Memorial Healthcare System

MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE

DATE: April 30, 2023

TO: K. Scott Wester, President and Chief Executive Officer, MHS

SUBJECT: **AUDIT AND COMPLIANCE – FOURTH QUARTERLY REPORT FISCAL YEAR 2023**

Attached is a copy of the fourth quarterly report of fiscal year 2023 summarizing the activities of the Internal Audit and Compliance Department from February 1, 2023, through April 30, 2023, for your records.

Please let me know if you have any questions regarding this report.

Denise D. DiCesare

Denise (Denny) DiCesare
Chief Compliance and Internal Audit Officer

cc: Leah Carpenter, Executive Vice President and Chief Operations Officer, MHS
Matt Muhart, Executive Vice President and Chief Strategy Officer, MHS
Dave Smith, Executive Vice President and Chief Financial Officer, MHS
Frank Rainer, Senior Vice President and General Counsel, SBHD

I. WRITTEN STANDARDS AND PROCEDURES

The following policies and procedures were reviewed and/or revised during the quarter:

Reviewed:

- Drug and Smoke Free Workplace,
- Records Management, and
- Federal and State Government Agency Audits, Interviews and Searches

Revised:

- None.

II. COMPLIANCE OFFICER

The Compliance Officer attended the following meetings during the quarter:

- Association of Certified Fraud Examiners – Detecting Fraud with Data Analytics Conference, and
- Health Care Compliance Association – Healthcare Enforcement Compliance Conference.

III. TRAINING AND EDUCATION

The following compliance training was provided during the quarter:

- New Employee Orientation: Thirteen Sessions,
- Leadership Essentials: Two Sessions,
- Compliance Working Committee: One Session,
- Department Leaders – MRHS on Conflicts of Interest, and
- Department Leaders – MPG Practice Leaders on Compliance Program.

IV. MONITORING & AUDITING

V. RESPONSE & PREVENTION

A. Internal Audit

Internal Audit of Independent Contractors at Memorial Healthcare System

Background

The Wage and Hour Division of the United States Department of Labor (DOL) is revising its interpretation of independent contractor status under the Fair Labor Standards Act (FLSA). The DOL published a Notice of Proposed Rulemaking (NPRM) in October 2022 which proposes to rescind the rule, “Independent Contractor Status under the Fair Labor Standards Act (2021 IC Rule)”. The NPRM’s intent is to replace the 2021 IC Rule with an analysis for determining employee or IC status that is more consistent with the FLSA as interpreted by longstanding judicial precedent. The DOL believes its proposed rule will reduce the risk that employees are misclassified as ICs, while providing certainty for organizations that engage with individuals who are in business for themselves. The Wage and Hour Division is responsible for determining whether an employee has been misclassified as an IC and has been denied critical benefits and labor standards protections. If a worker is determined to be an employee, then the organization must withhold and remit to the Internal Revenue Service (IRS) income, Social Security, and Medicare taxes from the wages paid to the employee. The matching employer portion of Social Security, Medicare, and unemployment taxes on wages paid to an employee are also due to the IRS. There is no obligation to withhold or pay taxes on payments made to ICs.

The Compliance and Internal Audit Department was asked by Margie Vargas-Hernandez, Senior Vice President and Chief Human Resources Officer, MHS to perform an internal audit of the processes in place at Memorial Healthcare System (MHS) to identify, manage, and comply with Federal statutes governing ICs. The purpose of this internal audit was to evaluate the onboarding of ICs within MHS to ensure compliance with federal laws.

We met with department leaders in Supply Chain Management (SCM), Human Resources (HR), Legal Department, Accounts Payable (AP), Corporate Finance, and Mr. Joseph Palmar from the Palmar Consulting Group (PCG) to gain an understanding of the current process within MHS to onboard ICs. We obtained a download of IRS 1099 forms issued to MHS vendors for fiscal year 2022 from AP and selected a sample of 22 vendors for testing.

<u>Observations</u>

There is currently no MHS policy or procedures governing the identification, classification, and onboarding of individuals to determine if those individuals should be an employee as opposed to an IC. There is no clear process for classification of individuals per the IRS rules before they are on boarded in SCM. Coordination between MHS departments in onboarding ICs is currently lacking and there is evidence that department leaders require education in the requirements of the IRS and DOL over ICs in hiring or contracting decisions. There is currently an ‘independent contractor’ clause that is written into MHS contracts with individuals who perform services, determined to satisfy the definition of IC. Of the 22 vendors reviewed, we located 11 contracts in MediTract, contract management software. The remaining 11 vendors were additions by AP to facilitate miscellaneous, one-time payments. Five of the 11 contracts reviewed were correctly categorized as ICs and had the IC clause in the contract; three were physician agreements and satisfied the categorization of employee with no IC clause; and the remaining three were neither IC nor employee and therefore not applicable to this audit. Vendor credentialing were all appropriate.

<u>Recommendations</u>

We recommended that a policy and procedure be drafted to govern the process of onboarding vendors which specifically references the DOL and IRS Federal Statutes over ICs. We recommended coordination between MHS Legal Department, HR and SCM in the process of onboarding ICs. We recommended that MHS leadership be educated on the DOL and IRS rules which provides guidance for onboarding ICs.

