hopeless almost every day for two weeks or more in a row.
  - From 2010 to 2014, more residents in Portage County gained private health insurance (increasing from 72.7% to 73.4%), Medicaid coverage (increasing from 14.0% to 14.9%) and/or Medicare coverage (increasing from 13.9% to 16.8%), with a resulting decrease in the uninsured rate (decreasing from 11.1% to 8.4%).
Poor health status can result from a complex interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care, perceived or actually present. Addressing the more common “root” causes of poor community health can serve to improve a community’s quality of life and to reduce mortality and morbidity.

After careful analysis of both qualitative and quantitative data, the Hospital identified four broad categories of priority health needs that impact the community served by the Hospital. There are several nuances to the identified priorities. For example, the data revealed significant levels of poverty for certain subsets of the population such as single female-headed households with small children and place-based areas such as “Windham.”

Additionally, “access to primary care” had more to do with the distribution of physicians, reducing the rate of preventable hospitalizations, the need for more engagement with targeted audiences, and health illiteracy and unhealthy habits of individuals than the fact that there are not enough physicians to meet the need.

### Identified Health Needs

<table>
<thead>
<tr>
<th>Identified Health Needs Plan to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable Populations</td>
</tr>
<tr>
<td>Services for the Elderly</td>
</tr>
<tr>
<td>Lower Income: Windham and Single-Headed Households</td>
</tr>
<tr>
<td>Growing International Student Population (Kent State)</td>
</tr>
<tr>
<td>Access Barriers</td>
</tr>
<tr>
<td>Cost of Care</td>
</tr>
<tr>
<td>Access to Primary Care</td>
</tr>
<tr>
<td>Insufficient Specialists</td>
</tr>
<tr>
<td>Health Literacy/Knowledge of Resources</td>
</tr>
<tr>
<td>Transportation Barriers</td>
</tr>
<tr>
<td>Access to/Awareness of Healthy Foods</td>
</tr>
<tr>
<td>Lifestyle Barriers</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
<tr>
<td>Smoking</td>
</tr>
<tr>
<td>Chronic Disease Conditions</td>
</tr>
<tr>
<td>Diabetes/Hypertension/Cholesterol</td>
</tr>
<tr>
<td>Substance Abuse/Mental Illness</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Heart Disease/Stroke</td>
</tr>
<tr>
<td>Mental Health (Lifespan)</td>
</tr>
<tr>
<td>Asthma (Children)</td>
</tr>
<tr>
<td>Renal Failure, Pneumonia</td>
</tr>
</tbody>
</table>

*Diabetes was not listed in the 2016 UH Portage Medical Center CHNA as a priority that the Hospital would be addressing; however, the Hospital has determined that there are additional resources that can be used to help address the health needs of diabetics.
IMPLEMENTATION STRATEGIES:
2017 – 2018

The Hospital, through its Mission, has a strong tradition of meeting community health needs through its provision of ongoing community programs and services. The Hospital will continue this commitment through the strategic initiatives set forth here that focus primarily on the gaps/needs identified in the 2016 CHNA.

Not all programs provided by the Hospital that benefit the health of patients in the Hospital’s primary service area and secondary service area are discussed in the Strategy. For example, all individuals are treated with respect regardless of their individual financial circumstances. No one is denied or delayed emergency or medically necessary care because of an inability to pay for services. UH has a comprehensive Financial Assistance Program that can be accessed online at UHhospitals.org/FinancialAssistance, or you may call Customer Service at 216-844-8299 or 1-800-859-5906 for more information.

The programs described in this implementation strategy emphasize the new initiatives that have been adopted to meet the needs identified in the 2016 CHNA.
University Hospitals Portage Medical Center

<table>
<thead>
<tr>
<th>CHNA Health Issue:</th>
<th>Lower Income: Windham and Single-Headed Households</th>
</tr>
</thead>
</table>

**Description of the health issue:**
Residents in the Village of Windham, many of whom live in single-headed households, have insufficient health care providers and transportation barriers that impact their ability to access care.

