** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/ terminated ☐ Amended return ☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3605 WARRENSVILLE CENTER ROAD

City or town, state or province, country, and ZIP or foreign postal code
SHAKER HEIGHTS, OH 44122

F Name and address of principal officer: MICHAEL A. SZUBSKI
SAME AS C ABOVE

D Employer identification number
90-0059117

E Telephone number
(216)844-1000

G Gross receipts $ 4,048,932,000.

H(a) Is this a group return for subordinates? STMT 1 ☒ Yes ☐ No

H(b) Are all subordinates included? ☐ Yes ☒ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 3829

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

J Website: ▶ WWW.UHHOSPITALS.ORG

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

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance

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	228
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	127
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	29762
6	Total number of volunteers (estimate if necessary)	6	3486
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,559,891.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	584,203.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	79,293,000.	84,856,000.
9	Program service revenue (Part VIII, line 2g)	3,588,753,000.	3,722,294,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,794,000.	72,209,000.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	160,375,000.	168,396,000.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,853,215,000.	4,047,755,000.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,070,000.	6,885,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,947,366,000.	2,051,393,000.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	126,000.	126,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,612,000.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,659,370,000.	1,864,508,000.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,614,932,000.	3,922,912,000.
19	Revenue less expenses. Subtract line 18 from line 12	238,283,000.	124,843,000.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	5,014,988,000.	5,284,938,000.
21	Total liabilities (Part X, line 26)	2,439,711,000.	2,591,485,000.
22	Net assets or fund balances. Subtract line 21 from line 20	2,575,277,000.	2,693,453,000.

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

Sign Here

▶ Signature of officer Date

▶ MICHAEL A. SZUBSKI, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: REBECCA LYONS	Preparer's signature: Rebecca L Lyons	Date: 11/13/2020	Check ☐ if self-employed	PTIN: P01487105
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶	86-1065772
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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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.

4a (Code:) (Expenses $ 3,659,996,000. including grants of $ 6,885,000.) (Revenue $ 3,889,089,433.)
SEE SCHEDULE O

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e Total program service expenses ▶ 3,659,996,000.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2167		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
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**	29762		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	228		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	127		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

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

MICHAEL A. SZUBSKI - 216-844-1000

3605 WARRENSVILLE CENTER RD, SHAKER HEIGHTS, OH 44122

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) UHHS - ZENTY, THOMAS F. III	50.00									
DIRECTOR EX OFFICIO/ CEO	0.00	X		X				2,652,140.	0.	759,476.
(2) UHCMC - SIMON, MD, DANIEL I.	50.00									
DIRECTOR EX OFFICIO/ PRESIDENT	0.00	X		X				2,365,482.	0.	247,513.
(3) UHHS - MEGERIAN, CLIFF MD	50.00									
PRESIDENT (BEGIN 12/19)	0.00			X				1,475,970.	0.	266,227.
(4) UHMG - SZUBSKI, MICHAEL A.	50.00									
FORMER OFFICER	0.00						X	1,462,446.	0.	271,412.
(5) UHHS - SABIK, JOSEPH MD	50.00									
DIRECTOR	0.00	X						1,349,674.	0.	72,082.
(6) UHCMC-TEKNOS, THEODOROS MD	50.00									
PRESIDENT - SEIDMAN CANCER CENTER	0.00			X				1,242,915.	0.	63,584.
(7) UHMG - VOOS, JAMES	50.00									
DIRECTOR (BEGIN 05/19)	0.00	X						1,259,005.	0.	44,003.
(8) UHMG - DEVANEY, ERIC J	50.00									
CHIEF, PEDIATRIC CARDIAC SURGERY	0.00					X		1,201,818.	0.	46,921.
(9) UHMG - EUBANKS, JASON D	50.00									
ORTHOPEDIC SURGEON	0.00					X		1,160,276.	0.	44,068.
(10) UHHS - STAMLER, JONATHAN	50.00									
PRES - HARRINGTON DISC INST	0.00					X		1,137,812.	0.	57,835.
(11) UHHS - SNOWBERGER, THOMAS D.	50.00									
CHIEF HUMAN RESOURCES OFFICER	0.00			X				983,994.	0.	205,069.
(12) UHMG - BAMBAKIDIS, NICHOLAS C	50.00									
DIRECTOR - CEREBREVASCULAR SURGERY	0.00					X		1,098,381.	0.	66,055.
(13) UHMG - SELMAN, WARREN R. MD	50.00									
DIRECTOR	0.00	X						1,092,528.	0.	66,545.
(14) PARMA - BURMA, GERALD M. MD, P	2.00									
DIRECTOR EX OFFICIO	50.00	X						0.	821,677.	296,760.
(15) UHMG - SALATA, MICHAEL J	50.00									
ORTHOPEDIC SURGEON	0.00					X		1,052,670.	0.	41,332.
(16) UHHS - STANDLEY, STEVEN D.	50.00									
CHIEF ADMINISTRATIVE OFFICER	0.00			X				1,047,153.	0.	28,506.
(17) ACO - TAIT, PAUL G.	50.00									
FORMER OFFICER/FORMER DIRECTOR	0.00						X	998,715.	0.	70,361.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) UHHS - PETERS, JEFFREY H. MD	50.00									
FORMER OFFICER	0.00						X	957,107.	0.	6,514.
(19) ST. JOHN - HANSON, RICHARD A.	50.00									
FORMER DIRECTOR/FORMER OFFICER	0.00						X	893,187.	0.	34,989.
(20) UHCMC - BLAKE, JEAN D. RN	50.00									
CHIEF NURSING OFFICER (END 01/19)	0.00			X				898,128.	0.	23,316.
(21) GEAUGA - JONES, M. STEVEN	50.00									
DIRECTOR EX OFF/ PRES. (END 02/19)	0.00	X		X				837,155.	0.	56,809.
(22) UHCMC - DZIEDZICKI, RONALD E.	50.00									
COO (END 07/19)	0.00			X				831,073.	0.	44,769.
(23) AHUJA - JURIS, SUSAN V.	50.00									
DIR (EX-OFF) /PRES. (END 06/19)	0.00	X		X				666,795.	0.	161,541.
(24) UHHS - BISHOP, SHERRI L	50.00									
CHIEF DEVELOPMENT OFFICER	0.00				X			713,002.	0.	111,480.
(25) UHHS - MILLER, JANET L. ESQ.	50.00									
SECRETARY/ CLO (END 05/19)	0.00			X				592,240.	0.	221,538.
(26) UHCMC - DEPOMPEI, PATRICIA M.	50.00									
PRES RAINBOW BABIES & CHILDREN	0.00			X				734,481.	0.	71,114.
1b Subtotal ▶								28,704,147.	821,677.	3,379,819.
c Total from continuation sheets to Part VII, Section A ▶								18,826,091.	4,590,865.	2,527,813.
d Total (add lines 1b and 1c) ▶								47,530,238.	5,412,542.	5,907,632.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,721

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON CORPORATION, 1 PORT STREET SUITE 3275, SAN FRANCISCO, CA 94104	PHARMACEUTICALS DISTRIBUTION	279,854,166.
OWENS & MINOR DIST INC, 9120 LOCKWOOD BLVD, MECHANICSVILLE, VA 23116	MEDICAL SUPPLIES	77,579,101.
CVS CAREMARK SPECIALTY PHARMACY 1 CVS DRIVE, WOONSOCKET, RI 02895	PHARMACEUTICALS	52,953,211.
PROKARMA INC, 222 SOUTH 15TH STREET SUITE 505N, OMAHA, NE 68102	INFORMATION TECHNOLOGY CONSULTING	30,168,465.
SODEXO INC & AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FACILITIES MANAGEMENT	29,784,314.

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 ▶ 877

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) UHHS - PRONOVOST, PETER MD	50.00									
CHIEF CLINICAL TRANSFORM. OFFICER	0.00				X			765,920.	0.	31,903.
(28) UHHS - BRIEN, WILLIAM W. MD	50.00									
CMO/ CHIEF QUALITY OFFICER	0.00			X				750,384.	0.	40,783.
(29) ACO - BECK, ERIC DO	50.00									
DIRECTOR (END 04/19)	0.00	X						751,810.	0.	32,874.
(30) UHMG - MILLER, MARLENE MD	50.00									
DIRECTOR EX OFFICIO	0.00	X		X				679,505.	0.	65,305.
(31) UHMG - ADELMAN, HARLIN G. ESQ.	50.00									
FORMER OFFICER	0.00						X	690,238.	0.	50,537.
(32) UHMG - SALATA, ROBERT A. MD	50.00									
DIRECTOR EX OFFICIO	0.00	X		X				674,429.	0.	60,059.
(33) GEAUGA - STEFANO, GREGORY MD	2.00									
DIRECTOR EX OFFICIO (BEGIN 05/19)	50.00	X						0.	687,872.	36,613.
(34) UHCMC - SALVINO, SONIA	50.00									
TREASURER	0.00			X				619,575.	0.	67,969.
(35) ECC - BOND, BRADLEY C.	50.00									
DIRECTOR/SECRETARY/TREASURER	0.00	X		X				631,896.	0.	48,760.
(36) ST. JOHN - DAVID, ROBERT G.	50.00									
DIRECTOR EX OFFICIO/PRESIDENT	0.00	X		X				593,600.	0.	66,223.
(37) CCO - ZELIS, CYNTHIA MD	50.00									
DIRECTOR	0.00	X						578,504.	0.	66,682.
(38) UHCMC - MACHTAY, MD, MITCHELL	50.00									
DIRECTOR EX OFFICIO	0.00	X		X				577,421.	0.	62,136.
(39) SPC - TAVALLAEE, MEHRDAD M. MD	2.00									
DIRECTOR (END 03/19)	50.00	X						0.	577,455.	38,426.
(40) CCO - HERTZ, ANDREW R. MD	50.00									
DIRECTOR	0.00	X						537,137.	0.	45,894.
(41) UHCMC - STROSACKER, ROBYN MD	50.00									
COO (BEGIN 07/19)/ CMO	0.00			X				523,042.	0.	36,974.
(42) HOME CARE - SILA, CATHY MD	50.00									
DIRECTOR/SECRETARY/TREASURER	0.00	X		X				506,422.	0.	41,121.
(43) PARMA - SINK, KRISTI M.	50.00									
FORMER OFFICER	0.00						X	486,298.	0.	38,755.
(44) REGIONAL - MONTER, BRIAN	50.00									
DIR (EX-OFF)/ PRESIDENT (END 03/19)	0.00	X		X				475,831.	0.	43,615.
(45) UHMG - RONIS, ROBERT	50.00									
FORMER DIRECTOR/FORMER KEY EMPLOYEE	0.00						X	462,039.	0.	56,003.
(46) ECC - VEHOVEC, MICHAEL R.	50.00									
DIRECTOR/CHAIRPERSON (BEGIN 05/19)	0.00	X		X				476,195.	0.	40,702.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) GEAUGA - DECARLO, DONALD	50.00									
DIR (EX-OFF)/ PRES. (BEGIN 02/19)	0.00	X		X				441,378.	0.	61,962.
(48) UHHS - KEEGAN, ARTHUR EDWIN	50.00									
CHIEF MARKETING OFFICER	0.00				X			461,799.	0.	35,176.
(49) UHHS - GARTLAND, HEIDI I.	50.00									
FORMER KEY EMPLOYEE	0.00						X	441,283.	0.	53,729.
(50) UHHS - PANDRANGI, VASU MD	2.00									
DIRECTOR EX OFFICIO	50.00	X						0.	456,113.	28,282.
(51) UHMG - RAO, GOUTHAM MD	50.00									
DIRECTOR	0.00	X						424,840.	0.	40,070.
(52) PORTAGE - BENOIT, WILLIAM	50.00									
DIRECTOR EX OFFICIO/ PRESIDENT	0.00	X		X				418,664.	0.	45,685.
(53) REGIONAL - ROWELL, ROBIN	50.00									
DIR EX OFF/ PRES (BEG 04/19)	0.00	X		X				411,342.	0.	52,228.
(54) HOME CARE-CHICKERELLA, D.	50.00									
DIRECTOR	0.00	X						411,176.	0.	47,052.
(55) UHHS - BIXENSTINE, KIM F.	50.00									
CHIEF COMPLIANCE OFFICER (END 2019)	0.00				X			329,616.	0.	123,053.
(56) UHREC - MCCOMSEY, GRACE MD	50.00									
DIRECTOR (BEGIN 05/19)	0.00	X						405,181.	0.	46,250.
(57) ACO - HILLARD, BRADLEY G. DO	2.00									
PRESIDENT (END 04/19)	50.00			X				0.	366,331.	68,565.
(58) SAMARITAN-MACDONALD, MARY C. M	2.00									
DIRECTOR EX OFFICIO	50.00	X						0.	382,078.	41,356.
(59) HOME CARE - MAITLAND, KEITH R.	50.00									
FORMER OFFICER/FORMER DIRECTOR	0.00						X	299,232.	0.	101,174.
(60) UHHS - CHRISTIAN, VALDA CLARK	50.00									
CHIEF COMPLIANCE OFFICER (BEGIN 2019	0.00				X			376,048.	0.	20,850.
(61) CCO - SCHARIO, MARK E.	50.00									
SECRETARY	0.00			X				348,623.	0.	47,475.
(62) UHMG - HARDING, CLIFFORD V. MD	50.00									
DIRECTOR (END 05/19)	0.00	X						372,941.	0.	20,117.
(63) REGIONAL - BEJANISHVILI, TAMAR	2.00									
DIRECTOR EX OFFICIO	50.00	X						0.	348,357.	36,059.
(64) UHMG - ZOLTANSKI, JOAN MD	50.00									
DIRECTOR	0.00	X						339,963.	0.	43,015.
(65) CCO - HOYNES, SEAN MD	2.00									
DIRECTOR	50.00	X						0.	289,565.	70,298.
(66) GENEVA - HOWE, EVAN MD	2.00									
DIRECTOR EX OFFICIO (END 05/19)	50.00	X						0.	311,446.	33,007.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) SAMARITAN - STENCEL, MICHAEL M	2.00									
DIRECTOR	50.00	X						0.	246,397.	89,322.
(68) SAMARITAN - HARFORD, TODD	50.00									
DIR (EX-OFF)/ PRES. (BEGIN 07/19)	0.00	X		X				298,450.	0.	34,577.
(69) CONNEAUT - KUMAR, AJAY MD	2.00									
DIRECTOR EX OFFICIO	50.00	X						0.	296,081.	23,635.
(70) UHCMC - PIRTZ, JASON M.	50.00									
CHIEF NURSING OFFICER (BEGIN 08/19)	0.00			X				273,872.	0.	39,055.
(71) ACO-HAMMACK, ELIZABETH ESQ.	50.00									
FORMER OFFICER	0.00						X	255,700.	0.	42,393.
(72) CCO-RAVICHANDRAN, K. MD	2.00									
DIRECTOR (BEGIN 05/19)	50.00	X						0.	245,222.	47,197.
(73) UHLSF - BROWN, SAM H.	50.00									
DIR/ PRES/ SECR (BEGIN 2019)	0.00	X		X				250,299.	0.	37,713.
(74) CCO - HARWELL, CARLA M. MD	50.00									
DIRECTOR (END 05/19)	0.00	X						214,113.	0.	44,690.
(75) SAMARITAN - MCNEIL, KAREN	50.00									
DIR (EX-OFF)/ PRES (END 06/19)	0.00	X		X				227,271.	0.	24,301.
(76) ECC - BECK, JOHN	50.00									
DIRECTOR/PRESIDENT (BEGIN 05/19)	0.00	X		X				196,491.	0.	39,823.
(77) UHLSF - GOODELLE, MICHAEL	50.00									
DIRECTOR	0.00	X						190,835.	0.	38,387.
(78) ST. JOHN - O'MALLEY, CHERYL H.	50.00									
FORMER KEY EMPLOYEE	0.00						X	181,810.	0.	6,945.
(79) CONNEAUT-SOORIYAPALAN, N. MD	2.00									
DIRECTOR EX OFFICIO (BEGIN 05/19)	50.00	X						0.	178,097.	6,842.
(80) ELYRIA - KODSY, MAHER MD	50.00									
DIRECTOR EX OFFICIO (BEGIN 02/19)	0.00	X						133,091.	0.	2,103.
(81) SPC - COX, KATHY	2.00									
DIRECTOR EX OFFICIO (END 03/19)	50.00	X						0.	109,297.	24,953.
(82) CCO - MONHEIM, KAREN M. MD	2.00									
DIRECTOR	50.00	X						0.	96,554.	19,198.
(83) GEAUGA - JARZEMBAK, KELLIE	50.00									
DIRECTOR EX OFFICIO	0.00	X						107,961.	0.	6,177.
(85) SAMARITAN - STEIN, ANDREW MD	50.00									
DIRECTOR (END 04/19)	0.00	X						64,901.	0.	6,485.
(86) AHUJA - PAPA, ALAN J. FACHE	50.00									
DIR (EX-OFF)/PRES (BEGIN 11/19)	0.00	X		X				55,455.	0.	1,757.
(87) PARMA-BERGMANN, PETER	50.00									
DIR (EX-OFF)/ PRES. (END 01/19)	0.00	X		X				47,559.	0.	4,259.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(88) SPC - BOGGS, DANNY L.	50.00									
PRESIDENT (END 03/19)	0.00			X				30,381.	0.	0.
(91) SAMARITAN - HUNT, JOYCE ANNE	50.00									
DIRECTOR	0.00	X						21,033.	0.	1,220.
(92) AHUJA - KLINE, ANDREW L.	50.00									
DIRECTOR	0.00	X						14,537.	0.	44.
(93) ACO - MONHEIM, KAREN M. MD	2.00									
DIRECTOR (END 04/19)	0.00	X						0.	0.	0.
(94) ACO - SZUBSKI, MICHAEL A.	2.00									
DIRECTOR/TREASURER (END 04/19)	0.00	X		X				0.	0.	0.
(95) AHUJA - CANADY, WILLIAM	2.00									
DIRECTOR (BEGIN 09/19) (END 12/19)	0.00	X						0.	0.	0.
(96) AHUJA - CONIGLIO, GWENAY S.	2.00									
DIRECTOR (END 02/19)	0.00	X						0.	0.	0.
(97) AHUJA - DOODY, RICHARD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(98) AHUJA - FINE, LAUREN RICH	2.00									
DIRECTOR (BEGIN 09/19)	0.00	X						0.	0.	0.
(99) AHUJA - GLICK, ROBERT A.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(100) AHUJA - HABER, IRWIN G.	2.00									
DIRECTOR/VICE CHAIRPERSON	0.00	X		X				0.	0.	0.
(101) AHUJA - JORDAN, SHARON SOBOL	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(102) AHUJA - LAUER, DEBORAH A.	2.00									
DIRECTOR (END 04/19)	0.00	X						0.	0.	0.
(103) AHUJA - ROSENBERG, ENID	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(104) AHUJA - SEITZ, THOMAS W.	2.00									
DIRECTOR/ VICE CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(105) AHUJA - SETHI, NEIL M.D.	2.00									
DIRECTOR/CHAIRPERSON	0.00	X		X				0.	0.	0.
(106) AHUJA - SHARPNACK, PATRICIA DN	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(107) AHUJA - SIMON, MD, DANIEL I.	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(108) AHUJA - ZELMAN, DANIEL N.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(109) AMHERST - YUZON, FLORENCIO MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(110) CCO - ANNABLE, CATHY J. S. MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(111) CCO - BECK, ERIC DO	2.00									
DIRECTOR EX OFFICIO (BEGIN 05/19)	0.00	X						0.	0.	0.
(112) CCO - HANSON, RICHARD A.	2.00									
DIR (EX-OFF) (B 05/19) (E 09/19)	0.00	X						0.	0.	0.
(113) CCO - MEGERIAN, CLIFF MD	2.00									
DIRECTOR (BEGIN 02/19)	0.00	X						0.	0.	0.
(114) CCO - MONTER, BRIAN	2.00									
DIRECTOR EX OFFICIO (BEGIN 05/19)	0.00	X						0.	0.	0.
(115) CCO - PLUSH, MARK J.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(116) CCO - PRONOVOST, PETER MD	2.00									
DIR (BEG 01/19) / V CHR (BEG 05/19)	0.00	X		X				0.	0.	0.
(117) CCO - SZUBSKI, MICHAEL A.	2.00									
DIRECTOR/ TREASURER/ CHAIR	0.00	X		X				0.	0.	0.
(118) CCO - TAIT, PAUL G.	2.00									
DIRECTOR (BEGIN 01/19)	0.00	X						0.	0.	0.
(119) CCO - TOPALSKY, GEORGE MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(120) CHCO - BALLINGER, MARCIA PHD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(121) CHCO - BRAGG, DAN A.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(122) CHCO - CORCORAN, KEVIN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(123) CHCO - KODSY, MAHER MD	2.00									
DIRECTOR EX OFFICIO (BEGIN 02/19)	0.00	X						0.	0.	0.
(124) CHCO - LONG, REV. JANET	2.00									
DIRECTOR/ CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(125) CHCO - MERCADO, PHILIP C.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(126) CHCO - MIGGINS, LYNN	2.00									
DIR, CHR(B 5/19), V CHR(E 5/19)	0.00	X		X				0.	0.	0.
(127) CHCO - REIDY, JOAN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(128) CHCO - SINK, KRISTI M.	2.00									
DIRECTOR EX OFFICIO/ PRESIDENT	0.00	X		X				0.	0.	0.
(129) CHCO - TAIT, PAUL G.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(130) CHCO - WALDHEGER, PRISCILLA MD	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(131) CONNEAUT - BOWLER, CONNIE	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(132) CONNEAUT - BRECHT, CHRISTOPHER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(133) CONNEAUT - CONWAY, KESHA	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(134) CONNEAUT - DANA, RICHARD L.	2.00									
DIR, CHR (BEG 05/19), V CHR	0.00	X		X				0.	0.	0.
(135) CONNEAUT - DECK, CHARLES V.	2.00									
DIRECTOR/VICE CHAIR	0.00	X		X				0.	0.	0.
(136) CONNEAUT - GARCIA, RICHARD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(137) CONNEAUT - GARDNER, LAUREN A.	2.00									
DIRECTOR (END 09/19)	0.00	X						0.	0.	0.
(138) CONNEAUT - HOCKADAY, JAMES E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(139) CONNEAUT - HOWE, EVAN MD	2.00									
DIRECTOR EX OFFICIO (END 05/19)	0.00	X						0.	0.	0.
(140) CONNEAUT - JONES, M. STEVEN	2.00									
DIRECTOR EX OFFICIO/PRESIDENT	0.00	X		X				0.	0.	0.
(141) CONNEAUT - LEGEZA, MICHAEL D.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(142) CONNEAUT - MCLAUGHLIN, LORI E.	2.00									
DIRECTOR, CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(143) CONNEAUT-NEWCOMB, CHRISTOPHER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(144) CONNEAUT - SKUFCA, MICHAEL DDS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(145) CONNEAUT - VARCKETTE, STEVE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(146) ECC - HANSON, RICHARD A.	2.00									
DIRECTOR/CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(147) ECC - JURIS, SUSAN V.	2.00									
DIRECTOR/PRESIDENT (END 05/19)	0.00	X		X				0.	0.	0.
(148) ELYRIA - BALLINGER, MARCIA PHD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(149) ELYRIA - BRAGG, DAN A.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(150) ELYRIA - CORCORAN, KEVIN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(151) ELYRIA - LONG, REV. JANET	2.00									
DIRECTOR/CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(152) ELYRIA - MERCADO, PHILIP C.	2.00									
DIRECTOR (END 08/19)	0.00	X						0.	0.	0.
(153) ELYRIA - MIGGINS, LYNN	2.00									
DIRECTOR/SECRETARY/CHAIR (BEG 05/19)	0.00	X		X				0.	0.	0.
(154) ELYRIA - REIDY, JOAN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(155) ELYRIA - SINK, KRISTI M.	2.00									
DIRECTOR EX OFFICIO/PRESIDENT	0.00	X		X				0.	0.	0.
(156) ELYRIA - TAIT, PAUL G.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(157) ELYRIA - WALDHEGER, PRISCILLA	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(158) GEAUGA - ANDRES, BLAKE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(159) GEAUGA - BALOGH, SCOTT	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(160) GEAUGA-BEVERAGE, MORRIS W. JR.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(161) GEAUGA - EGLESTON, INDRANI	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(162) GEAUGA - FITTS, JOHN T.	2.00									
DIRECTOR/CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(163) GEAUGA - HOSIER-ORVIS, PAIGE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(164) GEAUGA - JEMISON, TRACY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(165) GEAUGA - KARLOVEC, JOHN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(166) GEAUGA - KINNEY, WARD (BUD) L.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(167) GEAUGA - KNECHT, BARBARA L.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(168) GEAUGA - LEININGER, KIMM	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(169) GEAUGA - MARKOWITZ, DALE H.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(170) GEAUGA - MILLER, DENISE	2.00									
DIRECTOR/TREASURER/CHAIR (BEG 05/19)	0.00	X		X				0.	0.	0.
(171) GEAUGA - MILLER, PETE C.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(172) GEAUGA-REID, JENNIFER W. MD	2.00									
DIRECTOR EX OFFICIO (END 05/19)	0.00	X						0.	0.	0.
(173) GEAUGA - WALDECK, JOHN (JACK)	2.00									
DIRECTOR/VICE CHAIR/SECRETARY	0.00	X		X				0.	0.	0.
(174) GENEVA - BOWLER, CONNIE	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(175) GENEVA - BRECHT, CHRISTOPHER E	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(176) GENEVA - CONWAY, KESHA	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(177) GENEVA - DANA, RICHARD L.	2.00									
DIR/CHR (BEG 05/19)/V CHR (END 05/19	0.00	X		X				0.	0.	0.
(178) GENEVA - DECK, CHARLES V.	2.00									
DIRECTOR/VICE CHAIRPERSON	0.00	X		X				0.	0.	0.
(179) GENEVA - GARCIA, RICHARD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(180) GENEVA - GARDNER, LAUREN A.	2.00									
DIRECTOR (END 09/19)	0.00	X						0.	0.	0.
(181) GENEVA - HOCKADAY, JAMES E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(182) GENEVA - JONES, M. STEVEN	2.00									
DIRECTOR EX OFFICIO/ PRESIDENT	0.00	X		X				0.	0.	0.
(183) GENEVA - KUMAR, AJAY MD	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(184) GENEVA - LEGEZA, MICHAEL D.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(185) GENEVA - MCLAUGHLIN, LORI E.	2.00									
DIRECTOR/CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(186) GENEVA-NEWCOMB, CHRISTOPHER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(187) GENEVA - SKUFCA, MICHAEL DDS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(188) GENEVA-SOORIYAPALAN, N. MD	2.00									
DIRECTOR EX OFFICIO (BEGIN 05/19)	0.00	X						0.	0.	0.
(189) GENEVA - VARCKETTE, STEVE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(190) HOME CARE - BECK, ERIC DO	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(191) HOME CARE - HANSON, RICHARD A.	2.00									
DIRECTOR/VP/CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(192) HOME CARE - SPARKMAN-BEIERL, B	2.00									
DIRECTOR/PRESIDENT	0.00	X		X				0.	0.	0.
(193) HOME CARE-TOPALSKY, G. MD	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(194) PARMA - BOYKO, TIMOTHY A.	2.00									
DIRECTOR/ CHAIR	0.00	X		X				0.	0.	0.
(195) PARMA - BUNDY, JOHN H.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(196) PARMA - CIACCIA, JULIUS JR.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(197) PARMA - DESOUZA, LESLEY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(198) PARMA - GISZTL, RODNEY	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(199) PARMA - IMHOFF, DONNA PHD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(200) PARMA - KELLER, DOUGLAS	2.00									
DIRECTOR/ VICE CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(201) PARMA - MONTER, BRIAN	2.00									
DIR (EX-OFF)/ PRES. (BEGIN 03/19)	0.00	X		X				0.	0.	0.
(202) PARMA - MOORE, ERIC J. ESQ.	2.00									
DIRECTOR/ VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(203) PARMA - PIMPAS, ANGELO N.	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(204) PARMA - SPEAR, BRENDA	2.00									
DIRECTOR/ VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(205) PARMA - TAIT, PAUL G.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(206) PARMA - THOMAS, DONNA ESQ.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(207) PARMA - WILKINSON, SCOTT A.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(208) PARMA - ZANIN, CLAUDIO	2.00									
DIRECTOR/ SECRETARY	0.00	X		X				0.	0.	0.
(209) PORTAGE - ADAMS, BRIAN K.	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(210) PORTAGE - BROOME, BARBARA ANN	2.00									
DIRECTOR/VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(211) PORTAGE - COE, RICHARD J.	2.00									
DIRECTOR EX OFFICIO (BEGIN 05/19)	0.00	X						0.	0.	0.
(212) PORTAGE - CONNER, MARJORIE	2.00									
DIRECTOR/CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(213) PORTAGE - DORSEY, MARLENE PH.D	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(214) PORTAGE - FLYNN, SCOTT ESQ.	2.00									
DIRECTOR/ VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(215) PORTAGE - FRENCH, MATTHEW C.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(216) PORTAGE - JONES, M. STEVEN	2.00									
DIRECTOR EX OFFICIO/ PRESIDENT	0.00	X		X				0.	0.	0.
(217) PORTAGE - LEWIS, MICHAEL A.	2.00									
DIRECTOR/ CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(218) PORTAGE - SAHR, MICHELLE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(219) PORTAGE - SNOWBERGER, THOMAS D	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(220) PORTAGE - TREXLER, THOMAS	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(221) REGIONAL - BRUMBERGS, PETER	2.00									
DIRECTOR (END 02/19)	0.00	X						0.	0.	0.
(222) REGIONAL - CORRENTI, MARY ANN	2.00									
DIRECTOR/CHAIR	0.00	X		X				0.	0.	0.
(223) REGIONAL - GREIG, JUDITH C. RN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(224) REGIONAL - HANFF, POLLY M.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(225) REGIONAL - JONES, M. STEVEN	2.00									
DIR EXOF/INT PRES(B 3/19)(E 4/19)	0.00	X		X				0.	0.	0.
(226) REGIONAL - JUDD, JAMES (DELL)	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(227) REGIONAL - MILLER, MARCIA J.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(228) REGIONAL - MORGAN, TIMOTHY M.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(229) REGIONAL - PAUL, STAMY S.	2.00									
DIRECTOR/ VICE CHAIRPERSON	0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(230) REGIONAL - POLITO, MARIA ANN	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(231) REGIONAL - RAPKIN, DAVID S. MD	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(232) REGIONAL - SIRACUSA, ANTHONY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(233) REGIONAL - SMITH, GERI M.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(234) REGIONAL - ZELLER, LORNA A.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(235) SAM SHOP - BEER, ANNE	2.00									
DIRECTOR/ VICE CHAIR (END 03/19)	0.00	X		X				0.	0.	0.
(236) SAM SHOP - COWEN, TIMOTHY	2.00									
DIRECTOR/ CHAIR (END 03/19)	0.00	X		X				0.	0.	0.
(237) SAM SHOP - SHAW, ANNETTE	2.00									
DIR/SEC/TREAS (END 03/19)	0.00	X		X				0.	0.	0.
(238) SAMARITAN - BEER, ANNE	2.00									
DIR/CHR (B 5/19)/V CHR (E 5/19)	0.00	X		X				0.	0.	0.
(239) SAMARITAN - CHANDLER, POLLY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(240) SAMARITAN - COWEN, TIMOTHY	2.00									
DIRECTOR/ CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(241) SAMARITAN - DAWSON, PATRICIA P	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(242) SAMARITAN - GILMAN, THOMAS R.	2.00									
DIRECTOR/ VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(243) SAMARITAN - HEIMANN, SUSAN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(244) SAMARITAN - KELLY, MICHAEL J.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(245) SAMARITAN - KELSAY, RALPH J.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(246) SAMARITAN - MCGEE, THOMAS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(247) SAMARITAN - MYERS, PAUL R.	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(248) SAMARITAN - SHAW, ANNETTE	2.00									
DIRECTOR/ SECRETARY	0.00	X		X				0.	0.	0.
(249) SAMARITAN - ZOLTANSKI, JOAN MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(250) SPC - COWEN, TIMOTHY	2.00									
DIRECTOR (END 03/19)	0.00	X						0.	0.	0.
(251) SPC - DAWSON, PATRICIA POWER	2.00									
DIRECTOR (END 03/19)	0.00	X						0.	0.	0.
(252) SPC - FOZIO, LINDA	2.00									
DIRECTOR EX OFFICIO (END 03/19)	0.00	X						0.	0.	0.
(253) SPC - HECKER, BRAD	2.00									
DIRECTOR/ SECRETARY (END 03/19)	0.00	X		X				0.	0.	0.
(254) SPC - KELLY, MICHAEL J. SR.	2.00									
DIRECTOR/ CHAIR (END 03/19)	0.00	X		X				0.	0.	0.
(255) SPC - MYERS, PHIL MD	2.00									
DIRECTOR (END 03/19)	0.00	X						0.	0.	0.
(256) ST. JOHN - BLOXDORF, GREGORY D	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(257) ST. JOHN-CLOUGH, MAYOR DENNIS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(258) ST. JOHN - DAVIE, DIANE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(259) ST. JOHN - GAUGHAN, PATRICIA	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(260) ST. JOHN - GIANFAGNA, JEAN M.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(261) ST. JOHN - MACKINLAY, SARA ANN	2.00									
DIRECTOR, CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(262) ST. JOHN - MCQUISTON, EDWARD	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(263) ST. JOHN - SIMON, MD, DANIEL I	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(264) ST. JOHN - SMITH, ROBERT C.	2.00									
DIRECTOR/CHAIRPERSON (END 05/19)	0.00	X		X				0.	0.	0.
(265) ST. JOHN - STANO, DIANE PHD, O	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(266) ST. JOHN - YATES, VIVIAN	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(267) UHCMC - ADLER-RASKIND, JULIE	0.00									
DIRECTOR	0.00	X						0.	0.	0.
(268) UHCMC - CAMIENER, DAVID A.	0.00									
DIRECTOR	0.00	X						0.	0.	0.
(269) UHCMC - CARR, DAVID	0.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(270) UHCMC - CLARK, JILL	0.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(271) UHCMC - HALLBERG, CHARLES E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(272) UHCMC - HARRIS, TIMOTHY S.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(273) UHCMC - HYLAND, CHRISTOPHER J.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(274) UHCMC - KELSHEIMER, JERRY L.	2.00									
DIRECTOR/ CHAIRPERSON	0.00	X		X				0.	0.	0.
(275) UHCMC - KENNEDY, TERRI	2.00									
DIRECTOR EX OFFICIO	0.00	X		X				0.	0.	0.
(276) UHCMC - KLINE, STUART F.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(277) UHCMC - KOURY, LEE M.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(278) UHCMC - LEE, RAYMOND K.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(279) UHCMC - PHYFER, CHERI M.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(280) UHCMC - PRIEMER, WILLIAM A.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(281) UHCMC - REYNOLDS, DAVID M.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(282) UHCMC - RICCI, KENNETH C.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(283) UHCMC - SCHULTZ, STEPHEN A.	2.00									
DIRECTOR (END 02/19)	0.00	X						0.	0.	0.
(284) UHCMC - SCHULZE-FLYNN, CYNTHIA	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(285) UHCMC - SHAUGHNESSY, MARIAN K.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(286) UHCMC - SKODA, GREGORY J.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(287) UHCMC - SKORY, JOHN E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(288) UHCMC - STEINHILBER, JEFFREY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(289) UHCMC - TAYLOR, EDDIE JR.	2.00									
DIRECTOR/VICE CHAIRPERSON	0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) UHCMC - ZENTY, THOMAS F. III	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(291) UHHS - ADELMAN, JOEL E.	2.00									
DIRECTOR (BEGIN 09/19)	0.00	X						0.	0.	0.
(292) UHHS - ADELMAN, SHELDON G.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(293) UHHS - AHUJA, MONTE	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(294) UHHS - ANTON, ARTHUR F.	2.00									
DIR/CHR (B 5/19)/ V CHR (E 5/19)	0.00	X		X				0.	0.	0.
(295) UHHS - ANTONUCCI, JOHN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(296) UHHS - ARNOLD, CRAIG A.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(297) UHHS - BAUM, ROBIN I.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(298) UHHS - CLARK, PAUL	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(299) UHHS - CONNELL, MICHELE L.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(300) UHHS - CONNOR, CHRISTOPHER M.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(301) UHHS - DECKARD, JENNIFER	2.00									
DIRECTOR (BEGIN 09/19)	0.00	X						0.	0.	0.
(302) UHHS - DELLA RATTA, RALPH	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(303) UHHS - ETTINGER, HEATHER R.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(304) UHHS - GORMAN, CHRISTOPHER M	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(305) UHHS - HALL, BRIAN E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(306) UHHS - HARDY, KENNETH D.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(307) UHHS - HARLAN, M. ANN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(308) UHHS - HASLAM, DEE	2.00									
DIRECTOR/ VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(309) UHHS - KELSHEIMER, JERRY L.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(310) UHHS - LACEY, WILLIAM	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(311) UHHS - MORIKIS, JOHN G.	2.00									
DIRECTOR/ VICE CHAIR (BEGIN 05/19)	0.00	X		X				0.	0.	0.
(312) UHHS - NOVAK, ERNEST J. JR.	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(313) UHHS - PIANALTO, SANDRA	2.00									
DIRECTOR/ CHAIR (END 05/19)	0.00	X		X				0.	0.	0.
(314) UHHS - POTASH, STEVEN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(315) UHHS - SETHI, NEIL M.D.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(316) UHHS - SMITH, ROBERT C.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(317) UHHS - YOUNG, WILLIAM A. JR.	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(318) UHLSF - BOND, BRADLEY C.	2.00									
DIR (BEG 05/19)/ TREAS (BEG 06/19)	0.00	X		X				0.	0.	0.
(319) UHLSF - DZIEDZICKI, RONALD E.	2.00									
DIR/SEC/CHR (END 06/19)	0.00	X		X				0.	0.	0.
(320) UHLSF - HARFORD, TODD	2.00									
DIRECTOR (END 05/19)	0.00	X						0.	0.	0.
(321) UHLSF - SALVINO, SONIA	2.00									
DIRECTOR/ TREASURER (END 05/19)	0.00	X		X				0.	0.	0.
(322) UHMG - CHICKERELLA, DANIELLE	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(323) UHMG - CLARK, JILL	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(324) UHMG - DEPOMPEI, PATRICIA M.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(325) UHMG - HALLBERG, CHARLES E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(326) UHMG - MEGERIAN, CLIFF MD	2.00									
DIRECTOR/ PRESIDENT	0.00	X		X				0.	0.	0.
(327) UHMG - SABIK, JOSEPH MD	2.00									
DIRECTOR EX OFFICIO	0.00	X		X				0.	0.	0.
(328) UHMG - SALVINO, SONIA	2.00									
DIRECTOR/ SECRETARY/ TREASURER	0.00	X		X				0.	0.	0.
(329) UHMG - SHAUGHNESSY, MARIAN K.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(330) UHMG - SIMON, MD, DANIEL I.	2.00									
DIRECTOR EX OFFICIO/ CHAIRPERSON	0.00	X		X				0.	0.	0.
(331) UHMG - SNOWBERGER, THOMAS D.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(332) UHREC - SIMON, MD, DANIEL I.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(333) UHREC - SZUBSKI, MICHAEL A.	2.00									
DIRECTOR (BEGIN 05/19)	0.00	X						0.	0.	0.
(334) ACO - SCHARIO, MARK E.	2.00									
SECRETARY (END 04/19)	0.00			X				0.	0.	0.
(335) CCO - HILLARD, BRADLEY G. DO	2.00									
PRESIDENT	0.00			X				0.	0.	0.
(336) SAM SHOP - MCNEIL, KAREN	2.00									
PRESIDENT (END 03/19)	0.00			X				0.	0.	0.
(337) ST. JOHN - SALVINO, SONIA	2.00									
TREASURER/SECRETARY	0.00			X				0.	0.	0.
(338) UHCMC - ADELMAN, HARLIN G. ESQ	2.00									
SEC/ CLO (BEGIN 03/19)/ ASST SEC	0.00			X				0.	0.	0.
(339) UHCMC - MILLER, JANET L. ESQ.	2.00									
CLO/ SECRETARY (END 03/19)	0.00			X				0.	0.	0.
(340) UHHS - ADELMAN, HARLIN G. ESQ.	2.00									
CLO/ SECRETARY (BEGIN 03/19)	0.00			X				0.	0.	0.
(341) UHHS - BLAKE, JEAN D. RN	2.00									
CHIEF NURSING OFFICER (END 05/19)	0.00			X				0.	0.	0.
(342) UHHS - SZUBSKI, MICHAEL A.	2.00									
CHIEF FINANCIAL OFFICER/ TREASURER	0.00			X				0.	0.	0.
(343) UHHS - TAIT, PAUL G.	2.00									
CHIEF STRATEGY OFFICER	0.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c								18,826,091.	4,590,865.	2,527,813.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,905,000.				
	d Related organizations	1d	2,672,000.				
	e Government grants (contributions)	1e	54,030,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,249,000.				
	g Noncash contributions included in lines 1a-1f	1g	$ 9,788,000.				
	h **Total.** Add lines 1a-1f ▶			84,856,000.			
Program Service Revenue		**Business Code**					
	2a NET PROGRAM SERVICE RE	900099		3,667,783,000.	3,665,671,161.	2,111,839.	
	b GOVERNMENT REIMBURSEME	900099		52,511,000.	52,511,000.		
	c CHILDRENS SUPPLEMENTAL	900099		2,000,000.	2,000,000.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			3,722,294,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			39,294,000.		336,324.	38,957,676.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	32,915,000.				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	32,915,000.				
	d Net gain or (loss) ▶			32,915,000.			32,915,000.
	8a Gross income from fundraising events (not including $ 1,905,000. of contributions reported on line 1c). See Part IV, line 18	8a	535,000.				
	b Less: direct expenses	8b	1,172,000.				
	c Net income or (loss) from fundraising events ▶			-637,000.			-637,000.
	9a Gross income from gaming activities. See Part IV, line 19	9a	19,000.				
	b Less: direct expenses	9b	5,000.				
	c Net income or (loss) from gaming activities ▶			14,000.			14,000.
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		**Business Code**					
	11a OTHER REVENUE	900099		124,319,000.	124,207,272.	111,728.	
	b ANCILLARY REVENUE	900099		26,539,000.	26,539,000.		
	c JV INCOME	900099		18,161,000.	18,161,000.		
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			169,019,000.			
	12 **Total revenue.** See instructions ▶			4,047,755,000.	3,889,089,433.	2,559,891.	71,249,676.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,295,000.	6,295,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	590,000.	590,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	38,944,000.	22,487,000.	16,457,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,545,000.	8,003,000.	1,542,000.	
7 Other salaries and wages	1,637,896,000.	1,531,558,000.	97,759,000.	8,579,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,012,000.	41,371,000.	2,641,000.	
9 Other employee benefits	212,017,000.	197,153,000.	12,584,000.	2,280,000.
10 Payroll taxes	108,979,000.	102,440,000.	6,539,000.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,057,000.	1,934,000.	123,000.	
c Accounting	1,185,000.	1,114,000.	71,000.	
d Lobbying	507,000.		507,000.	
e Professional fundraising services. See Part IV, line 17	126,000.			126,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	113,922,000.	107,033,000.	6,832,000.	57,000.
12 Advertising and promotion	11,836,000.	10,564,000.	674,000.	598,000.
13 Office expenses	831,856,000.	781,116,000.	49,858,000.	882,000.
14 Information technology	88,718,000.	83,383,000.	5,322,000.	13,000.
15 Royalties				
16 Occupancy	163,408,000.	153,499,000.	9,798,000.	111,000.
17 Travel	11,461,000.	10,592,000.	676,000.	193,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	44,127,000.	41,479,000.	2,648,000.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,073,000.	165,489,000.	10,563,000.	21,000.
23 Insurance	39,168,000.	36,818,000.	2,350,000.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PURCHASED SERVICE	120,403,000.	113,042,000.	7,224,000.	137,000.
b OTHER THAN TEMPORARY DE	93,070,000.	87,486,000.	5,584,000.	
c OHIO STATE HOSPITAL FRA	45,565,000.	42,831,000.	2,734,000.	
d UBI TAXES PAID IN 2019	928,000.	872,000.	56,000.	
e All other expenses	120,224,000.	112,847,000.	6,762,000.	615,000.
25 **Total functional expenses.** Add lines 1 through 24e	3,922,912,000.	3,659,996,000.	249,304,000.	13,612,000.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		279,890,000.	2	251,467,000.
	3	Pledges and grants receivable, net		46,610,000.	3	59,238,000.
	4	Accounts receivable, net		609,621,000.	4	565,871,000.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		74,985,000.	8	79,204,000.
	9	Prepaid expenses and deferred charges		33,753,000.	9	38,324,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,919,403,000.			
	b	Less: accumulated depreciation	10b 2,139,221,000.	1,694,363,000.	10c	1,780,182,000.
	11	Investments - publicly traded securities		1,294,963,000.	11	1,441,264,000.
	12	Investments - other securities. See Part IV, line 11		358,816,000.	12	287,125,000.
	13	Investments - program-related. See Part IV, line 11		460,070,000.	13	503,028,000.
	14	Intangible assets		6,519,000.	14	19,960,000.
	15	Other assets. See Part IV, line 11		155,398,000.	15	259,275,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		5,014,988,000.	16	5,284,938,000.
Liabilities	17	Accounts payable and accrued expenses		429,974,000.	17	464,521,000.
	18	Grants payable			18	
	19	Deferred revenue		1,400,000.	19	1,593,000.
	20	Tax-exempt bond liabilities		1,245,237,000.	20	1,219,829,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		139,736,000.	23	39,749,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		623,364,000.	25	865,793,000.
	26	**Total liabilities.** Add lines 17 through 25		2,439,711,000.	26	2,591,485,000.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,811,978,000.	27	1,817,213,000.
	28	Net assets with donor restrictions		763,299,000.	28	876,240,000.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,575,277,000.	32	2,693,453,000.
	33	Total liabilities and net assets/fund balances		5,014,988,000.	33	5,284,938,000.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,047,755,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,922,912,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	124,843,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,575,277,000.
5	Net unrealized gains (losses) on investments	5	83,794,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-90,461,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,693,453,000.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 4
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,000.	2,800,000.	147,000.	913,000.	387,000.	4,256,000.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	9,000.	2,800,000.	147,000.	913,000.	387,000.	4,256,000.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						4,256,000.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	9,000.	2,800,000.	147,000.	913,000.	387,000.	4,256,000.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	9,000.	2,800,000.	147,000.	913,000.	387,000.	4,256,000.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

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.)

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, INC. (UHCMC) -

34-1567805

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CMC) - 34-0714550

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GMC) - 34-0816492

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (UHGMC) - 34-0714461

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UH REGIONAL HOSPITALS - 34-1924226

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

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.)

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 - MSC 9155

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

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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.)

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):

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

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

(V) AMOUNT OF MONETARY SUPPORT: $17,875,000

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

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: EMH REGIONAL MEDICAL CENTER

(II) EIN OF SUPPORTED ORGANIZATION: 34-0714612

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

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

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

(V) AMOUNT OF MONETARY SUPPORT: $0

SAMARITAN HOSPITAL HOSPITALITY SHOP - 34-0808574

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: SAMARITAN REGIONAL HEALTH SYSTEM

(II) EIN OF SUPPORTED ORGANIZATION: 34-0714535

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.)

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

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

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

(V) AMOUNT OF MONETARY SUPPORT: $0

HEATHER HILL INC. (HHI) - 34-0771884

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER ROAD - 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):

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

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

(V) AMOUNT OF MONETARY SUPPORT: $0

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) NAME OF SUPPORTED ORGANIZATION: UNIVERSITY HOSPITALS CLEVELAND

MEDICAL CENTER

(II) EIN OF SUPPORTED ORGANIZATION: 34-1567805

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

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.)

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

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

(V) AMOUNT OF MONETARY SUPPORT: $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) 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):

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

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

(V) AMOUNT OF MONETARY SUPPORT: $68,661,000

SCHEDULE A, PART IV, SECTION C, TYPE II ORGANIZATIONS

THE FOLLOWING GROUP SUBORDINATES RESPONDED YES:

- HEATHER HILL, INC.

THE FOLLOWING GROUP SUBORDINATES RESPONDED NO:

- COMPREHENSIVE HEALTH CARE OF OHIO

COMPREHENSIVE 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.

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.)

-SAMARITAN HOSPITAL HOSPITALITY SHOP

SAMARITAN HOSPITAL HOSPITALITY SHOP ("SHHS") IS A SUPPORTING ORGANIZATION OF SAMARITAN REGIONAL HEALTH SYSTEM (SAMARITAN) AS STATED IN ITS ARTICLES. SHHS IS OWNED AND CONTROLLED BY SAMARITAN. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. ("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.

-UNIVERISTY 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 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.

-UNIVERISTY 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

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.)

A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM.

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 for the latest information.**

OMB No. 1545-0047

2019

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

Employer identification number
90-0059117

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[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, 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).

