** PUBLIC DISCLOSURE COPY **

EXTENDED TO NOVEMBER 15, 2024

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 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: BRADLEY C. BOND
SAME AS C ABOVE

D Employer identification number
90-0059117

E Telephone number
(216) 844-1000

G Gross receipts $ 5,287,646,961.

H(a) Is this a group return for subordinates? [X] Yes [ ] No — STMT 1

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

H(c) Group exemption number 3829

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

J Website: WWW.UHHOSPITALS.ORG

K Form of organization: [X] 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	189
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	105
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	32607
6	Total number of volunteers (estimate if necessary)	6	3140
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,486,451.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	395,934.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	104,567,936.	121,806,170.
9	Program service revenue (Part VIII, line 2g)	4,602,659,682.	4,942,412,597.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,653,577.	5,196,063.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,994,151.	217,133,254.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,863,875,346.	5,286,548,084.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,019,494.	2,834,180.
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)	2,259,982,931.	2,404,792,825.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,663,466,518.	2,920,066,870.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,926,468,943.	5,327,693,875.
19	Revenue less expenses. Subtract line 18 from line 12	-62,593,597.	-41,145,791.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,003,111,787.	3,281,984,566.
21	Total liabilities (Part X, line 26)	477,344,296.	509,501,504.
22	Net assets or fund balances. Subtract line 21 from line 20	2,525,767,491.	2,772,483,062.

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

BRADLEY C. BOND, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SHAWNA M. JANSONS	Preparer's signature: Shawna M. Jansons	Date: 11/14/2024	Check if self-employed	PTIN: P01222873
Firm's name: DELOITTE TAX LLP			Firm's EIN: 86-1065772	
Firm's address: 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108			Phone no. (317) 464-8600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 $ 5,007,781,674. including grants of $ 2,834,180.) (Revenue $ 5,155,986,899.)
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 5,007,781,674.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *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 line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash 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 on 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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included on 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** 32607			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	189		
	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	105		
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 on 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 on 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 on 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,ME,MI,MN

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
BRADLEY C. BOND - 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 X

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEGERIAN, CLIFF MD	2.00									
SEE SCHEDULE O	50.00	X						0.	2,767,975.	58,510.
(2) SZUBSKI, MICHAEL A.	2.00									
SEE SCHEDULE O	50.00	X		X				0.	1,424,647.	311,467.
(3) TAIT, PAUL G.	4.00									
SEE SCHEDULE O	50.00	X						0.	1,565,275.	36,557.
(4) SIMON, DANIEL I. MD	2.00									
SEE SCHEDULE O	50.00	X						0.	1,456,439.	54,017.
(5) TEKNOS, THEODOROS N. MD	4.00									
SEE SCHEDULE O	50.00	X		X				0.	1,436,176.	55,543.
(6) GLOTZBECKER, MICHAEL P. MD	50.00									
SEE SCHEDULE O	0.00					X		1,401,190.	0.	59,702.
(7) SABIK, JOSEPH MD	50.00									
SEE SCHEDULE O	2.00	X						1,370,260.	0.	62,078.
(8) EUBANKS, JASON D. MD	50.00									
SEE SCHEDULE O	0.00					X		1,383,065.	0.	33,502.
(9) VOOS, JAMES	50.00									
SEE SCHEDULE O	0.00	X						1,334,198.	0.	53,354.
(10) ZIMMER, SCOTT M. MD	50.00									
SEE SCHEDULE O	0.00					X		1,254,250.	0.	51,919.
(11) KONHEIM, ARI L. MD	50.00									
SEE SCHEDULE O	0.00					X		1,219,748.	0.	52,678.
(12) BAMBAKIDIS, NICHOLAS MD	50.00									
SEE SCHEDULE O	0.00	X						1,202,395.	0.	60,837.
(13) HINCHEY, PAUL R.	4.00									
SEE SCHEDULE O	50.00	X		X				0.	1,205,419.	50,588.
(14) TOPALSKY, GEORGE MD	4.00									
SEE SCHEDULE O	50.00	X						0.	1,071,249.	160,876.
(15) OCHENJELE, GEORGE MD	50.00									
SEE SCHEDULE O	0.00					X		1,158,609.	0.	60,902.
(16) SNOWBERGER, THOMAS D.	2.00									
SEE SCHEDULE O	50.00	X						0.	1,101,664.	43,005.
(17) PRONOVOST, PETER MD	2.00									
SEE SCHEDULE O	50.00	X		X				0.	1,033,909.	24,833.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADELMAN, HARLIN G. ESQ.	2.00									
SEE SCHEDULE O	50.00			X				0.	985,590.	68,883.
(19) SASSER, SCOTT M. MD	4.00									
SEE SCHEDULE O	50.00	X		X				0.	924,530.	60,771.
(20) PAPA, ALAN J. FACHE	10.00									
SEE SCHEDULE O	50.00	X		X				0.	874,387.	46,147.
(21) ANTONIADES, STATHIS MPH	4.00									
SEE SCHEDULE O	52.00	X		X				0.	834,309.	46,710.
(22) SALATA, ROBERT A. MD	52.00									
SEE SCHEDULE O	0.00	X						795,112.	0.	55,585.
(23) STROSAKER, ROBYN MD	0.00									
SEE SCHEDULE O	50.00						X	0.	761,111.	58,474.
(24) MOORE-HARDY, CYNTHIA	0.00									
SEE SCHEDULE O	0.00						X	0.	806,161.	8,592.
(25) DEPOMPEI, PATRICIA M.	4.00									
SEE SCHEDULE O	52.00	X		X				0.	752,065.	56,524.
(26) TOGLIATTI-TRICKETT KIMBERLY MD	56.00									
SEE SCHEDULE O	0.00	X						703,076.	0.	56,018.
1b Subtotal								11,821,903.	19,000,906.	1,688,072.
c Total from continuation sheets to Part VII, Section A								5,363,671.	12,854,841.	2,034,642.
d Total (add lines 1b and 1c)								17,185,574.	31,855,747.	3,722,714.

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 3,679

		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 NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

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) SALVINO, SONIA	6.00									
SEE SCHEDULE O	50.00	X		X				0.	590,531.	146,513.
(28) PATEL, CHETAN P., MD	2.00									
SEE SCHEDULE O	52.00	X						0.	697,196.	36,026.
(29) MILLER, MARLENE MD	52.00									
SEE SCHEDULE O	0.00	X						665,078.	0.	59,461.
(30) SAMSA, JOHN MD	50.00									
SEE SCHEDULE O	0.00	X						662,018.	0.	46,266.
(31) SCHARIO, MARK E.	2.00									
SEE SCHEDULE O	50.00			X				0.	578,014.	123,142.
(32) BOND, BRADLEY C.	18.00									
SEE SCHEDULE O	50.00	X		X				0.	624,967.	62,070.
(33) MONTER, BRIAN	8.00									
SEE SCHEDULE O	50.00	X		X				0.	632,242.	53,885.
(34) GLOTZBECKER, BRETT	50.00									
SEE SCHEDULE O	0.00			X				0.	618,339.	23,375.
(35) SILA, CATHY MD	52.00									
SEE SCHEDULE O	0.00	X		X				604,373.	0.	29,975.
(36) CHICKERELLA, DANIELLE	6.00									
SEE SCHEDULE O	50.00	X		X				0.	583,021.	34,191.
(37) TRACZ, ROBERT	52.00									
SEE SCHEDULE O	0.00	X						566,984.	0.	49,689.
(38) DECARLO, DONALD	8.00									
SEE SCHEDULE O	50.00	X						0.	553,977.	59,186.
(39) CARSON, BRENT	2.00									
SEE SCHEDULE O	50.00	X		X				0.	534,818.	64,136.
(40) BANIEWICZ, JOHN MD	52.00									
SEE SCHEDULE O	0.00	X						537,437.	0.	47,696.
(41) BENOIT, WILLIAM	4.00									
SEE SCHEDULE O	52.00	X		X				0.	523,869.	60,531.
(42) SCHMOTZER, CHRISTINE	2.00									
SEE SCHEDULE O	50.00	X		X				0.	529,460.	54,602.
(43) NOBLE, VICKI	52.00									
SEE SCHEDULE O	0.00	X						553,135.	0.	27,616.
(44) THEADORE, JASON	2.00									
SEE SCHEDULE O	50.00	X						0.	509,193.	41,525.
(45) PRESTEGAARD, MD BENJAMIN	4.00									
SEE SCHEDULE O	50.00	X						0.	491,101.	42,290.
(46) RAO, GOUTHAM MD	52.00									
SEE SCHEDULE O	0.00	X						468,866.	0.	45,154.
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) SYLVAN, DAVID	4.00									
SEE SCHEDULE O	50.00	X						0.	492,458.	19,575.
(48) HARFORD, TODD	0.00									
SEE SCHEDULE O	52.00						X	0.	412,588.	61,001.
(49) CARPENTER, JENNIFER	2.00									
SEE SCHEDULE O	50.00	X						0.	403,800.	66,384.
(50) PIRTZ, JASON M.	2.00									
SEE SCHEDULE O	50.00			X				0.	397,595.	52,058.
(51) HOYNES, SEAN MD	2.00									
SEE SCHEDULE O	50.00	X						0.	339,779.	109,531.
(52) VEHOVEC, MICHAEL R.	0.00									
SEE SCHEDULE O	0.00						X	0.	434,499.	9,320.
(53) ATA, GEORGE	2.00									
SEE SCHEDULE O	50.00	X						0.	381,068.	56,882.
(54) CICERO, RICHARD	4.00									
SEE SCHEDULE O	52.00	X		X				0.	388,713.	47,614.
(55) ZNIDARISC, ROBERT MD	52.00									
SEE SCHEDULE O	0.00	X						372,622.	0.	56,350.
(56) COOPER, DANIELLE MD	52.00									
SEE SCHEDULE O	0.00	X						346,507.	0.	57,197.
(57) CARLUCCI, ASHLEY	14.00									
SEE SCHEDULE O	50.00	X						0.	324,813.	63,053.
(58) GLOWCZEWSKI, JASON	0.00									
SEE SCHEDULE O	50.00						X	0.	319,427.	43,110.
(59) SKARBINSKI, JULIE	54.00									
SEE SCHEDULE O	0.00	X		X				270,286.	0.	51,822.
(60) RAVICHANDRAN, KAMALESWARY MD	2.00									
SEE SCHEDULE O	50.00	X						0.	278,862.	40,808.
(61) GALLUCCI, MICHELLE	2.00									
SEE SCHEDULE O	50.00	X		X				0.	276,418.	33,122.
(62) MONHEIM, KAREN M. MD	2.00									
SEE SCHEDULE O	50.00	X						0.	216,489.	34,178.
(63) CHEN, PARTICK	2.00									
SEE SCHEDULE O	50.00	X						0.	180,458.	45,390.
(64) MILLER, JANET L. ESQ.	0.00									
SEE SCHEDULE O	0.00						X	0.	190,376.	0.
(65) KLINE, ANDREW L.	2.00									
SEE SCHEDULE O	50.00	X						0.	138,220.	38,740.
(66) VITO, LIESE MD	52.00									
SEE SCHEDULE O	0.00	X		X				166,637.	0.	4,956.
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) MILLER, CHRISTOPHER N. MD	52.00									
SEE SCHEDULE O	0.00	X		X				149,728.	0.	10,783.
(68) SIMMERS, RACHELLE	2.00									
SEE SCHEDULE O	50.00	X						0.	115,862.	17,501.
(69) GOODELLE, MICHAEL	2.00									
SEE SCHEDULE O	50.00	X						0.	96,688.	7,938.
(70) ABER, ANN C.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(71) AGRANOVICH, CHERYL	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(72) ANNABLE, CATHY J. S. MD	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(73) BALL, STANLEY C.	8.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(74) BALLINGER, MARCIA PHD	6.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(75) BEASLEY, TERESA METCALF	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(76) BEER, ANNE	4.00									
SEE SCHEDULE O	2.00	X		X				0.	0.	0.
(77) BOWLER, CONNIE	8.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(78) BOYKO, TIMOTHY A.	6.00									
SEE SCHEDULE O	2.00	X		X				0.	0.	0.
(79) CAMIENER, DAVID A.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(80) CARR, DAVID	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(81) CERCELLE, TIMOTHY F	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(82) CLARK, JILL	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(83) DANA, RICHARD L.	8.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(84) DAVIE, DIANE	6.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(85) DOLL, DAVID	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(86) FINE, LAUREN RICH	8.00									
SEE SCHEDULE O	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			
(87) FITTS, JOHN T.	8.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(88) FLANIGAN, KEVIN	6.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(89) FLYNN, SCOTT ESQ.	4.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(90) GARCIA, RICHARD	8.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(91) GUBANC-ANDERSON, DAWN, MSN, RN	2.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(92) HABER, IRWIN G.	8.00									
SEE SCHEDULE O	2.00	X		X				0.	0.	0.
(93) HARRIS, TIMOTHY S.	2.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(94) HIMES, BRETT S.	2.00									
SEE SCHEDULE O	2.00	X		X				0.	0.	0.
(95) HIRSCHLER, CHRISTOPHER	6.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(96) HUNT, MELISSA	2.00									
SEE SCHEDULE O	0.00			X				0.	0.	0.
(97) JORDAN, SHARON SOBOL	8.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(98) JUBECK, THOMAS P.	2.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(99) JUNAID, ANSIR	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(100) KELLY, MICHAEL J. SR.	4.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(101) KLAMMER, LISA, ESQ.	2.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(102) KOURY, LEE M.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(103) LEWIS, MICHAEL A.	4.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(104) MARKOWITZ, DALE H.	8.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(105) MAYHER, MICHAEL E.	2.00									
SEE SCHEDULE O	2.00	X		X				0.	0.	0.
(106) MCQUISTON, EDWARD	6.00									
SEE SCHEDULE O	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			
(107) MIGGINS, LYNN	6.00									
SEE SCHEDULE O	2.00	X		X				0.	0.	0.
(108) MOORE, ERIC J. ESQ.	6.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(109) MYERS, PAUL R.	4.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(110) PAGANINI, RAYMOND J.	2.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(111) PHYFER, CHERI M.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(112) PLECHA, DONNA MD	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(113) PLUSH, MARK J.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(114) PRIEMER, WILLIAM A.	2.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(115) RICHARDSON, SEAN	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(116) RIEMENSCHNEIDER, CPA DANIEL R.	4.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(117) RYAN, JOHN	4.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(118) SCHULZE-FLYNN, CYNTHIA V.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(119) SINES, RAYMOND. E.	2.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(120) SIRACUSA, ANTHONY	8.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(121) SIRKO, PAUL	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(122) SKODA, GREGORY J.	2.00									
SEE SCHEDULE O	0.00	X		X				0.	0.	0.
(123) SPEAR, BRENDA	6.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(124) STEIGER, DAVID, MD	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(125) TAYLOR, EDDIE JR.	2.00									
SEE SCHEDULE O	4.00	X		X				0.	0.	0.
(126) TIFFT, VICTORIA	4.00									
SEE SCHEDULE O	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			
(127) WEINER, DANIELLE	2.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(128) WILKINSON, SCOTT A.	6.00									
SEE SCHEDULE O	2.00	X						0.	0.	0.
(129) WILSON, DANIEL L.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(130) YATES, VIVIAN	6.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
(131) ZIEGLER, KEITH E.	2.00									
SEE SCHEDULE O	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								5,363,671.	12,854,841.	2,034,642.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,547,152.				
	d Related organizations	1d	14,256,286.				
	e Government grants (contributions)	1e	34,173,144.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,829,588.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,004,400.				
	h **Total.** Add lines 1a-1f			121,806,170.			
Program Service Revenue		Business Code					
	2a NET PROGRAM SERVICE RE	900099		4,942,412,597.	4,942,412,597.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			4,942,412,597.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,475,658.		196,775.	4,278,883.
	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	720,405.					
	b Less: cost or other basis and sales expenses 7b	0.					
	c Gain or (loss) 7c	720,405.					
	d Net gain or (loss)			720,405.			720,405.
	8a Gross income from fundraising events (not including $ 1,547,152. of contributions reported on line 1c). See Part IV, line 18	8a	358,810.				
	b Less: direct expenses	8b	1,098,877.				
	c Net income or (loss) from fundraising events			-740,067.			-740,067.
	9a Gross income from gaming activities. See Part IV, line 19	9a	9,343.				
	b Less: direct expenses	9b	0.				
	c Net income or (loss) from gaming activities			9,343.			9,343.
	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 JV INCOME	900099		842,074.	842,074.		
	b SPECIAL CHARGES	900099		11,170.	11,170.		
	c						
	d All other revenue	900099		217,010,734.	212,721,058.	4,289,676.	
	e **Total.** Add lines 11a-11d			217,863,978.			
	12 **Total revenue.** See instructions			5,286,548,084.	5,155,986,899.	4,486,451.	4,268,564.

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	2,834,180.	2,834,180.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	18,219,114.	17,125,967.	1,093,147.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	646,634.	607,836.	38,798.	
7 Other salaries and wages	1,985,100,255.	1,865,994,240.	119,106,015.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,744,975.	51,460,277.	3,284,698.	
9 Other employee benefits	223,946,145.	210,509,376.	13,436,769.	
10 Payroll taxes	122,135,702.	114,807,560.	7,328,142.	
11 Fees for services (nonemployees):				
a Management				
b Legal	11,545.	10,852.	693.	
c Accounting	494,294.	464,636.	29,658.	
d Lobbying	301,084.		301,084.	
e Professional fundraising services. See Part IV, line 17				
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.)	92,664,603.	87,104,727.	5,559,876.	
12 Advertising and promotion	2,185,153.	2,054,044.	131,109.	
13 Office expenses	1,345,166,399.	1,264,456,415.	80,709,984.	
14 Information technology	5,644,872.	5,306,180.	338,692.	
15 Royalties				
16 Occupancy	202,975,966.	190,797,408.	12,178,558.	
17 Travel	8,021,771.	7,540,465.	481,306.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,748,496.	120,083,586.	7,664,910.	
23 Insurance	72,294,821.	67,957,132.	4,337,689.	
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 CORPORATE ALLOCATIONS	752,305,105.	707,166,799.	45,138,306.	
b OTHER PURCHASED SERVICE	127,044,978.	119,422,279.	7,622,699.	
c OHIO STATE HOSPITAL FRA	122,491,888.	115,142,375.	7,349,513.	
d UBI TAXES PAID IN 2023	140,000.		140,000.	
e All other expenses	60,575,895.	56,935,340.	3,640,555.	
25 **Total functional expenses.** Add lines 1 through 24e	5,327,693,875.	5,007,781,674.	319,912,201.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		57,338,605.	3	56,265,157.
	4	Accounts receivable, net		724,914,075.	4	852,819,928.
	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		107,708,926.	8	125,372,459.
	9	Prepaid expenses and deferred charges		14,133,049.	9	51,818,069.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,641,808,645.			
	b	Less: accumulated depreciation	10b 2,057,024,801.	1,526,807,088.	10c	1,584,783,844.
	11	Investments - publicly traded securities		3,838,585.	11	2,915,389.
	12	Investments - other securities. See Part IV, line 11		252,166,893.	12	277,385,794.
	13	Investments - program-related. See Part IV, line 11		212,882,600.	13	224,145,450.
	14	Intangible assets		23,750.	14	0.
	15	Other assets. See Part IV, line 11		103,298,216.	15	106,478,476.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,003,111,787.	16	3,281,984,566.
Liabilities	17	Accounts payable and accrued expenses		263,105,677.	17	304,571,868.
	18	Grants payable			18	
	19	Deferred revenue		1,345,923.	19	5,064,020.
	20	Tax-exempt bond liabilities			20	
	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			23	
	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		212,892,696.	25	199,865,616.
	26	**Total liabilities.** Add lines 17 through 25		477,344,296.	26	509,501,504.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,091,032,280.	27	2,328,087,530.
	28	Net assets with donor restrictions		434,735,211.	28	444,395,532.
		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		2,525,767,491.	32	2,772,483,062.
	33	Total liabilities and net assets/fund balances		3,003,111,787.	33	3,281,984,566.

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	5,286,548,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,327,693,875.
3	Revenue less expenses. Subtract line 2 from line 1	3	-41,145,791.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,525,767,491.
5	Net unrealized gains (losses) on investments	5	21,239,878.
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	266,621,484.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,772,483,062.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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)

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

2023

Open to Public Inspection

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

Employer identification number 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).)
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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	387,000.	2,061,000.	1.	1.	1.	2,448,003.
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	387,000.	2,061,000.	1.	1.	1.	2,448,003.
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.)						2,448,003.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	387,000.	2,061,000.	1.	1.	1.	2,448,003.
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 on 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.)	387,000.	2,061,000.	1.	1.	1.	2,448,003.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	.00 %

19a **33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	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 line 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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**	X
b	A family member of a person described on line 11a above?	**11b**	X
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**	X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ 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 governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

SCHEDULE A, PART I:

PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN BELOW:

EMH REGIONAL MEDICAL CENTER (ELYRIA) - 34-0714612

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

LAKE HOSPITAL SYSTEM, INC. (LHS) - 34-1425870

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PARMA COMMUNITY GENERAL HOSPITAL (PARMA) - 34-0827442

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PRIMEHEALTH, INC. (PH) - 34-1778204

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

ROBINSON HEALTH SYSTEM, INC. (PORT) - 46-1382538

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

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.)

SAMARITAN REGIONAL HEALTH SYSTEM (SAM) - 34-0714535

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER (AHUJA) - 26-4827222

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 (CONN) - 34-0714550

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UH REGIONAL HOSPITALS (UHRH) - 34-1924226

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 ST. JOHN MEDICAL CENTER (SJMC) - 34-1260978

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO) - 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

SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO) - 34-1492733

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: EMH REGIONAL MEDICAL CENTER

HEATHER HILL INC. (HHI) - 34-0771884

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.)

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER ROAD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) -

34-1720429

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

PRIMEHEALTH, INC. IS RECOGNIZED AS A HEALTHCARE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) OF THE INTERNAL REVENUE CODE. PRIMEHEALTH, INC. DOES NOT OPERATE A FACILITY THAT IS OR IS REQUIRED TO BE LICENSED AS A HOSPITAL. THEREFORE, PRIMEHEALTH, INC. IS NOT REQUIRED TO FILE FORM 990, SCHEDULE H.

SCHEDULE A, PART IV, SECTION C, LINE 1:

THE FOLLOWING GROUP SUBORDINATES RESPONDED YES:

- HEATHER HILL, INC.

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.)

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.

- UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION ("UHLSF") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. ("UHHS"). ARTICLES OF INCORPORATION PROVIDE UHHS WITH SUPERVISION, DIRECTION AND CONTROL OVER UHLSF.

- UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

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

- UNIVERSITY HOSPITALS HOMECARE SERVICES, INC.

UNIVERSITY HOSPITALS HOMECARE SERVICES, INC. ("UHHCS") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER ("UHCMC"). THE CONTROL AND MANAGEMENT OF UHHCS IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE ITS SUPPORTED ORGANIZATION BECAUSE

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.)

BOTH ENTITIES ARE PART OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY

A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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		$ 5,484,524.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 3,338,251.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 2,721,446.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 2,217,997.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,481,467.	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		$ 1,383,422.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 1,355,052.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 482,059.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 1,072,413.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 615,135.	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		$ 850,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 386,947.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 773,620.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 731,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 707,339.	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
19		$ 700,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 654,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 641,542.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 625,438.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 614,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 611,991.	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		$ 597,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 533,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 522,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 271,174.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 508,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 505,000.	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		$ 504,098.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
32		$ 501,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 464,211.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 450,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 436,961.	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		$ 425,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 409,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 380,944.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 370,284.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 362,725.	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		$ 350,100.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
44		$ 350,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 340,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 300,321.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 300,000.	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
49		$ 296,022.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 277,474.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 272,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 260,672.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
53		$ 260,365.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
54		$ 250,000.	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
55		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 250,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
57		$ 240,946.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 218,208.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 217,744.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 205,313.	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
61		$ 205,086.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 175,000.	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
67		$ 173,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 160,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 155,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 150,000.	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
73		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 147,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 145,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 142,900.	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
79		$ 138,169.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 130,707.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 127,159.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 120,000.	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
85		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 114,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 113,004.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 112,294.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
89		$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90		$ 109,876.	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
91		$ 109,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92		$ 108,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93		$ 105,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94		$ 104,859.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95		$ 102,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96		$ 100,434.	Person [X] Payroll [ ] Noncash [X] (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
97		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102		$ 100,000.	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
103		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104		$ 100,000.	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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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
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		$ 99,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113		$ 98,231.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114		$ 95,000.	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
115		$ 90,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116		$ 90,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117		$ 89,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118		$ 86,634.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119		$ 85,953.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120		$ 82,387.	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
121		$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126		$ 75,000.	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
127		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128		$ 74,107.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129		$ 71,721.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
130		$ 71,492.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131		$ 70,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132		$ 70,000.	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
133		$ 68,423.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134		$ 67,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135		$ 67,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136		$ 66,668.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137		$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138		$ 65,000.	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
139		$ 62,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140		$ 61,754.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
141		$ 61,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142		$ 61,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143		$ 60,227.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144		$ 57,300.	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
145		$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146		$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
147		$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148		$ 54,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149		$ 54,482.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150		$ 54,300.	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		$ 54,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152		$ 51,900.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
153		$ 51,742.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154		$ 51,449.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155		$ 51,142.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
156		$ 50,893.	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		$ 50,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158		$ 50,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159		$ 50,171.	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		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
172		$ 49,998.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173		$ 48,010.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174		$ 47,832.	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		$ 47,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176		$ 46,244.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177		$ 44,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178		$ 43,470.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179		$ 41,000.	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		$ 39,456.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184		$ 39,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185		$ 39,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186		$ 38,720.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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
187		$ 37,768.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188		$ 37,502.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192		$ 36,925.	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		$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
194		$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
195		$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
196		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
197		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
198		$ 35,000.	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
199		$ 34,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
200		$ 33,984.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
201		$ 33,579.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
202		$ 33,235.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
203		$ 32,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
204		$ 31,500.	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
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		$ 29,997.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
210		$ 29,724.	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
211		$ 29,677.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
212		$ 29,503.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
213		$ 29,088.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
214		$ 28,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
215		$ 28,348.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
216		$ 27,500.	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
217		$ 27,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
218		$ 26,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
219		$ 26,162.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
220		$ 25,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
221		$ 25,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
222		$ 25,365.	Person [ ] 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
223		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
224		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
225		$ 25,000.	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.)

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
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.)

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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
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.)

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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
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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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

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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		$ 24,968.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
257		$ 24,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
258		$ 24,800.	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
259		$ 24,107.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
260		$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
261		$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
262		$ 23,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
263		$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
264		$ 23,000.	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
265		$ 22,913.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
266		$ 22,800.	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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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
271		$ 21,506.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
272		$ 21,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
273		$ 21,244.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
274		$ 21,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
275		$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
276		$ 21,000.	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
277		$ 20,385.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
278		$ 20,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
279		$ 20,193.	Person [ ] Payroll [ ] Noncash [X] (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.)

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
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.)

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
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		$ 19,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
300		$ 19,375.	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
301		$ 18,936.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
302		$ 18,501.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
303		$ 18,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
304		$ 18,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
305		$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
306		$ 17,800.	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
307		$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
308		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
309		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
310		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
311		$ 16,978.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
312		$ 16,775.	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		$ 16,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
314		$ 16,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
315		$ 16,399.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
316		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
317		$ 15,338.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
318		$ 15,182.	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
319		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
320		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
321		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
322		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
323		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
324		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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
325		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
326		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
327		$ 15,000.	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.)

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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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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 [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
338		$ 14,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
339		$ 14,074.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
340		$ 13,854.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
341		$ 13,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
342		$ 13,600.	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
343		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
344		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
345		$ 13,472.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
346		$ 13,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
347		$ 13,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
348		$ 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
349		$ 12,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
350		$ 12,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
351		$ 12,730.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
352		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
353		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
354		$ 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
355		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
356		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
357		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
358		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
359		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
360		$ 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
361		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
362		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
363		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
364		$ 12,359.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
365		$ 12,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
366		$ 12,100.	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
367		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
368		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
369		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
370		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
371		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
372		$ 11,410.	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
373		$ 11,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
374		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
375		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
376		$ 10,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
377		$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
378		$ 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
379		$ 10,378.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
380		$ 10,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
381		$ 10,178.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
382		$ 10,119.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
383		$ 10,104.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
384		$ 10,100.	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
385		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
386		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
387		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
388		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
389		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
390		$ 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
391		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
392		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
393		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
394		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
395		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
396		$ 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
397		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
398		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
399		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
400		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
401		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
402		$ 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
403		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
404		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
405		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
406		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
407		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
408		$ 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
409		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
410		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
411		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
412		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
413		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
414		$ 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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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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
416		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
417		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
418		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
419		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
420		$ 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
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.)