The results of our audit were communicated to Margie Vargas, Dave Smith, Executive Vice

President & Chief Financial Officer, MHS; Frank Rainer, SVP & General Counsel, SBHD; Saul Kredi, Vice President, SCM; Richard Holcomb, Administrative Director, Total Rewards, MHS; and Rebecca Farmer, Associate General Counsel, MHS who agreed with our findings and recommendations. Margie Vargas, Dave Smith, Frank Rainer and Saul Kredi have submitted an action plan.

Internal Audit of Multi-Factor Authentication and Password Management for Community Platforms of Epic Extended by Memorial Healthcare System

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule states that covered entities must ensure the confidentiality, integrity, and availability of all electronic protected health information (ePHI) the covered entity or business associate creates, receives, maintains, or transmits. Furthermore, the HIPAA Security Rule states that covered entities must protect against any reasonably anticipated access of such information that are not permitted or required. The Florida Statute on Security of Confidential Personal Information states that each covered entity, governmental entity, or third-party agent shall take reasonable measures to protect and secure data in electronic form from unauthorized access. The HIPAA Security Rule and the Florida Statute on Security of Confidential Personal Information collectively describe what information should be protected, who should have access to said information, and agree that a responsible party should be assigned for these protections. The Memorial Healthcare System (MHS) Information Management Plan states that “Remote Access to the MHS technology systems and applications is provided via secure methods such as Secure Socket Layer Virtual Private Network (SSL VPN) and Multi-Factor Authentication (MFA)....” An SSL VPN connection uses end-to-end encryption to protect data transmitted between the remote user device and the on-network servers. SSL VPN is also the current National Institute of Standards and Technology (NIST) accepted standard to enable authorized user remote access.

With the proliferation of remote work and the continued geographical expansion of the MHS business footprint, it is of paramount importance that MHS validate and verify all users who have remote access to the MHS Epic platform. The MHS Cyber Security Department implemented a DUO Security MFA and a Google Authenticator solution to provide for MFA. Both solutions are available as an application on the authorized user’s phone. The DUO Security MFA solution must be registered by verifying a correct MHS password and scanning a code. Once the phone is registered, and when trying to sign-in remotely, the user’s phone is notified (by receiving an automated phone call, a six-digit code, or a push notification). Access is granted to the user only after the username/password combination is confirmed, and notification is approved on the user’s phone. The Google Authenticator offers a six-digit code that changes every thirty seconds. If the username/password combination and correct code is not entered on time, a new code is provided which the user must now enter. Epic Systems Corporation (Epic) introduced their own solution, Stargate that allows trusted users to connect securely. MHS has set in place a Periodic Access Review (PAR) policy wherein on a monthly basis the entities requesting remote access into the MHS Epic platform must verify that users are still employed with the entity and still require the agreed upon level of access. The purpose of this audit was to ensure MFA and password management is active for all Epic community platforms on all external Epic accounts where MHS is the business associate or when MHS is the covered entity providing access to a business associate.

Observations

We reviewed 120 accounts: 30 from PlanLink, 30 from Epic CareLink, 30 from Community Connect, and 30 from generic MHS Vendor access. The PlanLink review found 30 accounts used the Google Authenticator for MFA and 29 of the thirty accounts had passwords that were newer than 180 days and the one outlier updated their password on the day they connected past the 180-day threshold. The Epic CareLink review showed all 30 accounts used the Google Authenticator and that all 30 had passwords that were newer than 180 days. The Community Connect review found that 26 of 30 accounts are connected via the Business to Business (B2B) VPN, two are physically located in the Memorial Regional Hospital (MRH) Medical Office Building and two are remotely connecting over the Epic Stargate solution. We also found that 23 accounts had passwords under the 180-day threshold and the remaining 7 accounts were newly created with users that have yet to sign-in to create a password. The MHS Vendor access review found 20 accounts connect using the DUO Security MFA, seven connect locally from their business office at MRH and Memorial Hospital West (MHW) Medical Office Buildings, and three connect remotely using a B2B VPN configuration. We also found that all 30 vendor accounts had passwords that were newer than 180 days.

Recommendations

None.

Jeffrey Sturman, Senior Vice President and Chief Digital Officer, MHS agreed with our analysis of the Community Epic MFA.

South Broward Hospital District Construction Projects

Twenty-five payment vouchers for 12 construction projects were audited during the quarter, as shown on Exhibit A. No irregularities were found during these audits.

South Broward Hospital District Requests for Proposal and Competitive Quotes

Eight Requests for Proposal and 30 Competitive Quotes were audited during the quarter, as shown on Exhibit B. No irregularities were found during these audits.

Board Expenses

Board Expenses were audited during the quarter. The list of expenses audited for the quarter will be presented and discussed during the meeting.

B. Compliance

Compliance Audit of the 340B Program at Memorial Healthcare System Contract Pharmacies - FY 2023 Fourth Quarter

Background

The 340B Program is administered and overseen by the Health Resources and Services Administration (HRSA) which is within the Health and Human Services (HHS) Department. The

