

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **AULTMAN HEALTH FOUNDATION GROUP RETURN** Employer identification number **32-0483994**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>401</u> %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5,783,612.	5,365,415.	418,197.	.08%
b Medicaid (from Worksheet 3, column a)			79,581,673.	46,248,029.	33,333,644.	6.42%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			85,365,285.	51,613,444.	33,751,841.	6.50%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			388,231.	24,038.	364,193.	.07%
f Health professions education (from Worksheet 5)			9,702,827.	100,022.	9,602,805.	1.85%
g Subsidized health services (from Worksheet 6)			88,985,573.	72,631,176.	16,354,397.	3.15%
h Research (from Worksheet 7)			776,638.	996,448.	-219,810.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			463,118.	0.	463,118.	.09%
j Total. Other Benefits			100,316,387.	73,751,684.	26,564,703.	5.16%
k Total. Add lines 7d and 7j			185,681,672.	125,365,128.	60,316,544.	11.66%

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			36,946.		36,946.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			644,664.		644,664.	.12%
8 Workforce development						
9 Other						
10 Total			681,610.		681,610.	.13%

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 8,655,438.	
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 2,229,202.	
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 86,505,239.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 85,962,278.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 542,961.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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 AULTMAN ONCOLOGY CENTER OF EXCELLENCE, LLC	ONCOLOGY SERVICES	72.90%	.00%	27.10%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 4

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Table with 10 columns: Facility ID, License type, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Rows include AULTMAN HOSPITAL, AULTMAN WOODLAWN, AULTMAN WEST, and AULTMAN ORRVILLE HOSPITAL.

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 FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://AULTMAN.ORG/HOME/ABOUT/AULTMAN-HO</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://AULTMAN.ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group **FACILITY REPORTING GROUP - A**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>401</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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 non-payment?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
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 AULTMAN ORRVILLE HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.AULTMANORRVILLE.ORG/AULTMAN-HO</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTP://WWW.AULTMANORRVILLE.ORG/AULTMAN-HOSPITAL-INFO</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group **AULTMAN ORRVILLE HOSPITAL**

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C)</p>		

Billing and Collections

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 non-payment?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group AULTMAN ORRVILLE HOSPITAL

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AULTMAN ORRVILLE HOSPITAL:

PART V, SECTION B, LINE 5: IN CONDUCTING THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT; AULTMAN ORRVILLE HOSPITAL TOOK INTO ACCOUNT THE BROAD INTERESTS OF OUR COMMUNITY BY SOLICITING INPUT FROM LOCAL NOT-FOR-PROFIT AND COMMUNITY MEMBERS. THE HOSPITAL CONDUCTED A COMMUNITY FOCUS GROUP SESSION ON JULY 10, 2013 TO SOLICIT INPUT FROM COMMUNITY MEMBERS AND EXPLORE BETTER WAYS TO MEET HEALTH CARE NEEDS. OVER 20 COMMUNITY SUPPORT AGENCIES WERE REPRESENTED AT OUR MEETING, CONDUCTED BY AN INDEPENDENT CONSULTANT FROM THE CENTERS FOR MARKETING AND OPINION RESEARCH (CMOR). AGENCIES INCLUDED THE CITY OF ORRVILLE, ORRVILLE CHAMBER OF COMMERCE, UNIVERSITY OF AKRON WAYNE COLLEGE, SALVATION ARMY, WAYNE COUNTY CHILDREN SERVICES, AN AMISH COMMUNITY MEMBER, WAYNE COUNTY JOB AND FAMILY SERVICES, VIOLA STARTZMAN FREE CLINIC, YOUR HUMAN RESOURCE CENTER, ORRVILLE MINISTERIAL ASSOCIATION, GROWING HEALTHY HABITS, COMMUNITY BIRTH CIRCLE, COUNSELING CENTER OF WAYNE AND HOLMES, WAYNE COUNTY EMA, WAYNE/HOLMES MENTAL HEALTH RECOVERY BOARD, ORRVILLE PUBLIC LIBRARY, HEARTLAND COMMUNITY EDUCATION, STEPS AT LIBERTY CENTER, AND WAYNE COUNTY EMERGENCY MANAGEMENT. DISCUSSION TOPICS INCLUDED STRENGTHS OF THE HOSPITAL IN THE COMMUNITY, ISSUES AND BARRIERS RELATED TO SERVICES, AND EMERGING COMMUNITY NEEDS.

IT WAS DETERMINED THE TOP THREE ISSUES WERE: LIMITED ACCESS TO HEALTHCARE, HIGH OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES, AND LACK OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES. IT WAS DISCUSSED THAT THE AREAS IN WHICH AULTMAN ORRVILLE HOSPITAL COULD HAVE THE MOST IMPACT WAS ON IMPROVED ACCESS TO HEALTHCARE SERVICES, SHIFTING THE MENTALITY OF AREA RESIDENTS

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

TOWARD MORE HEALTHY BEHAVIORS, AND IMPROVING HEALTHCARE COST

AULTMAN ORRVILLE HOSPITAL:

PART V, SECTION B, LINE 7D: THE CHNA AND CHNA IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLLOWING

HTTP://WWW.AULTMANORRVILLE.ORG/AULTMAN-HOSPITAL-INFORMATION/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

AULTMAN ORRVILLE HOSPITAL:

PART V, SECTION B, LINE 11: AULTMAN ORRVILLE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT BY:

#1 - IMPROVING ACCESS TO HEALTH INSURANCE AND HEALTHCARE SERVICES

- ACCEPTING ALL PAYERS AND MOST INSURANCE CONTRACTS

- PROVIDING DISCOUNTS AND PACKAGE PRICING TO THE AMISH AND PATIENTS WITHOUT INSURANCE

- REMAINING PART OF THE INDEPENDENT HOSPITAL NETWORK, ONE OF THE LOWEST COST NETWORKS IN THE STATE OF OHIO

- PROVIDING FREE TRANSPORTATION SERVICES WITHIN A 25 MILE RADIUS

- PROVIDING FREE OVERNIGHT ACCOMODATIONS FOR THE AMIHS THROUGH OUR AMISH HOUSE AND BUGGY BARN

- PROMOTING OUR FINANCIAL ASSISTANCE POLICY FOR PATIENTS WITHOUT INSURANCE UP TO 400% FEDERAL POVERTY LEVEL

- PROMOTING AN INTERNAL HEALTH PLAN, AULTCARE AND PRIMETIME MEDICARE, INCLUDING WELLNESS PROGRAMS

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

- OFFERING A SKILLED NURSING CARE PROGRAM WITHIN THE HOSPITAL
- ONE OF ONLY A HANDFUL OF CRITICAL ACCESS HOSPITALS IN THE STATE OF OHIO TO PROVIDE A FULL SERVICE WOMEN'S HEALTH/OB PROGRAM
- EMPLOY PRIMARY CARE PHYSICIANS THROUGH THE AULTMAN HEALTH FOUNDATION RELATIONSHIP
- OFFER EXTENDED AND WEEKEND HOURS IN THE EMPLOYED PRIMARY CARE SETTINGS
- PROVIDE LAB AND X-RAY SERVICES TO THE VIOLA STARTZMAN FREE CLINIC AT NO COST
- OFFER FREE BREAST FEEDING CLASSES
- OFFER SAFE SITTER CLASSES
- PROVIDE COMMUNITY EDUCATION PROGRAMMING THROUGH THE WORKING ON WELLNESS PROGRAM, SUCH AS HEALTH TALKS, FREE SCREENINGS
- ADDITIONAL PROGRESS IN #1 SINCE SURVEY
 - INTEGRATION OF DUNLAP FAMILY PHYSICIANS AND DR RICK JONES TO AULTMAN MEDICAL GROUP (PRIMARY CARE PROVIDERS), WORKING TO RECRUIT ONE ADDITIONAL PCP TO GROUP
 - PROMOTE PRIMETIME HEALTH PLAN - INCREASE OF APPROXIMATELY 100 MEMBERS OR 2% MARKET SHARE IN 2015
 - EXPLORING HEALTHCARE EXCHANGE CONTRACTS, HOSPITAL CURRENTLY HAS FOUR AND WILL ADD AULTCARE IN 2016
 - WORKING TO EXPAND 340B DRUG COVERAGE AND SERVICES TO KEEP PHARMECUTICAL COSTS LOW IN THE COMMUNITY, BUT STILL TRYING TO DETERMINE WHICH PROGRAM WOULD HELP DO THIS BEST
 - ADDED SPECIALISTS TO THE MEDICAL STAFF IN THE AREAS OF INTERNAL MEDICINE, OB/GYN, PATHOLOGY, EMERGENCY MEDICINE, OCCUPATIONAL MEDICINE, ENDOCRINOLOGY, AND NEWBORN CARE