**Goals:**
- Increase access to and awareness of local health services in the Village of Windham.
- Connect Windham residents to community care and assist with transportation and accessibility to necessary health services (PARTA transportation is now available from the Renaissance Family Center).

**Objectives:**
- Expand education/awareness in the community of UH’s Financial Assistance program to improve access to care.
- Increase and enhance the community events and screenings throughout the region, including Windham, to educate and provide awareness about chronic diseases, opioid abuse and healthy lifestyles.

**Strategies and Anticipated Outcomes:**
- Provide educational programming (community meetings, support groups) for residents on two key issues: (1) substance abuse prevention, identification and treatment; and (2) Ohio’s improved access to Medicaid benefits and how to enroll.
- Improve ongoing communication and relationships with government officials and first responders in the region, and Windham community, in order to increase awareness and understanding of services available to residents.
- Collaborate with UH EMS Institute to enhance lifesaving programs throughout the region by offering CPR and AED training classes.

**Collaboration and Partnerships:** Renaissance Family Center; Akron-Canton Regional Food Bank; Windham fire, police and EMS first responder community; UH EMS Institute
# 2017 – 2018 CHNA Implementation Strategy

## Health Issue Planning Profile

### University Hospitals Portage Medical Center

<table>
<thead>
<tr>
<th>CHNA Health Issue:</th>
<th>Diabetes (Hypertension/Cholesterol/Obesity/Heart Disease/Stroke/Services for the Elderly/Insufficient Specialists)</th>
</tr>
</thead>
</table>

## Description of the health issue:

Diabetes is widespread in the adult population and is highly associated with other disease states including obesity, hypertension, high cholesterol and heart disease/stroke. Diabetes is very common among the elderly.

## Goals:

- Increase community awareness of local services and support groups that are available to help avoid or treat these conditions.
- Increase the accessibility of diabetes education and support groups.
- Increase compliance by making expert care available close to home.

## Objectives:

- Community members will gain knowledge and understanding of diabetes prevention and management and the association with other disease states.
- Community members will have increased access to health care providers.
- Increase diabetic disease self-management and compliance of our community members.

## Strategies and Anticipated Outcomes:

- Reallocate resources to be more community-based and focused on outreach.
- Increase the number of diabetes classes (one more each month).
- Promote diabetes education self-management classes (which offer blood sugar monitoring, education specific to diabetes and counseling) and access to dietitians, pharmacists and physician specialists. Expand diabetes education (including the use of social media) in the community by hosting seminars and events that offer multiple free screenings, and education on health-related services and community resources.
- Strengthen the relationship between the Hospital and the network of community-based medical professionals caring for diabetics. Assist providers to encourage compliance among known diabetics by making educational materials available.
- University Hospitals will recruit an endocrinologist to serve Portage County.
- Expand existing screening programs to include hgbA1c screening.
- Educate inpatients and outpatients and their families who are at risk for readmission with education on their diagnosis and treatment plan.

## Evaluated Outcomes:

- Decreased readmission rates for those with diabetes per internal record review.
- Survey results from education programs and screenings will record the number screened, early detection and referrals to access to care.
- Increase number of diabetic class attendees.

## Collaboration and Partnerships:

- Portage County Senior Center, American Diabetes Association, American Heart Association
### 2017 – 2018 CHNA Implementation Strategy
Health Issue Planning Profile

**University Hospitals Portage Medical Center**

<table>
<thead>
<tr>
<th>CHNA Health Issue:</th>
<th>Substance Abuse/Mental Illness</th>
</tr>
</thead>
</table>

#### Description of the health issue:
A need for more crisis services to respond to mental health or drug/alcohol issues was overwhelmingly cited as a health need in the community.

#### Goals:
- Improve the Hospital's capacity to care for patients who present with mental health or substance abuse conditions that require medical support.
- Respond to the community's need for overall improvement and increased capacity of the mental health and/or substance abuse care network.

#### Objectives:
- Establish a core competency in the triage and medical support of those in mental illness or substance abuse crisis. The objective includes educated staff equipped to care for mental health and/or substance abuse patients.
- Improve the linkage between the Hospital and outpatient or nonhospital residential care facilities in the community able to serve mental health and/or substance abuse patients' post-medical support program admission.
- Expand education/awareness in the community about the new medical support program.
- Educate primary care physicians about the medical support program and community resources regarding substance abuse.

