

EXHIBIT 31

Executive Total Compensation Review

October 12, 2022

DRAFT



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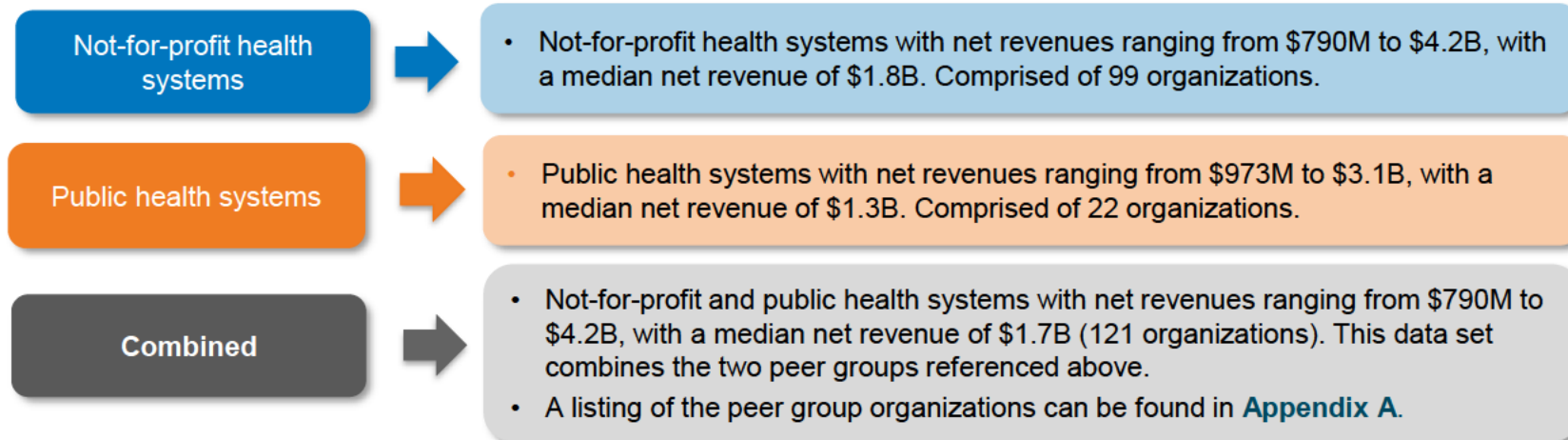


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Introduction



- SullivanCotter was retained by MetroHealth (MH) management to review the competitiveness of the total compensation levels provided to 18 executive positions.
 - Our assessment reflects the impact of MH's increase in revenue from \$1.6 billion to \$1.75 billion.
 - An assessment of MH's benefits program was completed in December 2020. It is our understanding no benefits have changed since the December 2020 assessment.
- Our analysis covers all elements of MH's total compensation (TC defined as base salaries plus variable compensation and the employer costs of standard and supplemental benefits and perquisites).
 - Information provided by MH serves as the basis for our assessment. Our assessment is based on the accuracy of the data provided to us, which SullivanCotter has not independently validated. Any additional compensation provided to the covered executives and not included or accurately described in this report, is not covered by our assessment.
- This report provides a prospective review of projected calendar year 2022 total compensation levels based on market analysis of three custom peer groups that reflect organizations similar to MH in complexity and size.
 - We note the peer group organizations are consistent with last year's assessment with exception of seven organizations that were removed as they did not report data in our 2021 or 2022 survey (see page 19 for the listing of organizations).



- In addition to our assessment of total compensation, we provide a summary of executive compensation market trends for reference.

Market Trends: Compensation Actions



Market Trends: Compensation Actions



Market Trends: Recruitment and Retention



Findings



MH has improved its competitive position as current base salaries approximate the market median. Total compensation is competitive assuming target performance (P60) and approximates the 71st percentile for exceptional performance.

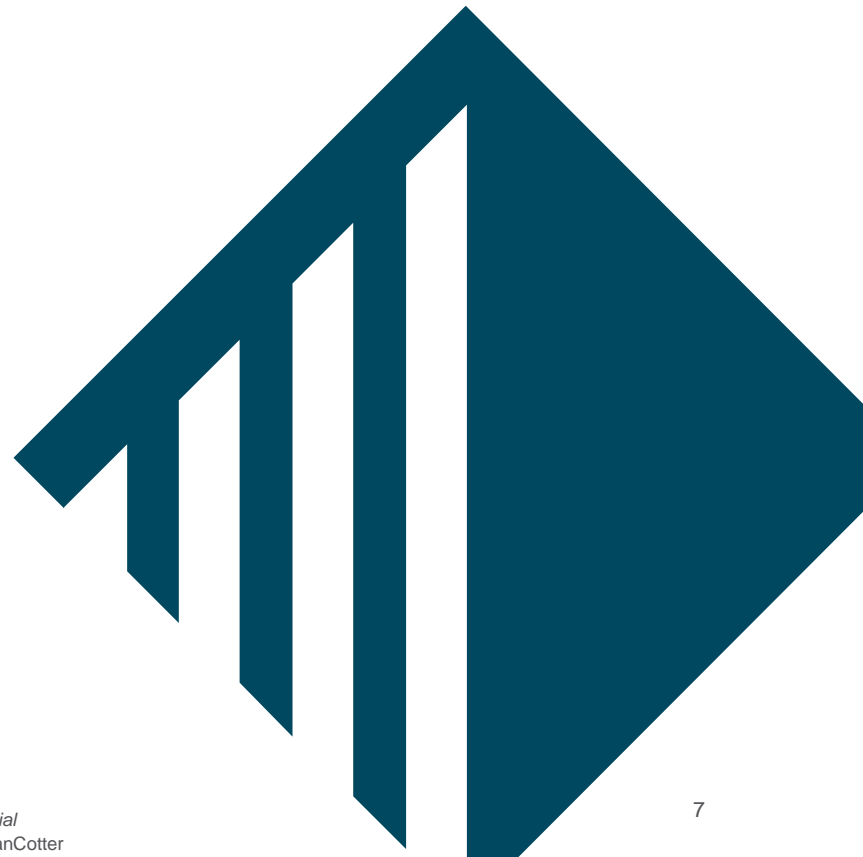
Component of Compensation		Aggregate Market Position			Observations
		Not-For-Profit	Public Health	Combined	
Current Base Salary		P52	P68	P52	<ul style="list-style-type: none"> MH's aggregate base salary positioning approximates the median of the market and has improved from the last assessment (P39). Competitiveness varies by position. Current base salaries for 9 executives fall below the 50th percentile of the combined peer group.
Projected Total Cash Compensation (TCC = salary + incentives)	Target	P56	P85	P56	<ul style="list-style-type: none"> Annual incentive opportunities are competitive for SVP and EVP level executives and slightly less than competitive for the CFO at target and VP levels. Two executives have target TCC that exceeds the 90th percentile in the public health peer group (Wahl and Kline). One executive has target and exceptional TCC that exceeds the 90th percentile in the combined peer group (Wahl). If base salaries for executives whose current salary is below the market median were brought to the median, aggregate target TCC would approximate the 60th percentile of the combined peer group (cost at target \$306.1K).
	Exceptional	P70	>90 (5%)	P69	
Projected Total Compensation (TC = TCC + benefits costs)	Target	P63	P90	P60	<ul style="list-style-type: none"> Aggregate target TC positioning has improved since last year's assessment (P53) primarily due to the increase in base salary market positioning. One executive (Wahl) has target and exceptional TC that exceeds the 90th percentile of the combined peer group.
	Exceptional	P75	>90 (8%)	P71	



