

EXHIBIT 11

Approval of Modifications to Executive Compensation Methodology

RESOLUTION 19108

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to approve modifications to executive compensation methodology; and

WHEREAS, the Board of Trustees has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the recommendation by the President and Chief Executive Officer of the MetroHealth System to modify and approve a proposed methodology for an overall executive compensation program.

1. Total Cash Compensation Methodology

- Total Cash Compensation for each executive will not exceed an amount equal to the 90th percentile of Total Cash Compensation for the Comparable Group (as provided by compensation advisors designated by Board from time to time).

2. Performance Based Variable Compensation

- This component involves establishing benchmarks and developing metrics for organizational and individual executive performance. The intent is to establish these terms which will be applied objectively.
- The Board will set goals for the System and for the President and Chief Executive Officer and the President and Chief Executive Officer will set goals for senior leadership.
- The methodology will provide performance based compensation based upon objectives which are established with varying goals for performance.

3. Maximum Compensation

- Total Cash Compensation will be Base Salary plus any Performance Based Variable Compensation earned for the year.
- Performance Based Variable Compensation will be awarded only if the System satisfies the “trigger”; thereafter any additional awards will be subject to the satisfaction of the approved benchmarks.

4. Proposed Modifications

- Certain additional modifications to the current program will be made as set forth on Exhibit A attached hereto.

5. Board Approval

- Board will delegate authority to the President and Chief Executive Officer to implement and follow this Performance-Based Variable Compensation plan, as amended annually.
- Any exceptions from this methodology and plan terms will require Board approval.
- The President and Chief Executive Officer will report on the terms and performance of this plan on a regular basis.
- The Board will have the authority to terminate the plan at any time.

The System has determined that such programs are customary and usual in the nonprofit hospital field in Northeast Ohio. Sullivan Cotter has advised that these modifications are appropriate and reasonable.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer, or his designee, are hereby authorized to take necessary actions consistent with this resolution.

AYES: Ms. Dee, Mr. McDonald, Rev. Minor, Mr. Monnolly, Mr. Moss,
Dr. Silvers, Mr. Spain, Ms. Whiting

NAYS: None

ABSENT: Mr. Schneider

ABSTAINED: None

DATE: June 28, 2017

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

**The MetroHealth System
EXECUTIVE COMPENSATION PRINCIPLES**

PRINCIPLE	CURRENT (2013)	PROPOSED (2017)
Comparison Group	Comparably-sized nonprofit and public hospital/health systems.	Comparably-sized nonprofit and public hospital/health systems, with average revenues at expected revenues for program duration of 3 years.
Individual Base Salary	Individual base salaries set at or below the 50th percentile of <u>Total Cash Compensation</u> for the Comparable Group. For those executives whose current Base Salary is above this 50th percentile of <u>Total Cash Compensation</u> for the Comparable Group, their Base shall not be increased until such time that market conditions change and surpass their current base.	Individual base salaries will approximate the 50th percentiles of <u>Base Salary</u> of the Comparable Group. DELETED
System Goals	The Board of Trustees will annually establish goals that are metric-driven and provide a multidimensional approach to organizational success, including financial, strategic, quality and operational goals.	The Board of Trustees will annually establish goals that are metric-driven and balanced to achieve short and long term organizational success, including financial, strategic, quality, inclusion & diversity and operations/satisfaction goals.
Financial Trigger for PBVC activation	Financial trigger is set at the Threshold or Minimum Financial Goals, as annually set by the Board of Trustees.	Financial trigger will be a distinct funding metric annually set by the Board of Trustees. Financial Trigger annually set to approximate investment grade EBIDA at BBB- rating of healthcare organizations as published annually by Standard & Poors.
Executive Target as % of Base Salary	CEO – 35% EVP/SVP – 25% Service Line Leader/Chair – 15% Center Leader/Director – 8%	CEO – 35% EVP/SVP – 25% Service Line Leader/Chair – 15% Center Leader/Director – 8%
Institutional vs. Personal Goals	CEO Institutional: Personal Goals – 100%:0% EVP/SVP Institutional: Personal Goals – 70%:30% SL Leader/Chair Institutional: Personal Goals – 50%:50% Center /Director Institutional: Personal Goals – 30%:70%	CEO Institutional: Personal Goals – 100%:0% EVP/SVP Institutional: Personal Goals – 100%:0% (with individually assigned weights for each executive) SL Leader/Chair Institutional: Personal Goals – 50%:50% Center /Director Institutional: Personal Goals – 30%:70%