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
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
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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
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
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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
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

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
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		$ 9,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
448		$ 9,581.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
449		$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
450		$ 9,500.	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
451		$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
452		$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
453		$ 9,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
454		$ 9,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
455		$ 9,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
456		$ 9,200.	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
457		$ 9,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
458		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
459		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
460		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
461		$ 8,801.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
462		$ 8,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
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
463		$ 8,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
464		$ 8,536.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
465		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
466		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
467		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
468		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
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		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
470		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
471		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
472		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
473		$ 8,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
474		$ 8,000.	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
475		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
476		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
477		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
478		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
479		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
480		$ 7,700.	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
481		$ 7,637.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
482		$ 7,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
483		$ 7,518.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
484		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
485		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
486		$ 7,500.	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
487		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
488		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
489		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
490		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
491		$ 7,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
492		$ 7,100.	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
493		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
494		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
495		$ 6,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
496		$ 6,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
497		$ 6,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
498		$ 6,700.	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
499		$ 6,656.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
500		$ 6,409.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
501		$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
502		$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
503		$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
504		$ 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
505		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
506		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
507		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
508		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
509		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
510		$ 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
511		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
512		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
513		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
514		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
515		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
516		$ 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
517		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
518		$ 5,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
519		$ 5,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
520		$ 5,686.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
521		$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
522		$ 5,500.	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
523		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
524		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
525		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
526		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
527		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
528		$ 5,500.	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
529		$ 5,494.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
530		$ 5,469.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
531		$ 5,363.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
532		$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
533		$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
534		$ 5,250.	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
535		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
536		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
537		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
538		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
539		$ 5,171.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
540		$ 5,145.	Person [ ] 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
541		$ 5,121.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
542		$ 5,107.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
543		$ 5,073.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
544		$ 5,068.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
545		$ 5,045.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
546		$ 5,004.	Person [ ] 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
547		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
548		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
549		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
550		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
551		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
552		$ 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
553		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
554		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
555		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
556		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
557		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
558		$ 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
559		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
560		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
561		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
562		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
563		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
564		$ 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
565		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
566		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
567		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
568		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
569		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
570		$ 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
571		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
572		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
573		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
574		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
575		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
576		$ 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
577		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
578		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
579		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
580		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
581		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
582		$ 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
583		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
584		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
585		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
586		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
587		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
588		$ 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
589		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
590		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
591		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
592		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
593		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
594		$ 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
595		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
596		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
597		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
598		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
599		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
600		$ 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
601		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
602		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
603		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
604		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
605		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
606		$ 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
607		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
608		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
609		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
610		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
611		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
612		$ 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
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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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
614		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
615		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
616		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
617		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
618		$ 5,000.	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
619		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
620		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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.)

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
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.)

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
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.)

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
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.)

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
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.)

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

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
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
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
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.)
		$	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.)
		$	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
31	SECURITIES	$ 504,098.	11/29/23
43	SECURITIES	$ 86,417.	09/11/23
52	SECURITIES	$ 260,672.	12/15/23
53	SECURITIES	$ 260,365.	09/20/23
56	SECURITIES	$ 250,000.	04/03/23
88	SECURITIES	$ 112,294.	03/15/23

Name of organization
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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
96	SECURITIES	$ 100,334.	09/27/23
129	SECURITIES	$ 71,721.	01/25/23
140	SECURITIES	$ 51,254.	12/15/23
144	SECURITIES	$ 50,000.	10/21/23
152	FOOD INVENTORY	$ 1,900.	12/31/23
155	SECURITIES	$ 50,142.	02/28/23

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
219	SECURITIES	$ 24,662.	12/20/23
222	SECURITIES	$ 25,365.	12/21/23
256	SECURITIES	$ 24,968.	12/07/23
271	FOOD INVENTORY	$ 1,506.	12/31/23
279	SECURITIES	$ 20,193.	12/20/23
302	EVENT SUPPLIES	$ 1.	12/31/23

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
337	VEHICLE	$ 15,000.	02/28/23
372	SECURITIES	$ 5,160.	12/20/23
381	SECURITIES	$ 4,878.	10/18/23
382	EVENT SUPPLIES	$ 1,619.	12/31/23
483	SECURITIES	$ 7,518.	12/28/23
529	SECURITIES	$ 4,994.	04/27/23

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
530	SECURITIES	$ 5,269.	11/30/23
540	SECURITIES	$ 5,145.	12/20/23
541	SECURITIES	$ 5,121.	12/20/23
542	SECURITIES	$ 5,107.	12/31/23
543	SECURITIES	$ 5,073.	12/13/23
546	SECURITIES	$ 5,004.	12/13/23

Name of organization	Employer identification number
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	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
COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1492733
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	90-0794903
SAMARITAN REGIONAL HEALTH SYSTEM (SAM)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714535
ROBINSON HEALTH SYSTEM, INC. (PORT)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	46-1382538
UHHS HEATHER HILL INC. (HHI)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0771884
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1527536
UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1720429
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	20-4881619
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1260978
EMH REGIONAL MEDICAL CENTER (ELYRIA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714612

PARMA COMMUNITY GENERAL HOSPITAL (PARMA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0827442
UH REGIONAL HOSPITALS (UHRH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1924226
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714461
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714550
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. (AHUJA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	26-4827222
LAKE HOSPITAL SYSTEM, INC. (LHS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1425870
PRIMEHEALTH, INC. (PRIME)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1778204

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

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)	4,357.	8,908.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	145,432.	297,312.
c Total lobbying expenditures (add lines 1a and 1b)	149,789.	306,220.
d Other exempt purpose expenditures	2,434,179,049.	6,314,141,076.
e Total exempt purpose expenditures (add lines 1c and 1d)	2,434,328,838.	6,314,447,296.
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) 2020	(b) 2021	(c) 2022	(d) 2023	(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	535,466.	361,750.	356,061.	306,220.	1,559,497.
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	16,853.	15,078.	10,722.	8,908.	51,561.

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 not be 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 expenditures 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.

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)	4,357.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	145,432.	b
Total lobbying expenditures (add lines 1a and 1b)	149,789.	c
Other exempt purpose expenditures	2,434,179,049.	d
Total exempt purpose expenditures (add lines 1c and 1d).	2,434,328,838.	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
UH REGIONAL HOSPITALS

Employer ID Number
34-1271115

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	347.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	11,562.	b
Total lobbying expenditures (add lines 1a and 1b)	11,909.	c
Other exempt purpose expenditures	189,674,166.	d
Total exempt purpose expenditures (add lines 1c and 1d).	189,686,075.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	44.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	1,455.	b
Total lobbying expenditures (add lines 1a and 1b)	1,499.	c
Other exempt purpose expenditures	31,138,577.	d
Total exempt purpose expenditures (add lines 1c and 1d).	31,140,076.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	112.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	3,730.	b
Total lobbying expenditures (add lines 1a and 1b)	3,842.	c
Other exempt purpose expenditures	60,708,728.	d
Total exempt purpose expenditures (add lines 1c and 1d).	60,712,570.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	362.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,074.	b
Total lobbying expenditures (add lines 1a and 1b)	12,436.	c
Other exempt purpose expenditures	257,452,472.	d
Total exempt purpose expenditures (add lines 1c and 1d).	257,464,908.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	97.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	3,248.	b
Total lobbying expenditures (add lines 1a and 1b)	3,345.	c
Other exempt purpose expenditures	51,255,163.	d
Total exempt purpose expenditures (add lines 1c and 1d).	51,258,508.	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 MEDICAL GROUP, INC.

Employer ID Number
20-4881619

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	898.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	29,971.	b
Total lobbying expenditures (add lines 1a and 1b)	30,869.	c
Other exempt purpose expenditures	718,663,429.	d
Total exempt purpose expenditures (add lines 1c and 1d).	718,694,298.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	149.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,987.	b
Total lobbying expenditures (add lines 1a and 1b)	5,136.	c
Other exempt purpose expenditures	986,747,390.	d
Total exempt purpose expenditures (add lines 1c and 1d).	986,752,526.	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
NO

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)	14,902.	b
Total lobbying expenditures (add lines 1a and 1b)	15,348.	c
Other exempt purpose expenditures	272,677,593.	d
Total exempt purpose expenditures (add lines 1c and 1d).	272,692,941.	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
PARMA COMMUNITY GENERAL HOSPITAL ASSOC.

Employer ID Number
34-0827442

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

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	333.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	11,124.	b
Total lobbying expenditures (add lines 1a and 1b)	11,457.	c
Other exempt purpose expenditures	217,106,616.	d
Total exempt purpose expenditures (add lines 1c and 1d).	217,118,073.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	1.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	41.	b
Total lobbying expenditures (add lines 1a and 1b)	42.	c
Other exempt purpose expenditures	0.	d
Total exempt purpose expenditures (add lines 1c and 1d).	42.	e
Lobbying nontaxable amount. Enter the amount from the following table:		
Grassroots nontaxable amount (enter 25% of line 1f)	2.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	34.	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

8. 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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	350.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	11,672.	b
Total lobbying expenditures (add lines 1a and 1b)	12,022.	c
Other exempt purpose expenditures	212,240,378.	d
Total exempt purpose expenditures (add lines 1c and 1d).	212,252,400.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	269.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	8,980.	b
Total lobbying expenditures (add lines 1a and 1b)	9,249.	c
Other exempt purpose expenditures	161,257,859.	d
Total exempt purpose expenditures (add lines 1c and 1d).	161,267,108.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	368.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,274.	b
Total lobbying expenditures (add lines 1a and 1b)	12,642.	c
Other exempt purpose expenditures	196,811,943.	d
Total exempt purpose expenditures (add lines 1c and 1d).	196,824,585.	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
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	150.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,993.	b
Total lobbying expenditures (add lines 1a and 1b)	5,143.	c
Other exempt purpose expenditures	90,121,406.	d
Total exempt purpose expenditures (add lines 1c and 1d).	90,126,549.	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
LAKE HOSPITAL SYSTEM, INC.

Employer ID Number
34-1425870

Affiliated Group Member Address
3606 WARRENSVILLE CENTER RD.
SHAKER HEIGHTS, OH 44122

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	585.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	19,531.	b
Total lobbying expenditures (add lines 1a and 1b)	20,116.	c
Other exempt purpose expenditures	410,125,970.	d
Total exempt purpose expenditures (add lines 1c and 1d).	410,146,086.	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
PRIMEHEALTH, INC.

Employer ID Number
34-1778204

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

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	40.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	1,336.	b
Total lobbying expenditures (add lines 1a and 1b)	1,376.	c
Other exempt purpose expenditures	23,980,337.	d
Total exempt purpose expenditures (add lines 1c and 1d).	23,981,713.	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.	

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

2023

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 on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 $ 11,002.

(ii) Assets included in Form 990, Part X $ 9,024,495.

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 INFORMATION

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 in Part XIII [ ]

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	272,549,052.	291,824,000.	241,904,000.	211,303,000.	179,723,000.
b Contributions	17,009,277.	18,940,337.	22,145,000.	10,211,000.	9,871,000.
c Net investment earnings, gains, and losses	29,884,094.	-24,376,524.	41,936,000.	24,607,000.	32,087,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,369,703.	13,838,761.	14,161,000.	4,217,000.	10,378,000.
f Administrative expenses					
g End of year balance	306,072,720.	272,549,052.	291,824,000.	241,904,000.	211,303,000.

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

a Board designated or quasi-endowment 4.0000 %
b Permanent endowment 70.1100 %
c Term endowment 25.8900 %

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		92,070,523.		92,070,523.
b Buildings		2,282,524,443.	1,010,317,547.	1,272,206,896.
c Leasehold improvements		25,657,245.	17,425,813.	8,231,432.
d Equipment		1,207,760,411.	982,947,477.	224,812,934.
e Other		33,796,023.	46,333,964.	-12,537,941.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,584,783,844.

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) OTHER SECURITIES	277,385,794.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	277,385,794.	

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	199,123,719.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN AFFILIATES	15,828,825.	COST
(3) PERPETUAL TRUSTS	9,192,906.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	224,145,450.	

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, line 15, col. (B))*	

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) DUE TO THIRD PARTIES	45,102,945.
(3) PENSION LIABILITY	69,468,148.
(4) RESEARCH INST OPTION LIABILITY	16,458,703.
(5) OTHER LIABILITIES	59,532,585.
(6) DUE TO AFFILIATES	572.
(7) PROFESSIONAL LIABILITY-WRA	9,302,170.
(8) MEDICARE STIMULUS	493.
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	199,865,616.

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 3,339 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:

UNIVERSITY 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, 2023 AND 2022, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE G (Form 990)

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

2023

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** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ 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** ☐ **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
Total						

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

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

		(a) Event #1 FIVE STAR GALA & GOLF (event type)	(b) Event #2 MIRACLES HAPPEN GALA (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,324,245.	201,415.	380,302.	1,905,962.
	2 Less: Contributions	1,084,995.	159,115.	303,042.	1,547,152.
	3 Gross income (line 1 minus line 2)	239,250.	42,300.	77,260.	358,810.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	308,613.	3,177.	0.	311,790.
	7 Food and beverages	100,716.	35,033.	112,315.	248,064.
	8 Entertainment				
	9 Other direct expenses	470,675.	30,471.	37,877.	539,023.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,098,877.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-740,067.

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

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

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

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

b If "No," explain: _____

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? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in:

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

b An outside facility **13b** %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the 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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2023

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: [ ] 100% [ ] 150% [ ] 200% [X] Other 250 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
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)			57,705,985.	0.	57,705,985.	1.08%
b Medicaid (from Worksheet 3, column a)			987,665,368.	719,757,316.	267,908,052.	5.03%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			1045371353.	719,757,316.	325,614,037.	6.11%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,776,024.	846,404.	10,929,620.	.21%
f Health professions education (from Worksheet 5)			137,514,580.	37,945,243.	99,569,337.	1.87%
g Subsidized health services (from Worksheet 6)			156,104,511.	129,060,265.	27,044,246.	.51%
h Research (from Worksheet 7)			121,867,297.	64,053,524.	57,813,773.	1.09%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,254,730.	70,545.	1,184,185.	.02%
j **Total.** Other Benefits			428,517,142.	231,975,981.	196,541,161.	3.70%
k **Total.** Add lines 7d and 7j			1473888495.	951,733,297.	522,155,198.	9.81%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			13,169.		13,169.	.00%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			13,169.		13,169.	.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	129,411,003.		
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	564,182,702.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	642,545,667.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-78,362,965.		
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	33.33%		66.67%
2 GATES MEDICAL CENTER, INC	CONDO MANAGEMENT	40.00%		60.00%
3 MENTOR SURGERY CENTER	OUTPATIENT SURGERY CENTER	46.15%		53.85%
4 LAKE WEST MEDICAL SPECIALISTS	MEDICAL OFFICE BUILDING	12.00%		88.00%
5 CONCORD MEDICAL CAMPUS				
PHYSICIAN BUILDING, LLC	MEDICAL OFFICE BUILDING	52.49%		47.51%
6 MENTOR MEDICAL CAMPUS				
PHYSICIAN BUILDING, LLC	MEDICAL OFFICE BUILDING	49.40%		50.60%
7 UH PHYSICIAN HOSPITAL				
ORGANIZATION, INC.	PHYSICIAN SERVICES	50.00%		50.00%

Part IV Management Companies and Joint Ventures

(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 %
8 LAKE WILLOUGHBY PROPERTIES, LLC	MEDICAL OFFICE BUILDING	35.00%		65.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 15

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 PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 WWW.UHHOSPITALS.ORG STLIC:1007 UH PARMA MEDICAL CENTER EIN:34-0827442	X	X					X			A
4 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
5 UH LAKE WEST MEDICAL CENTER 36000 EUCLID AVENUE WILLOUGHBY, OH 44094 WWW.UHHOSPITALS.ORG STLIC:1006 LAKE HOSPITAL SYSTEM EIN:34-1425870	X	X					X			A
6 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			A
7 UH GEAUGA MEDICAL CENTER 13207 RAVENNA ROAD CHARDON, OH 44024 WWW.UHHOSPITALS.ORG STLIC:1001 UH REGIONAL HOSPITALS EIN:34-1924226	X	X					X		IP PSYCHIATRIC UNIT	B
8 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
9 UH TRIPOINT MEDICAL CENTER 7590 AUBURN ROAD CONCORD, OH 44077 WWW.UHHOSPITALS.ORG STLIC:1211 LAKE HOSPITAL SYSTEM EIN:34-1425870	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 - see instructions)

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 SAMARITAN MEDICAL CENTER 1025 CENTER STREET ASHLAND, OH 44805 WWW.SAMARITANHOSPITAL.ORG STLIC:1104 UH SAMARITAN MEDICAL CENTER EIN:34-0714535	X	X					X			B
12 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
13 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	A
14 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
15 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

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): 1,2,3,4,5,6,8,9,10,12,13,14,15

			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 22			
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): SEE PART V, SECTION C			
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 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE PART V, SECTION C			
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 their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their 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, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
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): 7,11

			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 22			
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): SEE PART V, SECTION C			
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 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE PART V, SECTION C			
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 their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their 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, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
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 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.

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 3: UH PARMA MEDICAL CENTER

- FACILITY 4: UH ELYRIA MEDICAL CENTER

- FACILITY 5: UH LAKE WEST MEDICAL CENTER

- FACILITY 6: UH PORTAGE MEDICAL CENTER

- FACILITY 8: UH AHUJA MEDICAL CENTER

- FACILITY 9: UH TRIPOINT MEDICAL CENTER

- FACILITY 10: UH ST. JOHN MEDICAL CENTER

- FACILITY 12: UNIVERSITY HOSPITALS REHABILITATION HOSPITAL

- FACILITY 13: UH AVON REHABILITATION HOSPITAL

- FACILITY 14: UH GENEVA MEDICAL CENTER

- FACILITY 15: UH CONNEAUT MEDICAL CENTER

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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS 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.

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") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH CLEVELAND MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN

Part V Facility Information *(continued)*

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

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022. UH CLEVELAND MEDICAL CENTER'S 2022 CHNA CONSIDERED

MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY

COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

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.

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

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.

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

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:

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")

- SOUTHWEST GENERAL HEALTH CENTER

- ST. VINCENT CHARITY MEDICAL CENTER

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

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

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY:

- A VISION OF CHANGE

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.

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH CLEVELAND MEDICAL CENTER (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING TWO PRIORITY HEATH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH NEED #1: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO INCREASE ACCESS

STRATEGY #2: STRATEGIC PARTNERSHIPS AND TARGETED SCREENING AND EDUCATION AMONG HIGH-RISK POPULATIONS TO INCREASE ACCESS, AND DECREASE BARRIERS TO

Part V Facility Information *(continued)*

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

CANCER SCREENING AND TREATMENT

STRATEGY #3: CO-LOCATE PROGRAMS AND SERVICES WITHIN A COMMUNITY-BASED

MEDICAL CENTER IN AN UNDER-RESOURCED COMMUNITY

STRATEGY #4: CREATE OPPORTUNITIES TO EXPOSE MINORITIZED YOUTH TO CAREERS

IN HEALTH CARE:

- UH HEALTH SCHOLARS

- BLACK MEN IN WHITE COATS

PRIORITY HEALTH NEED #2: COMMUNITY CONDITIONS (COMMUNITY SAFETY)

STRATEGY #1: COMMUNITY SAFETY TRAINING

STRATEGY #2: CO-LOCATE PROGRAMS AND SERVICES WITHIN A COMMUNITY-BASED

MEDICAL CENTER IN AN UNDER-RESOURCED COMMUNITY

STRATEGY #3: HOSPITAL-BASED INTERVENTION PROGRAM TO SERVE PATIENTS

IDENTIFIED AND SCREENED DURING TREATMENT

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 2022 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

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.

FINANCIAL ASSISTANCE PROGRAM.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE TWO PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH NEED IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT IS NOT BEING ADDRESSED BY UH CLEVELAND MEDICAL CENTER IS BEHAVIORAL HEALTH (MENTAL HEALTH & DRUG USE/MISUSE). UH CLEVELAND MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH CLEVELAND MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

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 1 -- UH CLEVELAND MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

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.

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS. 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") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH RAINBOW BABIES & CHILDREN'S HOSPITAL AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

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.

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

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

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022.THE UH RAINBOW BABIES & CHILDREN'S MEDICAL CENTER'S

2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT

INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS

WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS,

HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA 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.

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

Part V Facility Information *(continued)*

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

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS.

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 BABIES & CHILDREN'S HOSPITAL IN THE JOINT CHNA FOR CUYAHOGA COUNTY:

- UH CLEVELAND MEDICAL CENTER
- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER
- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY HOSPITALS PARMA MEDICAL CENTER
- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER
- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")
- SOUTHWEST GENERAL HEALTH 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.

- ST. VINCENT CHARITY MEDICAL CENTER

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:

- A VISION OF CHANGE
- BETTER HEALTH PARTNERSHIP
- CASE WESTERN RESERVE UNIVERSITY
- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE
- CLEVELAND CLINIC
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH
- CUYAHOGA COUNTY BOARD OF HEALTH
- CUYAHOGA COUNTY CLERK OF COURTS
- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
- THE METROHEALTH SYSTEM
- NEIGHBORHOOD FAMILY PRACTICE
- POLICYBRIDGE
- THE CENTER FOR HEALTH AFFAIRS
- UNITED WAY

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

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH RAINBOW BABIES & CHILDREN'S

HOSPITAL (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH

NEED 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 HEATH NEED #1: COMMUNITY CONDITIONS

STRATEGY #1: RAINBOW CONNECTS SOCIAL NEEDS SCREENING AND NAVIGATION

STRATEGY #2: ANTIFRAGILITY INITIATIVE- A HOLISTIC, PERSON-CENTERED

PEDIATRIC HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAM (HVIP) SERVING

YOUTHS AND FAMILIES IN THE GREATER CLEVELAND AREA

PRIORITY HEALTH NEED #2: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: CENTERING PREGNANCY (UH PROGRAM)

PRIORITY HEALTH NEED #3: BEHAVIORAL HEALTH

STRATEGY #1: CENTERING PREGNANCY (UH PROGRAM)

STRATEGY #2: ANTIFRAGILITY INITIATIVE- A HOLISTIC, PERSON-CENTERED

PEDIATRIC HOSPITAL-BASED VIOLENCE

INTERVENTION PROGRAM (HVIP) SERVING YOUTHS AND FAMILIES IN THE GREATER

CLEVELAND AREA

UH RAINBOW BABIES & CHILDREN'S HOSPITAL IS CURRENTLY ADDRESSING ALL THREE

PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY,

AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH RAINBOW BABIES &

CHILDREN'S HOSPITAL IS NOT ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH RAINBOW BABIES & CHILDREN'S

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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 IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN

THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO

ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE

DS-ASSESSMENT

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

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

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

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

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

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR FINANICAL ASSISTANCE OFFICES. IF A

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

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.

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 8 -- 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS. 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") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2022 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO

Part V Facility Information *(continued)*

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

ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH AHUJA MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED IN EARLY AUGUST 2022. UH AHUJA MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE 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.

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY
- ASIAN SERVICES IN ACTION (ASIA)
- BENJAMIN ROSE INSTITUTE ON AGING
- BETTER HEALTH PARTNERSHIP
- CALVARY HILL CHURCH OF GOD IN CHRIST
- CENTER FOR COMMUNITY SOLUTIONS
- CENTERS FOR FAMILIES & CHILDREN
- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)
- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)
- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)
- CUYAHOGA COUNTY HHS
- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES
- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)
- EDUCATIONAL SERVICE CENTER OF NEO

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.

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS.

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 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 CLEVELAND MEDICAL CENTER
- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL
- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY HOSPITALS PARMA MEDICAL CENTER
- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER
- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")
- SOUTHWEST GENERAL HEALTH CENTER
- ST. VINCENT CHARITY MEDICAL CENTER

GROUP A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY:

- A VISION OF CHANGE
- BETTER HEALTH PARTNERSHIP
- CASE WESTERN RESERVE UNIVERSITY
- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE
- CLEVELAND CLINIC
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH
- CUYAHOGA COUNTY BOARD OF HEALTH
- CUYAHOGA COUNTY CLERK OF COURTS

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.

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH AHUJA MEDICAL CENTER (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: COMMUNITY CONDITIONS

STRATEGY #1: STRATEGIC PARTNERSHIPS AND PROGRAMMING TO ADDRESS SOCIAL DETERMINANTS OF HEALTH WITH THE FOLLOWING GOALS:

- INCREASE ACCESS TO RESOURCES FOR VULNERABLE POPULATIONS INCLUDING UNDER-RESOURCED INDIVIDUALS, YOUTH AND INFANTS IN PARTICULAR IN CUYAHOGA COUNTY.

- REDUCE THE PERCENTAGE OF PATIENTS WHO REPORT THEY CANNOT ACCESS ENOUGH HEALTHY FOOD FOR THEMSELVES OR THEIR CHILDREN AND PROVIDE ADDITIONAL SOCIAL SUPPORT AS NEEDED

STRATEGY #2: RAISE AWARENESS ABOUT APPROPRIATE HOSPITAL UTILIZATION

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.

OPTIONS AND PROVIDE COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND SUPPORT GROUPS TO ADVANCE HEALTH EQUITY IN CUYAHOGA COUNTY WITH THE GOAL TO:

- ASSIST PATIENTS WITH NAVIGATING SYSTEMS OF CARE TO ATTAIN NECESSARY SOCIAL SERVICES AND PROVIDE COMMUNITY SPACE FOR JOB TRAINING, WELLNESS CLASSES, SUPPORT GROUPS, ETC.

PRIORITY HEALTH NEED #2: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: RAISE AWARENESS ABOUT APPROPRIATE HOSPITAL UTILIZATION OPTIONS AND PROVIDE COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND SUPPORT GROUPS TO ADVANCE HEALTH EQUITY IN CUYAHOGA COUNTY WITH THE FOLLOWING GOALS:

- IMPROVE WELL-BEING OF INDIVIDUALS BY INCREASING ACCESS TO CARE BY REMOVING IDENTIFIED BARRIERS THROUGH HEALTH LITERACY AND SCREENINGS

- ASSIST PATIENTS WITH NAVIGATING SYSTEMS OF CARE TO ATTAIN NECESSARY SOCIAL SERVICES AND PROVIDE COMMUNITY SPACE FOR JOB TRAINING, WELLNESS CLASSES, SUPPORT GROUPS, ETC.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE TWO PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH NEED IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT IS NOT 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.

ADDRESSED BY UH AHUJA MEDICAL CENTER IS BEHAVIORAL HEALTH (MENTAL HEALTH &

DRUG USE/MISUSE). UH AHUJA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN

A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN

TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH AHUJA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE

DS-ASSESSMENT

GROUP A-FACILITY 8 -- 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 8 -- 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

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 A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

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

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

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSSTANCE POLICY.

GROUP A-FACILITY 14 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH SUCH AS ACCESS TO HEALTH CARE,

ECONOMIC STABILITY, EDUCATION, AND NEIGHBORHOOD AND ENVIRONMENT FACTS;

BEHAVIORAL RISK FACTORS; MENTAL AND SOCIAL HEALTH FACTORS; MATERNAL AND

INFANT HEALTH FACTORS; AND ANALYED THE LEADING CAUSES OF DEATH, ILLNESS,

AND INJURY TO ASHTABULA COUNTY RESIDENTS. SECONDARY DATA SOURCES USED TO

ASSESS THOSE FACTORS INCLUDE FEDERAL SOURCES SUCH AS THE U.S. DEPARTMENT

OF HEALTH AND HUMAN SERVICES: HEALTHY PEOPLE 2030 AND U.S. CENSUS BUREAU;

STATE SOURCES SUCH AS OHIO DEPARTMENT OF HEALTH'S DATA WAREHOUSE; AND

LOCAL SOURCES SUCH AS UNIVERSITY HOSPITALS AND ASHTABULA COUNTY 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. THE ASSESSMENT ALSO ENCOMPASSES PRIMARY SURVEY DATA FROM YOUTH, ADULT RESIDENTS, AND COMMUNITY OUTREACH DATA FROM COMMUNITY POLLS AND COMMUNITY LEADER INTERVIEWS.