As compensation decisions are determined, MH should consider the following:

- Determine executive salary increases considering the competitive data in this report, expected market increases (4.0% - 5.0% projected executive salary increase budget plus market adjustments), recruitment/retention factors, executive skills/experience/performance and MH's performance/business outlook.
- Determine if additional compensation adjustments are required to address competitiveness.
- Maintain the current annual incentive compensation levels, but also consider implementing a long-term incentive plan (LTIP) to strengthen the alignment between MH's business strategy and executive compensation. In addition, an LTIP will enhance the overall level of pay competitiveness and promote retention.
- Assess if any special compensation arrangements are needed to retain key executives.
- Consider conducting a pay equity review to determine the degree to which the compensation philosophy is being consistently applied to all and to assure that differences in pay are based on bona fide factors.

Market Comparisons



Market Comparisons - Base Salary



- The following findings are based on the methodology described in **Appendix B**.
- Base salary** positioning by peer group for each executive is presented in the following table:

Title (Incumbent)	Base Salary Market Position by Peer Group		
	Not-For-Profit	Public Health	Combined NFP and PH
EVP Chief Financial Officer & System Services Officer (Richmond)	36	60	38
EVP Chief Population and Digital Health Officer (Chehade, M.D.)	59	---	59
EVP Chief Administrative Officer (Platten)	47	---	47
EVP, Provider Enterprise & Academic Affairs (Boulanger, M.D.)	47	---	47
EVP Chief Strategy & Innovation Officer (Jacono)	47	---	47
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off (Wahl, JD)	>90 (+7%)	>90 (+5%)	>90 (+7%)
SVP System Chief Nurse Executive (Kline)	63	71	65
SVP Chief Equity Officer (Nevel) (1)	---	---	55
SVP Co-General Counsel (Rajki, JD)	44	48	44
SVP Co-General Counsel (McBride, JD)	44	48	44
SVP, Behavioral Health and Correctional Medicine (Bruner, M.D.) (1)	---	---	65
SVP Chief Development Officer & President MH Foundation (Brown)	32	27	32
Chief Medical Officer - Ambulatory Services (Lewis, MD) (2)	---	---	71
Chief Operating Officer - Ambulatory Services (Sukalac) (2)	---	---	52
Chief Nursing Officer - Ambulatory Operations (Sawyer) (2)	---	---	<25 (-14%)
Chief Medical Officer - Inpatient Services (Bailit, MD) (2)	---	---	71
Chief Quality Officer - Inpatient Services (Golob, MD) (2)	---	---	51
Chief Nursing Officer - Inpatient Services (Mason) (2)	---	---	<25 (-15%)
Aggregate Market Position:		52	68
		52	52

(1) Reflect national data as custom peer group data were not available.

(2) Reflects national data scoped to the Ambulatory or Inpatient revenue size.

Market Comparisons - Target TCC



- **Target TCC** positioning by peer group for each executive is presented in the following table:

Title (Incumbent)	Target TCC Market Position by Peer Group		
	Not-For-Profit	Public Health	Combined NFP and PH
EVP Chief Financial Officer & System Services Officer (Richmond)	42	79	48
EVP Chief Population and Digital Health Officer (Chehade, M.D.)	50	---	58
EVP Chief Administrative Officer (Platten)	57	---	57
EVP, Provider Enterprise & Academic Affairs (Boulanger, M.D.)	73	---	75
EVP Chief Strategy & Innovation Officer (Jacono)	52	---	52
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off (Wahl, JD)	>90 (+2%)	>90 (+22%)	>90 (+12%)
SVP System Chief Nurse Executive (Kline)	66	>90 (+1%)	70
SVP Chief Equity Officer (Nevel) (1)	---	---	58
SVP Co-General Counsel (Rajki, JD)	43	76	45
SVP Co-General Counsel (McBride, JD)	43	76	45
SVP, Behavioral Health and Correctional Medicine (Bruner, M.D.) (1)	---	---	73
SVP Chief Development Officer & President MH Foundation (Brown)	43	83	47
Chief Medical Officer - Ambulatory Services (Lewis, MD) (2)	---	---	61
Chief Operating Officer - Ambulatory Services (Sukalac) (2)	---	---	54
Chief Nursing Officer - Ambulatory Operations (Sawyer) (2)	---	---	<25 (-18%)
Chief Medical Officer - Inpatient Services (Bailit, MD) (2)	---	---	61
Chief Quality Officer - Inpatient Services (Golob, MD) (2)	---	---	62
Chief Nursing Officer - Inpatient Services (Mason) (2)	---	---	<25 (-18%)
Aggregate Market Position:	56	85	56

(1) Reflect national data as custom peer group data were not available.

(2) Reflects national data scoped to the Ambulatory or Inpatient revenue size.



Summary of Executive Benefits

Standard benefits provided by MH to employees:

- Medical, dental, vision and prescription drugs with cost-share.
- Retiree medical through Ohio Public Employees Retirement System (OPERS).
- Basic life insurance of \$50,000 for executives.
- Employee-paid short-term disability coverage.
- Qualified retirement through OPERS with choice of plans.

Executive benefits that are provided in addition to or in place of standard benefits:

- Executive life insurance of \$450,000 provided through GVUL policies.
- Executive long-term disability coverage of 75% of base salary up to \$32,500 per month.
- Five weeks vacation for EVPs and SVPs.
- Supplemental retirement (SERP):
 - Provides 15% of total cash compensation for SVPs.
 - Class-year vesting over three years (0% in year earned, 1/3 vested after one year, 1/3 after two years, and 1/3 after three years) with immediate vesting on death, disability, termination without cause or termination for good reason.
- Severance benefits:
 - SVPs and higher: 18 months of base salary.
 - VPs: 12 months of base salary.
 - Benefit is mitigated after first three months with earnings from subsequent employment.

Findings

This analysis reflects the information contained in our 2020 executive review. We understand that executive benefits have not materially changed, other than enhancements to the SERP contribution rates, a change in the SERP vesting approach and new employer-provided long-term disability coverage.

Overall, MH executive benefits are reasonable.

Considerations

1 Disability Protection

The long-term disability benefit provided to executives is at the upper end of market practice. However, full salary continuation is often provided to executives through the long-term disability elimination period.

2 Supplemental Retirement

MH provides strong benefits relative to the market. Three-year class vesting is common, though the graded approach (as opposed to each contribution being 100% vested after three years) is not as common.