340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices. To participate in the 340B Program, eligible organizations must register and be enrolled with the 340B Program and comply with all the requirements, that includes maintaining an up-to-date 340B database; recertifying eligibility every year; and preventing duplicate discounts by having mechanisms in place to prevent receiving a 340B price and a Medicaid drug rebate for the same drug. To prevent duplicate discounts, Memorial Healthcare System (MHS) bills Medicaid for 340B purchased medications, meaning it carves-in Medicaid which is approved by HRSA/ Office of Pharmacy Affairs (OPA). Covered entities are subject to audit by the manufacturers and/or the federal government. Any covered entity that fails to comply with 340B Program requirements may be liable to the manufacturers for refunds of the discounts obtained. To be eligible to receive 340B-purchased drugs, patients (1) must have an established relationship with the covered entity such that the entity maintains records of the individual's care; and (2) must receive health care services from a health care professional employed by the covered entity or under contract or other arrangement with the covered entity such that responsibility for the care remains with the covered entity. Under the guidelines, an individual is not considered a patient of the covered entity if the only health care service received by the individual from the entity is the dispensing of a drug for subsequent self-administration or administration in the home setting. An individual may receive a 340B drug in connection with treatment rendered outside the covered entity if the treatment is proximate in type and time to prior services provided by the covered entity. A non-hospital prescription is proximate in type and time to hospital-based services if the prescription or refill is presented within an appropriate timeframe of the MHS encounter and the prescriber's services are part of the same continuum of care as the prior hospital encounter. A continuum of care exists if MHS makes a referral to the outside provider for follow-up care and there is an established patient care relationship with MHS. The only exception is patients of state-operated or -funded acquired immunodeficiency syndrome (AIDS) drug purchasing assistance programs. The Ryan White Clinic provides Human Immunodeficiency Virus (HIV)/AIDS treatment and related services to low-income people living with HIV/AIDS. All prescriptions written in this location and prescriptions of continuum care for Ryan White patients are 340B eligible. MHS participates in the 340B Program for Memorial Regional Hospital (MRH) which includes Memorial Regional Hospital South (MRHS) and Joe DiMaggio Children's Hospital (JDCH); Memorial Hospital Pembroke (MHP); Memorial Hospital West (MHW); and Memorial Hospital Miramar (MHM).

HRSA has developed guidelines to allow covered entities to contract with one or more outside pharmacies to act as dispensing agents. The covered entity and contract pharmacy must establish and maintain a tracking system to prevent diversion of drugs to individuals who are not patients of the covered entity. MHS uses Verity Solutions Group, Inc.'s (Verity) application to help manage its contract pharmacy arrangements. There are seven contract pharmacies and a Ryan White Clinic. The purpose of this audit was to determine if MHS contract pharmacies are in compliance with the HRSA 340B Program requirements.

<u>Observations</u>

All 176 340B contract pharmacy claims submitted met the 340B eligibility requirements. We noted one claim was matched to an incorrect patient with an encounter date in the future. According to 340B management, this error occurred due to a manual matching process that was performed by a 340B auditor. Manual matching occurs when a pharmacy claim is linked to a correct or preferred patient's encounter by manually selecting the contact serial number (CSN). This process is only performed when correcting 340B eligible claims which appear ineligible in Verity data because the system's logic was unable to match to the correct or preferred CSN when comparing the pharmacy data to Epic data.

Recommendations

Subsequent to this observation, the claim has been linked to the correct patient and encounter date. Also, the 340B management has taken steps to limit manual matching and developed a process to accurately perform manual matching when needed.

Dorinda Segovia, Vice President & Chief Pharmacy Officer, MHS and Scott Davis, Vice President, Reimbursement and Revenue Integrity, Corporate Finance, MHS agreed with this audit and since there were no recommendations, an action plan was not required.

Compliance Audit of Documentation and Billing of Tacrolimus Therapeutic Drug Assay (CPT code 80197) at Memorial Regional Hospital

Background

Tacrolimus, also known as FK-506 or by its trade name, Prograf and Advagraf, is a valuable medication used for post-transplant patients. Tacrolimus can be used solely or in combination with other immunosuppressive agents for the prevention and treatment of organ rejection in solid organ transplant such as kidney, heart and liver. Tacrolimus has a narrow therapeutic drug index. Monitoring drug level assay is a valuable tool in adjusting drug levels to their therapeutic range in order to prevent or treat organ rejection while simultaneously minimizing toxicity and adverse reactions.

The Memorial Transplant Institute (MTI) has the Adult Kidney Transplant Center and the Adult Heart Transplant Center at Memorial Regional Hospital (MRH). The Memorial Adult Kidney Transplant Program and Adult Heart Transplant Program have defined guidelines for post-transplant follow-up care with clinical and laboratory (lab) results obtained periodically at stated intervals. The frequency of clinical and lab follow-up could vary based on individual clinical parameters. Testing for tacrolimus therapeutic drug assay begins in the post-transplant stage after immunosuppression therapy had started. Monitoring of tacrolimus follows a scheduled drug assay testing based on patient's post-transplant day status. Current Procedural Terminology (CPT) code 80197 is the procedural code for therapeutic drug assay for tacrolimus.

Memorial Healthcare System's (MHS) Compliance and Internal Audit Department received a Comparative Billing Report (CBR), an educational letter from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), indicating that their recent data analyses identified that an aberrancy existed at MRH for CPT code 80197, therapeutic drug assay, Tacrolimus. In response to this notice, the Compliance and Internal Audit Department performed an audit for CPT code 80197 at MRH. With this background, the purpose of this audit was to determine if documentation supports medical necessity for Tacrolimus therapeutic drug assay (CPT Code 80197) and the accuracy of coding, charging and billing at MRH.