HEALTHY ASHTABULA COUNTY, INCLUDING UH GENEVA MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, CONTRACTED WITH ILLUMINOLOGY, A CENTRAL OHIO BASED RESEARCH FIRM, TO ASSIST IN THE PREPARATION OF THE 2022 CHNA REPORT FOR ASHTABULA COUNTY. ILLUMINOLOGY LED THE PROCESS FOR LOCATING HEALTH STATUS INDICATOR DATA; FOR DESIGNING AND CONDUCTING THE COMMUNITY LEADER INTERVIEWS, COMMUNITY POLL, AND ADULT SURVEY; AND FOR CREATING THE SUMMARY REPORT. ILLUMINOLOGY HAS 24 YEARS OF EXPERIENCE RELATED TO RESEARCH DESIGN, ANALYSIS, AND REPORTING, AND HAS CONDUCTED NUMEROUS COMMUNITY HEALTH ASSESSMENTS.

GROUP A-FACILITY 14 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH GENEVA MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES. PRIMARY DATA USED IN THE ASSESSMENT CONSISTED OF DISCUSSIONS WITH COMMUNITY LEADERS, STAKEHOLDERS, AND EMPLOYEES FROM PARTICIPATING ORGANIZATIONS REGARDING HEALTH ISSUES IN ASHTABULA COUNTY. THE PRIMARY DATA FROM ADULT RESIDENTS CONSISTED OF A REPRESENTATIVE SURVEY MAILED TO A TOTAL OF 2,200 ADDRESSES RANDOMLY SELECTED FROM THE UNIVERSE OF RESIDENTIAL ADDRESSES IN ASHTABULA COUNTY. DATA FROM THE YOUTH CONSISTED OF A SURVEY DEVELOPED BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES AND FACILITATED BY THE ASHTABULA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD. 1,902 STUDENTS COMPLETED THE YOUTH SURVEY. IN ADDITION TO THE ADULT AND YOUTH SURVEYS, THE ASHTABULA COUNTY HEALTH DEPARTMENT WORKED WITH ILLUMINOLOGY TO DESIGN 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.

DEPLOY AN INFORMAL, QUALITATIVE POLL OF COMMUNITY RESIDENTS AND

STAKEHOLDERS AND CONDUCT COMMUNITY LEADER INTERVIEWS.

THE 2022 CHNA WAS OVERSEEN BY HEALTHY ASHTABULA COUNTY, A COMMITTEE OF

PUBLIC HEALTH EXPERTS, WHO SIGNIFICANTLY CONTRIBUTED TO IDENTIFYING AND

SUMMARIZING THE BROAD INTERESTS OF THE COMMUNITY. THE REPRESENTED

ORGANIZATIONS IN THE COMMITTEE ARE LISTED BELOW:

- ASHTABULA CITY HEALTH DEPARTMENT
- ASHTABULA COUNTY HEALTH DEPARTMENT
- ASHTABULA COUNTY JUVENILE COURT
- ASHTABULA COUNTY MEDICAL CENTER
- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD
- ASHTABULA COUNTY COMMISSIONERS
- ASHTABULA COUNTY COMMUNITY ACTION AGENCY
- ASHTABULA COUNTY DEPARTMENT OF JFS
- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER
- CATHOLIC CHARITIES OF ASHTABULA COUNTY
- CONNEAUT CITY HEALTH DEPARTMENT
- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY
- COUNTRY NEIGHBOR PROGRAM
- GLENBEIGH HOSPITAL
- HEALTHY NORTHEAST OHIO
- LAKE AREA RECOVERY CENTER
- SIGNATURE HEALTH
- THE CENTER FOR HEALTH AFFAIRS
- UNIVERSITY HOSPITALS

Part V Facility Information *(continued)*

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

SECONDARY DATA FOR THE CHNA CAME FROM NATIONAL, STATE, AND LOCAL SOURCES.

DATA FOR ASHTABULA COUNTY OVERALL, ASHTABULA CITY, CONNEAUT CITY, AND OHIO

WERE ALSO COLLECTED WHEN AVAILABLE. WHEREVER POSSIBLE, LOCAL FINDINGS WERE

COMPARED TO OTHER RELEVANT DATA. ADDITIONAL INFORMATION WAS COLLECTED FROM

SECONDARY DATA SOURCES SUCH AS VITAL STATISTICS AND THE OHIO DISEASE

REPORTING SYSTEM TO SUPPLEMENT FINDINGS FROM THE PRIMARY DATA COLLECTION.

GROUP A-FACILITY 14 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 6A: IN ADDITION TO UH GENEVA MEDICAL CENTER, THE

FOLLOWING HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO

CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY.

- UH CONNEAUT MEDICAL CENTER

- ASHTABULA COUNTY MEDICAL CENTER

GROUP A-FACILITY 14 -- UH GENEVA MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY:

- ASHTABULA CITY HEALTH DEPARTMENT

- ASHTABULA COUNTY HEALTH DEPARTMENT

- ASHTABULA COUNTY JUVENILE COURT

- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD

- ASHTABULA COUNTY COMMISSIONERS

- ASHTABULA COUNTY COMMUNITY ACTION AGENCY

- ASHTABULA COUNTY DEPARTMENT OF JFS

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.

- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

- CATHOLIC CHARITIES OF ASHTABULA COUNTY

- CONNEAUT CITY HEALTH DEPARTMENT

- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY

- COUNTRY NEIGHBOR PROGRAM

- GLENBEIGH HOSPITAL

- HEALTHY NORTHEAST OHIO

- LAKE AREA RECOVERY CENTER

- SIGNATURE HEALTH

- THE CENTER FOR HEALTH AFFAIRS

GROUP A-FACILITY 14 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH GENEVA MEDICAL CENTER (ASHTABULA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEED AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO CARE

STRATEGY #1: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE

PRIORITY HEALTH NEED #2: PREVENT OBESITY AND CHRONIC CONDITIONS BY PROMOTING NUTRITION AND PHYSICAL ACTIVITY

STRATEGY #1: DIABETES PREVENTION AND EDUCATION PROGRAM

STRATEGY #2: IMPLEMENTATION OF A PHYSICAL ACTIVITY AND NUTRITION EDUCATION

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.

PROGRAM IN THE COMMUNITY AND SCHOOL ENVIRONMENTS

STRATEGY #3: DIABETES PREVENTION PROGRAM (DPP) AND PREDIABETES SCREENING AND REFERRAL

STRATEGY #4: HYPERTENSION SCREENING AND FOLLOW-UP

PRIORITY HEALTH NEED #3: PREVENT AND PROMOTE TREATMENT OF DEPRESSION AND ANXIETY ACROSS THE LIFESPAN

STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

UH GENEVA MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR ASHTABULA COUNTY, AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH GENEVA MEDICAL CENTER IS NOT ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH GENEVA MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 ASHTABULA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 14 -- UH GENEVA 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 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 14 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR 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 14 -- 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.

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 15 -- 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH SUCH AS ACCESS TO HEALTH CARE, ECONOMIC STABILITY, EDUCATION, AND NEIGHBORHOOD AND ENVIRONMENT FACTS; BEHAVIORAL RISK FACTORS; MENTAL AND SOCIAL HEALTH FACTORS; MATERNAL AND INFANT HEALTH FACTORS; AND ANALYED THE LEADING CAUSES OF DEATH, ILLNESS, AND INJURY TO ASHTABULA COUNTY RESIDENTS. SECONDARY DATA SOURCES USED TO ASSESS THOSE FACTORS INCLUDE FEDERAL SOURCES SUCH AS THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: HEALTHY PEOPLE 2030 AND U.S. CENSUS BUREAU; STATE SOURCES SUCH AS OHIO DEPARTMENT OF HEALTH'S DATA WAREHOUSE; AND LOCAL SOURCES SUCH AS UNIVERSITY HOSPITALS AND ASHTABULA COUNTY MEDICAL CENTER. THE ASSESSMENT ALSO ENCOMPASSES PRIMARY SURVEY DATA FROM YOUTH, ADULT RESIDENTS, AND COMMUNITY OUTREACH DATA FROM COMMUNITY POLLS AND COMMUNITY LEADER INTERVIEWS.

HEALTHY ASHTABULA COUNTY, INCLUDING UH CONNEAUT MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, CONTRACTED WITH ILLUMINOLOGY, A CENTRAL OHIO BASED RESEARCH FIRM, TO ASSIST IN THE PREPARATION OF THE 2022 CHNA REPORT FOR ASHTABULA COUNTY. ILLUMINOLOGY LED THE PROCESS FOR LOCATING HEALTH STATUS INDICATOR DATA; FOR DESIGNING AND CONDUCTING THE COMMUNITY LEADER INTERVIEWS, COMMUNITY POLL, AND ADULT SURVEY; AND FOR CREATING THE SUMMARY REPORT. ILLUMINOLOGY HAS 24 YEARS OF EXPERIENCE RELATED TO RESEARCH DESIGN, ANALYSIS, AND REPORTING, AND HAS CONDUCTED NUMEROUS COMMUNITY HEALTH ASSESSMENTS.

GROUP A-FACILITY 15 -- UH CONNEAUT 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 CONNEAUT MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES. PRIMARY DATA USED IN THE ASSESSMENT CONSISTED OF DISCUSSIONS WITH COMMUNITY LEADERS, STAKEHOLDERS, AND EMPLOYEES FROM PARTICIPATING ORGANIZATIONS REGARDING HEALTH ISSUES IN ASHTABULA COUNTY. THE PRIMARY DATA FROM ADULT RESIDENTS CONSISTED OF A REPRESENTATIVE SURVEY MAILED TO A TOTAL OF 2,200 ADDRESSES RANDOMLY SELECTED FROM THE UNIVERSE OF RESIDENTIAL ADDRESSES IN ASHTABULA COUNTY. DATA FROM THE YOUTH CONSISTED OF A SURVEY DEVELOPED BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES AND FACILITATED BY THE ASHTABULA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD. 1,902 STUDENTS COMPLETED THE YOUTH SURVEY. IN ADDITION TO THE ADULT AND YOUTH SURVEYS, THE ASHTABULA COUNTY HEALTH DEPARTMENT WORKED WITH ILLUMINOLOGY TO DESIGN AND DEPLOY AN INFORMAL, QUALITATIVE POLL OF COMMUNITY RESIDENTS AND STAKEHOLDERS AND CONDUCT COMMUNITY LEADER INTERVIEWS.

THE 2022 CHNA WAS OVERSEEN BY HEALTHY ASHTABULA COUNTY, A COMMITTEE OF PUBLIC HEALTH EXPERTS, WHO SIGNIFICANTLY CONTRIBUTED TO IDENTIFYING AND SUMMARIZING THE BROAD INTERESTS OF THE COMMUNITY. THE REPRESENTED ORGANIZATIONS IN THE COMMITTEE ARE LISTED BELOW:

- ASHTABULA CITY HEALTH DEPARTMENT
- ASHTABULA COUNTY HEALTH DEPARTMENT
- ASHTABULA COUNTY JUVENILE COURT
- ASHTABULA COUNTY MEDICAL CENTER
- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD
- ASHTABULA COUNTY COMMISSIONERS
- ASHTABULA COUNTY COMMUNITY ACTION AGENCY

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.

- ASHTABULA COUNTY DEPARTMENT OF JFS

- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

- CATHOLIC CHARITIES OF ASHTABULA COUNTY

- CONNEAUT CITY HEALTH DEPARTMENT

- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY

- COUNTRY NEIGHBOR PROGRAM

- GLENBEIGH HOSPITAL

- HEALTHY NORTHEAST OHIO

- LAKE AREA RECOVERY CENTER

- SIGNATURE HEALTH

- THE CENTER FOR HEALTH AFFAIRS

- UNIVERSITY HOSPITALS

SECONDARY DATA FOR THE CHNA CAME FROM NATIONAL, STATE, AND LOCAL SOURCES.

DATA FOR ASHTABULA COUNTY OVERALL, ASHTABULA CITY, CONNEAUT CITY, AND OHIO

WERE ALSO COLLECTED WHEN AVAILABLE. WHEREVER POSSIBLE, LOCAL FINDINGS WERE

COMPARED TO OTHER RELEVANT DATA. ADDITIONAL INFORMATION WAS COLLECTED FROM

SECONDARY DATA SOURCES SUCH AS VITAL STATISTICS AND THE OHIO DISEASE

REPORTING SYSTEM TO SUPPLEMENT FINDINGS FROM THE PRIMARY DATA COLLECTION.

GROUP A-FACILITY 15 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 6A: IN ADDITION TO UH CONNEAUT MEDICAL CENTER, THE

FOLLOWING HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO

CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY.

- UH GENEVA MEDICAL CENTER

- ASHTABULA COUNTY 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 A-FACILITY 15 -- UH CONNEAUT MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY:

- ASHTABULA CITY HEALTH DEPARTMENT
- ASHTABULA COUNTY HEALTH DEPARTMENT
- ASHTABULA COUNTY JUVENILE COURT
- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD
- ASHTABULA COUNTY COMMISSIONERS
- ASHTABULA COUNTY COMMUNITY ACTION AGENCY
- ASHTABULA COUNTY DEPARTMENT OF JFS
- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER
- CATHOLIC CHARITIES OF ASHTABULA COUNTY
- CONNEAUT CITY HEALTH DEPARTMENT
- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY
- COUNTRY NEIGHBOR PROGRAM
- GLENBEIGH HOSPITAL
- HEALTHY NORTHEAST OHIO
- LAKE AREA RECOVERY CENTER
- SIGNATURE HEALTH
- THE CENTER FOR HEALTH AFFAIRS

GROUP A-FACILITY 15 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH CONNEAUT MEDICAL CENTER (ASHTABULA

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEED AND ASSOCIATED

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.

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO CARE

STRATEGY #1: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE

PRIORITY HEALTH NEED #2: PREVENT OBESITY AND CHRONIC CONDITIONS BY PROMOTING NUTRITION AND PHYSICAL ACTIVITY

STRATEGY #1: DIABETES PREVENTION AND EDUCATION PROGRAM

STRATEGY #2: IMPLEMENTATION OF A PHYSICAL ACTIVITY AND NUTRITION EDUCATION PROGRAM IN THE COMMUNITY AND SCHOOL ENVIRONMENTS

STRATEGY #3: DIABETES PREVENTION PROGRAM (DPP) AND PREDIABETES SCREENING AND REFERRAL

STRATEGY #4: HYPERTENSION SCREENING AND FOLLOW-UP

PRIORITY HEALTH NEED #3: PREVENT AND PROMOTE TREATMENT OF DEPRESSION AND ANXIETY ACROSS THE LIFESPAN

STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

UH CONNEAUT MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR ASHTABULA COUNTY, AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH CONNEAUT MEDICAL CENTER IS NOT

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.

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH CONNEAUT MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 ASHTABULA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 15 -- 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 15 -- 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

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 15 -- 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 3 -- 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS. 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

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 ("THE CENTER") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH PARMA MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 3 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED IN EARLY AUGUST 2022. UH PARMA MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY 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.

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY
- ASIAN SERVICES IN ACTION (ASIA)
- BENJAMIN ROSE INSTITUTE ON AGING
- BETTER HEALTH PARTNERSHIP
- CALVARY HILL CHURCH OF GOD IN CHRIST
- CENTER FOR COMMUNITY SOLUTIONS
- CENTERS FOR FAMILIES & CHILDREN
- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)
- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)
- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)
- CUYAHOGA COUNTY HHS

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.

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

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 EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP A-FACILITY 3 -- 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:

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL
- UH CLEVELAND MEDICAL CENTER
- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER
- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER
- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")
- SOUTHWEST GENERAL HEALTH CENTER
- ST. VINCENT CHARITY MEDICAL CENTER

GROUP A-FACILITY 3 -- UH PARMA MEDICAL CENTER

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

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY:

- A VISION OF CHANGE
- BETTER HEALTH PARTNERSHIP
- CASE WESTERN RESERVE UNIVERSITY
- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE
- CLEVELAND CLINIC
- CLEVELAND DEPARTMENT OF PUBLIC 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.

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 3 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH PARMA MEDICAL CENTER (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: COMMUNITY CONDITIONS (ACCESS TO HEALTHY FOOD & COMMUNITY SAFETY)

STRATEGY #1: NUTRITION PROGRAMMING TO ADDRESS FOOD INSECURITY AMONG OLDER ADULTS AND CHILDREN

STRATEGY #2: COMMUNITY-BASED EDUCATION AND AWARENESS ON SAFETY

PRIORITY HEALTH NEED #2: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: INCREASE ACCESS TO COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT AND/OR MANAGE CHRONIC DISEASES, PARTICULARLY 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.

DIABETES AND CORONARY HEART DISEASE

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE TWO PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH NEED IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT IS NOT BEING ADDRESSED BY UH PARMA MEDICAL CENTER IS BEHAVIORAL HEALTH (MENTAL HEALTH & DRUG USE/MISUSE). UH PARMA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH PARMA MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 3 -- 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

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 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 3 -- 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 3 -- 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

MAKINGREASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSSTANCE POLICY.

GROUP A-FACILITY 4 -- 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 2022 CHNA EXAMINED SOCIAL

DETERMINANTS OF HEALTH THAT ARE GROUPED INTO THE FOLLOWING FIVE DOMAINS:

NEIGHBORHOOD AND BUILT ENVIRONMENT, ECONOMIC STABILITY, EDUCATION 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.

AND QUALITY, SOCIAL AND COMMUNITY CONTEXT, AND HEALTHCARE ACCESS AND QUALITY FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, STATE OF OHIO BOARD OF PHARMACY, OHIO DEPARTMENT OF EDUCATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE LORAIN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) STEERING COMMITTEE, INCLUDING UH ELYRIA MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, WAS A COLLABORATIVE EFFORT OF PUBLIC HEALTH, HOSPITALS, AND COMMUNITY ORGANIZATIONS. LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED THE COMMUNITY CONVERSATIONS AND SECONDARY DATA COLLECTION, AND BURGES & BURGES STRATEGISTS CONDUCTED THE KEY STAKEHOLDER INTERVIEWS. THE CHNA ASSESSMENT RELIED ON FEEDBACK FROM LORAIN COUNTY RESIDENTS AND STAKEHOLDERS THROUGH INTERVIEWS AND FOCUS GROUPS AND ANALYZED LOCAL AND SECONDARY DATA.

GROUP A-FACILITY 4 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH ELYRIA MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (STAKEHOLDER INTERVIEWS AND COMMUNITY CONVERSATIONS) AND SOME SECONDARY FROM GOVERNMANTAL ORGANIZATIONS (REGARDING RISK FACTORS AND HEALTH OUTCOME INFORMATION).

TO ENSURE THE BROAD INTEREST OF THE COMMUNITY WERE CONSIDERED, INPUT WAS COLLECTED FROM VARIOUS LORAIN COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN THE ASSESSMENT CONSISTED OF STAKEHOLDER INTERVIEWS FROM A DIVERSE SET OF LEADERS FROM ACROSS LORAIN COUNTY, INCLUDING LEADERSHIP FROM HEALTH SERVICE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, ELECTED AND APPOINTED CIVIC INSTITUTIONS, LOCAL AND REGIONAL BUSINESSES, EDUCATIONAL

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.

INSTITUTIONS, AND FAITH COMMUNITIES. BELOW IS A LIST OF ORGANIZATIONS THAT

PARTICIPATED IN THE STAKEHOLDER INTERVIEWS:

- AVON LOCAL SCHOOL DISTRICT
- CHILD CARE RESOURCE CENTER
- EDUCATIONAL SERVICES CENTER OF LORAIN COUNTY
- EL CENTRO DE SERVICIOS SOCIALES, INC.
- ELYRIA CITY SCHOOL DISTRICT
- FIRELANDS LOCAL SCHOOL DISTRICT
- FULL GOSPEL MINISTRIES
- KEYSTONE LOCAL SCHOOLS
- LORAIN CITY SCHOOLS
- LORAIN COUNTY HEALTH & DENTISTRY
- LORAIN COUNTY COMMUNITY COLLEGE
- LORAIN COUNTY FAIR BOARD
- LORAIN COUNTY FREE CLINIC
- LORAIN COUNTY METRO PARKS
- LORAIN COUNTY URBAN LEAGUE
- LORAIN PUBLIC LIBRARY SYSTEM
- LORAIN/MEDINA COMMUNITY BASED CORRECTIONAL FACILITY
- RIDDELL
- SACRED HEART
- SPRENGER HEALTH CARE
- THE LCADA WAY
- THE NORD CENTER
- UNITED WAY OF GREATER LORAIN COUNTY
- YWCA LORAIN

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 LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED COMMUNITY CONVERSATIONS

WITH NINE DIFFERENT COMMUNITY-BASED AND RESIDENT GROUPS IN 2022, BOTH

IN-PERSON AND VIRTUALLY VIA ZOOM. EACH COVERSATION LASTED BETWEEN THIRTY

MINUTES AND ONE HOUR WITH THE GOAL OF AUTHENTICALLY ENGAGING MEMBERS OF

THE COMMUNITY AND GENERATE PUBLIC KNOWLEDGE THAT CAN HELP MAKE

DESICISIONS. LCPH SPECIFICALLY REACHED OUT TO GROUPS REPRESENTING

VULNERABLE POPULATIONS. BELOW IS A LIST OF ORGANIZATIONS THAT PARTICIPATED

IN THE COMMUNITY CONVERSATIONS:

- BLACK PASTORS' HEALTH COALITION

- BOY SCOUTS

- HISPANIC FUND

- LORAIN COUNTY FAIR BOARD

- MERCY FAMILY HEALTH

- MERCY PARISH NURSING

- MERCY PARISH NURSING VOLUNTEERS

- RISING STARTS

- MEN OF COURAGE

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COMPILED THROUGH THE

GOVERNMENT AGENCIES LISTED BELOW:

- OHIO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

COMPILED REPORTS OR DATA BRIEFS

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.

- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- UNITED STATES CENSUS BUREAU

- OHIO DEPARTMENT OF EDUCATION

- STATE OF OHIO BOARD OF PHARMACY

GROUP A-FACILITY 4 -- 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.

THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ELYRIA MEDICAL

CENTER IN THE JOINT CHNA FOR LORAIN COUNTY:

- AVON RH, LLC (UH AVON REHABILITATION HOSPITAL)

- CLEVELAND CLINIC AVON HOSPITAL

- MERCY HEALTH ALLEN HOSPITAL

- MERCY HEALTH LORAIN HOSPITAL

- SPECIALTY HOSPITAL OF LORAIN

GROUP A-FACILITY 4 -- UH ELYRIA MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY:

- LORAIN COUNTY HEALTH & DENTISTRY

- LORAIN COUNTY METRO PARKS

- LORAIN COUNTY PUBLIC HEALTH

- MENTAL HEALTH, ADDICTION, AND RECOVERY SERVICES BOARD OF LORAIN COUNTY

GROUP A-FACILITY 4 -- 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 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH ELYRIA MEDICAL CENTER (LORAIN COUNTY) IDENTIFIED THE FOLLOWING FOUR PRIORITY HEATH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH NEED #1: CHRONIC DISEASE

STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT AND/OR MANAGE CHRONIC DISEASES PARTICULARLY FOR DIABETES, AND CORONARY HEART DISEASE

PRIORITY HEATH NEED #2 AND #3: MENTAL HEALTH AND SUBSTANCE USE

STRATEGY #1: COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND COMMUNITY COLLABORATIONS TO ADDRESS MENTAL HEALTH AND ADDICTION

PRIORITY HEATH NEED #4: CANCER

STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT AND/OR MANAGE CANCER

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE FOUR PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH NEED IDENTIFIED IN THE 2022 CHNA FOR LORAIN COUNTY THAT IS NOT BEING ADDRESSED BY UH ELYRIA MEDICAL CENTER IS MATERNAL AND CHILD 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.

ASPECTS OF THIS HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING

ADDRESSED. OTHER LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND

OTHER NEEDS. UH ELYRIA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A

POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO

BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH ELYRIA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

LORAIN COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE

DS-ASSESSMENT

GROUP A-FACILITY 4 -- 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 4 -- 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

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.

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 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS 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.

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") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH ST. JOHN MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN

Part V Facility Information *(continued)*

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

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022. UH ST. JOHN MEDICAL CENTER'S 2022 CHNA CONSIDERED

MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY

COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

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.

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

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.

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

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

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ST. JOHN

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY:

- UH CLEVELAND MEDICAL CENTER
- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL
- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER
- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")
- SOUTHWEST GENERAL HEALTH CENTER
- ST. VINCENT CHARITY MEDICAL CENTER

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

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

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY:

- A VISION OF CHANGE

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.

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR ST. JOHN MEDICAL CENTER (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING ONE PRIORITY HEALTH NEED AND AN ASSOCIATED STRATEGY TO ADDRESS IT:

PRIORITY HEALTH NEED: BEHAVIORAL HEALTH (MENTAL HEALTH AND ADDICTION)

STRATEGY #1: COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND COMMUNITY COLLABORATIONS TO ADDRESS MENTAL HEALTH AND ADDICTION

IN ADDITION TO THE AFOREMENTIONED STRATEGIC INITIATIVES OUTLINED IN DETAIL IN THIS PLAN, THE HOSPITAL WILL EITHER BEGIN OR CONTINUE TO SUSTAIN

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.

SEVERAL EFFORTS WHICH DO ADDRESS EACH OF THE COMMUNITY HEALTH NEEDS IN SOME WAY.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE ONE PRIORITIZED HEALTH NEED ABOVE AS THIS NEED WAS CHOSEN BASED ON THE NUMBER OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION TO HAVE A POSITIVE IMPACT ON IT. THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT ARE NOT BEING ADDRESSED BY ST. JOHN MEDICAL CENTER ARE ACCESSIBLE AND AFFORDABLE HEALTHCARE, AND COMMUNITY CONDITIONS (ACCESS TO HEALTHY FOOD & COMMUNITY SAFETY. UH ST. JOHN MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH ST. JOHN MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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.

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.

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.

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 6 -- 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 2022 CHNA EXAMINED SOCIAL

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 ECONOMIC DETERMINANTS OF HEALTH, SUCH AS EDUCATION ACCESS AND QUALITY,

ECONOMIC STABILITY, HEALTH CARE ACCESS AND QUALITY, NEIGHBORHOOD AND BUILT

ENVIRONMENT, AND SOCIAL AND COMMUNITY CONTEXT FROM SOURCES SUCH AS U.S.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT

WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE

AND LOCAL DATA SOURCES. THE 2022 CHNA ALSO IDENTIFIED VARIOUS DISPARITIES

IN HEALTH EQUITY BY POPULATION GROUPS AND GEOGRAPHY.

UH PORTAGE MEDICAL CENTER WORKED CLOSELY WITH PORTAGE COUNTY COMBINED

GENERAL HEALTH DISTRICT (PCCGHD) TO LEVERAGE PRIMARY AND SECONDARY DATA

ANALYSIS TO PROVIDE A MORE COMPREHENSIVE PICTURE OF THE SIGNIFICANT HEALTH

NEEDS IN PORTAGE COUNTY, OHIO. THE STEERING COMMITTEE WAS COMPRISED OF THE

FOLLOWING ORGANIZATIONS:

- KENT STATE UNIVERSITY (KSU)
- NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED)
- AXESSPOINTE COMMUNITY HEALTH CENTER
- PORTAGE COUNTY HEALTH DISTRICT (PCHD)
- UNIVERSITY HOSPITALS
- KENT CITY HEALTH DEPARTMENT (KCHD)
- MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY (MHRB)

THE COMMITTEE ALSO INCLUDED ADDITIONAL REPRESENTATION FROM ACADEMIA,

EDUCATION, HEALTHCARE, PUBLIC HEALTH, AND MENTAL HEALTH. THE COMMITTEE MET

REGULARLY OVER SIX

MONTHS TO REVIEW SECONDARY DATA AND COMMUNITY FEEDBACK, SUGGEST NEW

PARTNERS TO CONTRIBUTE TO THE PRIORITIZATION PROCESS, AND FINALLY APPROVE

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 FINALIZED HEALTH NEEDS. THE COLLABORATIVE ASSESSMENT DETERMINED THREE

SIGNIFICANT HEALTH NEEDS IN PORTAGE COUNTY. THE PRIORITIZATION PROCESS

IDENTIFIED THE TOP THREE HEALTH NEEDS, INCLUDING CHRONIC DISEASE, MENTAL

HEALTH, SUBSTANCE USE & ADDICTION, AND MATERNAL, INFANT, AND CHILD HEALTH.