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 6,839,567.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 3,000,636.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 2,428,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 2,397,119.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 2,033,852.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,899,896.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 1,800,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 1,739,042.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 1,358,052.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 1,289,558.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 1,269,904.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 1,252,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 1,250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 1,158,152.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 803,528.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
18		$ 764,496.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 712,794.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 700,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 674,289.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 662,304.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 639,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 584,691.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 550,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 506,230.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
28		$ 505,105.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
29		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 450,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 398,451.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 385,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 381,289.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 353,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 350,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 348,913.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 343,252.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 333,015.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
42		$ 316,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 313,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 266,950.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
47		$ 265,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 251,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 251,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 250,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 240,066.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 236,339.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 232,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 227,106.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 215,075.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
58		$ 212,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 210,869.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 209,262.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 207,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 204,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 203,951.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
64		$ 200,642.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 187,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 177,733.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 177,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		$ 175,827.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 172,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 163,746.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 156,675.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
78		$ 155,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 147,604.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 143,256.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 137,710.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 135,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		$ 127,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 121,655.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 121,474.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89		$ 118,438.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90		$ 117,518.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		$ 115,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92		$ 115,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93		$ 115,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94		$ 114,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95		$ 110,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96		$ 107,121.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		$ 106,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98		$ 105,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99		$ 103,861.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100		$ 103,760.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101		$ 103,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102		$ 102,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		$ 100,710.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
104		$ 100,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118		$ 99,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119		$ 96,666.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120		$ 96,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		$ 95,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122		$ 95,235.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123		$ 92,043.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124		$ 91,775.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125		$ 90,003.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126		$ 90,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		$ 86,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128		$ 85,075.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129		$ 85,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
130		$ 83,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131		$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132		$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135		$ 73,724.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136		$ 72,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137		$ 70,060.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138		$ 69,150.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		$ 62,059.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140		$ 61,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143		$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144		$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		$ 54,276.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
146		$ 54,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
147		$ 53,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148		$ 53,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149		$ 52,990.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150		$ 52,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		$ 51,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152		$ 50,928.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
153		$ 50,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154		$ 50,172.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
166		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
170		$ 47,973.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171		$ 47,393.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
172		$ 46,042.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
173		$ 43,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174		$ 42,042.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		$ 42,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176		$ 41,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177		$ 40,452.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178		$ 40,389.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179		$ 40,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
183		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185		$ 37,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		$ 37,170.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188		$ 36,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189		$ 36,094.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190		$ 36,027.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192		$ 33,050.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		$ 32,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
194		$ 32,173.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
195		$ 31,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
196		$ 31,232.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
197		$ 31,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
198		$ 31,160.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		$ 31,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
200		$ 30,205.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
201		$ 30,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
202		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
203		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
204		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
206		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
207		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
208		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
209		$ 29,953.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
210		$ 29,677.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		$ 29,116.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
212		$ 29,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
213		$ 28,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
214		$ 24,146.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
215		$ 27,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
216		$ 26,686.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		$ 26,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
218		$ 26,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
219		$ 26,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
220		$ 25,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
221		$ 25,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
222		$ 25,172.	Person [X] Payroll [ ] Noncash [X] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		$ 25,105.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
224		$ 25,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
225		$ 25,060.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
226		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
227		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
228		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
230		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
231		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
232		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
233		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
234		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
236		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
237		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
238		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
239		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
240		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
242		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
243		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
244		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
245		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
246		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
248		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
249		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
250		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
251		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
252		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
254		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
255		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
256		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
257		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
258		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
260		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
261		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
262		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
263		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
264		$ 24,922.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		$ 23,159.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
266		$ 22,979.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
267		$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
268		$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
269		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
270		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		$ 21,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
272		$ 21,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
273		$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
274		$ 20,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
275		$ 20,524.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
276		$ 20,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		$ 20,473.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
278		$ 20,239.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
279		$ 20,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
280		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
281		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
282		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
284		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
285		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
286		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
287		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
288		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
290		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
291		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
292		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
293		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
294		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
296		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
297		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
298		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
299		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
300		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
302		$ 19,999.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
303		$ 19,957.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
304		$ 19,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
305		$ 19,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
306		$ 18,450.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		$ 17,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
308		$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
309		$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
310		$ 17,407.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
311		$ 17,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
312		$ 17,100.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		$ 16,822.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
314		$ 16,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
315		$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
316		$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
317		$ 16,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
318		$ 16,200.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		$ 16,181.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
320		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
321		$ 15,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
322		$ 15,319.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
323		$ 15,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
324		$ 15,150.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		$ 15,143.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
326		$ 15,035.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
327		$ 15,001.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
328		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
329		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
330		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
332		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
333		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
334		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
335		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
336		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
338		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
339		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
340		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
341		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
342		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
344		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
345		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
346		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
347		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
348		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
350		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
351		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
352		$ 13,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
353		$ 13,715.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
354		$ 13,700.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
356		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
357		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
358		$ 13,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
359		$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
360		$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		$ 12,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
362		$ 12,696.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
363		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
364		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
365		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
366		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
368		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
369		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
370		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
371		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
372		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		$ 12,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
374		$ 12,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
375		$ 12,319.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
376		$ 12,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
377		$ 12,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
378		$ 12,050.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
380		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
381		$ 11,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
382		$ 11,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
383		$ 11,680.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
384		$ 11,667.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		$ 11,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
386		$ 11,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
387		$ 11,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
388		$ 11,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
389		$ 11,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
390		$ 11,304.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		$ 11,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
392		$ 11,167.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
393		$ 11,113.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
394		$ 11,110.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
395		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
396		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
398		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
399		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
400		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
401		$ 10,860.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
402		$ 10,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		$ 10,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
404		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
405		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
406		$ 10,461.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
407		$ 10,453.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
408		$ 10,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		$ 10,330.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
410		$ 10,330.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
411		$ 10,319.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
412		$ 10,260.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
413		$ 10,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
414		$ 10,230.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415		$ 10,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
416		$ 10,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
417		$ 10,068.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
418		$ 10,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
419		$ 10,014.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
420		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
422		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
423		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
424		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
425		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
426		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
428		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
429		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
430		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
431		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
432		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
434		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
435		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
436		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
437		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
438		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
440		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
441		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
442		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
443		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
444		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
446		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
447		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
448		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
449		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
450		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
452		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
453		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
454		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
455		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
456		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
458		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
459		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
460		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
461		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
462		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
464		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
465		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
466		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
467		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
468		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
470		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
471		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
472		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
473		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
474		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
476		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
477		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
478		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
479		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
480		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
482		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
483		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
484		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
485		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
486		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
488		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
489		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
490		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
491		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
492		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
494		$ 9,723.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
495		$ 9,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
496		$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
497		$ 9,350.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
498		$ 9,350.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499		$ 11,589.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
500		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
501		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
502		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
503		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
504		$ 8,847.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505		$ 8,724.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
506		$ 8,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
507		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
508		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
509		$ 8,468.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
510		$ 10,882.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511		$ 8,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
512		$ 8,175.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
513		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
514		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
515		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
516		$ 7,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517		$ 7,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
518		$ 7,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
519		$ 7,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
520		$ 7,650.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
521		$ 7,606.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
522		$ 7,550.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
524		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
525		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
526		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
527		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
528		$ 7,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529		$ 7,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
530		$ 7,396.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
531		$ 7,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
532		$ 7,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
533		$ 7,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
534		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
536		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
537		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
538		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
539		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
540		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541		$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
542		$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
543		$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
544		$ 6,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
545		$ 6,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
546		$ 6,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547		$ 6,225.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
548		$ 6,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
549		$ 6,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
550		$ 6,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
551		$ 6,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
552		$ 6,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553		$ 6,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
554		$ 6,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
555		$ 6,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
556		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
557		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
558		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
560		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
561		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
562		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
563		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
564		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
566		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
567		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
568		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
569		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
570		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
572		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
573		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
574		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
575		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
576		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
578		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
579		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
580		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
581		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
582		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
584		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
585		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
586		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
587		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
588		$ 5,950.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589		$ 5,815.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
590		$ 5,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
591		$ 5,778.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
592		$ 5,770.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
593		$ 5,685.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
594		$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595		$ 5,584.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
596		$ 5,575.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
597		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
598		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
599		$ 5,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
600		$ 5,350.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601		$ 5,325.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
602		$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
603		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
604		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
605		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
606		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
608		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
609		$ 5,238.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
610		$ 5,208.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
611		$ 5,171.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
612		$ 5,171.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
613		$ 5,155.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
614		$ 5,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
615		$ 5,105.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
616		$ 5,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
617		$ 5,096.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
618		$ 5,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
619		$ 5,023.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
620		$ 5,019.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
621		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
622		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
623		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
624		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
625		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
626		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
627		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
628		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
629		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
630		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
631		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
632		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
633		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
634		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
635		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
636		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
637		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
638		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
639		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
640		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
641		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
642		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
643		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
644		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
645		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
646		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
647		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
648		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
649		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
650		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
651		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
652		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
653		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
654		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
655		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
656		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
657		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
658		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
659		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
660		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
661		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
662		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
663		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
664		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
665		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
666		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
667		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
668		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
669		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
670		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
671		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
672		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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GROUP RETURN

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
673		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
674		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
675		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
676		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
677		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
678		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
679		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
680		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
681		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
682		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
683		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
684		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
685		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
686		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
687		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
688		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
689		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
690		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
691		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
692		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
693		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
694		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
695		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
696		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
697		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
698		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
699		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
700		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
701		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
702		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
703		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
704		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
705		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
706		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
707		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
708		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
709		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
710		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
711		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
712		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
713		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
714		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
715		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
716		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
717		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
718		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
719		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
720		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
721		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
722		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
723		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
724		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
725		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
726		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
727		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
728		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
729		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
730		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
731		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
732		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
733		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
734		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
735		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
736		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
737		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
738		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
739		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
740		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
741		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
742		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
743		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
744		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
745		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
746		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
747		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
748		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
749		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
750		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
751		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
752		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
753		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES	$ 3,000,636.	08/13/19
4	SECURITIES	$ 2,397,119.	12/26/19
17	SECURITIES	$ 703,528.	11/27/19
27	SECURITIES	$ 506,230.	09/06/19
28	SECURITIES	$ 504,855.	11/19/19
41	SECURITIES	$ 333,015.	06/18/19

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
46	SECURITIES	$ 266,950.	11/27/19
57	SECURITIES	$ 211,575.	12/09/19
63	SECURITIES	$ 203,951.	04/05/19
77	SECURITIES	$ 110,470.	12/26/19
103	SECURITIES	$ 100,710.	05/17/19
145	SECURITIES	$ 54,276.	06/18/19

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
171	SECURITIES	$ 47,393.	12/23/19
172	SECURITIES	$ 45,542.	09/09/19
214	SECURITIES	$ 24,011.	04/17/19
222	SECURITIES	$ 25,172.	04/24/19
223	SECURITIES	$ 25,105.	09/20/19
264	SECURITIES	$ 24,922.	12/23/19

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
265	SECURITIES	$ 23,159.	04/15/19
278	SECURITIES	$ 20,239.	12/18/19
302	SECURITIES	$ 19,999.	12/31/19
303	SECURITIES	$ 19,957.	10/15/19
362	SECURITIES	$ 12,696.	12/30/19
394	SECURITIES	$ 10,110.	11/11/19

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
401	SECURITIES	$ 10,860.	09/24/19
406	SECURITIES	$ 10,461.	07/16/19
414	SECURITIES	$ 10,230.	07/31/19
417	SECURITIES	$ 10,068.	12/12/19
419	SECURITIES	$ 10,014.	05/17/19
499	SECURITIES	$ 9,089.	12/26/19

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
510	SECURITIES	$ 5,697.	12/16/19
588	SECURITIES	$ 5,300.	09/20/19
591	SECURITIES	$ 5,778.	07/15/19
601	SECURITIES	$ 5,325.	12/18/19
609	SECURITIES	$ 5,238.	08/21/19
611	SECURITIES	$ 5,171.	04/10/19

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

Employer identification number
90-0059117

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
613	SECURITIES	$ 5,155.	07/03/19
615	SECURITIES	$ 5,105.	12/17/19
617	SECURITIES	$ 5,096.	11/25/19
620	SECURITIES	$ 5,019.	11/13/19
		$	
		$	

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

Employer identification number
90-0059117

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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990 LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1567805
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. (AHUJA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	26-4827222
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714550
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714461
UH REGIONAL HOSPITALS (UHRH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1924226
PARMA COMMUNITY GENERAL HOSPITAL (PARMA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0827442
EMH REGIONAL MEDICAL CENTER (ELYRIA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714612
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1260978
AMHERST HOSPITAL ASSOCIATION INC. (AMH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0067060
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	20-4881619

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1720429
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1527536
UHHS HEATHER HILL INC. (HHI)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0771884
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION (ACO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	27-3970270
ROBINSON HEALTH SYSTEM, INC. (PORT)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	46-1382538
SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0808574
SAMARITAN REGIONAL HEALTH SYSTEM (SAM)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714535
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	90-0794903
COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1492733
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0816492
SAMARITAN PROFESSIONAL CORPORATION	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1856531

UNIVERSITY HOSPITALS RESEARCH & EDUCATION COLLABORATIONS, LLC	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	83-3785425

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2019

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	Employer identification number
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	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-.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,997.	16,057.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	244,658.	491,252.
c Total lobbying expenditures (add lines 1a and 1b)	252,655.	507,309.
d Other exempt purpose expenditures	1,139,243,340.	3,714,853,069.
e Total exempt purpose expenditures (add lines 1c and 1d)	1,139,495,995.	3,715,360,378.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	282,398.	627,175.	423,303.	507,309.	1,840,185.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	8,225.	17,170.	17,431.	16,057.	58,883.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
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).

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

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

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

Part IV Supplemental Information

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

FORM 990, SCHEDULE C, PART IV

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.

Part IV Supplemental Information *(continued)*

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 $158,894

1E - NO

1F - YES $130,315

1G - YES $116,305

1H - NO

1I - NO

1J - $405,514

2A - NO

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

Employer ID Number
34-1567805

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,997.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	244,658.	b
Total lobbying expenditures (add lines 1a and 1b)	252,655.	c
Other exempt purpose expenditures	1,762,648,204.	d
Total exempt purpose expenditures (add lines 1c and 1d).	1,762,900,859.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

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:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	466.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	14,260.	b
Total lobbying expenditures (add lines 1a and 1b)	14,726.	c
Other exempt purpose expenditures	116,404,625.	d
Total exempt purpose expenditures (add lines 1c and 1d).	116,419,351.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER

Employer ID Number
34-0750341

Affiliated Group Member Address
158 WEST MAIN RD.
CONNEAUT, OH 44030

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	106.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	3,233.	b
Total lobbying expenditures (add lines 1a and 1b)	3,339.	c
Other exempt purpose expenditures	25,654,844.	d
Total exempt purpose expenditures (add lines 1c and 1d).	25,658,183.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER

Employer ID Number
34-0816492

Affiliated Group Member Address
13207 RAVENNA RD.
CHARDON, OH 44024

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	769.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	23,542.	b
Total lobbying expenditures (add lines 1a and 1b)	24,311.	c
Other exempt purpose expenditures	170,607,594.	d
Total exempt purpose expenditures (add lines 1c and 1d).	170,631,905.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	196.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	6,005.	b
Total lobbying expenditures (add lines 1a and 1b)	6,201.	c
Other exempt purpose expenditures	40,989,576.	d
Total exempt purpose expenditures (add lines 1c and 1d).	40,995,777.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS HOME CARE SERVICES

Employer ID Number
34-1527536

Affiliated Group Member Address
4901 GALAXY PARKWAY
WARRENSVILLE HEIGHTS, OH 44128

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	446.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	13,634.	b
Total lobbying expenditures (add lines 1a and 1b)	14,080.	c
Other exempt purpose expenditures	119,056,275.	d
Total exempt purpose expenditures (add lines 1c and 1d).	119,070,355.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS LABORATORY SERVICES

Employer ID Number
34-1720429

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	160.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,905.	b
Total lobbying expenditures (add lines 1a and 1b)	5,065.	c
Other exempt purpose expenditures	37,895,574.	d
Total exempt purpose expenditures (add lines 1c and 1d).	37,900,639.	e
Lobbying nontaxable amount. Enter the amount from the following 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.	

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

1,000,000. f

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

Employer ID Number
20-4881619

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,764.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	53,968.	b
Total lobbying expenditures (add lines 1a and 1b)	55,732.	c
Other exempt purpose expenditures	491,222,263.	d
Total exempt purpose expenditures (add lines 1c and 1d).	491,277,995.	e
Lobbying nontaxable amount. Enter the amount from the following 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.	

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

1,000,000. f

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer ID Number
34-0714775

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	521.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	15,954.	b
Total lobbying expenditures (add lines 1a and 1b)	16,475.	c
Other exempt purpose expenditures	812,961,525.	d
Total exempt purpose expenditures (add lines 1c and 1d).	812,978,000.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

Employer ID Number
26-4827222

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	920.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	28,162.	b
Total lobbying expenditures (add lines 1a and 1b)	29,082.	c
Other exempt purpose expenditures	192,946,050.	d
Total exempt purpose expenditures (add lines 1c and 1d).	192,975,132.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
UNIVERSITY HOSPITALS ACCOUNTABLE CARE

Employer ID Number
27-3970270

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	0.	d
Total exempt purpose expenditures (add lines 1c and 1d).	0.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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	0.	

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	0.	d
Total exempt purpose expenditures (add lines 1c and 1d).	0.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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	0.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
PARMA COMMUNITY GENERAL HOSPITAL ASSOC.

Employer ID Number
34-0827442

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	722.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	23,605.	b
Total lobbying expenditures (add lines 1a and 1b)	24,327.	c
Other exempt purpose expenditures	188,505,554.	d
Total exempt purpose expenditures (add lines 1c and 1d).	188,529,881.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
COMPREHENSIVE HEALTH CARE OF OHIO, INC.

Employer ID Number
34-1492733

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	3.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	82.	b
Total lobbying expenditures (add lines 1a and 1b)	85.	c
Other exempt purpose expenditures	51,107.	d
Total exempt purpose expenditures (add lines 1c and 1d).	51,192.	e
Lobbying nontaxable amount. Enter the amount from the following table:		
Grassroots nontaxable amount (enter 25% of line 1f)	2,560.	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.	

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

10,238. f

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
AMHERST HOSPITAL ASSOCIATION

Employer ID Number
34-0067060

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	2.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	62.	b
Total lobbying expenditures (add lines 1a and 1b)	64.	c
Other exempt purpose expenditures	858,258.	d
Total exempt purpose expenditures (add lines 1c and 1d).	858,322.	e
Lobbying nontaxable amount. Enter the amount from the following table:		
Grassroots nontaxable amount (enter 25% of line 1f)	38,437.	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.	

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

153,748. f

Part IV Supplemental Information *(continued)*

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

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	871.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	26,663.	b
Total lobbying expenditures (add lines 1a and 1b)	27,534.	c
Other exempt purpose expenditures	201,928,061.	d
Total exempt purpose expenditures (add lines 1c and 1d).	201,955,595.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
ROBINSON HEALTH SYSTEM, INC.

Employer ID Number
46-1382538

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	565.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	17,276.	b
Total lobbying expenditures (add lines 1a and 1b)	17,841.	c
Other exempt purpose expenditures	131,194,913.	d
Total exempt purpose expenditures (add lines 1c and 1d).	131,212,754.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
ST. JOHN MEDICAL CENTER

Employer ID Number
34-1260978

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	679.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	20,778.	b
Total lobbying expenditures (add lines 1a and 1b)	21,457.	c
Other exempt purpose expenditures	164,969,083.	d
Total exempt purpose expenditures (add lines 1c and 1d).	164,990,540.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
SAMARITAN REGIONAL HEALTH SYSTEM

Employer ID Number
34-0714535

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	341.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	10,420.	b
Total lobbying expenditures (add lines 1a and 1b)	10,761.	c
Other exempt purpose expenditures	69,914,629.	d
Total exempt purpose expenditures (add lines 1c and 1d).	69,925,390.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
SAMARITAN HOSPITAL SHOP

Employer ID Number
34-0808574

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	0.	d
Total exempt purpose expenditures (add lines 1c and 1d).	0.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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	0.	

Part IV Supplemental Information *(continued)*

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

Name of Affiliated Group Member
SAMARITAN PC

Employer ID Number
34-1856531

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

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	0.	d
Total exempt purpose expenditures (add lines 1c and 1d).	0.	e

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

If the amount on line e is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over $17,000,000	$1,000,000

	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	0.	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number 90-0059117

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ 780,584.

(ii) Assets included in Form 990, Part X ▶ $ 7,300,000.

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

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

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

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

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

a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange program
e [X] Other SEE SUPPLEMENTAL INFORMATIO

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	179,723,000.	187,557,000.	159,046,000.	149,283,000.	148,982,000.
b Contributions	9,871,000.	5,345,000.	8,523,000.	7,136,000.	7,350,000.
c Net investment earnings, gains, and losses	32,087,000.	-5,466,000.	28,790,000.	10,239,000.	-357,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,378,000.	7,713,000.	8,802,000.	7,612,000.	6,692,000.
f Administrative expenses					
g End of year balance	211,303,000.	179,723,000.	187,557,000.	159,046,000.	149,283,000.

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

a Board designated or quasi-endowment ▶ 6.58 %
b Permanent endowment ▶ 68.95 %
c Term endowment ▶ 24.47 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		162,289,000.		162,289,000.
b Buildings		1,971,239,000.	895,262,000.	1,075,977,000.
c Leasehold improvements		32,392,000.	22,261,000.	10,131,000.
d Equipment		1,677,156,000.	1,176,963,000.	500,193,000.
e Other		76,327,000.	44,735,000.	31,592,000.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,780,182,000.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS	287,125,000.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	287,125,000.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BENEFICIAL INT. IN FOUNDATION	157,938,000.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN AFFILIATES	135,592,000.	COST
(3) INVESTMENTS - PROGRAM RELATED	209,499,000.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	503,029,000.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESEARCH INST OPTION LIABILITY	22,586,000.
(3) DUE TO THIRD PARTIES	18,401,000.
(4) OTHER LIABILITIES	159,316,000.
(5) INTERST RATE SWAP LIABILITY	75,645,000.
(6) SELF INSURED LIABILITY	84,284,000.
(7) PENSION LIABILITY	444,300,000.
(8) PROFESSIONAL LIABILITY	35,046,000.
(9) PROFESSIONAL LIABILITY-WRA	23,983,000.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	865,793,000.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE UH ART COLLECTION INCLUDES APPROXIMATELY 2,926 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

Part XIII Supplemental Information *(continued)*

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 RECONGIZE 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, 2019 AND 2018, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

FORM 990, SCHEDULE D, PART V

IN 2016 THE HEALTH SYSTEM ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD CODIFACTION TOPIC 820 ("FASB"). AS A RESULT THE HEALTH SYSTEM'S ENDOWMENT FUNDS FOR 2016-2019 HAVE BEEN PRESENTED TO CONFORM TO THE STANDARD. THE 2015 YEAR HAS BEEN RESTATED FOR COMPARATIVE PURPOSES.

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
CWRU AFFILIATION	2,232,000.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 90-0059117

Part I Fundraising Activities.

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

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

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [ ] In-person solicitations
- **e** [ ] Solicitation of non-government grants
- **f** [ ] Solicitation of government grants
- **g** [ ] Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
TRUE SENSE - 155 COMMERCE DRIVE, FREEDOM, PA 15042	TELEPHONE FUNDRAISING		X	45,569.	126,000.	80,432.
Total ▶				45,569.	126,000.	80,432.

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,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA,SC,TN,UT,VA
WI

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

		(a) Event #1 FIVE STAR (GALA) (event type)	(b) Event #2 DINNER (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,283,402.	188,908.	967,004.	2,439,314.
	2 Less: Contributions	1,027,219.	137,818.	739,476.	1,904,513.
	3 Gross income (line 1 minus line 2)	256,183.	51,090.	227,528.	534,801.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			10,145.	10,145.
	6 Rent/facility costs	334,883.	7,099.	25,574.	367,556.
	7 Food and beverages	143,991.	22,691.	162,085.	328,767.
	8 Entertainment		1,250.	7,525.	8,775.
	9 Other direct expenses	375,965.	4,360.	76,495.	456,820.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,172,063.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-637,262.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue		800.	18,275.	19,075.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			4,900.	4,900.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☒ Yes 100 % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				4,900.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				14,175.

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

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

b If "No," explain: RAFFLES AT EVENTS ONLY, LICENSE NOT REQUIRED IN OHIO.

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

b If "Yes," explain:

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... 13a %

b An outside facility ..... 13b 100.00 %

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 - SHAKER HEIGHTS, OH 44122

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] 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 [X] 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 [X] 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

Part IV Supplemental Information *(continued)*

PLANNING AND MANAGING FUND RAISING EVENTS IS THEIR JOB DESCRIPTION.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number 90-0059117

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			49,897,624.		49,897,624.	1.45%
b Medicaid (from Worksheet 3, column a)			746,073,726.	528,647,041.	217,426,685.	6.33%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			795,971,350.	528,647,041.	267,324,309.	7.78%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,850,907.	1,683,015.	9,167,892.	.27%
f Health professions education (from Worksheet 5)			119,973,652.	30,358,572.	89,615,080.	2.61%
g Subsidized health services (from Worksheet 6)			36,200,123.	22,329,991.	13,870,132.	.40%
h Research (from Worksheet 7)			82,090,604.	35,046,359.	47,044,245.	1.37%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,530,199.		1,530,199.	.04%
j **Total.** Other Benefits			250,645,485.	89,417,937.	161,227,548.	4.69%
k **Total.** Add lines 7d and 7j			1046616835.	618,064,978.	428,551,857.	12.47%

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			47,449.		47,449.	.00%
3	Community support			56,377.		56,377.	.00%
4	Environmental improvements						
5	Leadership development and training for community members			32,351.		32,351.	.00%
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			863.		863.	.00%
9	Other			28,903.		28,903.	.00%
10	Total			165,943.		165,943.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	116,000,000.		
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	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	548,561,315.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	618,565,681.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-70,004,366.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other				

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 EMH SHEFFIELD MEDICAL BUILDING CONDOMINIUM ASSOCIATION	CONDO MANAGEMENT	56.00%		
2 GATES MEDICAL CENTER, INC	CONDO MANAGEMENT	40.00%		

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 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)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UH CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE CLEVELAND, OH 44106 WWW.UHHOSPITALS.ORG STLIC:1142 UH CLEVELAND MEDICAL CENTER EIN:34-1567805	X	X		X		X	X		IP PSYCH./IP REHAB./SKILLED NURSING LVL 1	A
2 UH RAINBOW BABIES & CHILDREN'S HOSPIT 11100 EUCLID AVENUE CLEVELAND, OH 44106 WWW.UHHOSPITALS.ORG STLIC:1142 UH CLEVELAND MEDICAL CENTER EIN:34-1567805	X	X	X	X		X	X		LVL 1 TRAUMA CTR	A
3 UH GEAUGA MEDICAL CENTER 13207 RAVENNA ROAD CHARDON, OH 44024 WWW.UHHOSPITALS.ORG STLIC:1001 UH GEAUGA MEDICAL CENTER EIN:34-0816492	X	X					X		IP PSYCHIATRIC UNIT	B
4 UH AHUJA MEDICAL CENTER 3999 RICHMOND ROAD BEACHWOOD, OH 44122 WWW.UHHOSPITALS.ORG STLIC:1497 UH AHUJA MEDICAL CENTER EIN:26-4827222	X	X					X			A
5 UH REGIONAL HOSPITALS 27100 CHARDON ROAD RICHMOND HEIGHTS, OH 44143 WWW.UHHOSPITALS.ORG STLIC:1141&1008 UH REGIONAL HOSPITALS EIN:34-1924226	X	X		X			X			A
6 UH GENEVA MEDICAL CENTER 870 WEST MAIN STREET GENEVA, OH 44041 WWW.UHHOSPITALS.ORG STLIC:1108 UH GENEVA MEDICAL CENTER EIN:34-0714461	X				X		X			A
7 UH CONNEAUT MEDICAL CENTER 158 WEST MAIN ROAD CONNEAUT, OH 44030 WWW.UHHOSPITALS.ORG STLIC:1107 UH CONNEAUT MEDICAL CENTER EIN:34-0714550	X				X		X			A
8 UH PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 WWW.UHHOSPITALS.ORG STLIC:1007 UH PARMA MEDICAL CENTER EIN:31-1827442	X	X					X			A
9 UH ELYRIA MEDICAL CENTER 630 EAST RIVER STREET ELYRIA, OH 44035 WWW.UHHOSPITALS.ORG STLIC:1217 UH ELYRIA MEDICAL CENTER EIN:34-0714612	X	X					X			A
10 UH ST. JOHN MEDICAL CENTER 29000 CENTER RIDGE ROAD WESTLAKE, OH 44145-5275 WWW.UHHOSPITALS.ORG STLIC:1034 UH ST. JOHN MEDICAL CENTER EIN:34-1260978	X	X		X			X			A

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11 UH PORTAGE MEDICAL CENTER 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 WWW.UHHOSPITALS.ORG STLIC:1255 UH PORTAGE MEDICAL CENTER EIN:46-1382538	X	X		X			X			C
12 UH SAMARITAN MEDICAL CENTER 1025 CENTER STREET ASHLAND, OH 44805 WWW.SAMARITANHOSPITAL.ORG STLIC:1104 UH SAMARITAN MEDICAL CENTER EIN:34-0714535	X	X					X			D
13 UNIVERSITY HOSPITALS REHABILITATION H 23333 HARVARD ROAD BEACHWOOD, OH 44122 WWW.UHHOSPITALS.ORG STLIC:1509 UH CLEVELAND MEDICAL CENTER EIN:34-1567805	X								REHABILATION	A
14 UH AVON REHABILITATION HOSPITAL 37900 CHESTER ROAD AVON, OH 44011 WWW.UHHOSPITALS.ORG STLIC:1523 UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. EIN:34-0714775	X								REHABILATION	C

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUN			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): 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

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): 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

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP C

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11,14

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a If "Yes," (list url):			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	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)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REPORTING GROUP C

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): 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

Name of hospital facility or letter of facility reporting group REPORTING GROUP C

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP C

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a If "Yes," (list url):			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	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)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): 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

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

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

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.

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:

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.

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

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.

- 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

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

Part V Facility Information *(continued)*

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

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 5: UH CLEVELAND MEDICAL CENTER'S 2019 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS AND HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH CLEVELAND MEDICAL CENTER; DEMOGRAPHICS OF UH CLEVELAND MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED;

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.

OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE

(E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH

FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE

INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER

TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER

CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES

OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS'

UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE

SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION

RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH

INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND

FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL

HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL

AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE AND LEAD POISONING).

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

BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL

CENTER, UH ST. JOHN MEDICAL CENTER, UH REHABILITATION HOSPITAL, SOUTHWEST

GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE

METROHEALTH SYSTEM.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

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 THREE PRIORITY HEATH

NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH 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: AWARENESS BUILDING AND EARLY DETECTION OF CHRONIC DISEASES

- STRATEGY #4: HEART FAILURE CPR/SAFETY TRAINING

- STRATEGY #5: DEVELOP CAREERS RELATED TO HEART HEALTH

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

COMMUNITY MEMBERS

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

INFORMATION

PRIORITY HEALTH NEED #2: POVERTY

- STRATEGY #1: EMPLOY AND RETAIN COMMUNITY RESIDENTS IN DEVELOPED CAREERS

FOR ENVIRONMENTAL SERVICES & NUTRITION SERVICES

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.

- STRATEGY #2: FACILITATE A PIPELINE PROGRAM FOR SECONDARY SCHOOL STUDENTS OF A MINORITY

- STRATEGY #3: 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 2019 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.

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.

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.

NOT ALL NEEDS IDENTIFIED IN THE 2019 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. SOME NEEDS NOT BEING ADDRESSED ARE HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE, AND SUICIDE PREVENTION. 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

Part V Facility Information *(continued)*

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

AND 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 FINANICAL 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 1 -- UH CLEVELAND 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 ASSSTANCE POLICY.

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

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 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.

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.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

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

PART V, SECTION B, LINE 5: THE UH RAINBOW BABIES & CHILDREN'S MEDICAL CENTER'S 2019 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 ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS OFFERED THEIR ANALYSIS

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.

BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES.

PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH RAINBOW BABIES & CHILDREN'S HOSPITAL; DEMOGRAPHICS OF UH RAINBOW BABIES & CHILDREN'S HOSPITAL PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); ACCESS TO DENTAL CARE FOR CHILDREN; ACCESS TO PRIMARY CARE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE AND LEAD POISONING); REDUCE INFANT MORTALITY (E.G. EXTREME PREMATURITY, BIRTH DEFECTS, AND SLEEP-RELATED DEATHS).

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 CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH RAINBOW

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.

BABIES & CHILDREN'S HOSPITAL IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH CLEVELAND MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM.

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

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

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 HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH 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

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.

PRIORITY HEALTH NEED #2: INFANT MORTALITY

- STRATEGY #1: OFFER 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 2019 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 2019 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

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.

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 FINANICAL 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

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 ASSSTANCE POLICY.

GROUP A-FACILITY 4 -- UH AHUJA 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 2019 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.

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.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH AHUJA MEDICAL CENTER'S 2019 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 ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, 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

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.

NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH AHUJA MEDICAL CENTER; DEMOGRAPHICS OF UH AHUJA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); REDUCING HOSPITALIZATION AND DECREASING HOSPITAL READMISSION; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

GROUP A-FACILITY 4 -- UH AHUJA 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 AHUJA MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION

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.

HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

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

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 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.

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.

GROUP A-FACILITY 4 -- UH AHUJA 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 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 FINANICAL 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

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.

FACILITIES' FINANCIAL ASSSTANCE POLICY.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

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.

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

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 RANDOMIZED TELEPHONE SURVEYS OF HOUSEHOLDS IN CUYAHOGA COUNTY, AS WELL AS, 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH RICHMOND MEDICAL CENTER; DEMOGRAPHICS OF UH RICHMOND MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); REDUCING THE PREVALENCE OF RESPIRATORY DISEASE AND IMPROVING PATIENTS' QUALITY OF LIFE IN ACCORDANCE WITH THE DISEASE; CHRONIC DISEASE (E.G. HEART DISEASE, CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION

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.

RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

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 RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN CUYAHOGA COUNTY, AS WELL AS, 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH BEDFORD MEDICAL CENTER; DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. HEART DISEASE, CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); REDUCING HOSPITALIZATION AND DECREASING HOSPITAL READMISSION; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER

Part V Facility Information *(continued)*

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

SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

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 (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER) IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

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:

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.

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,

SUPPORT SERVICES, AND FINANCIAL COUNSELLING

THE FOLLOWING NEEDS WERE IDENTIFIED IN THE 2019 CHNA, BUT ARE NOT BEING

ADDRESSED IN 2019 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

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.

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 FINANICAL 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 5 -- UH REGIONAL HOSPITALS

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 ASSSTANCE POLICY.

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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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

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.

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH GENEVA MEDICAL CENTER'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY BY SURVEYS ADMINISTERED THROUGH RANDOMIZED EMAIL LIST SERVS, SOCIAL MEDIA SURVEYS, AND PUBLIC NOTICES IN ASHTABULA COUNTY. 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. DATA WAS ALSO OBTAINED BY INDEPENDENT RESEARCHERS FROM THE TOLEDO-BASED HOSPITAL COUNCIL OF NORTHWEST OHIO AND THEIR PARTNERS AT THE UNIVERSITY OF TOLEDO. THE SURVEY DATA WAS COLLECTED FROM A CROSS-SECTIONAL, RANDOMIZED SAMPLE OF 1,200 ASHTABULA COUNTY RESIDENTS AGED 19 YEARS AND OLDER. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH,

Part V Facility Information *(continued)*

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

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 ASHTABILA 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 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABILA COUNTY: ASHTABULA CITY HEALTH DEPARTMENT, ASHTABULA COUNTY CHILDREN'S SERVICES, ASHTABULA COUNTY COMMISSIONERS, ASHTABULA COUNTY COMMUNITY ACTION AGENCY, ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER, ASHTABULA COUNTY ENGINEERS DEPARTMENT, ASHTABULA COUNTY FAMILY & CHILDREN'S FIRST COUNCIL, ASHTABULA COUNTY HEALTH DEPARTMENT, ASHTABULA COUNTY JOB & FAMILY SERVICES, ASHTABULA COUNTY MEDICAL CENTER, ASHTABULA COUNTY MENTAL HEALTH RECOVERY BOARD, ASHTABULA COUNTY REGIONAL HOME HEALTH SERVICES, ASHTABULA COUNTY YMCA, CATHOLIC CHARITIES OF ASHTABULA COUNTY, CENTER FOR HEALTH AFFAIRS, COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, CONNEAUT CITY HEALTH DEPARTMENT, COUNTRY NEIGHBOR, GLENBEIGH, KENT STATE UNIVERSITY-ASHTABULA, LAKE AREA RECOVERY CENTER, OHIO STATE UNIVERSITY COOPERATIVE

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.

EXTENSION-ASHTABULA COUNTY, AND SIGNATURE HEALTH/FAMILY PLANNING

ASSOCIATION OF NORTHEAST OHIO.

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 TWO PRIORITY HEALTH NEEDS AND TWO

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

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

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.

- 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 2019 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

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.

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANICAL 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 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 ASSSTANCE POLICY.

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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE

Part V Facility Information *(continued)*

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

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH CONNEAUT MEDICAL CENTER'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY BY SURVEYS ADMINISTERED THROUGH RANDOMIZED EMAIL LIST SERVS, SOCIAL MEDIA SURVEYS, AND PUBLIC NOTICES IN ASHTABULA COUNTY. 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. DATA WAS ALSO OBTAINED BY INDEPENDENT RESEARCHERS FROM THE TOLEDO-BASED HOSPITAL COUNCIL OF NORTHWEST OHIO AND THEIR PARTNERS AT THE UNIVERSITY OF TOLEDO. THE SAMPLE COLLECTED BY THEM WAS A RANDOMIZED MIXTURE OF 1,200 ASHTABULA COUNTY RESIDENTS 19 YEARS AND OLDER. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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,

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.

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 ASHTABILA COUNTY. UH GENEVA MEDICAL CENTER AND UH CONNEAUT MEDICAL CENTER ARE INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABILA COUNTY: ASHTABULA CITY HEALTH DEPARTMENT, ASHTABULA COUNTY CHILDREN'S SERVICES, ASHTABULA COUNTY COMMISSIONERS, ASHTABULA COUNTY COMMUNITY ACTION AGENCY, ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER, ASHTABULA COUNTY ENGINEERS DEPARTMENT, ASHTABULA COUNTY FAMILY & CHILDREN'S FIRST COUNCIL, ASHTABULA COUNTY HEALTH DEPARTMENT, ASHTABULA COUNTY JOB & FAMILY SERVICES, ASHTABULA COUNTY MEDICAL CENTER, ASHTABULA COUNTY MENTAL HEALTH RECOVERY BOARD, ASHTABULA COUNTY REGIONAL HOME HEALTH SERVICES, ASHTABULA COUNTY YMCA, CATHOLIC CHARITIES OF ASHTABULA COUNTY, CENTER FOR HEALTH AFFAIRS, COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, CONNEAUT CITY HEALTH DEPARTMENT, COUNTRY NEIGHBOR, GLENBEIGH, KENT STATE UNIVERSITY-ASHTABULA, LAKE AREA RECOVERY CENTER, OHIO STATE UNIVERSITY COOPERATIVE EXTENSION-ASHTABULA COUNTY, AND SIGNATURE HEALTH/FAMILY PLANNING ASSOCIATION OF NORTHEAST OHIO.

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.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR CONNEAUT MEDICAL CENTER IDENTIFIED THE FOLLOWING TWO PRIORITY HEALTH NEEDS AND TWO 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

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

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.

- 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 2019 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.

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 FINANICAL ASSISTANCE OFFICES. IF A

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.

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 ASSSTANCE 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

Part V Facility Information *(continued)*

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

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH PARMA MEDICAL CENTER'S 2019 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 ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH PARMA MEDICAL CENTER;

Part V Facility Information *(continued)*

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

DEMOGRAPHICS OF UH PARMA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); INCREASING ACCESS TO PRIMARY CARE; MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

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 RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH AHUJA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL

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.

CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

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 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 (INCLUDES CHRONIC DISEASE MANAGEMENT AND PREVENTION)

THE STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: 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.

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.

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 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 FINANICAL 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

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.

FACILITIES' FINANCIAL ASSSTANCE 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 2019 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, 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. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 5: THE UH ELYRIA MEDICAL CENTER'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN LORAIN COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE ELYRIA CITY HEALTH DISTRICT AND THE LORAIN 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. SURVEYS WERE MAILED OUT TO 2,400 ADULTS IN LORAIN COUNTY. THE RESPONSE RATE FOR THE GENERAL POPULATION WAS 29%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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, TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE (HEART HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, AND QUALITY OF LIFE), SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF 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, UH AVON REHABILITATION HOSPITAL, CLEVELAND

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.

CLINIC AVON HOSPITAL, MERCY HEALTH ALLEN HOSPITAL, MERCY HEALTH LORAIN HOSPITAL AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2019 CHNA FOR LORAIN COUNTY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY: ALCOHOL AND DRUG ADDICTION SERVICES BOARD OF LORAIN COUNTY, LORAIN COUNTY BOARD OF MENTAL HEALTH, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY METRO PARKS, LORAIN COUNTY OFFICE ON AGING, LORAIN COUNTY PUBIC HEALTH, AND UNITED WAY OF GREATER LORAIN COUNTY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

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

PRIORITY HEATH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: PREDIABETES (AND OBESITY) SCREENING AND REFERRAL
- STRATEGY #2: DIABETES AWARENESS CLASSES
- STRATEGY #3: COMMUNITY FITNESS PROGRAMS

PRIORITY HEALTH NEED #2: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: CELL PHONE-BASED SUPPORT PROGRAMS
- STRATEGY #2: EMERGENCY ROOM AND FIRST RESPONDER OVERDOSE RESPONSE TRAINING (NALOXONE ACCESS)
- STRATEGY #3: COMMUNITY-WIDE CARE COORDINATION

Part V Facility Information *(continued)*

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

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: ACCESS TO CARE OR PREVENTION AS STAND-ALONE PRIORITIES. ASPECTS OF THESE HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING ADDRESSED. OTHER LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND OTHER NEEDS.

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 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 FACILITIES PATIENT ACCESS AREAS OR FINANICAL 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.

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.

GROUP A-FACILITY 9 -- UH ELYRIA 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 ASSSTANCE POLICY.

GROUP A-FACILITY 10 -- UH ST. JOHN 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

Part V Facility Information *(continued)*

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

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 5: UH ST. JOHN MEDICAL CENTER'S 2019 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 ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH ST. JOHN MEDICAL CENTER; DEMOGRAPHICS OF UH ST. JOHN MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE

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.

(E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

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 RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH AHUJA MEDICAL CENTER, UH PARMA MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

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, EXERCISE PROMOTION, 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 THE COMMUNITY 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. THE

IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH

Part V Facility Information *(continued)*

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

NEEDS IDENTIFIED IN THE 2019 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.

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 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 FINANICAL 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.

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.

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 ASSSTANCE 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

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.

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 5: UH REHABILITATION HOSPITAL'S 2019 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

ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE

BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF

HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS

AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM

THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC

HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A

DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH REHABILITATION HOSPITAL;

DEMOGRAPHICS OF UH REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY MARKET

AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED;

OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE

(E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); QUALITY OF

Part V Facility Information *(continued)*

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

LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY);

CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO

CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING

INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING

PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR

DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU

VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL

HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY

STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G.

MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE);

MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY,

AND LEAD POISONING).

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 2019 CHNA FOR CUYAHOGA COUNTY:

UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH

AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS UH REGIONAL HOSPITALS (UH

BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL

CENTER, UH ST. JOHN MEDICAL CENTER, SOUTHWEST GENERAL HEALTH CENTER, ST.

VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

Part V Facility Information *(continued)*

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

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 11: THE 2019 IMPLEMENTATION STRATEGY FOR UH REHABILITATION HOSPITAL 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 FOR THE LOCAL COMMUNITY

- STRATEGY #2: COMMUNITY EDUCATION ON RISK FACTORS ASSOCIATED WITH DIABETES

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 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.

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

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.

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 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

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 FINANICAL 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 ASSSTANCE POLICY.

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

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 3: UH GEAUGA MEDICAL CENTER

Part V Facility Information *(continued)*

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

GROUP B-FACILITY 3 -- UH GEAUGA 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION.

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH GEAUGA MEDICAL CENTER'S 2019 ASSESSMENT TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF

Part V Facility Information *(continued)*

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

THE COMMUNITY THROUGH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN GEAUGA COUNTY, REGIONAL FORUMS, 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 26%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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. ADDICTION, HEALTH STATUS PERCEPTIONS, ADULT TOBACCO, DRUG, AND ALCOHOL USE, SEXUAL BEHAVIOR, AND MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES); AND SOCIAL CONDITIONS (E.G. SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING).

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR GEAUGA COUNTY: CASA FOR KIDS OF GEAUGA COUNTY, CATHOLIC CHARITIES COMMUNITY SERVICES, CHAGRIN FALLS PARK COMMUNITY CENTER, DDC CLINIC, FAMILY PLANNING ASSOCIATION OF NORTHEAST OHIO, INC. (A DIVISION OF SIGNATURE HEALTH), FAMILY PRIDE, GEAUGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES, GEAUGA COUNTY BOARD OF HEALTH, GEAUGA COUNTY BOARD OF MENTAL HEALTH & RECOVERY SERVICES, GEAUGA COUNTY CLERK OF COURTS, GEAUGA COUNTY COMMISSIONERS, GEAUGA COUNTY DEPARTMENT ON AGING, GEAUGA COUNTY EDUCATIONAL SERVICE CENTER: (REPRESENTING ALL GEAUGA COUNTY

Part V Facility Information *(continued)*

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

SCHOOL DISTRICTS), GEAUGA PUBLIC HEALTH, GEAUGA COUNTY HEALTH DISTRICT ADVISORY COUNCIL, GEAUGA COUNTY HUNGER TASK FORCE, GEAUGA COUNTY JOB AND FAMILY SERVICES, GEAUGA COUNTY PUBLIC LIBRARY SYSTEM, GEAUGA COUNTY RESIDENTS, GEAUGA COUNTY SHERIFF, GEAUGA COUNTY TOWNSHIP ASSOCIATION, GEAUGA FAMILY FIRST COUNCIL, GEAUGA PARK DISTRICT, LAKE-GEAUGA HEAD START, LAKE GEAUGA RECOVERY CENTERS, LIFE ACT, MIDDLEFIELD CARE CENTER, NAMI GEAUGA, OHIO DEPARTMENT OF HEALTH, RAVENWOOD MENTAL HEALTH CENTER, STARTING POINT, TORCHLIGHT YOUTH MENTORING ALLIANCE, UNITED WAY SERVICES OF GEAUGA COUNTY, AND WOMENSAFE, INC.

GROUP B-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 WITH WELLNESS NAVIGATOR
- 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

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.

- 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 2019 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, OR RESOURCES.

GROUP B-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 B-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

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.

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 FINANICAL 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 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

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSSTANCE POLICY.

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

FACILITY REPORTING GROUP C CONSISTS OF:

- FACILITY 11: UH PORTAGE MEDICAL CENTER

- FACILITY 14: UH AVON REHABILITATION HOSPITAL

GROUP C-FACILITY 11 -- UH PORTAGE 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 2019 CHNA EXAMINED ECONOMIC

INDICATORS SUCH AS POVERTY, UNEMPLOYMENT, STATE BUDGET DEVELOPMENTS,

HOUSEHOLD INCOME AND HEALTH STATUS INDICATORS FROM SOURCES SUCH AS COUNTY

HEALTH RANKINGS, THE COMMUNITY HEALTH STATUES INDICATORS PROJECT, THE OHIO

DEPARTMENT OF HEALTH, THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Part V Facility Information *(continued)*

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

(CDC), BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U.S. DEPARTMENT OF AGRICULTURE. DATA FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS WERE ALSO USED. MEDICALLY UNDERSERVED AREAS AND POPULATIONS, HEALTH PROFESSIONAL SHORTAGE AREAS, AND HOSPITAL UTILIZATION WERE ALSO ASSESSED.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP C-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 A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. THE MAILING SURVEY WAS SENT TO 1,200 ADULTS IN PORTAGE COUNTY AND THE RESPONSE RATE WAS 27%, WHICH SHOULD BE REPRESENTATIVE OF

Part V Facility Information *(continued)*

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

THE ENTIRE COUNTY. ADOLESCENTS WERE RANDOMLY CHOSEN AFTER APPROVAL BY SUPERINTENDENT AND PARENT APPROVAL. THE RESPONSE RATE FOR ADOLESCENTS WAS 94%. FINALLY, A CHILD SURVEY WAS SENT TO 2,400 PARENTS WITH A RESPONSE RATE OF 7% WHICH SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY AT A 7% MARGIN OF ERROR. COUNTY-LEVEL DATA, NUMEROUS CDC SITES, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, US CENSUS DATA, AND OTHER NATIONAL AND LOCAL SOURCES WERE ALSO USED IN COLLECTING SECONDARY DATA. COMMUNITY LEADERS FROM THE PORTAGE CITY HEALTH DISTRICT AND RAVENNA CITY 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTH CARE ACCESS (E.G. HEALTH CARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, MEN/WOMEN'S HEALTH, AND ORAL HEALTH); HEALTH BEHAVIORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT WEIGH STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, ADULT DRUG USE, ADULT SEXUAL BEHAVIOR, AND ADULT MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ARTHRITIS, ASTHMA, DIABETES, AND QUALITY OF LIFE); SOCIAL CONDITIONS (E.G. SOCIAL DETERMINANTS OF HEALTH AND ENVIRONMENTAL HEALTH); YOUTH HEALTH (E.G. YOUTH WEIGHT STATUES, YOUTH TOBACCO USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SOCIAL DETERMINANTS OF HEALTH, AND YOUTH VIOLENCE); CHILD HEALTH (E.G. HEALTH AND FUNCTIONAL STATUS, HEALTH CARE ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD, FAMILY AND COMMUNITY CHARACTERISTICS, AND PARENT HEALTH).