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

PRINCIPLE	CURRENT (2013)	PROPOSED (2017)
Range of PBVC performance	Minimum – 80% of Target Target – 100% of Target Maximum – 120% of Target	Minimum – 50% of Target Target – 100% of Target Maximum – 150% of Target
Progression of PBVC performance	Stepwise progression – achievement at midpoints, will be assumed at the lower performance level. System funds PBVC program at 100% after initial trigger is achieved.	Sliding scale progression - achievement at midpoints, will be calculated at % of Target performance. System funds PBVC program at 50% share for first \$4 million above EBIDA trigger. System funds PBVC program at 20% share for next \$30 million above EBIDA trigger (EBIDA Trigger + \$4 million). System funds PBVC program at 10% share for next \$30 million above EBIDA trigger (EBIDA Trigger + \$34 million).
Maximum Individual Total Cash Compensation	Total Cash Compensation will be Base Salary plus any Performance Based Variable Compensation earned for the year. Total Cash Compensation for each executive will not exceed an amount equal to 105% of 75% Percentile of Total Cash Compensation of the Comparable Group.	Total Cash Compensation will be Base Salary plus any Performance Based Variable Compensation earned for the year. Total Cash Compensation for each executive will not exceed an amount equal to the 90th percentiles of Total Cash Compensation of the Comparable Group. Exceptions shall be specifically authorized by the Board of Trustees.
Aggregate Base Salary of Executive Group (CEO, EVP, SVP, VP, SL Leader, Chairs)	Aggregate base salaries will be between the 40th – 50th percentiles of <u>Total Cash Compensation</u> of the Comparable Group.	DELETED
Aggregate Base Salary + Threshold PBVC Compensation of Executive Group (CEO, EVP, SVP, VP, SL Leader, Chairs)	Aggregate base salaries will be between the 45th – 60th percentiles of <u>Total Cash Compensation</u> of the Comparable Group.	DELETED
Aggregate Base Salary + Target PBVC Compensation of Executive Group (CEO, EVP, SVP, VP, SL Leader, Chairs)	Aggregate base salaries will be between the 50th – 65th percentiles of <u>Total Cash Compensation</u> of the Comparable Group.	DELETED
Aggregate Base Salary + Maximum PBVC Compensation of Executive Group (CEO, EVP, SVP, VP, SL Leader, Chairs)	Aggregate base salaries will not exceed 105% of the 75th percentiles of <u>Total Cash Compensation</u> of the Comparable Group.	DELETED

EXHIBIT 12

Approval of Modifications to Executive Compensation Methodology

RESOLUTION 19219

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation to approve modifications to executive compensation methodology; and

WHEREAS, the Board of Trustees has reviewed this recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the recommendation by the President and Chief Executive Officer of the MetroHealth System to modify and approve a proposed methodology for an overall executive compensation program.

1. Performance Based Variable Compensation

- This component involves establishing benchmarks and developing metrics for organizational and individual executive performance. The intent is to establish these terms which will be applied objectively.
- The Board will set goals for the System and for the President and Chief Executive Officer and the President and Chief Executive Officer will set goals for senior leadership.
- The methodology will provide performance based compensation based upon objectives which are established with varying goals for performance.

2. Maximum Compensation

- Total Cash Compensation will be Base Salary plus any Performance Based Variable Compensation earned for the year.
- Performance Based Variable Compensation will be awarded only if the System satisfies the "trigger"; thereafter any additional awards will be subject to the satisfaction of the approved benchmarks.

3. Proposed Modifications

- Certain additional modifications to the overall Executive Compensation Methodology will be made as set forth on Exhibit A attached hereto.

4. Board Approval

- Board will delegate authority to the President and Chief Executive Officer to implement and follow this Performance-Based Variable Compensation plan, as amended annually.
- Any exceptions from this methodology and plan terms will require Board approval.
- The President and Chief Executive Officer will report on the terms and performance of this plan on a regular basis.

- The Board will have the authority to terminate the plan at any time.

The System has determined that such programs are customary and usual in the nonprofit hospital field in Northeast Ohio. Sullivan Cotter has advised that these modifications are appropriate and reasonable.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer, or his designee, are hereby authorized to take necessary actions consistent with this resolution.