#### Strategies and Anticipated Outcomes:
- Improve access to care for 100 patients via the launch of the medical support program.
- Hire a program manager and intake coordinator (licensed and prepared professional) for the medical support program to ensure patients are identified and properly triaged and are properly referred upon release to the appropriate level of care.
- Link patients who are uninsured but eligible for Medicaid.
- Provide written communications to primary care physicians to inform them of the new medical support program.
- Educate first responders about the new medical support program.
- Provide education to community partners of the parameters for release to post-hospitalization care (outpatient treatment, long-term residential treatment, etc.).

#### Evaluated Outcomes:
- Provide medical support services to 100 inpatients with mental health and/or substance abuse issues annually. Additionally, screen and refer 300 patients to outpatient care.
- Ensure all patients are properly referred upon discharge and, when appropriate, linked with a source of primary care.
- Recruit a pain specialist physician to care for community members (instead of their seeking pain relief via improper prescription medications and/or street drugs).
- Establish linkages with all mental health and substance abuse community service providers in the county.

**Collaboration and Partnerships:** Public and private social service agencies for the mentally ill and addicted, primary care physician networks, UH EMS Institute, Mental Health and Recovery Board of Portage County, NAMI, Ohio Department of Mental Health, Portage County Sheriff's Office, United Way 2-1-1
# IDENTIFIED NEEDS NOT BEING ADDRESSED BY THE HOSPITAL’S IMPLEMENTATION PLAN

<table>
<thead>
<tr>
<th>Identified Health Needs</th>
<th>Reason Issue Not Addressed in Current Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growing International Student Population (Kent State)</td>
<td>This issue is best addressed by institutions that have a larger focus on the health needs of the international student population, such as Kent State University Health Services, for example.</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>The Hospital links patients with financial assistance counselors.</td>
</tr>
<tr>
<td>Health Literacy/ Knowledge of Resources</td>
<td>Resource constraints limit the Hospital’s ability to address this health need.</td>
</tr>
<tr>
<td>Transportation Barriers</td>
<td>The larger transportation infrastructure is not an issue that is within the Hospital’s locus of control.</td>
</tr>
<tr>
<td>Access to/ Awareness of Healthy Foods</td>
<td>Healthy eating is addressed through the Hospital’s work with diabetic patients. Resource constraints limit the Hospital’s ability to further address this health need.</td>
</tr>
<tr>
<td>Smoking</td>
<td>Resource constraints limit the Hospital’s ability to address this health need. The Hospital does offer smoking cessation classes for employees.</td>
</tr>
<tr>
<td>Cancer</td>
<td>Instead of allocating limited Hospital resources to this, we will continue our commitment to provide support for cancer patients using existing services.</td>
</tr>
<tr>
<td>Asthma (Children)</td>
<td>The Hospital does not have a designated pediatric admission unit; therefore, this health need is best addressed by hospitals that focus their services on the unique needs of pediatric patients.</td>
</tr>
<tr>
<td>Renal Failure, Pneumonia</td>
<td>Resource constraints limit the Hospital’s ability to address this health need.</td>
</tr>
</tbody>
</table>

## COMMUNITY COLLABORATIONS

The Strategy will be implemented in collaboration with other entities including, but not limited to:

- Akron-Canton Regional Food Bank
- American Diabetes Association
- American Heart Association
- Axess Point (FQHC)
- Coleman Professional Services
- Community-based medical professionals caring for diabetics
- EMT first responder community
- Family and Community Services, Inc.
- Mental Health and Recovery Board of Portage County
- NAMI
- Ohio Department of Mental Health
- Police
- Portage County Fire Chiefs
- Portage County Health Department
- Portage County Police Chiefs Association
- Portage County Senior Center
- Portage County Sheriff’s Office
- Primary Care Institute
- Primary care physician networks
- Public and private social service agencies for the mentally ill and addicted
- Renaissance Family Center
- UH EMS Institute
- United Way 2-1-1
- Veteran’s Services Commission
- Windham Fire Department, Police and EMS first responder community