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT (PCCGHD) AND UH PORTAGE

MEDICAL CENTER COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI)

TO SUPPORT REPORT DEVELOPMENT OF PORTAGE COUNTY'S 2022 COMMUNITY HEALTH

NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE

COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES,

IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING

SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 6 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 5: UH PORTAGE MEDICAL CENTER'S 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS

AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY

(REGARDING HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE). FOR BOTH

PRIMARY AND SECONDARY DATA, IMMENSE EFFORTS WERE MADE TO INCLUDE AS WIDE A

RANGE OF COMMUNITY HEALTH INDICATORS, KEY INFORMANTS, AND FOCUS GROUP

PARTICIPANTS AS POSSIBLE. ALTHOUGH THE TOPICS BY WHICH DATA WERE ORGANIZED

COVERED A WIDE RANGE OF HEALTH AND QUALITY OF LIFE AREAS, WITHIN EACH

TOPIC, THERE WAS A VARYING SCOPE AND DEPTH OF SECONDARY DATA INDICATORS

AND PRIMARY DATA FINDINGS.

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM PORTAGE COUNTY RESIDENTS. PRIMARY DATA GATHERED DURING THIS

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 CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) CONDUCTED AS PART OF THE PORTAGE COUNTY HEALTH EQUITY PROJECT, FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS, AND A SIXTY-SIX QUESTION YOUTH RISK BEHAVIORAL SURVEY (YRBS) IMPLEMENTED WITH SELECT MIDDLE AND HIGH SCHOOLS WITHIN PORTAGE COUNTY.

TWENTY-THREE INDIVIDUALS PARTICIPATED AS KEY INFORMANTS IN THE KEY INFORMANT INTERVIEWS CONDUCTED. THE FOCUS AREAS OF THESE INTERVIEWS INCLUDED LOW SOCIOECONOMIC STATUS, GEOGRAPHICAL ISOLATION, BARRIERS TO ACCURATE AND SHAREABLE INFORMATION, BARRIERS TO FORMAL EDUCATION OPPORTUNITIES, AND DISCRIMINATION/MARGINALIZATION. UH PORTAGE MEDICAL CENTER ALSO CONDUCTED SEVERAL FOCUS GROUPS WITH VARIOUS KEY COMMUNITY GROUPS, INCLUDING SENIOR CITIZEN COMMUNITY MEMBERS, BLACK OR AFRICAN AMERICAN COMMUNITY MEMBERS AND WIC BENEFITS RECIPIENTS IN ORDER TO GAIN DEEPER INSIGHTS ABOUT PERCEPTIONS, ATTITUDES, EXPERIENCES, OR BELIEFS HELD BY COMMUNITY MEMBERS ABOUT THEIR HEALTH AND THE HEALTH OF THEIR COMMUNITY.

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM A COMMUNITY INDICATOR DATABASE DEVELOPED BY CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI). THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT HCI, INCLUDED OVER 200 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA WAS PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS. THE SECONDARY DATA ANALYSIS IDENTIFIED THE FOLLOWING HEALTH TOPIC AREAS: MEDICATIONS & PRESCRIPTIONS, MENTAL HEALTH & MENTAL DISORDERS, TOBACCO USE, PHYSICAL

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.

ACTIVITY, CANCER, AND OTHER CONDITIONS.

BELOW ARE THE VARIOUS COMMUNITY ORGANIZATIONS WHO HELPED GUIDE THE 2022

PORTAGE COUNTY CHNA REPORT AND ENSURE THE BROAD INTERESTS OF THE COMMUNITY

WERE TAKEN INTO ACCOUNT:

- AKRON CHILDREN'S HOSPITAL

- AXESSPOINTE COMMUNITY HEALTH CENTER

- CANAPI

- CHILDREN'S ADVANTAGE

- COLEMAN PROFESSIONAL SERVICES

- COMMUNITY ACTION COUNCIL

- 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

- MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY

- NAMI

- NEOMED STUDENT RUN FREE CLINIC

- NORTHEAST OHIO MEDICAL UNIVERSITY

- OHIOCAN

- OPPORTUNITIES FOR OHIOANS WITH DISABILITIES

- OUR PLACE

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.

- PARTA

- PORTAGE COUNTY BOARD OF HEALTH

- PORTAGE COUNTY CHILDREN'S SERVICES

- PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT PORTAGE

- PORTAGE COUNTY JOB & FAMILY SERVICES

- PORTAGE COUNTY SAFE COMMUNITIES COALITION

- PORTAGE COUNTY SCHOOL DISTRICTS

- PORTAGE COUNTY WIC

- PORTAGE LEARNING CENTERS

- PORTAGE PARK DISTRICT

- PORTAGE SUBSTANCE ABUSE COMMUNITY COALITION

- SEQUOIA WELLNESS

- STREETSBORO POLICE DEPARTMENT

- SUICIDE PREVENTION COALITION OF PORTAGE COUNTY

- THE HAVEN

- TOWNHALL II

- UNITED WAY OF PORTAGE COUNTY

GROUP A-FACILITY 6 -- 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

CHNA FOR PORTAGE COUNTY:

- AKRON CHILDREN'S HOSPITAL

- UH PORTAGE MEDICAL CENTER

GROUP A-FACILITY 6 -- UH PORTAGE 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 A CHNA FOR PORTAGE COUNTY:

- AXESSPOINTE COMMUNITY HEALTH CENTER
- CANAPI
- CHILDREN'S ADVANTAGE
- COLEMAN PROFESSIONAL SERVICES
- COMMUNITY ACTION COUNCIL
- 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
- MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY
- NAMI
- NEOMED STUDENT RUN FREE CLINIC
- NORTHEAST OHIO MEDICAL UNIVERSITY
- OHIOCAN
- OPPORTUNITIES FOR OHIOANS WITH DISABILITIES
- OUR PLACE
- PARTA
- PORTAGE COUNTY BOARD OF HEALTH
- PORTAGE COUNTY CHILDREN'S SERVICES
- PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT PORTAGE

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.

- PORTAGE COUNTY JOB & FAMILY SERVICES

- PORTAGE COUNTY SAFE COMMUNITIES COALITION

- PORTAGE COUNTY SCHOOL DISTRICTS

- PORTAGE COUNTY WIC

- PORTAGE LEARNING CENTERS

- PORTAGE PARK DISTRICT

- PORTAGE SUBSTANCE ABUSE COMMUNITY COALITION

- SEQUOIA WELLNESS

- STREETSBORO POLICE DEPARTMENT

- SUICIDE PREVENTION COALITION OF PORTAGE COUNTY

- THE HAVEN

- TOWNHALL II

- UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER

- UNITED WAY OF PORTAGE COUNTY

GROUP A-FACILITY 6 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH PORTAGE MEDICAL CENTER (PORTAGE COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC CONDITIONS

STRATEGY #1: EDUCATE PORTAGE COUNTY COMMUNITY ON RISK FACTORS AND OBESITY PREVENTION AS WELL AS INCREASE SCREENINGS

STRATEGY #2: INCREASE ACCESS TO AND PARTICIPATION IN COMMUNITY-BASED

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.

NUTRITION PROGRAMS SUCH AS FARMERS MARKETS

STRATEGY #3: SOCIAL DETERMINANTS OF HEALTH (SDOH) SCREENINGS AND RESOURCE REFERRALS

PRIORITY HEALTH NEED #2: FAMILY, PREGNANCY, INFANT AND CHILD HEALTH (FPICH)

STRATEGY #1: IMPLEMENT EARLY URGENT MATERNAL WARNING SIGNS EDUCATION PROGRAM WITHIN PORTAGE COUNTY AND IMPLEMENT REPRODUCTIVE HEALTH AND WELLNESS INTERVENTIONS

STRATEGY #2: REDUCE THE USE OF TOBACCO PRODUCTS USED DURING PREGNANCY

PRIORITY HEALTH NEED #2: MENTAL HEALTH, SUBSTANCE USE, AND ADDICTION

STRATEGY #1: PROVIDE COMMUNITY-BASED ACTIVITIES AND TRAININGS TO RAISE AWARENESS OF MENTAL HEALTH, SUBSTANCE USE, AND ADDICTION

STRATEGY #2: PROMOTION OF GUN SAFETY

STRATEGY #3: PROVIDE ACCESS TO SUPPORT RESOURCES AND RAISE AWARENESS OF THE RISKS OF TOBACCO, SMOKING, AND VAPING

UH PORTAGE MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR PORTAGE COUNTY, AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH PORTAGE MEDICAL CENTER IS NOT

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.

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH PORTAGE MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 PORTAGE COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 6 -- 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 A-FACILITY 6 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES 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 UHHOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 6 -- 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 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS. 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

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 ("THE CENTER") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH REHABILITATION HOSPITAL BEACHWOOD AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED IN EARLY AUGUST 2022. UH REHABILITATION HOSPITAL'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY 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.

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY
- ASIAN SERVICES IN ACTION (ASIA)
- BENJAMIN ROSE INSTITUTE ON AGING
- BETTER HEALTH PARTNERSHIP
- CALVARY HILL CHURCH OF GOD IN CHRIST
- CENTER FOR COMMUNITY SOLUTIONS
- CENTERS FOR FAMILIES & CHILDREN
- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)
- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)
- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)
- CUYAHOGA COUNTY HHS

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.

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

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 EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

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 JOINT CHNA FOR CUYAHOGA COUNTY:

- UH CLEVELAND MEDICAL CENTER
- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL
- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER
- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER
- SOUTHWEST GENERAL HEALTH CENTER
- ST. VINCENT CHARITY MEDICAL CENTER

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:

- A VISION OF CHANGE
- BETTER HEALTH PARTNERSHIP
- CASE WESTERN RESERVE UNIVERSITY
- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE
- CLEVELAND CLINIC

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.

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH REHABILITATION HOSPITAL (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING ONE PRIORITY HEALTH NEED AND AN ASSOCIATED STRATEGY TO ADDRESS IT:

PRIORITY HEALTH NEED: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: ACCESS TO COMMUNITY BASED EDUCATION AND HEALTH SCREENING TO PREVENT AND/OR MANAGE CHRONIC DISEASES

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE ONE PRIORITIZED HEALTH NEED ABOVE AS THIS NEED WAS CHOSEN BASED ON THE NUMBER OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION TO HAVE A POSITIVE IMPACT ON IT. THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT ARE NOT BEING ADDRESSED BY UH REHABILITATION HOSPITAL ARE BEHAVIORAL HEALTH (MENTAL HEALTH & DRUG USE/

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.

MISUSE), AND COMMUNITY CONDITIONS (ACCESS TO HEALTHY FOOD & COMMUNITY SAFETY). UH REHABILITATION HOSPITAL BEACHWOOD HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH REHABILITATION HOSPITAL BEACHWOOD IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

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

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

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

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.

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.

GROUP A-FACILITY 12 -- 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 2022 CHNA EXAMINED SOCIAL DETERMINANTS OF HEALTH THAT ARE GROUPED INTO THE FOLLOWING FIVE DOMAINS: NEIGHBORHOOD AND BUILT ENVIRONMENT, ECONOMIC STABILITY, EDUCATION ACCESS AND QUALITY, SOCIAL AND COMMUNITY CONTEXT, AND HEALTHCARE ACCESS AND QUALITY FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, STATE OF OHIO BOARD OF PHARMACY, OHIO DEPARTMENT OF EDUCATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

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 LORAIN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) STEERING COMMITTEE, INCLUDING UH AVON REHABILITATION HOSPITAL AND OTHER UH AFFILIATED HOSPITALS, WAS A COLLABORATIVE EFFORT OF PUBLIC HEALTH, HOSPITALS, AND COMMUNITY ORGANIZATIONS. LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED THE COMMUNITY CONVERSATIONS AND SECONDARY DATA COLLECTION, AND BURGES & BURGES STRATEGISTS CONDUCTED THE KEY STAKEHOLDER INTERVIEWS. THE CHNA ASSESSMENT RELIED ON FEEDBACK FROM LORAIN COUNTY RESIDENTS AND STAKEHOLDERS THROUGH INTERVIEWS AND FOCUS GROUPS AND ANALYZED LOCAL AND SECONDARY DATA.

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 5: THE UH AVON REHABILITATION HOSPITAL'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (STAKEHOLDER INTERVIEWS AND COMMUNITY CONVERSATIONS) AND SOME SECONDARY FROM GOVERNMANTAL ORGANIZATIONS (REGARDING RISK FACTORS AND HEALTH OUTCOME INFORMATION).

TO ENSURE THE BROAD INTEREST OF THE COMMUNITY WERE CONSIDERED, INPUT WAS COLLECTED FROM VARIOUS LORAIN COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN THE ASSESSMENT CONSISTED OF STAKEHOLDER INTERVIEWS FROM A DIVERSE SET OF LEADERS FROM ACROSS LORAIN COUNTY, INCLUDING LEADERSHIP FROM HEALTH SERVICE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, ELECTED AND APPOINTED CIVIC INSTITUTIONS, LOCAL AND REGIONAL BUSINESSES, EDUCATIONAL INSTITUTIONS, AND FAITH COMMUNITIES. BELOW IS A LIST OF ORGANIZATIONS THAT PARTICIPATED IN THE STAKEHOLDER INTERVIEWS:

- AVON LOCAL SCHOOL DISTRICT

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.

- CHILD CARE RESOURCE CENTER

- EDUCATIONAL SERVICES CENTER OF LORAIN COUNTY

- EL CENTRO DE SERVICIOS SOCIALES, INC.

- ELYRIA CITY SCHOOL DISTRICT

- FIRELANDS LOCAL SCHOOL DISTRICT

- FULL GOSPEL MINISTRIES

- KEYSTONE LOCAL SCHOOLS

- LORAIN CITY SCHOOLS

- LORAIN COUNTY HEALTH & DENTISTRY

- LORAIN COUNTY COMMUNITY COLLEGE

- LORAIN COUNTY FAIR BOARD

- LORAIN COUNTY FREE CLINIC

- LORAIN COUNTY METRO PARKS

- LORAIN COUNTY URBAN LEAGUE

- LORAIN PUBLIC LIBRARY SYSTEM

- LORAIN/MEDINA COMMUNITY BASED CORRECTIONAL FACILITY

- RIDDELL

- SACRED HEART

- SPRENGER HEALTH CARE

- THE LCADA WAY

- THE NORD CENTER

- UNITED WAY OF GREATER LORAIN COUNTY

- YWCA LORAIN

THE LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED COMMUNITY CONVERSATIONS WITH NINE DIFFERENT COMMUNITY-BASED AND RESIDENT GROUPS IN 2022, BOTH IN-PERSON AND VIRTUALLY VIA ZOOM. EACH COVERSATION LASTED BETWEEN THIRTY

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.

MINUTES AND ONE HOUR WITH THE GOAL OF AUTHENTICALLY ENGAGING MEMBERS OF

THE COMMUNITY AND GENERATE PUBLIC KNOWLEDGE THAT CAN HELP MAKE

DESICISIONS. LCPH SPECIFICALLY REACHED OUT TO GROUPS REPRESENTING

VULNERABLE POPULATIONS. BELOW IS A LIST OF ORGANIZATIONS THAT PARTICIPATED

IN THE COMMUNITY CONVERSATIONS:

- BLACK PASTORS' HEALTH COALITION

- BOY SCOUTS

- HISPANIC FUND

- LORAIN COUNTY FAIR BOARD

- MERCY FAMILY HEALTH

- MERCY PARISH NURSING

- MERCY PARISH NURSING VOLUNTEERS

- RISING STARTS

- MEN OF COURAGE

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COMPILED THROUGH THE

GOVERNMENT AGENCIES LISTED BELOW:

- OHIO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

COMPILED REPORTS OR DATA BRIEFS

- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- UNITED STATES CENSUS BUREAU

- OHIO DEPARTMENT OF EDUCATION

- STATE OF OHIO BOARD OF PHARMACY

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 12 -- 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.

THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH AVON REHABILITATION

HOSPITAL IN THE JOINT CHNA FOR LORAIN COUNTY:

- UH ELYRIA MEDICAL CENTER
- CLEVELAND CLINIC AVON HOSPITAL
- MERCY HEALTH ALLEN HOSPITAL
- MERCY HEALTH LORAIN HOSPITAL
- SPECIALTY HOSPITAL OF LORAIN

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY:

- LORAIN COUNTY HEALTH & DENTISTRY
- LORAIN COUNTY METRO PARKS
- LORAIN COUNTY PUBLIC HEALTH
- MENTAL HEALTH, ADDICTION, AND RECOVERY SERVICES BROARD OF LORAIN COUNTY

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH AVON REHABILITATION HOSPITAL

(LORAIN COUNTY) IDENTIFIED THE FOLLOWING ONE PRIORITY HEALTH NEED AND

ASSOCIATED STRATEGY TO ADDRESS IT:

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: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT AND/OR MANAGE CHRONIC DISEASES

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE ONE PRIORITIZED HEALTH NEED ABOVE AS THIS NEED WAS CHOSEN BASED ON THE NUMBER OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION TO HAVE A POSITIVE IMPACT ON THIS NEED. THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR LORAIN COUNTY THAT ARE NOT BEING ADDRESSED BY UH AVON REHABILITATION HOSPITAL ARE MATERNAL AND CHILD HEALTH, MENTAL HEALTH, SUBSTANCE USE, AND CANCER. UH AVON REHABILITATION HOSPITAL HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH AVON REHABILITATION HOSPITAL IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 LORAIN COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

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 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 12 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR 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 12 -- 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.

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 5 -- UH LAKE WEST 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, AND EDUCATION FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROBERT WOOD JOHNSON FOUNDATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

REPRESENTATIVES FROM KEY LAKE COUNTY ANCHOR ORGANIZATIONS FORMED THE LAKE COUNTY CHNA STEERING COMMITTEE TO GUIDE LAKE COUNTY GENERAL HEALTH DISTRICT (LCGHD), UNIVERSITY HOSPITALS LAKE WEST MEDICAL CENTER AND UNIVERSITY HOSPITALS TRIPOINT MEDICAL CENTER ("UH LAKE HEALTH MEDICAL CENTERS") THROUGH THE ASSESSMENT PROCESS. REPRESENTING A VARIETY OF SECTORS INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES, THESE ORGANIZATIONS PLAY KEY ROLES IN OPTIMIZING THE COMMUNITY'S HEALTH. THE COMMITTEE MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA, REVISE RESIDENT SURVEY QUESTIONS, SUGGEST NEW PARTNERS TO CONTRIBUTE TO THE PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH NEEDS.

LCGHD AND UNIVERSITY HOSPITALS COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT DATA ANALYSIS AND REPORT DEVELOPMENT OF LAKE COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO DRIVE COMMUNITY HEALTH OUTCOMES BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

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.

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS WHICH INCLUDED PARTICIPATION IN

QUALITATIVE DATA COLLECTION, MARKETING AND PARTICIPATION IN THE COMMUNITY

HEALTH SURVEY, AS WELL AS PARTICIPATION IN THE PUBLIC PRIORITIZATION

MEETING THAT WAS HOSTED VIRTUALLY. UH WEST MEDICAL CENTER 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (COMMUNITY SURVEY AND FOCUS

GROUPS AND MAYORS AND CITY MANAGERS FEEDBACK) AND SOME SECONDARY

(REGARDING DEMOGRAPHICS, SOCIOECONOMIC, MORBIDITY, AND MORTALITY).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM RESIDENTS IN LAKE COUNTY. PRIMARY DATA USED IN THIS

ASSESSMENT CONSISTED OF FOCUS GROUP DISCUSSIONS, AN ONLINE COMMUNITY

SURVEY, AS WELL AS AN ADDITIONAL SURVEY WITH MAYORS AND CITY MANAGERS.

THE COMMUNITY SURVEY WAS CONDUCTED ONLINE AND PROMOTED ACROSS LAKE COUNTY

BY LCGHD AND UH LAKE HEALTH MEDICAL CENTERS AND THEIR COMMUNITY PARTNERS.

THE SURVEY CONSISTED OF 103 QUESTIONS RELATED TO TOP HEALTH NEEDS IN THE

COMMUNITY, INDIVIDUALS' PERCEPTION OF THEIR OVERALL HEALTH, INDIVIDUALS'

ACCESS TO HEALTH CARE SERVICES, AS WELL AS SOCIAL AND ECONOMIC

DETERMINANTS OF HEALTH AND GENERAL HEALTH STATUS. RESPONSES WERE COLLECTED

FROM JANUARY 21, 2022, TO MARCH 1, 2022. BOTH AN ENGLISH AND SPANISH

VERSION OF THE SURVEY WERE MADE AVAILABLE. A TOTAL OF 1,846 RESPONSES WERE

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.

COLLECTED.

SEVEN ADDITIONAL KEY INFORMANT SURVEYS WERE ADMINISTERED TO LAKE COUNTY MAYORS AND CITY MANAGERS TO GAIN ADDITIONAL COMMUNITY-LEVEL FEEDBACK.

FIVE KEY FOCUS GROUP DISCUSSIONS WERE CONDUCTED IN MARCH 2022 TO GAIN DEEPER UNDERSTANDING OF HEALTH ISSUES IMPACTING THE RESIDENTS OF LAKE COUNTY. KEY COMMUNITY GROUPS WHO PARTICIPATED IN THESE FOCUS GROUPS INCLUDE REPRESENTATIVES FROM:

- BLACK LIVES MATTER
- LGBTQ+ COMMUNITY
- NAACP
- PAINESVILLE ELM STREET ELEMENTARY
- SENIORS

INITIALLY, A TOTAL OF 181 SECONDARY DATA MEASURES WERE IDENTIFIED AND COMPILED ACROSS HEALTHY PEOPLE 2030 (WHERE AVAILABLE), NATIONAL, STATE, AND COUNTY VALUES. IN CONJUNCTION WITH LAKE COUNTY VALUES, TWO DEMOGRAPHICALLY SIMILAR COUNTIES, LICKING COUNTY AND CLERMONT COUNTY, AS DETERMINED BY TOTAL POPULATION, POVERTY, AGE, AND MEDIAN HOUSEHOLD INCOME, WERE INCLUDED FOR BENCHMARKING PURPOSES. BASED UPON THE QUALITY, AGE, AVAILABILITY, AND/OR REDUNDANCY OF THE MEASURES, 171 OF THE INITIALLY COMPILED 338 (94%) MEASURES WERE INCLUDED FOR ANALYSIS.

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITY IS INCLUDED WITH UH LAKE WEST MEDICAL CENTER IN THE JOINT CHNA FOR LAKE 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.

- UH TRIPOINT MEDICAL CENTER

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LAKE COUNTY:

- EDUCATIONAL SERVICE CENTER OF THE WESTERN RESERVE
- LAKE COUNTY ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES BOARD
- LAKE COUNTY COUNCIL ON AGING
- LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
- LAKE COUNTY JOB & FAMILY SERVICES
- LAKE METROPARKS
- LAKELAND COMMUNITY COLLEGE
- LAKETRAN
- SIGNATURE HEALTH
- UNITED WAY OF LAKE COUNTY
- YMCA OF LAKE COUNTY

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH LAKE WEST MEDICAL CENTER (LAKE

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEATH NEEDS AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE

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: IMPROVE HEALTHCARE ACCESS THROUGH THE CREATION OF WORKFORCE PIPELINE AND DEVELOPMENT OPPORTUNITIES TO PURSUE CAREERS IN HEALTH CARE.

IMPROVE INCLUSIVE HEALTHCARE ACCESS FOR COMMUNITY MEMBERS, ESPECIALLY THOSE IMPACTED BY HIGH COST DUE TO BEING UNINSURED OR UNDERINSURED WITH A HIGH DEDUCTIBLE TO IMPROVE REFERRALS TO PRIMARY CARE.

PRIORITY HEALTH NEED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE AND MISUSE)

STRATEGY #1: UH LAKE HEALTH AND PUBLIC HEALTH PARTNERS ADDRESS OPIOIDS/SUBSTANCE USE/MISUSE AND MENTAL HEALTH

PRIORITY HEALTH NEED #3: CHRONIC DISEASE CONDITIONS

STRATEGY #1: COMMUNITY ENGAGEMENT TO PROVIDE SCREENINGS, EDUCATION AND SUPPORT GROUPS TO PREVENT AND/OR MANAGE CHRONIC DISEASES.

UH LAKE WEST MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR LAKE COUNTY, AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH LAKE WEST MEDICAL CENTER IS NOT ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH LAKE WEST MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 LAKE COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

Part V Facility Information *(continued)*

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

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE

DS-ASSESSMENT

GROUP A-FACILITY 5 -- UH LAKE WEST 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 5 -- UH LAKE WEST 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 5 -- UH LAKE WEST 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 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 9 -- UH TRIPOINT 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, AND EDUCATION FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROBERT WOOD JOHNSON FOUNDATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

REPRESENTATIVES FROM KEY LAKE COUNTY ANCHOR ORGANIZATIONS FORMED THE LAKE COUNTY CHNA STEERING COMMITTEE TO GUIDE LAKE COUNTY GENERAL HEALTH DISTRICT (LCGHD), UNIVERSITY HOSPITALS LAKE WEST MEDICAL CENTER AND UNIVERSITY HOSPITALS TRIPOINT MEDICAL CENTER ("UH LAKE HEALTH MEDICAL CENTERS") THROUGH THE ASSESSMENT PROCESS. REPRESENTING A VARIETY OF SECTORS INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES, THESE ORGANIZATIONS PLAY KEY ROLES IN OPTIMIZING THE COMMUNITY'S HEALTH. THE COMMITTEE MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA, REVISE RESIDENT SURVEY QUESTIONS, SUGGEST NEW PARTNERS TO CONTRIBUTE TO THE PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED 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.

LCGHD AND UNIVERSITY HOSPITALS COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT DATA ANALYSIS AND REPORT DEVELOPMENT OF LAKE COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO DRIVE COMMUNITY HEALTH OUTCOMES BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS WHICH INCLUDED PARTICIPATION IN QUALITATIVE DATA COLLECTION, MARKETING AND PARTICIPATION IN THE COMMUNITY HEALTH SURVEY, AS WELL AS PARTICIPATION IN THE PUBLIC PRIORITIZATION MEETING THAT WAS HOSTED VIRTUALLY. UH WEST MEDICAL CENTER 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (COMMUNITY SURVEY AND FOCUS GROUPS AND MAYORS AND CITY MANAGERS FEEDBACK) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, SOCIOECONOMIC, MORBIDITY, AND MORTALITY).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS COLLECTED FROM RESIDENTS IN LAKE COUNTY. PRIMARY DATA USED IN THIS ASSESSMENT CONSISTED OF FOCUS GROUP DISCUSSIONS, AN ONLINE COMMUNITY SURVEY, AS WELL AS AN ADDITIONAL SURVEY WITH MAYORS AND CITY MANAGERS.

THE COMMUNITY SURVEY WAS CONDUCTED ONLINE AND PROMOTED ACROSS LAKE COUNTY BY LCGHD AND UH LAKE HEALTH MEDICAL CENTERS AND THEIR COMMUNITY PARTNERS.

THE SURVEY CONSISTED OF 103 QUESTIONS RELATED TO TOP HEALTH NEEDS IN 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.

COMMUNITY, INDIVIDUALS' PERCEPTION OF THEIR OVERALL HEALTH, INDIVIDUALS'

ACCESS TO HEALTH CARE SERVICES, AS WELL AS SOCIAL AND ECONOMIC

DETERMINANTS OF HEALTH AND GENERAL HEALTH STATUS. RESPONSES WERE COLLECTED

FROM JANUARY 21, 2022, TO MARCH 1, 2022. BOTH AN ENGLISH AND SPANISH

VERSION OF THE SURVEY WERE MADE AVAILABLE. A TOTAL OF 1,846 RESPONSES WERE

COLLECTED.

SEVEN ADDITIONAL KEY INFORMANT SURVEYS WERE ADMINISTERED TO LAKE COUNTY

MAYORS AND CITY MANAGERS TO GAIN ADDITIONAL COMMUNITY-LEVEL FEEDBACK.

FIVE KEY FOCUS GROUP DISCUSSIONS WERE CONDUCTED IN MARCH 2022 TO GAIN

DEEPER UNDERSTANDING OF HEALTH ISSUES IMPACTING THE RESIDENTS OF LAKE

COUNTY. KEY COMMUNITY GROUPS WHO PARTICIPATED IN THESE FOCUS GROUPS

INCLUDE REPRESENTATIVES FROM:

- BLACK LIVES MATTER

- LGBTQ+ COMMUNITY

- NAACP

- PAINESVILLE ELM STREET ELEMENTARY

- SENIORS

INITIALLY, A TOTAL OF 181 SECONDARY DATA MEASURES WERE IDENTIFIED AND

COMPILED ACROSS HEALTHY PEOPLE 2030 (WHERE AVAILABLE), NATIONAL, STATE,

AND COUNTY VALUES. IN CONJUNCTION WITH LAKE COUNTY VALUES, TWO

DEMOGRAPHICALLY SIMILAR COUNTIES, LICKING COUNTY AND CLERMONT COUNTY, AS

DETERMINED BY TOTAL POPULATION, POVERTY, AGE, AND MEDIAN HOUSEHOLD INCOME,

WERE INCLUDED FOR BENCHMARKING PURPOSES. BASED UPON THE QUALITY, AGE,

AVAILABILITY, AND/OR REDUNDANCY OF THE MEASURES, 171 OF THE INITIALLY

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.