AYES: Ms. Anderson, Ms. Dee, Mr. Hurwitz, Mr. McDonald, Mr. Moss, Dr. Silvers,
Ms. Whiting

NAYS: None

ABSENT: Mr. Monnolly

ABSTAINED: None

DATE: July 25, 2018

EXHIBIT A

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

Proposed Modifications to the Executive Compensation Methodology

PBVC Terms

- Change financial metrics for Minimum-Target-Maximum for PBVC for 2018 from \$54-\$81-\$107 million to \$66-\$88.5-\$111 million
- Reduce PBVC funding tiers from 30%-20%-10%-0% to 25%-17.5%-10%-0%
- Utilize New Combined NFP-PH Peer Group
- Move PBVC Funding Trigger
 - Delay from BBB- to BBB+ (\$54 to \$66 million) Operating EBIDA Margin (%), which approximates \$66 million required for Debt Service is 2023
 - Reduce % PBVC from 30% to 25% for first tier funding
- Move second tier achievement
 - Delay from BBB+ to A- (\$67 to \$76 million) Operating EBIDA Margin (%) for second tier funding
 - Reduce % PBVC from 20% to 17.5% for second tier funding
- Move third tier achievement
 - Delay from A to AA- (\$91 to \$111 million) Operating EBIDA Margin (%) for third tier funding
 - Maintain % PBVC at 10% for third tier funding
- Maintain fourth tier at \$134 million and 0% funding

Other Terms

- Maintain CEO and CEO-direct reports Base Salary at July 2017 levels through end of 2019.
 - Exceptions will be documented and provided to Board of Trustees (e.g., change of scope)
- Move to 3-year class vesting for 457(f) plan instead of 3-year block vesting and reduce the annual allocation to reflect the overlapping cycles
 - Example
 - CEO 2018 TCC = \$1.2 million
 - 457 funding = 25% x \$1.2 million = \$300k spread over 3 years
- Review proposals for providing employer-paid long-term disability benefit for senior executives
- Eliminate 90th percentile cap on Total Cash Compensation although the President and Chief Executive Officer will not approve any Total Cash Compensation for a senior executive without the approval of the Board of Trustees
- Inform Board of Trustees of compensation levels for all of the CEO direct reports

EXHIBIT 13

Approval of 2017 Metrics for Performance Based Variable Compensation Plan

* * * * *

RESOLUTION 19083

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved a Performance Based Variable Compensation plan for senior leadership (the "Plan"); and

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for Plan performance metrics for 2017.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the 2017 Plan Measures and Goals as described in the attachment hereto, to be utilized in connection with the overall compensation methodology. These metrics embody a balanced approach including financial, strategic, quality, community, diversity, operational and patient satisfaction goals. No awards will be paid unless the System achieves the Adjusted EBIDA "trigger", which will be calculated net of the Performance Based Variable Compensation awards.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer is hereby authorized to negotiate and execute agreements and other documents consistent with this resolution.

AYES: Ms. Dee, Mr. McDonald, Rev. Minor, Mr. Monnolly, Mr. Schneider,
Dr. Silvers, Mr. Spain, Ms. Whiting

NAYS: None

ABSENT: Mr. Moss

ABSTAINED: None

DATE: March 22, 2017

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

2017 Goal / Measure	Weight	Performance Level			2016 ACTUAL
		Minimum (50%)	Target (100%)	Maximum (150%)	
Financial (20%)					
1. Increase in Adjusted EBIDA ¹ over 2016 (\$ thousands)	20%				
Strategic (20%)					
1. Gain Unique Patients	10%				
2. Gain in Unique Lives in Risk Contracts ²	10%				
Quality (20%)					
1. Improve CMS Star Rating ³	10%				
2. Improve Aggregate ACO Quality Score ⁴	10%				
Community & Diversity (20%)					
1. Aggregate Diversity Score ⁵	15%				
2. Complete Community Engagement ⁶	5%				
Efficiency & Engagment (20%)					
1. Improve Call Center Service Level @ 30 seconds	10%				
2. Improve CGCAHPS Recommend Provider Top-box Score	10%				

¹ Plan includes a "trigger" equal to the minimum EBIDA improvement (after incentives). Adjusted EBIDA Excludes Board-approved non-recurring charges including one-time investment and transitional costs relating to issuance of bonds, new services, programs, initiatives, and the GASB 68 Pension accounting adjustment.

² Includes all attributable lives under Risk arrangements, including Total Cost of Care and two-sided risk arrangements.