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Adoption of University Hospitals Portage Medical Center 2017 – 2018 Implementation Strategy
The University Hospitals Board of Directors adopted the Community Health Needs Implementation Strategy on December 16, 2016.
The University Hospitals Board of Directors adopted the Community Health Needs Implementation Strategy on December 16, 2016.
INTRODUCTION

In 2016, University Hospitals Samaritan Medical Center ("Hospital") conducted a community health needs assessment ("CHNA") of the geographic areas served by the Hospital pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").¹ The assessment was approved by the University Hospitals Board of Directors on September 21, 2016.

This is the second UH Samaritan Medical Center CHNA in response to the federal government regulation. The 2016 UH Samaritan Medical Center CHNA served as the foundation for developing an implementation strategy to address those needs that (a) the Hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the Hospital's service area. This implementation strategy ("Strategy"), also required by Section 501(r), documents the Hospital's efforts to address the community health needs identified in the 2016 CHNA.

The Strategy identifies the means through which the Hospital plans to address a number of the needs that are consistent with the Hospital's charitable mission from 2017 through 2018 as part of its community benefit programs. Beyond these programs, the Hospital is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day.

The Hospital anticipates the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2016 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the Hospital in the Strategy. During 2017 through 2018, other community organizations may address certain needs, indicating that the Hospital's strategies should be refocused on alternative community health needs or assume a different focus on the needs identified in the 2016 CHNA. In addition, changes may be warranted by the publication of final regulations.

WRITTEN COMMENTS

Individuals are encouraged to submit written comments, questions or other feedback about the UH Samaritan Medical Center Implementation Plan to CommunityBenefit@UHhospitals.org. Please make sure to include the name of the UH facility that you are commenting about and, if possible, a reference to the appropriate section within the Implementation Plan.

OVERVIEW OF THE IMPLEMENTATION STRATEGY

The Strategy includes the following information:
1. Hospital Mission Statement
2. Communities Served by the Hospital
3. Observations from the 2016 CHNA
4. Priority Community Health Needs
5. Implementation Strategies: 2017 – 2018
6. Needs Not Being Addressed by the Hospital's Implementation Plan
7. Community Collaborations

HOSPITAL MISSION STATEMENT

As a wholly owned subsidiary of University Hospitals Health System, Inc. ("University Hospitals" or "UH"), the Hospital is committed to supporting the UH mission, “To Heal. To Teach. To Discover.” (the “Mission”), by providing a wide range of community benefits. UH is an integrated delivery system and thus can provide benefits by coordinating within and among its various entities ("UH System").

¹ The Patient Protection and Affordable Care Act (Pub. L. 111-148) added Section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and added new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. UH Samaritan Medical Center followed the final rule entitled “Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals”; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.
The Hospital is located in Ashland, Ohio, within Ashland County, a rural county located southwest of Cuyahoga County (Cleveland metro area) and northeast of Franklin County (Columbus metro area). Ashland County is comprised of cities, villages and townships. Its county seat is the city of Ashland, where the Hospital is located. Its 2010 population was about 53,000.

The primary service area for the Hospital includes almost all of Ashland County. Its market area (mostly secondary market area) slightly expands into Huron, Lorain, Medina, Wayne, Morrow, Knox and Holmes counties. The Hospital's secondary market area also includes almost all of Richland County, just to the west of Ashland County. The municipalities of Ashland, Jeromesville, Loudonville, Nova, Perrysville, Polk, Savannah and Sullivan comprise the Hospital's primary market area.
OBSERVATIONS FROM THE 2016 CHNA

The Hospital’s Market Area and Population Served, by the Numbers

• Service area population, 2014: 126,022

• 68.2% of patient discharges were residents of its primary market area; 15.7% were residents of its secondary market area.

• 18.5% of patient discharges were Medicaid patients; 56.7% were Medicare patients.

• 23.5% of households have incomes < $25,000.