#2 - OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

- OFFER MYPLATE PROGRAM
- FREE HEALTH TALKS TO COMMUNITY ON MONTHLY BASIS
- PRIMETIME SENIORS PROGRAM
- BEE HEALTHY EMPLOYEE WELLNESS PROGRAM
- COLLABORATE WITH GROWING HEALTHY HABITS PROGRAM
- SILVERSNEAKERS AND SILVER AND FIT EXERCISE FITNESS PROGRAMS
- DIABETES SELF MANAGEMENT TRAINING AND SUPPORT PROGRAMS
- SPORTS AND WELLNESS, EXERCISE AS MEDICINE PROGRAMS
- GIVE IT UP! SMOKING CESSATION PROGRAMS
- WORKING ON WELLNESS COMMUNITY OUTREACH MOBILE VAN

ADDITIONAL PROGRESS IN #2 SINCE SURVEY

- IMPLEMENTED MEDICALLY SUPERVISED AULTMAN WEIGHT MANAGEMENT PROGRAM
- PROVIDED OFFICE LOCATION SPACE FOR AULTMAN ENDOCRINOLOGIST ON ROTATION
- OBTAINED \$40,000 WELLNESS GRANT TO BE USED FOR WORKING ON WELLNESS PROGRAM FROM THE WAYNE COUNTY COMMUNITY FOUNDATION
- OBTAINED \$17,500 GRANT USED TO PURCHASE MOBILE VEHICLE FOR WORKING ON WELLNESS PROGRAM
- OFFERING SMOKING CESSATION PROGRAMS TO HIGH SCHOOL STUDENTS IN THE EASTERN WAYNE COUNTY SERVICE AREA, WITH INCREASED FOCUS TO THE RITTMAN AREA

#3 - SUBSTANCE ABUSE AND MENTAL HEALTH

- COLLABORATE WITH MENTAL HEALTH AND RECOVERY BOARD OF WAYNE AND HOLMES COUNTY
- PROMOTE EMPLOYEE CARE FUND
- PACE-SETTER LEVEL CONTRIBUTOR TO ORRVILLE UNITED WAY FUND

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

- HEALTH TALK SERIES ON DEPRESSION AND HEALTHY EATING HABITS

ADDITIONAL PROGRESS IN #3 SINCE SURVEY

- AULTMAN ORRVILLE HAS NOT MADE SIGNIFICANT PROGRESS WITH THIS INITIATIVE
THUS FAR, BUT WE HAVE EXPLORED OFFERING OFFICE SPACE TO THE MENTAL HEALTH
AND RECOVERY BOARD OF WAYNE AND HOLMES COUNTY

- AULTMAN ORRVILLE HOSPITAL IS COLLABORATING WITH WAYNE COUNTY

FACILITY REPORTING GROUP - A

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://AULTMAN.ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANC](https://aultman.org/home/patients-and-visitors/insurance-and-billing/financ)

AULTMAN ORRVILLE HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.AULTMANORRVILLE.ORG/PATIENT-INFORMATION/RESOURCES/BILLING](http://www.aultmanorrville.org/patient-information/resources/billing)

FACILITY REPORTING GROUP - A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://AULTMAN.ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANC](https://aultman.org/home/patients-and-visitors/insurance-and-billing/financ)

AULTMAN ORRVILLE HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.AULTMANORRVILLE.ORG/PATIENT-INFORMATION/RESOURCES/BILLING](http://www.aultmanorrville.org/patient-information/resources/billing)

FACILITY REPORTING GROUP - A

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

[HTTPS://AULTMAN.ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANC](https://aultman.org/home/patients-and-visitors/insurance-and-billing/financ)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AULTMAN ORRVILLE HOSPITAL

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

HTTP://WWW.AULTMANORRVILLE.ORG/PATIENT- INFORMATION/RESOURCES/BILLING

AULTMAN ORRVILLE HOSPITAL:

PART V, SECTION B, LINE 22D: MAXIMUM AMOUNTS THAT CAN BE CHARGED ARE DETERMINED BASED ON 2015 POVERTY GUIDELINES TIMES 150% UP TO 400% OF THE ANNUAL GROSS INCOME OR MONTHLY INCOME. IN ADDITION, THE ORGANIZATION FOLLOWS THE FINANCIAL ASSISTANCE POLICY AND PROCEDURES. THE PATIENTS COMPLETE THE HCAP APPLICATION PLUS THE FINANCIAL ASSISTANCE APPLICATION. THE DISCOUNT PROVIDED TO THE SELF-PAY INDIVIDUALS UNDER THE FAP POLICY IS GREATER THAN 22A, 22B AND 22C.

A 30% DISCOUNT IS OFFERED FOR PROFESSIONAL FEES. A DISCOUNT OF 20%-70% IS OFFERED TO SELF-PAY PATIENTS FOR FACILITY CHARGES.

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

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: AULTMAN HOSPITAL
- FACILITY 2: AULTMAN WOODLAWN
- FACILITY 3: AULTMAN WEST

GROUP A-FACILITY 1 -- AULTMAN HOSPITAL

PART V, SECTION B, LINE 5: COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

ADVISORY COMMITTEE. THE CHNA ADVISORY COMMITTEE IS MADE UP OF A VARIETY

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

OF HEALTH AND SOCIAL SERVICES AGENCIES AND VOLUNTEERS IN THE COMMUNITY.

THE FOLLOWING AGENCIES HAVE BEEN INVOLVED IN THE COMMITTEE: ACCESS HEALTH STARK COUNTY; AFFINITY MEDICAL CENTER; ALLIANCE COMMUNITY HOSPITAL; ALLIANCE CITY HEALTH DEPARTMENT; AULTMAN HEALTH FOUNDATION; CANTON CITY HEALTH DEPARTMENT; CANTON COMMUNITY CLINIC; MERCY MEDICAL CENTER; PRESCRIPTION ASSISTANCE NETWORK OF STARK COUNTY; STARK COUNTY FAMILY COUNCIL; STARK COUNTY HEALTH DEPARTMENT; STARK COUNTY JOBS & FAMILY SERVICES; STARK COUNTY MEDICAL SOCIETY; STARK COUNTY MENTAL HEALTH & RECOVERY BOARD; UNITED WAY OF GREATER STARK COUNTY; AND WESTERN STARK CLINIC.

TO COLLECT INFORMATION FROM THE CHNA ADVISORY COMMITTEE AULTMAN HOSPITAL PARTICIPATED IN TWO HEALTH IMPROVEMENT SUMMITS. DURING THE FIRST SUMMIT NEARLY 70 HEALTH AND SOCIAL SERVICE AGENCIES AND COMMUNITY VOLUNTEERS CAME TOGETHER TO REVIEW THE NEWLY RELEASED 2011 STARK COUNTY HEALTH NEEDS ASSESSMENT REPORT. THE REPORT INCLUDES SURVEY DATA COLLECTED FROM COMMUNITY RESIDENTS THROUGH A RANDOMIZED TELEPHONE POLL, SECONDARY HEALTH INDICATORS DATA AND YOUTH DATA OBTAINED FROM A SURVEY ADMINISTERED THROUGH STARK COUNTY SCHOOLS. THE DATA WAS ANALYZED AND FIVE LEADING HEALTH ISSUES WERE IDENTIFIED. PARTICIPANTS WERE ASKED TO DISCUSS THE RESULTS AND VOTE ON THREE HEALTH ISSUES FOR THE COMMUNITY TO ADDRESS. USING THE CONNECTING POINT VOTING SYSTEM, THE RESULTS WERE AVAILABLE IMMEDIATELY FOR VIEW. THE PARTICIPANTS WERE THEN ASKED TO BREAK INTO GROUPS AND BRAINSTORM IDEAS FOR ADDRESSING EACH HEALTH NEED. THESE IDEAS WERE USED TO CONSTRUCT A FRAMEWORK FOR A HEALTH IMPROVEMENT PLAN. PARTICIPANTS WERE ASKED TO CONTINUE THEIR COMMITMENT TO THIS PROCESS OVER THE NEXT FOUR MONTHS TO FURTHER DEVELOP THE PLAN. DURING THE SECOND SUMMIT OVER 60 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

LEADERS FROM PUBLIC HEALTH, HEALTH CARE ORGANIZATIONS, FOUNDATIONS, AND OTHER GOVERNMENTAL AND SOCIAL SERVICES ORGANIZATION ATTENDED. THE SUMMIT WAS ORGANIZED TO BRING TOGETHER COMMUNITY ORGANIZATIONS THROUGHOUT STARK COUNTY WHOSE EFFORTS AND INITIATIVES ADDRESS ONE OR MORE OF THE THREE HEALTH PRIORITIES. THE ATTENDEES WERE ENCOURAGED TO COMMIT TO IMPLEMENTING GOALS AND STRATEGIES IN THE HEALTH IMPROVEMENT PLAN AND ASSIST IN EVALUATION EFFORTS. THE PURPOSE OF THE SUMMIT WAS ALSO TO MOTIVATE ATTENDEES TO MAKE SUSTAINABLE CHANGES AND TO SHOWCASE THE COUNTY'S COLLABORATION TO MAKE STARK COUNTY A HEALTHIER COMMUNITY.