³ CMS Star Rating as published on medicare.gov/hospitalcompare website and updated quarterly during 2017.

⁴ All adult population primary care aggregate ACO metric

⁵ Aggregate 12 Inclusion & diversity metrics score

⁶ Complete any number of the following projects: Community Needs Assessment; Needs Gap Analysis; Identifying 5 Top Priorities for next 3 years.

EXHIBIT 14

Refinement of the 2017 Metrics for Performance Based Variable Compensation Plan

* * * * *

RESOLUTION 19113

WHEREAS, the Board of Trustees of The MetroHealth System has previously approved a Performance Based Variable Compensation plan for senior leadership (the “Plan”);

WHEREAS, the Board of Trustees of The MetroHealth System has been presented a recommendation for refinement and update of the diversity and inclusion goal aspect of the Plan performance metrics for 2017; and

WHEREAS, the Diversity and Inclusion Committee has reviewed the recommendation and now recommends its approval.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby approves the incorporation of the diversity and inclusion goal metrics for the 2017 Plan as described in the attachment hereto to replace the diversity and inclusion goal metrics originally approved, to be utilized in connection with the overall compensation methodology.

BE IT FURTHER RESOLVED, the President and Chief Executive Officer is hereby authorized to negotiate and execute agreements and other documents consistent with this resolution.

AYES: Ms. Dee, Mr. McDonald, Rev. Minor, Mr. Monnolly, Mr. Moss,
Dr. Silvers, Mr. Spain, Ms. Whiting

NAYS: None

ABSENT: Mr. Schneider

ABSTAINED: None

DATE: July 26, 2017

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

The MetroHealth System
- 2017 Diversity Goal (Achieve Diversity Metrics Composite Score) -

System Goal	Min	Target	Stretch
	50%	100%	150%
Achieve Diversity Metrics Composite Score			
Performance Metrics	Min	Target	Stretch
	50%	100%	150%
Align Internal Support & Metrics			
Update MetroHealth Diversity Strategic Plan			
Update System-wide Definition of Diversity and Ensure Alignment with Charter			
Address Barriers			
Develop and have approved a plan for System-wide Inclusion and Diversity topics to be incorporated into management and department meetings and create a communications plan for Diversity and Inclusion updates throughout the System			
Develop Retention Programs Departmentally and Measure Retention			
Promote Opportunities			
Increase Percentage of Diverse Management Candidates Interviewed ¹			
Increase Percentage of Diverse Contractors Interviewed ²			
Enhance Visibility with Diverse Organizations			
Diverse Spend (Baseline Last 4 Qtrs - 6.5%)			
Local & Regional Spend (Baseline Last 4 Qtrs - 27.75%)			
Diverse Transformation Spend			

Scoring:

- 1 point for Minimum
- 2 points for Target
- 3 points for Maximum

Lowest score = 0

Highest score = 30

¹Diverse defined as Race/Ethnicity; Management is defined as all Managers, directors, Executive Directors, Dyads, and Vice Presidents (Job Family 010,012, and 014)

² Diverse defined as any recognized organization supporting underrepresented populations (Race/Ethnicity)

- Diverse Contractors Interviewed: Includes design, engineering, and specialty consultant

- Diverse Spend: Non-construction spend with suppliers with diversity designation including but not limited to: Lesbian, gay, bisexual, transgender business enterprise (LGBTBE), Minority business enterprise (MBE), Service-disabled veteran business enterprise (SDVBE), Small business enterprise (SBE), Veteran business enterprise (VBE) and Women's business enterprise (WBE)

- Local & Regional Spend: (Local) a business enterprise with a physical address in Cuyahoga County; (Regional Spend) a business enterprise with a physical address within the State of Ohio

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION
METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO
AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST

2017 Goal / Measure	Weight				
Financial (20%)					
1. Increase in Adjusted EBIDA ¹ over 2016 (\$ thousands)	20%				
Strategic (20%)					
1. Gain Unique Patients	10%				
2. Gain in Unique Lives in Risk Contracts ²	10%				
Quality (20%)					
1. Improve CMS Star Rating ³	10%				
2. Improve Aggregate ACO Quality Score ⁴	10%				
Community & Diversity (20%)					
1. Aggregate Diversity Score ⁵	15%				
2. Complete Community Engagement ⁶	5%				
Efficiency & Engagement (20%)					
1. Improve Call Center Service Level @ 30 seconds	10%				
2. Improve CGCAHPS Recommend Provider Top-box Score	10%				

¹ Plan includes a "trigger" equal to the minimum EBIDA improvement (after incentives). Adjusted EBIDA Excludes Board-approved non-recurring charges including one-time investment and transitional costs relating to issuance of bonds, new services, programs, initiatives, and the GASB 68 Pension accounting adjustment.