• Population trends:
  – Proportionately, there was little change in Ashland County’s demographic composition from 2010 to 2014.
  – Ashland County decreased in population size by 0.2% from 2010 to 2015.
  – Ashland County is growing older, on average.
  – Ashland County is majority White (97.0%), but the percentage of the population that is White decreased by 0.3% from 2010 to 2014. Only 0.7% of the population in Ashland County is Black or African-American, and 1.1% is of Hispanic/Latino descent.

Poor health status results when a complex interaction of challenging social, economic, environmental and behavioral factors combined with a lack of access to care are present. Addressing these root causes is an important way to improve a community’s quality of life and to reduce mortality and morbidity.

Key findings from analyses of the Hospital’s market area population that relate to health are as follows:

• 13.4% of all residents of Ashland County were living under the poverty line in 2013.

• The unemployment rate in Ashland County in May 2016 was 4.4%, which was slightly lower than the national rate of 4.7%.

• From 2010 to 2013, more residents in Ashland County gained private health insurance (increasing from 68.7% to 71.6%), Medicaid coverage (increasing from 11.2% to 11.3%) and/or Medicare coverage (increasing from 16.5% to 19.7%), with a resulting decrease in the uninsured rate (decreasing from 17.0% to 12.8%) by 2013.

• Ambulatory care sensitive (ACS) conditions are conditions for which “good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease,” according to the Agency for Healthcare Research and Quality. For the Hospital in 2015, 29.9% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the total market area.
  – The most common primary ACS diagnoses for the Hospital’s discharged patients were bacterial pneumonia, chronic obstructive pulmonary disease (COPD) and kidney/urinary infections.
  – In addition, more than 27% of discharged patients in 2014 were diabetic and more than 57% had hypertension.
PRIORITY COMMUNITY HEALTH NEEDS

After careful analysis of both qualitative and quantitative data, the Hospital identified four broad areas of need: vulnerable populations, access barriers, lifestyle barriers and chronic disease conditions. In addition, violence, specifically domestic and child abuse, was identified as a community need.

<table>
<thead>
<tr>
<th>Identified Health Needs</th>
<th>Priorities 2016 – 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vulnerable Populations</strong></td>
<td></td>
</tr>
<tr>
<td>Services for the Elderly</td>
<td>Yes</td>
</tr>
<tr>
<td>Lower Income Subset: Single-Headed Households</td>
<td>No</td>
</tr>
<tr>
<td>Amish Population</td>
<td>No</td>
</tr>
<tr>
<td>Services for Children</td>
<td>No</td>
</tr>
<tr>
<td><strong>Access Barriers</strong></td>
<td></td>
</tr>
<tr>
<td>Cost of Care</td>
<td>No</td>
</tr>
<tr>
<td>Transportation Barriers</td>
<td>No</td>
</tr>
<tr>
<td>Access to Primary Care</td>
<td>No</td>
</tr>
<tr>
<td>Insufficient Specialists</td>
<td>Yes</td>
</tr>
<tr>
<td>Health Literacy/Knowledge of Resources</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Lifestyle Barriers</strong></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoking</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Chronic Disease Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>Cancer, Especially Breast Cancer</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes/Hypertension</td>
<td>Yes</td>
</tr>
<tr>
<td>Heart Diseases</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness/Neurology</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Violence: Domestic and Child Abuse</td>
<td>No</td>
</tr>
</tbody>
</table>

IMPLEMENTATION STRATEGIES: 2017 – 2018

The Hospital, through its Mission, has a strong tradition of meeting community health needs through its provision of ongoing community benefit programs and services. The Hospital will continue this commitment through the strategic initiatives set forth here that focus primarily on the gaps/needs identified in the 2016 CHNA.

Not all programs provided by the Hospital that benefit the health of patients in the Hospital’s primary service area and secondary service area are discussed in the Strategy. For example, all individuals are treated with respect regardless of their individual financial circumstances. No one is denied or delayed emergency or medically necessary care because of an inability to pay for services. UH has a comprehensive Financial Assistance Program that can be accessed online at UHhospitals.org/FinancialAssistance, or you may call Customer Service at 216-844-8299 or 1-800-859-5906 for more information.