STARK COUNTY CHNA ADVISORY COMMITTEE ORIGINAL COMMITTEE MEMBERS: LES ABLE, COMMUNITY VOLUNTEER, RETIRED, STARK COUNTY MENTAL HEALTH BOARD JIM ADAMS, HEALTH COMMISSIONER, CANTON CITY HEALTH DEPARTMENT SHARON ANDREANI, DIRECTOR OF NURSING, ALLIANCE CITY HEALTH DEPARTMENT BARB BLEVINS, DIRECTOR, ACCESS HEALTH STARK COUNTY EMILY CANIFORD, DIRECTOR OF ADMINISTRATION AND SUPPORT SERVICES, STARK COUNTY HEALTH DEPARTMENT KAY CONLEY, COMMITTEE CHAIR, GRANTS COORDINATOR, STARK COUNTY HEALTH DEPARTMENT LYNNE DRAGOMIER, VP PUBLIC RELATIONS AND MARKETING, MERCY MEDICAL CENTER GARY FEAGLES, EXECUTIVE DIRECTOR, WESTERN STARK CLINIC BILL FRANKS, HEALTH COMMISSIONER, STARK COUNTY HEALTH DEPARTMENT DANA HALE, RN, BSN, CANTON CITY HEALTH DEPARTMENT WENDY HUNTER-VAUGHN, MANAGER OF PROGRAMS/EVALUATIONS, MENTAL HEALTH AND RECOVERY SERVICES BOARD OF STARK COUNTY BILL JAMES, DIRECTOR OF INDUSTRIAL ENGINEERING, ALLIANCE COMMUNITY HOSPITAL CAROL LICHTENWALTER, DIRECTOR, STARK COUNTY FAMILY COUNCIL KEVIN METZ, EXECUTIVE DIRECTOR, STARK COUNTY MEDICAL SOCIETY KRISTEN MIDAY, FINANCIAL ANALYST, AULTMAN HEALTH FOUNDATION MICHELLE MILLER, PROJECT LEADER OF RESEARCH AND DEVELOPMENT, ALLIANCE COMMUNITY HOSPITAL LIZ

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PRUITT, VP OF OPERATIONS, AFFINITY MEDICAL CENTER KELLY RICHENDOLLAR,
HEALTH EDUCATOR, STARK COUNTY HEALTH DEPARTMENT CAROL RISALITI, EXECUTIVE
DIRECTOR, PRESCRIPTION ASSISTANCE NETWORK OF STARK COUNTY LORIE
TRAVAGLINO, DIRECTOR, UNITED WAY OF GREATER STARK COUNTY.

GROUP A-FACILITY 1 -- AULTMAN HOSPITAL

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH THE FOLLOWING
HOSPITAL FACILITIES:

- AFFINITY MEDICAL CENTER
- ALLIANCE COMMUNITY HOSPITAL
- CANTON COMMUNITY CLINIC
- MERCY MEDICAL CENTER
- WESTERN STARK CLINIC

GROUP A-FACILITY 1 -- AULTMAN HOSPITAL

PART V, SECTION B, LINE 11: AS A RESULT OF THE CHNA AND SUBSEQUENT
ANALYSIS, THE FOLLOWING WERE IDENTIFIED AS THE PRIORITY AREAS IN WHICH THE
HOSPITAL WILL FOCUS: ACCESS TO HEALTH CARE, OBESITY AND LACK OF HEALTHY
LIFESTYLE CHOICES, LARGE NEED FOR MENTAL HEALTH SERVICES

ACCESS TO HEALTH CARE - CURRENT PROGRAMS AND SERVICES THAT ADDRESS THIS
NEED: AH OFFERS SEVERAL SERVICES TO COMBAT LACK OF ACCESS TO HEALTH
INSURANCE AND HEALTH CARE: THREE OUTPATIENT CENTERS, STAFFED BY RESIDENT
PHYSICIANS AND TEACHING ATTENDING PHYSICIANS, THAT PROVIDE FAMILY
MEDICINE, INTERNAL MEDICINE AND OBSTETRICS SERVICES TO UNDERINSURED AND
UNINSURED MEMBERS OF THE COMMUNITY. MORE THAN 40,000 PATIENT VISITS ARE
MADE TO THE OUTPATIENT CENTERS EACH YEAR. THE WOW PROGRAM, WHICH VISITS
SCHOOLS, COMMUNITY CENTERS, CHURCHES, SENIOR CENTERS AND BLOCK PARTIES 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PROVIDE FREE SCREENINGS AND HEALTH EDUCATION. SCREENINGS SUCH AS BLOOD PRESSURE CHECKS, HEIGHT, WEIGHT AND BODY MASS INDEX/PERCENTAGE OF BODY FAT ARE PROVIDED. IN 2012, THE WOW VAN REACHED MORE THAN 20,000 PEOPLE. THE AULTMAN CANCER CENTER'S ANNUAL CANCER SCREENING DAY PROVIDES A VARIETY OF FREE SCREENINGS TO HELP UNDERINSURED PEOPLE IN OUR COMMUNITY. AT THE APRIL 2012 CANCER SCREENING DAY, 161 PATIENTS WERE SCREENED. MOST OF THE PARTICIPANTS RECEIVED MULTIPLE SCREENINGS, FOR A TOTAL OF 353 SCREENINGS THROUGHOUT THE EVENT. THE CENTER ALSO OFFERED A BREAST SCREENING DAY IN 2012 TO UNDERSERVED WOMEN IN THE CARROLLTON, OHIO AREA. THE AULTMAN INFUSION THERAPY DEPARTMENT BEGAN A MEDICATION REIMBURSEMENT PROGRAM FOR UNINSURED PATIENTS IN 2007. LED BY AN ONCOLOGY-CERTIFIED REGISTERED NURSE, THE PROGRAM WAS SUCCESSFUL IN RECOVERING \$450,000 IN DRUG COSTS IN 2012 FROM VARIOUS ASSISTANCE PROGRAMS. FREE HEALTH TALK PRESENTATIONS PROVIDE COMMUNITY MEMBERS WITH GENERAL HEALTH INFORMATION AND THE OPPORTUNITY TO INTERACT WITH LOCAL HEALTH CARE PROFESSIONALS. TOPICS RANGE FROM MANAGING DIABETES TO HEART ATTACK SIGNS TO CANCER PREVENTION. THE AH PATIENT OUTREACH DEPARTMENT OFFERS CHARITY CARE ASSISTANCE TO THE UNINSURED OR UNDERINSURED, ALONG WITH PROVIDING PATIENT RIGHTS NOTIFICATION TO ALL MEDICARE BENEFICIARIES IN THE HOSPITAL. PATIENTS RECEIVE FINANCIAL COUNSELING, ASSISTANCE IN APPLYING FOR MEDICAID AND THE STATE-FUNDED HOSPITAL CARE ASSURANCE PROGRAM (HCAP) AS WELL AS GUIDANCE ON AULTMAN'S OWN FINANCIAL ASSISTANCE PROGRAM (FAP). THE DEPART. PROCESSED MORE THAN 15,000 CHARITY CARE APPLICATIONS IN 2012 AND DELIVERED NEARLY 17,000 PATIENTS' RIGHTS DOCUMENTS TO MEDICARE PATIENTS. AH PROVIDES HIGH-QUALITY HEALTH CARE PROGRAMS AND SERVICES TO ANYONE IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. AH IS DEDICATED TO YOUR HEALTH, OFFERING EVERYTHING FROM MEDICAL CARE DISCOUNTS TO EDUCATIONAL PROGRAMS. AULTCARE OFFERS INDIVIDUAL