COMPILED 338 (94%) MEASURES WERE INCLUDED FOR ANALYSIS.

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITY IS INCLUDED

WITH UH TRIPOINT MEDICAL CENTER IN THE JOINT CHNA FOR LAKE COUNTY:

- UH LAKE WEST MEDICAL CENTER

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LAKE COUNTY:

- EDUCATIONAL SERVICE CENTER OF THE WESTERN RESERVE
- LAKE COUNTY ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES BOARD
- LAKE COUNTY COUNCIL ON AGING
- LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
- LAKE COUNTY JOB & FAMILY SERVICES
- LAKE METROPARKS
- LAKELAND COMMUNITY COLLEGE
- LAKETRAN
- SIGNATURE HEALTH
- UNITED WAY OF LAKE COUNTY
- YMCA OF LAKE COUNTY

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH TRIPOINT MEDICAL CENTER (LAKE

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.

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEATH NEEDS AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE

STRATEGY #1: IMPROVE HEALTHCARE ACCESS THROUGH THE CREATION OF WORKFORCE

PIPELINE AND DEVELOPMENT OPPORTUNITIES TO PURSUE CAREERS IN HEALTH CARE.

IMPROVE INCLUSIVE HEALTHCARE ACCESS FOR COMMUNITY MEMBERS, ESPECIALLY

THOSE IMPACTED BY HIGH COST DUE TO BEING UNINSURED OR UNDERINSURED WITH A

HIGH DEDUCTIBLE TO IMPROVE REFERRALS TO PRIMARY CARE.

PRIORITY HEALTH NEED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE

AND MISUSE)

STRATEGY #1: UH LAKE HEALTH AND PUBLIC HEALTH PARTNERS ADDRESS

OPIOIDS/SUBSTANCE USE/MISUSE AND MENTAL HEALTH

PRIORITY HEALTH NEED #3: CHRONIC DISEASE CONDITIONS

STRATEGY #1: COMMUNITY ENGAGEMENT TO PROVIDE SCREENINGS, EDUCATION AND

SUPPORT GROUPS TO PREVENT AND/OR MANAGE CHRONIC DISEASES.

UH TRIPOINT MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR LAKE COUNTY, AND THERE ARE NO

PRIORITIZED HEALTH NEEDS THAT UH TRIPOINT MEDICAL CENTER IS NOT

ADDRESSING.

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 MORE DETAILS ON THE STRATEGIES THAT UH TRIPOINT MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 LAKE COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP A-FACILITY 9 -- UH TRIPOINT 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 TRIPOINT 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 9 -- UH TRIPOINT 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 B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 7: UH GEAUGA MEDICAL CENTER
- FACILITY 11: UH SAMARITAN MEDICAL CENTER

GROUP B-FACILITY 7 -- 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 2022 CHNA EXAMINED SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT, EDUCATION, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT FACTORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

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 HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH GEAUGA COUNTY LEADERS, THE HEALTH DEPARTMENT, UNIVERSITY HOSPITALS, LOCAL ORGANIZATIONS, AND GEAUGA COUNTY RESIDENTS IN THE 2022 CHNA FOR GEAUGA COUNTY.

REPRESENTATIVES FROM GEAUGA PUBLIC HEALTH AND UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FORMED THE PARTNERSHIP OF HEALTHY GEAUGA FOR THE 2022 CHNA.

THE PARTNERS MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA AND COMMUNITY FEEDBACK, SUGGEST NEW PARTNERS TO CONTRIBUTE TO THE PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH NEEDS.

THE PARTNERS ENGAGED WITH GEAUGA COUNTY COMMUNITY MEMBERS THROUGHOUT THE ASSESSMENT PROCESS. REPRESENTING A VARIETY OF SECTORS, INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES, THESE ORGANIZATIONS PLAY KEY ROLES IN OPTIMIZING THE COMMUNITY'S HEALTH.

THE GEAUGA COUNTY CHNA STEERING COMMITTEE (AKA PARTNERSHIP OF HEALTHY GEAUGA), INCLUDING GEAUGA PUBLIC HEALTH AND UH GEAUGA MEDICAL CENTER, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF GEAUGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH GEAUGA MEDICAL CENTER'S 2022 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS, COMMUNITY SURVEY, AND FOCUS GROUPS) AND SOME SECONDARY (REGARDING

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, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). FOR BOTH PRIMARY AND SECONDARY DATA, IMMENSE EFFORTS WERE MADE TO INCLUDE AS WIDE A RANGE OF COMMUNITY HEALTH INDICATORS, KEY INFORMANTS, AND FOCUS GROUP PARTICIPANTS AS POSSIBLE. ALTHOUGH THE TOPICS BY WHICH DATA WERE ORGANIZED COVERED A WIDE RANGE OF HEALTH AND QUALITY OF LIFE AREAS, WITHIN EACH TOPIC, THERE WAS A VARYING SCOPE AND DEPTH OF SECONDARY DATA INDICATORS AND PRIMARY DATA FINDINGS.

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS COLLECTED FROM GEAUGA COUNTY RESIDENTS. PRIMARY DATA USED IN THIS ASSESSMENT CONSISTED OF COMMUNITY SURVEYS, KEY INFORMANT INTERVIEWS (KIIS) WITH KEY COMMUNITY STAKEHOLDERS, AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS.

GEAUGA PUBLIC HEALTH CONDUCTED FIVE KEY INORMANT INTERVIEWS IN AUGUST 2022. INDIVIDUALS REPRESENTING THE FOLLOWING GROUPS PARTICIPATED IN THE KEY INFORMANT INTERVIEWS:

- DEPARTMENT OF AGING
- GEAUGA METROPOLITAN HOUSING AUTHORITY
- KENT STATE GEAUGA
- LEAGUE OF WOMEN VOTERS
- UNITED WAY

FOUR FOCUS GROUP DISCUSSIONS WERE CONDUCTED BY GEAUGA PUBLIC HEALTH FROM APRIL TO AUGUST 2022 TO GAIN DEEPER INSIGHTS ABOUT PERCEPTIONS, ATTITUDES, EXPERIENCES, OR BELIEFS HELD BY COMMUNITY MEMBERS ABOUT THEIR HEALTH 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.

THE HEALTH OF THEIR COMMUNITY. PARTICIPANTS IN THE COMMUNITY FOCUS GROUPS

INCLUDED REPRESENTATIVES FROM: CHAGRIN FALLS PARK, HISPANIC POPULATIONS,

AND SENIORS THAT INCLUDED PERSPECTIVES FROM ACROSS THE COUNTY.

THE COMMUNITY SURVEY CONTAINED BOTH CUSTOMIZED QUESTIONS AND A SET OF CORE

QUESTIONS TAKEN FROM THE CENTER FOR DISEASE CONTROL AND PREVENTION'S

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. THE NUMBER OF SURVEYS

COMPLETED AND ANALYZED (398) MET THE THRESHOLD FOR STATISTICAL

SIGNIFICANCE AT THE 95% CONFIDENCE LEVEL, WITH A 5% MARGIN OF ERROR.

WHEREVER POSSIBLE, LOCAL FINDINGS WERE COMPARED TO OTHER LOCAL, REGIONAL,

STATE, AND NATIONAL DATA.

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM A

COMMUNITY INDICATOR DATABASE DEVELOPED BY CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI). THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT

HCI, INCLUDED OVER 150 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS

IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE

DATA WAS PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA

SOURCES. THE VALUE FOR EACH OF THESE INDICATORS WAS COMPARED TO OTHER

COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS. THE SECONDARY

DATA ANALYSIS IDENTIFIED THE FOLLOWING HEALTH TOPIC AREAS: MEDICATIONS &

PRESCRIPTIONS, NUTRITION & HEALTHY EATING, WOMENS HEALTH, HEALTHCARE

ACCESS & QUALITY, AND OTHER CONDITIONS.

GROUP B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR 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.

- GEAUGA COUNTY DEPARTMENT ON AGING

- GEAUGA PARK DISTRICT

- LAKE GEAUGA RECOVERY CENTERS

- MIDDLEFIELD CARE CENTER

- UNITED WAY SERVICES OF GEAUGA COUNTY

- KENT-STATE GEAUGA

- CHAGRIN FALLS PARK COMMUNITY CENTER

- GEAUGA SOGI SUPPORT NETWORK

- GEAUGA COUNTY VETERAN'S SERVICES

- GEAUGA TRANSIT DEPARTMENT

- GEAUGA COUNTY PLANNING COMMISSION

- GEAUGA METROPOLITAN HOUSING AUTHORITY

- GEAUGA COUNTY BOARD OF MENTAL HEALTH & RECOVERY SERVICES

- GEAUGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

- GEAUGA COUNTY EDUCATIONAL SERVICE CENTER

- GEAUGA COUNTY JOBS AND FAMILY SERVICES

- NAMI GEAUGA

- RAVENWOOD MENTAL HEALTH

- WOMENSAFE, INC.

GROUP B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 11: PART V, SECTION B, LINE 11: THE 2022 COMMUNITY

HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH GEAUGA

MEDICAL CENTER (GEAUGA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY

HEATH 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: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/MISUSE)

STRATEGY #1: SUPPORT COUNTYWIDE COLLABORATIVE EFFORTS FOR BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES

STRATEGY #2: COORDINATION OF EDUCATION RELATED TO MENTAL HEALTH PREVENTION

STRATEGY #3: COORDINATION OF PREVENTION AND EDUCATION EFFORTS ABOUT ALCOHOL TOBACCO OTHER DRUGS (ATOD) TO THE AMISH COMMUNITY

PRIORITY HEALTH NEED #2: CHRONIC CONDITIONS (HEART DISEASE & BREAST CANCER)

STRATEGY #1: PLANNING AND COORDINATION OF ACTIVITIES AND SERVICES TO INCREASE AWARENESS ABOUT HEART HEALTH ACROSS GEAUGA COUNTY

STRATEGY #2: OUTREACH TO THE AMISH COMMUNITY TO INCREASE AWARENESS ABOUT HEART HEALTH

STRATEGY #3: COORDINATION AND OUTREACH TO INCREASE AWARENESS ABOUT BREAST HEALTH AMONG ADULTS

PRIORITY HEALTH NEED #3: HEALTHCARE ACCESS AND QUALITY

STRATEGY #1: COORDINATION AND OUTREACH EDUCATION TO EXPAND HEALTHCARE

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.

ACCESS FOR AMISH COMMUNITY

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE THREE PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH NEED IDENTIFIED IN THE 2022 CHNA FOR GEAUGA COUNTY THAT IS NOT BEING ADDRESSED BY UH GEAUGA MEDICAL CENTER IS COMMUNITY CONDITIONS (TRANSPORTATION AND HOUSING). UH GEAUGA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH GEAUGA MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 GEAUGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP B-FACILITY 7 -- 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

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 B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR 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 7 -- 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.

GROUP B-FACILITY 11 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

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.

EDUCATION, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT FACTORS FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE FOLLOWING ORGANIZATIONS, COMMITTEES, AND WORK GROUPS THAT WERE ACTIVE IN ASHLAND COUNTY AND PROVIDED INPUT INTO THIS ASSESSMENT PROCESS:

- FAMILY AND CHILDREN FIRST (FCFC)
- ASHLAND COUNTY SUBSTANCE USE COMMITTEE
- HOMELESS COALITION
- WELLNESS TARGET ACTION GROUP
- AMISH HEALTH AND SAFETY GROUP

ASHLAND COUNTY HEALTH DEPARTMENT AND UH SAMARITAN MEDICAL CENTER TOGETHER FORMED THE ASHLAND COUNTY STEERING COMMITTEE AND COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF ASHLAND COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

THE STEERING COMMITTEE MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA AND COMMUNITY FEEDBACK, SUGGEST NEW PARTNERS TO CONTRIBUTE TO 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.

PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH NEEDS.

THE STEERING COMMITTEE ENGAGED WITH ASHLAND COUNTY COMMUNITY PARTNERS

THROUGHOUT THE ASSESSMENT PROCESS. REPRESENTING A VARIETY OF SECTORS,

INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL

SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES.

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS WHICH INCLUDED PARTICIPATION IN

QUALITATIVE DATA COLLECTION, AS WELL AS PARTICIPATION IN THE PUBLIC

PRIORITIZATION THAT WAS HOSTED IN ASHLAND COUNTY IN EARLY AUGUST 2022.

UH SAMARITAN MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES,

SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND

FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY

(REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH

CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM ASHLAND COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN THIS

ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH COMMUNITY

STAKEHOLDERS AND COMMUNITY FOCUS GROUPS.

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT

INTERVIEWS VIA PHONE AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY

INPUT. INTERVIEWEES INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING

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.

EXPERTISE IN PUBLIC HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS,

AND/OR BEING ABLE TO SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE

POPULATIONS. FIFTEEN INDIVIDUALS PARTICIPATED AS KEY INFORMANTS

REPRESENTING DIFFERENT ENTITIES SERVING ASHLAND COUNTY. THE REPRESENTED

ORGANIZATIONS ARE LISTED BELOW:

- ACCESS
- AKRON CHILDREN'S IN ASHLAND
- ASHLAND CITY GOVERNMENT
- ASHLAND COUNTY COUNCIL ON ALCOHOLISM AND DRUG ABUSE
- ASHLAND COUNTY SCHOOL BOARD
- ASHLAND GRACE BRETHREN CHURCH
- ASHLAND UNIVERSITY
- CATHOLIC CHARITIES ASHLAND
- CHAMBER OF COMMERCE
- COUNCIL ON AGING
- JOB AND FAMILY SERVICES
- KROC CENTER/SALVATION ARMY
- MENTAL HEALTH RECOVERY BOARD
- NORTH COUNTY REPRESENTATIVE
- OHIO HIGHWAY PATROL

FOCUS GROUP DISCUSSIONS WERE CONDUCTED BY HCI AND ASHLAND COUNTY CHNA

STEERING COMMITTEE PARTNER UNIVERSITY HOSPITALS TO GAIN DEEPER INSIGHTS

ABOUT PERCEPTIONS, ATTITUDES, EXPERIENCES, OR BELIEFS HELD BY COMMUNITY

MEMBERS ABOUT THEIR HEALTH AND THE HEALTH OF THEIR COMMUNITY.

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM 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.

COMMUNITY INDICATOR DATABASE DEVELOPED BY CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI). THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT

HCI, INCLUDES OVER 150 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS

IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE

DATA ARE PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA

SOURCES. THE VALUE FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER

COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHLAND COUNTY:

- APPLESEED COMMUNITY MENTAL HEALTH CENTER
- ASHLAND CITY GOVERNMENT
- ASHLAND CITY SCHOOLS
- ASHLAND COUNTY BOARD OF HEALTH
- ASHLAND COUNTY CHAMBER OF COMMERCE
- ASHLAND COUNTY COUNCIL ON AGING
- ASHLAND COUNTY COUNCIL ON ALCOHOLISM AND DRUG ABUSE
- ASHLAND COUNTY EMA
- ASHLAND COUNTY FAMILY AND CHILDREN FIRST COUNCIL
- ASHLAND COUNTY JOB & FAMILY SERVICES
- ASHLAND FIRE
- ASHLAND PARENTING PLUS
- ASHLAND UNIVERSITY
- CATHOLIC CHARITIES ASHLAND
- KROC CENTER/SALVATION ARMY

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.

- LOUDONVILLE- PERRYSVILLE SCHOOLS

- MENTAL HEALTH RECOVERY BOARD

- OHIO HIGHWAY PATROL

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH SAMARITAN MEDICAL CENTER (ASHLAND COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGY TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE

STRATEGY #1: FOCUSING ON TELEHEALTH AND USAGE BY OUR OLDER POPULATION, DEVELOP A FRAMEWORK TO PROVIDE LIVE GROUP EDUCATION EVENTS AND 1-ON-1 TRAINING TO PROMOTE TELEHEALTH AS AN OPTION FOR ROUTINE CHECK-UPS

PRIORITY HEALTH NEED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/MISUSE)

STRATEGY #1: OFFER MUSIC THERAPY TO INPATIENTS AND OUTPATIENTS TO IMPROVE MENTAL HEALTH (INCLUDING BUT NOT LIMITED TO SEIDMAN CANCER & INFUSION CENTER, ED, 1:1 CONSULTATIONS)

STRATEGY #2: DECREASE PRESCRIPTION MEDICATION ABUSE

STRATEGY #3: OFFER MUSIC THERAPY SERVICES TO 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.

PRIORITY HEALTH NEED #3: CANCER

STRATEGY #1: COLLABORATE WITH PROVIDERS AND COMMUNITY PARTNERS ON VARIETY OF COMMUNITY OUTREACH EVENTS TARGETED TO CANCER EDUCATION AND THE VALUE OF CANCER SCREENINGS

UH SAMARITAN MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR ASHLAND COUNTY, AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH SAMARITAN MEDICAL CENTER IS NOT ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH SAMARITAN MEDICAL CENTER IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 ASHLAND COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

GROUP B-FACILITY 11 -- 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 B-FACILITY 11 -- 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 B-FACILITY 11 -- 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.

REPORTING GROUP A

PART V, SECTION B, LINE 7A:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

REPORTING GROUP 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.

PART V, SECTION B, LINE 10A:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

REPORTING GROUP A

PART V, SECTION B, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP A

PART V, SECTION B, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP A

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

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP B

PART V, SECTION B, LINE 7A:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

REPORTING GROUP B

PART V, SECTION B, LINE 10A:

HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/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-ASSESSMENT

REPORTING GROUP B

PART V, SECTION B, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-

MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP B

PART V, SECTION B, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-

MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP B

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

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-

MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

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? 120

	Name and address	Type of facility (describe)
1	UH MINOFF HEALTH CENTER AT CHAGRIN H	
	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 TWINSBURG HEALTH CENTER	
	8819 COMMONS BLVD SUITE 100	OUTPATIENT HEALTH CENTER &
	TWINSBURG, OH 44087	RAINBOW SPECIALTY CLINIC
4	UH SHARON HEALTH CENTER	
	5133 RIDGE RD	OUTPATIENT HEALTH CENTER &
	WADSWORTH, OH 44281	RAINBOW SPECIALTY CLINIC
5	UH MENTOR HOPKINS HEALTH CENTER	
	9000 MENTOR AVENUE	OUTPATIENT HEALTH CENTER &
	MENTOR, OH 44060	SURGICAL CENTER & RAINBOW
6	UH CONCORD HEALTH CENTER	
	7500 AUBURN ROAD	OUTPATIENT HEALTH CENTER &
	PAINSVILLE-CONCORD JEDD, OH 44077	URGENT CARE
7	UH MEDINA HEALTH CENTER	
	4001 CARRICK DR.	OUTPATIENT HEALTH CENTER &
	MEDINA, OH 44256	RAINBOW SPECIALTY CLINIC
8	UH LANDERBROOK HEALTH CENTER	
	5850 LANDERBROOK DRIVE	OUTPATIENT HEALTH CENTER &
	MAYFIELD HEIGHTS, OH 44124	RAINBOW SPECIALTY CLINIC
9	UH EUCLID HEALTH CENTER	
	18599 LAKE SHORE BLVD	
	EUCLID, OH 44119	OUTPATIENT HEALTH CENTER
10	UH MAYFIELD VILLAGE HEALTH CENTER	
	730 S.O.M. CENTER ROAD SUITE 110	
	MAYFIELD VILLAGE, OH 44143	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? 120

	Name and address	Type of facility (describe)
11	UH UNIVERSITY SUBURBAN HEALTH CENTER 1611 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121	OUTPATIENT HEALTH CENTER, RAINBOW SPECIALTY CLINIC, & SURGERY CENTER
12	UH HUDSON HEALTH CENTER 5778 DARROW ROAD HUDSON, OH 44236	OUTPATIENT HEALTH CENTER
13	UH MADISON HEALTH CENTER 701 NORTH LAKE STREET MADISON, OH 44057	OUTPATIENT HEALTH CENTER
14	UH OTIS MOSS JR. HEALTH CENTER 8819 QUINCY AVENUE CLEVELAND, OH 44106	OUTPATIENT HEALTH CENTER
15	UH SOLON HEALTH CENTER 34055 SOLON ROAD SOLON, OH 44139	OUTPATIENT HEALTH CENTER
16	UH WELLPOINTE HEALTH CENTER 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
17	UH AVON HEALTH CENTER 1997 HEALTHWAY ROAD AVON, OH 44011	LAB, IMAGING, REHABILITATION, & FITNESS CENTER SERVICES
18	UH AMHERST HEALTH CENTER 254 CLEVELAND AVE AMHERST, OH 44001	LAB, 24 HOUR ER, & IMAGING
19	UH FAIRLAWN HEALTH CENTER 3800 EMBASSY PKWY FAIRLAWN, OH 44333	OUTPATIENT HEALTH CENTER
20	UH GEAUGA HEALTH CENTER 13221 RAVENNA RD CHARDON, OH 44024	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? 120

Name and address	Type of facility (describe)
21 UH INDEPENDENCE HEALTH CENTER 6150 OAK TREE BLVD INDEPENDENCE, OH 44131	OUTPATIENT HEALTH CENTER
22 UH KENT HEALTH CENTER 401, AND 408 DEVON PLACE KENT, OH 44240	OUTPATIENT HEALTH CENTER & LAB
23 UH SHEFFIELD HEALTH CENTER 5001 TRANSPORTATION DRIVE SHEFFIELD LAKE, OH 44054	OUTPATIENT HEALTH CENTER
24 UH STREETSBORO HEALTH CENTER 9318 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT HEALTH CENTER
25 UH BROADVIEW HEIGHTS HEALTH CENTER 5901 E ROYALTON ROAD BROADWAY HEIGHTS, OH 44147	OUTPATIENT HEALTH CENTER
26 UH ASHTABULA HEALTH CENTER 3315 N. RIDGE ROAD ASHTABULA, OH 44004	URGENT CARE & RADIOLOGY
27 UHCMC TRANSPLANT INSTITUTE 145 WEST AVENUE TALLMADGE, OH 44278	OUTPATIENT HEALTH CENTER
28 UH EVANS MIDDLEFIELD HEALTH CENTER 15976 E. HIGH STREET MIDDLEFIELD, OH 44062	RADIOLOGY
29 UH BROOK PARK (PARTNER WITH SOUTHWES 15900 SNOW ROAD SUITE 200 BROOK PARK, OH 44142	URGENT CARE & RADIOLOGY
30 UH NORTH OLMSTED HEALTH CENTER 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? 120

Name and address	Type of facility (describe)
31 UH NORTH RIDGEVILLE HEALTH CENTER 32800 LORAIN ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT HEALTH CENTER
32 UH ASHLAND FAMILY PRACTICE 1941 S BANEY RD, STE 100 ASHLAND, OH 44805	OUTPATIENT HEALTH CENTER
33 UH KETTERING HEALTH CENTER 546 NORTH UNION STREET LOUDONVILLE, OH 44842	URGENT CARE
34 UH RAINBOW AHUJA CENTER FOR WOMEN & 5805 EUCLID AVENUE CLEVELAND, OH 44103	RAINBOW SPECIALTY CLINIC
35 UH ASHLAND MEDICAL CENTER 2212 MIFFLIN AVENUE ASHLAND, OH 44805	OUTPATIENT HEALTH CENTER
36 RICHLAND HEALTH CENTER 1033 ASHLAND ROAD MANSFIELD, OH 44905	URGENT CARE
37 WESTLAKE FAMILY HEALTH CENTER 26908 DETROIT ROAD WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER
38 UH TRI CITY AVON CONVENIENT CARE 1480 CENTER ROAD, SUITE B AVON, OH 44011	CONVENIENT CARE
39 UH KATHY RISMAN PAVILION 1000 AUBURN DR BEACHWOOD, OH 44122	HOPD FERTILITY CLINIC
40 UH TRI CITY AMHERST 101 COOPER FOSTER PARK RD, STE R AMHERST, OH 44001	RADIOLOGY

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? 120

Name and address	Type of facility (describe)
41 EMC ELYRIA DEWHURST 10325 DEWHURST RD, STE A ELYRIA, OH 44035	HOSPITAL OUTPATIENT SERVICES
42 UH W.O. WALKER BUILDING 10524 EUCLID AVE CLEVELAND, OH 44106	HOSPITAL OUTPATIENT SERVICES
43 BOLWELL HEALTH CENTER PHARMACY 11100 EUCLID AVE, BOLWELL HEALTH CEN CLEVELAND, OH 44106	RETAIL PHARMACY/CLINIC PHARMACY
44 NRMFC 11409 STATE RD NORTH ROYALTON, OH 44133	OPT EXTENSION SITE
45 GEAUGA YMCA 12460 BASS LAKE RD CHARDON, OH 44024	OPT EXTENSION SITE
46 NORTH OHIO HEART - ELYRIA 125 E BROAD ST, STE 305 ELYRIA, OH 44035	HOSPITAL OUTPATIENT SERVICES
47 UH EMC WOUND CARE & HYPERBARIC MED 133 E BROAD ST ELYRIA, OH 44035	HOSPITAL OUTPATIENT SERVICES
48 HARRINGTON HEART & VASCULAR INST 1335 CORPORATE DR HUDSON, OH 44236	HOPD CARDIOLOGY
49 EMC AVON T3 REHAB 1965 RECREATION LN, STE A AVON, OH 44011	REHABILIATION
50 UH FERTILITY CENTER WEST 2055 CROCKER RD, STE 206 WESTLAKE, OH 44145	HOPD FERTILITY 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? 120

Name and address	Type of facility (describe)
51 SAMARITAN HEALTH & REHAB CENTER 2163 CLAREMONT AVE ASHLAND, OH 44805	OPT EXTENSION SITE
52 UH EMC WOUND CARE & HYPERBARIC MED 25200 CENTER RIDGE RD, STE 1400 WESTLAKE, OH 44145	HOSPITAL OUTPATIENT SERVICES
53 UHCMC REHABILITATION AND SPORTS MED 26001 S WOODLAND RD BEACHWOOD, OH 44122	OPT EXTENSION SITE
54 OHIO MEDICAL GROUP - ELYRIA 26908 COOK RD, STE A OLMSTEAD TWP, OH 44138	HOSPITAL OUTPATIENT SERVICES
55 UH PEDIATRIC REHAB SERVICES 29160 CENTER RIDGE RD WESTLAKE, OH 44145	OPT EXTENSION SITE/WOUND CARE
56 NORTH OHIO HEART - WESTLAKE 29325 HEALTH CAMPUS DR, STE 3A WESTLAKE, OH 44145	HOSPITAL OUTPATIENT SERVICES
57 NORTH OHIO HEART - LORAIN 3600 KOLBE RD, STE 127A LORAIN, OH 44053	HOSPITAL OUTPATIENT SERVICES
58 UHCMC FOLEY ELDERHEALTH CENTER 3619 PARK EAST DR, STE 109 BEACHWOOD, OH 44122	HOSPITAL OUTPATIENT SERVICES
59 UH SLEEP CENTER AT MARRIOTT 3628 PARK EAST DR, STE 442 BEACHWOOD, OH 44122	HOPD SLEEP CENTER
60 CENTER RIDGE REHAB 39000 CENTER RIDGE RD NORTH RIDGEVILLE, OH 44039	HOSPITAL OUTPATIENT 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? 120