The programs described in this implementation strategy emphasize the new initiatives that have been adopted to meet the needs in the 2016 Community Health Needs Assessment.
### 2017 – 2018 CHNA Implementation Strategy

**Health Issue Planning Profile**

<table>
<thead>
<tr>
<th>University Hospitals Samaritan Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHNA Health Issue:</strong></td>
</tr>
</tbody>
</table>

**Description of the health issue:**

Lack of opportunities for the elderly to exercise, which is important to keep obesity rates down.

**Goal:**

Increase the number of seniors participating in Silver Sneakers through the local YMCA in southern Ashland County.

**Objective:**

Increase awareness of and access to Silver Sneakers memberships, a very popular and low-cost program for senior citizens in southern Ashland County.

**Strategies and Anticipated Outcomes:**

- Create and support a location in the southern part of Ashland county to improve access for seniors living distant from Ashland proper (current location of the YMCA).
- Build awareness of the Silver Sneakers program, which is financially accessible to most, in order to improve socialization and exercise opportunities for seniors.

**Evaluated Outcomes:**

- Increase the number of Silver Sneaker memberships, countywide, by 100% by the end of 2018.

**Collaboration and Partnerships:** Ashland Senior Citizen Center, YMCA
<table>
<thead>
<tr>
<th>Health Issue Planning Profile</th>
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</thead>
<tbody>
<tr>
<td>University Hospitals Samaritan Medical Center</td>
</tr>
<tr>
<td>CHNA Health Issue:</td>
</tr>
</tbody>
</table>

**Description of the health issue:**

In 2016, Hospital readmission rates for patients from extended care facilities were high. It was determined that access to (1) anticoagulation and (2) heart failure/COPD clinic services could be improved directly with extended care facilities.

**Goal:**

Improve the anticoagulation and heart failure/COPD clinic services with extended care facilities in order to reduce the 2016 rate by 2 – 4% in 2017 – 2018, specific to heart failure and COPD.

**Objective:**

Reduce health issues that cause Hospital readmission due to insufficient levels of anticoagulation and/or heart failure/COPD clinic services.

**Strategies and Anticipated Outcomes:**

- Work with extended care facility personnel (attending physicians and nurses) to determine how they anticipate an acute occurrence for patients with these disease states (heart failure, COPD).
- Educate clinical staff on the prevention of acute exacerbation of the illnesses that would result in a readmission.

**Evaluated Outcomes:**

- Reduce annual hospital readmission rates from extended care facilities for heart failure and COPD patients by 2 – 4% by the end of 2018.

**Collaboration and Partnerships:** Physicians network (employees), extended care facilities
## 2017 – 2018 CHNA Implementation Strategy
### Health Issue Planning Profile

**University Hospitals Samaritan Medical Center**

<table>
<thead>
<tr>
<th>CHNA Health Issue:</th>
<th>Insufficient Specialists</th>
</tr>
</thead>
</table>

### Description of the health issue:

Ashland County is a rural county sitting about halfway between two major metropolitan areas (Cleveland and Columbus). The county has struggled with attracting and retaining medical specialists for several years. A shortage of certain specialties (orthopedics, obstetrics/gynecology, neurology and oncology) impacts the Hospital's ability to sufficiently serve the needs of many chronically ill community members. In some cases, there are long-standing absences of particular types of specialists, and in others, there are recent or impending physician retirements that will result in a loss of local access to certain types of specialty care.

### Goal:

Improve or protect access to specialists in the areas of orthopedics, obstetrics and gynecology, oncology, ophthalmology and neurology.

### Objective:

In 2017, recruit full- or part-time coverage in the following specialties, which are not currently accessible in the Hospital's market area or have limited accessibility: oncology and neurology. In addition, replace retiring physicians in the areas of orthopedics, obstetrics and gynecology, general surgery and ophthalmology.

### Strategies and Anticipated Outcomes:

- Ensure, via direct recruitment and retention, that there are active physician practices for orthopedics, obstetrics and gynecology, general surgery, ophthalmology, oncology and neurology.

### Evaluated Outcomes:

- The number of active physician practices with specialties of orthopedics, obstetrics and gynecology, general surgery, ophthalmology, neurology and oncology by the end of 2017.