GROUP C-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY

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.

CHNA FOR PORTAGE COUNTY: AKRON CHILDREN'S HOSPITAL AND UH PORTAGE MEDICAL CENTER.

GROUP C-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A CHNA FOR PORTAGE COUNTY: AXESSPOINTE COMMUNITY HEALTH CENTER, CHILDREN'S ADVANTAGE, COLEMAN PROFESSIONAL SERVICES, FAMILY AND CHILDREN FIRST COUNCIL, FAMILY AND COMMUNITY SERVICES, HIRAM COLLEGE, KENT CITY BOARD OF HEALTH, KENT CITY HEALTH DEPARTMENT, KENT STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH & CENTER FOR PUBLIC POLICY AND HEALTH, KENT STATE UNIVERSITY HEALTH SERVICES, KENT STATE UNIVERSITY, CENTER FOR NUTRITION OUTREACH, MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY, NORTHEAST OHIO MEDICAL UNIVERSITY, OHIOCAN, PARTA, PORTAGE COUNTY BOARD OF HEALTH, PORTAGE COUNTY CHILDREN'S SERVICES , PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT, PORTAGE COUNTY COMMISSIONERS, PORTAGE COUNTY JOB & FAMILY SERVICES, PORTAGE COUNTY SAFE COMMUNITIES COALITION, PORTAGE COUNTY SCHOOL DISTRICTS, PORTAGE COUNTY SHERIFF'S DEPARTMENT, PORTAGE COUNTY TOWNSHIP TRUSTEES, PORTAGE COUNTY VETERANS SERVICES, PORTAGE COUNTY WIC, PORTAGE LEARNING CENTERS, PORTAGE PARK DISTRICT, PORTAGE SUBSTANCE ABUSE COMMUNITY COALITION, RAVENNA CITY BOARD OF HEALTH, SEQUOIA WELLNESS, SUICIDE PREVENTION COALITION OF PORTAGE COUNTY, THE PORTAGE FOUNDATION, TOWNHALL II, AND UNITED WAY OF PORTAGE COUNTY.

GROUP C-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 11: BASED ON THE PORTAGE COUNTY CHNA, UH PORTAGE MEDICAL CENTER DECIDED TO FOCUS ON THE FOLLOWING THREE PRIORITY HEALTH NEEDS:

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.

PRIORITY HEALTH NEED #1: MENTAL HEALTH, SUBSTANCE USE, AND ADDICTION

PRIORITY HEALTH NEED #2: CHRONIC DISEASE

PRIORITY HEALTH NEED #3: MATERNAL, INFANT, AND CHILD HEALTH

CROSS-CUTTING FACTOR #1: HEALTHCARE SYSTEM AND ACCESS

CROSS-CUTTING FACTOR #2: SOCIAL DETERMINANTS OF HEALTH

CROSS-CUTTING FACTOR #3: HEALTH EQUITY

STRATEGIES FOR THE KEY ISSUES WILL BE OUTLINED IN THE 2020-2022 IMPLEMENTATION STRATEGY. UH PORTAGE WILL BE IMPLEMENTING STRATEGIES IN BOTH THE IDENTIFIED PRIORITY AREAS.

ANY NEEDS NOT BEING ADDRESSED BY THE UH PORTAGE MEDICAL CENTER ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP C-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 C-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

Part V Facility Information *(continued)*

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

AND 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 FINANICAL 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 C-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 ASSSTANCE POLICY.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 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, 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.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER

Part V Facility Information *(continued)*

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

FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 5: THE UH AVON REHABILITATION HOSPITAL'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN LORAIN COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE ELYRIA CITY HEALTH DISTRICT AND THE LORAIN 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. SURVEYS WERE MAILED OUT TO 2,400 ADULTS IN LORAIN COUNTY. THE RESPONSE RATE FOR THE GENERAL POPULATION WAS 29%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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,

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.

TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE (HEART HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, AND QUALITY OF LIFE), SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF 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 C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

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, UH AVON REHABILITATION HOSPITAL, CLEVELAND CLINIC AVON HOSPITAL, MERCY HEALTH ALLEN HOSPITAL, MERCY HEALTH LORAIN HOSPITAL, AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2019 CHNA FOR LORAIN COUNTY.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY: ALCOHOL AND DRUG ADDICTION SERVICES, BOARD OF LORAIN COUNTY, LORAIN COUNTY BOARD OF MENTAL HEALTH, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY METRO PARKS, LORAIN COUNTY OFFICE ON AGING, LORAIN COUNTY PUBIC HEALTH, AND UNITED WAY OF GREATER LORAIN COUNTY.

GROUP C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 11: THE 2017 IMPLEMENTATION STRATEGY FOR UH AVON REHABILITATION HOSPITAL IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEED AND

Part V Facility Information *(continued)*

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

ASSOCIATED STRATEGIES TO ADDRESS IT IN SUBSEQUENT YEARS:

PRIORITY HEALTH NEED: WELLNESS/WEIGHT-CONTROL

- STRATEGY #1: DEVELOP AND LAUNCH A WELLNESS PROGRAM EMPHASIZING WEIGHT ISSUES

- STRATEGY #2: INCREASE THE AWARENESS OF, ACCESS TO, AND PARTICIPATION IN THIS WELLNESS PROGRAM

IMPLEMENTATION STRATEGIES BEGAN IN 2017. THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: ACCESS TO CARE OR PREVENTION AS STAND-ALONE PRIORITIES. ASPECTS OF THESE HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING ADDRESSED. OTHER LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND OTHER NEEDS.

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

Part V Facility Information *(continued)*

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

AND 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 FINANICAL 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 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 ASSSTANCE POLICY.

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

FACILITY REPORTING GROUP D CONSISTS OF:

- FACILITY 12: UH SAMARITAN MEDICAL CENTER

GROUP D-FACILITY 12 -- UH SAMARITAN 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 2019 CHNA EXAMINED ECONOMIC

INDICATORS SUCH AS POVERTY, UNEMPLOYMENT, STATE BUDGET DEVELOPMENTS,

HOUSEHOLD INCOME AND HEALTH STATUS INDICATORS FROM SOURCES SUCH AS COUNTY

HEALTH RANKINGS, THE COMMUNITY HEALTH STATUES INDICATORS PROJECT, THE OHIO

DEPARTMENT OF HEALTH, THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

(CDC), BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY

HEALTH COMMUNITY NEEDS INDEX, AND THE U.S. DEPARTMENT OF AGRICULTURE. DATA

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.

FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

REGARDING FEDERALLY QUALIFIED HEALTH CENTERS WERE ALSO USED. MEDICALLY

UNDERSERVED AREAS AND POPULATIONS, HEALTH PROFESSIONAL SHORTAGE AREAS, AND

HOSPITAL UTILIZATION WERE ALSO ASSESSED.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 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 AND

CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO

REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND

EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS

THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON

BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH

SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON

QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA,

ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP D-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 A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH

COMMUNITY LEADERS. THE MAILING SURVEY WAS SENT TO 1,200 ADULTS IN ASHLAND

COUNTY AND THE RESPONSE RATE WAS 30%, WHICH FORCED THE CONFIDENCE LEVEL TO

RISE FROM +/- 5% TO +/-5.25%. ADOLESCENTS WERE RANDOMLY CHOSEN AFTER

APPROVAL BY SUPERINTENDENT AND PARENT APPROVAL. THE RESPONSE RATE FOR

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.

ADOLESCENTS WAS 93%. COUNTY-LEVEL DATA, NUMEROUS CDC SITES, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, US CENSUS DATA, AND OTHER NATIONAL AND LOCAL SOURCES WERE ALSO USED IN COLLECTING SECONDARY DATA. 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTH CARE ACCESS (E.G. HEALTH CARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, MEN/WOMEN'S HEALTH, AND ORAL HEALTH); HEALTH BEHAVIORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT WEIGH STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, ADULT DRUG USE, ADULT SEXUAL BEHAVIOR, AND ADULT MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ARTHRITIS, ASTHMA, DIABETES, AND QUALITY OF LIFE); SOCIAL CONDITIONS (E.G. SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING); YOUTH HEALTH (E.G. YOUTH WEIGHT STATUES, YOUTH TOBACCO USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SOCIAL DETERMINANTS OF HEALTH, AND YOUTH VIOLENCE).

GROUP D-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHLAND COUNTY: CITY OF ASHLAND, ASHLAND COUNTY HEALTH DEPARTMENT, ASHLAND COUNTY MENTAL HEALTH & RECOVERY BOARD, ASHLAND CITY SCHOOLS, MAPLETON LOCAL SCHOOLS, ASHLAND COUNTY COMMUNITY ACADEMY, ASHLAND COUNTY FAMILY & CHILDREN FIRST COUNCIL, ASHLAND COUNTY CATHOLIC CHARITIES, ASHLAND COUNTY COUNCIL ON AGING, ASHLAND COUNTY BOARD OF DEVELOPMENTAL DISABILITIES, APPLESEED COMMUNITY MENTAL HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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, ASHLAND COUNTY BOARD OF HEALTH, ASHLAND YMCA, ASHLAND COUNTY CHAMBER OF COMMERCE, ASHLAND PARENTING PLUS, ASHLAND COUNTY EMA, ASHLAND COUNTY JOB & FAMILY SERVICES, AND SAFE HAVEN OF ASHLAND, OHIO.

GROUP D-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 11: BASED ON THE ASHLAND COUNTY CHNA, UH SAMARITAN MEDICAL CENTER DECIDED TO FOCUS ON THE FOLLOWING TWO PRIORITY HEALTH NEEDS:

PRIORITY HEALTH NEED #1: MENTAL HEALTH AND ADDICTION

PRIORITY HEALTH NEED #2: CHRONIC DISEASE

CROSS-CUTTING FACTOR #1: PUBLIC HEALTH SYSTEM, PREVENTION, AND HEALTH BEHAVIORS

CROSS-CUTTING FACTOR #2: SOCIAL DETERMINANTS OF HEALTH

STRATEGIES FOR THE KEY ISSUES WILL BE OUTLINED IN THE 2020-2022 IMPLEMENTATION STRATEGY. UH SAMARITAN WILL BE IMPLEMENTING STRATEGIES IN BOTH THE IDENTIFIED PRIORITY AREAS.

ANY NEEDS NOT BEING ADDRESSED BY THE UH SAMARITAN MEDICAL CENTER ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP D-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 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.

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.

GROUP D-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 FINANICAL 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 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 ASSSTANCE POLICY.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 62

Name and address	Type of Facility (describe)
1 UH CHAGRIN HIGHLANDS MEDICAL CENTER	
3909 ORANGE PLACE	OUTPATIENT HEALTH CENTER &
ORANGE VILLAGE, OH 44122	RAINBOW SPECIALTY CLINIC
2 UH WESTLAKE HEALTH CENTER	
960 CLAGUE ROAD	OUTPATIENT HEALTH CENTER&
WESTLAKE, OH 44145	SURGICAL CENTER & RAINBOW
3 UH SEIDMAN CANCER CENTER AT MONARCH	
5885 LANDERBROOK DRIVE	
MAYFIELD HEIGHTS, OH 44124	OUTPATIENT HEALTH CENTER
4 UH TWINSBURG HEALTH CENTER	
8819 COMMONS BLVD SUITE 100	OUTPATIENT HEALTH CENTER&
TWINSBURG, OH 44087	RAINBOW SPECIALY CLINIC
5 UH SHARON HEALTH CENTER	
5133 RIDGE RD	OUTPATIENT HEALTH CENTER &
WADSWORTH, OH 44281	RAINBOW SPECIALTY CLINIC
6 UH MENTOR HEALTH CENTER	
9000 MENTOR AVENUE	OUTPATIENT HEALTH CENTER&
MENTOR, OH 44060	SURGICAL CENTER & RAINBOW
7 UH CONCORD HEALTH CENTER	
7500 AUBURN ROAD	OUTPATIENT HEALTH CENTER,
PAINSVILLE-CONCORD JEDD, OH 44077	URGENT CARE
8 UH LYNDHURST SURGERY CENTER	
29017 CEDAR ROAD	
LYNDHURST, OH 44124	SURGICAL CENTER
9 UH MEDINA HEALTH CENTER OUTPATIENT HE	
4001 CARRICK DR.	OUTPATIENT HEALTH CENTER&
MEDINA, OH 44256	RAINBOW SPECIALTY CLINIC
10 UH LANDERBROOK HEALTH CENTER	
5850 LANDERBROOK DRIVE	OUTPATIENT HEALTH CENTER &
MAYFIELD HEIGHTS, OH 44124	RAINBOW SPECIALTY CLINIC

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

Name and address	Type of Facility (describe)
11 UH EUCLID HEALTH CENTER 18599 LAKE SHORE BLVD EUCLID, OH 44119	OUTPATIENT HEALTH CENTER
12 UH MAYFIELD VILLAGE HEALTH CENTER 730 S.O.M. CENTER ROAD SUITE 110 MAYFIELD VILLAGE, OH 44143	OUTPATIENT HEALTH CENTER
13 UH UNIVERSITY SUBURBAN HEALTH CENTER 1611 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121	OUTPATIENT HEALTH CENTER& RAINBOW SPECIALTY CLINIC
14 UH HUDSON HEALTH CENTER 5778 DARROW ROAD HUDSON, OH 44236	OUTPATIENT HEALTH CENTER
15 UH MADISON HEALTH CENTER 701 NORTH LAKE STREET MADISON, OH 44057	OUTPATIENT HEALTH CENTER
16 UH ASHTABULA HEALTH CENTER 2131 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT HEALTH CENTER
17 UH OTIS MOSS JR. HEALTH CENTER 8819 QUINCY AVENUE CLEVELAND, OH 44106	OUTPATIENT HEALTH CENTER
18 UH SOLON HEALTH CENTER 34055 SOLON ROAD SOLON, OH 44139	OUTPATIENT HEALTH CENTER
19 UH AURORA HEALTH CENTER 55 NORTH CHILLICOTHE ROAD AURORA, OH 44202	OUTPATIENT HEALTH CENTER
20 UH FOLEY ELDER HEALTH CENTER 3619 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT HEALTH CENTER

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

Name and address	Type of Facility (describe)
21 UH WELLPOINTE HEALTH CENTER 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
22 PARMA MEDICAL ARTS BUILDING 4 6115 POWERS BLVD PARMA, OH 44129	DIAGNOSTIC IMAGING& RAINBOW SPECIALTY CLINIC
23 UH AVON HEALTH CENTER 1997 HEALTHWAY ROAD AVON, OH 44011	LAB , IMAGING, REHABILITATION, FITNESS CENTER SERVICES,
24 UH AMHERST HEALTH CENTER 254 CLEVELAND ROAD AMHERST, OH 44001	LAB, 24 HOUR ER, IMAGING
25 UH BAINBRIDGE HEALTH CENTER 8185 E. WASHINGTON ST. CHAGRIN FALLS, OH 44023	OUTPATIENT HEALTH CENTER
26 UH CHESTERLAND HEALTH CENTER 8055 MAYFIELD RD CHESTERLAND, OH 44026	OUTPATIENT HEALTH CENTER
27 UH FAIRLAWN HEALTH CENTER 3800 EMBASSY PKWY AKRON, OH 44333	OUTPATIENT HEALTH CENTER
28 UH GEAUGA HEALTH CENTER 13221 RAVENNA RD CHARDON, OH 44024	OUTPATIENT HEALTH CENTER
29 UH INDEPENDENCE HEALTH CENTER 6150 OAK TREE BLVD INDEPENDENCE, OH 44131	OUTPATIENT HEALTH CENTER
30 UH WESTSHORE PRIMARY CARE 26908 DETROIT ROAD WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER

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

Name and address	Type of Facility (describe)
31 UH KENT HEALTH CENTER 401 DEVON PLACE KENT, OH 44240	OUTPATIENT HEALTH CENTER
32 UH MANTUA HEALTH CENTER 10803 MAIN ST MANTUA, OH 44255	OUTPATIENT HEALTH CENTER
33 UH SHEFFIELD HEALTH CENTER 5001 TRANSPORTATION DRIVE SHEFFIELD LAKE, OH 44054	OUTPATIENT HEALTH CENTER
34 UH STREETSBORO HEALTH CENTER 9318 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT HEALTH CENTER
35 UH WALDEN HEALTH CENTER 700 WALDEN PL AURORA, OH 44202	OUTPATIENT HEALTH CENTER
36 CENTER FOR WOUND CARE LABORATORY SERV 133 E. BROAD STREET ELYRIA, OH 44035	ANCILLARY SERVICES
38 ELYRIA FAMILY PRACTICE LABORATORY SVC 5319 MEADOW LN. ELYRIA, OH 44035	ANCILLARY SERVICES
39 GRAFTON FAMILY CARE LABORATORY SERVIC 489 MAIN ST. GRAFTON, OH 44044	ANCILLARY SERVICES
40 NORTH ROYALTON LABORATORY SVCS 14200 RIDGE RD NORTH ROYALTON, OH 44131	ANCILLARY SERVICES
41 UH EUCLID HEALTH CENTER LABORATORY SV 18599 LAKESHORE BLVD CLEVELAND, OH 44119	ANCILLARY SERVICES

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

Name and address	Type of Facility (describe)
42 UH PARMA OUTPATIENT CENTER 6305 POWERS BLVD PARMA, OH 44129	ANCILLARY SERVICES
43 FIRELANDS REGIONAL MEDICAL CENTER 1912 HAYES AVE SOUTH CAMPUS SANDUSKY, OH 44870	RAINBOW SPECIALTY CLINIC
44 PEDIATRIC OPHTHALMOLOGY RAINBOW SPECI 6001 LANDERHAVEN DR. MAYFIELD HEIGHTS, OH 44124	RAINBOW SPECIALTY CLINIC
45 UH RAINBOW PHYSICIANS AND SURGEONS 4137 BOARDMAN CANFIELD RD CANFIELD, OH 44406	RAINBOW SPECIALTY CLINIC
46 UH BROADVIEW HEIGHTS HEALTH CENTER 5901 E ROYALTON ROAD BROADWAY HEIGHTS, OH 44147	OUTPATIENT HEALTH CENTER
47 EMC PHLEBOTOMY AMBULATORY CARE CENTER 630 E RIVER STREET ELYRIA, OH 44035	ANCILLARY SERVICES
48 INTERNAL MEDICINE SPECIALISTS 96 GRAHAM ROAD, SUITE A CUYAHOGA FALLS, OH 44223	ANCILLARY SERVICES
49 UH ASHLAND QCARE 350 HILLCREST DRIVE ASHLAND, OH 44805	URGENT CARE
51 UH ASHTABULA HEALTH CENTER 3315 N. RIDGE ROAD ASHTABULA, OH 44004	URGENT CARE, RADIOLOGY
52 UH AKRON - URGENT CARE 145 WEST AVENUE TALLMADGE, OH 44278	URGENT CARE

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

Name and address	Type of Facility (describe)
53 UH STRONSVILLE 18181 PEARL ROAD SUITE 3104 STRONGSVILLE, OH 44136	URGENT CARE
54 UH KENT HEALTH CENTER 411 DEVON PLACE KENT, OH 44240	LAB
55 UH EVANS MIDDLEFIELD 15976 E. HIGH STREET MIDLEFIELD, OH 44062	RADIOLOGY
56 UH PAINESVILLE 470 BACON ROAD PAINESVILLE, OH 44077	RADIOLOGY
57 UH ANDOVER HEALTH CENTER 476 S. MAIN STREET ANDOVER, OH 44003	OUTPATIENT HEALTH CENTER
58 UH CHAGRIN HIGHLANDS HEALTH CENTER 3909 ORANGE PLACE BEECHWOOD, OH 44122	OUTPATIENT HEALTH CENTER, RADIOLOGY
59 UH BROOK PARK (PARTNER WITH SOUTHWEST 15900 SNOW ROAD SUITE 200 BROOK PARK, OH 44142	URGENT CARE, RADIOLOGY
60 UH BEDFORD MEDICAL CENTER 50 BLAINE AVENUE SUITE 2100 BEDFORD, OH 44146	LAB
61 UH BROOK PARK IMAGING CENTER 5260 SMITH ROAD BROOK PARK, OH 44142	RADIOLOGY
62 UH LOUDONVILLE STATCARE 26127 LORAIN ROAD, SUITE 100 NORTH OLMSTED, OH 44070	OUTPATIENT HEALTH CENTER, URGENT CARE

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

Name and address	Type of Facility (describe)
63 UH HOME CARE 4510 RICHMOND ROAD CLEVELAND, OH 44128	HOME CARE
64 UH NORTH RIDGEVILLE HEALTH CENTER 32800 LORAIN ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT HEALTH CENTER

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

Part VI Supplemental Information *(Continuation)*

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 2019 TOTALED $429 MILLION AS COMPARED TO THE 2018 COMMUNITY BENEFIT TOTAL OF $383 MILLION. THE 2019 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE ($50 MILLION), MEDICAID SHORTFALL ($231 MILLION), RESEARCH ($47 MILLION), EDUCATION AND TRAINING ($90 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT ($25 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") ($14 MILLION). TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES. AS SUCH, THE INFORMATION FOR 2019 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED. FOR 2019, THIS REVENUE OFFSET WAS $14 MILLION.

Part VI Supplemental Information *(Continuation)*

THE 2018 INFORMATION PROVIDED ABOVE ($383 MILLION) INCLUDED A REVENUE OFFSET OF $19 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: $34,818,165. THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS $22,320,847. THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS $12,497,318.

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

Part VI Supplemental Information *(Continuation)*

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 29,700 EMPLOYEES AND PHYSICIANS.

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

Part VI Supplemental Information *(Continuation)*

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 ENDEVORS 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

Part VI Supplemental Information *(Continuation)*

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 2019 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

Part VI Supplemental Information *(Continuation)*

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. AS OF

Part VI Supplemental Information *(Continuation)*

THE 2017 CENSUS, THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS 1,248,514.

59.0 % OF THE POPULATION IDENTIFIES AS WHITE ALONE, 29.1% AFRICAN

AMERICAN, 5.9% HISPANIC OR LATINO, AND 6.0% AS MORE THAN ONE RACE OR

OTHER. CUYAHOGA COUNTY ALSO ENCOMPASSES THE CITY OF CLEVELAND. THE TOTAL

POPULATION FOR THE CITY OF CLEVELAND AS OF 2017 IS 385,552. 32.9% OF THE

POPULATION IDENTIFIES AS WHITE ALONE, 48.3% AFRICAN AMERICAN, 12.4%

HISPANIC OR LATINO, AND 6.4% 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 UNDER THE AGE OF 18 AND 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. 94.6% OF THE POPULATION IN CUYAHOGA

COUNTY HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT, AND 89.9% IN THE STATE OF

OHIO. AS OF 2017, 18.0% OF THE POPULATION OF THE COUNTY IS BELOW THE

POVERTY LINE COMPARED TO 33.1% IN THE CITY OF CLEVELAND. BOTH OF WHICH ARE

HIGHER THAN THE 14.0% 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 AS OF THE 2017 CENSUS IS 93,895. 96.7% OF

THE POPULATION IDENTIFIES AS WHITE ALONE, 1.4% AS HISPANIC OR LATINO, 1.2%

AFRICAN AMERICAN, AND 3.0% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE

Part VI Supplemental Information *(Continuation)*

IS 44.4 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.65 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.09 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $228,000. 90.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 38.0% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $39,513. 6.5% OF INDIVIDUALS AND 4.3% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% 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 AS OF THE 2017 CENSUS IS 98,622. 92.9% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.0% AS HISPANIC OR LATINO, 3.7% AFRICAN AMERICAN, 0.5% ASIAN, AND 2.9% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 42.5 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.48 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.05 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $106,300. 85.7% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 13.4% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $23,297. 19.8% OF INDIVIDUALS AND 14.2% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

FACILITY 9 -- UH ELYRIA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF THE 2017 CENSUS IS 307,924. 78.1% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 10.0% AS HISPANIC OR LATINO,

Part VI Supplemental Information *(Continuation)*

7.6% AFRICAN AMERICAN, 1.1% ASIAN, AND 3.2% 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 3.03 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $143,600. 89.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23.6% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $28,525. 13.9% OF INDIVIDUALS AND 10.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% 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. ACCORDING TO THE 2017 CENSUS, THE POPULATION IS 162,080. 91.0% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.1% IDENTIFY AS AFRICAN AMERICAN, 1.9% IDENTIFY AS ASIAN, 1.7% IDENTIFY AS HISPANIC OR LATINO, AND 3.0% IDENTIFY AS TWO OR MORE RACES OR OTHER. THE MEDIAN AGE IN PORTAGE COUNTY IS 37.8 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.49 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.06 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $152,000. 91.9% OF THE POPULATION HAS A HIGH DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, AND OF THAT 27.4% HAS A BACHELOR'S DEGREE OR HIGHER. THE PER CAPITA PERSONAL INCOME IS $27,985. 14.5% OF INDIVIDUALS AND 9.3% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

Part VI Supplemental Information *(Continuation)*

FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

UH SAMARITAN MEDICAL CENTER 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. ACCORDING TO THE 2017 CENSUS, THE POPULATION IS 53,299. 98.2% OF THE POPULATION IDENTIFIES AS WHITE, 1.3% IDENTIFIES AS AFRICAN AMERICAN, 1.3% IDENTIFIES AS HISPANIC OR LATINO, 0.8% IDENTIFIES AS ASIAN, AND 2.2% IDENTIFIES AS TWO OR MORE OR OTHER. THE MEDIAN AGE IN ASHLAND COUNTY IS 40.4 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.49 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.00 PEOPLE. THE MEDIAN HOME VALUE IN THE COUNTY IS $122,000. 88.4% % OF THE POPULATION HAS A HIGH DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, AND OF THAT 20.2% HAS A BACHELOR'S DEGREE OR HIGHER. THE PER CAPITA PERSONAL INCOME IS $72,510. 14.2% OF INDIVIDUALS AND 9.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

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). 61% OF UH AVON'S DISCHARGES ARE RESIDENTS OF LORAIN COUNTY. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION

Part VI Supplemental Information *(Continuation)*

HOSPITAL IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF THE 2017 CENSUS IS 307,924. 78.1% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 10.0% AS HISPANIC OR LATINO, 7.6% AFRICAN AMERICAN, 1.1% ASIAN, AND 3.2% 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 3.03 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS $143,600. 89.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23.6% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS $28,525. 13.9% OF INDIVIDUALS AND 10.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

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

Part VI Supplemental Information *(Continuation)*

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.

Part VI Supplemental Information *(Continuation)*

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number 90-0059117

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACE MENTOR PROGRAM OF CLEVELAND 1100 SUPERIOR AVE., SUITE 1500 CLEVELAND, OH 44114	27-1547626	501(C)3	50,000.	0.			GENERAL SUPPORT
ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD RD HIGHLAND HILLS, OH 44128	34-0714766	501(C)3	8,500.	0.			GENERAL SUPPORT
AMER CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)3	100,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	501(C)3	161,000.	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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 19.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS NORTHERN OHIO 2173 N RIDGE RD E, STE G LORAIN, OH 44055	31-4380051	501(C)3	15,000.	0.			GENERAL SUPPORT
FLASHES OF HOPE 36 S FRANKLIN STREET CHAGRIN FALLS, OH 44022	04-3648694	501(C)3	10,000.	0.			GENERAL SUPPORT
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE, SUITE 3103A CLEVELAND, OH 44114	20-4948838	501(C)3	16,800.	0.			GENERAL SUPPORT
GREATER CLEV FOOD BANK INC 15500 SOUTH WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)3	11,750.	0.			GENERAL SUPPORT
GREATER CLEV SPORTS COMMISSION 334 EUCLID AVENUE, STE 100 CLEVELAND, OH 44114	31-1381131	501(C)3	50,000.	0.			GENERAL SUPPORT
MIDTOWN CLEVELAND INC 5000 EUCLID AVE, STE 100 CLEVELAND, OH 44103	34-1381334	501(C)3	24,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE OF CLE 10415 EUCLID AVENUE CLEVELAND, OH 44106	34-1269123	501(C)3	35,000.	0.			GENERAL SUPPORT
VALUES IN ACTION FOUNDATION 6700 BETA DR. SUITE 120 MAYFIELD, OH 44143	34-1795459	501(C)3	10,000.	0.			GENERAL SUPPORT
YWCA OF GREATER CLEV 4019 PROSPECT AVE. CLEVELAND, OH 44103	34-0714800	501(C)3	75,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035	61-1579760	501(C)3	43,671.	0.			GENERAL SUPPORT
PARMA HOSPITAL HEALTH CARE FOUNDATION - 7007 POWERS BLVD. - PARMA, OH 44129	34-1626664	501(C)3	1,625,200.	0.			GENERAL SUPPORT
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 6847 N. CHESTNUT STREET PO BOX 1204 - RAVENNA, OH 44266	34-1510544	501(C)3	454,210.	0.			GENERAL SUPPORT
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY - 1240 WEST 6TH STREET - CLEVELAND, OH 44113		GOVERNMENT	125,000.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 90-0059117

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**	X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**	X	

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.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) UHHS - ZENTY, THOMAS F. III	(i)	1,467,610.	719,264.	465,266.	749,632.	9,844.	3,411,616.	0.
DIRECTOR EX OFFICIO/ CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) UHCMC - SIMON, MD, DANIEL I.	(i)	980,743.	523,260.	861,479.	222,400.	25,113.	2,612,995.	0.
DIRECTOR EX OFFICIO/ PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) UHHS - MEGERIAN, CLIFF MD	(i)	930,300.	535,638.	10,032.	240,000.	26,227.	1,742,197.	0.
PRESIDENT (BEGIN 12/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) UHMG - SZUBSKI, MICHAEL A.	(i)	901,654.	359,998.	200,794.	244,200.	27,212.	1,733,858.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) UHHS - SABIK, JOSEPH MD	(i)	1,288,474.	51,113.	10,087.	40,000.	32,082.	1,421,756.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) UHCMC-TEKNOS, THEODOROS MD	(i)	833,598.	304,211.	105,106.	38,600.	24,984.	1,306,499.	0.
PRESIDENT - SEIDMAN CANCER CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) UHMG - VOOS, JAMES	(i)	1,194,302.	62,363.	2,340.	18,200.	25,803.	1,303,008.	0.
DIRECTOR (BEGIN 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) UHMG - DEVANEY, ERIC J	(i)	1,191,731.	0.	10,087.	21,000.	25,921.	1,248,739.	0.
CHIEF, PEDIATRIC CARDIAC SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) UHMG - EUBANKS, JASON D	(i)	1,157,936.	0.	2,340.	36,100.	7,968.	1,204,344.	0.
ORTHOPEDIC SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) UHHS - STAMLER, JONATHAN	(i)	777,842.	318,289.	41,681.	40,000.	17,835.	1,195,647.	0.
PRES - HARRINGTON DISC INST	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) UHHS - SNOWBERGER, THOMAS D.	(i)	573,756.	364,546.	45,692.	190,000.	15,069.	1,189,063.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) UHMG - BAMBAKIDIS, NICHOLAS C	(i)	1,046,178.	48,251.	3,952.	37,500.	28,555.	1,164,436.	0.
DIRECTOR - CEREBREVASCULAR SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) UHMG - SELMAN, WARREN R. MD	(i)	1,003,406.	60,963.	28,159.	40,400.	26,145.	1,159,073.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PARMA - BURMA, GERALD M. MD, P	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO	(ii)	751,179.	34,563.	35,935.	282,115.	14,645.	1,118,437.	0.
(15) UHMG - SALATA, MICHAEL J	(i)	1,050,322.	0.	2,348.	14,950.	26,382.	1,094,002.	0.
ORTHOPEDIC SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) UHHS - STANDLEY, STEVEN D.	(i)	625,201.	268,544.	153,408.	21,156.	7,350.	1,075,659.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ACO - TAIT, PAUL G.	(i)	612,861.	244,791.	141,063.	44,200.	26,161.	1,069,076.	0.
FORMER OFFICER/FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) UHHS - PETERS, JEFFREY H. MD	(i)	0.	0.	957,107.	0.	6,514.	963,621.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ST. JOHN - HANSON, RICHARD A.	(i)	497,551.	268,047.	127,589.	21,384.	13,605.	928,176.	0.
FORMER DIRECTOR/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) UHCMC - BLAKE, JEAN D. RN	(i)	27,287.	184,756.	686,085.	-2,854.	26,170.	921,444.	0.
CHIEF NURSING OFFICER (END 01/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) GEAUGA - JONES, M. STEVEN	(i)	527,454.	211,665.	98,036.	41,400.	15,409.	893,964.	0.
DIRECTOR EX OFF/ PRES. (END 02/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) UHCMC - DZIEDZICKI, RONALD E.	(i)	535,480.	197,835.	97,758.	27,400.	17,369.	875,842.	0.
COO (END 07/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) AHUJA - JURIS, SUSAN V.	(i)	195,062.	132,440.	339,293.	135,237.	26,304.	828,336.	0.
DIR (EX-OFF) /PRES. (END 06/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) UHHS - BISHOP, SHERRI L	(i)	435,015.	176,655.	101,332.	81,400.	30,080.	824,482.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) UHHS - MILLER, JANET L. ESQ.	(i)	194,011.	228,609.	169,620.	218,515.	3,023.	813,778.	0.
SECRETARY/ CLO (END 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) UHCMC - DEPOMPEI, PATRICIA M.	(i)	480,449.	169,002.	85,030.	44,200.	26,914.	805,595.	0.
PRES RAINBOW BABIES & CHILDREN	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) UHHS - PRONOVOST, PETER MD	(i)	761,253.	0.	4,667.	31,780.	123.	797,823.	0.
CHIEF CLINICAL TRANSFORM. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) UHHS - BRIEN, WILLIAM W. MD	(i)	555,840.	185,517.	9,027.	40,000.	783.	791,167.	0.
CMO/ CHIEF QUALITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) ACO - BECK, ERIC DO	(i)	514,496.	164,361.	72,953.	18,200.	14,674.	784,684.	0.
DIRECTOR (END 04/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) UHMG - MILLER, MARLENE MD	(i)	596,014.	26,970.	56,521.	38,463.	26,842.	744,810.	0.
DIRECTOR EX OFFICIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) UHMG - ADELMAN, HARLIN G. ESQ.	(i)	488,824.	137,747.	63,667.	22,400.	28,137.	740,775.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) UHMG - SALATA, ROBERT A. MD	(i)	601,661.	54,863.	17,905.	41,400.	18,659.	734,488.	0.
DIRECTOR EX OFFICIO	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) GEAUGA - STEFANO, GREGORY MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO (BEGIN 05/19)	(ii)	586,364.	100,007.	1,501.	11,200.	25,413.	724,485.	0.
(34) UHCMC - SALVINO, SONIA	(i)	389,536.	158,544.	71,495.	41,400.	26,569.	687,544.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) ECC - BOND, BRADLEY C.	(i)	398,598.	165,377.	67,921.	22,400.	26,360.	680,656.	0.
DIRECTOR/SECRETARY/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) ST. JOHN - DAVID, ROBERT G.	(i)	389,756.	141,166.	62,678.	41,400.	24,823.	659,823.	0.
DIRECTOR EX OFFICIO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) CCO - ZELIS, CYNTHIA MD	(i)	405,109.	155,022.	18,373.	38,600.	28,082.	645,186.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) UHCMC - MACHTAY, MD, MITCHELL	(i)	518,259.	53,925.	5,237.	32,871.	29,265.	639,557.	0.
DIRECTOR EX OFFICIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) SPC - TAVALLAEE, MEHRDAD M. MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (END 03/19)	(ii)	574,619.	0.	2,836.	12,600.	25,826.	615,881.	0.
(40) CCO - HERTZ, ANDREW R. MD	(i)	424,716.	109,596.	2,825.	36,407.	9,487.	583,031.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) UHCMC - STROSACKER, ROBYN MD	(i)	412,853.	108,159.	2,030.	21,000.	15,974.	560,016.	0.
COO (BEGIN 07/19)/ CMO	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) HOME CARE - SILA, CATHY MD	(i)	499,868.	0.	6,554.	39,900.	1,221.	547,543.	0.
DIRECTOR/SECRETARY/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(43) PARMA - SINK, KRISTI M.	(i)	380,380.	103,317.	2,601.	14,035.	24,720.	525,053.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(44) REGIONAL - MONTER, BRIAN	(i)	372,707.	101,645.	1,479.	18,200.	25,415.	519,446.	0.
DIR (EX-OFF)/ PRESIDENT (END 03/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(45) UHMG - RONIS, ROBERT	(i)	403,067.	51,581.	7,391.	38,900.	17,103.	518,042.	0.
FORMER DIRECTOR/FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(46) ECC - VEHOVEC, MICHAEL R.	(i)	299,767.	122,285.	54,143.	40,132.	570.	516,897.	0.
DIRECTOR/CHAIRPERSON (BEGIN 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(47) GEAUGA - DECARLO, DONALD	(i)	362,831.	75,490.	3,057.	36,880.	25,082.	503,340.	0.
DIR (EX-OFF)/ PRES. (BEGIN 02/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(48) UHHS - KEEGAN, ARTHUR EDWIN	(i)	333,212.	123,722.	4,865.	18,107.	17,069.	496,975.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(49) UHHS - GARTLAND, HEIDI I.	(i)	301,902.	95,610.	43,771.	44,200.	9,529.	495,012.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(50) UHHS - PANDRANGI, VASU MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO	(ii)	424,422.	0.	31,691.	14,000.	14,282.	484,395.	0.
(51) UHMG - RAO, GOUTHAM MD	(i)	422,572.	0.	2,268.	13,710.	26,360.	464,910.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(52) PORTAGE - BENOIT, WILLIAM	(i)	314,193.	92,817.	11,654.	19,600.	26,085.	464,349.	0.
DIRECTOR EX OFFICIO/ PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(53) REGIONAL - ROWELL, ROBIN	(i)	297,234.	77,519.	36,589.	25,200.	27,028.	463,570.	0.
DIR EX OFF/ PRES (BEG 04/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(54) HOME CARE-CHICKERELLA, D.	(i)	328,612.	80,840.	1,724.	38,600.	8,452.	458,228.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(55) UHHS - BIXENSTINE, KIM F.	(i)	80,038.	141,187.	108,391.	111,684.	11,369.	452,669.	0.
CHIEF COMPLIANCE OFFICER (END 2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
(56) UHREC - MCCOMSEY, GRACE MD	(i)	317,973.	56,257.	30,951.	18,870.	27,380.	451,431.	0.
DIRECTOR (BEGIN 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(57) ACO - HILLARD, BRADLEY G. DO	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (END 04/19)	(ii)	315,574.	34,719.	16,038.	31,242.	37,323.	434,896.	0.
(58) SAMARITAN-MACDONALD, MARY C. M	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO	(ii)	376,659.	0.	5,419.	14,000.	27,356.	423,434.	0.
(59) HOME CARE - MAITLAND, KEITH R.	(i)	0.	0.	299,232.	78,994.	22,180.	400,406.	0.
FORMER OFFICER/FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) UHHS - CHRISTIAN, VALDA CLARK	(i)	285,761.	21.	90,266.	0.	20,850.	396,898.	0.
CHIEF COMPLIANCE OFFICER (BEGIN 2019	(ii)	0.	0.	0.	0.	0.	0.	0.
(61) CCO - SCHARIO, MARK E.	(i)	265,442.	79,931.	3,250.	20,833.	26,642.	396,098.	0.
SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(62) UHMG - HARDING, CLIFFORD V. MD	(i)	312,531.	55,816.	4,594.	16,754.	3,363.	393,058.	0.
DIRECTOR (END 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(63) REGIONAL - BEJANISHVILI, TAMAR	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO	(ii)	347,546.	0.	811.	11,200.	24,859.	384,416.	0.
(64) UHMG - ZOLTANSKI, JOAN MD	(i)	264,346.	73,612.	2,005.	15,693.	27,322.	382,978.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

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(65) CCO - HOYNES, SEAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	287,458.	0.	2,107.	41,350.	28,948.	359,863.	0.
(66) GENEVA - HOWE, EVAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO (END 05/19)	(ii)	270,842.	0.	40,604.	9,800.	23,207.	344,453.	0.
(67) SAMARITAN - STENCEL, MICHAEL M	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	242,909.	0.	3,488.	72,278.	17,044.	335,719.	0.
(68) SAMARITAN - HARFORD, TODD	(i)	236,677.	24,260.	37,513.	21,053.	13,524.	333,027.	0.
DIR (EX-OFF)/ PRES. (BEGIN 07/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(69) CONNEAUT - KUMAR, AJAY MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO	(ii)	295,592.	0.	489.	8,400.	15,235.	319,716.	0.
(70) UHCMC - PIRTZ, JASON M.	(i)	206,564.	26,874.	40,434.	13,606.	25,449.	312,927.	0.
CHIEF NURSING OFFICER (BEGIN 08/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(71) ACO-HAMMACK, ELIZABETH ESQ.	(i)	220,473.	34,443.	784.	17,256.	25,137.	298,093.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(72) CCO-RAVICHANDRAN, K. MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (BEGIN 05/19)	(ii)	225,134.	17,884.	2,204.	15,161.	32,036.	292,419.	0.
(73) UHLSF - BROWN, SAM H.	(i)	192,470.	56,820.	1,009.	10,882.	26,831.	288,012.	0.
DIR/ PRES/ SECR (BEGIN 2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
(74) CCO - HARWELL, CARLA M. MD	(i)	212,086.	0.	2,027.	16,927.	27,763.	258,803.	0.
DIRECTOR (END 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(75) SAMARITAN - MCNEIL, KAREN	(i)	133,080.	71,140.	23,051.	13,562.	10,739.	251,572.	0.
DIR (EX-OFF)/ PRES (END 06/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(76) ECC - BECK, JOHN	(i)	168,354.	27,287.	850.	13,210.	26,613.	236,314.	0.
DIRECTOR/PRESIDENT (BEGIN 05/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(77) UHLSF - GOODELLE, MICHAEL	(i)	162,217.	21,318.	7,300.	13,077.	25,310.	229,222.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(78) ST. JOHN - O'MALLEY, CHERYL H.	(i)	94,131.	80,559.	7,120.	3,049.	3,896.	188,755.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(79) CONNEAUT-SOORIYAPALAN, N. MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR EX OFFICIO (BEGIN 05/19)	(ii)	177,766.	0.	331.	6,242.	600.	184,939.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

MANAGEMENT INCENTIVE PLAN (MIP) PAYMENTS ARE CALCULATED ANNUALLY AS A PERCENTAGE OF BASE SALARY BASED UPON GOAL ATTAINMENT FOR EACH INCENTIVE CYCLE. THE ELIGIBLE INCENTIVE PERCENTAGE IS DEPENDENT UPON EACH 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

THE FOLLOWING PERSONS RECEIVED SEVERANCE PAYMENTS IN 2019:

BLAKE, JEAN D.: $393,859

JURIS, SUSAN: $203,715

MAITLAND, KEITH: $201,427

PETERS, JEFFREY H.: $942,950

PART I, LINE 4B

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.

THE FOLLOWING PERSONS PARTICIPATED IN, OR RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN (457(F)OR SERP) IN 2019:

ADELMAN, HARLIN G. ESQ. ($76,530 - SERP)

BAMBAKIDIS, NICHOLAS C. ($21,228 - SERP)

BECK, ERIC H. ($77,012 - SERP)

BENOIT, WILLIAM A. ($41,409 - SERP)

BERGMANN, PETER U FACHE ($45,450 - SERP)

BISHOP, SHERRI L. ($93,703 - SERP)

BIXENSTINE, KIM F. ($37,432 - SERP)

BLAKE, JEAN D. RN ($92,163 - SERP)

BOND, BRADLEY C. ($65,206 - SERP)

BRIEN, WILLIAM W. ($89,040 - SERP)

BROWN, SAM H. ($24,398 - SERP)

CHICKERELLA, DANIELLE ($46,464 - SERP)

CHRISTIAN, VALDA CLARK ($35,011 - SERP)

COSTA, MARCO A. ($98,611 - SERP)

DAVID, ROBERT G. ($64,570 - SERP)

DECARLO, DONALD P. ($35,049 - SERP)

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.

DEPOMPEI, PATRICIA M. ($79,537 - SERP)

DZIEDZICKI, RONALD E. ($88,920 - SERP)

GARTLAND, HEIDI I. ($40,213 - SERP)

HANSON, RICHARD A. ($119,372 - SERP)

HARFORD, TODD R. ($17,647 - SERP)

HERTZ, ANDREW R. MD ($54,240 - SERP)

JONES, STEVEN M. ($89,381 - SERP)

JURIS, SUSAN ($40,338 - SERP)

KEEGAN, ARTHUR EDWIN ($70,064 - SERP)

MCCOMSEY, GRACE A ($16,207 - SERP)

MCNEIL, KAREN ($34,167 - SERP)

MEGERIAN, CLIFF MD ($196,311 - SERP)

MILLER, JANET ($55,724 - SERP)

MONTER, BRIAN ($45,965 - SERP)

O'MALLEY, CHERYL H. ($15,039 - SERP)

PAPA, ALAN J. ($5,531 - SERP)

PIRTZ, JASON M. ($12,800 - SERP)

PRONOVOST, PETER J. ($114,188 - SERP)

ROWELL, ROBERTA J. ($35,504 - SERP)

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.

SALVINO, SONIA ($66,977 - SERP)

SCHARIO, MARK E. ($35,436 - SERP)

SIMON, DANIEL I. MD ($206,647 - SERP)

SINK, KRISTI ($49,075 - SERP)

SNOWBERGER, THOMAS D. ($120,641 - SERP)

STAMLER, JONATHAN ($28,975 - SERP)

STANDLEY, STEVEN D. ($134,428 - SERP)

STROSACKER, ROBYN MD ($29,567 - SERP)

SZUBSKI, MICHAEL A ($191,025 - SERP)

TAIT, PAUL G. ($129,894 - SERP)

TEKNOS, THEODOROS N. ($137,405 - SERP)

VEHOVEC, MICHAEL R. ($50,700 - SERP)

ZELIS, CYNTHIA B.R. ($68,652 - SERP)

ZENTY, THOMAS F III ($438,751 - SERP)

ZOLTANSKI, JOAN MD ($32,250 - SERP)

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

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.

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.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2019

Open To Public Inspection

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

Employer identification number 90-0059117

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

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

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KATHYRN THOMPSON	FAMILY RELATIONSHIP	138,439.	PATRICIA M.		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: KATHYRN THOMPSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP

(C) AMOUNT OF TRANSACTION $ 138,439.

(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

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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

Employer identification number: 90-0059117

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	89	780,584.	APPRAISALS,RECEIPT
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		453.	RECEIPT
5	Clothing and household goods	X		54,067.	RECEIPT,FMV,RETAIL PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	135	8,820,206.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EVENT AUCTION)	X	122	94,451.	RECEIPT, FMV
26	Other ▶ (EVENT SUPPLIE)	X	31	25,791.	RECEIPT, INVOICE, FM
27	Other ▶ (MISCELLANEOUS)	X	25	11,633.	RECEIPT, FMV
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 5

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

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:

STATE STREET GLOBAL SERVICES CORPORATION WAS USED IN 2019 TO FACILITATE

THE TRANSFER AND SALE OF SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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2019

Open to Public Inspection

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

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

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

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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 2019, UNIVERSITY HOSPITALS DEDICATED MORE THAN $429 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = $ 90 MILLION
- RESEARCH = $ 47 MILLION
- CHARITY CARE = $50 MILLION
- MEDICAID SHORTFALL = $231 MILLION

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- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = $25 MILLION

- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = ($14 MILLION).

REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2019 TOTALED $429 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 2019, $116 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 29,700 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,

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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 2019 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

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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 $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 $100,000,000

-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

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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

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BOARD.

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

THE AUDIT AND COMPLIANCE COMMITTEE HAS BEEN DELEGATED AUTHORITY BY THE UHHS BOARD OF DIRECTORS TO REVIEW THE FORM 990. THE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION SECTIONS OF THE FORM 990. THE GOVERNANCE AND COMMUNITY BENEFIT COMMITTEE REVIEWED THE COMMUNITY BENEFIT SECTION OF THE FORM 990 (SCHEDULE H). THE UHHS BOARD OF DIRECTORS RECEIVES A COMPLETE COPY OF THE RETURN BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. CERTAIN MEMBERS OF SENIOR MANAGEMENT REVIEW THE FORM WHILE OVERSEEING THIS PROCESS.

FORM 990, PART V, LINE 2A

UHHS ACTS AS A COMMON PAY AGENT FOR THE VARIOUS ENTITIES THAT COMPRISE 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.

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

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

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

Employer identification number 90-0059117

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.

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

Employer identification number: 90-0059117

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,ND,NH,NJ,NM,NY,OK,OR,PA,SC,TN,VA,WI

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

	UH GROUP AND UH PARENT COMBINED	UH PARENT PARENT ONLY	ELIMINATIONS	UH GROUP (WITHOUT UH PARENT)

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

Employer identification number 90-0059117

LINE 1H	84,856,000	(14,640,000)	2,547,000	72,763,000
LINE 2G	3,722,294,000	(538,541,000)	480,793,000	3,664,546,000
LINE 3	39,294,000	(38,914,000)	-	380,000
LINE 6	-	-	-	-
LINE 7D	32,915,000	(32,866,000)	-	49,000
LINE 8C	(637,000)	-	-	(637,000)
LINE 9	14,000	-	-	14,000
LINE 11E	169,019,000	(75,557,000)	-	93,462,000
LINE 12	4,047,755,000	(700,518,000)	483,340,000	3,830,577,000

*TOTAL REVENUE REPORTED ON LINE 12 OF $4,047,755,000 CONSISTED OF $3,889,089,433 EXEMPT FUNCTION REVENUE, $2,559,891 OF UNRELATED BUSINESS REVENUE, AND $71,249,676 OF REVENUE EXCLUDED FROM TAX UNDER SECTIONS 512-514.