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AULTONE, EMPLOYER GROUP, AND PRIMETIME HEALTH PLAN MEDICARE ADVANTAGE PLANS. NETWORK PROVIDERS SPAN THE SPECTRUM OF HEALTH CARE SPECIALTIES TO MEET THE NEEDS OF ENROLLEES AND KEEP CARE LOCALLY BASED. CARE COORDINATION SERVICES ARE OFFERED WHEN IT IS NECESSARY FOR MEMBERS TO SEEK AND RECEIVE CARE OUTSIDE OF THE AULTCARE OR PRIMETIME HEALTH PLANS' NETWORK OF PROVIDERS. TELE-MONITORING SERVICES ARE OFFERED FOR HEART FAILURE AND DIABETES CHRONIC STATES. EMPLOYER GROUPS MAY CHOOSE TO ADD ON WELLNESS PROGRAMS DESIGNED SPECIFICALLY TO THE NEEDS OF THE GROUP WITH ONSITE HEALTH COACHING AND EDUCATION PROVIDED BY LICENSED PROFESSIONAL STAFF. TRANSITION PROGRAMS PROVIDE MEMBERS WHO ARE CONFINED IN AN ACUTE CARE SETTINGS EASE IN THEIR MOVING FROM THE ACUTE PHASE OF THEIR CARE TO THE NEXT LEVEL WITHIN THE HEALTH CARE CONTINUUM WITH THE GOAL OF REDUCING READMISSION. THE WEBSITE (WWW.AULTMAN.ORG) IS A COMMUNITY RESOURCE FOR HEALTH AND WELLNESS INFORMATION; HOSPITAL SERVICES AND A CALENDAR OF EVENTS; AN ONLINE PHYSICIAN DIRECTORY AND MORE. AH ALSO HAS A RELATIONSHIP WITH A HEALTH INFORMATION CONTENT PROVIDER CALLED EMMI. EMMI IS AN ANIMATED, WEB BASED EDUCATIONAL PRODUCT WITH AN EXTENSIVE LIBRARY OF SPECIFIC PROGRAMS DESIGNED TO HELP VIEWERS LEARN ABOUT THEIR MEDICAL CONDITION, WELLNESS, DIAGNOSTIC AND SURGICAL PROCEDURES. EMMI PROGRAMS CAN BE VIEWED IN THE HOME AT THE VIEWER'S OWN PACE. THE VIEWER MAY ALSO SHARE PROGRAMS WITH FRIENDS AND FAMILY. THESE PROGRAMS OFFER CURRENT, ACCURATE, SOUND AND UNBIASED MEDICAL INFORMATION. THEY ARE DESIGNED TO NOT ONLY EDUCATE THE VIEWER, BUT TO PROVIDE A BASE ON WHICH THE VIEWER CAN BUILD THEIR KNOWLEDGE AND BE AN INFORMED CONSUMER OF HEALTH CARE SERVICES. OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES - CURRENT PROGRAMS AND SERVICES THAT ADDRESS THIS NEED: AH SERVICES AND INITIATIVES TO TARGET OBESITY AND UNHEALTHY LIFESTYLE CHOICES INCLUDED: THE HEALTH VISION 2020

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

INITIATIVE, AIMED AT MAKING STARK COUNTY HEALTHIER BY THE YEAR 2020. THE AULTMAN HEALTH VISION 2020 COMMITTEE TARGETED TOBACCO USE AND OBESITY 2012, OFFERING FREE EDUCATIONAL PROGRAMS, HEALTH SCREENINGS AND THE "GIVE IT UP!" TOBACCO CESSATION PROGRAM TO EQUIP LOCAL RESIDENTS WITH THE TOOLS THEY NEED TO MAKE HEALTHIER LIFESTYLE CHOICES. AULTMAN WEIGHT MANAGEMENT (AWM) PROGRAMS TO HELP CLIENTS LOSE WEIGHT AND IMPROVE THEIR HEALTH. AH OFFERS THREE MEDICALLY SUPERVISED WEIGHT-LOSS PROGRAMS FOR ADULTS; ALONG WITH THE FUN 2B FIT FAMILY-CENTERED PROGRAM FOR CHILDREN 8-15 AND THEIR PARENTS. AWM RELOCATED IN 2012 FROM AN OFFICE BUILDING TO AN AH FACILITY PACKED WITH FITNESS EQUIPMENT, TO MAKE THE EXERCISE COMPONENT OF THE PROGRAM MORE CONVENIENT FOR CLIENTS. NOW, CLIENTS CAN ATTEND THEIR WEEKLY MEETINGS AND EXERCISE AT THE SAME FACILITY. FREE COMMUNITY HEALTH TALK PRESENTATIONS THAT PROVIDE ATTENDEES WITH INFORMATION ON HOW TO EAT HEALTHIER, EXERCISE AND IMPROVE THEIR HEALTH. PRIMETIME PROGRAM THAT HELPS COMMUNITY MEMBERS 50 AND OLDER STAY ACTIVE BY OFFERING A VARIETY OF EXERCISE CLASSES, ALONG WITH GOLF AND BOWLING LEAGUES. THE PRIMETIME PROGRAM EXPANDED TO THE AULTMAN ORRVILLE HOSPITAL LOCATION IN 2012, TO MEET THE NEEDS OF ORRVILLE AND WAYNE COUNTY RESIDENTS. THE CANTON PROJECT, A VEGAN DIET SUPPORT GROUP, LED BY AN AULTMAN CARDIAC REHAB NURSE AND CARDIOLOGIST. THE MONTHLY SUPPORT GROUP IS FREE TO ATTEND, AND ABOUT 100 PEOPLE ARE ON THE SUPPORT GROUP ROSTER. THE GROUP OFFERS INFORMATION AND ENCOURAGEMENT TO PEOPLE ON VEGAN OR PLANT-BASED DIETS. ACTIVITIES RANGE FROM FOOD LABEL-READING SESSIONS TO POT-LUCK SUPPERS TO TIPS ON HOW TO ORDER AT RESTAURANTS. THE CARDIOLOGIST ALSO ATTENDS REGULARLY TO SHARE THE LATEST MEDICAL RESEARCH WITH THE GROUP. THE SHARON LANE HEALTH INFORMATION CENTER, LOCATED AT AH, WHICH OFFERS MANY RESOURCES FOR HEALTHY LIFESTYLES INCLUDING A FULL LENDING LIBRARY, VIDEOS, COOKBOOKS, LITERATURE 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ANATOMICAL MODELS. HEALTH EDUCATION SPECIALISTS ARE ON HAND TO HELP VISITORS WITH CUSTOMIZED RESEARCH. THE WORKING ON WELLNESS (WOW) VAN, WHICH PROVIDES FREE HEALTH SCREENINGS AND EDUCATION THROUGHOUT THE COMMUNITY. THE WOW VAN VISITS AREA SCHOOLS, COMMUNITY/OUTREACH CENTERS, CHURCHES, SENIOR CENTERS; BLOCK PARTIES, ETC. TO PROVIDE AGE-APPROPRIATE HEALTH INFORMATION. IN 2012, THE WOW PROGRAM PROMOTED HEALTHY EATING TO LOCAL SCHOOL CHILDREN BY PROVIDING COLORFUL MYPLATE PLACEMATS TO TEACH KIDS ABOUT FOOD GROUPS AND CREATING "SMART" PLATES OF FOOD. THE WOW VAN ALSO PROVIDES NONINVASIVE HEALTH SCREENINGS INCLUDING BLOOD PRESSURE CHECKS, HEIGHT, WEIGHT AND BODY MASS INDEX/PERCENTAGE OF BODY FAT ARE PROVIDED. EDUCATIONAL PROGRAMS INCLUDING OUTPATIENT COUNSELING WITH A DIETITIAN AND A DIABETES MANAGEMENT PROGRAM, LED BY CERTIFIED DIABETES EDUCATORS. THE AULTMAN AMBASSADOR PROGRAM IS AN INITIATIVE TO REDUCE OBESITY AMONG HIGH SCHOOL STUDENTS, BY WORKING INTENSIVELY WITH A SPECIFIC HIGH SCHOOL OVER SEVERAL YEARS. IN OUR MODEL, AH PARTNERS WITH CARDIOVASCULAR CONSULTANTS (HEART SURGEONS), AN AREA COLLEGE/ UNIVERSITY AND A LOCAL HIGH SCHOOL. OBESITY IS REDUCED THROUGH ACTIVITIES IN BOTH THE SCHOOL AND COMMUNITY. RIGHT NOW, WE ARE ACTIVE IN LOUISVILLE HIGH SCHOOL WITH MALONE UNIVERSITY AS OUR COLLEGIATE PARTNER. A COLLABORATIVE WELLNESS COUNCIL CONSISTING OF AH EMPLOYEES; MALONE FACULTY; AND LOUISVILLE HIGH SCHOOL ADMINISTRATORS, TEACHERS, PARENTS AND STUDENTS HELPS TO DECIDE THE SPECIFIC ACTIONS THAT WE TAKE. THE WELLNESS COUNCIL MEETS MONTHLY DURING THE SCHOOL YEAR.