Observations

We reviewed a total of 30 Medicare patients. We noted that 20 out of 30 patients had organ transplant performed at MRH and are enrolled with the Memorial Transplant Program with follow-up care at the MTI. Seven out of 30 patients had organ transplant at a non-MHS facility and have follow-up care at the MTI. One out of 30 patients had bone marrow transplant and had follow-up care with the Memorial Moffitt Cancer Center. The remaining two patients had organ transplant or graft at a non-MHS facility and have follow-up care with a non-MHS or a non-MPG provider. All 30 patients had a provider order for tacrolimus therapeutic drug assay and documentation supporting medical necessity for the procedure. On the 28 patients followed up at MHS, all had medical record documentation of patient condition to justify order frequency and followed the recommended post-transplant management guidelines schedule. We reviewed a total of 30 patients with 176 dates of service. Two out of 30 patients only had orders for post-transplant laboratory. Twenty-eight patients were followed up at MHS. We noted that 21 out of the 28 patients, had dates of service post 36 months of organ transplant and seven patients with less than 36 months. All 30 accounts were verified with current Medicare benefits during the dates of service. All 176 dates of service were coded, charged, billed, and paid appropriately. Based on the outcome of this audit, the suspected aberrancy indicated in the FCSO CBR is not substantiated and the data is believed to be a correlation result due to the order frequency based on the patient's clinical parameters necessitating frequent monitoring.

Recommendations

None.

Peter Powers, Chief Executive Officer, MRH and Walter Bussell, Chief Financial Officer, MRH have been notified of the results of this audit. There are no findings or recommendations, therefore an action plan is not required.

Compliance Audit of Drug Dispensations for International Patients at Memorial Specialty Pharmacy

Background

Memorial Specialty Pharmacy (MSP) offers unique pharmacy services by providing medications used for the treatment of complex and chronic health conditions. Such medications may often be costly, requiring special storage and handling to maintain effectiveness of the medication, and may not be readily available from other pharmacies. Among the targeted services offered, international patients encompass the medically vulnerable population with complex and chronic medical diseases including those with Oncologic conditions. International patients are defined as those who may have a resident address, prescriber or receiving treatment outside of the United States (US) and are private pay.

The US Food and Drug Administration (FDA) is responsible for enforcing the Federal Food, Drug, and Cosmetic Act (FD&C Act) to oversee the safety of food, drugs, medicinal devices, and cosmetics, including those provisions concerning FDA-regulated products that are exported from the US. Pharmacies exporting drugs and biologics to foreign countries would need a license for exporting drugs or certification issued by the FDA. MSP does not have the license to dispense pharmaceutical products outside of the US and does not export medications outside of the country.

The MSP International Patient Program had its inception around 2020. Patients are referred to the program via electronic prescription by the patient's provider in the US, email to MHSSpecialtyPharmacy@mhs.net, or the Memorial Global Health. Memorial Global Health provides personalized coordination of specialized and emergency medical services for adult and pediatric international patients throughout the Memorial Healthcare System (MHS) to deliver safe, high quality, and premier clinical expertise on complex medical conditions. With this background, the purpose of this audit was to determine if drug dispensations for international patients at MSP are in accordance with international regulations and Florida laws for medication dispensation by Pharmacy and determine if the services are charged, coded, and billed correctly.

Observations

We reviewed a total of 36 international patient accounts at the MSP. All 36 accounts had a documented referral date in CareTend, which is the pharmacy operating system. We observed 20 out of 36 prescriptions were sent electronically and 16 were faxed or scanned into CareTend. One out of the 16 faxed or scanned prescription was missing the date the prescription was written. According to pharmacy management, the prescription should have been annotated with the date medication was ordered. The order date for the medication was noted in the patient's supporting documents, i.e., patient intake and progress report. Thirty-four out of 36 patients had the patient's diagnosis documented in CareTend as part of the patient's database, scanned progress notes, or listed in the prescription. There were two patient accounts that had no patient diagnosis in the medical records. According to pharmacy management, diagnosis or progress notes are not required for prescription dispensing. For the 34 patients with listed diagnoses, we were able to confirm that medications dispensed were appropriate for the patients' medical condition. All 36 medications in our sample were non-controlled substances, of which 31 were chemotherapy drugs.

All 36 patient accounts reviewed had prescribers with active medical license documented in CareTend. We noted that two out of 36 patients had their medications delivered to a specified address. The rest of the 34 patients had designated third-party agents or had picked up their own medications at the MSP. We observed 19 out of 36 medications dispensed required refrigeration and noted shipping label contained instructions to maintain temperature which were appropriate. All 36 patient accounts reviewed had listed third-party agents in the medical records as their designated agent for medication pickup and payment. As part of their existing process, MSP asks for identification cards (ID) for third-party agents prior to dispensing medication and logs the transaction. We noted 23 out of 36 accounts had a common third-party agent who was listed as the prescriber's medical office case manager. Further research revealed that the agent is affiliated with a business for distributing medical goods throughout South America. We were unable to find documentation other than being the designated third-party agent. Eight out of 36 accounts were with another third-party agent who was associated with multiple businesses, one of which is the pharmacy transferring prescriptions to MSP and pharmacy benefits manager (PBM) which functioned as a liaison for the patient in procuring the medication. As international patients are private pay patients, they were quoted a set price for the medication. We were unable to find other documentation than being the designated third-party agent. Subsequently, pharmacy management developed a process for international patients to obtain and verify consents for third-party agents via phone call or email and place in CareTend. Completing the International patient's intake form is also part of the new process and has information for the designation of the third-party agents including the relation to the patient.

All 36 patient accounts reviewed were charged, coded, and billed appropriately using the National Council for Prescription Drug Programs, Inc. (NCPDP) format for pharmacy billing. All accounts were private pay patients and were paid appropriately.