PART IX - STATEMENT OF FUNCTIONAL EXPENSES

	UH GROUP AND PARENT COMBINED	UH PARENT	ELIMINATIONS	UH GROUP WITHOUT UH PARENT)
LINE 1	6,295,000	(6,295,000)	-	-
LINE 3	590,000	(590,000)	-	-
LINE 5	38,944,000	(16,457,000)	-	22,487,000
LINE 6	9,545,000	(1,542,000)	-	8,003,000
LINE 7	1,637,896,000	(303,256,000)	-	1,334,640,000
LINE 8	44,012,000	19,082,000	-	63,094,000
LINE 9	212,017,000	(47,088,000)	-	164,929,000

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

Employer identification number 90-0059117

LINE 10	108,979,000	(20,634,000)	-	88,345,000
LINE 11B	2,057,000	(1,751,000)	-	306,000
LINE 11C	1,185,000	(665,000)	-	520,000
LINE 11D	507,000	(26,000)	-	481,000
LINE 11E	126,000	-	-	126,000
LINE 11G	113,922,000	(28,968,000)	-	84,954,000
LINE 12	11,836,000	(8,514,000)	-	3,322,000
LINE 13	831,856,000	(8,182,000)	-	823,674,000
LINE 14	88,718,000	(83,794,000)	-	4,924,000
LINE 16	163,408,000	(21,768,000)	-	141,640,000
LINE 17	11,461,000	(3,139,000)	-	8,322,000
LINE 20	44,127,000	(44,128,000)	-	(1,000)
LINE 22	176,073,000	(60,763,000)	-	115,310,000
LINE 23	39,168,000	9,792,000	-	48,960,000
LINE 24	380,190,000	(184,291,000)	480,793,000	676,692,000
LINE 25	3,922,912,000	(812,977,000)	480,793,000	3,590,728,000

TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF $3,922,912,000 CONSISTED OF $3,659,996,000 PROGRAM SERVICE EXPENSES, $249,304,000 OF MANAGEMENT AND GENERAL EXPENSES, AND $13,612,000 OF FUNDRAISING EXPENSES.

PART X - BALANCE SHEET

	UH GROUP AND UH PARENT COMBINED	UH PARENT	ELIMINATIONS	UH GROUP WITHOUT UH PARENT)

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

Employer identification number 90-0059117

LINE 2	251,467,000	(248,540,000)	-	2,927,000
LINE 3	59,238,000	(7,703,000)	-	51,535,000
LINE 4	565,871,000	(7,499,000)	-	558,372,000
LINE 7	-	-	-	-
LINE 8	79,204,000	-	-	79,204,000
LINE 9	38,324,000	(31,339,000)	-	6,985,000
LINE 10C	1,780,182,000	(529,061,000)	-	1,251,121,000
LINE 11	1,441,264,000	(1,438,319,000)	-	2,945,000
LINE 12	287,125,000	(286,941,000)	-	184,000
LINE 13	503,028,000	(1,894,078,000)	1,565,937,000	174,887,000
LINE 14	19,960,000	(15,550,000)	-	4,410,000
LINE 15	259,275,000	(147,240,000)	-	112,035,000
LINE 16	5,284,938,000	(4,606,270,000)	1,565,937,000	2,244,605,000
LINE 17	464,521,000	(293,767,000)	-	170,754,000
LINE 18	-	-	-	-
LINE 19	1,593,000	-	-	1,593,000
LINE 20	1,219,829,000	(1,219,814,000)	-	15,000
LINE 23	39,749,000	(39,749,000)	-	-
LINE 25	865,793,000	(762,762,000)	-	103,031,000
LINE 26	2,591,485,000	(2,316,092,000)	-	275,393,000
LINE 27	1,817,213,000	(1,823,506,000)	1,565,937,000	1,559,644,000
LINE 28	876,240,000	(466,672,000)	-	409,568,000
LINE 32	2,693,453,000	(2,290,178,000)	1,565,937,000	1,969,212,000
LINE 33	5,284,938,000	(4,606,271,000)	1,565,937,000	2,244,605,000

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

NET ASSETS RELEASED FROM RESTRICTION -32,697,000.

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

Employer identification number 90-0059117

INVESTMENT IN SUBSIDIARIES	13,610,000.
ADDITIONAL MINIMUM LIABILITY	-49,944,000.
EQUITY TRANSFERS	-116,840,000.
OTHER CHANGES IN FUND BALANCE	80,002,000.
CHANGE IN BENEFICIAL INTEREST FOUNDATIONS	15,408,000.
TOTAL TO FORM 990, PART XI, LINE 9	-90,461,000.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 90-0059117

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JWR COMMERCIAL PROPERTIES, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	REAL ESTATE	OHIO	0.	0.	UHHS
CHESTER ROAD COMMERCIAL PROPERTIES, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	REAL ESTATE	OHIO	0.	0.	UHHS
UH HEALTH SOLUTIONS, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS
UH HEALTH VENTURES, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
PARMA HOSPITAL HEALTH CARE FOUNDATION - 34-1626664, 7007 POWERS BLVD, PARMA, OH 44129	SUPPORT HOSPITAL	OHIO	501(C)(3)	TYPE I	UHPMC	X	
SAMARITAN HOSPITAL FOUNDATION - 34-1783215 663 EAST MAIN ST ASHLAND, OH 44805	SUPPORT HOSPITAL	OHIO	501(C)(3)	TYPE I	UHSRMC	X	
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 34-1510544, 6847 N CHESTNUT ST, RAVENNA, OH 44266	SUPPORT HOSPITAL	OHIO	501(C)(3)	TYPE I	UHRHS	X	
ELYRIA MEDICAL CENTER FOUNDATION - 61-1579760, 630 EAST RIVER STREET, ELYRIA, OH 44035	SUPPORT HOSPITAL	OHIO	501(C)(3)	TYPE I	UHEMC	X	

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UH RESEARCH EDUCATION AND COLLABORATION LLC - 27-1287585, 11100 EUCLID AVE., CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS
UH REGIONAL PRACTICES LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS
UH MEDS, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
5805 EUCLID INC. - 81-4962989 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	SUPPORT HOSPITAL	OHIO	501(C)(3)	TYPE I	UHCMC	X	
UNIVERSITY HOSPITALS HEALTH SYSTEM - HEATHER HILL, INC. - 34-0771884, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	501(C)(3)			X	
AMHERST HOSPITAL ASSOCIATION INC - 34-0067060, 630 EAST RIVER STREET, ELYRIA, OH 44035	INACTIVE	OHIO	501(C)(3)	LINE 3	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	X	
FUND FOR CURES UK, LTD. 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	GRANT FUNDING	UNITED KINGDOM	N/A	N/A	UHHS	X	
KETTERING MOHICAN AREA MEDICAL CENTER INC. 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
SAMARITAN REGIONAL PAIN MANAGEMENT LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805	MEDICAL SERVICES	OH	N/A	RELATED	334,532.	354,136.		X	N/A		X	51.00%
UHHS ENDOSCOPY HOLDINGS LLC - 83-1284090, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
UH CANTON-ENDOSCOPY, LLC - 83-0638696, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
WESTERN RESERVE ASSURANCE CO. LTD. SPC - 98-0462740, PO BOX 1051, GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS KY1 - 1102	INSURANCE	CAYMAN ISLANDS	UHHS	C CORP	0.	0.	100%	X	
UNIVERSITY HOSPITALS HOLDINGS, INC. - 34-1768931, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	UHHS	C CORP	-114895141	96,490,665.	100%	X	
UNIVERSITY HOSPITALS PHYSICIAN SERVICES - 34-1768929, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY PRIMARY CARE PRACTICES INC. - 34-1768928, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
UHHS PROVIDER & CENTRAL VERIFICATION ORG - 34-1908517, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
CEDAR BRAINARD SURGERY CENTER INC. - 20-4957632, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES - 34-1510005, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
BMH DEVELOPMENT CORP. - 34-1346212 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	LAND DEVELOPMENT	OH	CONNEAUT MEDICAL CENTER	C CORP	-5,230.	0.	100%	X	
COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	UHCHCO, INC.	C CORP	-318,077.	3,785,739.	100%	X	
NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	UHCHCO, INC.	C CORP	-12,494,294.	2,463,716.	100%	X	
POWERS PROFESSIONAL CORPORATION - 34-1735290 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C CORP	-305,916.	1,102.	100%	X	
PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C CORP	0.	6,848,935.	100%	X	
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION INC. - 81-3836118, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH	ACCOUNT CARE	OH	N/A	C CORP	N/A	N/A	N/A	X	
EMH PROFESSIONAL SERVICES, INC. - 34-1778419 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH DESIGN PLUS INC. - 34-1593929 1755 GEORGETOWN RD HUDSON, OH 44236	THIRD PARTY ADMINISTRATOR	OH	N/A	C CORP	N/A	N/A	N/A	X	
QUALITY CARE NETWORK - 81-1081563 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
WESTSHORE PRIMARY CARE ASSOCIATES, INC. - 34-1675567, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	ST. JOHN MEDICAL CENTER	C CORP	0.	0.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
EMH MEDICAL OFFICE BUILDING IN AVON, INC - 34-1935407, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	ELYRIA MEDICAL CENTER	C CORP	0.	16,742.	100%	X	
EMH SHEFFIELD MEDICAL BUILDING CONDOMINIUM ASSOCIATION - 26-0636602, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	N/A	C CORP	N/A	N/A	N/A	X	

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

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS PHYSICIAN SERVIC	A	729,439.	GENERAL LEDGER
(2)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES TO UNIVERSITY HOSPITALS ST. JOH	A	825,986.	GENERAL LEDGER
(3)	UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS CLEV	A	292,329.	GENERAL LEDGER
(4)	UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSI	A	1,850,978.	GENERAL LEDGER
(5)	UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN	A	216,845.	GENERAL LEDGER
(6)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	A	7,594,061.	GENERAL LEDGER

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	UNIVERSITY HOSPITALS CANTON-MASSILLON, LLC TO UNIVERSITY HOSPITALS HEALTH S	A	106,479.	GENERAL LEDGER
(8)	PRL CORPORATION FROM THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION	A	572,661.	GENERAL LEDGER
(9)	PRL CORPORATION FROM UNIVERSITY HOSPITALS MEDICAL GROUP, INC.	A	77,477.	GENERAL LEDGER
(10)	PRL CORPORATION FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC.	A	497,258.	GENERAL LEDGER
(11)	UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND	A	72,870.	GENERAL LEDGER
(12)	COMPREHENSIVE VENTURES UNLIMITED, INC. FROM UH MANAGEMENT SERVICES ORG	A	831,034.	GENERAL LEDGER
(13)	NORTH OHIO HEART, INC. FROM EMH REGIONAL MEDICAL CENTER	A	141,691.	GENERAL LEDGER
(14)	UNIVERSITY HOSPITALS MANAGEMENT SERVICES ORG FROM UNIVERSITY HOSPITALS ST.	A	52,307.	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS PHYSICI	A	9,446,467.	GENERAL LEDGER
(16)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS MEDICAL	A	2,908,384.	GENERAL LEDGER
(17)	UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN	A	66,157.	GENERAL LEDGER
(18)	UH REGIONAL HOSPITALS - RICHMOND CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYST	A	121,718.	GENERAL LEDGER
(19)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS LAB	A	169,108.	GENERAL LEDGER
(20)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS MED	A	1,642,456.	GENERAL LEDGER
(21)	UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER, INC. FROM UNIVERSITY HOSPITA	A	510,763.	GENERAL LEDGER
(22)	UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY	A	96,706.	GENERAL LEDGER
(23)	UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSIC	A	303,816.	GENERAL LEDGER
(24)	UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S	A	597,469.	GENERAL LEDGER

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND	A	741,675.	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UH REGIONAL HOSPITALS - BEDF	A	60,169.	GENERAL LEDGER
(9)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS AHUJA M	A	1,186,788.	GENERAL LEDGER
(10)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS GENEVA	A	64,723.	GENERAL LEDGER
(11)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS LABORAT	A	452,460.	GENERAL LEDGER
(12)	COMPREHENSIVE VENTURES UNLIMITED, INC. FROM ELYRIA MEDICAL CENTER	A	50,742.	GENERAL LEDGER
(13)	5805 EUCLID, INC. FROM UNIVERSITY HOSPITALS CLEVELAND	A	843,573.	GENERAL LEDGER
(14)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS NO. RID	A	79,678.	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY	A	80,215.	GENERAL LEDGER
(16)	THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS	A	324,413.	GENERAL LEDGER
(17)	HEALTH DESIGN PLUS, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, I	R	155,640.	GENERAL LEDGER
(18)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	R	197,893,581.	GENERAL LEDGER
(19)	PRL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	499,398.	GENERAL LEDGER
(20)	UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S	R	12,124,793.	GENERAL LEDGER
(21)	PORTAGE MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	5,526,265.	GENERAL LEDGER
(22)	UH REGIONAL HOSPITALS - BEDFORD CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTE	R	40,066,293.	GENERAL LEDGER
(23)	UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH	R	6,817,391.	GENERAL LEDGER
(24)	SAMARITAN REGIONAL HEALTH SYSTEM TO UNIVERSITY HOSPITALS HEALTH SYSTEM, IN	R	1,825,491.	GENERAL LEDGER

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC. TO UNIVERSITY HOSPITALS HEAL	R	38,455,009.	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS REGIONAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SYST	R	612,209.	GENERAL LEDGER
(9)	QUALITY CARE NETWORK TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	7,776,372.	GENERAL LEDGER
(10)	ST. JOHN WESTSHORE PRIMARY CARE TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	287,062.	GENERAL LEDGER
(11)	SPONSORED ACTIVITY TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	11,604,847.	GENERAL LEDGER
(12)	COMPREHENSIVE HEALTH CARE OF OHIO TO UNIVERSITY HOSPITALS HEALTH SYSTEM, IN	R	401,368.	GENERAL LEDGER
(13)	UNIVERSITY HOSPITALS MEDICAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SY	R	143,564,285.	GENERAL LEDGER
(14)	UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION . TO UNIVERSITY HOSPITA	R	760,302.	GENERAL LEDGER
(15)	ELYRIA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	19,816,651.	GENERAL LEDGER
(16)	UNIVERSITY HOSPITALS HEALTH SYSTEM ELIMINATIONS TO UNIVERSITY HOSPITALS HEA	R	3,922,857.	GENERAL LEDGER
(17)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS HOME CA	S	19,429,130.	GENERAL LEDGER
(18)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO ST. JOHN MEDICAL CENTER	S	5,505,401.	GENERAL LEDGER
(19)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH HEALTH VENTURES LLC	S	2,400,000.	GENERAL LEDGER
(20)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO POWERS PROFESSIONAL CORPORAT	S	308,896.	GENERAL LEDGER
(21)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO THE PARMA COMMUNITY GENERAL	S	6,103,731.	GENERAL LEDGER
(22)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS CONNEAU	S	2,240,345.	GENERAL LEDGER
(23)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS PHYSICI	S	264,160,749.	GENERAL LEDGER
(24)	UNIVERSITY HOSPITALS ACO NFP FROM UNIVERSITY HOSPITAL HEALTH SYSTEM, INC.	S	1,549,025.	GENERAL LEDGER

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO JV ELIMINATIONS	S	545,600.	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH REGIONAL HOSPITALS - RICH	S	41,285,669.	GENERAL LEDGER
(9)	CLEVELAND MEDICAL CENTER ELIMINATIONS FROM UNIVERSITY HOSPITALS HEALTH SYST	S	3,377,257.	GENERAL LEDGER
(10)	NORTH OHIO HEART, INC. FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	12,101,156.	GENERAL LEDGER
(11)	AMHERST HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, I	S	279,550.	GENERAL LEDGER
(12)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO EMH PROFESSIONAL SERVICES, I	S	255,050.	GENERAL LEDGER
(13)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS ACO INC	S	423,801.	GENERAL LEDGER
(14)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO PORTAGE HEALTH AFFILIATES	S	369,495.	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH NO. RIDGEVILLE ENDOSCOPY CE	S	109,420.	GENERAL LEDGER
(16)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO SAMARITAN PROFESSIONAL CORPORA	S	99,838.	GENERAL LEDGER
(17)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS MEDICAL	S	72,285,384.	GENERAL LEDGER
(18)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH AHUJA MEDICAL CENTER	K	1,186,788.	GENERAL LEDGER
(19)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH CLEVELAND MEDICAL CENTER	K	7,594,061.	GENERAL LEDGER
(20)	5805 EUCLID, INC. TO UH CLEVELAND MEDICAL CENTER	K	843,573.	GENERAL LEDGER
(21)	UHRH BEDFORD MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	72,870.	GENERAL LEDGER
(22)	UHRH RUCHMOND MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	741,675.	GENERAL LEDGER
(23)	ST. JOHN MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	510,763.	GENERAL LEDGER
(24)	PORTAGE MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	292,329.	GENERAL LEDGER

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	NORTH OHIO HEART, INC. TO EMH REGIONAL MEDICAL CENTER	K	141,691.	GENERAL LEDGER
(8)	COMPREHENSIVE VENTURES UNLIMITED TO EMH REGIONAL MEDICAL CENTER	K	50,742.	GENERAL LEDGER
(9)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO GEAUGA MEDICAL CENTER	K	597,469.	GENERAL LEDGER
(10)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO GENEVA MEDICAL CENTER	K	64,723.	GENERAL LEDGER
(11)	PRL CORPORATION TO THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION	K	572,661.	GENERAL LEDGER
(12)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH CANTON-MASSILLON, LLC	K	106,479.	GENERAL LEDGER
(13)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH LAB SERVICES FOUNDATION	K	452,460.	GENERAL LEDGER
(14)	UH CLEVELAND MEDICAL CENTER TO UH LAB SERVICES FOUNDATION	K	169,108.	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH PHYSICIANS SERVICES ORG	K	9,446,467.	GENERAL LEDGER
(16)	UHRH BEDFORD MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	216,845.	GENERAL LEDGER
(17)	UH GEAUGA MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	303,816.	GENERAL LEDGER
(18)	UH CONNEAUT MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	96,706.	GENERAL LEDGER
(19)	UHRH RICHMOND MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	66,157.	GENERAL LEDGER
(20)	SAMARITAN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	729,439.	GENERAL LEDGER
(21)	UH ST. JOHN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	825,986.	GENERAL LEDGER
(22)	UH PORTAGE MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	1,850,978.	GENERAL LEDGER
(23)	THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UH PHYSICIANS SERVICES	K	324,413.	GENERAL LEDGER
(24)	PRL CORPORATION TO UH PHYSICIANS SERVICES ORG	K	497,258.	GENERAL LEDGER

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	COMPREHENSIVE VENTURES UNLIMITED TO UH PHYSICIANS SERVICES ORG	K	831,034.	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHRH BEDFORD MEDICAL CENTER	K	60,169.	GENERAL LEDGER
(9)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHRH RICHMOND MEDICAL CENTER	K	121,718.	GENERAL LEDGER
(10)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS MEDICAL GR	K	2,908,384.	GENERAL LEDGER
(11)	UH CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS MEDICAL GROUP	K	1,642,456.	GENERAL LEDGER
(12)	UNIVERSITY HOSPITALS PHYSICIANS SERVICES ORG TO UH ST. JOHN MEDICAL CENTER	K	52,307.	GENERAL LEDGER
(13)	UH GENEVA MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	80,215.	GENERAL LEDGER
(14)	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH NO. RIDGEVILLE ENDOSCOPY CEN	K	79,678.	GENERAL LEDGER
(15)	PRL CORPORATION TO UNIVERSITY HOSPITALS MEDICAL GROUP	K	77,477.	GENERAL LEDGER
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information

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

Form **8868**
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	90-0059117
Number, street, and room or suite no. If a P.O. box, see instructions. 3605 WARRENSVILLE CENTER ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHAKER HEIGHTS, OH 44122	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHAEL A. SZUBSKI

- The books are in the care of ▶ 3605 WARRENSVILLE CENTER RD - SHAKER HEIGHTS, OH 44122
  Telephone No. ▶ 216-844-1000 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3829. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☒ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2019 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 8868 LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 2

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1567805
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. (AHUJA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	26-4827222
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714550
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714461
UH REGIONAL HOSPITALS (UHRH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1924226
PARMA COMMUNITY GENERAL HOSPITAL (PARMA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0827442
EMH REGIONAL MEDICAL CENTER (ELYRIA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714612
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1260978
AMHERST HOSPITAL ASSOCIATION INC. (AMH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0067060
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	20-4881619

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1720429
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1527536
UHHS HEATHER HILL INC. (HHI)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0771884
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION (ACO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	27-3970270
ROBINSON HEALTH SYSTEM, INC. (PORT)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	46-1382538
SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0808574
SAMARITAN REGIONAL HEALTH SYSTEM (SAM)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714535
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	90-0794903
COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1492733
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0816492
SAMARITAN PROFESSIONAL CORPORATION	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1856531

UNIVERSITY HOSPITALS RESEARCH & EDUCATION COLLABORATIONS, LLC	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	83-3785425

Electronic Filing PDF Attachment

University Hospitals

2020-2022
Community Health Implementation Strategy

UH Samaritan Medical Center
Ashland County, Ohio











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Adoption by the Board

University Hospitals adopted the UH Samaritan Medical Center Community Health Implementation Strategy on March 31, 2020.

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 Samaritan Medical Center Implementation Strategy 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.

Introduction

In 2019, University Hospitals Samaritan Medical Center conducted a joint community health needs assessment (a "CHNA") with the Ashland County Health Department and the associated Ashland County Community Health Assessment Committee. The 2019 Ashland County CHNA was compliant with the requirements of Treas. Reg. §1.501(r) ("Section 501(r)") and Ohio Revised Code ("ORC") 3701.981. The 2019 CHNA serves as the foundation for developing an Implementation Strategy ("IS") to address those needs that, (a) UH Samaritan Medical Center determined 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 IS identifies the means through which UH Samaritan Medical Center plans to address a number of the needs that are consistent with the hospital's charitable mission as part of its community benefit programs. Likewise, UH Samaritan Medical Center is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Samaritan Medical Center anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2019 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by UH Samaritan Medical Center in the IS. More specifically, since this IS was done in conjunction with the 2020-2022 Ashland County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Ashland County CHIP can be found at http://www.hcno.org/community-services/community-health-assessments/ and the CHIP strategies can be found in Appendix A of this report.

In addition, UH Samaritan Medical Center 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 Ohio's State Health Assessment (a "SHA") and State Health Improvement Plan (a "SHIP"). 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 aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2020-2022 UH Samaritan Medical Center Community Health Implementation Strategy which aligns with the 2020-2022 Ashland County Community Health Improvement Plan and meets the state of Ohio's October 1, 2020 deadline. This IS meets all the requirements set forth in Section 501(r).

The Ashland County Health Department, on behalf of the Ashland County Community Health Assessment Committee (includes UH Samaritan Medical Center), hired the Hospital Council of Northwest Ohio (HCNO) to conduct the community health planning process which yielded the strategies outlined in this report as well as the aligned Ashland County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by UH Samaritan Medical Center.

UH Samaritan Medical Center is working with other partners in Ashland County to address both priorities which were identified in the 2019 CHNA:

1. Chronic disease
2. Mental health and addiction

Additionally, UH Samaritan Medical Center is working collaboratively with other Ashland County partners to address Public Health System, Prevention and Health Behaviors, which was identified as a cross-cutting factor undergirding both priorities.

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, UH Samaritan Medical Center is 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 Ashland County. Most (78%) of UH Samaritan Medical Center’s discharges are residents of Ashland County. In addition, University Hospitals 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.

Alignment with Local and State Standards

Community Partners

The IS was done in collaboration with various agencies and service-providers within Ashland County. From April to May 2019, the Ashland County Community Health Assessment Committee reviewed many data sources concerning the health and social challenges that Ashland County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.

Ashland County Health Assessment Committee Members:

Mark Burgess, City of Ashland
Sarah Goodwill Humphrey, Ashland County Health Department
Steve Stone, Ashland County Mental Health & Recovery Board
Kathy Witmer, University Hospitals Samaritan Medical Center
Danielle Price, University Hospitals

With special thanks to our Community Health Partners, including:

Ashland City Schools
Mapleton Local Schools
Ashland County Community Academy
Ashland County Family & Children First Council
Ashland County Catholic Charities
Ashland County Council on Aging
Ashland County Board of Developmental Disabilities
Appleseed Community Mental Health Center
Ashland County Board of Health
Ashland YMCA
Ashland County Chamber of Commerce
Ashland Parenting Plus
Ashland County EMA
Ashland County Job & Family Services
Safe Haven of Ashland, Ohio

2019 CHNA Trends Summary Table

The 2019 CHNA is a 163-page report that consists of county-level primary and secondary data for Ashland County. The following data are trends from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: www.UHhospitals.org/CHNA-IS.

Adult Trend Summary

Adult Variables	Ashland County 2018	Ohio 2017	U.S. 2017
Health Status			
Rated general health as good, very good, or excellent	88%	81%	83%
Rated general health as excellent or very good	52%	49%	51%
Rated general health as fair or poor	12%	19%	18%
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	3.2	4.0**	3.7**
Rated physical health as not good on four or more days (in the past 30 days)	18%	22%*	22%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	3.4	4.3**	3.8**
Rated mental health as not good on four or more days (in the past 30 days)	24%	24%*	23%*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	25%	22%*	22%*
Healthcare Coverage, Access, and Utilization			
Uninsured	7%	9%	11%
Had one or more persons they thought of as their personal healthcare provider	82%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	71%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	10%	7%	8%
Arthritis, Asthma, & Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	3%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	6%	2%	2%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	30%	29%	25%
Had ever been told they have asthma	13%	14%	14%
Cardiovascular Health			
Ever diagnosed with angina or coronary heart disease	4%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	7%	6%	4%
Ever diagnosed with a stroke	3%	4%	3%
Had been told they had high blood pressure	29%	35%	32%
Had been told their blood cholesterol was high	30%	33%	33%
Had their blood cholesterol checked within the last five years	78%	85%	86%
Weight Status			
Normal weight (BMI of 18.5 – 24.9)	30%	30%	32%
Overweight (BMI of 25.0 – 29.9)	30%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	38%	34%	32%
Alcohol Consumption			
Current drinker (had at least one drink of alcohol within the past 30 days)	54%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	23%	19%	17%

Tobacco Use			
Current smoker (smoked on some or all days)	15%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	28%	24%	25%

Indicates alignment with the Ohio State Health Assessment
**2016 BRFSS*
***2016 BRFSS as compiled by 2018 County Health Rankings*

Adult Variables	Ashland County 2018	Ohio 2017	U.S. 2017
Preventive Medicine			
Had a mammogram within the past two years (ages 40 and older)	75%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	72%	82%*	80%*
Had a PSA test within the past two years (ages 40 and older)	58%	39%*	40%*
Quality of Life			
Limited in some way because of physical, mental or emotional problem	20%	21%**	21%**
Oral Health			
Visited a dentist or a dental clinic (within the past year)	64%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	12%	11%*	10%*

**2016 BRFSS*
***2015 BRFSS*

Youth Trend Summary

Youth Variables	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Weight Status			
Obese	22%	20%	15%
Overweight	15%	14%	16%
Described themselves as slightly or very overweight	33%	34%	32%
Tried to lose weight	47%	47%	47%
Physically active at least 60 minutes per day on every day in past week	26%	24%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	49%	46%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	17%	15%	15%
Watched 3 or more hours per day of television (on an average school day)	12%	11%	21%
Tobacco Use			
Ever tried cigarette smoking (even one or two puffs)	24%	34%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	10%	13%	9%
First tried cigarette smoking before age 13 years (even one or two puffs)	11%	13%	10%
Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)	1%	2%	3%
Currently used an electronic vapor product (in the past 30 days)	24%	32%	13%
Currently used electronic vapor products daily	5%	9%	2%
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha hookah tobacco and electronic vapor products, during the past 12 months)	41%	37%	59%
Alcohol Consumption			
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	47%	58%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	20%	27%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	11%	17%	14%
Drank for the first time before age 13 (of all youth)	16%	13%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	33%	36%	44%
Drug Use			
Used marijuana in the past month	9%	13%	20%
Ever used marijuana (in their lifetime)	19%	28%	36%
Ever used methamphetamines (in their lifetime)	N/A	2%	3%
Ever used cocaine (in their lifetime)	N/A	3%	5%
Ever used heroin (in their lifetime)	N/A	1%	2%
Ever used ecstasy (in their lifetime)	N/A	1%	4%
Ever used inhalants (in their lifetime)	7%	6%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	5%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	11%	13%	20%

Indicates alignment with the Ohio State Health Assessment
N/A- Not Available

Adult Variables	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Sexual Behavior			
Did not use any method to prevent pregnancy during last sexual intercourse	N/A	6%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	19%	19%
Ever had sexual intercourse	N/A	40%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	3%	3%
Used a condom (during last sexual intercourse)	N/A	40%	54%
Used birth control pills (during last sexual intercourse)	N/A	22%	21%
Used an IUD (during last sexual intercourse)	N/A	10%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	5%	5%
Mental Health			
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	36%	40%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	19%	17%
Social Determinants of Health			
Did not get eight or more hours of sleep (on an average school night)	57%	68%	75%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	73%	74%*
Drank and drove (of all youth)	N/A	5%	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	12%	17%
Violence			
Carried a weapon (in the past 30 days)	19%	15%	16%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	8%	8%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	7%	9%	8%
Electronically bullied (in the past year)	13%	13%	15%
Were bullied on school property (during the past 12 months)	33%	27%	19%

N/A- Not Available
**Comparative YRBS data for U.S. is 2015*

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.

Priorities:

1. Chronic disease
2. Mental health and addiction

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 2019 CHNA also fit within the following cross-cutting area for which UH Samaritan Medical Center will be implementing strategies in this plan:

1. Public health system, prevention and health behaviors

Strategies to Address Health Needs

Mobilizing for Action through Planning and Partnerships (MAPP)

The planning and strategic development process was completed using the National Association of County and City Health Officials' (NACCHO) MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Ashland County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from UH Samaritan Medical Center's community outreach team and leadership was used to further determine the hospital's specific tactics.

The strategies listed on the following pages are done in alignment with the Ashland County Community Health Improvement Plan (see strategies in Appendix A). They reflect the specific strategies that UH Samaritan Medical Center will implement to address the identified priorities and achieve the anticipated outcomes. The resources being provided include staff time and expertise, health screening supplies and equipment, publicity for various events and other contributions as outlined in the following section.

University Hospitals Samaritan Medical Center
CHNA Priority: Mental Health and Addiction
Strategy 1: Music therapy
Goal: Enhance coping skills to improve mental health.
Objective: By May 28, 2022, provide UH Samaritan Medical Center in-patients with alternative methods to cope with mental health stressors via music therapy.
Action Steps: **Year 1:** • Music therapist will round on patients with documented mental health history. (Track number of patient encounters, not including declinations, to establish baseline.) • Educate nursing staff on benefits of music therapy. (Track number of encounters.) **Year 2:** • Establish baseline for self-reported feelings of stress. (Track pre/post responses by patients.) • Increase number of patient encounters, excluding declinations, by 10% over Year 1. (Track number of patient encounters.) **Year 3:** • Demonstrate a decrease in the self-reported stress scale scores from baseline established in Year 2. (Track scores.)
Anticipated measurable outcome(s): • Decrease in self-reported stress scores by UH Samaritan Medical Center inpatients. • Decrease (or maintain) the percentage of Ashland County adults reporting feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year (baseline: 8% in the 2019 Ashland County CHNA).
Indicator(s) used to measure progress: • Self-report stress assessment on a Likert scale • Percentage of Ashland County adults who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year (HCNO household survey)
Collaboration and Partnerships: Internal UH Samaritan Medical Center music therapist, staff nurses and clinical leadership

University Hospitals Samaritan Medical Center

CHNA Priority: Mental Health and Addiction

Strategy 2: Community awareness and education of risky behaviors and substance abuse issues and trends

Goal: Educate community members on the dangers of substance use/misuse and mental health issues and trends in Ashland County.

Objective: By May 28, 2022, UH Samaritan Medical Center will host at least two community outreach events that focus on risky behaviors such as e-cigarettes, substance use/misuse or mental health issues and trends. Incorporate screenings as appropriate.

Action Steps:

Years 1-3

- UH Samaritan Medical Center will continue community outreach efforts to educate the public regarding types and signs of substance use/misuse and mental illness and their effects on overall health. (Track number of events and participants.)
- UH Samaritan Medical Center will work with community partners to coordinate mental health screenings. (Track number of screenings.)
- UH Samaritan Medical Center will work with the committee to evaluate outcomes by surveying participants at each community outreach event. (Track outcomes.)

*** Anticipated measurable outcome(s):**

- Increased knowledge of participants about risky behaviors and substance use/misuse.
- Decrease in the number of Ashland adults that misused prescription medication in the past 6 months (baseline: 6% in the 2019 Ashland County CHNA).
- Decrease in the number of drinks Ashland adults consume per drinking occasion (baseline: 3.4 alcoholic drinks on average; 23% of Ashland adults reported they had 5 or more alcoholic drinks (for males) and 4 or more (for females) on an occasion in the last month in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Number of Ashland County adults reporting increased knowledge about substance use/abuse from evaluation forms
- Percent of Ashland County adults who misused prescription medication in the past 6 months (HCNO household survey)
- Number of drinks Ashland County adults consumed per drinking occasion (HCNO household survey)

Collaboration and Partnerships: Ashland County Health Department, Opioid Target Action Group (TAG), Arcadia Local Schools, Appleseed Community Mental Health Center, Mental Health & Recovery Board, faith community

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center
CHNA Priority: Mental Health and Addiction
Strategy 3: Increase safe disposal of prescription drugs
Goal: Decrease prescription medication abuse.
Objective: By May 28, 2022, increase access to methods of safe disposal of prescription drugs for the community.
Action Steps: **Years 1-3** • UH Samaritan Medical Center will distribute DisposeRx at its in-house retail pharmacy to customers who have one-time controlled substance prescriptions as safe way to dispose of unused portion of prescriptions from home. (Track number distributed.) • UH Samaritan Medical Center will distribute DisposeRX to community members at two community outreach events per year. (Track number distributed.) • UH Samaritan Medical Center will continue to educate and utilize RxDestroyer within the hospital environment where controlled substances are given. (Track number of encounters.)
*** Anticipated measurable outcome(s):** • Decrease the number of Ashland County adults that misused prescription medication in the past 6 months (baseline: 6% in the 2019 Ashland County CHNA).
Indicator(s) used to measure progress: • Percent of Ashland County adults who misused prescription medication in the past 6 months (HCNO household survey)
Collaboration and Partnerships: UH Samaritan Medical Center staff and leadership, pharmacy department, community service agencies

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center

CHNA Priority: Chronic Disease

Strategy 1: Online community wellness calendar

Goals: Increase community's awareness of health resources, programs and events.

Objective: By May 28, 2022, educate the community on resources available through an online community wellness calendar and 211 service.

Action Steps:

Years 1

- UH Samaritan Medical Center staff will collaborate with Ashland county organizations on the selection and implementation of an online community wellness calendar product.
- UH Samaritan Medical Center staff person will maintain schedule of hospital's outreach events on the calendar.
- UH Samaritan Medical Center staff will participate in implementation and maintenance of 211 service for Ashland County. (Establish baseline for number of 211 calls.)

Years 1-3

- Update the hospital's community education and outreach information quarterly.
- Support the 211 initiative for Ashland County by providing and maintaining hospital resource information. (Track number of 211 calls.)

*** Anticipated Measurable Outcome(s) based on current trends:**

- Decrease in the percentage of Ashland County adults reporting no leisure time physical activity (baseline 30% in the 2019 Ashland County CHNA).

Indicator(s) used to measure outcomes:

- Percentage of Ashland County adults reporting no leisure time physical activity (HCNO household survey)

Collaboration and Partnerships: Health and Wellness Target Action Group (TAG), Ashland County Health Department, social service agencies, Richland County 211, Samaritan Hospital Foundation

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center
CHNA Priority: Chronic Disease
Strategy 2: Educate the community on chronic pain management based on best practices
Goal: Reduce adults reporting they are limited in some way due to arthritis and other physical pain in Ashland County.
Objective: By May 28, 2022, host at least two community outreach events per year that focus on pain management.
Action Steps: **Years 1** • With other Ashland County chronic disease committee members, UH Samaritan Medical Center staff will research chronic pain management best practices. (Document best practices.) • Committee will determine availability of local resources for chronic pain management. (Document resource list.) • UH Samaritan Medical Center will work with Ashland County partners to complete a needs assessment focused on individual experiences with chronic pain and the process of navigating resources. **Years 2-3** • The committee will promote local pain management resources. • UH Samaritan Medical Center will work with primary care physician offices to assess what information and/or materials they may be lacking to provide better resources for patients. • UH Samaritan Medical Center will offer community outreach seminars to educate the public regarding treatment options for effective pain management. (Track number of events and participants.) • UH Samaritan Medical Center will survey participants at each community outreach event to evaluate if participants have an increased knowledge about effective pain management treatments and procedures. (Track outcomes.)
*** Anticipated measurable outcome(s):** • Increase in knowledge of effective pain management treatments and procedures based on self-reported evaluations. • Decrease in the proportion of Ashland County adults with doctor-diagnosed arthritis or joint symptoms (baseline: 44% in the 2019 Ashland County CHNA). • Decrease in the number of Ashland County adults with limitations due to arthritis (baseline: 44% with arthritis or joint symptoms, 42% with walking problems and 39% with back or neck problems in the 2019 Ashland County CHNA).
Indicator(s) used to measure progress: • Pre/post knowledge about pain management options • Proportion of adults with doctor-diagnosed arthritis or joint symptoms (HCNO household survey) • Percent of adults limited in some way due to arthritis (HCNO household survey)
Collaboration and Partnerships: UH Samaritan Health Center, Samaritan Pain Clinic, Pain Management Group

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center
CHNA Priority: Chronic Disease
Strategy 3: Prediabetes screening and referral
Goal: Reduce diabetes in Ashland County adults.
Objective: By May 28, 2022, increase early detection and knowledge about diabetes management in the general community.
Action Steps: **Years 1-3:** • UH Samaritan Medical Center will offer two diabetes information sessions annually in the community with biometric screenings. • UH Samaritan Medical Center will survey participants for increased knowledge as a result of the session. (Track number of events, participants and positive results.) • UH Samaritan Medical Center will monitor the number of referrals to primary care physicians or Diabetes Care and Education Specialist as result of screenings. (Track number and type of referrals.)
*** Anticipated measurable outcome(s):** • Decrease the percent of Ashland County adults who have been told by a doctor they have prediabetes or borderline diabetes (baseline: 6% in the 2019 Ashland County CHNA). • Decrease the percent of Ashland County adults who have been told by a doctor that they have diabetes (baseline: 13% in the 2019 Ashland County CHNA).
Indicator(s) used to measure progress: • Percent of Ashland County adults who had been told by a doctor they have prediabetes (HCNO household survey) • Percent of Ashland County adults who had been told by a doctor that they have diabetes (HCNO household survey)
Collaboration and Partnerships: UH Samaritan: primary care offices, specialist offices, Diabetes Care and Education Specialist, Information Technology department

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center

CHNA Priority: Chronic Disease

Strategy 4: Community wide physical activity campaigns

Goal: Increase physical activity.

Objective: By May 28, 2022, Ashland County will implement a community wide physical activity campaign in collaboration with at least four Ashland County organizations.

Action Steps:

Year 1:

- UH Samaritan Medical Center community outreach staff will work with Ashland county partners to develop a "Get Fit" toolkit for businesses and community organizations.
- UH Samaritan Medical Center will work with partners to establish a community based, multidisciplinary, steering committee which will serve to develop and sustain a community wide fitness campaign using Get Fit. (Track partner organizations.)

Year 2:

- UH Samaritan Medical Center staff will coordinate with at least two additional community organizations to adopt Get Fit. (Track number participants.)
- UH Samaritan Medical Center will host at least one community event promoting Get Fit, stressing the health benefits of physical activity on chronic disease conditions. (Track number of participants.)

Year 3:

- Continue efforts from years 1 and 2.
- Work with at least two additional community businesses or service organizations to adopt Get Fit. (Track number participants.)
- Host at least one community event promoting the Get Fit, stressing the health benefits of physical activity. (Track number of participants.)

*** Anticipated measurable outcome(s):**

- Decrease in the percentage of Ashland County adults reporting no leisure time physical activity (baseline 30% in the 2019 Ashland County CHNA).
- Sustain or decrease the percentage of Ashland County adults ever diagnosed with angina or coronary heart disease (baseline 4% in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Percent of Ashland County adults reporting no leisure time physical activity (HCNO household survey)
- Percent of adults ever diagnosed with angina or coronary heart disease (HCNO household survey)

Collaboration and Partnerships: Community service organizations/businesses, hospital volunteers

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

University Hospitals Samaritan Medical Center

CHNA Priority: Cross Cutting Factor: Public Health Systems, Prevention and Health Behaviors

Strategy 1: Programs and/or policies to decrease availability/increase knowledge of tobacco products and risks associated with tobacco use

Goal: Reduce tobacco use in Ashland County.

Objective: By May 28, 2022, Ashland County will adopt smoke-free policies in at least two new locations. UH Samaritan Medical Center will support this initiative by continuing to offer adult smoking cessation and education programs as well as introduce youth education opportunities to local schools and the community.

Action Steps:

Year 1:

- UH Samaritan Medical Center will continue offering 7-week adult smoking cessation classes and one-on-one consultations to community residents. (Monitor number of self-reported adults who quit smoking.)
- Expand program to incorporate 7-week sessions for local businesses to assist employees with tobacco cessation. (Monitor number of self-reported adults who quit smoking.)
- UH Samaritan Medical Center will introduce INDEPTH youth program to local Ashland County schools' administration and provide education sessions at middle and high schools. (Track number of schools and participants.)
- Offer at least two community events. (Track number of participants.)
- Advocate for school(s) to offer INDEPTH as alternative to suspension/expulsion for students who are caught with tobacco products.
- With Ashland County partners, survey students in participating schools to establish level of experimentation with and use of tobacco products. (Track results.)

Year 2:

- Continue efforts of Year 1.
- Increase number of adults who quit smoking. (Track results.)
- Implement a youth tobacco cessation program. (Track the number that complete and quit smoking.)
- Re-survey students.
- Offer at least two community outreach events. (Track number of participants.)

Year 3:

- Continue efforts of Year 1 and 2.
- Increase number of adults who quit smoking, self-report. (Track number of participants and results.)
- Increase number of Ashland County youth who self-report quit. Re-survey students. (Track number of participants and results.)
- Offer at least two community outreach events. (Track number of participants.)

*** Anticipated measurable outcome(s):**

- 10% annual increase in the number of adults participating in UH Samaritan Medical Center classes who self-report they have quit smoking for 6 months or longer.
- Offer UH Samaritan Medical Center sponsored tobacco cessation classes to at least one new local business in Years 2 and 3.
- Have implemented the INDEPTH education program in at least two local schools.
- Increase in the number of students participating in the youth INDEPTH tobacco cessation program.
- Decrease in the percentage of Ashland County youth who ever tried cigarette smoking (baseline: 24% for grades 6th-12th and 34% for grades 9th-12th in the 2019 Ashland County CHNA).
- Decrease in the percentage of Ashland County youth who used an electronic vapor product in the past 30 days (baseline: 24% for grades 6th-12th and 32% for grades 9th-12th in the 2019 Ashland County CHNA).

Indicator(s) used to measure progress:

- Percent of Ashland County adults that are current smokers (HCNO household survey)
- Percent of Ashland County youth who have ever tried cigarette smoking (HCNO household survey)
- Percent of Ashland County youth who have currently used an electronic vapor product in the past 30 days (HCNO household survey)
- Number of students in participating Ashland County schools experimenting with tobacco products (Independent survey by Respiratory therapist/School liaison specific to tobacco use)

Collaboration and Partnerships: Ashland County Health Department, Ashland County Council on Alcohol and Drug Addiction

** Outcomes are based on a variety of tactics occurring among the Ashland County community health partners to achieve the anticipated results at the county level.*

Significant Health Needs Not Being Addressed by the Hospital

UH Samaritan Medical Center is implementing strategies in collaboration with other partners in Ashland County for both priorities identified in the 2019 Ashland County CHNA.

However the following strategies will not be directly addressed by the hospital as part of its Community Health Implementation Strategy because other county partners have agreed to take the lead based on their core expertise, prior experience and/or availability of existing resources (see full list of Ashland County's strategies in Appendix A). Additionally, some strategies are not included in this IS because they do not meet the IRS definition of a non-profit hospital "community benefit" but are still addressed by the UH System. More specifically, they are required or expected of all hospitals based on licensure or accreditation, are a routine standard of clinical care or primarily benefit the organization rather than the community. This includes things such as coordination of mental health and substance services and use of the OARRS (Ohio Automated Rx Reporting System). Lastly community outreach staff from the UH Samaritan Medical Center remain engaged as thought-leaders on all the strategies as needed.

Chronic disease

- Activity programs for older adults
- Healthy food in convenience stores
- Healthy food initiatives
- Community gardens

Mental health and addiction

- Mental health first aid
- School-based social and emotional instruction
- Community-wide campaign to promote positive mental health and cell-phone based support programs
- Community collaboration to increase awareness and coordination of mental health and substance services
- Community-based comprehensive programs to reduce alcohol abuse

Cross-cutting factors

Healthcare system and access

- Trauma-informed health care
- Access to transportation

Social determinants of health

- Early childhood education opportunities
- Parenting programs and resources
- Early childhood home visiting programs
- Affordable, quality housing

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2020-2022 Ashland County Community Health Improvement Plan process and the associated county partners; see Community Health Assessment Committee listed on page 4 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Emily Stearns, Community Health Improvement Coordinator, at Hospital Council of Northwest Ohio (HCNO). 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), 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.

The aligned 2020-2022 UH Samaritan Medical Center IS was compiled and written by Danielle Price, Director, Community Health Engagement in the department of Government and Community Relations at University Hospitals. She oversees state and federal community benefit compliance for all UH medical centers. Ms. Price has a Bachelor's degree from the Wharton School of Business, University of Pennsylvania and a Master of Science in Social Administration (MSSA) degree from the Mandel School of Applied Social Science at Case Western Reserve University.