NEED FOR ADDITIONAL MENTAL HEALTH SERVICES - CURRENT PROGRAMS AND SERVICES THAT ADDRESS THIS NEED: AH OFFERS A VARIETY OF SERVICES TO HELP PATIENTS WITH MENTAL HEALTH ISSUES INCLUDING: AN INPATIENT PSYCHIATRIC UNIT THAT PROVIDES GROUP AND FAMILY THERAPY, MEDICATION ADJUSTMENTS, ART THERAPY,

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SOCIAL SERVICES AND DISCHARGE PLANNING. THE UNIT FEATURES 24/7 NURSING CARE AND SECURITY COVERAGE. THE OUTPATIENT PARTIAL HOSPITALIZATION PROGRAM AND INTENSIVE OUTPATIENT PROGRAM THAT PROVIDE SHORT-TERM, DAILY PROGRAMMING FOR PATIENTS WITHOUT HAVING TO STAY OVERNIGHT IN THE HOSPITAL. THE AULTMAN BEHAVIORAL HEALTH CENTER, WHICH OPENED IN 2012, OFFERS OUTPATIENT GROUP THERAPY, INDIVIDUAL MENTAL HEALTH ASSESSMENTS, MEDICATION MANAGEMENT AND MORE.

GROUP A-FACILITY 1 -- AULTMAN HOSPITAL

PART V, SECTION B, LINE 16I: THE FINANCIAL ASSISTANCE INFORMATION CAN BE FOUND AT THE FOLLOWING URL:

[HTTPS://AULTMAN.ORG/HOME/PATIENTS-AND-VISITORS/
INSURANCE-AND-BILLING/FINANCIAL-ASSISTANCE/#/](https://aultman.org/home/patients-and-visitors/insurance-and-billing/financial-assistance/#/)

GROUP A-FACILITY 1 -- AULTMAN HOSPITAL

PART V, SECTION B, LINE 22D: THE AMOUNTS GENERALLY BILLED (AGB) IS CALCULATED BY THE LOOK BACK METHOD. UNDER THE LOOK BACK METHOD THE AGB PERCENTAGE IS CALCULATED BY DIVIDING THE SUM OF ALL CLAIMS OVER A PRIOR 12-MONTH PERIOD FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE THAT HAVE BEEN ALLOWED BY THE HEALTH INSURERS (PERMITTED TO BE USED IN THE AGB CALCULATION) BY THE SUM OF THE HOSPITAL'S GROSS CHARGES FOR THOSE CLAIMS. THE RESULTING AGB PERCENTAGE IS THEN MULTIPLIED BY THE GROSS CHARGES FOR THE CARE PROVIDED TO AN INDIVIDUAL THAT QUALIFIES FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY (FAP) TO DETERMINE THE MAXIMUM AMOUNT THAT INDIVIDUAL MAY BE "CHARGED" FOR THAT CARE. FOR THE PURPOSE OF DETERMINING WHAT A FAP-ELIGIBLE INDIVIDUAL MAY BE "CHARGED" FOR EMERGENCY OR MEDICALLY NECESSARY CARE, ONLY THE AMOUNT HE OR SHE IS PERSONALLY RESPONSIBLE 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PAYING AFTER ALL DEDUCTIONS, DISCOUNTS (INCLUDING DISCOUNTS AVAILABLE UNDER THE FAP) AND INSURANCE REIMBURSEMENTS HAVE BEEN APPLIED IS CONSIDERED.

GROUP A-FACILITY 2 -- AULTMAN WOODLAWN

PART V, SECTION B, LINE 5: SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

GROUP A-FACILITY 2 -- AULTMAN WOODLAWN

PART V, SECTION B, LINE 6A: SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

GROUP A-FACILITY 2 -- AULTMAN WOODLAWN

PART V, SECTION B, LINE 22D: SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

GROUP A-FACILITY 3 -- AULTMAN WEST

PART V, SECTION B, LINE 5: SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

GROUP A-FACILITY 3 -- AULTMAN WEST

PART V, SECTION B, LINE 6A: SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

GROUP A-FACILITY 3 -- AULTMAN WEST

PART V, SECTION B, LINE 22D: SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Multiple horizontal lines for providing supplemental information.

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? 12

Name and address	Type of Facility (describe)
1 AULTMAN NORTH 6100 WHIPPLE AVE NW NORTH CANTON, OH 44720	IMMEDIATE CARE, DIAGNOSTICS THERAPY AND SURGERY
2 AULTMAN CENTER FOR DIALYSIS 2912 W TUSCARAWAS ST CANTON, OH 44710	DIALYSIS CENTER
3 AULTMAN CENTER FOR PAIN MANAGEMENT 2302 FULTON DR NW CANTON, OH 44718	GENERAL MEDICAL & SURGICAL
4 HOME MEDICAL SUPPLY EQUIPMENT 5200 TUSCARAWAS ST CANTON, OH 44708	MEDICAL SUPPLY CO
5 AULTWORKS 4650 HILLS & DALES RD NW CANTON, OH 44708	BWC CERTIFIED TREATMENT FACILITY
6 AULTMAN CARROLTOWN 1020 TRUMP RD CARROLTOWN, OH 44615	IMMEDIATE CARE, DIAGNOSTICS THERAPY AND SURGERY
7 AULTMAN TUSCARAWAS 2615 TUSCARAWAS ST W CANTON, OH 44708	THERAPY CLINIC
8 AULTMAN WEIGHT MANAGEMENT 2615 TUSCARAWAS ST W CANTON, OH 44708	WEIGHT MANAGEMENT PROGRAM
9 AULTMAN FAMILY MEDICINE CENTER 4319 HILLS & DALES RD NW CANTON, OH 44708	OUTPATIENT PHYSICIAN CLINIC
10 AULTMAN FAMILY MEDICINE CENTER 8320 WAYNESBURG DR SE WAYNESBURG, OH 44688	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2015

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 AULTMAN FAMILY MEDICINE CENTER 2600 7TH STREET SW CANTON, OH 44710	OUTPATIENT PHYSICIAN CLINIC
12 AULTMAN LOUISVILLE 1925 WILLIAMSBURG WAY LOUISVILLE, OH 44641	THERAPY CLINIC

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

ACCORDING TO AULTMAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. ELIGIBILITY CRITERIA IS BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE PERCENT OF ASSISTANCE PROVIDED IS DETERMINED ON A SLIDING SCALE AS FOLLOWS: 0% TO 100% OF FPG RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 250% IS DISCOUNTED 65%, 251% TO 300% IS DISCOUNTED 55%, 301% TO 350% IS DISCOUNTED 40%, 351% TO 400% IS DISCOUNTED 35%, AND 401% AND ABOVE IS DISCOUNTED 30%.

PART I, LINE 7:

AULTMAN HOSPITAL (AH) USED THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H.

AULTMAN ORRVILLE HOSPITAL (AOH) USES A COMBINATION OF THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H AND DIRECT COSTING METHOD OF CERTAIN PROGRAMS.

Part VI Supplemental Information (Continuation)

PART I, LINE 7G:

AOH ASSISTED AREA EMS UNITS BY STOCKING SUPPLIES AND MEDICATIONS TO THE UNITS AT NO CHARGE.

PART I, LINE 7F:

AOH PROVIDES EDUCATION TO THE COMMUNITY THROUGH HEALTH TALKS BY QUALIFIED PHYSICIANS AND PROFESSIONALS, SUPPORT GROUPS FOR DIABETICS AND CELIAC DISORDERS, EDUCATION FOR RADIOLOGIC TECHNOLOGY AND PHYSICAL THERAPY STUDENTS, SMOKING CESSATION CLASSES, COUNTY HEALTH FAIRS AND BUSINESS SHOWCASES, AND BICYCLE SAFETY TO ELEMENTARY CHILDREN THROUGH THE AULTMAN SAFETY FIRST PROGRAM.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 15,978,140.