Name and address	Type of facility (describe)
61 UH PERRICO HEALTH CENTER 4176 STATE ROUTE 306 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE & DIAGNOSTIC CENTER
62 UH WARRENSVILLE OPT & NEURO REHAB 4480 RICHMOND RD WARRENSVILLE HEIGHTS, OH 44128	OPT EXTENSION SITE
63 UH SPECIALTY CLINIC 6115 POWERS BLVD, STE 301 PARMA, OH 44129	HOSPITAL OUTPATIENT SERVICES
64 OUTPATIENT CENTER 6305 POWERS BLVD PARMA, OH 44129	OUTPATIENT CENTER
65 ANTI-COAGULATION CLINIC 6525 POWERS BLVD PARMA, OH 44129	ANTI-COAGULATION CLINIC
66 THERAPY SERVICES 6681 RIDGE RD PARMA, OH 44129	OPT EXTENSION SITE/THERAPY/CARDIO THORACIC CLINIC
67 WOUND CLINIC 6707 POWERS BLVD PARMA, OH 44129	WOUND CLINIC/SURGERY CLINIC
68 NORTH OHIO HEART - SANDUSKY 703 TYLER ST, STE 250A SANDUSKY, OH 44870	HOSPITAL OUTPATIENT SERVICES
69 SEVEN HILLS THERAPY 7777 SUMMITVIEW DR SEVEN HILLS, OH 44131	OPT EXTENSION SITE
70 BEDFORD MEDICAL OFFICE BUILDING 88 CENTER RD BEDFORD, OH 44146	OTHER HEALTH CARE FACILITY

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? 120

Name and address	Type of facility (describe)
71 UH TWINSBURG TOWN CENTER 8900 DARROW RD, STE H111 TWINSBURG, OH 44087	HOPD WOMEN'S HEALTH
72 UH WESTLAKE HEALTH CENTER 950 CLAGUE RD, STE 101A WESTLAKE, OH 44145	HOPD NEUROLOGICAL
73 UH LHPG OHIO HAND AND SHOULDER CENTE 25501 CHAGRIN BLVD BEACHWOOD, OH 44122	PHYSICIAN OFFICE
74 UH LHPG OHIO HAND AND SHOULDER CENTE 13170 RAVENNA RD, STE 200 CHARDON, OH 44024	PHYSICIAN OFFICE
75 UH CHARDON HEALTH CENTER 510 5TH AVE CHARDON, OH 44024	URGENT CARE CENTER & RADIOLOGY
76 UH LHPG CHARDON PEDIATRICS 510 5TH AVE, STE 100 CHARDON, OH 44024	PHYSICIAN OFFICE
77 UH LHPG CHARDON FAMILY PRACTICE 510 5TH AVE, STE 130 CHARDON, OH 44024	PHYSICIAN OFFICE
78 UH LHPG GENERAL SURGERY CONCORD 7580 AUBURN RD, STE 314 CONCORD TOWNSHIP, OH 44077	GENERAL SURGERY PHYSICIAN OFFICE
79 UH LAKE CONTINUING CARE CENTER 10977 CAPITAL PKWY CONCORD TWP, OH 44077	REHABILITATION AND PSYCHIATRIC DEPARTMENTS
80 UH LHPG NORTHEAST OHIO HEART ASSOCIA 7580 AUBURN RD, STE 106 CONCORD TWP, OH 44077	PHYSICIAN OFFICE

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? 120

Name and address	Type of facility (describe)
81 UH LHPG NORTH COAST FAMILY PRACTICE 7580 AUBURN RD, STE 202 CONCORD TWP, OH 44077	PHYSICIAN OFFICE
82 UH MADISON HEALTH CENTER 6270 N RIDGE RD MADISON, OH 44057	GENERAL MEDICAL & PHYSICIAN OFFICES
83 UH BRUNNER SANDEN DEITRICK WELLNESS 8655 MARKET ST MENTOR, OH 44060	MEDICAL FITNESS CENTER
84 UH MENTOR HEALTH CENTER 9485 MENTOR AVE MENTOR, OH 44060	VARIOUS PHYSICIAN OFFICES - PEDIATRICS, OBGYN, INTERNAL MED, PAIN MANAGEMENT
85 UH LABORATORY LAKE AMBULATORY BLDG 9500 MENTOR AVE SUITE 220 MENTOR, OH 44060	DIAGNOSTIC CENTER
86 UH LHPG LAKE COUNTY FAMILY PRACTICE 9500 MENTOR AVENUE SUITE 100 MENTOR, OH 44060	PHYSICIAN OFFICE
87 UH LHPG MENTOR GENERAL SURGERY 9500 MENTOR AVENUE SUITE 300 MENTOR, OH 44060	PHYSICIAN OFFICE
88 UH LHPG MIDDLEFIELD FAMILY PRACTICE 16030 EAST HIGH STREET MIDDLEFIELD, OH 44062	PHYSICIAN OFFICE
89 UH LHPG SOM GENERAL SURGERY 2105 SOM CENTER ROAD SUITE 107 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
90 UH WILLOWICK HEALTH CENTER 29804 LAKESHORE BLVD WILLOWICK, OH 44095	URGENT CARE 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? 120

Name and address	Type of facility (describe)
91 UH LHPG WILLOWICK FAMILY PRACTICE 29804 LAKESHORE BLVD WILLOWICK, OH 44095	PHYSICIAN OFFICE
92 UH LHPG CHARDON CENTER STREET FAMILY 320 CENTER STREET CHARDON, OH 44024	PHYSICIAN OFFICE
93 UH LHPG SPORTS MEDICINE & REHAB 36060 EUCLID AVENUE SUITE 105 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
94 UH LHPG ORTHOPEDIC SURGERY 36060 EUCLID AVENUE SUITE 203 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
95 UH LHPG PLASTIC SURGERY 36060 EUCLID AVENUE SUITE 204 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
96 UH LAKE WEST MEDICAL CENTER REFERENC 36100 EUCLID AVE SUITE 190 WILLOUGHBY, OH 44094	DIAGNOSTIC CENTER
97 UH LHPG OPHTHALMOLOGY ASSOCIATES 36100 EUCLID AVE SUITE 450 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
98 UH LHPG NORTHEAST OHIO HEART ASSOCIA 36100 EUCLID AVENUE SUITE 120 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
99 UH IMED NP BEACON HEALTH 36100 EUCLID AVENUE SUITE 120 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
100 UH LHPG BARIATRIC SURGERY 36100 EUCLID AVENUE SUITE 170 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE

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? 120

Name and address	Type of facility (describe)
101 UH LHPG WEST IMED 36100 EUCLID AVENUE SUITE 210 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
102 UH LHPG WILLOUGHBY IMED 36100 EUCLID AVENUE SUITE 240 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
103 UH LHPG WILLOUGHBY PEDIATRICS 36100 EUCLID AVENUE SUITE 300 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
104 UH LHPG CARDIO ELECTROPHYSIOLOGY 36100 EUCLID AVENUE SUITE 400 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
105 UH LAKE SOM HEALTH CENTER WELLNESS & 5105 SOM CENTER ROAD WILLOUGHBY, OH 44094	REHABILITATION CLINIC
106 UH LHPG ARTHRITIS ASSOCIATES 5105 SOM CENTER ROAD SUITE 200 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
107 UH LHPG OB/GYN WILLOUGHBY 5105 SOM CENTER ROAD SUITE 201 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
108 UH LHPG PAIN MANAGEMENT 5105 SOM CENTER ROAD SUITE 202 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
109 UH MAYFIELD WILDCAT WELLNESS CLINIC 6098 MAYFIELD RD MAYFIELD VILLAGE, OH 44143	PHYSICIAN OFFICE
110 UH LHPG OHIO HAND AND SHOULDER CENTE 7580 AUBURN RD SUITE 214 CONCORD, OH 44077	PHYSICIAN OFFICE

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? 120

Name and address	Type of facility (describe)
111 UH LHPG MENTOR ENDOCRINOLOGY 8300 TYLER BOULEVARD SUITE 102 MENTOR, OH 44060	PHYSICIAN OFFICE
112 UH LHPG HACKETT MEDICAL GROUP 8300 TYLER BOULEVARD SUITE 300 MENTOR, OH 44060	PHYSICIAN OFFICE
113 UH LHPG MENTOR FAMILY PRACTICE 8655 MARKET STREET MENTOR, OH 44060	PHYSICIAN OFFICE
114 UH LHPG INTEGRATIVE MEDICINE 8655 MARKET STREET MENTOR, OH 44060	PHYSICIAN OFFICE
115 UH LHPG SPORTS MEDICINE 8655 MARKET STREET MENTOR, OH 44060	PHYSICIAN OFFICE
116 UH WELLNESS CLINIC AT MHS 8655 MARKET STREET MENTOR, OH 44060	WALK IN CLINIC
117 UH URGENT CARE BRUNNER SANDEN DEITRI 8655 MARKET STREET MENTOR, OH 44060	URGENT CARE CENTER
118 MACDONALD WOMENS HOSPITAL-MOBILE 11993 RAVENNA RD CHARDON, OH 44024	MOBILE UNIT BASE OF OPERATIONS
119 UH WESTLAKE BEHAVIORAL HEALTH 902 WESTPOINT PKWY, STE 320 WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER
120 UH WESTLAKE HEALTH CENTER 960 CLAGUE RD, STE 1200A WESTLAKE, OH 44145	HOPD CANCER 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? 120

Name and address	Type of facility (describe)

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 (for example, 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 2023 TOTALED $522 MILLION AS COMPARED TO THE 2022 COMMUNITY BENEFIT TOTAL OF $531 MILLION. THE 2023 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE ($58 MILLION), MEDICAID SHORTFALL ($268 MILLION), RESEARCH ($58 MILLION), EDUCATION AND TRAINING ($100 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT ($38 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") ($75 MILLION). TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES. AS SUCH, THE INFORMATION FOR 2023 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED. FOR 2023, THIS REVENUE OFFSET WAS $75 MILLION.

Part VI Supplemental Information *(Continuation)*

THE 2022 INFORMATION PROVIDED ABOVE ($531 MILLION) INCLUDED A REVENUE OFFSET OF $55 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: $153,990,377. THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS $129,058,475. THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS $24,931,902.

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 38,433 (5,826 REPORTED ON THE PARENT ORGANIZATION'S FORM 990, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (34-0714775)) EMPLOYEES AND PHYSICIANS.

UH PROVIDED MANY MORE COMMUNITY BUILDING ACTIVITIES, DIRECTLY AND INDIRECTLY, THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH

Part VI Supplemental Information *(Continuation)*

IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING CONSTRUCTION AND HOSPITAL-BASED JOBS. NEW STATE-OF-THE-ART OUTPATIENT HEALTH CENTERS IN THE REGION HAVE SPURRED ECONOMIC GROWTH WHILE GIVING PEOPLE ACCESS TO THE CARE THEY NEED CLOSE TO HOME AND EXPANDING OUR COMMUNITY BENEFIT PROGRAMS. THE SYSTEM'S SUPPLY CHAIN MANAGEMENT STRATEGY ENCOMPASSES SUPPLIER DIVERSITY TO INCLUDE MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES PROVIDING THEM OPPORTUNITIES TO BE OUR PARTNERS AND SUPPLIERS OF GOODS AND SERVICES THROUGHOUT THE SYSTEM.

THE SYSTEM SEEKS TO INCORPORATE ENVIRONMENTAL RESPONSIBILITY AND IS WORKING TOWARDS REDUCING ITS ENVIRONMENTAL FOOTPRINT THROUGHOUT THE COMMUNITIES IT SERVES. WITH REGARD TO UH BUILDINGS AND MAJOR RENOVATIONS, UH 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 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:

Part VI Supplemental Information *(Continuation)*

THERE IS NO ESTIMATED AMOUNT (ZERO) OF BAD DEBT ATTRIBUTABLE TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY. FOR PATIENTS WHO QUALIFY, THOSE PATIENTS ARE DEEMED TO BE UNABLE TO PAY AND ARE THEREFORE WRITTEN OFF TO CHARITY RATHER THAN BAD DEBT.

PART III, LINE 8:

UH HOSPITALS PROVIDE SERVICES TO MANY LOW-INCOME MEDICARE RECIPIENTS. THE MEDICARE LOSSES SUSTAINED AT THESE HOSPITALS ARE A RESULT OF MEDICARE REIMBURSING AT LESS THAN OPERATING COSTS. IRS REV. RUL. 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR HOSPITALS, PROVIDES THAT IF A HOSPITAL SERVES PATIENTS COVERED BY GOVERNMENTAL HEALTH BENEFITS (INCLUDING MEDICARE), THEN THIS INDICATES THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. IN TURN, TREATING MEDICARE PATIENTS IS CONSIDERED A COMMUNITY BENEFIT. COSTS WERE DERIVED USING THE MEDICARE COST REPORT.

PART III, LINE 9B:

PATIENT LIABILITIES FOR SERVICES RENDERED BY UH HOSPITAL FACILITIES SHALL BE COLLECTED FROM ALL PATIENTS. AMOUNTS OWED BY PATIENTS QUALIFYING FOR CHARITY CARE UNDER THE UH HOSPITALS FACILITIES' CHARITY/FINANCIAL ASSISTANCE POLICY SHALL NOT BE BILLED TO PATIENTS AT AMOUNTS THAT ARE MORE THAN THE AMOUNTS GENERALLY BILLED TO MEDICARE PATIENTS.

IF A PATIENT QUALIFIES FOR A 100% FINANCIAL ASSISTANCE DISCOUNT, COLLECTION OF THE ACCOUNT IS NOT PURSUED. IF A PATIENT RECEIVES A PARTIAL DISCOUNT DUE TO MEDICAL INDIGENCY UNDER THE FINANCIAL ASSISTANCE POLICY, ANY REMAINING BALANCE NOT DISCOUNTED IS TREATED IN ACCORDANCE WITH THE UH HOSPITALS COLLECTION POLICY.

Part VI Supplemental Information *(Continuation)*

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 2023 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

PART VI, LINE 3:

UH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT OPTIONS FOR RESOLUTION OF THEIR BALANCES, INCLUDING ASSISTANCE UNDER GOVERNMENT PROGRAMS AND UNDER THE UH FINANCIAL ASSISTANCE PROGRAM ("ASSISTANCE PROGRAM") IN A VARIETY OF WAYS. SIGNAGE FOR THE STATE OF OHIO HEALTH CARE ASSURANCE PROGRAM (HCAP) AND THE UH PATIENT FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND IN LOCATIONS WHERE PATIENTS REGISTER FOR

Part VI Supplemental Information *(Continuation)*

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:

UH CLEVELAND MEDICAL CENTER

UH RAINBOW BABIES & CHILDREN'S HOSPITAL

UH AHUJA MEDICAL CENTER

UH PARMA MEDICAL CENTER

UH ST. JOHN MEDICAL CENTER

UH BEACHWOOD REHABILITATION HOSPITAL

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS CUYAHOGA COUNTY. AS OF A 2022 REPORT FROM CLARITAS, THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS 1,229,828. COMMUNITY MEMBERS IDENTIFYING AS WHITE REPRESENT A SMALLER PROPORTION OF THE POPULATION IN CUYAHOGA COUNTY (60.7%) WHEN COMPARED TO OHIO (79.7%) AND THE U.S. (70.4%), WHILE BLACK/AFRICAN AMERICAN PERSONS REPRESENT A HIGHER PROPORTION OF THE POPULATION OF THE COUNTY (30.2%) COMPARED TO OHIO (13.0%) AND THE U.S. (12.6%). 6.8% OF THE POPULATION IN CUYAHOGA COUNTY IDENTIFY AS ETHNICALLY HISPANIC/LATINO. THIS IS A LARGER PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO (4.4%), BUT A SMALLER PROPORTION OF THE POPULATION COMPARED TO THE U.S. CUYAHOGA COUNTY'S POPULATION IS GROWING OLDER, ON AVERAGE. CHILDREN (AGES 0-17) COMPRISED 20.5% OF THE POPULATION IN CUYAHOGA COUNTY. WHEN COMPARED TO OHIO (21.8%)

Part VI Supplemental Information *(Continuation)*

AND THE U.S (22.4%), CUYAHOGA COUNTY HAS A SMALLER PERCENTAGE POPULATION OF CHILDREN (AGES 0-17). IN CUYAHOGA COUNTY, 19.8% OF THE POPULATION IS AGED 65+, WHICH IS A HIGHER PROPORTION IN COMPARISON TO ALL OF OHIO (18.6%) AND THE U.S. (16.0%). CUYAHOGA COUNTY HAS A HIGHER PERCENTAGE OF RESIDENTS WITH A HIGH SCHOOL DEGREE OR HIGHER (90.2%) WHEN COMPARED TO THE U.S VALUE (88.5%) BUT HAS A SLIGHTLY LOWER PERCENTAGE WHEN COMPARED TO THE STATE VALUE (90.7%). HOWEVER, RESIDENTS WITH A BACHELOR'S DEGREE OR HIGHER (33.5%) MAKE UP A LARGER PERCENTAGE OF THE POPULATION WHEN COMPARED TO BOTH THE STATE (29.0%) AND U.S. VALUE (32.9%). THE UNEMPLOYMENT RATE FOR CUYAHOGA COUNTY IS 6.8%, WHICH IS HIGHER THAN THE STATE VALUE AT 4.7% AND THE U.S. VALUE AT 5.4%.

UH GEAUGA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THIS HOSPITAL IS GEAUGA COUNTY. THE TOTAL POPULATION FOR GEAUGA COUNTY AS OF A 2022 REPORT BY CLARITAS IS 93,926. 96.4% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 1.2% AS ASIAN, 1.2% AFRICAN AMERICAN, AND 1.2% AS MORE THAN ONE RACE OR OTHER. 1.9% OF THE POPULATION IN GEAUGA COUNTY IDENTIFY AS ETHNICALLY HISPANIC/LATINO. THIS IS A SMALLER PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO AND U.S. THE AGE DISTRIBUTION OF THE POPULATION IN THE AGE GROUP OF UNDER 18 AND 85+ IN GEAUGA COUNTY IS RELATIVELY SIMILAR TO OHIO AND THE U.S. WHILE, THE PERCENTAGE OF POPULATION IN THE AGE GROUP 25+ IN GEAUGA COUNTY IS SMALLER WHEN COMPARED TO OHIO (50.4%) AND THE U.S. (52.1%). FURTHER, THE POPULATION IN AGE GROUP 65+ IN GEAUGA COUNTY IS SIMILAR TO DISTRIBUTION OF OHIO; HOWEVER, IS HIGHER THAN THE U.S. A HOUSEHOLD INCOME OF $50,000 - $74,999 IS SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN GEAUGA COUNTY (16.3%), FOLLOWED BY A HOUSEHOLD INCOME OF $75,000 - $99,999 (13.5% OF

Part VI Supplemental Information *(Continuation)*

HOUSEHOLDS). HOUSEHOLDS WITH AN INCOME OF LESS THAN $15,000 MAKE UP 4.8% OF HOUSEHOLDS IN GEAUGA COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR GEAUGA COUNTY IS $85,468, WHICH IS HIGHER THAN THE STATE AND NATIONAL VALUES OF $65,070 AND $64,994 RESPECTIVELY. DISPARITIES IN MEDIAN HOUSEHOLD INCOME EXIST BETWEEN RACIAL AND ETHNIC GROUPS WITHIN THE COUNTY. THE MEDIAN HOUSEHOLD INCOME AMONG RESIDENTS OF THE ASIAN COMMUNITY (159,028), 2 OR MORE RACES ($114,706), WHITE COMMUNITY ($85,727), AND NON-HISPANIC/NON-LATINO ($85,710) FALL ABOVE THE COUNTY AVERAGE. OVERALL, 3.4% OF FAMILIES IN GEAUGA COUNTY LIVE BELOW THE POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 9.6% AND THE NATIONAL VALUE OF 9.1%. THE UNEMPLOYMENT RATE FOR THE GEAUGA COUNTY IS 2.0%, WHICH IS LOWER THAN THE STATE VALUE AT 4.7% AND THE U.S. VALUE AT 5.4%. GEAUGA COUNTY HAS A SLIGHTLY LESSER PERCENTAGE OF RESIDENTS WITH A HIGH SCHOOL DEGREE OR HIGHER (89.5%) WHEN COMPARED TO THE STATE VALUE (90.7%) BUT HAS A HIGHER PERCENTAGE WHEN COMPARED TO THE NATIONAL VALUE (88.5%). WHILE RESIDENTS WITH A BACHELOR'S DEGREE OR HIGHER (37.0%) HAS A HIGHER PERCENTAGE WHEN BOTH COMPARED TO THE STATE (29.0%) AND NATIONAL VALUE (32.9%).

UH GENEVA MEDICAL CENTER

UH CONNEAUT MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS ASHTABULA COUNTY. THE TOTAL POPULATION FOR ASHTABULA COUNTY AS 2019 IS 97,241. 95.5% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 5.4% AFRICAN AMERICAN, AND 1.5% AS MORE THAN ONE RACE OR OTHER. IN TERMS OF ETHNICITY, 4.4% OF THE POPULATION IDENTIFIES AS HISPANIC/LATINO. 24.8% OF THE POPULATION IS BETWEEN THE AGES OF 0 19; 28.9% ARE BETWEEN 20 44 YEARS OLD; 27.4% ARE BETWEEN 45 64 YEARS OLD; AND 19.8% ARE AGE 65 YEARS OR OLDER. THE AVERAGE HOUSEHOLD SIZE

Part VI Supplemental Information *(Continuation)*

IS 2.4 PEOPLE AND THE AVERAGE FAMILY SIZE IS 2.9 PEOPLE. 59.7% OF THE POPULATION OF ASHTABULA COUNTY HAVE A HIGH SCHOOL DIPLOMA, GED EQUIVALENT, OR LESS; 27.0% OF THE POPULATION HAS AN ASSOCIATES DEGREE OR SOME COLLEGE; AND 13.3% OF THE POPULATION HAS A BACHELOR'S DEGREE OR MORE. 49.7% OF THE POPULATION HAS A HOUSEHOLD INCOME LESS THAN $50,000; 18.1% OF THE POPULATION HAS A HOUSEHOLD INCOME BETWEEN $50,000 - $74,999; 18.4% OF THE POPULATION HAS A HOUSEHOLD INCOME BETWEEN $74,999 - $99,999; AND 13.8% OF THE POPULATION HAS A HOUSEHOLD INCOME OF $100,000 OR MORE.

UH ELYRIA MEDICAL CENTER

UH REHABILITATION HOSPITAL -- AVON

UH AVON REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF AVON IN LORAIN COUNTY, OHIO. UH AVON REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS ARE ALMOST EXCLUSIVELY CONTAINED WITHIN CUYAHOGA AND LORAIN COUNTIES. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION HOSPITAL INCLUDES AVON AND THE SEVEN COMMUNITIES IMMEDIATELY SURROUNDING IT (ELYRIA, NORTH RIDGEVILLE, WESTLAKE, AVON LAKE, NORTH OLMSTED, SHEFFIELD LAKE/VILLAGE AND BAY VILLAGE).

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF 2020 IS 309,134. 84% OF THE POPULATION IDENTIFIES AS WHITE, 10.0% AS HISPANIC OR LATINO, 8% AFRICAN AMERICAN, AND 8% AS MORE THAN ONE RACE OR OTHER. 25% OF THE POPULATION IS UNDER AGE 20; 50% OF THE POPULATION IS BETWEEN 20 59; AND 25% OF THE POPULATION IS OVER 60 YEARS OLD. 89.9% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 25.3% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE MEDIAN HOUSEHOLD INCOME IN LORAIN

Part VI Supplemental Information *(Continuation)*

COUNTY IN 2020 IS $58,798. THE MEAN HOUSEHOLD INCOME IN LORAIN COUNTY IN 2020 IS $78,142. 13.4% OF INDIVIDUALS ARE BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 13.6% IN OHIO. THE UNEMPLOYMENT RATE IN LORAIN COUNTY IS 4.3% COMPARED TO 5.3% IN THE STATE OF 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 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

Part VI Supplemental Information *(Continuation)*

AND EXPERTISE TO OTHER PARTS OF THE STATE OR COUNTRY, THEREBY BENEFITING OTHER COMMUNITIES.

UH WORKS TO INCREASE HEALTH AND MEDICAL KNOWLEDGE THROUGH GOVERNMENT AND NON-PROFIT FUNDED RESEARCH. THE SHARED KNOWLEDGE DERIVED FROM THESE EFFORTS IMPROVES THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NATION AND THE WORLD WHEN THEY LEAD TO NEW STANDARDS OF CARE, NEW MEDICAL DEVICES, OR BREAKTHROUGHS IN TACKLING DISEASES.

AS INDICATED IN THE ABOVE RESPONSE TO PART VI, LINE 4, UH HAS MADE SIGNIFICANT INVESTMENTS IN ACCESS TO CARE FOR LOW INCOME AND VULNERABLE RESIDENTS WITHIN THE COUNTIES UH SERVES.

PART VI, LINE 6:

FOUR UH HEALTH CLINICS ARE LOCATED IN AREAS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THESE CLINICS INCLUDE THE DOUGLAS MOORE HEALTH CLINIC AND FAMILY MEDICINE CLINIC LOCATED ON THE CAMPUS OF UH CLEVELAND MEDICAL CENTER, AND THE WOMEN'S HEALTH CENTER AND RAINBOW AMBULATORY PRACTICE LOCATED OFF CAMPUS IN THE UH RAINBOW CENTER FOR WOMEN & CHILDREN.

UH SERVES AN ESSENTIAL ROLE IN THE COMMUNITY BY PROVIDING DIVERSE POPULATIONS THROUGHOUT THE NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH CARE - FROM PRIMARY CARE TO HIGHLY SPECIALIZED MEDICAL CARE FOR THE MOST SERIOUS OF HEALTH PROBLEMS. IT PROVIDES THE SAME QUALITY AND COMPASSIONATE SERVICE TO ALL, NO MATTER THEIR INCOME, ABILITY TO PAY OR SOCIOECONOMIC STATUS. UH CARES FOR THE WELL-INSURED AND THE UNINSURED; MEN, WOMEN AND CHILDREN FROM EVERY COMMUNITY IN THE REGION, FROM URBAN CENTERS, SMALL

Part VI Supplemental Information *(Continuation)*

TOWNS, RURAL AREAS AND SUBURBS.

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

OH

PART VI, LINE 4 (CONTINUATION)

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.

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS PORTAGE COUNTY.

ACCORDING TO A 2022 REPORT FROM CLARITAS, THE POPULATION IS 164,161. 89.9% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.9% IDENTIFY AS AFRICAN AMERICAN, 2.2% IDENTIFY AS ASIAN, AND 3.0% IDENTIFY AS TWO OR MORE RACES OR OTHER. IN TERMS OF ETHNICITY, 2.3% OF THE POPULATION IN PORTAGE COUNTY IDENTIFY AS HISPANIC/LATINO. THIS IS A SMALLER PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO (4.4%) AND THE U.S. (18.2%). CHILDREN (0-17) COMPRISED 18.2% OF THE POPULATION IN PORTAGE COUNTY. WHEN COMPARED TO OHIO (21.8%) AND THE U.S. (22.4%), PORTAGE COUNTY HAS A LOWER PROPORTION OF CHILDREN POPULATION (AGE 0-17).

PORTAGE COUNTY HAS 18.4% OF RESIDENTS AGED 65+. PORTAGE COUNTY HAS A SLIGHTLY LOWER PROPORTION OF ELDER POPULATION (AGE 65+) WHEN COMPARED TO OHIO (18.6%), AND HIGHER PROPORTION WHEN COMPARED TO THE U.S.

Part VI Supplemental Information *(Continuation)*

(16.0%). A HOUSEHOLD INCOME OF $50,000 - $74,999 IS SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN THE PORTAGE COUNTY (19.2%). HOUSEHOLDS WITH AN INCOME OF LESS THAN $15,000 MAKE UP 9.2% OF HOUSEHOLDS IN THE PORTAGE COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR PORTAGE COUNTY IS $64,541, WHICH IS LOWER THAN THE STATE VALUE OF $65,070 AND THE U.S. VALUE OF $64,994. TWO RACIAL/ETHNIC GROUPS WHITE AND NON-HISPANIC/NON-LATINO HAVE MEDIAN HOUSEHOLD INCOMES ABOVE THE OVERALL MEDIAN VALUE. ALL OTHER RACES HAVE INCOMES BELOW THE OVERALL VALUE, WITH THE ASIAN POPULATIONS HAVING THE LOWEST MEDIAN HOUSEHOLD INCOME AT $32,879. OVERALL, 8.1% OF FAMILIES IN PORTAGE COUNTY LIVE BELOW THE POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 9.6% AND THE U.S. OF 9.1%. THE UNEMPLOYMENT RATE FOR PORTAGE COUNTY IS 4.5%, WHICH IS LOWER THAN THE STATE VALUE AT 4.0% AND THE U.S. VALUE AT 5.4%. PORTAGE COUNTY HAS A HIGHER PERCENTAGE OF RESIDENTS WITH A HIGH SCHOOL DEGREE OR HIGHER (92.1%) WHEN COMPARED TO BOTH THE STATE AND THE U.S. VALUE WHILE RESIDENTS WITH A BACHELOR'S DEGREE OR HIGHER (29.0%) HAVE A LOWER PERCENTAGE WHEN COMPARED TO THE U.S. VALUE.