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

2020-2022 Ashland County Community Health Improvement Plan Strategies

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority 1: Mental Health Strategies:

Priority #1: Mental Health and Addiction				
Strategy 1: Mental health first aid				
Goal: Reduce mental health stigma				
Objective: By May 28, 2022, Ashland County will increase mental health trainings by 20% from baseline				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data on the number of mental health first aid trainings (or other community-based mental health trainings), that have taken place in the county. Identify gaps in existing programs and determine additional program needs. Determine effective marketing techniques among community organizations that will promote the identified trainings. Determine how to target priority populations (first responders, law enforcement, veterans, the workforce, etc.). Explore incentive options for participation.	May 28, 2020	Adult	Depression: Percentage of adults who reported feeling sad or hopeless almost everyday for 2 or more weeks in a row in the past year	**Trauma/Resiliency Target Action Group**
Year 2: Market the training to local churches, schools, law enforcement, chambers of commerce, college students, etc. Provide at least 3 trainings within the county.	May 28, 2021			
Year 3: Continue efforts of year 2. Increase trainings by 20% from baseline.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Trauma/Resiliency Target Action Group (TAG), Mental Health and Recovery Board of Ashland County, University Hospitals Samaritan Medical Center

Priority #1: Mental Health and Addiction

Strategy 2: Implement school-based social and emotional instruction

Goal: Increase social-emotional skills among youth

Objective: Implement programming to fidelity in participating school districts

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research the following programs and determine the feasibility of implementing at least one of the following social and emotional instruction programs to Ashland County school districts: • The PAX Good Behavior Game • The Incredible Years • ROX (Ruling Our Experience) • Strengthening Families Pilot the program(s) in at least one county school district. Promote early childhood mental health programs (ex: MHRB's Resiliency Project) in additional setting outside of the schools (ex: home-visits, Head Start, etc.).	May 28, 2020	Youth and child	Social-emotional skills: (not currently available via Ohio SHIP)	**Trauma/Resiliency Target Action Group**
Year 2: Continue efforts from year 1. Implement the program(s) in two additional county school districts. Continue to promote use of early childhood mental health programs throughout the county.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Implement the program(s) in all county school districts.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Appleseed Community Mental Health Center, Catholic Charities, school relationships, Help Me Grow learning centers, Parenting Plus programming, Family and Children First Council, School-Community Liaison Program, Trauma/Resiliency Target Action Group (TAG)

Priority #1: Mental Health and Addiction

Strategy 3: Community-wide campaign to promote positive mental health and cell-phone based support programs

Goal: Increase awareness of suicide among adults and youth

Objective: Promote the Crisis Text Line in at least two new additional ways by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research mental health social marketing programs that specifically address stigma (ex: NAMI's CureStigma, OHMAS's Be Present Campaign). Secure funding for campaign.	May 28, 2020	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 populations (age adjusted)	**Suicide Prevention Coalition**
Year 2: Target campaign to specifically address demographics most at risk (ex: middle aged men, specific youth populations). Launch campaign. Promote and raise awareness of the Crisis Text Line (Text 4hope) throughout the county. Utilize youth-led prevention groups and the Ashland County Suicide Prevention Coalition to promote the use of the Crisis Text Line. Monitor the usage of the Crisis Text Line.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Evaluate campaign effectiveness.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

QPR tools, youth-led initiatives, Mental Health and Recovery Board of Ashland County, Suicide Prevention Coalition

Priority #1: Mental Health and Addiction

Strategy 4: Community collaboration to increase awareness and coordination of mental health and substance services

Goal: Increase awareness of mental health and substance abuse services within Ashland County

Objective: Present on the availability of mental health/substance abuse services within Ashland County to at least 4 community organizations by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Create a mental health/substance abuse combined coalition. Invite faith-based leaders, local businesses, community organizations, justice system liaisons, mental health/substance abuse service providers, health care providers, and other organizations to have a round-table discussion surrounding mental health and substance abuse in the county. Compile comprehensive baseline data on what programs and services (marital counseling services, Mental Health First Aid, prevention, detox, etc.) are offered within or near the county, and address gaps in care coordination.	May 28, 2020	Adult	Adults unable to find a mental health program: Adults who looked for a program for depression, anxiety, or mental health but have not found a specific program Suicide ideation: Percent of adults who seriously considered attempting suicide in the past 12 months	**Mental Health and Recovery Board of Ashland County** **Family and Children First Council**
Year 2: Continue efforts from year 1. Create an informational guide of all the county organizations that provide mental health/substance abuse programs and services. Include information on transportation options and which organizations offer free services, a sliding fee scale, and which insurance plans are accepted. Update on a quarterly basis. Create a presentation on available mental health/substance abuse services and present it to county area churches, law enforcement, city council, businesses, and other organizations. Include information on mental health stigma, and work to increase community awareness and education of stigma and how it is a barrier to treatment.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy:

Family and Children First Council list serv, Mental Health and Recovery Board of Ashland County, Parenting Plus

Addiction Strategies:

Priority #1: Mental Health and Addiction

Strategy 5: Community awareness and education of risky behaviors and substance abuse issues and trends

Goal: Educate community members on substance abuse issues and trends

Objective: By May 28, 2022, develop at least 3 awareness programs and/or workshops focusing on "hot topics", risky behaviors, and substance abuse issues and trends

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends. Include information on topics such as e-cigarettes, alcohol use, and prescription drug abuse. Work with youth-led prevention groups to determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).	May 28, 2020	Adults	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months Alcohol use: Number of drinks adults consumed per drinking occasion	**Opioid Target Action Team**
Year 2: Focus awareness programs and/or workshops on different "hot topics", risky behaviors, and substance abuse issues and trends. Consider implementing the Hidden In Plain Sight program. Attain media coverage for all programs and/or workshops.	May 28, 2021			
Year 3: Continue efforts of years 1 and 2.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Ashland County Health Department, Opioid Target Action Group (TAG), Arcadia Local Schools, Appleseed Community Mental Health Center, UH Samaritan Medical Center, faith community

Priority #1: Mental Health and Addiction

Strategy 6: Community-based comprehensive program(s) to reduce alcohol abuse

Goal: Decrease alcohol abuse

Objective: By May 28, 2022, implement 2 strategies from the Community Trails Intervention to Reduce High-Risk Drinking Program

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research alcohol prevention programs or other like programs outside of law enforcement to address binge drinking. Focus on strategies that specifically target high use populations (ex: under 30, low income). Research the Community Trials Intervention to Reduce High-Risk Drinking program. Collect baseline data on current environmental interventions being administered by law enforcement including: Compliance checks, Responsible Beverage Service, and Parents Who Host Lose the Most campaign.	May 28, 2020	Adult	Binge drinking: Percent of adults who consumed 4 or more drinks on occasion (females) or 5 or more drinks on occasion (males) in the past 30 days	**Opioid Target Action Team**
Year 2: Work with area law enforcement agencies to determine feasibility of implementing/expanding at least 2 of the following strategies: • Sobriety checkpoints (working with law enforcement) • Compliance checks (working with the Ohio Investigative Unit) • Responsible Beverage Service (working with the Ohio Investigative Unit) • Parents Who Host Lose the Most campaign (educating parents on the laws for distributing alcohol to minors) • Use zoning and municipal regulations to control alcohol outlet density	May 28, 2021			
Year 3: Expand strategies to all areas of the county and implement remaining strategies. Publicize the results.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy:

Law enforcement, Opioid Target Action Group (TAG)

Priority #1: Mental Health and Addiction

Strategy 7: Increase safe disposal of prescription drugs

Goal: Decrease prescription medication abuse

Objective: By May 28, 2022, increase the number of prescription drug collection sites in Ashland County by 25% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Increase awareness of prescription drug abuse and the location of existing prescription drug collection boxes. Work with local law enforcement to sponsor and host prescription drug take-back days. Promote the use of dissolvable prescription bags (i.e. Deterra) and provide education regarding safe disposal.	May 28, 2020	Adult	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months	**Opioid Target Action Team**
Year 2: Host at least two additional prescription drug take-back days and increase participation. Expand the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations.	May 28, 2021			
Year 3: Continue to host drug take-back-days. Increase the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations by 25%.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Opioid Target Action Group (TAG), drop box promotional videos, inventory of current disposal packets

Priority #1: Mental Health and Addiction

Strategy 8: Provider training on opioid prescribing guidelines and use of OARRS (Prescription Drug Monitoring Programs)

Goal: Decrease the number of opioid doses prescribed per capita

Objective: Train all new employees and provide one annual training regarding the use of OARRS by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the number of primary care, urgent care, ambulatory care, and emergency department providers that utilize the Ohio Automated Rx Reporting System (OARRS) and at what frequency. Develop a training for all new employees on opioid prescribing guidelines and the use of OARRS, as well as an annual training for current health care providers.	May 28, 2020	Adults	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months Sales of opioid pain relievers: Kilograms of opioid pain relievers sold per 100,000 population (OARRS)	**Opioid Target Action Team**
Year 2: Continue efforts from year 1. Train all new employees on the use of OARRS and provide an annual training for current health care providers.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Train all new employees on the use of OARRS and provide an annual training for current health care providers.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

University Hospitals Samaritan Medical Center, Opioid Target Action Group (TAG)

Priority 2: Chronic Disease

Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

Priority #2: Chronic Disease				
Strategy 1: Online community wellness calendar				
Goal: Increase physical activity				
Objective: Ashland County will update the online community wellness calendar on a quarterly basis				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with county organizations to create an online community wellness calendar. Include current information regarding physical activity opportunities within the county (ex: Tai Chi, Walks in the Park, opportunities for young children, etc.). Highlight opportunities that are free or available at a reduced cost. Ensure that the calendar is available online (Ex: Facebook or other social network sites). Print hard copies and disseminate within the community (senior centers, food pantries, and other relevant locations) to reach populations that may not have Internet accessibility.	May 28, 2020	Adult	Physical inactivity: Percentage of adults reporting no leisure time physical activity	**Health and Wellness Target Action Group**
Year 2: Keep the online wellness calendar updated on a quarterly basis.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), Ashland County Health Department, Facebook page to create platform, current community-liaison list of free activities in Ashland County, Ashland Source current summer activities list, Wayne County community calendar (as a potential model), potential sponsorships

Priority #2: Chronic Disease

Strategy 2: Research chronic pain management best-practices

Goal: Reduce adults reporting they are limited in some way due to arthritis

Objective: Offer trainings and or materials regarding chronic disease best practices and resources by May 28, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research and/or monitor chronic pain management best practices (ex: Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force). Determine availability of local resources for chronic pain management. Complete a needs assessment focused on individual experiences with chronic pain and the process of navigating resources.	May 28, 2020	Adult	Limited due to arthritis: Percent of adults limited in some way due to arthritis/rheumatism	**Health and Wellness Target Action Group**
Year 2: Determine action steps based on needs assessment (completed in year 1). Promote local pain management resources. Work with primary care physician (PCP) offices to assess what information and/or materials they may be lacking to provide better resources for patients. Offer trainings and or materials regarding best practices and local referral sources and resources.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

University Hospitals Samaritan Medical Center (pain management group), Health and Wellness Target Action Group (TAG)

Priority #2: Chronic Disease

Strategy 3: Activity programs for older adults

Goal: Implement activity programs for older adults

Objective: By May 28, 2022, Ashland County will increase referrals to activity programs for older adults

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer and promote activity programs for older adults within the county (ex: Tai Chi, Maintaining Better Balance, etc.). Work with physicians for referrals to programs. Partner with additional organizations to build referral avenues. Determine need to expand programs to additional areas of the county (ex: Loudonville, Sullivan, etc.).	May 28, 2020	Adult	Physical inactivity: Percentage of adults reporting no leisure time physical activity	**Health and Wellness Target Action Group**
Year 2: Continue efforts from year 1. Expand the activity programs to additional locations (determined in year 1) and times.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), Older Adults Behavioral Health Coalition, Mental Health and Recovery Board of Ashland County, Ashland YMCA

Priority #2: Chronic Disease

Strategy 4: Prediabetes screening and referral

Goal: Reduce diabetes in adults

Objective: By May 28, 2022, increase prediabetes referrals by 15%

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes (ex: Diabetes Prevention Program (DPP)). Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment (or similar assessment) and/or the Prevent Diabetes STAT Toolkit. Partner with local organizations to administer the screening or raise awareness of prediabetes. Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.).	May 28, 2020	Adult	Diabetes: Percent of adults who had been told by a doctor that they have diabetes Prediabetes: Percent of adults who had been told by a doctor that they have prediabetes	**Health and Wellness Target Action Group**
Year 2: Increase awareness of prediabetes screening, identification and referral. Increase the number of individuals within Ashland County that are screened for diabetes. If needed, increase the number of organizations that screen for prediabetes.	May 28, 2021			
Year 3: Continue efforts of years 1 and 2.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

UH Samaritan Medical Center, Ashland Christian Health Center, Ashland County Health Department, Health and Wellness Target Action Group (TAG)

Priority #2: Chronic Disease

Strategy 5: Healthy food in convenience stores

Goal: Increase fruit and vegetable consumption

Objective: By May 28, 2022, increase participation in the Healthy Retail Initiative by 25% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research the Healthy Food Retail Initiative. Collaborate with local organizations to implement the initiative in local convenience stores by working with stores to offer an assortment of affordable fresh fruits and vegetables as a means to eliminate food desert areas. Appoint a health educator to lead the Healthy Food Retail Initiative. Survey customers and community members to assess community need for healthy food items.	May 28, 2020	Adult	Fruit consumption: Percent of adults who report consuming fruits less than one time daily Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily	**Health and Wellness Target Action Group**
Year 2: Initiate contact with local convenience stores. Recruit at least 1-2 corner stores to participate in the Healthy Food Retail Initiative. Design healthy recipe cards and nutrition education materials to accompany fresh produce being offered in convenience stores.	May 28, 2021			
Year 3: Continue efforts of years 1 and 2. Recruit an additional 3-5 corner stores to participate in the initiative.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), local convenience stores

Priority #2: Chronic Disease

Strategy 6: Healthy food initiatives

Goal: Increase fruit and vegetable consumption

Objective: By May 28, 2022, Ashland County will implement 2 healthy food initiatives in local food pantries or farmers markets

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Raise awareness of the available food pantries and farmers markets within the county (locations, offerings, etc.). Continue to distribute information on where to obtain fresh fruit and vegetables. Update information on a quarterly basis. Obtain baseline information of who currently accepts SNAP/EBT at local farmers markets. Determine feasibility of SNAP/EBT at farmers markets (meet with market managers to determine readiness). Educate vendors regarding food deserts and the benefits of accepting SNAP/EBT at farmers markets.	May 28, 2020	Adult	Fruit consumption: Percent of adults who report consuming fruits less than one time daily Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily	**Health and Wellness Target Action Group**
Year 2: Continue efforts of year 1. Determine feasibility of implementing any of the following in local food pantries or farmers markets: • Cooking demonstrations and recipe tastings • Produce display stands • Nutrition and health education • Health care support services	May 28, 2021			
Year 3: Continue efforts of year 2. Implement at least 2 items above within local food pantries or farmers markets.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), Ashland County Job and Family Services, OSU Extension educators, A Whole Community, local farmers markets, local food pantries

Priority #2: Chronic Disease

Strategy 7: Community-wide physical activity campaigns

Goal: Increase physical activity

Objective: By May 28, 2022, Ashland County will implement a community-wide physical activity campaign in collaboration with at least four Ashland County organizations

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with local schools, businesses, healthcare providers, religious organizations, and other organizations in the county to create a community-wide physical activity campaign. Appoint at least one representative from each organization to serve on a steering committee for the community campaign. Establish a campaign and identify strategies to implement unified physical activity initiatives and policies within the county (ex: "Get Fit Ashland" program). Meet with decision-makers from various businesses, schools, and other organizations to provide education on physical activity initiatives and types of wellness policies. Work with at least one county organization to implement a physical activity initiative or policy.	May 28, 2020	Adults	Physical inactivity: Percentage of adults reporting no leisure time physical activity Heart disease: Percent of adults ever diagnosed with coronary heart disease	**Health and Wellness Target Action Group**
Year 2: Continue efforts from year 1. Review campaign goals, objectives, and strategies. Work with at least 2 additional county organizations to implement a physical activity initiative or policy.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Review campaign goals, objectives, and strategies. Work with at least 3 additional county organizations to implement a physical activity initiative or policy.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), Get Fit Ashland, Ashland YMCA, connection with parks, Kroc Center, City parks and recreation

Priority #2: Chronic Disease

Strategy 8: Community gardens

Goal: Decrease obesity

Objective: By May 28, 2022, one additional community garden will be developed in Ashland County

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data regarding how many school districts, churches, and other community organizations currently have community gardens and where they are located. Identify specific demographic need for community gardens. Determine need for additional community gardens and to secure volunteers and Master Gardeners (ex: potential partnership with OSU Extension).	May 28, 2020	Adults	Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily	**Health and Wellness Target Action Group**
Year 2: Research grants and funding opportunities to increase the number of community gardens. Develop a sustainability plan to maintain existing and future community gardens year-round. Obtain baseline data regarding which local food pantries have fresh produce available. Work with food pantries to offer fresh produce and assist pantries in seeking donations from local grocers. Market current and future community gardens within the county (i.e. location, offerings, etc.). Update the marketing information on an annual basis.	May 28, 2021			
Year 3: Continue efforts from year 2. Explore partnership opportunities to educate community members and families on gardening and healthy eating practices.	May 28, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Health and Wellness Target Action Group (TAG), Ashland County school districts

Cross-Cutting Strategies

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 1: Trauma-informed health care*				
Goal: Reduce suicide deaths				
Objective: By May 28, 2022, Ashland County will increase the use of trauma screening tools by 15%				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline of the number of trauma informed care trainings which have been administered within the county. Facilitate an assessment among health care providers, teachers, social service providers, and other community members/agencies on their awareness and understanding of trauma informed care, including toxic stress and adverse childhood experiences (ACEs). Facilitate Trauma Informed Care trainings in the community to increase education and understanding of trauma within Ashland County.	May 28, 2020	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 populations (age adjusted)	**Trauma/Resiliency Target Action Group**
Year 2: Continue efforts of year 1. Develop and implement a trauma screening tool for social service organizations who work with at risk populations.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Increase the use of trauma screening tools by 15%.	May 28, 2022			
Priority area(s) the strategy addresses: ○ Mental Health and Addiction ○ Chronic Disease ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Mental Health and Recovery Board of Ashland County, Trauma/Resiliency Target Action Group (TAG)				

Note: Although "Trauma-informed care" falls within the mental health category of the SHIP aligned strategies, the Ashland County Community Health Assessment deemed this strategy as "cross-cutting."

Cross-Cutting Factor: Healthcare System and Access

Strategy 2: Access to transportation

Goal: Increase access to transportation opportunities

Objective: By May 28, 2022, Ashland County will research and market available transportation opportunities

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan of all transportation opportunities, including public, regional, and private. Collect information regarding eligibility of services, cost, and other relevant information. Create an informational brochure or online guide detailing transportation options that are available to county residents. Once available, ensure the information is updated on 2-1-1.	May 28, 2020	Adult	Increase access to transportation opportunities: Number of trips provided through public and private transportation	**Homeless Target Action Group**
Year 2: Disseminate information regarding transportation opportunities in the county. Target businesses and agencies that serve at-risk populations, as well as seniors. Collaborate with neighboring counties to discuss the plausibility of shared transportation services. Continue to explore alternate transportation and opportunities to enhance coordination.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Update the transportation guide on an annual basis.	May 28, 2022			

Priority area(s) the strategy addresses:

○ Mental Health and Addiction ○ Chronic Disease ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy:

Homeless Target Action Group (TAG), Appleseed Community Mental Health Center, City of Ashland

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors				
Strategy 3: Policies to decrease availability of tobacco products				
Goal: Reduce tobacco use				
Objective: By May 28, 2022, Ashland County will adopt smoke free policies in at least 2 new locations				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 and research the feasibility of local jurisdictions adopting this policy. Begin efforts to adopt smoke-free policies in county parks, fairgrounds, schools and other public locations. Ensure all forms of tobacco are included (i.e. e-cigarettes). Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges.	May 28, 2020	Adult	Adult smoking: Percent of adults that are current smokers	**Ashland County Health Department**
Year 2: Present information to City Councils on both the Tobacco 21 initiative and smoke-free outdoor public locations.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Adopt at least 2 smoke-free policies in county parks, fairgrounds, schools, or other public locations.	May 28, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Ashland County Health Department, local hospital tobacco cessation programs				

Cross-Cutting Factor: Social Determinants of Health

Cross-Cutting Factor: Social Determinants of Health				
Strategy 4: Early childhood education (ECE) opportunities				
Goal: Expand awareness and education of early childhood education opportunities within Ashland County				
Objective: By May 28, 2022, Ashland County will increase the number of children enrolled in an early intervention program by 10% from baseline				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan of all ECE opportunities that are available in the county, including school-based ECE, program-based ECE, universal preschool, Head Start, and others. Collect information regarding eligibility and cost. Gather baseline data on the number of children enrolled in a Head Start, Early Head Start or pre-kindergarten education program. Increase public awareness regarding access to early intervention programs.	May 28, 2020	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction)	**Early Childhood Collaborative (FCFC)**
Year 2: Continue efforts from year 1. If there is a need for additional ECE opportunities in the county, apply for an early childhood education grant through the Ohio Department of Education (ODE). Increase the number of children enrolled in an early intervention program by 5% from baseline.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Increase the number of children enrolled in an early intervention program by 10% from baseline.	May 28, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Early Childhood Collaborative, Family and Children First Council				

Cross-Cutting Factor: Social Determinants of Health

Strategy 5: Parenting programs and resources

Goal: Expand awareness and education of parenting programs and resources within Ashland County

Objective: By May 28, 2022, Ashland County will increase the number of parents enrolled in a parenting program by 10% from baseline

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan and gather baseline data on the availability of parenting programs and resources in the county (ex: Parenting Plus parent education, Triple P, Healthy Kids Strong Families, etc.). Determine parenting resources specifically available for parents with children with behavioral health needs. Collect information regarding eligibility and cost. Increase public awareness regarding access to parenting programs within the county. Determine additional avenues for referrals.	May 28, 2020	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction)	**Family and Children First Council**
Year 2: Continue efforts from year 1. If there is a need for additional parenting resources, increase the number of parenting programs available in Ashland County.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2. Increase the number of parents enrolled in a parenting program by 10% from baseline.	May 28, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health and Addiction ⊗ Chronic Disease

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy:

Mental Health and Recovery Board of Ashland County, Family and Children First Council, Catholic Charities, Parenting Plus

Cross-Cutting Factor: Social Determinants of Health				
Strategy 6: Early childhood home visiting program				
Goal: Increase kindergarten readiness				
Objective: Continue to promote and monitor the Help Me Grow program in Ashland County				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer the Help Me Grow Home Visiting program in Ashland County. Evaluate effectiveness of the program by using the following measures: • Improvement in maternal and newborn health; • Reduction in child injuries, abuse, and neglect; • Improved school readiness and achievement; • Reduction in crime or domestic violence; • Improved family economic self-sufficiency • Improved coordination and referral for other community resources and supports	May 28, 2020	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction) Child abuse and neglect: Rate of child maltreatment victims per 1,000 children in population (DJFS)	**Family and Children First Council**
Year 2: Continue to promote and monitor the Help Me Grow Home Visiting program.	May 28, 2021			
Year 3: Continue efforts from years 1 and 2.	May 28, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy:				

Cross-Cutting Factor: Social Determinants of Health				
Strategy 7: Affordable, quality housing				
Goal: Decrease severe housing problems				
Objective: By May 28, 2022, Ashland County will research and identify at least one policy change in relation to housing issues in Ashland County				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Appoint a representative(s) from the committee to serve on the Ashland County Homeless Coalition or other local housing coalitions. Identify housing issues within the county that are impacting personal health. Identify what policy or legislative changes that the Ashland County Community Health Assessment Committee can assist in (ex: advocate to landlords/management companies regarding accepting those on housing assistance programs/complying with HUD safe housing regulations). Research low income housing tax credits, home improvement grant opportunities, and service-enriched housing to support efforts.	May 28, 2020	Adult, youth, child	High housing costs: Percent of households with monthly housing costs, including utilities, exceed 50% of monthly income (via U.S. HUD) Severe housing problems: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (via Community Health Rankings)	**Ashland County Housing Coalition**
Year 2: Continue efforts from year 1. Create a coordinated campaign of planned strategies and define interventions and resources.	May 28, 2021			
Year 3: Begin addressing strategies identified and implementing policy changes.	May 28, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Appleseed Community Mental Health Center, Homeless Target Action Group (TAG), Kroc Center, Ashland County Housing Coalition, ACCESS, City of Ashland				

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Financial Statements
and Supplementary Information

December 31, 2019 and 2018

(With Independent Auditors' Reports Thereon)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Telephone +1 216 696 9100
Fax +1 216 696 7792
kpmg.com

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, which comprise the consolidated balance sheets as of December 31, 2019 and 2018, 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 consolidated financial position of University Hospitals Health System, Inc. and its subsidiaries as of December 31, 2019 and 2018, 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 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.

Emphasis of Matter

As discussed in Note 2 to the consolidated financial statements, the System has changed its method of accounting for leasing transactions as of January 1, 2019 due to the adoption of Financial Accounting Standards Board's Accounting Standards Update No. 2016-02, *Leases (Topic 842)*, as amended. Our opinion is not modified with respect to this matter.

KPMG LLP

Cleveland, Ohio
April 1, 2020

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2019 and 2018

(In thousands of dollars)

Assets		2019	2018
Current assets:			
Cash and cash equivalents	$	260,859	288,517
Patient accounts receivable		540,993	568,227
Other receivables		49,243	70,155
Other current assets		191,487	172,548
Total current assets		1,042,582	1,099,447
Investments		1,807,298	1,737,542
Property and equipment, net		1,830,992	1,736,862
Other assets:			
Investments in affiliates		112,789	100,557
Beneficial interest in Foundations		157,937	162,724
Perpetual trusts		209,498	189,303
Other		266,918	197,319
Total other assets		747,142	649,903
Total assets	$	5,428,014	5,223,754

(Continued)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2019 and 2018

(In thousands of dollars)

Liabilities and Net Assets		2019	2018
Current liabilities:			
Current installments of long-term debt	$	24,237	24,446
Accounts payable and accrued expenses		483,568	447,967
Other current liabilities		138,020	148,453
Estimated amounts due to third-party payors		18,402	20,569
Total current liabilities		664,227	641,435
Long-term debt, less current installments		1,201,038	1,227,641
Revolving credit line		40,000	140,000
Other liabilities		822,951	626,748
Total liabilities		2,728,216	2,635,824
Net assets:			
Without donor restrictions		1,823,574	1,794,625
With donor restrictions		876,224	793,305
Total net assets		2,699,798	2,587,930
Total liabilities and net assets	$	5,428,014	5,223,754

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, 2019 and 2018

(In thousands of dollars)

	2019	2018
Revenues:		
Net patient service revenue	$ 4,040,909	3,893,916
Other revenue	255,696	223,868
Total revenues	4,296,605	4,117,784
Expenses:		
Salaries, wages, and employee benefits	2,458,351	2,325,296
Purchased services	286,767	281,733
Patient care supplies	824,412	723,608
Other supplies	42,649	46,359
Insurance	44,931	49,191
Other	352,699	340,792
Depreciation and amortization	182,192	163,562
Interest	44,126	46,212
Special charges	1,742	7,599
Losses in excess of insurance	93,070	—
Total expenses	4,330,939	3,984,352
Net operating (loss) income	(34,334)	133,432
Nonoperating revenues (expenses):		
Net investment income (loss)	157,555	(19,593)
Change in fair value of derivative instruments	(28,287)	10,195
Loss on extinguishment of debt	—	(442)
Pension settlement costs	—	(42,539)
Other nonservice periodic pension costs	(23,334)	(21,496)
Excess of revenues over expenses	$ 71,600	59,557

See accompanying notes to consolidated financial statements.

(Continued)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2019 and 2018

(In thousands of dollars)

	Without donor restrictions	With donor restrictions	Total
Net assets at December 31, 2017	$ 1,695,259	812,307	2,507,566
Excess of revenues over expenses	59,557	—	59,557
Investment loss	—	(2,925)	(2,925)
Contributions	—	52,480	52,480
Change in beneficial interest in Foundations and perpetual trusts	—	(33,862)	(33,862)
Net assets released from restrictions used for operations	—	(31,259)	(31,259)
Pension settlement costs	42,539	—	42,539
Pension liability adjustment	(6,682)	—	(6,682)
Net assets released from restrictions for acquisition of property and equipment	3,436	(3,436)	—
Contributed capital	516	—	516
Increase (decrease) in net assets	99,366	(19,002)	80,364
Net assets at December 31, 2018	1,794,625	793,305	2,587,930
Excess of revenues over expenses	71,600	—	71,600
Investment income	—	32,954	32,954
Contributions	—	68,448	68,448
Change in beneficial interest in Foundations and perpetual trusts	—	15,408	15,408
Net assets released from restrictions used for operations	—	(32,697)	(32,697)
Pension liability adjustment	(45,712)	—	(45,712)
Net assets released from restrictions for acquisition of property and equipment	1,194	(1,194)	—
Contributed capital	1,867	—	1,867
Increase in net assets	28,949	82,919	111,868
Net assets at December 31, 2019	$ 1,823,574	876,224	2,699,798

See accompanying notes to consolidated financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Cash Flows

Years ended December 31, 2019 and 2018

(In thousands of dollars)

	2019	2018
Operating activities:		
Change in net assets	$ 111,868	80,364
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	182,741	163,562
Amortization of bond premium, discount, and financing costs	(2,818)	(477)
Loss on extinguishment of debt	—	442
Change in beneficial interest in foundations and perpetual trusts	(15,409)	33,862
Net realized and unrealized investment (gains) losses	(141,736)	63,568
Pension liability adjustment	45,712	6,682
Net change attributable to investments in joint ventures	(12,234)	(4,251)
Restricted revenue and investment income	624	2,916
Net change in operating assets and liabilities:		
Patient accounts receivable	27,234	(3,353)
Other current assets and receivables	1,973	(29,417)
Accounts payable, accrued expenses, and other current liabilities	23,076	99,475
Other assets and liabilities	78,725	(111,730)
Net cash provided by operating activities	299,756	301,643
Investing activities:		
Acquisition of property and equipment	(276,024)	(236,161)
Proceeds from sales of investments	1,370,272	651,962
Purchases of investments	(1,409,138)	(594,735)
Net cash used in investing activities	(314,890)	(178,934)
Financing activities:		
Proceeds from restricted revenue and investment income (loss)	(624)	(2,916)
Repayment of long-term debt	(24,430)	(372,794)
Proceeds from issuance of long-term debt	—	352,370
Bond issuance costs	436	(3,192)
(Payments on) proceeds from revolving credit borrowing	(100,000)	100,000
Increase in treasury service agreement	1,248	1,404
Net cash (used in) provided by financing activities	(123,370)	74,872
(Decrease) increase in cash, cash equivalents, and restricted cash	(138,504)	197,581
Cash, cash equivalents, and restricted cash at beginning of year	399,363	201,782
Cash, cash equivalents, and restricted cash at end of year	260,859	399,363
Restricted cash	—	(110,846)
Total cash and cash equivalents	$ 260,859	288,517
Supplemental cash flow information:		
Change in accounts payable related to property and equipment	844	546

See accompanying notes to consolidated financial statements.

(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.

Cash equivalents that are held by outside investment managers and are pooled with other investments are classified as investments. Cash, cash equivalents, and investments that are restricted per contractual or regulatory requirements are classified as donor restricted or trustee held funds.

(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. 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 the 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 as investment income (loss) with donor restrictions 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.

(Continued)

(c) Long-term Debt – 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 $1,934 and $2,450 for the years ended December 31, 2019 and 2018, 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 $10,771 and $11,945 for the years ended December 31, 2019 and 2018 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 property 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 impaired as of December 31, 2019.

(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.

A contribution, gift or grant is conditional if an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor’s obligation to transfer assets. The presence of both a barrier and a right of return or right of release indicates that a recipient is not entitled to the contribution until it has overcome the barrier(s) in the agreement. Conditional promises to give are not recognized until they become unconditional, that is, when the barrier(s) in the agreement are overcome. The System has received conditional promises to give of $246,840 and $222,239 at December 31, 2019 and 2018, 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 restricted for the acquisition of capital assets are released from restrictions when the capital asset is placed in service.

Contributions that have been received from various corporations, foundations, and individuals for the years ended December 31, 2019 and 2018 are reported as follows:

		2019	2018
Without donor restrictions	$	3,631	2,214
With donor restrictions		68,448	52,480
	$	72,079	54,694

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, 2019 and 2018 are as follows:

		2019	2018
Pledges due:			
In less than one year	$	56,535	44,044
In one year to five years		64,262	50,716
In more than five years		45,581	46,701
		166,378	141,461
Discount		(16,236)	(14,655)
Allowance for doubtful pledges		(3,655)	(3,013)
	$	146,487	123,793

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 $6,391 and $6,377 for the years ended December 31, 2019 and 2018, 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. Net patient service 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 consideration 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 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 amounts recognized due to changes in estimates of explicit and implicit price concessions for the years ended December 31, 2019 and 2018 is not significant. Subsequent changes that are determined to be the result of an adverse change in the payor's ability to pay are recorded as bad debt expense. There was no bad debt expense for the years ended December 31, 2019 and 2018.

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 estimated cost of charity care provided in the years ended December 31, 2019 and 2018 was $49,612 and $46,800, 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. Revenues are recognized when the performance obligations identified within the individual contracts are satisfied and collections can be reasonably assured.

(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 17).

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.

(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, 2019 and 2018, the amount outstanding included within accounts payable was $65,196 and $63,948, respectively.

(m) Leases

Starting January 1, 2019, the System accounts for leases in accordance with ASC Topic 842, *Leases*. The System determines if an arrangement is or contains a lease at contract inception. The System recognizes a right-of-use (ROU) asset and a lease liability at the lease commencement date.

For operating leases, the lease liability is initially and subsequently measured at the present value of the unpaid lease payments at the lease commencement date. The ROU asset is subsequently measured throughout the lease term at the carrying amount of the lease liability, plus initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received. Lease expenses for lease payments are recognized on a straight-line basis over the lease term.

For finance leases, the lease liability is initially measured the same manner as operating leases, and is subsequently measured at amortized cost using the effective-interest method. The ROU asset is subsequently amortized using the straight-line method from the lease commencement date to the earlier of the end of its useful life or lease term, unless the lease transfers ownership to the System or the System is reasonably certain to exercise an option to purchase the underlying asset. Amortization of the ROU asset and interest expense of the lease liability are recognized and presented separately.

The System has elected not to recognize ROU assets and lease liabilities for short-term leases that have a term of 12 months or less. The System recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term.

Several key estimates and judgments are used to determine the ROU assets including the discount rate used to discount the unpaid lease payments to present value, the lease term (the noncancelable period plus any additional periods covered by either a System option to extend (or not to terminate) the lease that the System is reasonably certain to exercise, or an option to extend (or not to terminate) the lease controlled by the lessor), and lease payments (including fixed payments owed over the lease term and the exercise price of a System option to purchase the underlying asset if the System is reasonably certain to exercise the option).

ASC 842 requires a lessee to discount its unpaid lease payments using the interest rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate. Generally, the System cannot determine the interest rate implicit in the lease because it does not have access to the lessor's estimated residual value or the amount of the lessor's deferred initial direct costs. Therefore, the System uses its incremental borrowing rate as the discount rate for the lease. The System's incremental borrowing rate for a lease is the rate of interest it would have to pay on a collateralized basis to borrow an amount equal to the lease payments under similar terms. Because the System does not generally borrow on a collateralized basis, it uses published index interest rates it would pay for noncollateralized borrowings as an input to deriving an appropriate incremental borrowing rate, adjusted for the amount of the lease payments, the lease term and the effect on that rate of designating specific collateral with a value equal to the unpaid lease payments for that lease.

The System monitors anything that requires a reassessment. If needed, an adjustment is made to the ROU asset's carrying amount unless doing so would reduce the carrying amount of the ROU asset to less than zero. In that case, the adjustment amount would be recorded in profit or loss.

Operating and finance lease ROU assets are included in other assets within the consolidated balance sheet. The current portion of operating and finance lease liabilities is included in other current liabilities and the long-term portion is presented within other liabilities.

(n) Recently Issued Accounting Standards

In February 2016, the FASB issued Accounting Standard Update (ASU) 2016-02 *Leases (Topic 842)*. The new standard establishes a ROU model that requires a lessee to recognize a ROU asset and lease liability on the balance sheet for all leases with a term longer than 12 months. Leases will be classified as either operating or finance with classification affecting the pattern and classification of expense recognition in the consolidated statement of operations.

The new standard was adopted by the System on January 1, 2019. The System elected the option to apply the transition requirements in Topic 842 at the effective date of January 1, 2019. All leases that existed at the effective date were recognized and measured using a modified retrospective approach. Financial information has not been updated and the disclosures required under the new standard have not been provided for dates and periods before January 1, 2019. The new standard provides a number of optional practical expedients in transition. The System elected the 'package of practical expedients', which permits the System not to reassess under the new standard prior conclusions about lease identification, lease classification and initial direct costs. The System did not elect the use-of-hindsight or the practical expedient pertaining to land easements; the latter not being applicable to the System. The impact of the adoption on the consolidated financial statements was an increase on January 1,

2019 in other assets to record the ROU asset and an increase in other current and other liabilities to record the lease liability for finance and operating leases of approximately $95,000 on the consolidated balance sheet.

In November 2016, the FASB issued ASU 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash*. The System adopted ASU 2016-18 on January 1, 2019, using a retrospective transition approach. This update was intended to reduce diversity in the presentation of restricted cash and restricted cash equivalents in the financial statements. Restricted cash and restricted cash equivalents are to be included as components of total cash, cash equivalents, and restricted cash as presented on the consolidated statement of cash flows. The System is required to reconcile the total of cash, cash equivalents, and restricted cash to those amount presented on the consolidated balance sheet. For the years ended December 31, 2019 and 2018, the System added $0 and $110,846, respectively, of restricted cash to the total cash, cash equivalents and restricted cash presented in the consolidated statements of cash flows.

(o) Reclassifications

Certain amounts included in the 2018 consolidated financial statements have been reclassified to conform to the 2019 presentation.

(3) Net Patient Service Revenue and Accounts Receivable

Net patient service revenue by major payer source as of December 31, 2019 and 2018, are as follows:

	2019		2018	
Medicare	$ 1,309,154	32 %	$ 1,257,517	32 %
Medicaid	565,891	14	557,040	14
Managed care and commercial	2,011,852	50	1,888,945	49
Self-pay	154,012	4	190,414	5
	$ 4,040,909		$ 3,893,916	

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.

Net accounts receivable by major payer source as of December 31, 2019 and 2018, are as follows:

	2019		2018	
Medicare	$ 109,611	20 %	$ 120,246	21 %
Medicaid	67,298	13	71,956	13
Managed care and commercial	314,804	58	323,895	57
Self-pay	49,280	9	52,130	9
	$ 540,993		$ 568,227	

(Continued)

(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, 2019 and 2018 are as follows:

	2019	2018
Time/purpose restrictions:		
Capital expenditures	$ 53,931	54,750
Education	42,976	18,864
Research	125,266	115,916
Patient care	108,789	85,006
Beneficial interest in foundations	125,455	132,050
Amounts held in perpetuity:		
Perpetual trusts	209,498	189,303
Receivables	18,201	17,025
Endowments	159,626	149,717
Beneficial interest in foundations	32,482	30,674
	$ 876,224	793,305

The System's endowment consists of 395 individual funds established for a variety of purposes. Endowments include both donor-restricted funds and board-designated endowment funds. Net assets associated with endowment funds and board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions. The System's donor restricted endowment funds' original corpus, totaled $159,626 and $149,717 at December 31, 2019 and 2018, respectively. Board designated funds totaled $31,269 and $28,701 at December 31, 2019 and 2018, 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.

	Without donor restriction	With donor restriction	Total
Endowment net assets, at December 31, 2017	$ 14,072	173,484	187,556
Endowment return:			
Investment loss	(460)	(5,006)	(5,466)
Contributions	475	5,331	5,806
Appropriation of endowment assets for expenditure	—	(8,173)	(8,173)
Endowment net assets, at December 31, 2018	14,087	165,636	179,723
Endowment return:			
Investment income	2,538	29,549	32,087
Contributions (transfers)	(193)	10,064	9,871
Appropriation of endowment assets for expenditure	(2,538)	(7,840)	(10,378)
Endowment net assets, at December 31, 2019	$ 13,894	197,409	211,303

Certain amounts related to endowment assets held by the System and related investment income were incorrectly classified and reported in prior periods. To correct this error, the System reduced net assets without donor restrictions by $30,006 and $43,816, and increased net assets with donor restrictions by the same amount in the consolidated balance sheets as of December 31, 2018 and December 31, 2017, respectively. Net investment loss in nonoperating income was reduced by $13,179 and investment income with donor restrictions was decreased by the same amount in the consolidated statements of operations and changes in net assets for the year ended December 31, 2018.

(Continued)

Additionally, the amounts reported in the rollforward of endowment assets in this footnote were corrected as follows:

	(As reported)			(As corrected)		
	Without donor restriction	With donor restriction	Total	Without donor restriction	With donor restriction	Total
Endowment net assets, at December 31, 2017	$ 32,727	194,760	227,487	$ 14,072	173,484	187,556
Investment income (loss)	(1,598)	(5,627)	(7,225)	(460)	(5,006)	(5,466)
Contributions	—	5,345	5,345	475	5,331	5,806
Appropriation of endowment assets for expenditure	(861)	(9,164)	(10,025)	—	(8,173)	(8,173)
Endowment net assets, at December 31, 2018	$ 30,268	185,314	215,582	$ 14,087	165,636	179,723

The System assessed the impact of these corrections on the consolidated financial statements and determined that the errors were immaterial.

(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 $150,142 and $126,838 at December 31, 2019 and 2018, 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.

(Continued)

Investments that are measured at NAV per share are not categorized in the following fair value hierarchy tables.

	Level 1	Level 2	Level 3	Total
December 31, 2019:				
Assets:				
Cash and cash equivalents	$ 260,859	—	—	260,859
Cash equivalents – pooled with investments:	100,135	—	—	100,135
Fixed income securities:				
Corporate bonds	—	186,015	—	186,015
Fixed income mutual funds	542,013	—	—	542,013
Government securities	116,895	49,808	—	166,703
Total fixed income securities	658,908	235,823	—	894,731
Equities, mutual and exchange traded funds:				
Domestic mutual funds	346,777	—	—	346,777
International mutual funds	214,010	—	—	214,010
Total equities, mutual and exchange traded funds	560,787	—	—	560,787
Deferred compensation assets – mutual funds	24,336	—	—	24,336
Beneficial interest in Foundations	—	—	157,937	157,937
Perpetual trusts	—	—	209,498	209,498
Interest rate swaps	—	5,849	—	5,849
Total assets	$ 1,605,025	241,672	367,435	2,214,132
Liabilities:				
Deferred compensation liabilities	$ 24,336	—	—	24,336
Interest rate swaps	—	75,645	—	75,645
Total liabilities	$ 24,336	75,645	—	99,981

(Continued)

	Level 1	Level 2	Level 3	Total
December 31, 2018:				
Assets:				
Cash and cash equivalents	$ 288,517	—	—	288,517
Cash equivalents – pooled with investments:	33,059	—	—	33,059
Restricted cash – held by bond trustees	110,846	—	—	110,846
Fixed income securities:				
Corporate bonds	—	186,770	—	186,770
Fixed income mutual funds	535,610	—	—	535,610
Government securities	103,606	41,003	—	144,609
Total fixed income securities	639,216	227,773	—	866,989
Equities, mutual and exchange traded funds:				
Domestic mutual funds	224,411	10,878	—	235,289
International mutual funds	51,376	113,563	—	164,939
Total equities, mutual and exchange traded funds	275,787	124,441	—	400,228
Deferred compensation assets – mutual funds	18,764	—	—	18,764
Beneficial interest in Foundations	—	—	162,724	162,724
Perpetual trusts	—	—	189,303	189,303
Interest rate swaps	—	8,084	—	8,084
Total assets	$ 1,366,189	360,298	352,027	2,078,514
Liabilities:				
Deferred compensation liabilities	$ 18,764	—	—	18,764
Interest rate swaps	—	49,592	—	49,592
Total liabilities	$ 18,764	49,592	—	68,356

(Continued)

The following table summarizes the System's investments at December 31, 2019 and 2018, for which NAV was used as a practical expedient to estimate fair value:

		2019	2018
Hedge funds	$	152,245	220,913
Real estate		33,309	37,832
Private debt		16,239	30,338
Private equity		43,285	35,200
Total alternative investments	$	245,078	324,283

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, 2019 and 2018, there were no transfers into or out of Level 1, 2, or 3.

For the years ended December 31, 2019 and 2018, the reconciliation of investments with fair value measurements using significant unobservable inputs (level 3) is as follows:

		Fair value measurements using significant unobservable inputs (Level 3)		
		Beneficial interest in Foundations	Perpetual trusts	Total
Balance at December 31, 2017	$	175,013	210,846	385,859
Total change included in:				
Donor restricted net assets		(12,289)	(21,543)	(33,832)
Balance at December 31, 2018		162,724	189,303	352,027
Total change included in:				
Donor restricted net assets		(4,787)	20,195	15,408
Balance at December 31, 2019	$	157,937	209,498	367,435

(Continued)

(6) Investments

The composition of investments at December 31, 2019 and 2018 are as follows:

	2019	2018
Cash equivalents – pooled with investments	$ 100,135	33,059
Restricted cash – held by bond trustees	—	110,846
Fixed income securities	894,731	866,989
Equities, mutual and exchange traded funds	560,787	400,228
Alternative investments	245,078	324,283
Other	6,567	2,137
Total investments	$ 1,807,298	1,737,542

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.

(Continued)

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, 2019 are as follows:

	Carrying value	Unfunded commitments
Less than 1 year, no contractual restrictions have been imposed	$ 106,924	1,875
Limited Partnership Fund expiring in 1–5 years	23,298	10,068
Limited Partnership Fund expiring in 6–10 years	99,042	32,589
Limited Partnership Fund expiring in 11–12 years	15,814	33,018
Total alternative investments	$ 245,078	77,550

The components and related restrictions of investments shown above are as follows:

	2019	2018
Without donor restriction and board designated	$ 1,452,816	1,336,732
Swap collateral	6,364	2,937
Investments held by bond trustees	—	110,846
With donor restriction	348,118	287,027
Total investments	$ 1,807,298	1,737,542

Investment income (loss) is comprised of the following for the years ended December 31, 2019 and 2018:

	2019	2018
Interest and dividend income:		
Without donor restriction	$ 40,769	30,472
With donor restriction	5,060	4,020
	45,829	34,492
Net realized and change in unrealized gains (losses):		
Without donor restriction	116,786	(50,065)
With donor restriction	27,894	(6,945)
	144,680	(57,010)
Total income (loss)	$ 190,509	(22,518)

(Continued)

(7) Property and Equipment

Property and equipment, at December 31, 2019 and 2018, are summarized below:

		2019	2018
Land and land improvements	$	172,982	168,744
Buildings and fixed equipment		2,069,651	2,004,219
Movable equipment and furnishings		1,687,515	1,489,105
Construction in progress		105,430	108,044
		4,035,578	3,770,112
Less accumulated depreciation		2,204,586	2,033,250
Net property and equipment	$	1,830,992	1,736,862

As of December 31, 2019, the System has made contractual commitments on construction contracts, including information technology projects, of $89,983.

(8) Long-Term Debt

The System's $250,000 revolving credit commitment (the Credit Commitment), is a syndicated commitment with a maturity date of August 29, 2024. The Credit Commitment bears interest at various rates for short-term periods. For the years ended December 31, 2019 and 2018, the average interest rate for borrowings under this credit line was 3.27% and 2.95%, respectively. As of December 31, 2019 and 2018, there were $40,000 and $140,000, respectively, in borrowings outstanding under the Credit Commitment reported within noncurrent liabilities in the consolidated balance sheet. The remaining available Credit Commitment is $210,000 and $85,000 at December 31, 2019 and 2018, respectively.

(Continued)

A summary of long-term debt at December 31, 2019 and 2018 is as follows:

Series	Type	Average interest rate % for the years ended December 31, 2019 and 2018	Final maturity	Amount outstanding December 31 2019	2018
2018A Revenue Bonds	Variable	1.44, 1.62	2046	$ 25,230	25,230
2018B Revenue Bonds	Variable	1.47, 1.63	2047	83,920	88,505
2018C Revenue Bonds	Fixed	4.52	2042	60,850	60,850
2018D Revenue Bonds	Fixed	4.31	2039	57,355	57,355
2018E Revenue Bonds	Variable	1.67, 2.31	2036	107,490	109,150
2016A Revenue Bonds	Fixed	3.59	2046	229,725	229,725
2015A Revenue Bonds	Variable	1.69, 1.64	2045	30,000	30,000
2015B Revenue Bonds	Variable	1.68, 1.70	2045	30,000	30,000
2015C Revenue Bonds	Variable	1.70, 1.64	2045	40,000	40,000
2014A Revenue Bonds	Fixed	3.69	2044	56,145	56,145
2014B Revenue Bonds	Variable	1.69, 1.64	2045	30,000	30,000
2013A Revenue Bonds	Fixed	4.65	2029	81,525	83,455
2013B Revenue Bonds	Variable	1.68, 1.70	2033	30,000	30,000
2012A Revenue Bonds	Fixed	4.73	2041	165,270	169,550
2012B Revenue Bonds	Variable	2.96, 2.55	2019	—	4,750
2012C Revenue Bonds	Fixed	3.71	2042	55,825	55,825
2012D Revenue Bonds	Variable	2.30, 2.10	2021	9,015	13,980
2010A Revenue Bonds	Fixed	4.82	2027	45,100	47,440
2007A Revenue Bonds	Fixed	4.85	2041	52,445	52,445
2001 Revenue Bonds	Variable	2.19, 2.14	2033	10,000	10,000
Other long-term debt				5,713	7,051
				1,205,608	1,231,456
Unamortized premium				32,025	34,285
Less:					
Unamortized discount				1,587	1,709
Deferred financing costs				10,771	11,945
Current installments				24,237	24,446
Long-term debt, less current installments				$ 1,201,038	1,227,641

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 years ended December 31, 2019 and 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 and recognized a liability of $7,114 in connection with this 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 will ultimately be forgiven by the lender and is recognizing that forgiveness as other revenue over the seven year performance period. During the year ended December 31, 2019 the System recognized $1,524 of other revenue as a result of the NMTC transaction. At December 31, 2019 and 2018 the remaining liability amounts of $5,590 and $7,114 are included in long-term debt.

The System's debt structure consists of 67% fixed rate debt and 33% floating rate debt, $804,240 and $395,655 respectively. The floating rate debt structure includes $10,000 in daily reset self-liquidity bonds that could come due at any time, $269,150 in variable rate remarketed obligations pricing daily and weekly, $9,015 of bank direct purchase bonds fully amortizing through 2021, and $107,490 in bank direct purchase bonds which renew in 2025.

This System has $109,150 of bonds outstanding that are backed by bank letters of credit. Based on the repayment schedules of the bank letters of credit, $12,279 could become due in 2022 upon failure to remarket these bonds. The total that could become due in 2022 can be offset by the remaining available borrowing capacity of $210,000 on the Credit Commitment, which is due August 29, 2024.

The System also has a total of $130,000 of variable rate bonds outstanding which are not supported by a credit facility or liquidity facility. These bonds are remarketed daily or weekly and, subject to certain notice requirements, the holders have the right to tender the bonds for purchase at any time. In the event of a failure to remarket tendered bonds, the bonds are returned to the tendering holder thereof, the interest on the bonds converts to a stepped-up interest rate and the bonds become subject to term-out provisions which require the System to redeem those bonds on a special mandatory redemption date which is between 30 and 36 months from the date the nonremarketed bonds were originally tendered by the holder.

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, 2019 and 2018.

Combined current aggregate scheduled maturities of long-term debt for the five years subsequent to December 31, 2019 are as follows: 2020 – $24,237; 2021 – $25,260; 2022 – $26,310; 2023 – $27,540; 2024 – $28,875; and 2025 and thereafter – $1,073,386.