PART I, LINE 6A

AULTMAN HEALTH FOUNDATION, THE PARENT COMPANY, PUBLISHES ANNUALLY ITS ANNUAL REPORT WHICH INCLUDES ALL RELATED ORGANIZATIONS' PROGRAMS AND SERVICES DESIGNED TO LEAD THE COMMUNITY TO IMPROVED HEALTH AND PROMOTE HEALTHY LIFESTYLES. THIS REPORT IS AVAILABLE ON AULTMAN'S WEBSITE.

PART III, LINE 2:

EXPLANATION OF METHODOLOGY FOR AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE - AH & AOH

Part VI Supplemental Information (Continuation)

BAD DEBT EXPENSE REPORTED IS CALCULATED BY TAKING THE PROVISION FOR DOUBTFUL PATIENT ACCOUNTS REPORTED ON THE AUDITED FINANCIAL STATEMENTS AND THEN MULTIPLYING THIS AMOUNT BY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2.

PART III, LINE 3:

METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE - AH & AOH ACCORDING TO THE FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. ELIGIBILITY CRITERIA IS BASED ON THE FEDERAL POVERTY GUIDELINES AND ARE UPDATED ANNUALLY BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES OF HEALTH AND HUMAN SERVICES. THE FAP DISCOUNT IS BASED ON INCOME AND FAMILY SIZE. SELF-PAY BALANCES WILL RECEIVE A MINIMUM OF 30% DISCOUNT AND UP TO 100% AS LONG AS THE NECESSARY FINANCIAL ASSISTANCE APPLICATION IS COMPLETE. PATIENTS MUST COOPERATE WITH THE FACILITY TO PROVIDE THE INFORMATION AND DOCUMENTATION NECESSARY TO DETERMINE ELIGIBILITY.

TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT POTENTIALLY COULD HAVE BEEN ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS CHARITY CARE POLICY THE ORGANIZATION LOOKED AT ALL BAD DEBT BALANCES THAT WERE SELF-PAY. FROM THIS POPULATION THE ORGANIZATION IDENTIFIED THOSE SELF-PAY BALANCES THAT DID NOT RECEIVE ANY FORM OF FAP OR HCAP DISCOUNT. BECAUSE ALL SELF-PAY PATIENTS RECEIVE AT LEAST A MINIMUM OF 30% REGARDLESS OF INCOME, THE ASSUMPTION WAS MADE THAT IF THE ACCOUNT HAD NO DISCOUNT THE PROPER PAPER WORK WAS NOT TURNED IN TO DETERMINE ELIGIBILITY CRITERIA.

FROM THIS REMAINING POPULATION THE ESTIMATED DISCOUNT AT COST THAT WOULD HAVE BEEN PROVIDED IF DOCUMENTATION HAD BEEN RECEIVED WAS CALCULATED BY

Part VI Supplemental Information (Continuation)

APPLYING THE ACTUAL FAP DISTRIBUTION OF PATIENTS WHO RECEIVED DISCOUNTS IN 2015 AND THEN MULTIPLYING THIS AMOUNT BY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2.

TO BE CONSIDERED FOR FINANCIAL ASSISTANCE, THE PATIENT MUST COOPERATE WITH THE FACILITY TO PROVIDE THE INFORMATION AND DOCUMENTATION NECESSARY TO APPLY FOR OTHER EXISTING FINANCIAL RESOURCES THAT MAY BE AVAILABLE TO PAY FOR HIS OR HER HEATH CARE, SUCH AS MEDICAID.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. PREMIUM RECEIVABLES ARE CARRIED AT ORIGINAL BILLED AMOUNT LESS AN ESTIMATE FOR DOUBTFUL RECEIVABLES BASED ON A REVIEW OF ALL OUTSTANDING AMOUNTS ON A MONTHLY BASIS. PREMIUM RECEIVABLES ARE CONSIDERED PAST DUE TO THE EXTENT THAT THERE IS NO RELATED UNEARNED PREMIUM.

ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR DOUBTFUL ACCOUNTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED. THE FOUNDATION HAS DETERMINED, BASED ON AN ASSESSMENT AT THE CONSOLIDATED ENTITY LEVEL, THAT PATIENT SERVICE REVENUE IS PRIMARILY RECORDED PRIOR TO ASSESSING THE PATIENT'S ABILITY TO PAY AND AS SUCH, THE ENTIRE PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO PATIENT REVENUE IS RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS.

PART III, LINE 8:

Part VI Supplemental Information (Continuation)

AH - THE HOSPITAL DOES NOT HAVE A SHORTFALL WITH THEIR MEDICARE PATIENTS. THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS MEDICARE COST REPORT.

AOH - AS A CRITICAL ACCESS HOSPITAL, MEDICARE PAYS AT 101% COST, THUS THERE IS NO SHORTFALL. HOWEVER, IT SHOULD BE NOTED CMS HAS INSTITUTED A SEQUESTRATION PAYMENT REDUCTION OF 2% THROUGH THE AFFORDABLE CARE ACT. ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT WERE DETERMINED USING THE MEDICARE COST-TO-CHARGE RATIO CALCULATED AS REQUIRED BY MEDICARE.

PART III, LINE 9B:

AH & AOH - THE COLLECTIONS DEPARTMENT WILL ATTEMPT TO CONTACT THE PATIENT; BY PHONE, LETTER OR A COMBINATION OF THE TWO, TO SETTLE A DEBT WITH PAYMENT IN FULL OR MONTHLY INSTALLMENTS. IF IT HAS BEEN DETERMINED AN ACCOUNT IS APPROVED FOR HCAP THE ACCOUNT IS REMOVED FROM BAD DEBT AND THE ADJUSTMENT IS APPLIED. ALSO, IF AN ACCOUNT IS APPROVED FOR FAP, THE ACCOUNT IS REMOVED FROM BAD DEBT AND THE ADJUSTMENT IS APPLIED. AFTER THE GUIDELINE ADJUSTMENT HAS BEEN MADE THE REMAINING BALANCE IS SENT BACK TO RESUME COLLECTIONS. ONCE IT HAS BEEN DETERMINED THAT INTERNAL COLLECTION EFFORTS WILL CEASE, THE COLLECTOR WILL REQUEST THE ACCOUNT TO BE CANCELLED. THESE ACCOUNTS WILL THEN BE REFERRED TO A SECONDARY OUTSIDE COLLECTION AGENCY.

PART V, FACILITY INFORMATION

AULTMAN HOSPITAL INCLUDES ONE DURABLE MEDICAL EQUIPMENT COMPANY, ONE PAIN MANAGEMENT CENTER, ONE SKILLED NURSING FACILITY, ONE HOME CARE, ONE HOSPICE, TWO BUREAU OF WORKMAN'S COMPENSATION CERTIFIED TREATMENT FACILITIES, ONE DIALYSIS CENTER, TWO FAMILY PRACTICES, ONE WEIGHT

Part VI Supplemental Information (Continuation)

MANAGEMENT FACILITY, SIX THERAPY CLINICS, THREE DIAGNOSTIC CENTERS, TWO
SAME DAY SURGERY CENTERS, ONE INPATIENT SURGERY CENTER, AND THREE
IMMEDIATE CARE CENTERS.

PART VI, LINE 2:

NEEDS ASSESSMENT - AH

AULTMAN HOSPITAL ASSESSES THE COMMUNITY'S HEALTH CARE NEEDS A VARIETY OF
WAYS. WE STUDY PROTOCOL VOLUME AND PATIENT SATISFACTION SURVEYS. WE
DOCUMENT THE MEDICAL CONDITIONS THOUSANDS OF COMMUNITY MEMBERS AND MEDICAL
STAFF MEMBERS INQUIRE ABOUT IN OUR SHARON LANE HEALTH CENTER HEALTH
LIBRARY. WE TRACK ATTENDANCE AT THE MORE THAN 100 "HEALTH TALK"
PRESENTATIONS HELD EACH YEAR TO DETERMINE WHAT TOPICS ARE OF MOST INTEREST
TO THE COMMUNITY.