Recommendations

We recommended pharmacy management include in their target scope checking for adequacy and completeness of prescription elements in their ongoing quality audits.

Dorinda Segovia, Vice President, Pharmacy Services, MHS and Sergio Santos, Admin Director-Finance-Ancillary Services, Corporate Finance, MHS, agreed with the finding and recommendation of this audit and has provided an action plan.

Compliance Audit of Documentation and Billing of Polysomnography in the Pediatric Sleep Disorders Center at Joe DiMaggio Children's Hospital

Background

Sleep disorders are conditions that impair or prevent restful sleep and can affect overall health, safety, and quality of life. When abnormal sleep patterns are not easily explainable, expert opinion and sleep studies are performed to diagnose a variety of sleep disorders.

Polysomnography (PSG) refers to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep. Monitoring is conducted in a sleep laboratory facility where a technologist is physically present to supervise the recordings during sleep time and can intervene, if needed. PSG is distinguished from other sleep studies by the inclusion of sleep staging as determined by standard sleep scoring techniques with additional parameters monitored. PSGs are ordered according to the patient's age group, i.e., for patients younger than six years old, or six years and older. PSG with continuous positive airway pressure (CPAP) titration is ordered for any age and is done when moderate or severe sleep apnea has been diagnosed or strongly suspected. Orders can be overnight or split-night which is a combination of the diagnostic study for the first part of the night and titration study for the second half of the night to determine the CPAP pressure needed to offset apnea. The multiple sleep latency (MSLT) is used to diagnose narcolepsy and excessive daytime sleepiness. It is a full-day test that consists of four or five scheduled naps to measure how quickly you fall asleep during the day. MSLT is always performed following an overnight PSG. The Centers for Medicare and Medicaid Services (CMS) covers PSG under the Hospital Outpatient Prospective Payment System (OPPS). All sleep services CPT code (95800-95811) includes recording, interpretation, and written report. Also, the Healthcare Common Procedure Coding System (HCPCS) modifier 52 is used to report if less than the required sleep hours or nap opportunities are recorded.

JDCH Sleep Disorders Center is accredited by the American Academy of Sleep Medicine (AASM) to perform in-center diagnostic PSG, MSLT. The purpose of this audit is to determine if documentation supports medical necessity and the accuracy of coding, charging, and billing for PSG performed in the Pediatric Sleep Disorders Center at JDCH.

Observations

All 30 accounts with 36 studies reviewed had documentation of provider order, appropriate diagnosis that supports medical necessity, and documentation of previous PSG study, when needed. All 36 orders had documentation of approval by the department supervisor or the medical director to ensure it conforms to the AASM practice parameters and the required documentation was received prior to scheduling. All studies were attended by a qualified technologist as required by AASM. The recordings for all 36 studies were performed using Natus Sleep Works PSG software and are stored in the database. Of the 36 studies, twelve diagnostic overnight PSG monitoring, twelve PSG with CPAP titration including four split-night studies; six MSLT studies following overnight PSG studies were completed according to AASM guidelines. All interpretations and reports were completed by qualified physicians and results were reviewed by the medical director. All reports remain in a secure shared folder and are uploaded under the corresponding study order either by the interpreting provider's office or sleep study department as required by CMS. Of the 36 studies, 26 reports were uploaded to the appropriate study order completed, of which some reports took up to two months to be uploaded after the study was completed. Eight reports were not uploaded to the specific study completed and two reports were uploaded to different study performed on a different date of service. Subsequent to this finding, management has corrected and uploaded all the reports. Of the four split-night PSG with CPAP titration reviewed, one did not concur with the order of overnight PSG with CPAP titration. All 36 study reports had the appropriate and required documentation specific to the study completed as required by AASM.

In one of 36 studies reviewed, the CPT code for the order and procedure performed did not concur with the CPT code charged. Subsequent to this finding, Accounts Receivable Management (ARM) rebilled the study with the appropriate CPT code although reimbursement was not affected. One study was performed while the patient was admitted as inpatient and was billed accordingly. Of the six MSLT studies following an overnight PSG performed, one study was billed using one account number with the associated CPT codes for the studies performed and dates of service. The remaining five MSLT studies had two different account numbers used to bill for the PSG followed by MSLT performed during same encounter. According to pre-services management, two different account numbers were created because studies were scheduled on different dates and pre-services staff were not aware that the MSLTs were performed after PSG studies were completed. Reimbursement was not affected for these studies. One of 36 studies was pending payment. Thirty-five of 36 studies were reimbursed appropriately.

Recommendations

We recommended the sleep study management develop a process to ensure all reports are uploaded within appropriate time frame to the correct study completed and continue to monitor accuracy of process. We recommended a process to ensure that the accurate CPT codes are selected for studies performed and continue to monitor for accuracy of the process. We recommended pre-services management reeducate staff to create only one account number for MSLT following an overnight PSG study. We recommended sleep study management work with pre-services management to ensure only one account number is created when scheduling the MSLT studies. We recommended pre-services management review the five MSLT encounters with two different account numbers and collaborate with ARM to bill with one account number, if appropriate. We recommended ARM review accounts with MSLT retrospectively and rebill with one account number, if appropriate.

Caitlin Stella, Chief Executive Officer and Administrator, JDCH and Ananda Rampat, Chief Financial Officer, JDCH agreed with the findings and recommendations and will provide a detailed action plan.