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 A 2022 REPORT BY CLARITAS, THE POPULATION IS 53,804. 96.1% OF THE POPULATION IDENTIFIES AS WHITE, 0.8% IDENTIFIES AS AFRICAN AMERICAN, 1.8% IDENTIFIES AS HISPANIC OR LATINO (ETHNICITY), 0.8%

Part VI Supplemental Information *(Continuation)*

IDENTIFIES AS ASIAN, AND 2.1% IDENTIFIES AS TWO OR MORE OR OTHER.

21.98% OF THE POPULATION IS UNDER AGE 18 AND 20.23% OF THE POPULATION

IS OVER THE AGE OF 65. A HOUSEHOLD INCOME OF $50,000 - $74,999 IS

SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN ASHLAND COUNTY

(20.6%), FOLLOWED BY A HOUSEHOLD INCOME OF $35,000 - $49,999 (14.5% OF

HOUSEHOLDS). HOUSEHOLDS WITH AN INCOME OF LESS THAN $15,000 MAKE UP

8.0% OF HOUSEHOLDS IN ASHLAND COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR

ASHLAND COUNTY IS $61,116, WHICH IS LOWER THAN THE STATE AND NATIONAL

VALUES OF $65,070 AND $64,994 RESPECTIVELY. DISPARITIES IN MEDIAN

HOUSEHOLD INCOME EXIST BETWEEN RACIAL AND ETHNIC GROUPS WITHIN THE

COUNTY, HOWEVER. THE MEDIAN HOUSEHOLD INCOME AMONG RESIDENTS OF THE

WHITE COMMUNITY ($61,457), BLACK/AFRICAN AMERICAN ($64,646) AND

NON-HISPANIC/NON-LATINO COMMUNITY ($61,308) FALL ABOVE THE COUNTY

AVERAGE. OVERALL, 7.7% OF FAMILIES IN ASHLAND COUNTY LIVE BELOW THE

POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 9.6% AND THE

NATIONAL VALUE OF 9.1%. THE UNEMPLOYMENT RATE FOR THE ASHLAND COUNTY IS

3.4%, WHICH IS LOWER THAN THE STATE VALUE AT 4.7% AND THE U.S. VALUE AT

5.4%. ASHLAND COUNTY HAS THE SAME PERCENTAGE OF RESIDENTS IN THE U.S.

WITH A HIGH SCHOOL DEGREE OR HIGHER (88.5%) BUT HAS A LOWER PERCENTAGE

WHEN COMPARED TO THE STATE VALUE (90.7%). WHILE RESIDENTS WITH A

BACHELOR'S DEGREE OR HIGHER (21.0%) HAS A LOWER PERCENTAGE WHEN BOTH

COMPARED TO THE STATE AND U.S. VALUE.

WEST MEDICAL CENTER

TRIPOINT MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LAKE COUNTY. ACCORDING

TO A 2022 REPORT FROM CLARITAS, THE POPULATION IS 231,521. THE RACIAL

Part VI Supplemental Information *(Continuation)*

MAKEUP OF LAKE COUNTY SHOWS 89% OF THE POPULATION IDENTIFYING AS WHITE. THE PROPORTION OF BLACK/AFRICAN AMERICAN COMMUNITY MEMBERS IS THE SECOND LARGEST OF ALL RACIAL GROUPS AT 5%. ALL OTHER PROPORTIONS OF THE POPULATION FALLS BELOW 5% OF THE POPULATION. 3.1% OF THE POPULATION IN LAKE COUNTY IDENTIFY AS HISPANIC/LATINO. THIS IS A SMALLER PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO. CHILDREN (0-20) COMPRISED 22.8% OF THE POPULATION IN LAKE COUNTY. LAKE COUNTY HAS 21.8% OF RESIDENTS AGED 65+. A HOUSEHOLD INCOME OF $50,000 - $74,999 IS SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN LAKE COUNTY (19.3%), FOLLOWED BY A HOUSEHOLD INCOME OF $75,000 - $99,999 (15.0% OF HOUSEHOLDS). HOUSEHOLDS WITH AN INCOME OF LESS THAN $15,000 MAKE UP 6.0% OF HOUSEHOLDS IN LAKE COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR LAKE COUNTY IS $70,030, WHICH IS HIGHER THAN THE STATE AND NATIONAL VALUES OF $65,070 AND $62,843 RESPECTIVELY. DISPARITIES IN MEDIAN HOUSEHOLD INCOME EXIST BETWEEN RACIAL AND ETHNIC GROUPS WITHIN THE COUNTY HOWEVER. THE MEDIAN HOUSEHOLD INCOME AMONG RESIDENTS OF THE ASIAN COMMUNITY ($90,761), WHITE COMMUNITY ($71,706), AMERICAN INDIAN/ALASKAN NATIVE ($72,384) AND NON-HISPANIC/LATINO COMMUNITY ($70,683) FALL ABOVE THE COUNTY AVERAGE. OVERALL, 3.9% OF FAMILIES IN LAKE COUNTY LIVE BELOW THE POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 7.3% AND THE NATIONAL VALUE OF 9.5%. THE UNEMPLOYMENT RATE FOR LAKE COUNTY IS 4.2%, WHICH IS LOWER THAN THE STATE AND NATIONAL UNEMPLOYMENT VALUES OF 4.7% AND 5.3% RESPECTIVELY.

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

2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PARMA HOSPITAL HEALTH CARE FOUNDATION - 7007 POWERS BLVD. - PARMA, OH 44129	34-1626664	501(C)3	1,267,914.	0.			GENERAL SUPPORT
LAKE HOSPITAL FOUNDATION, INC. 3605 WARRENSVILLE CTR RD. MSC 9155 SHAKER HEIGHTS, OH 44122	34-1425872	501(C)3	500,058.	0.			GENERAL SUPPORT
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 6847 N. CHESTNUT STREET P.O. BOX 1204 - RAVENNA, OH 44266	34-1510544	501(C)3	324,958.	0.			GENERAL SUPPORT
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY - 1240 WEST 6TH STREET - CLEVELAND, OH 44113		GOVERNMENT	125,000.	0.			GENERAL SUPPORT
THE GATHERING PLACE 23300 COMMERCE PARK DRIVE, STE 180 BEACHWOOD, OH 44122	34-1879035	501(C)3	100,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	501(C)3	75,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 25.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MT. SINAI HEALTH CARE FOUNDATION - 10501 EUCLID AVE. FL 2 - CLEVELAND, OH 44106	34-1777878	501(C)3	66,667.	0.			GENERAL SUPPORT
ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035	61-1579760	501(C)3	59,472.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY, INC. 3380 CHASTAIN MEADOWS PARKWAY, NW, KENNESAW, GA 30144	13-1788491	501(C)3	50,000.	0.			GENERAL SUPPORT
YOUNG WOMENS CHRISTIAN ASSOCIATION OF CLEVELAND OHIO - 4109 PROSPECT AVE. - CLEVELAND, OH 44103	34-0714800	501(C)3	30,000.	0.			GENERAL SUPPORT
PROVIDENCE HOUSE, INC. 2050 W. 32ND STREET CLEVELAND , OH 44113	34-1336325	501(C)3	25,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVE. CLEVELAND, OH 44102	34-1318541	501(C)3	25,000.	0.			GENERAL SUPPORT
GREATER CLEV FOOD BANK, INC. 15500 SOUTH WATERLOO RD. CLEVELAND, OH 44110	34-1292848	501(C)3	15,000.	0.			GENERAL SUPPORT
POSITIVE EDUCATION PROGRAM 3100 EUCLID AVE. CLEVELAND, OH 44115	34-1127919	501(C)3	15,000.	0.			GENERAL SUPPORT
CUYAHOGA COMMUNITY COLLEGE FOUNDATION - 700 CARNEGIE AVE. - CLEVELAND, OH 44115	23-7320719	501(C)3	15,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEACT 210 BELL STREET, SUITE 200 CHAGRIN FALLS, OH 44022	34-1724365	501(C)3	15,000.	0.			GENERAL SUPPORT
TOWARDS EMPLOYMENT, INC. 1255 EUCLID AVE., SUITE 300 CLEVELAND, OH 44115	34-1578831	501(C)3	10,000.	0.			GENERAL SUPPORT
PASSAGES CONNECTING FATHERS AND SONS, INC. - 4600 CARNEGIE AVE. SUITE 4HE - CLEVELAND, OH 44103	51-0455278	501(C)3	10,000.	0.			GENERAL SUPPORT
PFLAG NATIONAL 1625 K STREET N.W., SUITE 700 WASHINGTON, DC 20006	95-3750694	501(C)3	10,000.	0.			GENERAL SUPPORT
MEDWISH INTERNATIONAL 1625 E. 31ST STREET CLEVELAND, OH 44114	34-1903712	501(C)3	10,000.	0.			GENERAL SUPPORT
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET SUITE 1220 CLEVELAND, OH 44114	34-1724581	501(C)3	10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH ST. NW. WASHINGTON, DC 20006	53-0196605	501(C)3	10,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO - 10415 EUCLID AVE. - CLEVELAND, OH 44106	34-1269123	501(C)3	10,000.	0.			GENERAL SUPPORT
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DR., SUITE 201 TOWSON, MD 21204	27-6601178	501(C)3	10,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBLE DESIGN, INC. 180 N SAGINAW C/O TREGER STRASBERG PONTIAC, MI 48342	27-0410088	501(C)3	7,500.	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

2023

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.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MEGERIAN, CLIFF MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	1,773,351.	504,430.	490,194.	26,400.	32,110.	2,826,485.	0.
(2) SZUBSKI, MICHAEL A.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	980,587.	220,559.	223,501.	273,539.	37,928.	1,736,114.	0.
(3) TAIT, PAUL G.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	485,021.	147,118.	933,136.	8,438.	28,119.	1,601,832.	0.
(4) SIMON, DANIEL I. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	1,024,683.	227,243.	204,513.	22,956.	31,061.	1,510,456.	0.
(5) TEKNOS, THEODOROS N. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	969,557.	307,508.	159,111.	24,750.	30,793.	1,491,719.	0.
(6) GLOTZBECKER, MICHAEL P. MD	(i)	1,366,482.	0.	34,708.	23,100.	36,602.	1,460,892.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SABIK, JOSEPH MD	(i)	1,292,566.	41,250.	36,444.	24,750.	37,328.	1,432,338.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EUBANKS, JASON D. MD	(i)	1,362,996.	59.	20,010.	24,750.	8,752.	1,416,567.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VOOS, JAMES	(i)	1,289,438.	41,250.	3,510.	23,100.	30,254.	1,387,552.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ZIMMER, SCOTT M. MD	(i)	1,096,733.	152,108.	5,409.	20,718.	31,201.	1,306,169.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KONHEIM, ARI L. MD	(i)	1,064,240.	153,171.	2,337.	23,100.	29,578.	1,272,426.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BAMBAKIDIS, NICHOLAS MD	(i)	1,105,423.	41,250.	55,722.	24,750.	36,087.	1,263,232.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HINCHEY, PAUL R.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	967,582.	202,274.	35,563.	23,100.	27,488.	1,256,007.	0.
(14) TOPALSKY, GEORGE MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	603,190.	86,675.	381,384.	142,221.	18,655.	1,232,125.	0.
(15) OCHENJELE, GEORGE MD	(i)	1,133,880.	0.	24,729.	21,450.	39,452.	1,219,511.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SNOWBERGER, THOMAS D.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	740,355.	212,511.	148,798.	24,750.	18,255.	1,144,669.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PRONOVOST, PETER MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	796,453.	178,565.	58,891.	24,750.	83.	1,058,742.	0.
(18) ADELMAN, HARLIN G. ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	680,076.	146,107.	159,407.	29,700.	39,183.	1,054,473.	0.
(19) SASSER, SCOTT M. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	732,721.	150,007.	41,802.	22,059.	38,712.	985,301.	0.
(20) PAPA, ALAN J. FACHE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	458,468.	93,060.	322,859.	24,750.	21,397.	920,534.	0.
(21) ANTONIADES, STATHIS MPH	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	742,643.	89,060.	2,606.	16,198.	30,512.	881,019.	0.
(22) SALATA, ROBERT A. MD	(i)	611,444.	134,139.	49,529.	29,700.	25,885.	850,697.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) STROSAKER, ROBYN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	590,656.	114,509.	55,946.	24,750.	33,724.	819,585.	0.
(24) MOORE-HARDY, CYNTHIA	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	0.	0.	806,161.	0.	8,592.	814,753.	808,496.
(25) DEPOMPEI, PATRICIA M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	531,217.	107,459.	113,389.	29,700.	26,824.	808,589.	0.
(26) TOGLIATTI-TRICKETT KIMBERLY MD	(i)	626,830.	58,116.	18,130.	19,440.	36,578.	759,094.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) SALVINO, SONIA	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	415,691.	83,207.	91,633.	146,513.	0.	737,044.	0.
(28) PATEL, CHETAN P., MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	690,211.	14.	6,971.	13,200.	22,826.	733,222.	0.
(29) MILLER, MARLENE MD	(i)	595,110.	41,250.	28,718.	24,750.	34,711.	724,539.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) SAMSA, JOHN MD	(i)	485,061.	141,553.	35,404.	21,766.	24,500.	708,284.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) SCHARIO, MARK E.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	253,936.	44,697.	279,381.	104,640.	18,502.	701,156.	0.
(32) BOND, BRADLEY C.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	466,871.	85,782.	72,314.	26,400.	35,670.	687,037.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) MONTER, BRIAN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	464,886.	93,221.	74,135.	23,100.	30,785.	686,127.	0.
(34) GLOTZBECKER, BRETT	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	550,452.	44,552.	23,335.	23,100.	275.	641,714.	0.
(35) SILA, CATHY MD	(i)	529,575.	41,264.	33,534.	29,700.	275.	634,348.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) CHICKERELLA, DANIELLE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	424,855.	84,267.	73,899.	23,100.	11,091.	617,212.	0.
(37) TRACZ, ROBERT	(i)	218,474.	36,517.	311,993.	23,934.	25,755.	616,673.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) DECARLO, DONALD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	421,649.	67,601.	64,727.	24,750.	34,436.	613,163.	0.
(39) CARSON, BRENT	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	394,815.	63,573.	76,430.	29,700.	34,436.	598,954.	0.
(40) BANIEWICZ, JOHN MD	(i)	481,734.	42,089.	13,614.	29,700.	17,996.	585,133.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) BENOIT, WILLIAM	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	394,053.	76,933.	52,883.	24,750.	35,781.	584,400.	0.
(42) SCHMOTZER, CHRISTINE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	446,638.	63,222.	19,600.	24,750.	29,852.	584,062.	0.
(43) NOBLE, VICKI	(i)	486,780.	41,293.	25,062.	18,750.	8,866.	580,751.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(44) THEADORE, JASON	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	440,991.	66,175.	2,027.	23,100.	18,425.	550,718.	0.
(45) PRESTEGAARD, MD BENJAMIN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	442,981.	45,374.	2,746.	16,500.	25,790.	533,391.	0.
(46) RAO, GOUTHAM MD	(i)	422,996.	41,250.	4,620.	17,509.	27,645.	514,020.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(47) SYLVAN, DAVID	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	363,918.	85,976.	42,564.	18,724.	851.	512,033.	0.
(48) HARFORD, TODD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	297,262.	49,662.	65,664.	23,673.	37,328.	473,589.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(49) CARPENTER, JENNIFER	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	310,466.	47,378.	45,956.	29,479.	36,905.	470,184.	0.
(50) PIRTZ, JASON M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	347,932.	48,456.	1,207.	20,818.	31,240.	449,653.	0.
(51) HOYNES, SEAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	323,649.	12,795.	3,335.	69,353.	40,178.	449,310.	0.
(52) VEHOVEC, MICHAEL R.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	0.	62,218.	372,281.	0.	9,320.	443,819.	323,202.
(53) ATA, GEORGE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	332,357.	47,749.	962.	20,214.	36,668.	437,950.	0.
(54) CICERO, RICHARD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	312,709.	47,616.	28,388.	29,196.	18,418.	436,327.	0.
(55) ZNIDARISC, ROBERT MD	(i)	368,725.	71.	3,826.	26,179.	30,171.	428,972.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(56) COOPER, DANIELLE MD	(i)	245,072.	69,256.	32,179.	22,385.	34,812.	403,704.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(57) CARLUCCI, ASHLEY	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	281,203.	42,547.	1,063.	21,475.	41,578.	387,866.	0.
(58) GLOWCZEWSKI, JASON	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	230,299.	39,252.	49,876.	19,804.	23,306.	362,537.	0.
(59) SKARBINSKI, JULIE	(i)	227,319.	30,134.	12,833.	20,857.	30,965.	322,108.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) RAVICHANDRAN, KAMALESWARY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	266,500.	5,220.	7,142.	14,525.	26,283.	319,670.	0.
(61) GALLUCCI, MICHELLE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	234,118.	14,476.	27,824.	15,277.	17,845.	309,540.	0.
(62) MONHEIM, KAREN M. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	179,704.	31,285.	5,500.	13,475.	20,703.	250,667.	0.
(63) CHEN, PARTICK	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	162,053.	13,242.	5,163.	11,698.	33,692.	225,848.	0.
(64) MILLER, JANET L. ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	0.	0.	190,376.	0.	0.	190,376.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(65) KLINE, ANDREW L.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	136,222.	161.	1,837.	6,939.	31,801.	176,960.	0.
(66) VITO, LIESE MD	(i)	165,190.	0.	1,447.	4,956.	0.	171,593.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(67) MILLER, CHRISTOPHER N. MD	(i)	141,095.	0.	8,633.	3,022.	7,761.	160,511.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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:

UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION.

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.

SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII:

VEHOVEC, MICHAEL: $323,202

MOORE-HARDY, CYNTHIA: $808,496

SASSER, SCOTT M. MD: $42,304

PART I, LINE 4B:

ELIGIBLE EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN UNDER CODE 457(F). ANY AMOUNTS ULTIMATELY PAID UNDER THE PLAN TO AN ELIGIBLE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B (III) IN THE YEAR PAID.

SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSON IN PART VII:

ADELMAN, HARLIN G. ESQ. ($150,395 - SERP)

BAMBAKIDIS, NICHOLAS MD ($25,550 - SERP)

BENOIT, WILLIAM ($47,143 - 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.

BOND, BRADLEY C. ($67,636 - SERP)

CARPENTER, JENNIFER ($42,462 - SERP)

CHICKERELLA, DANIELLE ($46,986 - SERP)

DECARLO, DONALD ($38,239 - SERP)

DEPOMPEI, PATRICIA M. ($80,803 - SERP)

GLOWCZEWSKI, JASON ($26,132 - SERP)

HARFORD, TODD ($38,199 - SERP)

MEGERIAN, CLIFF MD ($444,626 - SERP)

MONTER, BRIAN ($48,482 - SERP)

PAPA, ALAN J. FACHE ($206,698 - SERP)

PRONOVOST, PETER MD ($26,549 - SERP)

SALVINO, SONIA ($62,569 - SERP)

SCHARIO, MARK E. ($159,168 - SERP)

SIMON, DANIEL I. MD (189,019 - SERP)

SNOWBERGER, THOMAS D. ($113,797 - SERP)

STROSAKER, ROBYN MD ($52,799 - SERP)

SYLVAN, DAVID ($15,417 - SERP)

SZUBSKI, MICHAEL A. ($185,532 - SERP)

TAIT, PAUL G. ($598,238 - 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.

TEKNOS, THEODOROS N. MD ($122,150 - SERP)

TOPALSKY, GEORGE MD ($308,412 - SERP)

VEHOVEC, MICHAEL R. ($167,212 - 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

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)

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

2023

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? 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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

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

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

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	(e) Sharing of organization's revenues? No
(1)	ELLEN SABIK	SEE PART V	314,114.	SEE PART V		X
(2)	MALINDA GIBSON	SEE PART V	44,644.	SEE PART V		X
(3)	JOHN C. BANIEWICZ	SEE PART V	276,121.	SEE PART V		X
(4)	CAMERON J. DECARLO	SEE PART V	11,755.	SEE PART V		X
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

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

(A) NAME OF PERSON: ELLEN SABIK.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF JOSEPH SABIK, DIRECTOR AT UNIVERSITY HOSPITALS MEDICAL GROUP.

(C) AMOUNT OF TRANSACTION: $314,114.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF JOSEPH SABIK IS PAID BY UNIVERSITY HOSPITALS MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

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

(A) NAME OF PERSON: MALINDA GIBSON.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF MICHAEL LEWIS, OFFICER AND DIRECTOR AT UNIVERSITY HOSPITALS ROBINSON HEALTH SYSTEM.

(C) AMOUNT OF TRANSACTION: $44,644.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF MICHAEL LEWIS IS PAID BY UNIVERSITY HOSPITALS ROBINSON HEALTH SYSTEM.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

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

Part V Supplemental Information

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

(A) NAME OF PERSON: JOHN C. BANIEWICZ.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF JOHN J. BANIEWICZ, DIRECTOR AT PRIMEHEALTH INC.

(C) AMOUNT OF TRANSACTION: $276,121.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF JOHN J. BANIEWICZ IS

PAID BY PRIMEHEALTH INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

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

(A) NAME OF PERSON: CAMERON J. DECARLO.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF DONALD DECARLO, DIRECTOR EX-OFFICIO AT UH REGIONAL HOSPITALS.

(C) AMOUNT OF TRANSACTION: $11,755.

(D) DESCRIPTION OF TRANSACTION: COMERON J. DECARLO, A FAMILY MEMBER OF

DONALD DECARLO, IS PAID BY UH REGIONAL HOSPITAL

(E) SHARING OF ORGANIZATION REVENUES? = NO.

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.

OMB No. 1545-0047

2023

Open to Public Inspection

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	13	11,002.	APPRAISAL/RECEIPT
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	15,000.	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	42	1,977,247.	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	X	1	1,285.	FMV
19	Food inventory	X	9	8,047.	RECEIPT
20	Drugs and medical supplies	X	1	1.	N/A
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (TOYS)	X	8	8,220.	RECEIPT/FMV
26	Other (EVENT SUPPLIES)	X	4	3,240.	RECEIPT/FMV
27	Other (GIFT CARDS)	X	19	358.	STATED VALUE
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 V, Donee Acknowledgement **29** 0

			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 3 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 NUMBER REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 33:

SIX BLOOD PRESSURE MONITORS, INSUFFICIENT SUPPORTING DOCUMENTATION TO VALUE.

SCHEDULE O
(Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

FORM 990, PART I, LINE 6:

THE TOTAL NUMBER OF VOLUNTEERS IS PROVIDED BY EACH UH MEDICAL CENTER'S VOLUNTEER COORDINATOR.

VOLUNTEERS PROVIDE ASSISTANCE IN MANY DIFFERENT DEPARTMENTS THROUGHOUT THE UH MEDICAL CENTERS. THE ROLES OF A VOLUNTEER FALL INTO THREE CATEGORIES: PATIENT CONTACT, LIMITED PATIENT CONTACT AND NO PATIENT CONTACT. ROLES IN THE PATIENT CONTACT CATEGORY INCLUDE THOSE WHERE THE VOLUNTEER IS WORKING DIRECTLY WITH A PATIENT OR THE PATIENT'S FAMILY. EXAMPLES OF VOLUNTEER ROLES FROM THIS CATEGORY INCLUDE BUT ARE NOT LIMITED TO PASTORAL CARE VOLUNTEERS AND NEWBORN NURSERY VOLUNTEERS. VOLUNTEERS WHO SERVE IN ROLES WHERE THERE IS LIMITED PATIENT CONTACT WORK IN AREAS WHERE THEY MAY BE WORKING MORE WITH HOSPITAL STAFF THAN OUR PATIENTS OR VISITORS. EXAMPLES OF VOLUNTEER ROLES UNDER THE LIMITED PATIENT CONTACT INCLUDE BUT ARE NOT LIMITED TO FLOWER DELIVERY VOLUNTEERS AND ATRIUM GIFT SHOP VOLUNTEERS. FINALLY, EXAMPLES OF VOLUNTEER ROLES FROM THE NO PATIENT CONTACT CATEGORY INCLUDE BUT ARE NOT LIMITED TO MAILROOM AND CLERICAL VOLUNTEERS (WORKING IN OFFICES THROUGHOUT THE UH MEDICAL CENTERS).

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 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 2023, UNIVERSITY HOSPITALS DEDICATED MORE THAN $522 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = $100 MILLION
- RESEARCH = $58 MILLION
- CHARITY CARE = $58 MILLION
- MEDICAID SHORTFALL = $268 MILLION
- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = $38 MILLION
- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = ($75 MILLION).

REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2023 TOTALED $522 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 2023, $129 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, LAKE, 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 38,433 EMPLOYEES AND PHYSICIANS. UH PROVIDES MANY COMMUNITY BENEFITS DIRECTLY AND INDIRECTLY THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING CONSTRUCTION AND HOSPITAL-BASED JOBS. STATE-OF-THE-ART FACILITIES AND SERVICES AT UH CLEVELAND MEDICAL CENTER, OUR WORLD-RENOWNED ACADEMIC MEDICAL CENTER IN CLEVELAND, PROVIDE CLEVELAND RESIDENTS AND PEOPLE FROM THROUGHOUT THE REGION AND THE WORLD WITH THE FINEST IN PRIMARY AND SPECIALTY HEALTH CARE. THE FACILITIES ALLOW US TO CONDUCT VITAL MEDICAL RESEARCH AND OFFER ADVANCED TRAINING FOR STUDENTS AND HEALTH PROFESSIONALS. THE QUENTIN & ELISABETH ALEXANDER NEONATAL INTENSIVE CARE UNIT AT UH RAINBOW BABIES & CHILDREN'S HOSPITAL SERVES OUR MOST VULNERABLE CHILDREN. THE SYSTEM'S EMERGENCY FACILITIES AT OR MEDICAL CENTERS AND

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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 2023 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

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).

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EXAMPLES INCLUDE APPROVING MATTERS RELATING TO FINANCES AND FINANCING, MATTERS RELATING TO INVESTMENTS, LEGAL MATTERS, MATERIAL ASSETS SALES OR TRANSFERS, STRATEGIC PLAN, OFFICERS, AND DIRECTORS TO THE ORGANIZATIONS BOARD.

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

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 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 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

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DISCLOSURES AND SUBSEQUENT UPDATES TO DISCLOSURES ARE REVIEWED BY THE UH COMPLIANCE AND ETHICS DEPARTMENT. BOARD-LEVEL AND KEY PERSONNEL CONFLICTS ARE REVIEWED AND APPROVED, IF APPROPRIATE, BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE UH BOARD AND/OR THE UH BOARD. IF A CONFLICT EXISTS WITH A DIRECTOR, CERTAIN RESTRICTIONS MAY BE IMPOSED, SUCH AS EXCUSING THE DIRECTOR FROM THE ROOM DURING DISCUSSION AND/OR VOTING WITH REGARD TO A PROPOSED TRANSACTION. EDUCATION REGARDING CONFLICTS OF INTEREST IS INCLUDED IN THE ANNUAL COMPLIANCE TRAINING THAT INCLUDES ALL DIRECTORS, EMPLOYEES, PHYSICIANS AND LICENSED PRACTITIONERS.

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

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE UHHS BOARD OF DIRECTORS. EXECUTIVE COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD (THE "COMMITTEE"). THE COMMITTEE HAS RETAINED AN INDEPENDENT COMPENSATION CONSULTANT WHO PROVIDES INFORMATION TO THE COMMITTEE ON CHANGES AND TRENDS IN EXECUTIVE COMPENSATION AND OBJECTIVE THIRD PARTY INFORMATION ON COMPETITIVE AND COMPARABLE EXECUTIVE COMPENSATION AND BENEFIT LEVEL/PROGRAMS. THE CONSULTANT COLLECTS AND PROVIDES TO THE COMMITTEE, APPROPRIATE MARKET COMPENSATION AND BENEFITS INFORMATION, APPROPRIATE MARKET PRACTICES FOR COMPARABLE ORGANIZATIONS' POSITIONS AND BEST PRACTICES. THE CONSULTANT ALSO PROVIDES ADVICE ON DEVELOPING AND MODIFYING UH'S EXECUTIVE COMPENSATION PHILOSOPHY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

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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, PART VII, SECTION A: INDIVIDUAL DISCLOSURES

GROUP ENTITIES LISTED BELOW INCLUDE:

AHUJA: UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC.

CCO: UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION

CHCO: COMPREHENSIVE HEALTH CARE OF OHIO, INC.