BETWEEN 2011 - 2013, AULTMAN COLLABORATED WITH AREA HOSPITALS AND HEALTH
CARE FACILITIES TO CONDUCT A COMMUNITY HEALTH SURVEY. THE GOAL WAS TO
GAUGE THE HEALTH STATUS AND HEALTH HABITS OF STARK COUNTY RESIDENTS - AND
IDENTIFY AREAS WHERE AULTMAN CAN IMPROVE THE HEALTH OF OUR COMMUNITY.
FIFTEEN QUESTIONS WERE INCLUDED ON THE POLL OF 1,067 STARK COUNTY
HOUSEHOLDS. THE SURVEY SHOWED ACCESS TO HEALTH INSURANCE COVERAGE AND
HEALTH CARE AS THE TOP PRIORITY; ALONG WITH OBESITY AND LACK OF HEALTHY
LIFESTYLE CHOICE; OTHER AREAS OF CONCERN WERE PRESCRIPTION DRUG MISUSE,
LARGER NEED FOR MENTAL HEALTH SERVICES, AND GREATER ACCESS TO DENTAL CARE.

NEEDS ASSESSMENT - AOH

EVERY THREE YEARS, THE ORGANIZATION IS REQUIRED TO PERFORM A COMMUNITY
HEALTH NEEDS ASSESSMENT. WE LAST CONDUCTED OUR SURVEY AND ASSESSMENT

Part VI Supplemental Information (Continuation)

DURING 2013 AND HAVE POSTED BOTH THE REPORT AND IMPLEMENTATION STRATEGY TO OUR WEBSITE. THE AULTMAN ORRVILLE HOSPITAL CEO AND CFO ALSO CONDUCT COMMUNITY AWARENESS PRESENTATIONS OF THE REPORT AND STRATEGY WITH VARIOUS LOCAL NON-PROFIT INTEREST GROUPS TO GENERATE AWARENESS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - AH & AOH
THE APPLICATION AND GUIDELINES ARE PROVIDED ON THE BACK OF EVERY PATIENT STATEMENT. AT THE TIME OF REGISTRATION PATIENTS ARE ASKED TO FILL OUT THE HOSPITAL CARE ASSURANCE PROGRAM APPLICATION WHICH INCLUDES CONTACT INFORMATION FOR QUESTIONS AND ASSISTANCE IN COMPLETING THE FORM. SIGNS AND APPLICATIONS ARE POSTED AT ALL POINTS OF ADMISSIONS INFORMING PATIENTS OF THE FREE CARE PROGRAMS WHICH ARE AVAILABLE. IN 2010, THE APPLICATION WAS ADDED TO THE INTERNET FOR EASY PATIENT ACCESS. AULTMAN'S OUTREACH DEPARTMENT ASSISTS SELF-PAY INPATIENTS WITH THE INITIAL MEDICAID APPLICATION PROCESS AND OTHER CHARITY CARE PROGRAMS UNDER WHICH THEY ARE ELIGIBLE FOR ASSISTANCE. PATIENTS WHO ARE UNABLE TO BE SCREENED DURING THEIR ADMISSION OR OUTPATIENT VISIT ARE SENT AN APPLICATION, UPON REQUEST, AFTER THEY HAVE BEEN DISCHARGED. IMPROVEMENT PROCESSES FOR 2011 INCLUDED FORMAL PATIENT OUTREACH STAFF TRAINING IN HCAP PROGRAM REQUIREMENTS AND CUSTOMER SERVICE SKILLS.

PART VI, LINE 4:

COMMUNITY INFORMATION - AH
AULTMAN'S SERVICE AREA INCLUDES STARK, WAYNE, HOLMES, CARROLL AND TUSCARAWAS COUNTIES. THE CORE MARKET FOR AULTMAN HOSPITAL IS STARK COUNTY. THE U.S. CENSUS BUREAU ESTIMATED THE 2015 POPULATION OF OUR FIVE COUNTY AREAS TO BE OVER 655,864. THERE ARE TEN REGISTERED HOSPITALS IN

Part VI Supplemental Information (Continuation)

THE FIVE COUNTY AREAS. TWO OF THESE ARE AULTMAN FACILITIES. AULTMAN PROVIDED CARE FOR 20.6% OF THE TOTAL 395,279 MEDICAID CASES IN THE PRIMARY SERVICE AREA FOR 2015. OF THE 60,583 SELF-PAY CASES IN OUR PRIMARY SERVICE AREA AULTMAN PROVIDED CARE FOR 21.8%.

COMMUNITY INFORMATION - AOH

THE ORGANIZATION SERVES EASTERN WAYNE COUNTY AS THE PRIMARY SERVICE AREA, AS WELL AS THE SURROUNDING COUNTIES (STARK, MEDINA, AND HOLMES) AS THE SECONDARY SERVICE AREA. THE HOSPITAL SERVES ALL RESIDENTS WITH VARIOUS DEMOGRAPHICS, INCLUDING A HIGH POPULATION OF AMISH.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - AH & AOH

THE BOARD OF DIRECTORS IS COMPOSED OF AREA RESIDENTS INCLUDING BUSINESS AND COMMUNITY LEADERS AS WELL AS PHYSICIANS. THESE VOLUNTEERS WORK COUNTLESS HOURS IN THEIR OVERSIGHT ROLE. THEY ARE INVOLVED IN FUNDRAISING, COMMUNITY NEEDS, AND IN GENERAL STEWARDSHIP.

COMMUNITY PHYSICIANS REQUESTING AND ULTIMATELY QUALIFYING FOR MEDICAL STAFF PRIVILEGES WOULD BE GRANTED PRIVILEGES IN THEIR RESPECTIVE MEDICAL DEPARTMENTS. AULTMAN HAS MORE THAN 535 PHYSICIANS ON ACTIVE STAFF IN MORE THAN 40 MEDICAL SPECIALTIES.

FROM BICYCLE SAFETY PROGRAMS TO THE ANNUAL UNITED WAY FUNDRAISING CAMPAIGN, AULTMAN'S COMMITMENT TO THE COMMUNITY EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH CARE FACILITIES.

EDUCATIONAL PROGRAMS INCLUDE MORE THAN 100 FREE HEALTH TALK PRESENTATIONS

Part VI Supplemental Information (Continuation)

EACH YEAR, FEATURING LOCAL PHYSICIANS AND HEALTH CARE PROFESSIONALS. THE SHARON LANE COMMUNITY CENTER OFFERS A COMPREHENSIVE COLLECTION OF HEALTH CARE AND CONSUMER-HEALTH MATERIALS RANGING FROM BOOKS AND DVDS AVAILABLE FOR LENDING TO ANATOMICAL MODELS. THE CENTER IS OPEN TO PATIENTS AND THEIR FAMILY MEMBERS, STUDENTS, PHYSICIANS AND THE GENERAL PUBLIC. ADDITIONAL RESOURCES INCLUDE AN ILLUSTRATED HEALTH ENCYCLOPEDIA, SYMPTOM CHECKER, VIDEOS, RISK ASSESSMENTS AND A WELLNESS CENTER ON THE AULTMAN WEBSITE.

AULTMAN OFFERS THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT FROM CANTON TO COLUMBUS, PROVIDING SPECIALIZED CARE FOR MOTHERS WITH HIGH-RISK PREGNANCIES AND PREMATURE BABIES, UNDER ONE ROOF. AULTMAN ALSO PROVIDES A LEVEL II TRAUMA PROGRAM, VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS' COMMITTEE ON TRAUMA, THE ONLY LEVEL II CENTER FOR ADULT AND PEDIATRIC PATIENTS IN ITS FIVE-COUNTY SERVICE AREA.

IN 2015, AULTMAN HEALTH FOUNDATION CONTRIBUTED TO THE BETTERMENT OF THE STARK COUNTY COMMUNITY WITH THE FOLLOWING ACTIVITIES.

SAFETY FIRST

AULTMAN'S SAFETY FIRST PROGRAM BRINGS A MESSAGE OF BIKE SAFETY TO ALL STARK COUNTY FIRST-GRADE CLASSES, ALONG WITH SOME LOCATIONS IN WAYNE AND CARROLL COUNTIES. NEARLY 450 AULTMAN EMPLOYEES VOLUNTEERED IN 2015 TO SHARE THE BIKE SAFETY LESSON AND GIVE FREE HELMETS TO APPROXIMATELY 5,000 FIRST-GRADERS.