Cash paid for interest totaled $39,874 and $45,514 in 2019 and 2018, 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:

Swap type	Maturity date	Year ended December 31, 2019		Notional value at December 31	
		System pays	System receives	2019	2018
Fixed-payer	2034	3.36 %	67% of 1-month LIBOR	$ 37,500	37,500
Fixed-payer	2034	3.42 %	67% of 1-month LIBOR	37,500	37,500
Basis	2028	SIFMA Index	67% of 1-month LIBOR + 0.47%	—	25,000
Basis	2028	SIFMA Index	67% of 1-month LIBOR + 0.53%	—	25,000
Fixed-payer	2034	3.49 %	67% of 1-month LIBOR	37,500	37,500
Fixed-payer	2034	3.47 %	67% of 1-month LIBOR	37,500	37,500
Basis	2027	SIFMA Index	86.2% of 1-month LIBOR	50,000	50,000
Fixed-payer	2044	2.30 %	65% of 1-month LIBOR + 0.12%	50,000	50,000
Fixed-payer	2044	2.49 %	65% of 1-month LIBOR + 0.12%	50,000	50,000
Fixed-payer	2042	3.64 %	70% of 1-month LIBOR	26,590	26,590
Basis	2032	SIFMA Index	85.3% of 3-month LIBOR	50,000	50,000
Fixed-payer	2029	3.61 %	64.11% of 5-year LIBOR	21,160	22,810
Fixed-payer	2030	5.09 %	91.03% of 5-year LIBOR	6,720	7,575
Fixed-payer	2030	3.62 %	64.09% of 5-year LIBOR	7,185	7,685
Fixed-payer	2026	3.78 %	70% of 1-month LIBOR	5,920	6,705
Fixed-payer	2022	3.68 %	70% of 1-month LIBOR	1,870	2,445
Fixed-payer	2021	3.31 %	70% of 1-month LIBOR	4,290	6,865
Fixed-payer	2047	1.43 %	70% of 1-month LIBOR	25,000	25,000
Fixed-payer	2047	1.23 %	70% of 1-month LIBOR	25,000	25,000
Constant maturity payer	2038	67% of 1-month LIBOR	67% 10 yr LIBOR -.38%	50,000	50,000
Total return swap	2022	SIFMA Index +0.63%	Bond Coupon	52,445	52,445
Rate lock	2049	1.83 %	100% of 3-month LIBOR	75,000	—
				$ 651,180	633,120

In December 2019, the System entered into a Libor Swap Rate Lock trade for a notional amount of $75,000.

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.

SIFMA is an index of high-grade, tax-exempt variable rate demand obligations. SIFMA ranged from 1.06% to 2.3% (average rate of 1.46%) for the year ended December 31, 2019 and 0.94% to 1.81% (average rate of 1.41%) for the year ended December 31, 2018.

The net fair value of interest rate swap agreements was a liability of $69,796 as of December 31, 2019. The net fair value for swap agreements at December 31, 2019 consisted of $5,849 recorded in other assets and $75,645 recorded in other liabilities within the December 31, 2019 consolidated balance sheet. 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.

A decrease in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled $28,287 for the year ended December 31, 2019. An increase in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled $10,195 for the year ended December 31, 2018. Cash paid to counterparties totaled $5,015, and $6,011 for the years ended December 31, 2019 and 2018, respectively. Cash received from counterparties totaled $4,429 and $2,007 for the years ended December 31, 2019 and 2018, respectively.

The System posted collateral of $6,364 and $2,937 due to the decrease in swap valuations as of December 31, 2019 and 2018, respectively. The collateral is comprised of cash and U.S. Treasury and government securities, is limited as to use, and is recorded as a restricted investment within the consolidated balance sheets.

(10) Leases

The System leases medical office buildings, office space and equipment. The remaining lease term for leases primarily range from 1-50 Years. Many leases contain renewal options. For those contracts where options are reasonably certain to be exercised, the System recognizes renewal options as part of the ROU assets and lease liabilities.

At December 31, 2019, lease assets and liabilities were recorded in the consolidated balance sheet as follows (in thousands):

Lease type	Balance sheet classification		
Assets:			
Operating	Other assets	$	92,031
Total assets		$	92,031
Liabilities:			
Current			
Operating	Other current liabilities	$	21,523
Noncurrent			
Operating	Other liabilities		70,995
Total liabilities		$	92,518

(Continued)

The components of lease cost for the year ended December 31, 2019 were as follows (in thousands):

Operating lease cost	$	26,246
Finance lease cost		37
Short-term lease cost		163
Total lease cost	$	26,446

Oher information related to leases as of December 31, 2019 was as follows:

Supplemental cash flow information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flow from operating leases	$	27,278
Weighted average remaining lease term:		
Operating leases		7.77 years
Weighted average discount rate:		
Operating leases		2.63 %

Future maturities of lease liabilities under noncancelable leases as of December 31, 2019 are as follows:

		Operating
2020	$	23,448
2021		17,499
2022		14,586
2023		10,865
2024		8,619
2025 and thereafter		27,999
Total undiscounted future lease payments		103,016
Less present value discount		(10,498)
	$	92,518

(Continued)

Minimum noncancelable operating lease payments with terms in excess of one year as of December 31, 2018 were as follows:

2019	$	26,630
2020		19,902
2021		13,945
2022		11,506
2023		8,217
2024 and thereafter		29,181
	$	109,381

(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, 2019, 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. As of the date of this report more than ninety-six percent of filed claims related to the fertility clinic matter have been settled. The System notified its insurance carriers and recorded a reserve for the anticipated resolution of these claims. The System received amounts from its insurance carriers equal to its re-insurance coverage.

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 $210,209 and $153,548

(Continued)

at December 31, 2019 and 2018, respectively. The current portion of the reserves at December 31, 2019 and 2018, amounts to $35,000 and $50,000, 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, 2019 and 2018 consisted of the following:

		2019	2018
Amount recognized in net assets without donor restrictions at end of year:			
Unrecognized actuarial loss	$	531,744	488,440
Unrecognized prior service costs		(8,491)	(10,890)
Net amount recognized	$	523,253	477,550

(Continued)

The accumulated benefit obligation for the plan was $1,306,354 and $1,122,600 as of December 31, 2019 and 2018, respectively. The following represents selected information about the plan as of December 31, 2019 and 2018:

		2019	2018
Change in benefit obligation:			
Projected benefit obligation (PBO) at beginning of year	$	1,161,648	1,272,117
Service cost		48,318	51,610
Interest cost		46,906	41,454
Actuarial (gain) loss		161,999	(44,623)
Retiree annuity purchases		—	(74,205)
Benefits paid		(64,700)	(84,705)
Projected benefit obligation at end of year		1,354,171	1,161,648
Change in plan assets:			
Fair value of assets at beginning of year		831,672	885,732
Actual return on assets		139,868	(31,350)
Employer contribution		32,500	136,200
Retiree annuity purchases		—	(74,205)
Benefits paid		(64,700)	(84,705)
Fair value of assets at end of year		939,340	831,672
Funded status (PBO in excess of plan assets)	$	(414,831)	(329,976)

		2019	2018
The components of net periodic pension costs included the following:			
Operating expenses:			
Service cost	$	48,318	51,611
Nonoperating expenses:			
Interest cost		46,906	41,454
Expected return on plan assets		(55,618)	(61,116)
Amortization of prior service costs		(2,399)	(2,399)
Settlement cost		—	42,539
Recognized net actuarial loss		34,445	43,557
Net periodic pension cost	$	71,652	115,646

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

(Continued)

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, 2019 are as follows:

Amortization of prior service costs	$	(2,399)
Recognized actuarial losses		46,854
Total	$	44,455

The weighted average assumptions used to determine benefit obligations and net benefit cost for the years ended December 31, 2019 and 2018 were as follows:

	2019	2018
Weighted average assumptions:		
Discount rate – benefit obligation	3.28 %	4.40 %
Discount rate – service cost	4.25	3.56
Discount rate – interest cost	4.17	3.32
Expected return on plan assets	6.50	6.50
Rate of compensation increase	3.75	3.75

Pension assets are invested in various asset classes as follows:

	2019	2018
Asset class:		
Equities, mutual and exchange traded funds	46 %	37 %
Fixed income	22	27
Alternative investments	27	35
Cash and cash equivalents	5	1

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.

(Continued)

The System expects to contribute $87,800 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: 2020 – $81,035; 2021 – $85,369; 2022 – $89,128; 2023 – $92,106; 2024 – $97,756; and 2025 to 2029 – $501,688.

The following tables present the System's fair value leveling hierarchy for those plan assets measured at fair value as of December 31, 2019 and 2018. Refer to note 5 for level definitions.

	Level 1	Level 2	Level 3	Total
December 31, 2019:				
Cash and cash equivalents	$ 46,366	—	—	46,366
Fixed income securities:				
Corporate bonds	117,061	53,897	—	170,958
Government securities	32,232	—	—	32,232
Total fixed securities	149,293	53,897	—	203,190
Equities, mutual and exchange traded funds:				
Domestic mutual funds	161,490	—	—	161,490
International mutual funds	276,566	—	—	276,566
Total equities, mutual and exchange traded funds	438,056	—	—	438,056
Total	$ 633,715	53,897	—	687,612

(Continued)

	Level 1	Level 2	Level 3	Total
December 31, 2018:				
Cash and cash equivalents	$ 7,871	—	—	7,871
Fixed income securities:				
Corporate bonds	121,420	61,152	—	182,572
Government securities	39,046	—	—	39,046
Total fixed securities	160,466	61,152	—	221,618
Equities, mutual and exchange traded funds:				
Domestic mutual funds	79,437	8,490	—	87,927
International mutual funds	102,610	120,754	—	223,364
Total equities, mutual and exchange traded funds	182,047	129,244	—	311,291
Total	$ 350,384	190,396	—	540,780

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, 2019 and 2018, for which NAV was used as a practical expedient to estimate fair value:

	2019	2018
Alternative investments:		
Hedge funds	$ 113,908	139,201
Real estate	71,301	83,586
Private debt	21,260	36,340
Private equity	45,259	31,765
Total alternative investments	$ 251,728	290,892

(Continued)

The table below classifies the net asset value at December 31, 2019 for the alternative investment portion of the plan assets into categories based on the stated contractual liquidity terms of the underlying investments:

		Net asset value	Unfunded commitments
Less than 1 year, no contractual restrictions have been imposed	$	61,251	4,500
Subject to existing gates or restrictions		17,601	—
Limited partnership fund expiring in 1–5 years		12,189	7,535
Limited partnership fund expiring in 6–10 years		130,850	51,613
Limited partnership fund expiring in 11–15 years		26,852	35,137
Limited partnership fund expiring in 15+ years		2,985	15,686
Total alternative investments	$	251,728	114,471

The System sponsors various defined contribution employee benefit plans. The System contributed $30,781 and $28,541 to the defined contribution employee benefit plans for the years ended December 31, 2019 and 2018, respectively.

The System also has nonqualified deferred compensation plans for certain employees. The System contributed and recognized as expense $6,316 and $6,109 to the deferred compensation plans for the years ended December 31, 2019 and 2018, 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. Total investment in Southwest amounted to $83,683 and $76,055 at December 31, 2019 and 2018, respectively. Total net earnings under the Southwest joint venture for the years ended December 31, 2019 and 2018 are shown below.

		2019	2018
Earnings	$	16,797	9,162
Distribution		(9,169)	(5,127)
Net earnings	$	7,628	4,035

(Continued)

Total investments for all joint ventures, including Southwest, amounted to $112,789 and $100,557 at December 31, 2019 and 2018, 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 $1,742 and $7,599 in special charges during the years ending 2019 and 2018, 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: 2020 – $48,353; 2021 – $23,860; 2022 – $15,526; and 2023 – $6,259; 2024 – $3,404 and 2025 and thereafter – $4,014. Purchases under these or similar contracts totaled $169,844 and $137,273 in the years ending December 31, 2019 and 2018, 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 $911,609 and $873,032 at December 31, 2019 and 2018 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, 2019 and 2018 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.

(Continued)

(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 years ended December 31, 2019 and 2018:

	December 31, 2019			
	Health care services	Academic and research	Administrative support	Total
Salaries, wages and employee benefits	$ 2,056,291	32,200	369,860	2,458,351
Purchased services	200,127	12,993	73,647	286,767
Patient care supplies	821,421	1,672	1,319	824,412
Other supplies	36,376	1,367	4,906	42,649
Insurance	44,931	—	—	44,931
Other and special charges	247,714	7,578	99,149	354,441
Depreciation and amortization	120,876	11	61,305	182,192
Interest	44,126	—	—	44,126
Losses in excess of Insurance	93,070	—	—	93,070
Total expenses	$ 3,664,932	55,821	610,186	4,330,939

	December 31, 2018			
	Health care services	Academic and research	Administrative support	Total
Salaries, wages and employee benefits	$ 1,971,277	30,742	323,277	2,325,296
Purchased services	198,649	12,944	70,140	281,733
Patient care supplies	720,604	2,238	766	723,608
Other supplies	40,283	1,635	4,441	46,359
Insurance	49,191	—	—	49,191
Other and special charges	243,246	6,806	98,339	348,391
Depreciation and amortization	112,358	57	51,147	163,562
Interest	46,212	—	—	46,212
Total expenses	$ 3,381,820	54,422	548,110	3,984,352

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, 2019 and 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:

	2019	2018
Financial assets:		
Cash and cash equivalents	$ 260,859	288,517
Patient accounts receivable	540,993	568,227
Other receivables	32,572	61,778
Investments	1,323,681	1,268,240
Total financial assets available within a year	2,158,105	2,186,762
Liquidity resources:		
Available revolving credit commitment	210,000	85,000
Total financial assets and liquidity resources available within a year	$ 2,368,105	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, 2019.

(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 April 1, 2020 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, 2019, and events which occurred subsequent to December 31, 2019, but were not recognized in the consolidated financial statements.

On March 11, 2020 the COVID-19 outbreak was declared a pandemic by the World Health Organization. Although not yet measurable, the spread of COVID-19 will adversely impact certain operating revenues, medical claims, labor and supplies expenses. Additionally, subsequent to December 31, 2019, there has been instability in the financial markets resulting in significant declines in certain markets between January 1, 2020 and April 1, 2020. Management is monitoring market conditions and the related realized and unrealized losses on investments. Due to the volatility in the global economy and the financial markets as of the date of this report, there is uncertainty regarding the long-term impact market conditions will have on the System's investment portfolio.

In January 2020, the System issued tax-exempt bonds totaling $564,325. Proceeds from these bonds totaling $311,515 were used to refund the Series 2007A, 2010A, 2012C and D, 2014A and 2018B and E bonds and the remaining proceeds of $252,810 will be used to finance new capital projects and the cost of issuance.

SUPPLEMENTARY INFORMATION

KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Telephone +1 216 696 9100
Fax +1 216 696 7792
kpmg.com

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, 2019 and 2018, and have issued our report thereon dated April 1, 2020, which refers to a change in accounting method as of January 1, 2019 for the adoption of Financial Accounting Standards Board's Accounting Standards Update No. 2016-02, *Leases (Topic 842)*, as amended and 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
April 1, 2020

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.

Schedule 1

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2019

(In thousands of dollars)

Assets	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Current assets:						
Cash and cash equivalents	$ 251,995	4,261	4,603	8,864	—	260,859
Patient accounts receivable	396,524	144,469	—	144,469	—	540,993
Other receivables	44,039	32,568	—	32,568	(27,364)	49,243
Other current assets	165,518	25,969	—	25,969	—	191,487
Total current assets	858,076	207,267	4,603	211,870	(27,364)	1,042,582
Investments	1,728,205	79,093	—	79,093	—	1,807,298
Property and equipment, net	1,616,966	189,857	24,169	214,026	—	1,830,992
Other assets:						
Investments in affiliates	402,792	2,152	—	2,152	(292,155)	112,789
Beneficial interest in Foundations	95,556	62,381	—	62,381	—	157,937
Perpetual trusts	208,324	1,174	—	1,174	—	209,498
Other	264,467	15,530	487	16,017	(13,566)	266,918
Total other assets	971,139	81,237	487	81,724	(305,721)	747,142
Total assets	$ 5,174,386	557,454	29,259	586,713	(333,085)	5,428,014
Liabilities and Net Assets						
Current liabilities:						
Current installments of long-term debt	$ 24,237	—	—	—	—	24,237
Accounts payable and accrued expenses	421,482	61,657	429	62,086	—	483,568
Other current liabilities	118,999	35,668	10,717	46,385	(27,364)	138,020
Estimated amounts due to third party payors	16,913	1,489	—	1,489	—	18,402
Total current liabilities	581,631	98,814	11,146	109,960	(27,364)	664,227
Long-term debt, less current installments	1,195,341	107	19,156	19,263	(13,566)	1,201,038
Revolving credit commitment	40,000	—	—	—	—	40,000
Other liabilities	726,884	96,067	—	96,067	—	822,951
Total liabilities	2,543,856	194,988	30,302	225,290	(40,930)	2,728,216
Net assets:						
Without donor restrictions	1,823,574	293,198	(1,043)	292,155	(292,155)	1,823,574
With donor restrictions	806,956	69,268	—	69,268	—	876,224
Total net assets	2,630,530	362,466	(1,043)	361,423	(292,155)	2,699,798
Total liabilities and net assets	$ 5,174,386	557,454	29,259	586,713	(333,085)	5,428,014

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, 2019

(In thousands of dollars)

	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Revenues:						
Patient service revenue	$ 2,797,512	1,243,397	—	1,243,397	—	4,040,909
Other revenue	196,980	234,108	2,376	236,484	(177,768)	255,696
Total revenues	2,994,492	1,477,505	2,376	1,479,881	(177,768)	4,296,605
Expenses:						
Salaries, wages and employee benefits	1,413,350	1,054,049	—	1,054,049	(9,048)	2,458,351
Purchased services	125,348	277,367	60	277,427	(116,008)	286,767
Patient care supplies	649,916	174,496	—	174,496	—	824,412
Other supplies	30,379	12,270	—	12,270	—	42,649
Insurance	26,324	40,791	—	40,791	(22,184)	44,931
Other	309,015	74,005	—	74,005	(30,321)	352,699
Depreciation and amortization	160,444	20,993	755	21,748	—	182,192
Interest	44,126	—	207	207	(207)	44,126
Special charges	1,122	620	—	620	—	1,742
Losses in excess of insurance	93,070	—	—	—	—	93,070
	2,853,094	1,654,591	1,022	1,655,613	(177,768)	4,330,939
Net operating income (loss)	141,398	(177,086)	1,354	(175,732)	—	(34,334)
Nonoperating revenues (expenses):						
Investment income	155,879	1,676	—	1,676	—	157,555
Change in fair value of derivative instruments	(28,287)	—	—	—	—	(28,287)
Other nonservice periodic pension costs	(23,334)	—	—	—	—	(23,334)
Excess (deficiency) of revenues over expenses	$ 245,656	(175,410)	1,354	(174,056)	—	71,600

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, 2018

(In thousands of dollars)

Assets	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Current assets:						
Cash and cash equivalents	$ 280,414	2,683	5,420	8,103	—	288,517
Patient accounts receivable	410,969	157,258	—	157,258	—	568,227
Other receivables	19,744	99,160	—	99,160	(48,749)	70,155
Other current assets	145,022	27,526	—	27,526	—	172,548
Total current assets	856,149	286,627	5,420	292,047	(48,749)	1,099,447
Investments	1,653,596	83,946	—	83,946	—	1,737,542
Property and equipment, net	1,557,378	160,930	18,554	179,484	—	1,736,862
Other assets:						
Investments in affiliates	361,800	3,307	—	3,307	(264,550)	100,557
Beneficial interest in Foundations	109,111	53,613	—	53,613	—	162,724
Perpetual trusts	188,246	1,057	—	1,057	—	189,303
Other	196,777	13,621	487	14,108	(13,566)	197,319
Total other assets	855,934	71,598	487	72,085	(278,116)	649,903
Total assets	$ 4,923,057	603,101	24,461	627,562	(326,865)	5,223,754
Liabilities and Net Assets						
Current liabilities:						
Current installments of long-term debt	$ 24,445	1	—	1	—	24,446
Accounts payable and accrued expenses	395,695	52,270	2	52,272	—	447,967
Other current liabilities	118,205	72,821	6,176	78,997	(48,749)	148,453
Estimated amounts due to third party payors	18,603	1,966	—	1,966	—	20,569
Total current liabilities	556,948	127,058	6,178	133,236	(48,749)	641,435
Long-term debt, less current installments	1,220,526	1	20,680	20,681	(13,566)	1,227,641
Revolving credit commitment	140,000	—	—	—	—	140,000
Other liabilities	478,388	148,360	—	148,360	—	626,748
Total liabilities	2,395,862	275,419	26,858	302,277	(62,315)	2,635,824
Net assets:						
Without donor restrictions	1,794,625	266,947	(2,397)	264,550	(264,550)	1,794,625
With donor restrictions	732,570	60,735	—	60,735	—	793,305
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 4

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2018

(In thousands of dollars)

	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Revenues:						
Patient service revenue	$ 2,698,371	1,195,545	—	1,195,545	—	3,893,916
Other revenue	173,146	221,025	253	221,278	(170,556)	223,868
Total revenues	2,871,517	1,416,570	253	1,416,823	(170,556)	4,117,784
Expenses:						
Salaries, wages and employee benefits	1,334,212	999,340	—	999,340	(8,256)	2,325,296
Purchased services	125,691	266,105	40	266,145	(110,103)	281,733
Patient care supplies	577,999	145,609	—	145,609	—	723,608
Other supplies	32,121	14,238	—	14,238	—	46,359
Insurance	25,833	46,586	—	46,586	(23,228)	49,191
Other	295,817	73,737	—	73,737	(28,762)	340,792
Depreciation and amortization	145,032	18,260	270	18,530	—	163,562
Interest	46,212	—	207	207	(207)	46,212
Special charges	7,599	—	—	—	—	7,599
	2,590,516	1,563,875	517	1,564,392	(170,556)	3,984,352
Net operating income (loss)	281,001	(147,305)	(264)	(147,569)	—	133,432
Nonoperating revenues (expenses):						
Investment loss	(17,584)	(2,009)	—	(2,009)	—	(19,593)
Change in fair value of derivative instruments	10,195	—	—	—	—	10,195
Loss on extinguishment of debt	(442)	—	—	—	—	(442)
Pension settlement costs	(42,539)	—	—	—	—	(42,539)
Other nonservice periodic pension costs	(21,496)	—	—	—	—	(21,496)
Excess (deficiency) of revenues over expenses	$ 209,135	(149,314)	(264)	(149,578)	—	59,557

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Supplementary Information

December 31, 2019 and 2018

(In thousands of dollars)

(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 Primary Care Practices, 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.

University Hospitals

2020-2022
Community Health Implementation Strategy

UH Portage Medical Center
Portage County, Ohio











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Adoption by the Board

University Hospitals adopted the UH Portage Medical Center Community Health Implementation Strategy on March 31, 2020.

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 Portage Medical Center Implementation Strategy 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.

Introduction

In 2019, University Hospitals Portage Medical Center conducted a joint community health needs assessment (a "CHNA") with the Portage County Combined General Health District and the associated Portage County Community Health Partners. The CHNA was compliant with the requirements of Treas. Reg. §1.501(r) ("Section 501(r)") and Ohio Revised Code ("ORC") 3701.981. The 2019 CHNA serves as the foundation for developing an Implementation Strategy ("IS") to address those needs that, (a) UH Portage Medical Center determined 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 IS identifies the means through which UH Portage Medical Center plans to address a number of the needs that are consistent with the hospital's charitable mission as part of its community benefit programs. Likewise, UH Portage Medical Center is addressing some of these needs simply by providing care to all, regardless of ability to pay, every day. UH Portage Medical Center anticipates that the strategies may change and therefore, a flexible approach is best suited for the development of its response to the 2019 CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by UH Portage Medical Center in the IS. More specifically, since this IS was done in conjunction with the 2020-2022 Portage County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Portage County CHIP can be found at http://www.hcno.org/community-services/community-health-assessments/ and a list of the Portage County CHIP strategies can be found in Appendix A of this report.

In addition, UH Portage Medical Center 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 Ohio's State Health Assessment (a "SHA") and State Health Improvement Plan (a "SHIP"). 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 aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2020-2022 UH Portage Medical Center Community Health Implementation Strategy which aligns with the 2019 Portage County Community Health Improvement Plan and meets the state of Ohio's October 1, 2020 deadline. This IS meets all the requirements set forth in Section 501(r).

The Portage County Combined General Health District, on behalf of the Portage County Community Health Partners (includes UH Portage Medical Center), hired the Hospital Council of Northwest Ohio (HCNO) to conduct the community health planning process which influenced the strategies outlined in this report and the development of the aligned Portage County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by UH Portage Medical Center.

UH Portage Medical Center is working with other partners in Portage County to address the following priorities which were identified in the 2019 UH CHNA:

1. Chronic disease
2. Mental health, substance use and addiction
3. Maternal, infant and child health

Hospital Mission Statement

As a wholly owned subsidiary of University Hospitals, UH Portage Medical Center is 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 Portage County. Most (85%) of UH Portage Medical Center's discharges are residents of Portage 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.

Alignment with Local and State Standards

Community Partners

The IS was done in collaboration with various agencies and service-providers within Portage County. From August to October 2019, the Portage County Community Health Partners reviewed many data sources concerning the health and social challenges that Portage County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.

Portage County Community Health Partners:

- AxessPointe Community Health Center
- Children's Advantage
- Coleman Professional Services
- Family and Children First Council
- Hiram College
- Kent City Health Department
- Kent State University College of Nursing
- Kent State University College of Public Health & Center for Public Policy and Health
- Kent State University Health Services
- Mental Health & Recovery Board of Portage County
- Northeast Ohio Medical University (NEOMED)
- OhioCAN
- PARTA
- Portage County Board of Health
- Portage County Children's Services
- Portage County Combined General Health District
- Portage County Job & Family Services
- Portage County Safe Communities Coalition
- Portage County School Districts
- Portage County Township Trustees
- Portage County Treasurer
- Portage County WIC
- Portage Fatherhood Initiative
- Portage Park District
- Portage Substance Abuse Community Coalition
- Sequoia Wellness
- Suicide Prevention Coalition of Portage County
- The Portage Foundation
- Townhall II
- University Hospitals Portage Medical Center
- United Way of Portage County

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, from Hospital Council of Northwest Ohio.

2019 CHNA Trends Summary Table

The 2019 CHNA is a 238-page report that consists of county-level primary and secondary data for Portage County. The following data are trends from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: www.UHhospitals.org/CHNA-IS.

Adult Trend Summary

Adult Variables	Portage County 2016	Portage County 2019	Ohio 2017	U.S. 2017
Health Status				
Rated general health as good, very good, or excellent	83%	88%	81%	83%
Rated general health as excellent or very good	53%	47%	49%	51%
Rated general health as fair or poor	17%	12%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	27%	33%	26%	24%
Rated physical health as not good on four or more days (in the past 30 days)	20%	23%	23%	22%
Average number of days that physical health was not good (in the past 30 days)	3.7	4.0	4.0*	3.7*
Average number of days that mental health was not good (in the past 30 days)	4.7	5.2	4.3*	3.8*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	28%	32%	24%	23%
Healthcare Coverage, Access, and Utilization				
Uninsured	10%	6%	9%	11%
Had one or more persons they thought of as their personal health care provider	80%	83%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	61%	74%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	8%	7%	7%	8%
Arthritis, Asthma, & Diabetes				
Ever been told by a doctor they have diabetes (not pregnancy-related)	11%	14%	11%	11%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	31%	37%	29%	25%
Had ever been told they have asthma	21%	15%	14%	14%
Cardiovascular Health				
Ever diagnosed with angina or coronary heart disease	9%	6%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	4%	5%	6%	4%
Ever diagnosed with a stroke	2%	3%	4%	3%
Had been told they had high blood pressure	29%	35%	35%	32%
Had been told their blood cholesterol was high	38%	36%	33%	33%
Had their blood cholesterol checked within the last five years	73%	86%	85%	86%
Cancer				
Diagnosed with skin cancer	N/A	3%	6%	6%
Diagnosed with any type of cancer (other than skin cancer)	8%**	7%	7%	7%
Weight Status				
Overweight (BMI of 25.0 – 29.9)	30%	35%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	28%	38%	34%	32%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

**2016 BRFSS as compiled by 2019 County Health Rankings*

***Includes skin cancer. Please compare with caution.*

Adult Variables	Portage County 2016	Portage County 2019	Ohio 2017	U.S. 2017
Alcohol Consumption				
Current drinker (had at least one drink of alcohol within the past 30 days)	62%	78%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	22%	27%	19%	17%
Tobacco Use				
Current smoker (smoked on some or all days)	13%	16%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	23%	27%	24%	25%
Tried to quit smoking (on at least one day in the past year)	52%	66%	N/A	N/A
Current e-cigarette user (vaped on some or all days)	N/A	4%	5%	5%
Drug Use				
Used marijuana or hashish (in the past 6 months)	10%	8%*	N/A	N/A
Used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert (in the past 6 months)	10%	6%*	N/A	N/A
Preventive Medicine				
Had a flu shot in the past year (age 65 and older)	88%	72%	63%	60%
Had a pneumonia vaccine (age 65 and older)	71%	76%	76%	75%
Had a clinical breast exam in the past two years (age 40 and older)	71%	62%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	71%	73%	74%*	72%*
Had a Pap test in the past three years (ages 21-65)	64%	66%	82%*	80%*
Had a PSA test in within the past year (age 40 and over)	56%	62%	39%*	40%*
Quality of Life				
Limited in some way because of physical, mental or emotional problem	21%	23%	21%*	21%*
Mental Health				
Felt sad or hopeless for two or more weeks in the past year	15%	17%	N/A	N/A
Seriously considered attempting suicide in the past year	6%	6%	N/A	N/A
Attempted suicide in the past year	5%	5%	N/A	N/A
Oral Health				
Visited a dentist or a dental clinic (within the past year)	64%	71%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	9%	10%	11%*	10%*

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

**2016 BRFSS as compiled by 2019 County Health Rankings*

***Includes skin cancer. Please compare with caution.*

Portage County Youth Trend Summary

Youth Comparisons	Portage County 2016 (6th-12th)	Portage County 2019 (6th-12th)	Portage County 2019 (9th-12th)	U.S. 2017 YRBS (9th-12th)
Weight Control				
Obese	15%	14%	14%	15%
Overweight	15%	12%	13%	16%
Described themselves as slightly or very overweight	29%	25%	28%	32%
Were trying to lose weight	46%	44%	48%	47%
Exercised to lose weight (in the past 30 days)	47%	53%	58%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	31%	26%	31%	N/A
Went without eating for 24 hours or more (in the past 30 days)	6%	9%	12%	13%**
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	2%	3%	4%	5%**
Vomited or took laxatives (in the past 30 days)	2%	4%	4%	4%**
Ate 5 or more servings of fruit and/or vegetables per day	13%*	24%	22%	N/A
Ate 0 servings of fruits and/or vegetables per day	7%*	5%	6%	N/A
Physically active at least 60 minutes per day on every day in past week	34%	31%	29%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	54%	58%	58%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	12%	8%	8%	15%
Watched 3 or more hours per day of television (on an average school day)	24%	17%	19%	21%
Unintentional Injuries and Violence				
Carried a weapon (in the past 30 days)	11%	11%	13%	16%
Carried a weapon on school property (in the past 30 days)	1%	2%	3%	4%
Threatened or injured with a weapon on school property (in the past 12 months)	5%	8%	9%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	6%	5%	7%
Bullied (in past year)	43%	34%	31%	N/A
Bullied on school property (in past year)	33%	25%	19%	19%
Electronically bullied (in past year)	12%	9%	6%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	3%	2%	3%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	2%	3%	3%	8%
Purposefully hurt themselves in their life	30%	23%	24%	N/A
Mental Health				
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	32%	35%	32%
Seriously considered attempting suicide (in the past 12 months)	18%	13%	15%	17%
Attempted suicide (in the past 12 months)	9%	8%	8%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	2%	2%	3%	2%
Alcohol Consumption				
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	47%	48%	61%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	18%	23%	32%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	14%	20%	14%

N/A – Not Available
**Calculations differed year to year. Please compare with caution.*
***Comparative YRBS data for U.S. is 2013*
Indicates alignment with Ohio SHA/SHIP

Youth Comparisons	Portage County 2016 (6th-12th)	Portage County 2019 (6th-12th)	Portage County 2019 (9th-12th)	U.S. 2017 YRBS (9th-12th)
Alcohol Consumption (cont.)				
Drank for the first time before age 13 (of all youth)	13%	17%	13%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	32%	30%	32%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	18%	14%	14%	17%
Drove when they had been drinking alcohol (in a car or vehicle, 1 or more times during the 30 days before the survey, among youth who had driven a car or other vehicle)	5%	7%	9%	6%
Tobacco Use				
Current smoker (smoked on at least 1 day during the past 30 days)	6%	7%	10%	9%
Smoked cigarettes frequently (smoked on 20 or more days during the past 30 days)	1%	1%	2%	3%
Smoked cigarettes daily (smoked on all 30 days during the past 30 days)	1%	1%	1%	2%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the past 30 days)	N/A	27%	37%	13%
Used electronic vapor products frequently (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the past 30 days)	N/A	10%	16%	3%
Used electronic vapor products daily (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on all 30 days during the past 30 days)	N/A	8%	12%	2%
Sexual Behavior				
Ever had sexual intercourse	27%	21%	34%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	8%	5%	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	3%	4%	3%
Used a condom (during last sexual intercourse)	54%	37%	40%	54%
Used birth control pills (during last sexual intercourse)	30%	23%	24%	21%
Used an IUD (during last sexual intercourse)	5%	2%	2%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	3%	5%	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	11%	10%	10%	14%
Drug Use				
Currently used marijuana (in the past 30 days)	11%	18%	26%	20%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	3%
Ever used cocaine (in their lifetime)	2%	1%	1%	5%
Ever used heroin (in their lifetime)	1%	<1%	<1%	2%
Ever used inhalants (in their lifetime)	4%	6%	5%	6%
Ever used ecstasy (also called MDMA in their lifetime)	3%	1%	1%	4%
Misused medications that were not prescribed to them or to ok more to get high and/or feel more alert (in their lifetime)	7%	3%	4%	N/A
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	9%	11%	15%	20%
Personal Health				
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	78%	78%	74%*
Visited a doctor or other healthcare professional (for a routine check-up in the past year)	75%	79%	78%	N/A

N/A – Not Available

Indicates alignment with Ohio SHA/SHIP

**Comparative YRBS data for U.S. is 2013*

Portage County Child Trend Summary

Child Comparisons	Portage County 2016 Ages 0-5	Portage County 2019 Ages 0-5	Ohio 2017 Ages 0-5	U.S. 2017 Ages 0-5	Portage County 2016 Ages 6-11	Portage County 2019 Ages 6-11	Ohio 2017 Ages 6-11	U.S. 2017 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	95%	97%	91%	93%	92%	99%	88%	90%
Dental care visit in the past year	79%	51%	41%**	60%**	89%	93%	89%	90%
Diagnosed with asthma	10%	8%	9%±	4%	17%	16%	16%±	9%
Diagnosed with diabetes	0%	0%	N/A	<1%***	1%	0%	N/A	<1%***
Diagnosed with ADHD/ADD	3%	3%	2%*±	2%*	9%	11%	13%	10%
Diagnosed with behavioral or conduct problems	3%	0%	3%*±	4%*	5%	4%	13%	8%
Diagnosed with epilepsy or a seizure disorder	1%	3%	N/A	<1%***	<1%	0%	N/A	<1%***
Diagnosed with a brain injury, concussion, or head injury	0%	0%	N/A	<1%	2%	1%	N/A	<1%
Diagnosed with depression	0%	0%	N/A	<1%*	2%	1%	N/A	2%
Diagnosed with cerebral palsy	0%	2%	N/A	<1%***	0%	0%	N/A	<1%***
Diagnosed with anxiety problems	2%	3%	N/A	2%*	8%	7%	N/A	6%
Diagnosed with intellectual disability/mental retardation	N/A	5%	N/A	1%*	N/A	0%	N/A	1%
Diagnosed with learning disability	3%	3%	N/A	2%*	7%	3%	N/A	9%
Diagnosed with speech or language disorder	14%	18%	N/A	10%*	9%	9%	N/A	7%
Child had two or more health conditions	N/A	17%	7%	7%	N/A	11%	28%	21%
Health Care Access								
Had public insurance	24%	15%	28%±	32%	23%	17%	33%±	32%
Had one or more preventive care visits in past year	97%	98%	94%	89%	80%	92%	78%	80%
Had a personal doctor or nurse	81%	85%	75%	72%	76%	86%	72%	72%
Early Childhood (Ages 0-5)								
Never breastfed their child	18%	13%	19%	20%	N/A	N/A	N/A	N/A
Middle Childhood (Ages 6-11)								
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	22%	13%	26%±	30%
Parent definitely agreed that their child was safe at school	N/A	N/A	N/A	N/A	N/A	71%	80%	82%

¥Ages 3-5
***Ages 1-5*
****Ages 0-17*
±Indicates Ohio 2016 data from the National Survey of Children's Health. 2017 Ohio data is not available.
N/A – Not Available
Indicates alignment with the Ohio State Health Assessment

Child Comparisons	Portage County 2016 Ages 0-5	Portage County 2019 Ages 0-5	Ohio 2017 Ages 0-5	U.S. 2017 Ages 0-5	Portage County 2016 Ages 6-11	Portage County 2019 Ages 6-11	Ohio 2017 Ages 6-11	U.S. 2017 Ages 6-11
Family and Community Characteristics								
Family ate a meal together every day of the week	50%	50%	60%	54%	41%	39%	45%	44%
Parent definitely agreed that their child lives in a safe neighborhood	69%	72%	N/A	64%	60%	77%	N/A	65%
Two or more adverse childhood experiences	N/A	8%	13%	11%	N/A	8%	27%	21%

N/A – Not Available

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.

Priorities:

1. Mental health, substance use and addiction
2. Chronic Disease (including obesity)
3. Maternal, infant and child health

Strategies to Address Health Needs

Mobilizing for Action through Planning and Partnerships (MAPP)

The planning and strategic development process was completed using the National Association of County and City Health Officials' (NACCHO) MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Portage County Community Health Partners to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from UH Portage Medical Center's community outreach staff and hospital president was used to further determine the hospital's specific tactics.

The strategies listed on the following pages are done in alignment with the Portage County Community Health Improvement Plan. They reflect the specific strategies that UH Portage Medical Center will implement to address the identified priorities and achieve the anticipated county level outcomes. The resources being provided include staff time and expertise, health screening supplies and equipment, publicity for various events and other contributions as outlined in the following section.

University Hospitals Portage Medical Center
CHNA Priority: Mental Health and Addiction
Strategy 1: Youth alcohol/other drug prevention and mental health programs
Goal: Decrease substance use in Portage County.
Objective: By December 31, 2022, decrease youth usage of e-cigarettes, alcohol, and marijuana by 2%.
Action Steps: **Years 1-3:** • UH Portage Medical Center will be a resource to the substance use and addiction county committee. • UH Portage Medical Center will work with the committee to assess current vaping education services in Portage County. • Provide health education in support of youth vaping prevention. • UH Portage Medical Center will raise awareness regarding stress and anxiety management through education and hands-on experience and expression at career days, targeting over 200 8th graders in Portage schools. Students will receive beautiful coloring books and are encouraged to continue the activity at home. (Track number of participants.)
*** Anticipated measurable outcome(s):** • Decrease the percentage of Portage county youth that are current electronic vapor product users by 2% (baseline: 27% in the 2019 Portage County CHNA).
Indicator(s) used to measure progress: • Percent of Portage County youth that are current electronic vapor product users (HCNO household survey)
Collaboration and Partnerships: Mental Health and Recovery Board, Townhall II, Portage County Health District

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

University Hospitals Portage Medical Center

CHNA Priority: Mental Health and Addiction

Strategy 1: Links to cessation support

Goal: Decrease tobacco use in Portage County.

Objective: By December 31, 2022, increase participation in tobacco cessation program(s) by 15%.

Action Steps:

Year 1:

- UH Portage Medical Center will work with the substance use and addiction county committee to collect baseline data on the availability of evidence-based tobacco cessation programs in Portage County and assess the need for more.
- Working with other partners in Portage County, the hospital will promote and raise awareness of the tobacco cessation programs, as well as other resources, such as the Ohio Tobacco Quit Line, My Life My Quit, etc. (Track outcomes.)
- Increase the number of participants (average of 20 participants), who enroll and attend the UH Portage Medical Center cessation class. (Track number of participants and outcomes.)
- Increase percentage of participants who complete the full 5-week cycle of the class.
- Working with other partners in Portage County, the hospital will investigate barriers to nicotine replacement therapy access.

Year 2:

- Continue efforts of Year 1.
- Look for opportunities to reduce out-of-pocket costs for cessation therapies.
- Ensure any new tobacco cessation programs are promoted. (Track publicity.)

Year 3:

- Continue efforts of Years 1 and 2.

*** Anticipated measurable outcome(s):**

- Decrease the percentage of Portage County adults who are current smokers by 2% (baseline: 16% in the 2019 Portage County CHNA).
- Decrease the percentage of Portage County youth who are current smokers by 2% (baseline: 7% in the 2019 Portage County CHNA).
- Decrease the percentage of Portage County youth who are current electronic vapor product users by 2% (baseline: 27% in 2019 Portage County CHNA).

Indicator(s) used to measure progress:

- Percent of Portage County adults that are current smokers (HCNO household survey)
- Percent of Portage County youth that are current smokers (HCNO household survey)
- Percent of Portage County youth that are current electronic vapor product users (HCNO household survey

Collaboration and Partnerships: Kent City Health Department, Ohio Department of Health (ODH) funding, Portage County Health District

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

University Hospitals Portage Medical Center
CHNA Priority: Chronic Disease
Strategy 1: Food insecurity screening and referral
Goal: Reduce food insecurity in Portage County.
Objective: Implement food insecurity screening and referral in at least three additional Portage County locations by December 31, 2022.
Action Steps: **Years 1-3:** • Use the USDA Hunger Vital Sign ™ two-question screening tool for food insecurity when providing nutrition counseling for outpatient clinical nutrition services at UH Portage Medical Center and appropriate community outreach settings. (Track number of patients and positive results.) • In conjunction with local partners in Portage County, educate healthcare organizations on food insecurity, its impact on health, and the importance of screening and referral. • Work internally at UH to address food insecurity as part of routine medical visits on an individual and systems-based level. • Inform partners and patients about existing community resources and referral options such as United Way 211, Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), school nutrition programs, food pantries and other resources. • Work with partners to implement the screening tool in at least one additional location with accompanying referral options and evaluation measures. Target screenings towards those who live in, or serve, economically disadvantaged populations. • UH Portage Medical Center will continue to provide nutrition education, offer the USDA summer lunch program which provides about 500 lunches to children and offer the backpack program which provides 700 snacks for the weekend during the school year. (Track number of meals/snacks.)
*** Anticipated measurable outcome(s):** • Decrease the percentage of Portage County households that are food insecure by 1% (baseline: 13.7% in the Map the Meal Gap).
Indicator(s) used to measure progress: • Percent of Portage County households that are food insecure (Map the Meal Gap, 2017 data)
Collaboration and Partnerships: Northeast Ohio Medical University, Student OutReach to Area Residents (NEOMED SOAR), a student-run free clinic

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

University Hospitals Portage Medical Center
CHNA Priority: Chronic Disease
Strategy 2: Prediabetes screening and referral
Goal: Prevent diabetes in Portage County adults.
Objective: By December 31, 2022, increase the number of prediabetes screenings by 15%.
Action Steps: **Years 1-3:** • As a member of the chronic disease committee, the hospital will establish baseline data for prediabetes screenings conducted in Portage County. • Work with the committee to raise awareness of prediabetes screening, identification and make referrals through dissemination of the Prediabetes Risk Assessment. • Work with the committee to promote free/reduced cost screening events within the county. • UH Portage Medical Center will provide 200 free screenings and health education annually. (Track number screened and positive results.) • UH Portage Medical Center staff will refer individuals with increased risk of having prediabetes/diabetes to primary care and make referrals for other resources.
*** Anticipated measurable outcome(s):** • Decrease the percent of Portage County adults who have been told by a health professional that they have diabetes by 2% (baseline: 14% in the 2019 Portage County CHNA).
Indicator(s) used to measure progress: • Percent of Portage County adults who have been told by a health professional that they have diabetes (HCNO household survey)
Collaboration and Partnerships: AxessPointe, NEOMED SOAR

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

University Hospitals Portage Medical Center
CHNA Priority: Chronic Disease
Strategy 3: Hypertension screening and follow up
Goals: Promote hypertension management in Portage County adults.
Objective: By December 31, 2022, increase hypertension medication adherence to 84%.
Action Steps: **Years 1-3:** • As a member of the chronic disease committee, the hospital will gather data on hypertension management interventions currently used in Portage County. • With the committee, UH Portage Medical Center will research barriers to medication adherence and best practices for hypertension management. • UH Portage Medical Center will increase patient and community education on hypertension screening, treatment and the importance of routine follow-up with patients diagnosed with hypertension. As well as increase awareness about hypertension in general. • UH Portage Medical Center will provide blood pressure screenings, counseling and information about resources to at least 500 Portage County adults. (Track number screened and positive results.)
*** Anticipated measurable outcome(s):** • Increase the percentage of Portage County adults with hypertension who report currently taking medicine for their high blood pressure by 2% (baseline: 82% in the 2019 Portage County CHNA**).**
Indicator(s) used to measure progress: • Percent of Portage County adults with hypertension who report currently taking medicine for their high blood pressure (HCNO household survey)
Collaboration and Partnerships: Portage County Community Health Improvement Plan (CHIP) work group

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

University Hospitals Portage Medical Center

CHNA Priority: Chronic Disease

Strategy 4: Community gardens

Goal: Increase fruit and vegetable accessibility in Portage County.

Objective: By December 31, 2022, maintain four community gardens in Portage County prioritizing food deserts.

Action Steps:

Year 1:

- Along with other members of the chronic disease committee, the hospital will obtain baseline data regarding the number and location of school districts, churches, and other community organizations with community gardens. (Track number of gardens.)
- The committee will assess the need for additional community gardens, focusing on food desert areas, secure volunteers and/or master gardeners and explore a potential partnership with OSU Extension.
- The committee will continue to partner with the Kent State University School of Public Health and Portage County Master Gardeners at the Windham garden and Walls Elementary School garden in Kent, Ohio.

Year 2:

- Along with other members of the chronic disease committee, the hospital will research funding opportunities to increase the number of community gardens.
- The committee will develop a sustainability plan to maintain existing and future community gardens year-round.
- The committee will publicize current and future community gardens within the county.
- The committee will update marketing materials on an annual basis.
- The committee will implement one new community garden.

Year 3:

- Continue efforts from Year 2.
- The committee will implement one new community garden.
- Explore partnership opportunities to educate community members and families on gardening and healthy eating practices.

*** Anticipated measurable outcome(s):**

- Decrease the percentage of Portage County adults who report consuming 0 servings of fruit per day by 2% (baseline: 14% in the 2019 Portage County CHNA).
- Decrease the percentage of Portage County adults who report consuming 0 servings of vegetables per day by 2% (baseline: 4% in the 2019 Portage County CHNA).
- Decrease the percentage of Portage County youth who report consuming 0 servings of fruit per day by 2% (baseline: 11% in the 2019 Portage County CHNA).
- Decrease the percentage of Portage County youth who report consuming 0 servings of vegetables per day by 2% (baseline: 15% in the 2019 Portage County CHNA).

Indicator(s) used to measure progress: • Percent of Portage County adults who report consuming 0 servings of fruit per day (HCNO household survey) • Percent of Portage County adults who report consuming 0 servings of vegetables per day (HCNO household survey) • Percent of Portage County youth who report consuming 0 servings of fruit per day (HCNO household survey) • Percent of Portage County youth who report consuming 0 servings of vegetables per day (HCNO household survey)
Collaboration and Partnerships: Portage County CHIP work group

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

University Hospitals Portage Medical Center
CHNA Priority: Maternal, Infant and Child Health
Strategy 4: Reproductive health interventions
Goal: Increase sustainability of women's reproductive health and wellness services in Portage County.
Objective: By December 31, 2022, implement a women's reproductive health and wellness program to increase the use of reproductive health interventions for Medicaid-eligible residents in Portage County.
Action Steps: **Years 1-3:** • Work with county partners to connect UH Portage Medical Center patients and community members to valuable services promoting maternal and infant health. • UH Portage Medical Center will participate in women's health focused events. • UH Portage Medical Center will host a women's expo to include a pre-conception screening questionnaire and preventive screenings, target: 200 attendees. (Track number of attendees.) • Launch a UH Portage Medical Center Centering Pregnancy program, target: 90 participants. (Track number of participants and relevant health outcomes.)
*** Anticipated measurable outcome(s):** • Increase the number of Portage County women ages 21-65 years who had a pap smear in the past three years (baseline: 66% in the 2019 Portage County CHNA).
Indicator(s) used to measure progress: • Percent of Portage County women ages 21-65 years who had a pap smear in the past three years (HCNO household survey) • Survey question: Thinking back to their last pregnancy, 48% of women wanted to be pregnant then, 32% wanted to be pregnant sooner, 6% did not want to be pregnant then or any time in the future, 6% wanted to be pregnant later and 9% of women did not recall (HCNO household survey)
Collaboration and Partnerships: Portage County Health District, AxessPointe

** Outcomes are based on a variety of tactics occurring among the Portage County Community Health Partners to achieve the anticipated results at the county level.*

Significant Health Needs Not Being Addressed by the Hospital

UH Portage Medical Center is implementing strategies in collaboration with other partners in Portage County for all three priorities identified in the 2019 CHNA.