Tally Sheet



- The tally sheet below summarize the employer costs of standard and supplemental benefits and perquisites:

Title:	EVP Chief Financial Officer & System Services Officer	EVP Chief Population and Digital Health Officer	EVP Chief Administrative Officer	EVP, Provider Enterprise & Academic Affairs	EVP Chief Strategy & Innovation Officer	SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off
Name:	Richmond	Chehade, M.D.	Platten	Boulanger, M.D.	Jacono	Wahl, JD
a. Cash Compensation						
♦ Base Salary	\$650,000	\$550,014	\$530,005	\$500,011	\$480,002	\$450,008
♦ Annual Incentive Award at Target	\$162,500	\$137,504	\$132,501	\$125,003	\$120,000	\$112,502
Total Cash Compensation	\$812,500	\$687,518	\$662,506	\$625,014	\$600,002	\$562,510
b. Basic Benefits						
♦ Medicare	\$11,781	\$9,969	\$9,606	\$9,063	\$8,700	\$8,156
♦ Medical, Prescription Drug						
♦ Dental & Vision						
♦ Basic Life						
♦ Basic AD&D						
♦ Qualified Retirement Program Contributions (OPERS)						
c. Executive Benefits						
♦ Executive Life Insurance (GVUL)						
♦ Executive Long-Term Disability						
♦ Nonqualified 457(f) SERP at Target						
Total Benefit/Perquisite Cost	\$202,489	\$182,295	\$161,073	\$165,498	\$145,397	\$145,052
Total Compensation Cost	\$1,014,989	\$869,813	\$823,579	\$790,512	\$745,399	\$707,562
d. Other Information						
♦ Potential Severance Payment	\$975,000	\$825,022	\$795,007	\$750,017	\$720,002	\$675,012
♦ Potential Severance Period	18 months	18 months	18 months	18 months	18 months	18 months

Tally Sheet



- The tally sheet below summarize the employer costs of standard and supplemental benefits and perquisites:

Title:	SVP System Chief Nurse Executive	SVP Chief Equity Officer	SVP Co-General Counsel	SVP Co-General Counsel	SVP, Behavioral Health and Correctional Medicine	SVP Chief Development Officer & President MH Foundation
Name:	Kline	Nevel	Rajki, JD	McBride, JD	Bruner, M.D.	Brown
a. Cash Compensation						
♦ Base Salary	\$410,010	\$385,008	\$335,013	\$335,013	\$310,003	\$274,997
♦ Annual Incentive Award at Target	\$102,502	\$96,252	\$83,753	\$83,753	\$77,501	\$68,749
Total Cash Compensation	\$512,512	\$481,260	\$418,766	\$418,766	\$387,504	\$343,746
b. Basic Benefits						
♦ Medicare	\$7,431	\$6,978	\$6,072	\$6,072	\$5,619	\$4,984
♦ Medical, Prescription Drug						
♦ Dental & Vision						
♦ Basic Life						
♦ Basic AD&D						
♦ Qualified Retirement Program Contributions (OPERS)						
c. Executive Benefits						
♦ Executive Life Insurance (GVUL)						
♦ Executive Long-Term Disability						
♦ Nonqualified 457(f) SERP at Target						
Total Benefit/Perquisite Cost	\$147,795	\$143,660	\$131,986	\$132,322	\$131,231	\$108,337
Total Compensation Cost	\$660,307	\$624,920	\$550,753	\$551,089	\$518,735	\$452,083
d. Other Information						
♦ Potential Severance Payment	\$615,014	\$577,512	\$502,520	\$502,520	\$465,005	\$412,495
♦ Potential Severance Period	18 months	18 months	18 months	18 months	18 months	18 months

Tally Sheet



- The tally sheet below summarize the employer costs of standard and supplemental benefits and perquisites:

Title:	Chief Medical Officer - Ambulatory Services	Chief Operating Officer - Ambulatory Services	Chief Nursing Officer - Ambulatory Operations	Chief Medical Officer - Inpatient Services	Chief Quality Officer - Inpatient Services	Chief Nursing Officer - Inpatient Services
Name:	Lewis, MD	Sukalac	Sawyer	Bailit, MD	Golob, MD	Mason
a. Cash Compensation						
♦ Base Salary	\$500,011	\$400,005	\$225,014	\$500,011	\$400,005	\$225,014
♦ Annual Incentive Award at Target	\$125,003	\$100,001	\$33,752	\$125,003	\$60,001	\$33,752
Total Cash Compensation	\$625,014	\$500,006	\$258,767	\$625,014	\$460,006	\$258,767
b. Basic Benefits						
♦ Medicare	\$9,063	\$7,250	\$3,752	\$9,063	\$6,670	\$3,752
♦ Medical, Prescription Drug						
♦ Dental & Vision						
♦ Basic Life						
♦ Basic AD&D						
♦ Qualified Retirement Program Contributions (OPERS)						
c. Executive Benefits						
♦ Executive Life Insurance (GVUL)						
♦ Executive Long-Term Disability						
♦ Nonqualified 457(f) SERP at Target						
Total Benefit/Perquisite Cost	\$165,893	\$141,567	\$47,786	\$171,834	\$55,934	\$64,141
Total Compensation Cost	\$790,907	\$641,573	\$306,553	\$796,848	\$515,940	\$322,908
d. Other Information						
♦ Potential Severance Payment	\$750,017	\$600,007	N/A	\$750,017	N/A	N/A
♦ Potential Severance Period	18 months	18 months	N/A	18 months	N/A	N/A

Market Comparisons - Target TC



- **Target Total Compensation** positioning by peer group for each executive is presented in the following table:

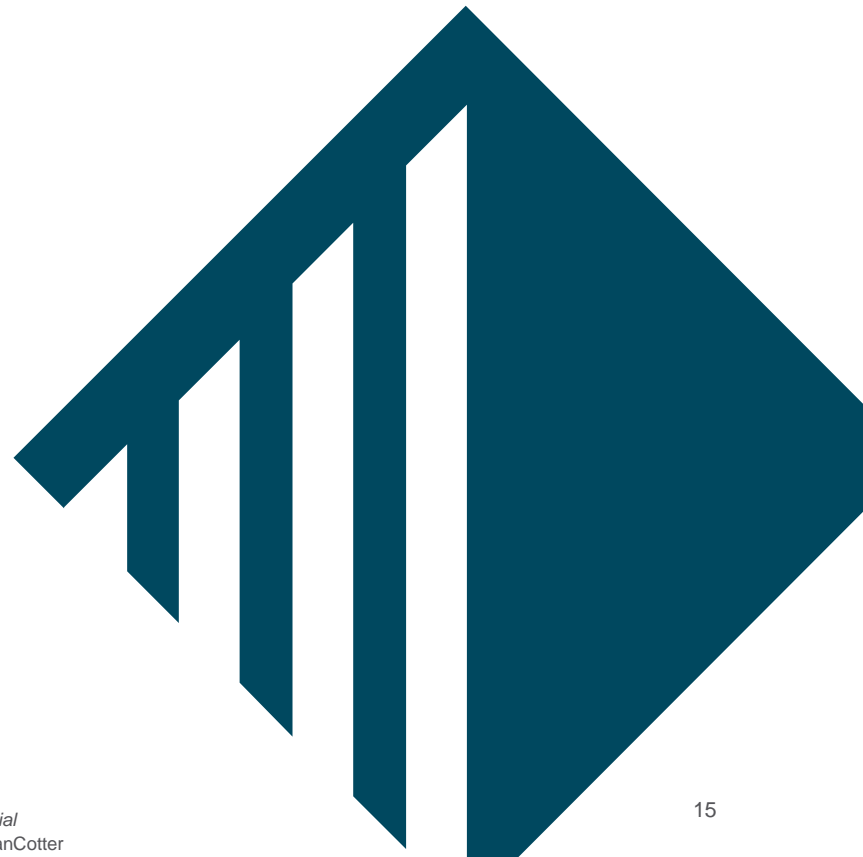
Title (Incumbent)	Target TC Market Position by Peer Group		
	Not-For-Profit	Public Health	Combined NFP and PH
EVP Chief Financial Officer & System Services Officer (Richmond)	47	82	53
EVP Chief Population and Digital Health Officer (Chehade, M.D.)	60	---	65
EVP Chief Administrative Officer (Platten)	60	---	60
EVP, Provider Enterprise & Academic Affairs (Boulanger, M.D.)	76	---	76
EVP Chief Strategy & Innovation Officer (Jacono)	55	---	55
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off (Wahl, JD)	>90 (+7%)	>90 (+24%)	>90 (+16%)
SVP System Chief Nurse Executive (Kline)	74	>90 (+7%)	78
SVP Chief Equity Officer (Nevel) (1)	---	---	58
SVP Co-General Counsel (Rajki, JD)	53	83	55
SVP Co-General Counsel (McBride, JD)	53	83	55
SVP, Behavioral Health and Correctional Medicine (Bruner, M.D.) (1)	---	---	80
SVP Chief Development Officer & President MH Foundation (Brown)	51	89	53
Chief Medical Officer - Ambulatory Services (Lewis, MD) (2)	---	---	67
Chief Operating Officer - Ambulatory Services (Sukalac) (2)	---	---	57
Chief Nursing Officer - Ambulatory Operations (Sawyer) (2)	---	---	<25 (-22%)
Chief Medical Officer - Inpatient Services (Bailit, MD) (2)	---	---	69
Chief Quality Officer - Inpatient Services (Golob, MD) (2)	---	---	44
Chief Nursing Officer - Inpatient Services (Mason) (2)	---	---	<25 (-18%)
Aggregate Market Position:	63	90	60

(1) Reflect national data as custom peer group data were not available.

(2) Reflects national data scoped to the Ambulatory or Inpatient revenue size.

Appendix A

Custom Peer Groups





A. Custom Peer Groups - NFP Health Systems

- The 2022 peer groups for MH executives are shown below.

Org #	In 2021 Peer Group:	2021 Organization	City	State	Net Revenue (\$M)
1	x				
2	x				
3	x				
4	x				
5	x				
6	x				
7	x				
8	x				
9	x				
10	x				
11	x				
12	x				
13	x				
14	x				
15	x				
16	x				
17	x				
18	x				
19	x				
20	x				
21	x				
22	x				
23	x				
24	x				
25	x				
26	x				
27	x				
28	x				
29	x				
30	x				
31	x				
32	x				
33	x				

A. Custom Peer Groups - NFP Health Systems



Org #	In 2021 Peer Group:	2021 Organization	City	State	Net Revenue (\$M)
34	X				
35	X				
36	X				
37	X				
38	X				
39	X				
40	X				
41	X				
42	X				
43	X				
44	X				
45	X				
46	X				
47	X				
48	X				
49	X				
50	X				
51	X				
52	X				
53	X				
54	X				
55	X				
56	X				
57	X				
58	X				
59	X				
60	X				
61	X				
62	X				
63	X				
64	X				
65	X				
66	X				

A. Custom Peer Groups - NFP Health Systems



Org #	In 2021 Peer Group:	2021 Organization	City	State	Net Revenue (\$M)
67	x				
68	x				
69	x				
70	x				
71	x				
72	x				
73	x				
74	x				
75	x				
76	x				
77	x				
78	x				
79	x				
80	x				
81	x				
82	x				
83	x				
84	x				
85	x				
86	x				
87	x				
88	x				
89	x				
90	x				
91	x				
92	x				
93	x				
94	x				
95	x				
96	x				
97	x				
98	x				
99	x				

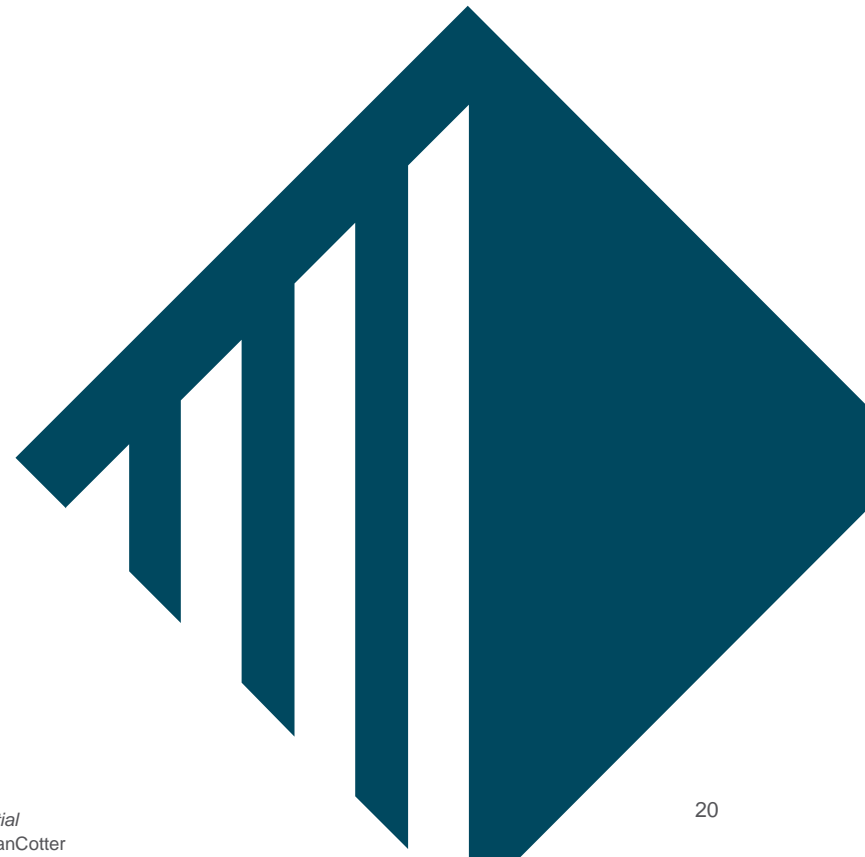
A. Custom Peer Group - Public Health Systems