### Collaboration and Partnerships:

Existing primary care network within Ashland County

### Climate Change Co-Benefit:

A reduced need for patients to travel to more remote locations for services offers a climate change co-benefit.
### Description of the health issue:

Health literacy is the ability to obtain, process and act on health care information. To achieve the highest level of health, patients must have awareness of where existing resources exist and have the ability to understand and act on health care information.

### Goal:

Patients are given the appropriate amount of information at the appropriate time and in a manner they can understand.

### Objective:

Continue community outreach efforts and direct patients and the community to use the UH website as a reputable source of health care information. Continue to develop brochures and other literature to explain health care services.

### Strategies and Anticipated Outcomes:

- Improve distribution/scope of health care information to include education material and speakers via local school systems, community centers and primary care physician offices.
- Continue community outreach to educate the public that includes health fairs that incorporate an increased number of screenings available to the community.

### Evaluated Outcomes:

- Increase attendance at screening and community outreach events held by the Hospital.

### Collaboration and Partnerships:

Primary care physician offices, community centers, schools
### 2017 – 2018 CHNA Implementation Strategy
#### Health Issue Planning Profile

<table>
<thead>
<tr>
<th>University Hospitals Samaritan Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHNA Health Issue:</td>
</tr>
</tbody>
</table>

**Description of the health issue:**

Substance abuse rates are on the rise in Ashland County, particularly attributable to the opioid epidemic. Both mental illness and substance abuse will continue to challenge Ashland County residents.

**Goal:**

To promote optimal mental health and raise awareness about signs of substance abuse and neurological decline.

**Objective:**

Ashland County residents have a greater understanding of signs of substance abuse, mental illness and neurological decline.

**Strategies and Anticipated Outcomes:**

- Continue to educate the public, primarily parents of school-aged children, regarding signs of substance abuse and mental illness.
- Continue the services offered via the neurology clinic, including the recent implementation of teleneurology services that aim to expand access and the ability to educate members of the community.

**Evaluated Outcomes:**

- Increase the number of patients who accept and use the teleneurology services.
- Surveys after education sessions demonstrating that participants have increased awareness about signs of substance abuse and mental illness.

**Collaboration and Partnerships:** Ashland City Police Department, Mental Health & Recovery Board of Ashland County, Samaritan Hospital Foundation
| 2017 – 2018 CHNA Implementation Strategy  
Health Issue Planning Profile |
<table>
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<tbody>
<tr>
<td>University Hospitals Samaritan Medical Center</td>
</tr>
<tr>
<td>CHNA Health Issue: Smoking</td>
</tr>
</tbody>
</table>

**Description of the health issue:**
The proportion of inpatients in 2015 with diagnoses related to lung diseases was high (16.4%). Lung diseases are often related to tobacco use. Lung cancer was one of the highest causes of death in the county in 2015.

**Goal:**
Reduce the number of adults who smoke tobacco products by increasing their access to smoking cessation clinics/classes.

**Objective:**
Improve the health status of community members by decreasing smoking rates.

**Strategies and Anticipated Outcomes:**
- Double the number of smoking cessation clinics/classes sponsored by the Hospital.
- Identify best practice clinics/classes to align with the Hospital's offerings.
- Offer classes within the county to improve geographic access for county residents.

**Evaluated Outcomes:**
- Complete all planned smoking cessation classes/clinics through each year of this plan.
- Achieve the same or better success rate as the identified best practices classes and clinics.

**Collaboration and Partnerships:** Primary care physicians, heart specialists

**Climate Change Co-Benefit:**
There is no quantifiable greenhouse gas reduction/climate change benefit from smoking reduction.
**University Hospitals Samaritan Medical Center**

<table>
<thead>
<tr>
<th>CHNA Health Issue</th>
<th>Breast Cancer</th>
</tr>
</thead>
</table>

**Goal:**
To address the high incidence of breast cancer and develop a standardized process for post-diagnosis care for new patients.

**Objectives:**
- To provide clearly communicated, reasonably consistent access to information and the right care.
- To improve compliance rates and provide earlier and fuller treatment.
- To decrease the incidence of re-occurrence and improve lifestyle post-diagnosis.