However the following strategies will not be directly addressed by UH Portage Medical Center as part of its Community Health Implementation Strategy because other county partners have agreed to take the lead based on their core expertise, prior experience and/or availability of existing resources (see full list of Portage County's strategies in Appendix A). Additionally, some strategies are not included in this IS because they do not meet the IRS definition of a non-profit hospital "community benefit" but are still addressed by the UH System. More specifically, they are required or expected of all hospitals based on licensure or accreditation, are a routine standard of clinical care or primarily benefit the organization rather than the community. This includes things such as mental health and substance disorder treatment, access to reproductive health services, connecting patients to health insurance as needed and having a smoke-free workplace policy. For example, employee in-service training, such as implicit bias training, does not meet the IRS definition of a "community benefit" because staff training primarily benefits the hospital, rather than the community. Regardless of this fact, University Hospitals values this work and has a Diversity Council, managed by senior leaders that is dedicated to developing and implementing strategies to address equity, diversity and inclusion system-wide. Lastly community outreach staff from UH Portage Medical Center remain engaged as thought-leaders on all the strategies as needed.

<u>Mental health, substance use and addiction</u>

- Assessing, developing and providing mental health resources to youth and adults in Portage County
- Screening for Adverse Childhood Experiences (ACEs) using a standardized tool
- Screening for suicide for patients 12 years of age or older using a standardized tool
- Community-based comprehensive plan to reduce alcohol and drug abuse
- Increase awareness and accessibility of treatment options for those with substance use disorder
- Safe communities campaign
- Tobacco-free policies
- Data sharing

<u>Chronic disease</u>

- Nutrition prescriptions
- Healthy eating practices through fostering self-efficacy
- Increase awareness of nutrition/physical activity resources
- Prescriptions for health
- Shared use (joint use agreements)
- Community fitness programs

<u>Maternal, infant and child health</u>

- Home visiting programs that begin prenatally
- Increase enrollment in WIC program
- Provide referrals/resources to all patients on health insurance access to ensure reproductive health
- Create and implement a Safe Kids Coalition plan

Cross-cutting factors

Social determinants of health

- Home improvement loan and grants
- Service-enriched housing
- Outreach to increase financial stability through free tax preparation services
- Financial literacy
- Increase transportation through a county transportation plan

Healthcare system and access

- School-based health centers
- Health transportation outreach
- Expand NEOMED SOAR (Northeast Ohio Medical University, Student OutReach to Area Residents, a student-run free clinic

Health Equity

- Implicit bias training

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2019 Portage County Community Health Improvement Plan process and the associated county partners; see Portage County Community Health Partners listed on page 4 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, at Hospital Council of Northwest Ohio (HCNO). 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), who 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.

The aligned 2020-2022 UH Portage Medical Center IS was compiled and written by Danielle Price, Director, Community Health Engagement in the department of Government and Community Relations at University Hospitals. She oversees state and federal community benefit compliance for all UH medical centers. Ms. Price has a Bachelor's degree from the Wharton School of Business, University of Pennsylvania and a Master of Science in Social Administration (MSSA) degree from the Mandel School of Applied Social Science at Case Western Reserve University.

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

2020-2022 Portage County Community Health Improvement Plan Strategies

Strategic Plan of Action

To work toward improving mental health, substance us and addiction outcomes, the following strategies are recommended:

Priority 1: Mental Health

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 1: Assess, develop, and provide mental health resources to youth and adults in Portage County.				
Goal: Improve mental health outcomes.				
Objective: By December 31, 2022, decrease the percent of adults and youth feeling sad and hopeless by 2%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with primary care providers and office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues. Provide baseline for number of youths being assessed in the schools for mental health concerns. Develop awareness campaigns on counseling for depression and anxiety. Explore how to reach adults to help relieve anxiety due to financial/job stress. Access the County's supports for LGBTQ resources for youth, colleges, and adults.	December 31, 2020	Adult, and youth	1. Decrease adults feeling sad/hopeless by 2% (Baseline: 17% of adults felt sad/hopeless for two or more weeks, 2019 Portage County CHNA) 2. Decrease youth feeling sad/hopeless by 2% (Baseline: 32% of youth felt sad/hopeless for two or more weeks, 2019 Portage County CHNA)	Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman.				

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 2: Screening for Adverse Childhood Experiences (ACEs) using a standardized tool**.**				
Goal: Improve behavioral health outcomes.				
Objective: Implement ACEs screenings in five different Portage County locations by December 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Portage County Trauma Informed Care Collaboration will assess agencies, organizations, disciplines etc. who could benefit from implementation of the ACEs, provide training on ACEs implementation, and collect data on Portage County ACE outcomes. Adopt a community-wide screening tool for ACEs and target the screening towards those who serve economically disadvantaged and/or minority populations. Implement ACEs as part of intake at The Family Center for both children and parents/caregivers. Provide data on posttraumatic growth due to programming addressing impact of ACEs by reporting successful families and their ability to remain intact and complete programming. Provide community-based training on ACEs, the impact of trauma, and how the community can respond to trauma. Pilot the tool in at least one new entity. Collect baseline data on the number of adults and counselors that have been trained in TIC. Create a referral for all trauma specific service providers in the county. Portage County Trauma Informed Care Collaboration will identify prevention strategies to educate the community on awareness of negative impact of trauma to reduce occurrence of abuse/neglect, sexual abuse, and violence through community awareness event. Hold one community awareness event on the prevention of traumatic experiences.	December 31, 2020	Adult and youth	Increase the number of adult trauma providers and trained trauma-certified counselors by 5% from baseline.	Nicole Thomas, Children's Advantage
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman, for profit providers.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 3: Screening for suicide for patients 12 or older using a standardized tool

Goal: Decrease suicide deaths.

Objective: Implement suicide screenings for patients 12 or older in five Portage County healthcare settings by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Introduce C-SSRS to healthcare providers such as primary care offices, FQHCs, emergency departments, and first responders. Evaluate current screening resources and referral networks. Prioritize providers serving at-risk populations. Train Portage County law enforcement in C-SSRS through four (4) regional trainings. Train 5-6 professionals in QPR (question, persuade, refer) to become trainers to conduct sessions in the community. Raise awareness of gun safety. Distribute Suicide Gun Safety cards to gun sellers, sportsman, etc.	December 31, 2020	Adult and youth	1. Adult suicide ideation: Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 2% (Baseline: 6%, 2019 Portage County CHNA) 2. Youth suicide ideation: Decrease the percent of youth who report that they ever seriously considered attempting suicide within the past 12 months by 2% (Baseline: 13%, 2019 Portage County CHNA) 3. Firearm possession: Baseline: 47% Adults have a firearm in their home, 3% keep unlocked & unloaded (2019 Portage County CHNA) 4. Decrease adults feeling sad/hopeless: (Baseline: 17% of adults felt sad/hopeless for two or more weeks. (2019 Portage County CHNA)	Bill Russell, Coleman Karyn Kravetz, Mental Health and Recovery Board
Year 2: Evaluate and expand outcomes from year one.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Initiate conversations regarding the feasibility of integrating the screening tool into a system(s)-wide electronic medical record system.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Mental Health & Recovery Board of Portage County, law enforcement, SAMSHA, OMHAS, Suicide Prevention Coalition, Portage County Health District, Townhall II, Coleman, FSC, CIT.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 4: Youth alcohol/other drug prevention and mental health programs

Goal: Decrease substance use.

Objective: By December 31, 2022, decrease youth usage of e-cigarettes, alcohol, and marijuana by 2%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue evidence-based prevention programming for youth and expand as funding allows. Advocate for youth mental health and alcohol/other drug prevention funding. Increase mental health prevention programs (Life Skills, Second Step, SAVE, PAX) in Portage County. Increase training for adults who work with children (school staff, coaches, clergy, etc.). Identify the needs of community centers (Skeels, King Kennedy, Windham Renaissance). Implement youth-led prevention projects. Assess current vaping education services in Portage County.	December 31, 2020	Youth	1. Youth electronic vapor product user: Decrease the percentage of youth who currently use electronic vapor product by 2% (Baseline: 27%, 2019 Portage County CHNA) 2. Youth alcohol use: Decrease the percentage of youth who drank one or more drinks of an alcoholic beverage in the past 30 days by 2% (Baseline: 23%, 2019 Portage County CHNA) 3. Youth marijuana use: Decrease the percentage of youth who report using marijuana one or more time within the past 30 days by 2% (Baseline: 18%, 2019 Portage County CHNA) 4. Decrease youth usage of e-cigarettes, alcohol, and marijuana: Youth 17 years and older currently have an increased alcohol use (47%), marijuana (41%) and e-cigarettes (51%). 5. Decrease youth use of alcohol: 48% of youth had at least one drink of alcohol in their life, increasing to 78% of those ages 17 and older. (2019 Portage County CHNA) 6. Decrease youth use of marijuana: 18% of Portage County youth used marijuana at least once in the past 30 days, increasing to 41% of those ages 17 and older. (2019 Portage County CHNA)	Sarah McCully, Townhall II Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from year 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: MHRB, Townhall II, Portage County Health District, UH Portage Medical Center.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 5: Community-based comprehensive plan to reduce alcohol and drug abuse

Goal: Decrease substance use.

Objective: Decrease adult excessive drinking and risky behaviors and raise awareness of the harmfulness of marijuana and e-cigarettes to adults by 2%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to implement a community awareness campaign and host an annual conference about alcohol and drug use. Conduct community outreach targeting adults on low-risk drinking guidelines and marijuana/e-cigarette use. Assess current programs on AOD education for adults identified by healthcare providers as high-risk. Gather data on OVI in Portage County. Raise awareness of alternative transportation options to avoid OVI.	December 31, 2020	Adult	1. Adult excessive drinking: Decrease the percentage of adults reporting binge drinking, defined as consuming more than 4 (women or 5 (men) alcoholic beverages on a single occasion in the past 30 days by 2% (Baseline: 27%, 2019 Portage County CHNA) 2. Approximately one-third (34%) of Portage County adults believed that marijuana was harmful to themselves. Thirty-five percent (35%) of adults believed that e-cigarette vapor was harmful to others, and 30% did not believe it was harmful to anyone. Thirty-two percent (32%) of adults did not know if marijuana was harmful (2019 Portage County CHNA)	Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 6: Increase awareness and accessibility of treatment options for those with substance use disorder.				
Goal: Decrease substance use.				
Objective: By December 31, 2022, establish MAT resources and referrals systems in Portage County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Collect baseline data on the number of Ohio jails that offer Medication Assisted Treatment (MAT) and at what capacity; including MAT upon release from jail. Continue to offer and expand MAT and recovery housing in various locations throughout Portage County. Explore feasibility of Substance Use Disorder screening and referrals to community health in the Emergency Departments and Urgent Cares. Explore feasibility for continuing care programs in the schools and community.	December 31, 2020	Adult	Baseline: 1. 5 MAT providers in Portage County. 2. 9 Recovery Houses in Portage County.	Rob Young, Townhall II Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts of years 1.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman, for profit providers.

Priority 1: Substance Use and Addiction

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 7: Safe Communities campaign				
Goal: Reduce drinking and driving.				
Objective: By December 31, 2022, host nine events per year focused on sober driving in Portage County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Collaborate with local partners and conduct a minimum of quarterly meetings to address county-wide traffic safety issues. (Safe Communities coalitions are required to deliver traffic safety messages and events throughout the year, providing educational and earned media portions of enforcement campaigns.) Conduct 2 kickoff events and a minimum of 10 additional events focused on seat belt usage, impaired driving, and motorcycle safety (a minimum of 4 events will be focused on impaired driving).	December 31, 2020	Teens and Adults	1. Reduce the percentage of adults who reported driving after drinking an alcoholic beverage by 2% (Baseline: 24%, 2019 Portage County CHNA) 2. Reduce number of fatal crashes. (Baseline: 7 fatal crashes in 2018, 12* fatal crashes as of 11/12/19)	Lynette Blasiman, Safe Communities Coalition
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Safe Communities funding, Portage County Health District.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 8: Tobacco-free policies

Goal: Decrease tobacco use.

Objective: By December 31, 2022, implement tobacco-free policies in at least three Portage County multi-unit housing units and at least one school.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on which organizations, multi-unit housing facilities, schools parks, and other businesses currently have tobacco-free policies. Provide education to residents to assist with the transition of the multi-unit housing complexes to a tobacco-free policy.	December 31, 2020	Adult and youth	1. Adult cigarette smoking: Decrease the percentage of adults that are current smokers by 2% (Baseline: 16%, 2019 Portage County CHNA) 2. Youth cigarette smoking: Decrease the percentage of youth that are current smokers by 2% (Baseline: 7%, 2019 Portage County CHNA) 3. Youth electronic vapor product use: Decrease the percentage of youth that are current electronic vapor product users by 2% (Baseline: 27%, 2019 Portage County CHNA)	Mike Anguilano, Kent City Health Department
Year 2: Begin efforts to adopt tobacco-free policy in parks, fairgrounds, schools and other public locations. Implement a 100% tobacco-free policy in at least 1 Portage County School District.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Target 2 additional multi-unit housing complexes and additional school districts to adopt a tobacco-free housing policy.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Kent City Health Department, ODH funding, Portage County Health District.

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 9: Links to cessation support				
Goal: Decrease tobacco use.				
Objective: By December 31, 2022, increase participation in tobacco cessation program(s) by 15%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the availability of evidence-based tobacco cessation programs in Portage County and the need for more. Promote and raise awareness of the tobacco cessation programs, as well as other resources, such as the Ohio Tobacco Quit Line, My Life My Quit, etc.. Increase participation in the tobacco cessation programs by 7% from baseline. Increase percentage of participants who enroll and attend the first class. Increase percentage of participants who attend the first class and complete the full 5-week cycle. Investigate barriers to nicotine replacement therapy access.	December 31, 2020	Adult	1. Adult cigarette smoking: Decrease the percentage of adults that are current smokers by 2% (Baseline: 16%, 2019 Portage County CHNA) 2. Youth cigarette smoking: Decrease the percentage of youth that are current smokers by 2% (Baseline: 7%, 2019 Portage County CHNA) 3. Youth electronic vapor product use: Decrease the percentage of youth that are current electronic vapor product users by 2% (Baseline: 27%, 2019 Portage County CHNA)	Mike Anguilano, Kent City Health Department Ali Mitchell, Portage County Health District UH Portage Medical Center
Year 2: Continue efforts of year 1. Look for opportunities to reduce out of pocket costs for cessation therapies. Ensure any new tobacco cessation programs are promoted.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, Kent City Health Department, ODH funding, Portage County Health District.

Priority: Mental Health, Substance Use and Addiction				
Strategy 10: Data sharing				
Goal: Increase data sharing among Portage County organizations.				
Objective: By December 31, 2022, create and implement a written plan that addresses data sharing for coordination and continuity of care among Portage County agencies.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local agencies to create a multidisciplinary committee and assess the barriers of data sharing for coordination and continuity of care and identify those barriers. Aggregate data sharing is useful at the micro and macro level. At the micro level, providers need this information to effectively plan and implement care, especially in transitions from agency to agency, or level of care to the next. At the macro level, officials and administrators can use this data to make population health-level decisions about program effectiveness, risk areas, gaps in care. This information can also be helpful in requesting funding or making new collaboration decisions.	December 31, 2020	Adult, youth, and child	Increase the number of Portage County agencies participating in data-sharing by 10% (Baseline: TBD by Portage County)	John Garrity, Mental Health and Recovery Board Bill Russell, Coleman
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: Mental Health & Recovery Board of Portage County, community agencies, hospitals, Portage County Health District, law enforcement.				

Priority 2: Chronic Disease

Priority #2: Chronic Disease				
Strategy 1: Food insecurity screening and referral				
Goal: Reduce food insecurity.				
Objective: Implement a food insecurity screening and referral in at least three additional Portage County locations by December 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Research the 2-item Food Insecurity (FI) Screening Tool, or another screening tool, and determine the feasibility of implementing the food insecurity screening and referral program in another location. Educate healthcare organizations on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level. Inform participating locations on existing community resources and referral options such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources. Implement the screening tool in at least one additional location with accompanying referral options and evaluation measures. Target screenings towards those who live in or serve economically disadvantaged populations. SOAR will screen patients to identify needs; follow-up resources are provided and tracked.	December 31, 2020	Adult, youth, and child	Food insecurity: Decrease the percentage of households that are food insecure by 1% (Baseline: 13.7%, Map the Meal Gap, 2017)	UH Portage Medical Center Janet Raber and Lacy Madison, NEOMED SOAR
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships.

Priority #2: Chronic Disease

Strategy 2: Nutrition prescriptions

Goal: Increase fruit and vegetable consumption.

Objective: Implement nutrition prescription program in Portage County by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research nutrition prescription programs and determine the feasibility of implementing them in local health care organizations. Explore the feasibility of creating a food pharmacy program that accepts nutrition prescriptions.	December 31, 2020	Adult	1. Adult fruit consumption: Decrease the percentage of adults who report consuming 0 servings of fruit per day by 2% (Baseline: 14%, 2019 Portage County CHNA) 2. Adult vegetable consumption: Decrease the percentage of adults who report consuming 0 servings of vegetables per day by 2% (Baseline: 4%, 2019 Portage County CHNA)	Stephanie Schulda, AxessPointe Janet Raber, NEOMED SOAR
Year 2: Explore funding opportunities for integrating nutrition prescription programs into primary care venues, such as hospital clinics and FQHCs. Partner with local farmers markets and discuss the possibility of redeeming nutrition prescriptions at participating markets. Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement nutrition prescription program in Portage County.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, AxessPointe, NEOMED

Priority #2: Chronic Disease				
Strategy 3: Healthy eating practices through fostering self-efficacy				
Goal: Increase fruit and vegetable consumption.				
Objective: By December 31, 2022, at least one Cooking Matters class (per quarter) will be implemented in Portage County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to implement the Share Our Strength's Cooking Matters program through the Kent State University Nutrition Outreach Program. Work with at least one new organization, such as a school, senior center, or community center, to pilot an additional 6-week course of the Cooking Matters program. Offer the program to adults, youth, and families. Begin to implement Healthy MunchBunch in Portage County Schools with at least one new school to participate in the program. Healthy MunchBunch is a lunch time fruit and vegetable education program to increase fruits and vegetable consumption. Program will be measured by the change in fruit and vegetable consumption before and after program initiation. Measure knowledge gained through evaluations. Search for grants and funding opportunities to support efforts.	December 31, 2020	Adult and youth	1. Adult fruit consumption: Decrease the percentage of adults who report consuming 0 servings of fruit per day by 2% (Baseline: 14%, 2019 Portage County CHNA) 2. Adult vegetable consumption: Decrease the percentage of adults who report consuming 0 servings of vegetables per day by 2% (Baseline: 4%, 2019 Portage County CHNA) 3. Youth fruit consumption: Decrease the percentage of youth who report consuming 0 servings of fruit per day by 2% (Baseline: 11%, 2019 Portage County CHNA) 4. Youth vegetable consumption: Decrease the percentage of youth who report consuming 0 servings of vegetables per day by 2% (Baseline: 15%, 2019 Portage County CHNA)	Natalie Caine-Bish, Kent State University Nutrition Outreach Program
Year 2: Continue efforts to implement at least one Cooking Matters class per quarter. Utilizing the Cooking Matters at the Store framework, conduct quarterly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout the county. Measure knowledge gained through evaluations. Measure knowledge gained through evaluations. Continue to increase the number of schools each quarter participating in Healthy MunchBunch Programming. Continued work on finding grants and funding opportunities to support efforts.	December 31, 2021			

Year 3: Continue efforts from years 1 and 2. Measure knowledge gained through evaluations.	December 31, 2022			
Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention and health behaviors ○ Healthcare system and access ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified				
Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.				

Priority #2: Chronic Disease

Strategy 4: Prediabetes screening and referral

Goal: Prevent diabetes in adults.

Objective: By December 31, 2022, increase the number of prediabetes screenings by 15%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Establish baseline for prediabetes screenings conducted in Portage County. Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment. Promote free/reduced cost screening events within the county.	December 31, 2020	Adult	Diabetes: Decrease the percent of adults who have been told by a health professional that they have diabetes by 2% (Baseline: 14%, 2019 Portage County CHNA)	Stephanie Schulda, AxessPointe Janet Raber, NEOMED SOAR UH Portage Medical Center
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 5: Hypertension screening and follow up

Goal: Promote hypertension management in adults.

Objective: By December 31, 2022, increase hypertension medication adherence by to 85%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather data on hypertension management interventions currently used in Portage County. Research barriers to medication adherence and best practices for hypertension management. Increase patient/community education on hypertension screening, treatment, and the importance of routine follow up with patients diagnosed with hypertension.	December 31, 2020	Adult	Hypertension management: Increase the percentage of adults with hypertension who report currently taking medicine for their high blood pressure by 2% (Baseline: 82%, 2019 Portage County CHNA)	UH Portage Medical Center
Year 2: Continue efforts from year 1. Increase awareness of hypertension screening, treatment, and follow up.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease				
Strategy 6: Increase awareness of nutrition/physical activity resources				
Goal: Decrease obesity.				
Objective: By December 31, 2022, increase the number of Portage County providers utilizing the resource guide by 15% from baseline.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer nutrition/physical activity resources to physicians and develop a local community resource for physician use when referring their patients. Include items such as cost and transportation options in the guide. • Establish a list/network of Portage County healthcare providers and organizations that would benefit from having a healthy eating, activity living (HEAL) resource guide. • Develop a marketing plan for the HEAL guide. • Develop and implement a sustainability plan to keep resources updated.	December 31, 2020	Adult, youth, and child	1. Adult obesity: Decrease the percentage of adults who were obese by 2% (Baseline: 38%, 2019 Portage County CHNA) 2. Youth obesity: Decrease the percentage of youth who were obese by 2% (Baseline: 14%, 2019 Portage County CHNA) 3. Child obesity: Decrease the percentage of children who were obese by 2% (Baseline: 17%, 2019 Portage County CHNA)	Amy Lee, NEOMED
Year 2: Continue efforts of year 1, including marketing and sustaining the guide. Implement the marketing plan so that at least 50% of the providers/organizations on the list are notified and have received information on the guide.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2, including marketing and sustaining the guide. Increase the number of stakeholders receiving information on the guide to 80%.	December 31, 2022			
Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention and health behaviors ○ Healthcare system and access ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified				
Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.				

Priority #2: Chronic Disease

Strategy 7: Prescriptions for health

Goal: Increase participation and active engagement with parks and programs.

Objective: By December 31, 2022, increase participation in the Parks Rx program by 13% from the baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the Parks Rx program in Portage County. Increase participation among mental health and addiction communities. Increase participation by 3% from baseline.	December 31, 2020	All populations	1. Adult physical inactivity: Decrease the percentage adults reporting no moderate intensity aerobic exercise in the past week by 2% (Baseline: 43%, 2019 Portage County CHNA) 2. Adult physical inactivity: Decrease the percentage adults reporting no vigorous intensity aerobic exercise in the past week by 2% (Baseline: 75%, 2019 Portage County CHNA) 3. Baseline: 104 participants in the 2019 session (Portage Park District)	Andrea Metzler, Portage Park District
Year 2: Continue to monitor participation, offer new options for programming and strengthen programming models that are working with participants. Look at barriers to participation and form partnerships to help remove those barriers. Increase overall participation by 8% from baseline.	December 31, 2021			
Year 3: Continue efforts, offer new options for programming and strengthen programming models that are working with participants. Look at barriers to participation and form partnerships to help remove those barriers. Increase overall participation by 13% from baseline.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, Portage Park District.

Priority #2: Chronic Disease

Strategy 8: Community gardens

Goal: Increase fruit and vegetable accessibility.

Objective: By December 31, 2022, maintain four community gardens in Portage County prioritizing food deserts.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data regarding how many school districts, churches, and other community organizations currently have community gardens and where they are located, such as the Windham garden. Identify need for additional community gardens, focusing on food desert areas, and secure volunteers and/or Master Gardeners (ex: potential partnership with OSU Extension).	December 31, 2020	Adult and youth	1. Adult fruit consumption: Decrease the percentage of adults who report consuming 0 servings of fruit per day by 2% (Baseline: 14%, 2019 Portage County CHNA) 2. Adult vegetable consumption: Decrease the percentage of adults who report consuming 0 servings of vegetables per day by 2% (Baseline: 4%, 2019 Portage County CHNA) 3. Youth fruit consumption: Decrease the percentage of youth who report consuming 0 servings of fruit per day by 2% (Baseline: 11%, 2019 Portage County CHNA) 4. Youth vegetable consumption: Decrease the percentage of youth who report consuming 0 servings of vegetables per day by 2% (Baseline: 15%, 2019 Portage County CHNA)	UH Portage Medical Center
Year 2: Research grants and funding opportunities to increase the number of community gardens. Develop a sustainability plan to maintain existing and future community gardens year-round. Market current and future community gardens within the county (i.e. location, offerings, etc.). Update the marketing information on an annual basis. Implement 1 new community garden.	December 31, 2021			
Year 3: Continue efforts from year 2. Implement 1 new community gardens. Explore partnership opportunities to educate community members and families on gardening and healthy eating practices.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 9: Shared use (joint use agreements)

Goal: Increase physical activity.

Objective: Implement at least three shared-use agreements by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on how many Portage County schools, churches, businesses and other organizations currently offer shared use of their facilities (gym, track, etc.). Create an inventory of known organizations that possess physical activity equipment, space, and other resources.	December 31, 2020	Adult, youth, and child	1. Adult physical inactivity: Decrease the percentage adults reporting no moderate intensity aerobic exercise in the past week by 2% (Baseline: 43%, 2019 Portage County CHNA) 2. Adult physical inactivity: Decrease the percentage adults reporting no vigorous intensity aerobic exercise in the past week by 2% (Baseline: 75%, 2019 Portage County CHNA) 3. Youth physical inactivity: Decrease the percent of youth who did not participate in at least 60 minutes of physical activity on at least one day in the past seven days by 2% (Baseline: 8%, 2019 Portage County CHNA) 4. Physical activity among young children: Increase the percentage of children who participated in at least 60 minutes of physical activity on every day in the past seven days by 2% (Baseline: 41%, 2019 Portage County CHNA)	Amy Lee, NEOMED
Year 2: Collaborate with local organizations to create a proposal for a shared-use agreement. Initiate contact with potential organizations from the inventory. Implement at least one shared-use agreement for community use. Publicize the agreement and its parameters.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement at least 2 additional shared-use agreements for community use in Portage County.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 10: Community fitness programs

Goal: Increase physical activity.

Objective: By December 31, 2022, increase participation in organized physical activities by 15% from baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer organized physical activities to adults, youth, and children. Obtain baseline data on the type, amount, and locations of organized physical activities in the county, and how many people participate. Identify the need for additional organized physical activities in specific locations. Target underserved areas of the county. Increase participation in community fitness programs by 3% from baseline.	December 31, 2020	Adult	1. Adult physical inactivity: Decrease the percentage adults reporting no moderate intensity aerobic exercise in the past week by 2% (Baseline: 43%, 2019 Portage County CHNA) 2. Adult physical inactivity: Decrease the percentage adults reporting no vigorous intensity aerobic exercise in the past week by 2% (Baseline: 75%, 2019 Portage County CHNA) 3. Youth physical inactivity: Decrease the percent of youth who did not participate in at least 60 minutes of physical activity on at least one day in the past seven days by 2% (Baseline: 8%, 2019 Portage County CHNA) 4. Physical activity among young children: Increase the percentage of children who participated in at least 60 minutes of physical activity on every day in the past seven days by 2% (Baseline: 41%, 2019 Portage County CHNA)	Jackie Smallridge, Sequoia Wellness
Year 2: Continue efforts from year 1. Implement additional organized physical activities. Target underserved areas of the county. Increase participation in community fitness programs by 3% from year 1 baseline.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Increase participation in community fitness programs by 3% from year 2 baseline.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Priority 3: Maternal, Infant, and Child Health

Priority #3: Maternal, Infant, and Child Health

Strategy 1: Reproductive health interventions

Goal: Increase sustainability of women's reproductive health and wellness services.

Objective: By December 31, 2022, implement a women's reproductive health and wellness program to increase the use of reproductive health interventions for Medicaid-eligible residents.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Implement activities to support infrastructure and sustainability of a women's reproductive health and wellness program. Activities to include insurance of billing infrastructure, Medicaid enrollment, direct health care services (family planning and prevention services, STI testing, pregnancy testing, and referrals).	December 31, 2020	Adults/ Teens	1. Two-thirds (66%) of women ages 21-65 had a Pap smear in the past three years. (2019 Portage County CHNA) 2. One in five (20%) Portage County women had been pregnant in the past five years. (2019 Portage County CHNA) 3. Two-thirds (66%) of women ages 21-65 had a Pap smear in the past three years. (2019 Portage County CHNA) 4. Thinking back to their last pregnancy, 48% of women wanted to be pregnant then, 32% wanted to be pregnant sooner, 6% did not want to be pregnant then or any time in the future, 6% wanted to be pregnant later, and 9% of women did not recall. (2019 Portage County CHNA)	Rosemary Ferraro, Portage County Health District Stephanie Schulda, AxessPointe
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, UH Portage Medical Center.

Priority #3: Maternal, Infant and Child Health

Strategy 2: Home visiting programs that begin prenatally

Goal: Improve pregnancy and birth outcomes.

Objective: By December 31, 2022, implement a prenatal/postpartum home visiting program to reduce preterm birth, low birth weight, and infant mortality.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local agencies and health care organizations to develop a home visiting program in Portage County that provides support to pregnant mothers to achieve healthier pregnancies and births and stronger child development to ensure babies reach their first birthdays.	December 31, 2020	Adults/Teens	1. Total preterm births: Decrease the percentage of live births that are preterm (<37 weeks gestation) by 2% (Baseline: 9%, Ohio Department of Health, 2018) 2. Low birth weight: Decrease the percentage of births in which the newborn weighed <2,500 grams by 2% (Baseline: 8%, Ohio Department of Health, 2018) 3. Infant mortality: Decrease the rate of infant deaths per 1,000 live births by 1 (Baseline: 8.1, Ohio Department of Health Infant Mortality Data: General Findings, 2017) 4. Increase the number of women who had a prenatal appointment in the first 3 months by 2% (Baseline: 88%, 2019 Portage County CHNA)	Rosemary Ferraro, Portage County Health District
Year 2: Continue efforts from year 1. Work with local agencies to identify and enroll pregnant women into the program.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Priority #3: Maternal, Infant and Child Health

Strategy 3: Increase enrollment in WIC program

Goal: Improve overall health outcomes and prevent nutrition-related illness among at-risk women, infants and children.

Objective: By December 31, 2022, increase WIC enrollment by 20%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an assessment on WIC enrollment in the past 10 years and identify barriers to enrollment. Determine strategies to increase awareness and accessibility of WIC.	December 31, 2020	Adult	1. Total preterm births: Decrease the percentage of live births that are preterm (<37 weeks gestation) by 2% (Baseline: 9%, Ohio Department of Health, 2018) 2. Low birth weight: Decrease the percentage of births in which the newborn weighed <2,500 grams by 2% (Baseline: 8%, Ohio Department of Health, 2018) 3. Infant mortality: Decrease the rate of infant deaths per 1,000 live births by 1 (Baseline: 8.1, Ohio Department of Health Infant Mortality Data: General Findings, 2017) 4. Decrease the number of women never breastfed by 2% (Baseline: 13%, 2019 Portage County CHNA) 5. Decrease the rate of children classified as obese by 2%. Baseline: 17% of children were classified as obese (2019 Portage County CHNA) 6. Decrease the rate of children 0-5 having two or more health conditions by 2%. Baseline: 17% children 0-5 had two or more health conditions compared to State rate of 7% (2019 Portage County CHNA)	Amy Cooper, WIC
Year 2: Continue efforts from year 1. Implement strategies to increase awareness and accessibility of WIC.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Portage County WIC.

Priority #3: Maternal, Infant and Child Health

Strategy 4: Provide referrals/resources to all patients on health insurance access to ensure reproductive health care.

Goal: Improve birth outcomes.

Objective: By December 31, 2022, increase number of client referrals by 25%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with community health workers (CHWs), home visitors, or patient navigators to connect women of childbearing age to health insurance, resources, and a medical home. Identify and mitigate barriers to care. Establish baseline for client referrals.	December 31, 2020	Adult	All self-pay patients are referred to a CAC: 7% of parents uninsured. 29% do not have insurance. No individual data for women/pregnant or women/children. Only divided by family. (AxessPointe)	Stephanie Schulda, Cinnamon Young, and Sara Russo, AxessPointe
Year 2: Increase efforts from year 1. Increase client referrals by 25%.	December 31, 2021			
Year 3: Increase efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Priority #3: Maternal, Infant and Child Health

Strategy 5: Create and implement a Safe Kids Coalition plan

Goal: Reduce child injury.

Objective: By December 31, 2022, create and implement a plan with targeted activities for the Safe Kids coalition.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the Safe Kids coalition. Work with coalition members to create a plan to guide coalition planning, outreach and activities. Include strategies such as Safe Route to School, Child Passenger Safety, Safe Sleep, etc.	December 31, 2020	Birth to 18 years of age	Reduce the number of nonfatal unintentional injuries among children ages 0-16 years by 5% (Baseline: 3,342 injuries in 2017, 2013-2018 Child Injury Review.	Ali Mitchell, Portage County Health District
Year 2: Continue efforts from year 1. Implement strategies from the Safe Kids Coalition plan.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement strategies from the Safe Kids Coalition plan.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: Safe Kids Coalition, funding/technical capacity.

Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

Social Determinants of Health

Cross-Cutting Factor: Social Determinants of Health				
Strategy 1: Home improvement loans and grants				
Goal: Decrease severe housing problems.				
Objective: By December 31, 2022, increase the number residents obtaining home improvement loans or grants by 5%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with the Portage County Home Improvement Program to collect baseline data on the number of home improvement loans and grant opportunities available to Portage County residents, including local, state, and federal loans or grants.	December 31, 2020	Adult	Severe housing problems: Decrease the percentage of households that have one or more of the following problems: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) monthly housing costs, including utilities, exceed 50% of monthly income by 2% (Baseline: 15%, 2019 County Health Rankings)	Brad Cromes, Portage County Treasurer
Year 2: Create a marketing plan to promote the housing program to Portage County residents, targeting economically disadvantaged communities. Provide technical assistance to residents throughout the process of procuring a home improvement loan or grant. Work with the Portage County Home Improvement Program to collect baseline data on the number residents obtaining home improvement loans or grants.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Increase the number residents obtaining home improvement loans or grants by 5%.	December 31, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: Portage County Treasurer's Office, various coalitions, Ohio Department of Commerce				

Cross-Cutting Factor: Social Determinants of Health

Strategy 2: Service-enriched housing

Goal: Increase economic self-sufficiency

Objective: By December 31, 2022, increase PMHA client's ability to support their economic independence and stability.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local service providers, partner agencies and other community resources to provide support to public housing residents to achieve economic independence and stability through education, employment, and financial literacy programs. Assist public housing residents to address barriers with access to internet, transportation, and child care services. Serve 50 public housing residents with connection to self-sufficiency goals.	December 31, 2020	Adult	YEAR 1: Public housing residents served: 50 YEAR 2: Public housing residents served: 75 (cumulative) YEAR 3: Public housing residents served: 100 (cumulative)	Carolyn Budd and Sabrina Moss, Portage Metropolitan Housing Authority
Year 2: Continue efforts from year 1. Serve and additional 25 public housing residents with connection to self-sufficiency goals.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Serve and additional 25 public housing residents with connection to self-sufficiency goals.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Portage Metro Housing Authority, various coalitions

Cross-Cutting Factor: Social Determinants of Health

Strategy 3: Outreach to increase financial stability through free tax preparation services.

Goal: Decrease poverty.

Objective: By December 31, 2022, increase use of free tax preparation services available to Portage County residents.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with county agencies, such as United Way, to increase awareness about the myfreetaxes.com program and how it can reduce the tax burden for low-to-moderate income working people, and who is eligible.	December 31, 2020	Adult	Poverty: Decrease the percentage of individuals who live in households at or below the poverty threshold by 2% (Baseline: 15%, 2013-2017 U.S. Census Bureau, American Community Survey 5-year Estimates)	Maureen Gebhardt and Bill Childers, United Way
Year 2: Continue efforts from year 1. Implement awareness strategies identified in Year 1.	December 31, 2021			
Year 3: Continue efforts from year 1 and year 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: United Way, various coalitions

Cross-Cutting Factor: Social Determinants of Health

Strategy 4 Financial literacy

Goal: Decrease poverty.

Objective: By December 31, 2022, offer multiple financial literacy classes throughout the year in Portage County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement financial literacy classes in Portage County. Expand the frequency of the classes and offer them annually. Target economically disadvantaged populations and schools. Provide Bridges Out of Poverty to 2 community agencies who serve individuals/families who live in households at or below poverty level. Provide 1 session of the Getting Ahead program to adult clients through the Children's Advantage Family Center. Provide 1 session1 of the R-Rules program through the Children's Advantage Family Center and in Portage County schools.	December 31, 2020	Adult	Poverty: Decrease the percentage of individuals who live in households at or below the poverty threshold by 2% (Baseline: 15%, 2013-2017 U.S. Census Bureau, American Community Survey 5-year Estimates)	Brad Cromes, Portage County Treasurer Nicole Thomas, Children's Advantage
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, Funding/technical capacity, Portage County Treasurer Office, Children's Advantage

Cross-Cutting Factor: Social Determinants of Health

Strategy 5: Increase transportation through a county transportation plan

Goal: Increase access to transportation

Objective: By December 31, 2022, create a strategic plan to address transportation needs.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with members of the Access to Care Coalition to review the 2018 transportation assessment and identify themes, needs and barriers.	December 31, 2020	Adult	Decrease the percentage of residents who reported having transportation problems monthly by 5% (Baseline: 58%, 2018 Portage County Transportation Assessment).	Mandy Berardinelli, Ohio Means Jobs
Year 1: Continue efforts from year 1. Work with members of the Access to Care Coalition to create a strategic plan to address transportation needs, as well as lack of awareness of current transportation opportunities.	December 31, 2021			
Year 1: Continue efforts from year 2. Implement strategies from the strategic plan and conduct another transportation assessment.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access

Strategy 1: School-based health centers (SBHC)

Goal: Increase access to health care.

Objective: By December 31, 2022, pilot a SBHC in at least one Portage County school district.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research school-based health centers (SBHC) and explore the feasibility of implementing one in Portage County.	December 31, 2020	Youth and children	1. High school graduation: Increase the four-year graduation rate: Percent of incoming 9th graders who graduate in 4 years from a high school with a regular degree by 5% (Baseline: TBD by Portage County School Districts) 2. 67% age 18-24 have insurance. (2019 Portage County CHNA)	Randy Griffith, Maplewood Career Center
Year 2: Pilot a school-based health center within at least one school in Portage County.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Akron Children's Hospital

Cross-Cutting Factor: Healthcare System and Access

Strategy 2: Health transportation outreach

Goal: Increase access to transportation

Objective: By December 31, 2022, expand transportation training to organizations serving Portage County residents.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue collaborating for annual all-day health transportation training to local organizations. Collaborate to create condensed version of annual training to increase staff trained.	December 31, 2020	Adult	1. Decrease the percentage of residents who reported having transportation problems monthly by 5% (Baseline: 58%, 2018 Portage County Transportation Assessment). 2. Decrease percentage of residents who reported having transportation problems monthly by 5% (Baseline: 58%, 2018 Portage County Transportation Assessment). 3. Portage County Non-Emergency Transportation (NET) usage rates (Baseline from Christine from 2018)	Clayton Popik, PARTA Christine Herra, Job and Family Services Karen Towne, Portage County Health District
Year 2: Pilot condensed training to 3 organizations.	December 31, 2021			
Year 3: Expand efforts from year 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Cross-Cutting Factor: Healthcare System and Access

Strategy 3: Health insurance enrollment and outreach

Goal: Increase health insurance enrollment.

Objective: Enroll 15% of identified uninsured residents into a health insurance option by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Coordinate with community agencies to identify uninsured residents. Refer the uninsured resident and enroll them in the Health Insurance Marketplace, Medicare, Medicaid, or another health insurance option. Enroll 5% of identified uninsured residents into a health insurance option.	December 31, 2020	Adults	Uninsured adults: Decrease the percent of adults who are uninsured by 1% (Baseline: 6%, 2019 Portage County CHNA)	Stephanie Schulda/ Cinnamon Young, AxessPointe
Year 2: Continue efforts from year 1. Enroll an additional 5% of identified uninsured residents into a health insurance option.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Enroll an additional 5% of identified uninsured residents into a health insurance option.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Cross-Cutting Factor: Healthcare System and Access

Strategy 4: Expand SOAR Student-Run Free Clinic

Goal: Increase access to health care.

Objective: December 31, 2022, increase the number of days the SOAR Free Clinic is open to a total of six (6) days per month.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the SOAR Free Clinic. Expand hours of the SOAR clinic from three to four Saturdays each month. Promote health services of SOAR in underserved communities.	December 31, 2020	Adults	Decrease the number of adults that did not receive medical care in the past 12 months due to cost/no insurance by 2% (Baseline: 29%, 2019 Portage County CHNA)	Janet Raber and Lacy Madison, SOAR
Year 2: Continue efforts of year 1. Expand services with integration of Behavioral Health Counseling from Coleman at the clinics. Expand Social Determinants of Health screening and referral and tracking. Investigate the feasibility of Telemedicine. Investigate the feasibility of EMR. Add Physician Assistant Students from University of Mount Union to participate in clinic visits.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Purchase equipment, develop curriculum/training and pilot Telemedicine at SOAR Provide specialty clinic days, once a month Develop a referral base for diagnostics and specialties at free or reduced cost.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Health Equity

Cross-Cutting Factor: Health Equity				
Strategy 1: Implicit bias training				
Goal: Decrease discrimination				
Objective: By December 31, 2022, implement at least one implicit bias training per quarter.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local stakeholders to create a formal implicit bias training detailing the association between implicit bias and inequity. Pilot the training in one location, such as a school, church, healthcare organization, local business or social service agency. Evaluate the training and make necessary changes.	December 31, 2020	Adult	TBD by Portage County	Mike Thompson, Family and Community Services
Year 2: Continue efforts from year 1. Implement the training at least once per quarter.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement the training at least once per quarter.	December 31, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified				
Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.				

University Hospitals

2020-2022
Community Health Implementation Strategy

UH Elyria Medical Center, Avon RH, LLC, Specialty Hospital of Lorain
Lorain County, Ohio











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Adoption by the Board

University Hospitals adopted the Avon RH, LLC - UH Elyria Medical Center - Specialty Hospital of Lorain Community Health Implementation Strategy on March 31, 2020.

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 this Implementation Strategy to CommunityBenefit@UHhospitals.org. Please make sure to include the name of the facility (Avon RH, LLC, UH Elyria Medical Center or Specialty Hospital of Lorain) that you are commenting about and, if possible, a reference to the appropriate section within the Implementation Strategy.

Introduction

In 2019, Avon RH, LLC ("UH Avon Rehabilitation Hospital"), University Hospitals Elyria Medical Center and Specialty Hospital of Lorain (the "Hospitals") conducted a joint community health needs assessment (a "CHNA") compliant with the requirements of Treas. Reg. §1.501(r) ("Section 501(r)") and Ohio Revised Code ("ORC") 3701.981. The 2019 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. Likewise, 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 2019 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 2020-2022 Lorain County Community Health Improvement Plan (CHIP), other community organizations will be addressing certain needs. The full Lorain County CHIP can be found at http://www.hcno.org/community-services/community-health-assessments/ and a list of the Lorain County CHIP strategies can be found in Appendix A of this report.

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 Ohio's State Health Assessment (a "SHA") and State Health Improvement Plan (a "SHIP"). 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 aligned approach has resulted in less duplication, increased collaboration and sharing of resources. This report serves as the 2020-2022 Joint Community Health Implementation Strategy for Avon RH, LLC, UH Elyria Medical Center and Specialty Hospital of Lorain. It aligns with the 2020-2022 Lorain County Community Health Improvement Plan and meets the state of Ohio's October 1, 2020 deadline.

Per requirements set forth in Section 501(r), a collaborating hospital facility meets the requirements for a joint implementation strategy, if the strategy (i) is clearly identified as applying to the hospital facility; (ii) clearly identifies the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and (iii) Includes a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.[1] This IS meets all these requirements and was developed to more clearly delineate the commitments made by University Hospitals to the overall community health improvement effort underway in Lorain County.

Lorain County Public Health, on behalf of the Lorain County Health Partners (includes Avon RH, LLC, UH Elyria Medical Center and Specialty Hospital of Lorain), hired the Hospital Council of Northwest Ohio (HCNO) to conduct the community health planning process which influenced the strategies outlined in this report and the development of the aligned Lorain County Community Health Improvement Plan ("CHIP"). This report more clearly delineates the commitments made by the Hospitals.

[1] 501r-3(c)(4)

The Hospitals are working with other partners in Lorain County to address the following priorities which were identified in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA:

1. Chronic disease
2. Cancer

Hospital Mission Statements

As a wholly owned subsidiary of University Hospitals, UH Elyria Medical Center is 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”).

Specialty Hospital of Lorain is a not for profit joint venture of Mercy Regional Health System, UH Elyria Medical Center, and Grace Hospital. It is a long term acute care hospital that provides acute care services for patients who are medically complex, critically ill, and require an extended period of hospitalization. Its mission is to extend the healing ministry of Jesus by improving the health of its community with emphasis on those who need long term acute care.

UH Avon Rehabilitation Hospital is a joint venture between University Hospitals and Kindred Healthcare, bringing together the expertise of both world-class organizations. UH Avon Rehabilitation Hospital’s mission is to improve the health, function and quality of life of the people in the communities they serve.

Community Served by the Hospital

The community has been defined as Lorain County. Most of the Hospitals’ discharges, (61%) of UH Avon Rehabilitation Hospital, (91%) of UH Elyria Medical Center and (89%) of Specialty Hospital of Lorain’s discharges were residents of Lorain County. In addition, University Hospitals 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.

Alignment with Local and State Standards

Community Partners

The IS was done in collaboration with various agencies and service-providers within Lorain County. From June to July 2019, the Lorain County Health Partners reviewed many data sources concerning the health and social challenges that Lorain County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.

Lorain County CHIP Steering Committee (Lorain County Health Partners)
Cleveland Clinic Avon Hospital
Lorain County Health & Dentistry
Lorain County Metro Parks
Lorain County Public Health
Mental Health, Addiction and Recovery Services Board of Lorain County
Mercy Health Allen Hospital
Mercy Health Lorain Hospital
Specialty Hospital of Lorain
University Hospitals Elyria Medical Center

Lorain County CHIP Acknowledgements

Amherst Exempted Village School District
Avon RH, LLC
Cleveland Clinic
Community Foundation of Lorain County
El Centro de Servicios Sociales, Inc.
Firelands Counseling & Recovery Services
French Creek YMCA
Linking Employment, Abilities, and Potential (LEAP)
Lorain County Board of Developmental Disabilities - Murray Ridge Center
Lorain County Drug Task Force
Lorain County Office on Aging
Silver Maple Recovery
The LCADA Way
The Nord Center
The Nord Family Foundation
United Way of Greater Lorain County
University Hospitals Avon Health Center

2019 CHNA Trends Summary Table

The 2019 Hospitals CHNA is a 172-page report that consists of county-level primary and secondary data for Lorain County. The following data are trends from the CHNA that support the priorities and strategies found in this IS. The full CHNA report can be found at: www.UHhospitals.org/CHNA-IS.