Org #	In 2021 Peer Group:	2021 Organization	City	State	Net Revenue (\$M)
100	x				
101	x				
102	x				
103	x				
104	x				
105	x				
106	x				
107	x				
108	x				
109	x				
110	x				
111	x				
112	x				
113	x				
114	x				
115	x				
116	x				
117	x				
118	x				
119	x				
120	x				
121	x				

Appendix B

Study Methodology





B. Study Methodology

- SullivanCotter used a market pricing approach to assess the competitiveness and reasonableness of MH's executive total compensation levels. Specifically, we:
 - Collected background information regarding MH's operations, structure, size, and scope.
 - Collected information on the covered executives' current compensation.
 - Collected design information relative to the administration of the cash compensation programs.
 - Affirmed our understanding of each position's functional responsibilities and role within the organization and confirmed with MH management.
 - Selected the appropriate benchmark position match for each position. In some instances, a market adjustment is applied (i.e., premium or discount) to the market data to better reflect MH's position relative to the available benchmark match.
- Created three custom executive compensation peer groups (reflective of MH's executive talent market) from SullivanCotter's - *2022 Survey of Manager and Executive Compensation in Hospitals and Health Systems* database, as follows:
 - Not-for-profit health systems with revenues ranging from \$790M to \$4.2B. Excludes pediatric hospitals.
 - Public health systems with revenues ranging from \$973M to \$3.1B.
 - Not-for-profit and public health systems with revenues ranging from \$790M to \$4.2B.
 - Compared MH's cash compensation levels to the custom peer group data.
 - Reported at the 25th, 50th, 75th and 90th percentiles.
 - Updated to July 1, 2022 at an annualized rate of 3.0%. This approach is consistent with current health care executive salary increase projections.
- Developed market total compensation data by combining market data with typical market benefit costs using SullivanCotter's proprietary Comp Plus 360 methodology, which reflects SullivanCotter's client experience and survey data for executive benefit practices within not-for-profit health care.
- Compared MH total compensation to the market to determine overall competitive positioning.

B. Study Methodology



- The table below provides definitions of the compensation terms used in this report:

Custom Peer Groups	<p>Custom executive compensation peer groups from SullivanCotter's 2022 <i>Management and Executive Compensation in Hospitals and Health Systems</i> database:</p> <ul style="list-style-type: none">– Not-for-profit, independent or affiliated health systems that generate net revenue ranging from between \$790M - \$4.2B, including public health systems (median revenue of \$1.7B). MH's net revenue is \$1.75B.
Base Salary	<p>Fixed amount of compensation paid to an individual for a specified position. Data in this report reflects current base salary.</p>
Annual Incentive Opportunities (as a percent of base salary)	<p>Threshold/target/exceptional annual incentive award opportunities (as a percent of base salary) based on the level of achievement of defined organizational and vary by level. Threshold and exceptional opportunity levels reflect 50% of target and 150% of target.</p> <ul style="list-style-type: none">– EVPs/SVPs/COO/CMO: Threshold 12.5%; Target 25.0%; Exceptional 37.5%.– CQO/CNO: Threshold 7.5%; Target 15.0%; Exceptional 22.5%.
Total Cash Compensation (TCC)	<p>Threshold/target/exceptional TCC includes base salary plus corresponding annual incentive award.</p>
Total Compensation (TC)	<p>Threshold/target/exceptional TC includes corresponding TCC plus annual cost of employer-provided benefits.</p>

B. Study Methodology



- The following tables summarize the benchmark approach utilized for each covered position:

Position Title	Incumbent	Survey Job Title	Survey Position Match	Adjustments
EVP Chief Financial Officer & System Services Officer	Craig Richmond	Chief Financial Officer/Top Finance Executive	Responsible for planning, organizing and directing all functions related to the financial management, budgeting, accounting and reimbursement of the organization and its entities. Establishes and implements policies and procedures related to accounting practices. May have responsibility for information systems. Typically reports to the president/chief executive officer.	+10% premium for oversight of IT and Supply Chain.
EVP Chief Population and Digital Health Officer	Nabil Chehade, M.D.	Top Population Health Executive	Responsible for developing, leading and overseeing the organization's strategic direction and coordination of population health and care management. Collaborates with leadership, physicians, departments and business units to implement and promote the population health program. Typically reports to the president and chief executive officer or top physician executive/chief physician executive.	+20% premium for managed care, contracting, telehealth, and SDOH Programs responsibilities.
EVP Chief Administrative Officer	Jane Platten	Chief Administrative Officer	Responsible for overseeing three or more of the organization's major nonclinical administrative functions (e.g., human resources, planning, legal services, public relations and marketing). Plans, develops and establishes policies involving administrative functions in accordance with the objectives of the organization. Typically reports to the president/chief executive officer or chief operating officer.	---
EVP, Provider Enterprise & Academic Affairs	Bernard Boulanger, M.D.	Top Academic Affairs Executive	Responsible for the residency affairs of the organization. This is the senior academic officer responsible for developing and administering integrated academic policies and programs. Oversees the recruitment, development and promotion of academic leaders and ensures high-quality teaching and clinical research through the allocation of academic resources. Serves as the primary liaison with the medical school. This position requires an MD or PhD and may serve as the dean of the school of medicine.	+15% premium for provider enterprise.
EVP Chief Strategy & Innovation Officer	Julie Jacono	Chief Strategy Officer	Responsible for developing and implementing strategies for short- and long-term growth of the organization. Develops and leads organization-wide strategic planning efforts. Identifies and pursues new business opportunities, investigates diversification into new businesses or service lines and identifies and executes strategic alliances, joint ventures and partnerships. May lead mergers, acquisitions and divestitures. This position is typically responsible for three or more strategic functions and reports to the president and chief executive officer.	+10% premium for commercialization and innovation responsibilities.
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off	Cheryl Forino Wahl, JD	Top Compliance Executive	Responsible for developing, implementing and overseeing policies, programs and practices to ensure the organization is in compliance with federal, state or local regulations and accreditation standards. Typically reports to the board or top legal services executive. This position may have a JD. This is a senior-level executive.	+20% premium for broader responsibilities than the survey match.