<u>Follow up Compliance Audit of Remote Cardiac Device Evaluation Services, Memorial Physician Group Professional Coding & Billing</u>

<u>Background</u>

Memorial Cardiac and Vascular Institute's (MCVI) electrophysiologists (EPs) are nationally known experts in treating arrhythmias. For treating patients with life-threatening arrhythmias, a cardiac implantable electronic device (CIED) may be needed. Follow-up evaluation of CIEDs can be achieved through remote monitoring which is the new standard of care. The Centers for Medicare and Medicaid Services (CMS) considers CIED management as a diagnostic medical procedure and requires a written order or plan or intent to order by the treating practitioner who uses the results to treat the patients. Since March 2021, Memorial Healthcare System (MHS) has contracted with BioBridge Solutions, Inc./Daniel Benhayon Lanes, MD for a cardiac device data management software solution to monitor these devices. BioBridge qualified for the sole source exemption, under Section 112.313(12)(e), Florida Statutes and the special taxing district exemption under 112.313(7)(a)1 because of conflicting employment or contractual relationships. The Sole Source Legal Opinion was presented to the Board of Commissioners of South Broward Hospital District requesting two-thirds affirmative vote, which was received. In 2021, we performed a compliance audit of remote cardiac evaluation services. We noted that policies and procedures did not include remote cardiac device monitoring, BioBridge has three features to qualify for sole source exemption, the patient data transmitted to BioBridge did not have a formal process, patient education about BioBridge was not included in the patient's medical record, BioBridge was not enrolled as a Medicare provider, and billing for BioBridge's technical component cannot exceed the acquisition cost. We noted the accounts reviewed did not meet ordering, documentation, and diagnosis or procedure coding requirements. The accounts were on hold and no bills were submitted to the insurances. We made recommendations to address the identified areas of improvement. The purpose of this follow up audit is to determine if the recommendations on the previous audit were completed.

We noted a policy was created for billing remote cardiac device monitoring. We conducted partial market analysis to review BioBridge's sole source exemption status and noted two other companies offer nine of the 10 features that BioBridge offers. BioBridge confirmed that they were no longer a sole source since none of the technicians are EPs. We were informed by the practice management that the patients are given education about BioBridge during their enrollment. BioBridge is an enrolled Medicare provider.

<u>Observations</u>

We reviewed 20 accounts with some accounts having more than one finding. We noted that for all accounts reviewed the technical component was not billed. We verified with the Memorial Physician Group (MPG) Business Office that billing for technical component is under testing mode.

We noted that for 11 of the 20 accounts the Current Procedural Terminology (CPT) codes used for billing the professional component were supported by medical record documentation. Of the 11 accounts, there were two accounts for devices with dual capacity that had reported additional CPT codes for remote monitoring without supporting medical necessity orders. Of the remaining nine accounts, none had medical necessity orders and five accounts had no technical report and physician's evaluation to support the reported CPT codes.

We noted an area of improvement with the ICD-10-CM diagnosis codes used. None of the 20 accounts reviewed had ICD-10-CM code to indicate the presence of an implanted cardiac device. Nine accounts had ICD-10-CM codes reported that were not supported due to the lack of medical necessity orders. Seven accounts had ICD-10-CM codes appropriately reported and supported by medical record documentation. Four accounts required additional or different ICD-10-CM codes.

Recommendations

We recommended that MHS verify if BioBridge continues sole source exemption and initiate a request for proposal when the contract expires if applicable. We recommended to continue educating the patients that the remote patient monitoring services are provided by the physician owned BioBridge. We recommended MPG Business Office continue ensuring documentation, coding, and billing requirements are met before billing for technical component of the cardiac device evaluation services. We recommended that the billing amount not exceed the acquisition cost of the technical component. We recommended reeducating the physicians, practice users, coders, and billers on the medical necessity and medical record documentation requirements for cardiac device evaluation services in accordance with Medicare guidelines. We recommended that MPG Business Office continues to verify medical necessity is appropriately documented prior to billing. We recommended that the practice users continue to verify the medical record documentation, and medical necessity orders exist to support billing. We recommended that MPG Business Office correct and rebill or refund accounts as appropriate.

Mario Salceda-Cruz, Chief Operating Officer, MPG and Esther Surujon, Chief Financial Officer, MPG agreed with the findings and recommendations and have provided an action plan.

D. Services Provided by Protiviti

A list of Services Provided by Protiviti for the quarter will be discussed during the meeting.

E. Other Reports

Investor Log

The Investor Contact Log for the quarter is attached for your review. See Exhibit C.

Non-Audit Engagements

A list of RSM and Zomma Group Non-Audit Engagements for the quarter is attached for your review. See Exhibit D.

Compliance Environment

A discussion of Nationwide Audit and Investigation Activities for the quarter will be held during the meeting.

VI. OPEN LINES OF COMMUNICATION

A. Hotline Calls

During the quarter, 37 calls, four of which were callbacks, were placed to the System's Compliance Hotline covering 27 new topics and one old topic. Four topics were compliance allegations (four calls). Two topics were HIPAA privacy allegation (two calls). Two topics were quality of care or service allegations (two calls). All of the calls were investigated and none of the compliance allegations were substantiated.

Finally, one topic was a test call (one call), two topics were informational (four calls), and 16 new topics and one old topic (20 calls, four callbacks) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

VII. ENFORCEMENT & DISCIPLINE

Sanction checks were conducted of employees, physicians, vendors, volunteers, and students. There was one referring physician who was sanctioned during the quarter.