CONNEAUT: UNIVERSITY HOSPITALS CONNEAUT

ECC: UHHS HEATHER HILL INC.

ELYRIA: EMH REGIONAL MEDICAL CENTER

GENEVA: UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER

HOME CARE: UNIVERSITY HOSPITALS HOME CARE SERVICES, INC.

LHS: LAKE HOSPITAL SYSTEM, INC

PARMA: PARMA COMMUNITY GENERAL HOSPITAL

PH: PRIMEHEALTH, INC.

PORTAGE: ROBINSON HEALTH SYSTEM, INC.

REGIONAL: UH REGIONAL HOSPITALS

SAMARITAN: SAMARITAN REGIONAL HEALTH SYSTEM

ST. JOHN: UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

UHCMC: UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

UHLSF: UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

UHMG: UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

HOURS LISTED BELOW INCLUDE:

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AVERAGE HOURS PER WEEK FOR EACH INDIVIDUALS' ENTITY BOARD.

ROLES LISTED BELOW INCLUDE:

D: INDIVIDUAL DIRECTOR

T: INDIVIDUAL TRUSTEE

O: OFFICER

KE: KEY EMPLOYEE

HCE: HIGHEST COMPENSATED EMPLOYEE

F: FORMER

MEGERIAN, CLIFF MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF); 2 HOURS; D

UHMG: FORMER OFFICER; 0 HOURS; F

SZUBSKI, MICHAEL A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/VICE CHAIR/TREASURER (END 09/23); 2 HOURS; D, O

TAIT, PAUL G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR (END 09/23); 2 HOURS; D

LHS: DIRECTOR (END 09/23); 2 HOURS; D

SIMON, DANIEL I. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 2 HOURS; D

UHCMC: FORMER OFFICER; 0 HOURS; F

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TEKNOS, THEODOROS N. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: PRESIDENT - SEIDMAN CANCER CENTER; 2 HOURS; O

UHMG: DIRECTOR; 2 HOURS; D

GLOTZBECKER, MICHAEL P. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIVISION CHIEF, UHMG; 50 HOURS; HCE

SABIK, JOSEPH MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 50 HOURS; D

EUBANKS, JASON D. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: ORTHOPEDIC SURGEON; 50 HOURS; HCE

VOOS, JAMES MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 50 HOURS; D

ZIMMER, SCOTT M MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: ORTHOPEDIC SURGEON; 50 HOURS; HCE

KONHEIM, ARI L. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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

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UHMG: PHYSICIAN; 50 HOURS; HCE

BAMBAKIDIS, NICHOLAS MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 50 HOURS; D

HINCHEY, PAUL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

LHS: DIRECTOR; 2 HOURS; D

TOPALSKY, GEORGE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

HOME CARE: DIRECTOR; 2 HOURS; D

OCHENJELE, GEORGE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: ORTHOPEDIC SURGEON; 50 HOURS; HCE

SNOWBERGER, THOMAS D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 2 HOURS; D

PRONOVOST, PETER MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/CHAIR; 2 HOURS; D, O

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ADELMAN, HARLIN G. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF LEGAL OFFICER/SECRETARY; 2 HOURS; O

SASSER, SCOTT M MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/CHAIR/PRESIDENT (BEGIN 05/23); 2 HOURS; D, O

UHMG: DIRECTOR/CHAIR/PRESIDENT (BEGIN 05/23); 2 HOURS; D, O

PAPA, ALAN J. FACHE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

CONNEAUT: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

GENEVA: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

LHS: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

ANTONIADES, STATHIS MPH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

UHMG: DIRECTOR; 2 HOURS; D

SALATA, ROBERT A. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 52 HOURS; D

STROSAKER, ROBYN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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UHCMC: FORMER OFFICER; 0 HOURS; F

MOORE-HARDY, CYNTHIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: FORMER OFFICER; 0 HOURS; F

DEPOMPEI, PATRICIA M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: PRESIDENT - RAINBOW BABIES & CHILDREN'S; 2 HOURS; O

UHMG: DIRECTOR; 2 HOURS; D

TOGLIATTI-TRICKETT, KIMBERLY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (EX-OFF); 2 HOURS; D

PARMA: DIRECTOR (EX-OFF); 52 HOURS; D

ST. JOHN: DIRECTOR (EX-OFF); 2 HOURS; D

SALVINO, SONIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ST. JOHN: SECRETARY/TREASURER (END 12/23); 2 HOURS; O

UHCMC: TREASURER (END 12/23); 2 HOURS; O

UHMG: DIRECTOR/SECRETARY/TREASURER (END 12/13); 2 HOURS; D, O

UHLSF: FORMER OFFICER; 0 HOURS; F

PATEL, CHETAN P., MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR; 2 HOURS; D

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Employer identification number 90-0059117

MILLER, MARLENE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 52 HOURS; D

SAMSA, JOHN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: DIRECTOR; 2 HOURS; D

SCHARIO, MARK E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: PRESIDENT/SECRETARY (END 10/23); 2 HOURS; O

BOND, BRADLEY C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: SECRETARY/TREASURER; 2 HOURS; O

CCO: TREASURER (BEGIN 09/23); 2 HOURS; O

CHCO: DIRECTOR (END 09/23)/SECRETARY/TREASURER; 2 HOURS; D, O

CONNEAUT: TREASURER/SECRETARY; 2 HOURS; O

ECC: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

ELYRIA: SECRETARY/TREASURER; 2 HOURS; O

GENEVA: TREASURER/SECRETARY; 2 HOURS; O

REGIONAL: SECRETARY/TREASURER; 2 HOURS; O

UHLSF: DIRECTOR (END 09/23)/TREASURER; 2 HOURS; D, O

SAMARITAN: FORMER OFFICER; 0 HOURS; F

MONTER, BRIAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR/PRESIDENT/CHAIR; 2 HOURS; D, O

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

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ELYRIA: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

PARMA: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

ST. JOHN: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

REGIONAL: FORMER OFFICER; 0 HOURS; F

GLOTZBECKER, BRETT:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF MEDICAL OFFICER (BEGIN 05/23); 50 HOURS; O

SILA, CATHY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

CHICKERELLA, DANIELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

LHS: DIRECTOR; 2 HOURS; D

UHMG: DIRECTOR (END 09/23); 2 HOURS; D

TRACZ, ROBERT:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: DIRECTOR (END 06/23); 2 HOURS; D

DECARLO, DONALD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF); 2 HOURS; D

CONNEAUT: DIRECTOR (EX-OFF); 2 HOURS; D

GENEVA: DIRECTOR (EX-OFF); 2 HOURS; D

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REGIONAL: DIRECTOR (EX-OFF); 2 HOURS; D

CARSON, BRENT:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/ VICE CHAIR (BEGIN 09/23); 2 HOURS; D, O

BANIEWICZ, JOHN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: DIRECTOR (EX-OFF); 52 HOURS; D

BENOIT, WILLIAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

SAMARITAN: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

SCHMOTZER, CHRISTINE

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR/PRESIDENT/SECRETARY (BEGIN 05/23); 2 HOURS; D, O

NOBLE, VICKI:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (BEGIN 05/23); 52 HOURS; D

THEADORE, JASON:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR (BEGIN 05/23); 2 HOURS; D

PRESTEGAARD, BENJAMIN MD:

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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF); 2 HOURS; D

SAMARITAN: DIRECTOR (EX-OFF); 2 HOURS; D

RAO, GOUTHAM MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 52 HOURS; D

SYLVAN, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR; 2 HOURS; D

LHS: DIRECTOR (BEGIN 09/23); 2 HOURS; D

HARFORD, TODD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: FORMER OFFICER; 0 HOURS; F

CARPENTER, JENNIFER:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR; 2 HOURS; D

PIRTZ, JASON M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF NURSING OFFICER/ CHIEF OPERATING OFFICER (BEGIN 07/23); 2

HOURS; O

HOYNES, SEAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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CCO: DIRECTOR; 2 HOURS; D

VEHOVEC, MICHAEL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ECC: FORMER OFFICER; 0 HOURS; F

ATA, GEORGE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (BEGIN 09/23); 2 HOURS; D

CICERO, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR (BEGIN 09/23); 2 HOURS; D

PH: DIRECTOR/VICE PRESIDENT; 2 HOURS; D, O

ZNIDARISC, ROBERT MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: DIRECTOR; 52 HOURS; D

COOPER, DANIELLE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: DIRECTOR; 52 HOURS; D

CARLUCCI, ASHLEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF); 2 HOURS; D

CONNEAUT: DIRECTOR (EX-OFF); 2 HOURS; D

ELYRIA: DIRECTOR (EX-OFF); 2 HOURS; D

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

Employer identification number
90-0059117

GENEVA: DIRECTOR (EX-OFF); 2 HOURS; D

PARMA: DIRECTOR (EX-OFF); 2 HOURS; D

REGIONAL: DIRECTOR (EX-OFF); 2 HOURS; D

ST. JOHN: DIRECTOR (EX-OFF); 2 HOURS; D

GLOWCZEWSKI, JASON:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: FORMER OFFICER; 0 HOURS; F

GENEVA: FORMER OFFICER; 0 HOURS; F

SKARBINSKI, JULIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF)/SECRETARY/TREASURER; 52 HOURS; D, O

SAMARITAN: DIRECTOR (EX-OFF)/SECRETARY/TREASURER; 2 HOURS; D, O

RAVICHANDRAN, KAMALESWARY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

GALLUCCI, MICHELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ECC: DIRECTOR/CHAIR/PRESIDENT (BEGIN 05/23); 2 HOURS; D, O

MONHEIM, KAREN M. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

CHEN, PATRICK:

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

Employer identification number 90-0059117

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR (BEGIN 09/23); 2 HOURS; D

MILLER, JANET L. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: FORMER OFFICER; 0 HOURS; F

KLINE, ANDREW L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/23); 2 HOURS; D

VITO, LIESE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: DIRECTOR/CHAIR (END 07/23); 2 HOURS; D, O

MILLER, CHRISTOPHER N. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/CHAIR (END 03/23); 2 HOURS; D, O

UHMG: DIRECTOR (EX-OFF)/PRESIDENT/CHAIR (END 03/23); 50 HOURS; D, O

SIMMERS, RACHELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (BEGIN 09/23); 2 HOURS; D

GOODELLE, MICHAEL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR (END 04/23); 2 HOURS; D

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

Employer identification number
90-0059117

ABER, ANN C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/23); 2 HOURS; D

AGRANOVICH, CHERYL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

ANNABLE, CATHY J. S. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

BALL, STANLEY C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

CONNEAUT: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR; 2 HOURS; D

BALLINGER, MARCIA PHD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (END 05/23); 2 HOURS; D

PARMA: DIRECTOR (END 05/23); 2 HOURS; D

ST. JOHN: DIRECTOR (END 05/23); 2 HOURS; D

CHCO: FORMER OFFICER; 0 HOURS; F

BEASLEY, TERESA METCALF:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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

Employer identification number 90-0059117

UHCMC: DIRECTOR; 2 HOURS; D

BEER, ANNE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR/CHAIR; 2 HOURS; D, O

SAMARITAN: DIRECTOR/CHAIR; 2 HOURS; D, O

BOWLER, CONNIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

CONNEAUT: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR; 2 HOURS; D

BOYKO, TIMOTHY A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

PARMA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

ST. JOHN: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

CAMIENER, DAVID A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

CARR, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

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

Employer identification number 90-0059117

CERCELLE, TIMOTHY F.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/23); 2 HOURS; D

CLARK, JILL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

DANA, RICHARD L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

CONNEAUT: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

GENEVA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

REGIONAL: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

DAVIE, DIANE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

PARMA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

ST. JOHN: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

DOLL, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

FINE, LAUREN RICH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (BEGIN 12/23); 2 HOURS; D

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

Employer identification number 90-0059117

CONNEAUT: DIRECTOR (BEGIN 12/23); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 12/23); 2 HOURS; D

REGIONAL: DIRECTOR (BEGIN 12/23); 2 HOURS; D

FITTS, JOHN T.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

CONNEAUT: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

GENEVA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

REGIONAL: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

FLANIGAN, KEVIN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR; 2 HOURS; D

PARMA: DIRECTOR; 2 HOURS; D

ST. JOHN: DIRECTOR; 2 HOURS; D

FLYNN, SCOTT ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR; 2 HOURS; D

SAMARITAN: DIRECTOR; 2 HOURS; D

GARCIA, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

CONNEAUT: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR; 2 HOURS; D

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

Employer identification number 90-0059117

GUBANC-ANDERSON, DAWN, MSN, RN, DPN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

HABER, IRWIN G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/CHAIR; 2 HOURS; D, O

CONNEAUT: DIRECTOR/CHAIR; 2 HOURS; D, O

GENEVA: DIRECTOR/CHAIR; 2 HOURS; D, O

REGIONAL: DIRECTOR/CHAIR; 2 HOURS; D, O

HARRIS, TIMOTHY S.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

HIMES, BRETT S.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR, CHAIR; 2 HOURS; D, O

HIRSCHLER, CHRISTOPHER:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/23); 2 HOURS; D

PARMA: DIRECTOR (BEGIN 05/23); 2 HOURS; D

ST. JOHN: DIRECTOR (BEGIN 05/23); 2 HOURS; D

HUNT, MELISSA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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

Employer identification number 90-0059117

UHCMC: CHIEF NURSING OFFICER (BEGIN 07/23); 2 HOURS; O

JORDAN, SHARON SOBOL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 12/23); 2 HOURS; D

CONNEAUT: DIRECTOR (END 12/23); 2 HOURS; D

GENEVA: DIRECTOR (END 12/23); 2 HOURS; D

REGIONAL: DIRECTOR (END 12/23); 2 HOURS; D

JUBECK, THOMAS P.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR; 2 HOURS; D

JUNAID, ANSIR:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

KELLY, MICHAEL J. SR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR; 2 HOURS; D

SAMARITAN: DIRECTOR; 2 HOURS; D

KLAMMER, LISA, ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR/SECRETARY (BEGIN 04/23); 2 HOURS; D, O

KOURY, LEE M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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

Employer identification number 90-0059117

UHCMC: DIRECTOR; 2 HOURS; D

LEWIS, MICHAEL A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

SAMARITAN: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

MARKOWITZ, DALE H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

CONNEAUT: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR; 2 HOURS; D

MAYHER, MICHAEL E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR/TREASURER; 2 HOURS; D, O

MCQUISTON, EDWARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (END 05/23); 2 HOURS; D

PARMA: DIRECTOR (END 05/23); 2 HOURS; D

ST. JOHN: DIRECTOR (END 05/23); 2 HOURS; D

MIGGINS, LYNN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/CHAIR; 2 HOURS; D, O

PARMA: DIRECTOR/CHAIR; 2 HOURS; D, O

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

Employer identification number 90-0059117

ST. JOHN: DIRECTOR/CHAIR; 2 HOURS; D, O

CHCO: FORMER OFFICER; 0 HOURS; O

MOORE, ERIC J. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR; 2 HOURS; D

PARMA: DIRECTOR; 2 HOURS; D

ST. JOHN: DIRECTOR; 2 HOURS; D

MYERS, PAUL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR; 2 HOURS; D

SAMARITAN: DIRECTOR; 2 HOURS; D

PAGANINI, RAYMOND J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR; 2 HOURS; D

PHYFER, CHERI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (END 02/23); 2 HOURS; D

PLECHA, DONNA MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF); 2 HOURS; D

PLUSH, MARK J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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

Employer identification number 90-0059117

CCO: DIRECTOR; 2 HOURS; D

PRIEMER, WILLIAM A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR/VICE CHAIR (BEGIN 05/23); 2 HOURS; D, O

RICHARDSON, SEAN:

ENTITY: TITLE; HOURS; ROLE (D,

UHCMC: DIRECTOR; 2 HOURS; D

RIEMENSCHNEIDER, DANIEL R. CPA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (END 05/23); 2 HOURS; D

SAMARITAN: DIRECTOR (END 05/23); 2 HOURS; D

RYAN, JOHN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (BEGIN 05/23); 2 HOURS; D

SAMARITAN: DIRECTOR (BEGIN 05/23); 2 HOURS; D

SCHULZE-FLYNN, CYNTHIA V.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

SINES, RAYMOND. E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR/SECRETARY (END 05/23); 2 HOURS; D, O

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

Employer identification number
90-0059117

SIRACUSA, ANTHONY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

CONNEAUT: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR; 2 HOURS; D

SIRKO, PAUL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR (BEGIN 04/23); 2 HOURS; D

SKODA, GREGORY J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR/VICE CHAIR (END 05/23); 2 HOURS; D, O

SPEAR, BRENDA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR; 2 HOURS; D

PARMA: DIRECTOR; 2 HOURS; D

ST. JOHN: DIRECTOR; 2 HOURS; D

STEIGER, DAVID, MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR; 2 HOURS; D

TAYLOR, EDDIE JR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHAIR/DIRECTOR; 2 HOURS; D, O

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

Employer identification number 90-0059117

TIFFT, VICTORIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

UHMG: DIRECTOR; 2 HOURS; D

WEINER, DANIELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF); 2 HOURS; D

WILKINSON, SCOTT A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/23); 2 HOURS; D

PARMA: DIRECTOR (BEGIN 05/23); 2 HOURS; D

ST. JOHN: DIRECTOR (BEGIN 05/23); 2 HOURS; D

WILSON, DANIEL L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: DIRECTOR; 2 HOURS; D

YATES, VIVIAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR; 2 HOURS; D

PARMA: DIRECTOR; 2 HOURS; D

ST. JOHN: DIRECTOR; 2 HOURS; D

ZIEGLER, KEITH E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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

Employer identification number 90-0059117

LHS: DIRECTOR; 2 HOURS; D

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

NET ASSETS RELEASED FROM RESTRICTION	-42,174,000.
EQUITY TRANSFERS	271,326,525.
OTHER CHANGES IN FUND BALANCE	25,417,959.
CHANGE IN BENEFICIAL INTEREST FOUNDATIONS	12,051,000.
ADDITION OF LAKE ENTITIES INTO GROUP	
TOTAL TO FORM 990, PART XI, LINE 9	266,621,484.

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

2023

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
LAKE HEALTH IPHE LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.
7800 TYLER ASSOCIATES, LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.
JUSTIN LBP, LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.
MENTOR MEDICAL CAMPUS PHYSICIAN BUILDING C/O GRAPER & WARMINGOTN, INC. - 34-, 340 FOUNDTAIN AVE., PAINESVILLE, OH 44077	MEDICAL SERVICES	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.

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
5805 EUCLID, INC. - 81-4962989 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
ELYRIA MEDICAL CENTER FOUNDATION - 61-1579760, 630 EAST RIVER STREET, ELYRIA, OH 44035	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	EMH REGIONAL MEDICAL CENTER	X	
FUND FOR CURES UK, LTD. 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	GRANT FUNDING	UNITED KINGDOM	N/A	N/A	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
KETTERING MOHICAN AREA MEDICAL CENTER INC. - 34-0823455, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	501(C)(3)		SAMARITAN REGIONAL HEALTH SYSTEM	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
LAKE HOSPITAL FOUNDATION, INC. - 34-1425872 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	LAKE HOSPITAL SYSTEM, INC.	X	
LHS LEGACY - 86-2916134 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	MANAGEMENT	OHIO	501(C)(3)	LINE 12C, III-FI	LAKE HOSPITAL SYSTEM, INC.	X	
PARMA HOSPITAL HEALTH CARE FOUNDATION - 34-1626664, 7007 POWERS BLVD, PARMA, OH 44129	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	PARMA COMMUNITY GENERAL HOSPITAL	X	
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 34-1510544, 6847 N. CHESTNUT STREET PO BOX, RAVENNA, OH 44266	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	ROBINSON HEALTH SYSTEM INC.	X	
SAMARITAN HOSPITAL FOUNDATION - 34-1783215 663 EAST MAIN STREET ASHLAND, OH 44805	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12C, III-FI	SAMARITAN REGIONAL HEALTH SYSTEM	X	
THE AUXILLARY OF LAKE HOSPITAL SYSTEM, INC. - 34-1605226, 7590 AUBURN ROAD, CONCORD TOWNSHIP, OH 44077	PATIENT NEEDS AND PHYSICIAN EQUIPMENT	OHIO	501(C)(3)	LINE 3	LAKE HOSPITAL SYSTEM, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
CONCORD MEDICAL CAMPUS, PHYSICIAN BUILDING, LLC - 26-0550261, 7580 AUBURN RD, CONCORD, OH 44077	OFFICE SPACE	OH	LAKE HOSPITAL SYSTEM, INC.	RELATED	19,078.	1,162,968.		X	N/A		X	52.50%
NEW MANNA CLG, LLC - 37-1848577, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SAMARITAN REGIONAL PAIN MANAGEMENT, LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805	MEDICAL SERVICES	OH	SAMARITAN REGIONAL HEALTH SYSTEM	RELATED	277,006.	123,908.		X	N/A		X	51.00%
UH VALUEHEALTH HOLDINGS, LLC - 85-3503184, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	HOLDING COMPANY	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	C CORP	828,544.	3,990,080.	100%	X	
EMH MEDICAL OFFICE BUILDING IN AVON, INC. - 34-1935407, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	EMH REGIONAL MEDICAL CENTER	C CORP	63,279.	118,694.	100%	X	
EMH PROFESSIONAL SERVICES, INC. - 34-1778419 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	C CORP	-1,845.	0.	100%	X	
PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY GENERAL	C CORP	786,583.	0.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
UHHS ENDOSCOPY HOLDINGS, LLC - 83-1284090, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
UNIVERSITY SUBURBAN REAL ESTATE LTD - 34-1397180, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	REAL ESTATE	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
UNIVERSITY HOSPITALS URGENT CARE BY WELLSTREET, LLC - 92-1031874, 3330 CUMBERLAND BLVD., STE 825, ATLANTA, GA	MEDICAL SERVICES	GA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
QUALITY CARE NETWORK, INC. - 81-1081563 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
U.S.H.C MANAGEMENT, INC. - 34-1395971 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	N/A	C CORP	N/A	N/A	N/A	X	
UHHS PROVIDER AND CENTRAL VERIFICATION ORGANIZATION, INC. - 34-1908517, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION, INC. - 81-3836118, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	ACCOUNT CARE	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS HOLDINGS, INC. - 34-1768931, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. - 34-1768929, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, 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 CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	PHYSICAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
WESTERN RESERVE ASSURANCE CO. LTD. SPC - 98-0462740, PO BOX 1051 GT KY1, , GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	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)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM ST. JOHN MEDICAL CENTER	A	404,121.	GENERAL LEDGER
(2)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM SAMARITAN MEDICAL CENTER	A	310,638.	GENERAL LEDGER
(3)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM UH REGIONAL HOSPITALS	A	356,223.	GENERAL LEDGER
(4)	UNIVERSITY HOSPITALS FROM SAMARITAN MEDICAL CENTER	A	87,330.	GENERAL LEDGER
(5)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM PARMA MEDICAL CENTER	A	43,237.	GENERAL LEDGER
(6)	UH ACCOUNTABLE CARE ORG. FROM PORTAGE MEDICAL CENTER	A	36,956.	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 PHYSICIAN SERVICES, INC. FROM PORTAGE MEDICAL CENTER	A	32,989.	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM CONNEAUT MEDICAL CENTER	A	20,825.	GENERAL LEDGER
(9)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM LAKE WEST MEDICAL CENTER	A	17,482.	GENERAL LEDGER
(10)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM ELYRIA MEDICAL CENTER	A	15,997.	GENERAL LEDGER
(11)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM TRIPOINT MEDICAL CENTER	A	15,807.	GENERAL LEDGER
(12)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. FROM AHUJA MEDICAL CENTER	A	11,711.	GENERAL LEDGER
(13)	UNIVERSITY HOSPITAL PARMA COMMUNITY GENERAL HOSPITAL TO PARMA HOSPITAL HEAL	B	1,267,914.	GENERAL LEDGER
(14)	LAKE HOSPITAL SYSTEM, INC. TO LAKE HOSPITAL FOUNDATION, INC.	B	500,058.	GENERAL LEDGER
(15)	ROBINSON HEALTH SYSTEM. INC. TO ROBINSON MEMORIAL HOSPITAL FOUNDATION	B	324,958.	GENERAL LEDGER
(16)	EMH REGIONAL MEDICAL CENTER TO ELYRIA MEDICAL CENTER FOUNDATION	B	59,472.	GENERAL LEDGER
(17)	ELYRIA MEDICAL CENTER FOUNDATION FROM EMH REGIONAL MEDICAL CENTER	C	615,135.	GENERAL LEDGER
(18)	LAKE HOSPITAL FOUNDATION, INC. FROM LAKE HOSPITAL SYSTEM, INC.	C	482,059.	GENERAL LEDGER
(19)	PARMA HOSPITAL HEALTH CARE FOUNDATION FROM UNIVERSITY HOSPITAL PARMA COMMUN	C	386,947.	GENERAL LEDGER
(20)	ROBINSON MEMORIAL HOSPITAL FOUNDATION FROM ROBINSON HEALTH SYSTEM. INC.	C	271,174.	GENERAL LEDGER
(21)	CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS	K	1,609,308.	GENERAL LEDGER
(22)	UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM UNIVERSITY HOSPITALS	K	1,098,900.	GENERAL LEDGER
(23)	CLEVELAND MEDICAL CENTER FROM 5805 EUCLID, INC.	K	913,111.	GENERAL LEDGER
(24)	AHUJA MEDICAL CENTER FROM UNIVERSITY HOSPITALS	K	669,152.	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)	CLEVELAND MEDICAL CENTER FROM PRL CORPORATION	K	538,970.	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM UNIVERSITY SUBURBAN REAL ESTATE	K	473,790.	GENERAL LEDGER
(9)	PARMA MEDICAL CENTER FROM PRL CORPORATION	K	250,979.	GENERAL LEDGER
(10)	SAMARITAN MEDICAL CENTER FROM UNIVERSITY HOSPITALS	K	234,477.	GENERAL LEDGER
(11)	UH LAB SERVICES FOUNDATION FROM UNIVERSITY HOSPITALS	K	203,107.	GENERAL LEDGER
(12)	UH REGIONAL HOSPITALS FROM UNIVERSITY HOSPITALS	K	129,649.	GENERAL LEDGER
(13)	UH LAB SERVICES FOUNDATION FROM UH PHYSICIAN SERVICES	K	89,722.	GENERAL LEDGER
(14)	PARMA MEDICAL CENTER FROM UNIVERSITY HOSPITALS	K	81,848.	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM PRL CORPORATION	K	63,974.	GENERAL LEDGER
(16)	CLEVELAND MEDICAL CENTER FROM UNIVERSITY SUBURBAN REAL ESTATE, LTD.	K	63,291.	GENERAL LEDGER
(17)	CLEVELAND MEDICAL CENTER FROM UH PHYSICIAN SERVICES	K	61,292.	GENERAL LEDGER
(18)	UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM UNIVERSITY HOSPITALS HEALTH SYS	R	193,831,004.	GENERAL LEDGER
(19)	LAKE HOSPITAL SYSTEM, INC. FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	155,988,878.	GENERAL LEDGER
(20)	AHUJA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	58,833,568.	GENERAL LEDGER
(21)	PARMA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	28,527,633.	GENERAL LEDGER
(22)	UH HOME CARE SERVICES INC FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	24,746,582.	GENERAL LEDGER
(23)	EMH REGIONAL MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	12,000,451.	GENERAL LEDGER
(24)	PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	10,200,590.	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)	CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	1,752,003.	GENERAL LEDGER
(8)	UH REGIONAL HOSPITALS FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	2,120,473.	GENERAL LEDGER
(9)	PRIMEHEALTH, INC. FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	513,761.	GENERAL LEDGER
(10)	LAKE HOSPITAL SYSTEM, INC. FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	84,678,722.	GENERAL LEDGER
(11)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEA	S	42,321,574.	GENERAL LEDGER
(12)	ST. JOHN MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	18,820,929.	GENERAL LEDGER
(13)	UH REGIONAL HOSPITALS FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	11,572,047.	GENERAL LEDGER
(14)	UH LAB SERVICES FOUNDATION FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	5,650,759.	GENERAL LEDGER
(15)	GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	3,976,507.	GENERAL LEDGER
(16)	SAMARITAN MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	1,623,821.	GENERAL LEDGER
(17)	COMPREHENSIVE HEALTH CARE OF OHIO FROM UNIVERSITY HOSPITALS HEALTH SYSTEM,	S	729,034.	GENERAL LEDGER
(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 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of BRADLEY C. BOND
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 ..... [X]. 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 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

[X] calendar year 20 23 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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-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.