B. Study Methodology



Position Title	Incumbent	Survey Job Title	Survey Position Match	Adjustments
SVP System Chief Nurse Executive	Melissa Kline	Chief Nursing Officer/Top Patient Care Executive	Responsible for organizing, planning, directing and evaluating all nursing services functions. May have responsibility over other patient care areas (e.g., social services, emergency medicine, pharmacy, rehabilitation and respiratory care services). Recommends and implements policies and procedures to improve efficiency and delivery of quality nursing services. Typically reports to the president and chief executive officer or chief operating officer. This position requires an RN.	---
SVP Chief Equity Officer	Alan Nevel	Top Health Equity Executive	Responsible for developing, leading and overseeing the organization's strategic direction and coordination of health care equity to reduce or eliminate health disparities. Identifies policies and practices adversely affecting groups of people with social or economic obstacles to health. Collaborates with leadership, physicians, departments and business units to promote the highest standard of health for all people. Typically reports to the top population health executive, chief nursing officer/top patient care executive or top physician executive/chief physician executive.	---
SVP Co-General Counsel	Sonja Rajki, JD	Top Legal Services Executive (General Counsel) (0.9 FTE)	Responsible for planning and leading all legal activities of the organization. Oversees in-house legal counsel and coordinates activities of outside counsel. Ensures organizational activities and strategic matters meet legal and regulatory requirements. Typically reports to the President and Chief Executive Officer or Chief Administrative Officer.	-20% discount for real-estate and strategic growth focus only.
SVP Co-General Counsel	Laura McBride, JD	Top Legal Services Executive (General Counsel) (0.9 FTE)	Responsible for planning and leading all legal activities of the organization. Oversees in-house legal counsel and coordinates activities of outside counsel. Ensures organizational activities and strategic matters meet legal and regulatory requirements. Typically reports to the President and Chief Executive Officer or Chief Administrative Officer.	-20% discount for litigation and employee side focus only.
SVP, Behavioral Health and Correctional Medicine	Julia Bruner, M.D.	Top Behavioral Health Services Executive	Responsible for planning, directing and managing the overall operations and growth of the organization's behavioral health services. Monitors the financial performance and the quality of services provided. Typically reports to the Chief Operating Officer.	+10% premium for Medical Director of Correctional Health Care role.
SVP Chief Development Officer & President MH Foundation	Kate Brown	Top Foundation/Fund Development Executive	Responsible for planning and developing programs and events designed to enhance charitable giving. May serve as president of a separate charitable organization formed for the purpose of supporting the organization. Typically reports to the president and chief executive officer.	---

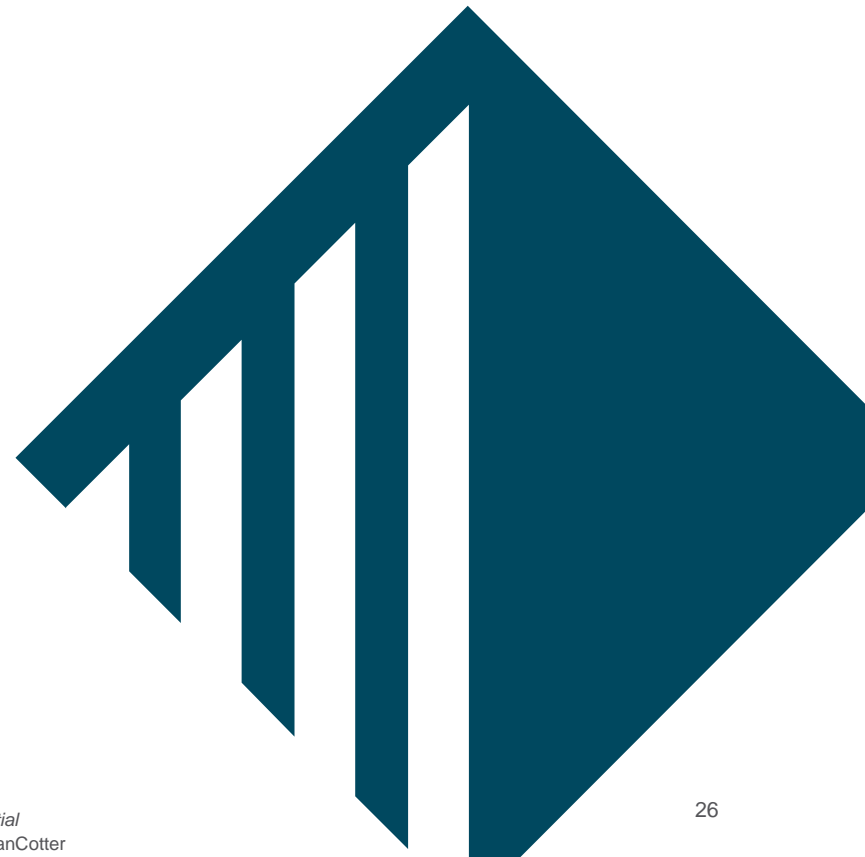
B. Study Methodology



Position Title	Incumbent	Survey Job Title	Survey Position Match	Adjustments
Chief Medical Officer - Ambulatory Services	William Lewis, MD	Chief Medical Officer/Top Medical Affairs Executive-Region/Division/Market	Responsible for planning, coordinating and overseeing the strategic medical affairs of the organization. Establishes and implements standards and policies to align medical staff goals with those of the organization. Ensures medical staff complies with all legal and regulatory requirements. May be responsible for clinical integration, accountable care organization (ACO), medical group, quality and/or patient safety. May also have oversight of population health and value-based care initiatives. Typically reports to the president/chief executive officer or top physician executive/chief physician executive. This position requires an MD.	---
Chief Operating Officer - Ambulatory Services	Nicholas Sukalac	Chief Operating Officer - Region/Division/Market	Responsible for overseeing overall operations of the organization in accordance with plans and budgets. Leads the operations to ensure the organization's short- and long-term goals and objectives are achieved. Reports to the president/chief executive officer. This is the second-highest senior executive.	---
Chief Nursing Officer - Ambulatory Operations	Regina Sawyer	Chief Nursing Officer/Top Patient Care Executive - Region/Division/Market	Responsible for organizing, planning, directing and evaluating all nursing services functions. May have responsibility over other patient care areas (e.g., social services, emergency medicine, pharmacy, rehabilitation and respiratory care services). May have oversight of advanced practice providers (APPs). Recommends and implements policies and procedures to improve efficiency and delivery of quality nursing services. Typically reports to the president/chief executive officer or chief operating officer. This position requires an RN.	---
Chief Medical Officer - Inpatient Services	Jennifer Bailit, MD	Chief Medical Officer/Top Medical Affairs Executive-Region/Division/Market	Responsible for planning, coordinating and overseeing the strategic medical affairs of the organization. Establishes and implements standards and policies to align medical staff goals with those of the organization. Ensures medical staff complies with all legal and regulatory requirements. May be responsible for clinical integration, accountable care organization (ACO), medical group, quality and/or patient safety. May also have oversight of population health and value-based care initiatives. Typically reports to the president/chief executive officer or top physician executive/chief physician executive. This position requires an MD.	---
Chief Quality Officer - Inpatient Services	Joseph Golob, MD	Top Quality Executive (MD) - Region/Division/Market	Responsible for planning, implementing and overseeing the guidelines for clinical quality, patient safety and value initiatives. This position requires an MD to provide physician leadership to quality staff. May oversee quality data collection and reporting. Typically reports to the chief medical officer/top medical affairs executive or president/chief executive officer. This is not a total quality management (TQM) or continuous quality improvement (CQI) job.	---
Chief Nursing Officer - Inpatient Services	Julia Mason	Chief Nursing Officer/Top Patient Care Executive - Region/Division/Market	Responsible for organizing, planning, directing and evaluating all nursing services functions. May have responsibility over other patient care areas (e.g., social services, emergency medicine, pharmacy, rehabilitation and respiratory care services). May have oversight of advanced practice providers (APPs). Recommends and implements policies and procedures to improve efficiency and delivery of quality nursing services. Typically reports to the president/chief executive officer or chief operating officer. This position requires an RN.	---