² Includes all attributable lives under Risk arrangements, including Total Cost of Care and two-sided risk arrangements.

³ CMS Star Rating as published on medicare.gov/hospitalcompare website and updated quarterly during 2017.

⁴ All adult population primary care aggregate ACO metric

⁵ Aggregate 10 inclusion & diversity metrics score

⁶ Complete any number of the following projects: Community Needs Assessment; Needs Gap Analysis; Identifying 5 Top Priorities for next 3 years.

EXHIBIT 15

Acceptance of the 2017 Results Compared to the 2017 Plan Measures and Goals for Performance Based
Variable Compensation Program

RESOLUTION 19185

WHEREAS, the Audit Committee of the Board of Trustees of The MetroHealth System have recommended that the Board of Trustees accept and acknowledge the System's performance as compared with the 2017 metrics for the Performance Based Variable Compensation program.

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees of The MetroHealth System hereby accepts and acknowledges the System's 2017 performance results as compared to the 2017 Plan Measures and Goals previously adopted by the Board, pending verification of the final 2017 Net Operating Income, as adjusted by the Achievements Resolution, through the finalization of the System's audited financial statements; and

BE IT FURTHER RESOLVED, the President and Chief Executive Officer, or his designee, are hereby authorized to take necessary actions consistent with this resolution.

AYES: Ms. Dee, Mr. McDonald, Mr. Monnolly, Mr. Moss, Mr. Schneider, Dr. Silvers,
Ms. Whiting

NAYS: None

ABSENT: Ms. Anderson, Mr. Hurwitz

ABSTAINED: None

DATE: March 28, 2018

ATTACHMENT A

CONFIDENTIAL: THIS DOCUMENT CONTAINS TRADE SECRETS AND INFORMATION THAT IS CONFIDENTIAL AND PROPRIETARY PROPERTY OF THE METROHEALTH SYSTEM AND MAY NOT BE COPIED, PUBLISHED OR DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN AUTHORIZATION OF AN AUTHORIZED OFFICER OF METROHEALTH. THIS DOCUMENT MUST BE KEPT ONLY IN CONFIDENTIAL FILES WHEN NOT IN USE.

Based upon these 2017 results below the total Performance Based Variable Compensation to be distributed will not exceed \$7,029,497 and this amount has been fully accrued in the calculation of the System's financial results as reflected in its audited financial statements. Performance Based Variable Compensation payments will average approximately 18.1% of base salary.

2017 PBVC

2017 Goal / Measure	Weight							
Financial (20%)								
1. Adjusted EBIDA ¹ over 2016 (\$ thousands)	20%							
Strategic (20%)								
1. Gain Unique Patients	10%							
2. Gain in Unique Lives in Risk Contracts ²	10%							
Quality (20%)								
1. CMS Star Rating ³	10%							
2. Aggregate ACO Quality Score ⁴	10%							
Community & Diversity (20%)								
1. Aggregate Diversity Score ⁵	15%							
2. Complete Community Engagement ⁶	5%							
Efficiency & Engagment (20%)								
1. Call Center Service Level @ 30 seconds ⁷	10%							
2. CGCAHPS Recommend Provider Top-box Score ⁸	10%							
		AGGREGATE ACHIEVEMENT						
		126.43%						

¹ Plan includes a "trigger" (Trigger corrected from \$58,969 to \$60,969) equal to the minimum EBIDA improvement (after PBVC). There were no Board-approved adjustments to EBIDA in 2017, other than GASB68

² Includes all attributable lives under Risk arrangements, including Total Cost of Care and two-sided risk arrangements

³ CMS Star Rating as published on medicare.gov/hospitalcompare website updated December 2017

⁴ All adult population primary care aggregate ACO metric

⁵ Aggregate 12 inclusion & diversity metrics score

⁶ Complete the following projects: Community Needs Assessment; Needs Gap Analysis; Identifying 5 Top Priorities for next 3 years.

⁷ Quarterly measure of Network Service Level for all calls for 4Q2017

⁸ Annual cumulative Recommend Provider Top-box score (9 or 10)