SBHD Construction Projects
Period Ending 4/30/2023

Exhibit A

		Ambulatory Surgery Center ANF Group, Inc. #450218ASC MHM		Urgent Care Center Miami Gardens Gerrits Construction Inc. #650322 MHS		Family Birthplace Turner Construction Co. #400121 MHS		Wind Retrofit Turner Construction Co. #409020 MRH		Family Birthplace Turner Constuction Co. #400622 MRH		Outpatient Behavioral Health ANF Group, Inc. #401122 MRH
		Amount		Amount		Amount		Amount		Amount		Amount
Original Contract Sum		$ 5,589,844		$ 1,929,942		$ 3,658,618		$ 4,924,483		$ 43,850,159		$ 3,336,927
Prior Change Orders		(1,340,949)										(667,777)
Budget Transfer						-						197,724
Current Change Orders												316,911
Prior Owner Purchase Orders				(290,000)		(876,767)		(280,691)				
Current Owner Purchase Orders						229,238				(9,703,000)		58,877
Current Contract Sum to Date		$ 4,248,894		$ 1,639,942		$ 3,011,089		$ 4,643,793		$ 34,147,159		$ 3,242,661
Previous Payments		4,124,271		302,060		1,968,890		4,172,898		1,306,205		1,994,594
			4	233,974	12	163,230	17	3,322	2	295,143	7	86,635
					13	175,314	18	61,809	3	552,289	8	174,556
					14	171,897	19	7,500			9	479,631
Total Payments		4,124,271		536,034		2,479,331		4,245,530		2,153,637		2,735,416
Balance		$ 124,623		$ 1,103,908		$ 531,758		$ 398,263		$ 31,993,522		$ 507,245
Owner Purchased Materials												
Retainage				19,998		202,543		156,613		29,148		136,254
Payments		4,124,271		536,034		2,479,331		4,245,530		2,153,637		2,735,416
Work completed		$ 4,124,271		$ 556,032		$ 2,681,874		$ 4,402,143		$ 2,182,785		$ 2,871,670
Status		Active		Active		Active		Active		Active		Active

Exhibit A

	MOB II Second Floor Pediatric Fit Out Thornton Construction Co. Inc. #800122 MHM		MOB Women Center ANF Group, Inc. #450218 MHM		Memorial Cancer Center Expansion DPR Construction #431019 MHW		Hurricane Hardening Thornton Construction Co. #410121 MRHS		Family Birthplace Replacement Thornton Construction Co. #430321 MHW	
		Amount		Amount		Amount		Amount		Amount
Original Contract Sum	$	10,650,417	$	35,067,236	$	86,165,924	$	13,613,113	$	2,110,655
Prior Change Orders				(5,101,409)		(14,889,724)				
Budget Transfer						(714,000)				
Current Change Orders		(1,799,954)		(750,000)				(2,984,941)		18,616
Prior Owner Purchase Orders										
Current Owner Purchase Orders										242,404
Current Contract Sum to Date	$	8,850,463	$	29,215,826	$	70,562,200	$	10,628,172	$	2,371,674
Previous Payments		1,948,226		27,790,363		38,829,442		8,336,264		1,878,933
	2	827,218			16	4,294,567	13	303,097	9	248,297
					17	2,597,309	14	174,971	10	202,877
					18	2,567,431				
Total Payments		2,775,444		27,790,363		48,288,749		8,814,331		2,330,107
Balance	$	6,075,019	$	1,425,464	$	22,273,451	$	1,813,840	$	41,568
Owner Purchased Materials										
Retainage		104,936				2,128,213		463,912		
Payments		2,775,444		27,790,363		48,288,749		8,814,331		2,330,107
Work completed	$	2,880,379	$	27,790,363	$	50,416,962	$	9,278,244	$	2,330,107
Status		Active		Active		Active		Active		Active

SBHD Construction Projects
Period Ending 4/30/2023

Exhibit A

	Lift Station & Force Main Thornton Construction Co. #401720 MHM	Completed MRI Expansion Engel Construction, Inc. #402417 MRH	Memorial Cancer Institute ANF Group, Inc. #401820 MHS	Emergency Department Trauma Center Turner Construction Company #400222 MRH	JDCH Vertical Expansion Robins & Morton Group #460117 JDCH
	Amount	Amount	Amount		Amount
Original Contract Sum	$ 4,677,865		$ 3,318,035	$ 16,401,716	$ 108,993,259
Prior Change Orders			(642,606)		
Budget Transfer			64,000		
Current Change Orders	(526,524)		182,424	(3,300,002)	(16,270,441)
Prior Owner Purchase Orders					
Current Owner Purchase Orders					1,176,495
Current Contract Sum to Date	$ 4,151,340		$ 2,921,853	$ 13,101,714	$ 93,899,313
Previous Payments	3,943,773		2,744,328	716,250	81,518,585
			21 64,000	2 144,888	25 3,038,502
				3 234,261	
				4 1,204,696	
Total Payments	3,943,773		2,808,328	2,300,095	84,557,086
Balance	$ 207,567		$ 113,525	$ 10,801,619	$ 9,342,226
Owner Purchased Materials					
Retainage	207,567			46,006	1,304,611
Payments	3,943,773		2,808,328	2,300,095	84,557,086
Work completed	$ 4,151,340		$ 2,808,328	$ 2,346,101	$ 85,861,697
Status	Active		Active	Active	Active