Appendix C

Custom Peer Group Comparison Tables



C. Base Salary Tables



\$ in thousands

Title (Incumbent)	Current Base Salary	Peer Group	Base Salary Data Effective July 1, 2022				Approximate Market Position	Market Ratio			
			P25	P50	P75	P90		P25	P50	P75	P90
EVP Chief Financial Officer & System Services Officer (Richmond)	\$650.0	NFP					36				
		PH					60				
		NFP & PH					38				
EVP Chief Population and Digital Health Officer (Chehade, M.D.)	\$550.0	NFP					59				
		PH					---				
		NFP & PH					59				
EVP Chief Administrative Officer (Platten)	\$530.0	NFP					47				
		PH					---				
		NFP & PH					47				
EVP, Provider Enterprise & Academic Affairs (Boulanger, M.D.)	\$500.0	NFP					47				
		PH					---				
		NFP & PH					47				
EVP Chief Strategy & Innovation Officer (Jacono)	\$480.0	NFP					47				
		PH					---				
		NFP & PH					47				
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off (Wahl, JD)	\$450.0	NFP					>90 (+7%)				
		PH					>90 (+5%)				
		NFP & PH					>90 (+7%)				



C. Base Salary Tables

\$ in thousands

Title (Incumbent)	Current Base Salary	Peer Group	Base Salary Data Effective July 1, 2022				Approximate Market Position	Market Ratio			
			P25	P50	P75	P90		P25	P50	P75	P90
SVP System Chief Nurse Executive (Kline)	\$410.0	NFP					63				
		PH					71				
		NFP & PH					65				
SVP Chief Equity Officer (Nevel)	\$385.0	National					55				
		NFP					---				
		PH					---				
		NFP & PH					---				
SVP Co-General Counsel (Rajki, JD)	\$335.0	NFP					44				
		PH					48				
		NFP & PH					44				
SVP Co-General Counsel (McBride, JD)	\$335.0	NFP					44				
		PH					48				
		NFP & PH					44				
SVP, Behavioral Health and Correctional Medicine (Bruner, M.D.)	\$310.0	National					65				
		NFP					---				
		PH					---				
		NFP & PH					---				

C. Base Salary Tables



\$ in thousands

Title (Incumbent)	Current Base Salary	Peer Group		Approximate Market Position	Market Ratio			
					P25	P50	P75	P90
SVP Chief Development Officer & President MH Foundation (Brown)	\$275.0	NFP		32				
		PH		27				
		NFP & PH		32				
Chief Medical Officer - Ambulatory Services (Lewis, MD)	\$500.0	National		71				
Chief Operating Officer - Ambulatory Services (Sukalac)	\$400.0	National		52				
Chief Nursing Officer - Ambulatory Operations (Sawyer)	\$225.0	National		<25 (-14%)				
Chief Medical Officer - Inpatient Services (Bailit, MD)	\$500.0	National		71				
Chief Quality Officer - Inpatient Services (Golob, MD)	\$400.0	National		51				
Chief Nursing Officer - Inpatient Services (Mason)	\$225.0	National		<25 (-15%)				
Aggregate (Weighted Average) - NFP:				52				
Aggregate (Weighted Average) - PH:				68				
Aggregate (Weighted Average) - NFP & PH:				52				

C. Total Cash Compensation – Incentives



Annual Incentives

Position/Level	MH		Health Systems ⁽¹⁾	
	Target	Exceptional	Target	Maximum
Chief Financial Officer	25.0%	37.5%		
Executive Vice Presidents	25.0%	37.5%		
Senior Vice Presidents	25.0%	37.5%		
VPs (CNO/CQO Amb/Inp)	15.0%	22.5%		

Long-Term Incentives

- MH does not have a long-term plan for its executives.

(1) SullivanCotter's 2022 Management and Executive Compensation in Hospitals and Health Systems.



C. Total Cash Compensation Tables

\$ in thousands

Title (Incumbent)	Total Cash Compensation				Peer Group	Total Cash Compensation Data Effective July 1, 2022				Approximate Market Position			
	No Incentive	Threshold	Target	Exceptional		P25	P50	P75	P90	No Incentive	Threshold	Target	Exceptional
EVP Chief Financial Officer & System Services Officer (Richmond)	\$650.0	\$731.3	\$812.5	\$893.8	NFP					<25 (-7%)	30	42	54
					PH					49	67	79	86
					NFP & PH					<25 (-4%)	34	48	60
EVP Chief Population and Digital Health Officer (Chehade, M.D.)	\$550.0	\$618.8	\$687.5	\$756.3	NFP					31	41	50	64
					PH					---	---	---	---
					NFP & PH					34	47	58	69
EVP Chief Administrative Officer (Platten)	\$530.0	\$596.3	\$662.5	\$728.8	NFP					32	44	57	69
					PH					---	---	---	---
					NFP & PH					32	44	57	69
EVP, Provider Enterprise & Academic Affairs (Boulanger, M.D.)	\$500.0	\$562.5	\$625.0	\$687.5	NFP					29	45	73	78
					PH					---	---	---	---
					NFP & PH					29	47	75	78
EVP Chief Strategy & Innovation Officer (Jacono)	\$480.0	\$540.0	\$600.0	\$660.0	NFP					32	42	52	61
					PH					---	---	---	---
					NFP & PH					32	42	52	61
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off (Wahl, JD)	\$450.0	\$506.3	\$562.5	\$618.8	NFP					79	85	>90 (+2%)	>90 (+12%)
					PH					88	>90 (+9%)	>90 (+22%)	>90 (+34%)
					NFP & PH					82	90	>90 (+12%)	>90 (+23%)



C. Total Cash Compensation Tables

\$ in thousands

Title (Incumbent)	Total Cash Compensation				Peer Group	Total Cash Compensation Data Effective July 1, 2022				Approximate Market Position			
	No Incentive	Threshold	Target	Exceptional		P25	P50	P75	P90	No Incentive	Threshold	Target	Exceptional
SVP System Chief Nurse Executive (Kline)	\$410.0	\$461.3	\$512.5	\$563.8	NFP					35	52	66	80
					PH					60	71	>90 (+1%)	>90 (+11%)
					NFP & PH					44	58	70	83
SVP Chief Equity Officer (Nevel)	\$385.0	\$433.1	\$481.3	\$529.4	National					41	53	58	63
					NFP					---	---	---	---
					PH					---	---	---	---
					NFP & PH					---	---	---	---
SVP Co-General Counsel (Rajki, JD)	\$335.0	\$376.9	\$418.8	\$460.6	NFP					<25 (-4%)	32	43	56
					PH					48	63	76	85
					NFP & PH					25	35	45	59
SVP Co-General Counsel (McBride, JD)	\$335.0	\$376.9	\$418.8	\$460.6	NFP					<25 (-4%)	32	43	56
					PH					48	63	76	85
					NFP & PH					25	35	45	59
SVP, Behavioral Health and Correctional Medicine (Bruner, M.D.)	\$310.0	\$348.8	\$387.5	\$426.3	National					45	60	73	81
					NFP					---	---	---	---
					PH					---	---	---	---
					NFP & PH					---	---	---	---