**Strategies and Anticipated Outcomes:**
- Improve the process, through standardization, for women diagnosed with breast cancer.
- Ensure that practitioners are aware of, understand and are complying with the standardized process.

**Evaluated Outcomes:**
- A standardized process will be created by the end of 2017.
- 100% of primary care physicians, oncologists and OB/GYN practitioners who regularly treat county residents will be educated on the process.
- 80% of newly diagnosed breast cancer patients will take the next step in post-diagnosis treatment within two weeks of diagnosis.

**Collaboration and Partnerships:** Primary care physicians, oncologists and OB/GYN specialists in the county
University Hospitals Samaritan Medical Center

<table>
<thead>
<tr>
<th>CHNA Health Issue:</th>
<th>Diabetes/Hypertension</th>
</tr>
</thead>
</table>

**Description of the health issue:**
Diabetes and hypertension are the two most commonly diagnosed ambulatory care sensitive conditions in Ashland County.

**Goal:**
Decrease the number of pre-diabetic patients who develop diabetes.

**Objective:**
Work with three identified primary care physicians to track patients’ A1C levels with the goal of decreasing A1C levels (below 7.5) for identified patients that need diabetes education (referred for pre-diabetics).

**Strategies and Anticipated Outcomes:**
- Closely monitor pre-diabetic patients via three identified primary care doctors.

**Evaluated Outcomes:**
- Decrease the proportion of pre-diabetics who become diabetic.

**Collaboration and Partnerships:** Three primary care physicians
## IDENTIFIED NEEDS NOT BEING ADDRESSED BY THE HOSPITAL’S IMPLEMENTATION PLAN

<table>
<thead>
<tr>
<th>Identified Health Needs</th>
<th>Reason Issue Not Addressed in Current Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Income Subset: Single-Headed Households</td>
<td>Resource constraints impact the Hospital’s ability to adequately address this issue.</td>
</tr>
<tr>
<td>Amish Population</td>
<td>The Hospital already addresses the needs of the Amish population through education of its staff, financial arrangements made with the Amish population and participation in Amish health and education days.</td>
</tr>
<tr>
<td>Services for Children</td>
<td>The Hospital is currently working to increase its capabilities regarding services for children.</td>
</tr>
<tr>
<td>Cost of Care</td>
<td>Economic conditions within the market areas of the Hospital are outside its locus of control.</td>
</tr>
<tr>
<td>Transportation Barriers</td>
<td>The social services department works with patients to help address transportation barriers. However, the larger transportation infrastructure is not an issue that is within the Hospital’s locus of control.</td>
</tr>
<tr>
<td>Access to Primary Care</td>
<td>The Hospital is striving to recruit primary care physicians.</td>
</tr>
<tr>
<td>Violence: Domestic and Child Abuse</td>
<td>Hospital staff are required to be educated about signs of abuse and neglect for all populations and to follow policies and reporting procedures. Agencies that specialize in domestic and child abuse are better suited to respond to additional needs related to this issue.</td>
</tr>
</tbody>
</table>

## COMMUNITY COLLABORATIONS

The Hospital plans to collaborate with the following organizations. This is only a partial list of all current and potential collaborators:

- All extended care facilities within the county
- Appleseed Community Mental Health Center
- Ashland Area Chamber of Commerce
- Ashland City Police Department
- Ashland County-City Health Department
- Ashland County Council on Aging
- Ashland County Family & Children First Council
- Ashland County Health Center
- Ashland Senior Citizen Center
- Ashland University
- Brethren Care Village
- Kingston of Ashland
- Loudonville Zion Lutheran Parish nurses
- Mental Health & Recovery Board of Ashland County
- Samaritan Hospital Foundation
- The Ashland Salvation Army Ray and Joan Kroc Corps Community Center
- The Good Shepherd – Lutheran Social Services
- United Way of Ashland County
- YMCA

Adoption of University Hospitals Samaritan Medical Center 2017 – 2018 Implementation Strategy
The University Hospitals Board of Directors adopted the Community Health Needs Implementation Strategy on December 16, 2016.

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