WORKING ON WELLNESS (WOW)

THE WOW TEAM VISITED MORE THAN 400 SITES IN 2015, RANGING FROM COMMUNITY EVENTS TO SENIOR CITIZEN CENTERS. WOW NURSES HAD PERSONAL INTERACTION WITH

Part VI Supplemental Information (Continuation)

MORE THAN 26,000 COMMUNITY MEMBERS.

CANCER OUTREACH

COMMUNITY OUTREACH EFFORTS EXPANDED IN 2015 WITH PARTICIPATION IN 17 HEALTH FAIRS AND COMMUNITY EVENTS. THE TEAM ORGANIZED FREE BREAST SCREENING EVENTS IN CARROLLTON AND MASSILLON THAT REACHED 80 UNDERSERVED WOMEN. THE ANNUAL CANCER SCREENING DAY AT AULTMAN HOSPITAL PROVIDED 80 UNDERINSURED PATIENTS WITH A TOTAL OF 195 FREE SCREENINGS FOR BREAST, CERVICAL, COLON, LUNG, PROSTATE, SKIN AND ORAL CANCERS. THE CANCER PROGRAM BEGAN WORKING ON THE HEALTHY U PROGRAM IN 2015, A PARTNERSHIP WITH LOCAL SCHOOLS TO TEACH STUDENTS AND FAMILIES ABOUT HEALTHY LIFESTYLES THAT REDUCE CANCER RISK.

HARVEST FOR HUNGER

FOOD INSECURITY IS A CRITICAL ISSUE IN NORTHEASTERN OHIO, AND AULTMAN TEAM MEMBERS GIVE GENEROUSLY TO THE ANNUAL HARVEST FOR HUNGER CAMPAIGN. IN 2015, AULTMAN EMPLOYEES PROVIDED 9,673 POUNDS OF NONPERISHABLE FOOD DONATIONS AND \$15,217 IN MONETARY GIFTS THAT HELPED THOUSANDS OF FAMILIES AND INDIVIDUALS IN NEED.

CAREERS IN HEALTH CARE SUMMER LEARNING PROGRAM

AULTMAN MEDICAL EDUCATION HOSTED THE EIGHTH ANNUAL CAREERS IN HEALTH CARE PROGRAM, DESIGNED FOR STUDENTS 18 AND OLDER WITH INTERESTS IN HEALTH CARE CAREERS. THE PROGRAM INCLUDED PRESENTATIONS FROM DOCTORS, NURSES AND HOSPITAL ADMINISTRATORS, PROVIDING A GLIMPSE AT HOW A HOSPITAL RUNS. THE SYMPOSIUM ALSO FEATURED A CAREER FAIR THAT ENABLE THE STUDENTS TO TALK WITH EMPLOYEES FROM MORE THAN A DOZEN AULTMAN DEPARTMENTS. SUMMER JOB SHADOWING EXPERIENCES WERE ALSO AVAILABLE FOR SYMPOSIUM PARTICIPANTS.

Part VI Supplemental Information (Continuation)

NATIONAL WALKING DAY

FOR NATIONAL WALKING DAY IN APRIL, AULTMAN ENCOURAGED THE COMMUNITY TO "GET OUT AND MOVING." THE EVENT STARTED WITH AN EMPLOYEE WALK AROUND THE MAIN AULTMAN HOSPITAL CAMPUS. WALKERS THROUGHOUT THE COMMUNITY COULD PARTICIPATE IN AULTMAN'S SOCIAL MEDIA PHOTO CONTEST TO WIN AN IPAD MINI AND OTHER PRIZES. THE FESTIVITIES CONCLUDED WITH A COMMUNITY WALK HELD IN CONJUNCTION WITH STARK PARKS THAT INCLUDED FREE HEALTH SCREENINGS, GIVEAWAYS, PHOTO OPPORTUNITIES WITH LOCAL MASCOTS AND VENDOR DISCOUNTS.

BREAST OASIS

FOR WOMEN WHO CANNOT AFFORD BASIC CLOTHING ITEMS SUCH AS BRAS, EACH DAY PRESENTS EMOTIONAL AND UNCOMFORTABLE SITUATIONS. IN 2015, AULTMAN TEAM MEMBERS HELPED LOCAL WOMEN IN NEED BY DONATING 2,018 NEW AND GENTLY USED BRAS - ALONG WITH \$220 IN CASH AND GIFT CARDS.

WALKING TO RAISE FUNDS AND IMPROVE THE COMMUNITY'S HEALTH AULTMAN HEALTH FOUNDATION TEAM MEMBERS AND THEIR LOVED ONES SUPPORT ANNUAL FUNDRAISING WALKS FOR ORGANIZATIONS INCLUDING THE MARCH OF DIMES AND JUVENILE DIABETES RESEARCH FOUNDATION. AULTMAN NOT ONLY PARTICIPATES IN THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE AND MAKING STRIDES AGAINST BREAST CANCER WALK - ALONG WITH THE AMERICAN HEART ASSOCIATION'S HEART WALK - BUT CLINICIANS ARE ON HAND TO PROVIDE EDUCATIONAL INFORMATION ABOUT REDUCING RISKS OF CANCER AND HEART DISEASE.

UNITED WAY

EVERY YEAR, AULTMAN ORGANIZES A FUNDRAISING CAMPAIGN TO BENEFIT UNITED WAY. IN 2015, AULTMAN EMPLOYEES AND PHYSICIANS GENEROUSLY DONATED \$477,272

Part VI Supplemental Information (Continuation)

TO FUND PROGRAMS TO BENEFIT COMMUNITY MEMBERS OF ALL AGES AND FROM ALL WALKS OF LIFE.

AULTMAN AMBASSADOR PROGRAM

THE AULTMAN AMBASSADOR PROGRAM ARMS LOCAL HIGH SCHOOL STUDENTS WITH THE INFORMATION AND CONFIDENCE THEY NEED TO PROMOTE HEALTHY HABITS IN THEIR SCHOOLS SUCH AS ENCOURAGING CLASSMATES TO DRINK WATER INSTEAD OF SODA AND SUGARY DRINKS. THE PROGRAM IS A COLLABORATIVE EFFORT AMONG AULTMAN HEALTH FOUNDATION, AULTMAN COLLEGE, MALONE UNIVERSITY, LOUISVILLE HIGH SCHOOL AND CANTON SOUTH HIGH SCHOOL. LOUISVILLE HAS PARTICIPATED IN THE PROGRAM FOR FIVE YEARS, WHILE CANTON SOUTH HAS BEEN ON BOARD FOR THREE YEARS. A TOTAL OF 15 STUDENT AMBASSADORS PARTICIPATED IN THE PROGRAM FOR THE 2015-16 SCHOOL YEAR.

SENIOR CELEBRATION DAY

THE 2015 SENIOR CELEBRATION DAY AT THE PRO FOOTBALL HALL OF FAME DREW MORE THAN 1,300 ATTENDEES WHO ENJOYED A DAY OF HEALTH INFORMATION AND DEMONSTRATIONS, GIVEAWAYS AND REFRESHMENTS, AND FREE ADMISSION TO THE HALL. A TOTAL OF 20 AULTMAN DEPARTMENTS PARTICIPATED, INCLUDING DIABETES EDUCATION, THERAPY SERVICES, PAIN MANAGEMENT AND HOME CARE.

ADDITIONAL COMMUNITY BENEFIT

IN ADDITION TO PROVIDING CARE FOR PATIENTS WITH NO INSURANCE, AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID. PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO NOT ALWAYS COVER THE TOTAL COST OF SERVICE. IN 2014, AULTMAN PROVIDED SERVICES TO MEDICAID PATIENTS RESULTING IN MORE THAN \$2.8 MILLION IN UNREIMBURSED COST.

Part VI Supplemental Information (Continuation)

THROUGH ITS RESIDENT TEACHING PROGRAMS, AULTMAN DELIVERS A SIGNIFICANT LEVEL OF QUALITY OUTPATIENT AND INPATIENT HEALTH CARE TO INSURED, UNDERINSURED AND UNINSURED INDIVIDUALS IN OUR MARKET. FOR MEMBERS OF THE AMISH COMMUNITY, AULTMAN OFFERS FREE TRANSPORTATION TO AND FROM DOCTORS' APPOINTMENTS AND AULTMAN HOSPITAL. AN AMISH HOUSE IS ALSO LOCATED ADJACENT TO THE AULTMAN CAMPUS, GIVING VISITORS A FREE PLACE TO STAY WHEN LOVED ONES ARE HOSPITALIZED.

Multiple horizontal lines for supplemental information.