C. Total Cash Compensation Tables



\$ in thousands

Title (Incumbent)	Total Cash Compensation				Peer Group	Approximate Market Position			
	No Incentive	Threshold	Target	Exceptional		No Incentive	Threshold	Target	Exceptional
SVP Chief Development Officer & President MH Foundation (Brown)	\$275.0	\$309.4	\$343.7	\$378.1	NFP	<25 (-5%)	32	43	55
					PH	<25 (-1%)	50	83	>90 (+5%)
					NFP & PH	<25 (-4%)	34	47	59
Chief Medical Officer - Ambulatory Services (Lewis, MD)	\$500.0	\$562.5	\$625.0	\$687.5	National	<25 (-5%)	38	61	78
Chief Operating Officer - Ambulatory Services (Sukalac)	\$400.0	\$450.0	\$500.0	\$550.0	National	25	40	54	64
Chief Nursing Officer - Ambulatory Operations (Sawyer)	\$225.0	\$241.9	\$258.8	\$275.6	National	<25 (-28%)	<25 (-23%)	<25 (-18%)	<25 (-12%)
Chief Medical Officer - Inpatient Services (Bailit, MD)	\$500.0	\$562.5	\$625.0	\$687.5	National	<25 (-5%)	38	61	78
Chief Quality Officer - Inpatient Services (Golob, MD)	\$400.0	\$430.0	\$460.0	\$490.0	National	35	51	62	72
Chief Nursing Officer - Inpatient Services (Mason)	\$225.0	\$241.9	\$258.8	\$275.6	National	<25 (-29%)	<25 (-23%)	<25 (-18%)	<25 (-13%)
Aggregate (Weighted Average) - NFP:						30	42	56	70
Aggregate (Weighted Average) - PH:						58	75	85	>90 (+5%)
Aggregate (Weighted Average) - NFP & PH:						28	43	56	69



C. Total Compensation Tables

\$ in thousands

Title (Incumbent)	Total Compensation				Peer Group	Total Compensation Data Effective July 1, 2022				Approximate Market Position			
	No Incentive	Threshold	Target	Exceptional		P25	P50	P75	P90	No Incentive	Threshold	Target	Exceptional
EVP Chief Financial Officer & System Services Officer (Richmond)	\$852.5	\$933.7	\$1,015.0	\$1,096.2	NFP					26	37	47	57
					PH					60	75	82	88
					NFP & PH					29	42	53	62
EVP Chief Population and Digital Health Officer (Chehade, M.D.)	\$732.3	\$801.1	\$869.8	\$938.6	NFP					39	48	60	72
					PH					---	---	---	---
					NFP & PH					44	55	65	75
EVP Chief Administrative Officer (Platten)	\$691.1	\$757.3	\$823.6	\$889.8	NFP					39	50	60	71
					PH					---	---	---	---
					NFP & PH					39	50	60	71
EVP, Provider Enterprise & Academic Affairs (Boulanger, M.D.)	\$665.5	\$728.0	\$790.5	\$853.0	NFP					40	58	76	78
					PH					---	---	---	---
					NFP & PH					42	61	76	79
EVP Chief Strategy & Innovation Officer (Jacono)	\$625.4	\$685.4	\$745.4	\$805.4	NFP					38	47	55	62
					PH					---	---	---	---
					NFP & PH					38	47	55	62
SVP Chief Compliance/Ethics Off & Chief Employee Engagement Off (Wahl, JD)	\$595.1	\$651.3	\$707.6	\$763.8	NFP					83	89	>90 (+7%)	>90 (+16%)
					PH					>90 (+4%)	>90 (+14%)	>90 (+24%)	>90 (+33%)
					NFP & PH					88	>90 (+6%)	>90 (+16%)	>90 (+25%)

C. Total Compensation Tables



\$ in thousands

Title (Incumbent)	Total Compensation				Peer Group	Total Compensation Data Effective July 1, 2022				Approximate Market Position			
	No Incentive	Threshold	Target	Exceptional		P25	P50	P75	P90	No Incentive	Threshold	Target	Exceptional
SVP System Chief Nurse Executive (Kline)	\$557.8	\$609.1	\$660.3	\$711.6	NFP					51	63	74	86
					PH					69	85	>90 (+7%)	>90 (+15%)
					NFP & PH					56	67	78	88
SVP Chief Equity Officer (Nevel)	\$528.7	\$576.8	\$624.9	\$673.0	National					47	53	58	62
					PH					---	---	---	---
					PH					---	---	---	---
					NFP & PH					---	---	---	---
SVP Co-General Counsel (Rajki, JD)	\$467.0	\$508.9	\$550.8	\$592.6	NFP					33	42	53	67
					PH					61	73	83	>90 (+2%)
					NFP & PH					35	44	55	71
SVP Co-General Counsel (McBride, JD)	\$467.3	\$509.2	\$551.1	\$593.0	NFP					33	42	53	67
					PH					61	73	83	>90 (+2%)
					NFP & PH					35	44	55	71
SVP, Behavioral Health and Correctional Medicine (Bruner, M.D.)	\$441.2	\$480.0	\$518.7	\$557.5	National					63	74	80	85
					PH					---	---	---	---
					PH					---	---	---	---
					NFP & PH					---	---	---	---

C. Total Compensation Tables



\$ in thousands

Title (Incumbent)	Total Compensation				Peer Group	Approximate Market Position			
	No Incentive	Threshold	Target	Exceptional		No Incentive	Threshold	Target	Exceptional
SVP Chief Development Officer & President MH Foundation (Brown)	\$383.3	\$417.7	\$452.1	\$486.5	NFP	30	41	51	61
					PH	45	76	89	>90 (+7%)
					NFP & PH	32	42	53	63
Chief Medical Officer - Ambulatory Services (Lewis, MD)	\$665.9	\$728.4	\$790.9	\$853.4	National	32	52	67	79
Chief Operating Officer - Ambulatory Services (Sukalac)	\$541.6	\$591.6	\$641.6	\$691.6	National	37	49	57	64
Chief Nursing Officer - Ambulatory Operations (Sawyer)	\$272.8	\$289.7	\$306.6	\$323.4	National	<25 (-30%)	<25 (-26%)	<25 (-22%)	<25 (-17%)
Chief Medical Officer - Inpatient Services (Bailit, MD)	\$671.8	\$734.3	\$796.8	\$859.3	National	34	54	69	79
Chief Quality Officer - Inpatient Services (Golob, MD)	\$455.9	\$485.9	\$515.9	\$545.9	National	<25 (-4%)	30	44	55
Chief Nursing Officer - Inpatient Services (Mason)	\$289.2	\$306.0	\$322.9	\$339.8	National	<25 (-26%)	<25 (-22%)	<25 (-18%)	<25 (-13%)
Aggregate (Weighted Average) - NFP:						39	51	63	75
Aggregate (Weighted Average) - PH:						71	81	90	>90 (+8%)
Aggregate (Weighted Average) - NFP & PH:						37	50	60	71