Adult Trend Summary

Adult Variables	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Health Status					
Rated general health as good, very good, or excellent	88%	86%	89%	81%	83%
Rated health as excellent or very good	48%	47%	49%	49%	51%
Rated health as fair or poor	12%	14%	11%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	18%	21%	18%	22%*	22%*
Rated mental health as not good on four or more days (in the past 30 days)	20%	27%	29%	24%*	23%*
Average days that physical health not good (in the past 30 days)	N/A	3.1	3.6	4.0‡	3.7‡
Average days that mental health not good in past month	N/A	4.1	4.7	4.3‡	3.8‡
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	18%	27%	25%	22%*	22%*
Health Care Access and Utilization					
Visited the doctor's office when needed health care services or advice	75%	80%	73%	N/A	N/A
Had one or more persons they thought of as their personal doctor or health care provider	83%	81%	84%	81%	77%
Did not see a doctor in the past year due to cost	20%	18%	14%	11%	13%
Visited a doctor for a routine checkup (in the past 12 months)	55%	64%	71%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	12%	10%	7%	7%	8%
Health Care Coverage					
Uninsured	11%	11%	10%	9%	11%
Arthritis, Asthma & Diabetes					
Ever diagnosed with some form of arthritis	35%	34%	36%	29%	25%
Had ever been told they have asthma	14%	15%	16%	14%	14%
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	11%	13%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	3%	1%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	6%	2%	2%

N/A - Not Available
**2016 BRFSS*
***2016 BRFSS Data as compiled by 2018 County Health Rankings*
Indicates alignment with the Ohio State Health Assessment

Adult Variables	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Cardiovascular Health					
Ever diagnosed with angina or coronary heart disease	6%	6%	5%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	6%	3%	5%	6%	4%
Ever diagnosed with a stroke	2%	4%	3%	4%	3%
Had been told they had high blood pressure	35%	36%	34%	35%	32%
Had been told their blood cholesterol was high	36%	33%	34%	33%	33%
Had their blood cholesterol checked within the past five years	N/A	82%	80%	85%	86%
Alcohol Consumption					
Current drinker (drank alcohol at least once in the past month)	59%	61%	62%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	23%	11%	21%	19%	17%
Drinking and driving in the past month (had driven after drinking too much)	4%	1%	8%	4%*	4%*
Tobacco Use					
Current smoker (smoked on some or all days)	22%	22%	12%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	23%	24%	24%	25%
Drug Use					
Adults who used marijuana in the past 6 months	7%	10%	10%	N/A	N/A
Adults who used heroin in the past 6 months	1%	<1%	<1%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	11%	11%	8%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	6%	8%	7%	N/A	N/A
Weight Status					
Normal Weight (BMI of 18.5 – 24.9)	33%	31%	29%	30%	32%
Overweight (BMI of 25.0 – 29.9)	35%	32%	32%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	32%	37%	38%	34%	32%

N/A - Not Available
**2016 BRFSS*
***2015 BRFSS*
Indicates alignment with the Ohio State Health Assessment

Adult Variables	Lorain County 2011	Lorain County 2015	Lorain County 2018	Ohio 2017	U.S. 2017
Quality of Life					
Limited in some way because of physical, mental or emotional problem	20%	36%	38%	21%*	21%*
Mental Health					
Considered attempting suicide (in the past 12 months)	4%	3%	4%	N/A	N/A
Attempted suicide (in the past 12 months)	<1%	1%	1%	N/A	N/A
Two or more weeks in a row felt sad, blue or depressed	13%	20%	13%	N/A	N/A
Oral Health					
Visited a dentist or a dental clinic (within the past year)	60%	66%	69%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	14%	12%	10%	11%*	10%*
Had any permanent teeth extracted	N/A	N/A	47%	45%*	43%*
Had all their natural teeth extracted (ages 65 and older)	N/A	N/A	9%	17%*	14%*
Preventive Medicine					
Ever had a pneumonia vaccination (age 65 and older)	68%	82%	76%	76%	75%
Had a flu shot within the past year (age 65 and older)	68%	82%	80%	63%	60%
Ever had a shingles or zoster vaccine	N/A	13%	22%	29%	29%
Had a clinical breast exam in the past two years (age 40 & over)	N/A	69%	74%	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	79%	75%	77%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	N/A	68%**	70%	82%*	80%*
Had a PSA test within the past year	32%	27%	29%	N/A	N/A
Had a digital rectal exam within the past year	26%	17%	21%	N/A	N/A
Social Determinants of Health					
Firearms kept in or around their home	24%	31%	35%	N/A	N/A

N/A - Not available
**2016 BRFSS*
***2015 BRFSS*
Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Lorain County 2018 6th grade	Lorain County 2018 8th grade	Lorain County 2018 10th grade	Lorain County 2018 12th grade
Weight Control				
Physically active at least 60 minutes per day on every day in past week	27%	32%	25%	18%
Physically active at least 60 minutes per day on 5 or more days in past week	48%	56%	53%	38%
Did not participate in at least 60 minutes of physical activity on at least 1 day	10%	9%	7%	14%
Tobacco Use				
Used tobacco in the past year	1%	7%	11%	26%
Current smokers	1%	4%	3%	8%
Alcohol Consumption				
Youth who had alcohol in the past year	8%	17%	36%	59%
Current drinker	3%	8%	17%	32%
Rode with someone who was drinking	11%	12%	11%	11%
Drank and drove (of youth drivers)	N/A	N/A	1%	5%
Drug Use				
Used marijuana in the past month	1%	5%	13%	31%
Used methamphetamines in the past year	<1%	<1%	<1%	1%
Used cocaine in the past year	<1%	<1%	1%	3%
Used heroin in the past year	<1%	0%	0%	1%
Used steroids in the past year	2%	1%	1%	1%
Used inhalants in the past year	1%	3%	1%	2%
Used ecstasy/MDMA in the past year	<1%	1%	1%	3%
Used prescription drugs not prescribed for them in the past month	1%	2%	2%	6%
Mental Health				
Youth who had seriously considered attempting suicide in the past year	19%	20%	22%	28%
Youth who had attempted suicide in the past year	12%	13%	10%	12%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	25%	32%	38%	48%
Safety and Violence				
Youth who carried a knife, club or other weapon at school	5%	8%	8%	7%
Youth who had been threatened with a handgun, knife or club	4%	6%	5%	3%
Youth who threatened to hurt another student by hitting, slapping or kicking	17%	25%	22%	16%
Youth who always wore a seatbelt when driving a car	N/A	N/A	43%	71%

N/A - Not available

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.

Priorities:

The Lorain County Health Partners selected the following priority needs:

1. Chronic disease
2. Maternal and child health
3. Mental health
4. Substance abuse
5. Cancer

The Hospitals identified the following priorities for their respective hospitals:

1. UH Elyria Medical Center: Chronic Disease and Cancer*
2. Specialty Hospital of Lorain: Chronic Disease and Cancer*
3. UH Avon Rehabilitation Hospital: Chronic Disease

UH Elyria Medical Center* and Specialty Hospital of Lorain* initially selected substance abuse and mental health priorities but changed their focus to Cancer prior to the development of the IS. This was done based on the fact that most of UH Elyria Medical Center's efforts regarding substance use/misuse will be addressed through billable clinical services which do not meet the IRS definition of a "community benefit." Additionally, UH Elyria Medical Center will remain on the opioid taskforce. Lastly, Cancer was the leading cause of death in Lorain County in the 2019 Avon RH, LLC-UH Elyria Medical Center-Specialty Hospital of Lorain CHNA. As such, there is a need to increase services relative to cancer prevention and treatment in the county. UH Elyria Medical Center is uniquely positioned to respond to the need, particularly regarding breast cancer.

Specialty Hospital of Lorain, a much smaller entity, aligned their efforts with UH Elyria Medical Center to leverage resources.

Strategies to Address Health Needs

Mobilizing for Action through Planning and Partnerships (MAPP)

The planning and strategic development process was completed using the National Association of County and City Health Officials' (NACCHO) MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Lorain County Health Needs Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Additionally, input from the

Hospitals' board of directors, community outreach leaders and the hospital presidents were used to further determine the tactics.

The strategies listed on the following pages are done in alignment with the Lorain County Community Health Improvement Plan. They reflect the specific strategies that the Hospitals will implement to address the identified priorities and achieve the anticipated county level outcomes. The resources being provided include staff time and expertise, health screening supplies and equipment, publicity for various events and other contributions as outlined in the following section.

University Hospitals Elyria Medical Center-Specialty Hospital of Lorain
CHNA Priority: Chronic Disease Management and Prevention
Strategy 1: Community-based education, health screenings and physical activities to prevent and/or manage chronic diseases
Goal: Improve wellbeing of adults in Lorain County via chronic disease prevention and management.
Objectives: By December 2022 • Increase the number of individuals screened for blood glucose, blood pressure, cholesterol, and bone density. (Target at least 150 individuals annually.) • Increase awareness and education of chronic disease self-management skills among 500 individuals annually. • Increase physical activity among adults in Lorain County.
Action Steps: **Year 1** • The Hospitals will jointly host Family Health & Safety Days and participate in health fairs throughout the city to conduct health screenings and increase access to information, emphasis on addressing diabetes and heart disease. (Track number of attendees and number of events.) • The Hospitals will provide free screenings in the community at faith-based organizations, senior centers, community centers, etc. to increase early detection of chronic diseases, emphasis on reaching populations with barriers to access health care. (Track number screened and positive screening results.) • The Hospitals will partner with Lorain County Health Partners to promote existing exercise classes. • UH Elyria Medical Center will provide physician talks on topics such as cardiac, diabetes, healthy lifestyles, weight management etc. (Track number of attendees and type of talks.) • UH Elyria Medical Center will continue to partner with the United We Sweat campaign to offer a walking program and a 6-week wellness challenge. (Track number of participants and relevant outcomes.) • UH Elyria Medical Center and Specialty Hospital of Lorain will implement obesity and diabetes prevention and intervention programs focused on nutrition, exercise and promotion of healthy lifestyles. (Track number of participants and relevant outcomes.) • UH Elyria Medical Center will re-establish partnerships with schools to educate students on the importance of a healthy diet and the MyPlate program. (Track number of participants.) **Years 2-3** • Continue Year 1 activities. • Explore interest with physicians regarding writing "prescriptions" for physical activity. Intervention is designed to increase awareness of existing programs in the county and to increase participation in hospital-based activities.

- Launch physical activity prescription program, pending interest and feasibility.

*** Anticipated measurable outcomes:**

- By 2022, stop the upward trend of Lorain County female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (baseline: 103.3 deaths per 100,000 population, 2013-2017, in the 2019 Avon RH, LLC-UH Elyria Medical Center-Specialty Hospital of Lorain CHNA).
- By 2022, reduce age-adjusted incidence rate of diabetes for Lorain County adults from 9.2 new cases per 1,000 population in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA (compared to 6.3 per 1,000 population in Ohio).

Indicators used to measure progress:

- Female age-specific (55-64 years) heart disease mortality in Lorain County (Ohio Public Health Data Warehouse)
- Age-adjusted heart disease mortality rate by race and ethnicity in Lorain County (Centers for Disease Control and Prevention)
- Percent of adults who have been told by a doctor they have prediabetes (HCNO household survey)
- Percent of Lorain County adults who have been told by a doctor they have diabetes (HCNO household survey)
- Insufficient physical activity for Lorain County adults (HCNO household survey)
- Percent of Lorain County diabetics age19+ years who report body mass index (BMI) greater than or equal to 25 via UH Elyria Medical Center programming (UH data)
- Percent of Lorain County adults reporting no leisure time physical activity (HCNO household survey)

Collaboration and Partnerships: American Diabetes Association, USDA, Avon RH, LCC, UH St. John Medical Center, Lorain County Schools, Cottages of Riverview, Chronicle Telegram

** Outcomes are based on a variety of tactics occurring among the Lorain County community health improvement partners to achieve the anticipated results at the county level.*

Avon RH, LLC (UH Avon Rehabilitation Hospital)

CHNA Priority: Chronic Disease Management and Prevention

Strategy 1: Community-based education and health screenings to prevent and/or manage chronic diseases

Goal: Improve wellbeing of adults in Lorain County via chronic disease prevention and management.

Objective: By December 2022, screen at least 250 individuals annually in partnership with UH Elyria Medical Center and increase awareness and education regarding stroke prevention and overall wellness to 500 individuals annually.

Action Steps:

Years 1-3

- Increase publicity for UH Avon Rehabilitation Hospitals' wellness support group to reach community members, by partnering with UH Elyria Medical Center at community events and identifying appropriate media vehicles such as the UH Age Well, Be Well newsletter. (Track media outlets and reach.)
- Provide physician talks at assisted living centers and other appropriate venues. (Track number of participants and events.)
- Partner with UH Elyria Medical Center to participate in Family Health & Safety Days, employer sites, health fairs, etc. to assist with health screenings such as grip and balance and blood pressure checks. (Track number of attendees and positive screening results.)

*** Anticipated measurable outcomes:**

- Reduce (or maintain) the percent of Medicare beneficiaries in Lorain County who were treated for stroke (baseline: 4.9% in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA).
- Arrest the upward trend of Lorain County female age-adjusted heart disease mortality (55-64 years) by staying below the last 5-year average for Lorain County (baseline: 103.3 deaths per 100,000 population in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA).
- Increase the percentage of Lorain County adults that participated in any physical activity in the past week (baseline: 22% in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA).
- Decrease (or maintain) the percentage of Lorain County adults who have been told by a doctor they have diabetes (baseline: 13% in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA).

Indicators used to measure progress:

- Percent of Medicare beneficiaries in Lorain County who were treated for stroke (Centers for Medicare & Medicaid Services, Healthy NEO website: http://www.healthyneo.org/)
- Rate of female age-adjusted heart disease mortality (55-64 years) by staying below the last 5-year average for Lorain County (Ohio Public Health Data Warehouse)
- Percent of Lorain County adults that participated in any physical activity in the past week (HCNO household survey)
- Percent of Lorain County adults who have been told by a doctor they have diabetes (HCNO household survey)
- Percent of Medicare beneficiaries in Lorain County who were treated for hypertension (61.5% in 2017, Centers for Disease Control and Prevention, Healthy NEO website: http://www.healthyneo.org/)

Collaboration and Partnerships: UH Elyria Medical Center, Lorain County Health Partners

** Outcomes are based on a variety of tactics occurring among the Lorain County community health improvement partners to achieve the anticipated results at the county level.*

University Hospitals Elyria Medical Center-Specialty Hospital of Lorain

CHNA Priority: Cancer

Strategy 1: Increase screening and immunization rates in three cancers with evidence-based recommendations in target high-risk subpopulations in Lorain County

Goal: Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations in Lorain County.

Objective: By December 2022, improve accessibility of screenings in identified subpopulations.

Action Steps:

Year 1

- UH Elyria Medical Center will provide free mammograms to women in high-risk subpopulations in Lorain County. (Track number screened and positive screening results.)
- UH Elyria Medical Center and Specialty Hospital of Lorain will work with the Lorain County Community Health Partners' Cancer sub-team to compile county baseline data regarding cancer stage diagnose.
- Compile county baseline data regarding screening rates.
- Share data within Lorain County Health Partners to identify types of cancer and subpopulations of focus.
- Inventory outreach efforts in Lorain County.
- Compile data on what screening guidelines are currently being utilized.
- Explore feasibility of unified messaging across health systems.

Years 2-3

- Update data as it becomes available.
- Draft unified messaging if determined feasible. Suggest topics: insurance coverage, screening guidelines.
- Identify channels for dissemination of messaging that reach identified subpopulations and professionals (primary care doctors).
- Draft unified outreach plan.
- Implement recommendations from outreach plan.

*** Anticipated measurable outcomes:**

- Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations in Lorain County.

Indicators used to measure progress:

- Late stage diagnosis data (TBD by committee)
- Screening rate data (UH data)

Collaboration and Partnerships: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health

** Outcomes are based on a variety of tactics occurring among the Lorain County community health improvement partners to achieve the anticipated results at the county level.*

University Hospitals Elyria Medical Center-Specialty Hospital of Lorain

CHNA Priority: Cancer

Strategy 1: Decrease barriers to treatment

Goal: Decrease the number of eligible cases failing to initiate or continue treatment due to unmet needs by 2%.

Objective: By December 2022, improve accessibility to cancer treatment.

Action Steps:

Year 1

- UH Elyria Medical Center and Specialty Hospital of Lorain will work with the Lorain County Community Health Partners' Cancer sub-team to inventory cancer resource sources.
- Work with navigators and social workers to ensure inventory is complete.
- Update cancer resource sources as needed.
- Identify gaps in resources.

Year 2

- Identify additional channels for dissemination of information.
- Provide channels with appropriate materials.
- Select 1-2 gaps to improve services and resources.

Year 3

- Continue efforts of Years 1 and 2 and implement resource improvements.

*** Anticipated measurable outcomes:**

- Decrease the number of eligible cases in Lorain County failing to initiate or continue treatment due to unmet needs by 2%.

Indicators used to measure progress:

- Number of cancer resources (inventory)
- Number of channels receiving information (inventory)
- Percent of needs that are unmet (Baseline: of the 1% of Lorain County adults surveyed that looked for programs related to Cancer support group/counseling, 29% did not find a specific program, HCNO household survey.)
- Percent of patients initiating or completing treatment after diagnosis (hospital data)

Collaboration and Partnerships: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health

** Outcomes are based on a variety of tactics occurring among the Lorain County community health improvement partners to achieve the anticipated results at the county level.*

Significant Health Needs Not Being Addressed by the Hospital

The Hospitals are implementing strategies in collaboration with other partners in Lorain County for two of the priorities identified in the 2019 Avon RH, LLC-UH Elyria Medical Center- Specialty Hospital of Lorain CHNA.

In addition to the shift in focus to Cancer by UH Elyria Medical Center and Specialty Hospital of Lorain, the following strategies will not be directly addressed by the Hospitals as part of their Community Health Implementation Strategy because other county partners have agreed to take the lead based on their core expertise, prior experience and/or availability of existing resources (see full list of Lorain County's strategies in Appendix A).

Additionally, some strategies do not meet the IRS definition of "community benefit" and/or are addressed at the UH System level. More specifically, they are required or expected of hospitals based on licensure or accreditation, are a routine standard of care or primarily benefit the organization rather than the community. This includes traditional clinical services such as progesterone treatment, depression screening, maternal and infant health and substance use risk assessments and treatment. Lastly community outreach staff from the Hospitals' remain engaged as thought-leaders on all the strategies as needed.

Chronic disease

- Healthy food access (healthy food initiative)

Maternal and child health

- Progesterone treatment
- Home visiting programs that begin prenatally
- Centering Pregnancy
- Interventions in language and literacy skills in children ages 1-5 through early childhood supports
- Interventions in social foundations in children ages 1-5 through early childhood supports
- Interventions in physical well-being and motor development in children ages 1-5 through early childhood supports

Mental health

- Community-based education to promote positive mental health
- Screen for clinical depression for all patients 12 years of age or older using a standardized tool
- School-based prevention programs and policies

Substance abuse

- Policies to decrease availability of tobacco products
- Community awareness and education of risky behaviors and substance abuse issues and trends
- Expand community efforts for education, identification, access to care and overdose prevention
- Screening, brief intervention and referral to treatment (SBIRT)

Community Collaborators

This IS was commissioned by University Hospitals in collaboration with the 2020-2022 Lorain County Community Health Improvement Plan process and the associated county partners; see Community Health Needs Assessment Committee listed on pages 4-5 of this report.

Qualifications of Consulting Company

The community health improvement process was facilitated by Emily Stearns, Community Health Improvement Coordinator at the Hospital Council of Northwest Ohio (HCNO). 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), who 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.

The aligned 2020-2022 Joint Avon RH, LLC, University Hospitals Elyria Medical Center and Specialty Hospital of Lorain IS was compiled and written by Danielle Price, Director, Community Health Engagement in the department of Government and Community Relations at University Hospitals. She oversees state and federal community benefit compliance for all UH medical centers. Ms. Price has a Bachelor's degree from the Wharton School of Business, University of Pennsylvania and a Master of Science in Social Administration (MSSA) degree from the Mandel School of Applied Social Science at Case Western Reserve University.

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

2020-2022 Lorain County Community Health Improvement Plan Strategies

Priority #1: Chronic Disease

Strategic Plan of Action

To work toward improving chronic disease outcomes, the following strategies are recommended:

Priority #1: Chronic Disease			
Facilitating Organization: Lorain County Public Health			
Goal 1: By 2022, stop the upward trend of female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (2013-2017, 103.3 deaths per 100,000 population).			
Strategy 1: Prescriptions for physical activity			
Objective 1: By July 30, 2022, implement exercise prescriptions in 2 communities and implement 3 new ways to promote exercise in underserved areas.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research and recommend best practices for implementing and evaluating exercise prescriptions. Ensure focus on priority population (i.e. females aged 55-64, heart disease mortality) and underserved areas. Implement strategy through the Move Amherst pilot and work to enhance and evaluate systems changes made by local healthcare providers. Collect and summarize data to help expand similar model into another community.	2020	Females age 55-64 years.	Age adjusted heart disease mortality rate Female age-specific (55-64 years) Heart Disease Mortality Insufficient physical activity (adult)
Year 2: Analyze year 1 data from the Amherst area pilot. Make changes based on lessons learned. Ensure focus on priority population (i.e. females aged 55-64, heart disease mortality) and underserved areas. Establish exercise prescriptions and expanded exercise promotion in a second community.	2021		
Year 3: Analyze evaluation data from years 1 and 2. Make changes to implement in year 3. Continue to ensure focus on health disparities and underserved areas. Ensure plans to sustain systems, policy, and/or environmental changes completed over the last 3 years. Recommend a model to expand exercise prescriptions to specific demographics countywide.	July 30, 2022		
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified			

Priority #1: Chronic Disease			
Facilitating Organization: Lorain County Public Health			
Goal 1: By 2022, stop the upward trend of female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (2013-2017, 103.3 deaths per 100,000 population).			
Strategy 1: Prescriptions for physical activity			
Objective 1: By July 30, 2022, implement exercise prescriptions in 2 communities and implement 3 new ways to promote exercise in underserved areas.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center			
Resources to address strategy: United We Sweat free fitness classes & walking groups, Move Amherst route, Lorain County Metro Parks, local walking and bike maps, United We Sweat committee, collaboratives/coalitions in Lorain County Communities (i.e. Live Healthy Lorain)			

Priority #1: Chronic Disease

Facilitating Organization: Lorain County Public Health

Goal 1: By 2022, stop the upward trend of female age-specific heart disease mortality (55-64 years) by staying at or below the last 5-year average (2013-2017, 103.3 deaths per 100,000 population).

Strategy 2: Healthy food access (Healthy food initiative) *

Objective 1: By July 30, 2022, identify barriers to healthy food access and institute 2 initiatives to address barriers.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Establish inventory of healthy food access initiatives and subject matter experts (SMEs) in Lorain County. Identify best practice models that address food insecurity and healthy eating. Map Lorain County food deserts and healthy food access initiatives to identify barriers. Recommend policy, environmental and systems changes (PSEC) for improving healthy food access barriers based on inventory and data analysis. Prioritize tailored PSECs that impact groups facing health disparities. Produce and disseminate "Lorain County Food Access PSEC Recommendations" for implementation in Years 2-3.	2020	Females aged 55-64 yrs.	Fruit consumption: Percent of adults who report consuming fruits less than one time daily Vegetable consumption: Percent of adults who report consuming vegetables less than one time daily Percent of households that are food insecure Age adjusted heart disease mortality rate Female age-specific (55-64 years) Heart Disease Mortality
Year 2: Partner with existing community health collaboratives/ coalitions to implement at least 1 PSEC that is tailored to priority population. Evaluate the number of policy, systems, or environmental changes adopted as a result of recommendations formed in Year 1.	2021		
Year 3: Partner with existing community health collaboratives/ coalitions to implement at least 1 additional PSEC that is tailored to priority population. Evaluate the number of policy, systems, or environmental changes adopted from Year 1, Year 2, and Year 3.	July 30,2022		

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy: GIS software, healthy eating best practices, local community collaboratives, Second Harvest Food Bank, Creating Healthy Communities grant

*Note: Strategy is identified as cross-cutting (impacts more than one priority area)

Priority #1: Chronic Disease

Facilitating Organization: Lorain County Public Health

Goal 2: By 2022, reduce age-adjusted incidence rate of diabetes from 9.2 new cases per 1,000 population to 6.3, the rate in Ohio (Centers for Disease Control and Prevention).

Strategy 1: Prescriptions for physical activity

Objective 1: By July 30, 2022, implement exercise prescriptions in 2 communities and 3 new ways to promote exercise in underserved areas.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Determine methods for reaching populations affected adversely by diabetes and diabetes related mortality. Tailor exercise prescription programs to African American and Hispanic residents with risk factors for developing diabetes. Ensure healthcare providers make systems changes to prescribe exercise convenient for patients via United We Sweat tool. Partner with United We Sweat Committee to expand free fitness class offerings in census tracts with higher African American/ Hispanic populations (i.e. census tract 231). Summarize evaluation data.	2020	African American and Hispanic males and females	African American Diabetes Mortality Hispanic Diabetes Mortality Newly Diagnosed Diabetes, Adults Aged 18-76 years, age adjusted rate per 1000 (Incidence) Prediabetes: Percent of adults who have been told by a doctor they have prediabetes Diabetes: Percent of adults who have been told by a doctor they have diabetes
Year 2: Analyze year 1 data and make changes based on lessons learned. Continue implementation of tailored exercise prescription programs to African American and Hispanic residents with risk factors for developing diabetes. Continue partnership with United We Sweat Committee to sustain expanded fitness offerings in priority communities. Summarize Year 1 & Year 2 evaluation data.	2021		
Year 3: Analyze Year 1 & Year 2 data in order to make changes or sustain the completed policy, system or environmental changed completed in previous years. Summarize evaluation data.	July 30, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy: Pre-diabetes screenings in healthcare settings, United We Sweat free fitness classes & walking groups, Lorain County Metro Parks, local walking and bike maps, United We Sweat committee, collaboratives/coalitions in Lorain County Communities (i.e. Live Healthy Lorain, Elyria Health Partners)

Priority #1: Chronic Disease

Facilitating Organization: Lorain County Public Health

Goal 2: By 2022, reduce age-adjusted incidence rate of diabetes from 9.2 new cases per 1,000 population to 6.3, the rate in Ohio (Centers for Disease Control and Prevention).

Strategy 2: Healthy food access

Objective 1: By July 30, 2022, identify gaps to healthy food access and institute 2 initiatives to address gaps.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Establish inventory of healthy food access initiatives and Subject Matter Experts (SMEs) in Lorain County. Identify best practice models that address food insecurity and healthy eating. Map Lorain County Food Deserts and healthy food access initiatives to identify barriers. Recommend policy, environmental and systems changes (PSEC) for improving healthy food access barriers based on inventory and data analysis. Tailor PSECs to priority populations. Produce and disseminate "Lorain County Food Access PSEC Recommendations" for implementation in Years 2-3.	2020	African American and Hispanic males and females	African American Diabetes Mortality Hispanic Diabetes Mortality Newly Diagnosed Diabetes, Adults Aged 18-76 years, age adjusted rate per 1000 (Incidence)
Year 2: Partner with existing community health collaboratives/ coalitions to implement at least 1 PSEC that is tailored to priority population. Evaluate the number of policy, systems, or environmental changes adopted as a result of recommendations formed in Year 1.	2021		
Year 3: Partner with existing community health collaboratives/ coalitions to implement at least 1 additional PSEC that is tailored to groups priority population. Evaluate the number of policy, systems, or environmental changes adopted from Year 1, Year 2, and Year 3.	July 30, 2022		

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy: diabetes screenings in healthcare settings, GIS software, healthy eating best practices, local community collaboratives, Lorain County Food Environment Index

Priority #1: Chronic Disease

Facilitating Organization: Lorain County Public Health

Goal 2: By 2022, reduce age-adjusted incidence rate of diabetes from 9.2 new cases per 1,000 population to 6.3, the rate in Ohio (Centers for Disease Control and Prevention).

Strategy 3: Prediabetes screening and referral

Objective 1: By July 30, 2022, increase the number of people screened for prediabetes and establish referrals to culturally competent prevention programs.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Identify existing pre-diabetes screening systems in clinical and community settings. Identify existing clinical- and community-based programs for diabetes prevention. Establish coordinated system for prediabetes screening and referral to culturally competent prevention programs. Implement diabetes prevention program that reaches priority population. Collect baseline data on number of pre-diabetes screenings, referrals, and program completions.	2020	Black and Hispanic males and females	Baseline pre-diabetes screening (number screened) Newly Diagnosed Diabetes, Adults Aged 18-76 years, age adjusted rate per 1000 (Incidence) Baseline Diabetes and Pre-diabetes screening results
Year 2: Continue activities from Year 1 related to implementation of a coordinated system for pre-diabetes screening, program referral and evaluation of outcomes.	2021		
Year 3: Continue activities from Year 2 and evaluate outcomes. Sustain PSECs made in Year 1, Year 2, and Year 3 based on best model.	July 30, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Amherst Exempted Village School District, CareSource, Cleveland Clinic, French Creek YMCA, LEAP, Lorain City School District, Lorain County Free Clinic, Lorain County Health & Dentistry, Lorain County Metro Parks, Mercy Health, Mercy Health Parish Nursing, Murray Ridge Center, Our FAMILY, Specialty Hospital of Lorain, University Hospitals Avon Health Center, University Hospitals Elyria Medical Center

Resources to address strategy: Pre-diabetes screenings in healthcare settings, best practices for culturally competent diabetes prevention programs, agencies or organizations to conduct prevention programs

Priority #2: Maternal and Child Health

Strategic Plan of Action

To work toward improving maternal and child health outcomes, the following strategies are recommended:

Priority #2: Maternal and Child Health

Facilitating Organization: Lorain County Public Health

Goal 1: Decrease preterm birth rates by 10% in Lorain County.

Strategy 1: Progesterone treatment

Objective: By July 30, 2023, increase the use of progesterone for eligible pregnant women by 10% in Lorain County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Gather data from hospital/health systems to identify how progesterone candidates are currently identified, as well as current barriers to progesterone distribution.	July 30, 2021	Pregnant women	Preterm births: Preterm (<37 weeks gestation) births per 1,000 live births.
Year 2: Based on data collected in year 1, develop and implement a plan to increase the use of progesterone for eligible pregnant women. Determine strategies to increase education for pregnant women regarding recognizing signs, symptoms, and risk factors of giving birth prematurely.	July 30, 2022		
Year 3: Continue efforts from years 1 and 2.	July 30, 2023		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Lorain County hospitals and healthcare systems

Priority #2: Maternal and Child Health

Facilitating Organization: Lorain County Public Health

Goal 1: Decrease preterm births rates by 10% in Lorain County.

Strategy 2: Home visiting programs that begin prenatally

Objective: By July 30, 2023, identify 3 targeted at-risk areas to expand home visiting programs within Lorain County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Identify all home visitation programs within the county that serve the prenatal population. Identify gaps in program reach within the county. Work with home visitation supervisors to work to develop the best way to coordinate which program is the best fit for different individuals. Ensure cultural competence training opportunities are available for home visitation providers. Work with home visitation programs to ensure education regarding food insecurity and its impact on health. Ensure there are protocols in place to ensure women are educated regarding their WIC eligibility.	July 30, 2021	Adult	Home visiting during pregnancy: percent of women who had a home visit during their most recent pregnancy. Preterm births: Preterm (<37 weeks gestation) births per 1,000 live births.
Year 2: Continue efforts from year 1. Determine the feasibility of a joint communication plan or more neutral branding to market specific home visiting programs (ex: Mercy Health Resource Mothers Program). Increase referrals. Home visitation programs will enroll all pregnant women in Lorain County in need of services.	July 30, 2022		
Year 3: Continue efforts from years 1 and 2.	July 30, 2023		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Help Me Grow, Mercy Health Resource Mothers Program, Ohio Guidestone, Lorain County Neighborhood Alliance, WIC services

Priority #2: Maternal and Child Health

Facilitating Organization: Lorain County Public Health

Goal 1: Decrease preterm birth rates by 10% in Lorain County

Strategy 3: CenteringPregnancy

Objective: Establish CenteringPregnancy within at least 2 Lorain County health systems by July 30, 2023.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research current or potential pregnancy centering models to improve outcomes for both mothers and babies. Market current centering programs and determine the feasibility of expanding to additional health systems.	July 30, 2021	Adult	Preterm births: Preterm (<37 weeks gestation) births per 1,000 live births.
Year 2: Continue efforts of year 1. Work with partners to bring awareness of the centering model of prenatal care to county health care organizations. Reach out to surrounding counties to learn/share best practices from existing centering pregnancy programs.	July 30, 2022		
Year 3: Continue efforts of years 1 and 2.	July 30, 2023		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Not SHIP Identified

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Lorain County hospitals and healthcare systems, Lorain County Health and Dentistry, current pregnancy centering models, Mercy Health Resource Mothers Program

Priority #2: Maternal and Child Health

Facilitating Organization: Lorain County Public Health

Goal 2: Increase Kindergarten Readiness Assessment rates of students "demonstrating" and/or "approaching" by 10% in Lorain County.

Strategy 1: Interventions in language and literacy skills in children ages 1-5 through early childhood supports *

Objective: Increase language and literacy "on track" rates in at least 3 targeted communities by 10%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research current and/or potential evidence-based early childhood education programs/activities to improve language and literacy outcomes in at least 3 targeted communities in Lorain County.	July 30, 2021	Adult	Kindergarten readiness: Percent of children "on track" for language and literacy in Kindergarten Readiness Assessment (57.9% of Lorain County children were "on track" for language and literacy, KRA 2018-2019).
Year 2: Implement selected evidence-based programs identified in year 1.	July 30, 2022		
Year 3: Evaluate the interventions and outcomes from year 2 and make changes as necessary.	July 30, 2023		

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Kindergarten Readiness Assessment, local preschools and daycares, best practices for improving language and literacy outcomes

*Note: Strategy is identified as cross-cutting (impacts more than one priority area)

Priority #2: Maternal and Child Health

Facilitating Organization: Lorain County Public Health

Goal 2: Increase Kindergarten Readiness Assessment rates of students "demonstrating" and/or "approaching" by 10% in Lorain County.

Strategy 2: Interventions in social foundations in children ages 1-5 through early childhood supports *

Objective: Increase social foundation overall score in at least 3 targeted communities by 10%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research current and/or potential evidence-based early childhood education programs/activities to improve social foundations and outcomes in at least three targeted at-risk areas in Lorain County.	July 30, 2021	Adult	Kindergarten readiness: Percent of children demonstrating readiness in Kindergarten Readiness Assessment (42.7% of Lorain County children were demonstrating readiness, KRA 2018-2019).
Year 2: Implement selected evidence-based programs identified in year 1.	July 30, 2022		
Year 3: Evaluate the interventions and outcomes from year 2 and make changes as necessary.	July 30, 2023		

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Kindergarten Readiness Assessment, local preschools and daycares, best practices for improving social foundations outcomes

*Note: Strategy is identified as cross-cutting (impacts more than one priority area)

Priority #2: Maternal and Child Health

Facilitating Organization: Lorain County Public Health

Goal 2: Increase Kindergarten Readiness Assessment rates of students "demonstrating" and/or "approaching" by 10% in Lorain County.

Strategy 3: Interventions in physical well-being and motor development in children ages 1-5 through early childhood supports *

Objective: Increase physical well-being and motor development overall score in at least 3 targeted communities by 10%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Research current or potential evidence-based early childhood education programs/activities to improve well-being and motor development outcomes in at least three at-risk target areas in Lorain County.	July 30, 2021	Adult	Kindergarten readiness: Percent of children demonstrating readiness in Kindergarten Readiness Assessment (42.7% of Lorain County children were demonstrating readiness, KRA 2018-2019).
Year 2: Implement selected evidence-based programs identified in year 1.	July 30, 2022		
Year 3: Evaluate the interventions and outcomes from year 2 and make changes as necessary.	July 30, 2023		

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

CHIP Priority Team Members: Catholic Charities, Child Care Resource Center, Cleveland Clinic, Cornerstone Pregnancy Services, Horizon Education Centers, Lorain County Board of Developmental Disabilities, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Mercy Health Resource Mothers Program, University Hospitals Elyria Medical Center

Resources to address strategy: Kindergarten Readiness Assessment, local preschools and daycares, best practices for well-being and motor development outcomes

*Note: Strategy is identified as cross-cutting (impacts more than one priority area)

Priority #3: Mental Health

Strategic Plan of Action

To work toward improving mental health outcomes, the following strategies are recommended:

Priority #3: Mental Health			
Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County			
Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.			
Strategy 1: Community-based education to promote positive mental health			
Objective: By December 31, 2022, provide QPR (Question Persuade Refer) basic suicide prevention training in two new identified settings determined by Year 1 data collection and Year 2 data analysis.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Informed by Psychological Autopsy techniques, increase # of data collection categories on the Lorain County Suicide Prevention Data Table by 25% (12 to 15), for approval by the Mental Health CHIP Priority Team and the Lorain County Suicide Prevention Coalition (SPC) on or before the December 7, 2020, SPC meeting.	December 7, 2020	Overall trends including adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 population (age adjusted) Note: Data based on information from the Lorain County Suicide Data Table and the Ohio Department of Health.
Year 2: By December 31, 2021, identify at least two new settings based on Year 1 data where suicide prevention training should be implemented.	December 31, 2021		
Year 3: By December 31, 2022, provide QPR (Question Persuade Refer) basic suicide prevention training in new identified settings.	December 31, 2022		
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Healthcare system and access ⊗ Not SHIP Identified			
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified			
CHIP Priority Team Members: Cleveland Clinic, Far West Center, Firelands Counseling and Recovery Services, Horizon Education Center, Lorain County Children Services, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Lorain County Public Health, Mercy Health, The Nord Center			
Resources to address strategy: Mental Health, Addiction and Recovery Services Board of Lorain County, existing community-based trainings (QPR, Working Minds, etc.), Lorain County Coroner's Office, Lorain County Suicide Prevention Coalition			

Priority #3: Mental Health

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.

Strategy 2: Screen for clinical depression for all patients 12 or older using a standardized tool

Objective: Informed by an environmental review of existing screening activities, increase the number of individuals who are screened by a minimum of 10% using standardized depression screening tools that are culturally and age-relevant, on or before December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Create a sub-committee to work with county hospital systems and other health care providers (ex: primary care providers, OB-GYN offices, etc.) that currently screen for depression and determine what tool is used. Evaluate findings to both determine a baseline number of screenings happening among participating partners; and, share among mental health providers to determine what standardized tools are most helpful for identifying people at risk for suicidal thoughts or actions. Use the sub-committee to determine other community-based locations or programs that could integrate an approved screening tool to "catch" more people at risk.	July 30, 2020	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 population (age adjusted)
Year 2: Pilot the implementation of standardized screening tools (such as the Patient Health Questionnaire (PHQ-9 and PHQ-A)) and/or another chosen tool, within at least one new setting to increase the number of county residents being screened for depression (to be determined from assessment from year 1, approval by the Mental Health CHIP Priority Team and the Lorain County Suicide Prevention Coalition (SPC). Track the number of patients flagged for depression due to depression screening implementation. Work with both public and private providers, and community screeners, to ensure that clinicians have up to date community resources for mental health referrals.	July 30, 2021		
Year 3: Continue efforts from years 1 and 2. Possible future action: Determine a system of patient tracking to examine whether community referrals were acted upon.	Dec. 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Priority #3: Mental Health			
Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County			
Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.			
Strategy 2: Screen for clinical depression for all patients 12 or older using a standardized tool			
Objective: Informed by an environmental review of existing screening activities, increase the number of individuals who are screened by a minimum of 10% using standardized depression screening tools that are culturally and age-relevant, on or before December 31, 2022.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
CHIP Priority Team Members: Cleveland Clinic, Far West Center, Firelands Counseling and Recovery Services, Horizon Education Center, Lorain County Children Services, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Lorain County Public Health, Mercy Health, The Nord Center			
Resources to address strategy: Mental Health, Addiction, and Recovery Services Board of Lorain County, PHQ-9 or PHQ-A or other screening tool			

Priority #3: Mental Health			
Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County			
Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.			
Strategy 3: School-based prevention programs and policies			
Objective: By the start of the 2022-2023 school year, offer at least two new or expanded youth prevention programs proven to influence mental health outcomes for 8th to 12th grade students, reaching 10% more students in public school or pre- and after-school settings.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Members of the Children's Subcommittee of the Lorain County Suicide Prevention Coalition, in partnership with the Educational Service Center, create an inventory of prevention programming and intervention services that are available to Lorain County school districts. Include pertinent information (grade levels, time commitment, cost). Create a similar guide that lists which districts, schools, and grade levels are currently participating in the above programming, and develop an estimated baseline of the number of children served, by grade level. Ensure the information is easily accessible to Lorain County Health Partners. Schedule a meeting with key stakeholders and the Educational Service Center to determine best ways to approach school districts/superintendents with program and service offerings. Discuss opportunities to incorporate or supplement information within current curriculums.	July 30, 2020	8th to 12th grade students	Number of youth enrolled in or experiencing youth school-based prevention programming offerings Future outcomes measurement: PRIDE survey for 8th, 10th and 12th grades
Year 2: Continue efforts of year 1. Research and determine the feasibility of launching or expanding the following or other identified programs/services: • Teen Mental Health First Aid (tMHFA) across public high schools after pilot program • Expanding Coping with Stress high-school program • CAST (Coping and Support Training), a small-group 12-week program that can be offered in middle and high schools • Mentoring programs and opportunities, for example: Ashland County's Multi-Generational Mentoring (MGM) program • Expanding pre-school The PAX Good Behavior Game, The Incredible Years • Trauma intervention services for all ages, like the Handle With Care Program Secure funding, instructors, materials for any new programs selected.	July 30, 2021		
Year 3: Continue efforts of years 1 and 2. Launch or expand programs. Possible future action: use	August 15, 2022		

Priority #3: Mental Health

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 1: Arrest upward trend of overall suicide deaths by staying at or below the last 5-year average (2013-2017 average of 49 suicides per year, or 16 deaths per 100,000 population) for the period of 2018-2022.

Strategy 3: School-based prevention programs and policies

Objective: By the start of the 2022-2023 school year, offer at least two new or expanded youth prevention programs proven to influence mental health outcomes for 8th to 12th grade students, reaching 10% more students in public school or pre- and after-school settings.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
PRIDE Survey data to determine impacts in 8th, 10th and 12th grades.			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Cleveland Clinic, Far West Center, Firelands Counseling and Recovery Services, Horizon Education Center, Lorain County Children Services, Lorain County Health & Dentistry, Lorain County Jobs and Family Services, Lorain County Public Health, Mercy Health, The Nord Center

Resources to address strategy: Lorain Public Health, Healthy Kids Achieve More Network, Educational Service Center of Lorain County, Communities That Care, local school districts, County MHARS/ADAMHS partners (Ashland, Stark), existing law enforcement partnerships, evidence-based social and emotional programs, ODE social and emotional instruction resources

Priority #4: Substance Abuse

Strategic Plan of Action

To work toward decreasing substance abuse, the following strategies are recommended:

Priority #4: Substance Abuse

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 1: By December 31, 2022, Lorain County will see a decrease in adult tobacco use (20% or below of adults will be current smokers) and youth tobacco use (23% or below vaping and 10% or below smoking traditional tobacco).

Strategy 1: Policies to decrease availability of tobacco products

Objective: Adopt or improve at least 5 tobacco-free policies by December 31, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Raise awareness of the recently passed Tobacco 21 initiative. Begin efforts to adopt or improve tobacco-free policies in schools, worksites and other public locations. Ensure all forms of tobacco are included (i.e. e-cigarettes). Reach out to other entities who have implemented these policies to learn best practices, strategies to approach decision makers, and to learn of potential barriers and challenges. Develop strategies to provide support to entities adopting tobacco-free policies	December 31, 2020	Adult and youth	Adult smoking: Percent of adults who currently smoke some or all days Youth smoking: Percent of youth who smoked cigarettes or vaped in the past 30 days Access to tobacco products: Number of tobacco retailers per 1,000 people)
Year 2: Continue efforts of year 1. Recruit additional entities for adoption or improvement of smoke-free policies. Develop evaluation strategies to evaluate policies and progress toward goal.	December 31, 2021		
Year 3: Continue efforts from years 1 and 2. Adopt or improve at least 5 total tobacco-free policies in county parks, fairgrounds, schools, or other public locations.	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Current Lorain Public Health tobacco grant, Lorain Public Health, current tobacco ordinances, county tobacco cessation offerings, collaboration with Communities That Care of Lorain County

*Note: Strategy is identified as cross-cutting (impacts more than one priority area)

Priority #4: Substance Abuse

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 2: Increase perception of risk of marijuana use in youth by 10% by December 31, 2022

Strategy 1: Community awareness and education of risky behaviors and substance abuse issues and trends

Objective: Conduct at least 1 coordinated campaign among Lorain County organizations by December 31, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1. Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends. Work with organizations to determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.). Determine unified messaging approaches across organizations. Create a collaborative resource hub for partners and the community housing accurate and consistent information regarding marijuana, including facts about medical and recreational marijuana, sample policies for schools, employers and other entities, and local data.	December 31, 2020	Youth and adult	Youth perceptions: Percent of youth identifying a "great risk" of harm to smoke marijuana
Year 2: Continue efforts of Year 1. Continue to seek updated and consistent information for toolkits and expand access to the community.	December 31, 2021		
Year 3: Continue efforts of years 1 and 2.	December 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Communities That Care of Lorain County

Priority #4: Substance Abuse

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 3: Decrease unintentional drug overdose deaths by 10% by December 31, 2022

Strategy 1: Expand community efforts for education, identification, access to care and overdose prevention

Objective: Using a delineated process, implement SBIRT screenings within at least 3 new settings by July 30, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Increase coordination of existing treatment engagement efforts (e.g. Warm Handoff, QRT) to increase efficiency of access to care Expand existing efforts around naloxone distribution including proactive distribution to families Introduce or re-introduce a screening, brief intervention and referral to treatment model (SBIRT) to health care professionals. Pilot the screening tool with at least one additional location.	July 30, 2020	Adult and youth	Unintentional drug overdose deaths: Number of deaths dues to unintentional drug overdoses per 100,000 population (age adjusted)
Year 2: Continue efforts of Year 1 Create and Implement marketing plan for stigma reduction	July 30, 2021		
Year 3: Continue efforts from year 2. Increase the number of Certified Peer Recovery Supports through training and support with the application processes	July 30, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Mental Health, Addiction and Recovery Services Board of Lorain County, Lorain County Opiate Action Team, Lorain County Public Health, OMHAS-Peer Support Training

Priority #4: Substance Abuse

Facilitating Organization: Mental Health, Addiction and Recovery Services Board of Lorain County

Goal 4: Decrease binge drinking in those under age 30 by 10% by December 31, 2022

Strategy 1: Screening, brief intervention and referral to treatment (SBIRT)

Objective: Increase the number of healthcare providers using the SBIRT model by 25% from baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Collect baseline data on the number of medical entities that currently screen for drug and alcohol abuse, and at what age they start screening. Introduce or re-introduce a screening, brief intervention and referral to treatment model (SBIRT) in medical locations. Pilot the screening tool with one additional location.	December 30, 2020	Adult	Binge drinking: Percent of adults/youth under age 30 who consumed 4 or more drinks on occasion (females) or 5 or more drinks on occasion (males) in the past 30 days
Year 2: Continue efforts from year 1. Determine feasibility of offering SBIRT screenings in additional (non-medical) settings (schools, Boys and Girls Club, etc.). Work with both public and private providers to ensure that clinicians have up to date community resources and processes for referral.	December 30, 2021		
Year 3: Continue efforts from year 1 and year 2. Increase the number of healthcare providers using the SBIRT model by 25% from baseline.	December 30, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: Cleveland Clinic, Communities That Care of Lorain County, Firelands Counseling and Recovery Services, Let's Get Real, Lorain County Children's Services, Lorain County Health & Dentistry, Lorain County Job and Family Services, Lorain County Opiate Action Team, Lorain County Public Health, Mercy Health, The LCADA Way, The Nord Center, University Hospitals Elyria Medical Center

Resources to address strategy: Mental Health, Addiction and Recovery Services Board of Lorain County, Lorain County Public Health, OMHAS SBIRT resources

Priority #5: Cancer

Strategic Plan of Action

To work toward improving cancer outcomes, the following strategies are recommended:

Priority #5: Cancer			
Facilitating Organization: Lorain County Public Health			
Goal 1: Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations.			
Strategy 1: Increase screening and immunization rates in three cancers with evidence-based recommendations in target high-risk subpopulations			
Objective: Improve accessibility of screenings in identified subpopulations			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Compile county baseline data regarding cancer stage diagnoses. Compile county baseline data regarding screening rates. Share data within Lorain County Health Partners to identify types of cancer and subpopulations of focus Inventory outreach efforts in the county Compile data on what screening guidelines are currently being utilized Explore feasibility of unified messaging across health systems	Jul 31, 2020 Jul 31, 2020 Jul 31, 2020 Dec 31, 2020 Dec 31, 2020 Dec 31, 2020	Adults (within age groups for recommended guidelines)	Late stage diagnosis data Screening rate data
Year 2: Update data as it becomes available. Draft unified messaging if determined feasible. Suggest topics: insurance coverage, screening guidelines Identify channels for dissemination of messaging that reach identified subpopulations and professionals (primary care doctors) Draft unified outreach plan Implement recommendations from outreach plan	March 31, 2021 March 31, 2021 June 30, 2021 Dec 31, 2021		

Priority #5: Cancer			
Facilitating Organization: Lorain County Public Health			
Goal 1: Decrease late-stage diagnoses outcomes by 2% in three cancers with evidence-based screening recommendations in target high-risk subpopulations.			
Strategy 1: Increase screening and immunization rates in three cancers with evidence-based recommendations in target high-risk subpopulations			
Objective: Improve accessibility of screenings in identified subpopulations			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 3: Continue efforts from Years 1 and 2	July 30, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

CHIP Priority Team Members: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health

Resources to address strategy: Informatics, data from hospital systems, screening and immunization rate data

Priority #5: Cancer

Facilitating Organization: Lorain County Public Health

Goal 2: Decrease number of eligible cases failing to initiate or continue treatment due to unmet needs by 2%.

Strategy 1: Decrease barriers to treatment

Objective: Improve accessibility to cancer treatment

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:
Year 1: Inventory cancer resource sources	July 31, 2020	Adult	Number of cancer resources Number of channels receiving information Percent of needs that are unmet Percent of patients initiating or completing treatment after diagnosis
Work with navigators and social workers to ensure inventory is complete.	Dec 31, 2020		
Update cancer resource sources as needed	Dec 31, 2020		
Identify gaps in resources	Dec 31, 2020		
Year 2: Identify additional channels for dissemination of information.	July 30, 2021		
Provide channels with appropriate materials	Dec 31, 2021		
Select 1-2 gaps to improve services and resources	Dec 31, 2021		
Year 3: Continue efforts of Years 1 and 2 and implement resource improvements	Dec 31, 2022		

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

CHIP Priority Team Members: American Cancer Society, Cleveland Clinic, Lorain County Free Clinic, Lorain County Health & Dentistry, Mercy Health

Resources to address strategy: Oncology social workers, unmet needs data, loss to follow up data

FORM 990 LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1567805
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. (AHUJA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	26-4827222
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714550
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714461
UH REGIONAL HOSPITALS (UHRH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1924226
PARMA COMMUNITY GENERAL HOSPITAL (PARMA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0827442
EMH REGIONAL MEDICAL CENTER (ELYRIA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714612
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1260978
AMHERST HOSPITAL ASSOCIATION INC. (AMH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0067060
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	20-4881619

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1720429
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1527536
UHHS HEATHER HILL INC. (HHI)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0771884
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION (ACO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	27-3970270
ROBINSON HEALTH SYSTEM, INC. (PORT)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	46-1382538
SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0808574
SAMARITAN REGIONAL HEALTH SYSTEM (SAM)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714535
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	90-0794903
COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1492733
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0816492
SAMARITAN PROFESSIONAL CORPORATION	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1856531

UNIVERSITY HOSPITALS RESEARCH & EDUCATION COLLABORATIONS, LLC	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	83-3785425