Memorial Healthcare System
RFP and Competitive Quote Audits

	RFPs	Current Phase - 4th Quarter FY 2023	Audited Through	Exceptions
1	Investment Advisory	Selection	Analysis	None
2	Disaster Debris Removal and Disposal	Analysis	Analysis	None
3	Valet Parking Service, Booth Attendant and Shuttle Services	Analysis	Analysis	None
4	Care Coordination Center Software	Selection	Selection	None
5	Clinical Trial Management System	Selection	Selection	None
6	Clinical Engineering Computerized Maintenance Management System	Oral Presentation	Receipt	None
7	Case Management Utilization Review	Selection	Advertising/Mailing	None
8	Release of Patient Medical Information	Oral Presentation	Receipt	None

Memorial Healthcare System
RFP and Competitive Quote Audits

	Completed Competitive Quotes	Amount $	Exceptions
1	Cloud Software Integration for Workday Implementation & Data Conversion Consultant	429,598	None
2	Three Year Subscription for Voice Equipment System for MHS	391,598	None
3	Consulting Services for Implementation of Workday and Warehousing Integration	832,500	None
4	Four Year Support Services for Electroencephalography Equipment at MRH	103,829	None
5	Three Year Service Agreement for Laboratory Equipment Systemwide	1,128,281	None
6	Implementation of Segmentation Firewalls at Regional Data Center	663,641	None
7	Annual Maintenance 360 Encompass Coding Solution for MHS	1,755,820	None
8	ProCare Service Agreement for Endoscopy Equipment at MHM	712,407	None
9	Three Year Service Maintenance Agreement Building Automation System for JDCH	511,680	None
10	Three Year Fire Alarm Renewal Service Agreement for JDCH	266,136	None
11	Five Year Service Agreement for Upgraded Magnetic Resonance Imaging Machines Systemwide	4,355,190	None
12	Increased Epic Software Licenses for MHS	114,268	None
13	Wireless Connectivity for Memorial Cancer Institute at MHW	103,421	None
14	Memorial Hospital Miramar Medical Office Building Second Floor Pediatric Specialties Center Construction Project	8,850,463	None
15	Lighting & Fixtures for Family Birthplace Project Fourth Floor MRH	550,000	None
16	Air Handling Units for Family Birthplace Project at MRH	583,795	None
17	Drywall Material for Family Birthplace Project at MRH	1,000,934	None
18	Structured Cabling for Family Birthplace Project at MRH	378,221	None
19	Sprinkler System for Family Birthplace Project at MRH	100,000	None
20	Nurse Call & Paging System for Family Birthplace Project at MRH	917,422	None
21	Magnetic & WaveID+ Proximity Card Reader Timeclocks for MHS	391,500	None
22	Focused Ultrasonicator for Molecular Genetics at MRHS	128,817	None
23	Stretchers for Adult Emergency Department at MHM	116,006	None
24	Furniture Installation for Memorial Cancer Institute Expansion at MHW	2,606,060	None
25	Surgical Light Integration System for Emergency Department and Trauma Renovation Project at MRH	554,285	None
26	Wireless Controller and Access Points Upgrade for MRHS	492,025	None
27	Plumbing Supplies for Family Birthplace Project at MRH	484,572	None
28	MHS & JDCH Websites Ecosystem Redesign	452,910	None
29	Elevator Upgrade with Door Lock Monitoring at MRH	378,000	None
30	Analyzer Equipment for Laboratory at MRH	375,109	None

Exhibit C

Memorial Healthcare System
Investor Contact Log
Fiscal Year 2023

Quarter: Ended	Contact:	Representing:	Discussion:
July 31,2022	None		
October 31, 2022	None		
January 31, 2023	Christopher Grimbel	Fidelity	One-off investor inquiry
April 30, 2023	Stephen Infranco and Mar Arcas	S&P Global Ratings	Annual update presentation and post-ratings action call
	Beth Wrexler	Moody's Investor Service	Pre-ratings action call
	Amy Johonnett and Christopher Grimble	Fidelity	Bold holder inquiry call

Exhibit D

Memorial Healthcare System
Non Audit Engagement Report
Q4 FY 2023

Quarter Ended	RSM US LLP Engagement:		
Q4 FY2023	For professional services rendered and expenses incurred in connection with implementing GASB 87 Technical Lease accounting.	$	9,765
	Total	$	9,765
Q4 FY2022	Total spend, provided for comparative purpose	$	29,582

Quarter Ended	Zomma Group LLP Engagement:		
Q4 FY2023	For professional services rendered and expenses incurred in connection with Non Audit Engagements.	$	-
Q4 FY2022	Total spend, provided for comparative purpose	$	-

Memorial Healthcare System

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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: June 13, 2023

From: Margie Vargas-Hernandez, Senior Vice President & Chief Human Resources Officer, MHS MV
Frank Rainer, Senior Vice President & General Counsel, SBHD
Dave Smith, Executive Vice President & Chief Financial Officer, MHS
Saul Kredi, Vice President, Supply Chain Management, MHS

Subject: Action Plan: INTERNAL AUDIT OF INDEPENDENT CONTRACTORS AT MEMORIAL HEALTHCARE SYSTEM

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
We recommend that a policy and procedure be drafted to govern the process of onboarding vendors which specifically references the Department of Labor (DOL) and Internal Revenue Service (IRS) Federal Statutes over independent contractors.	On 4/25/23, policy and procedure and Independent Contractor Questionnaire (ICQ) were drafted and disseminated to the team; HR disseminated a revised ICQ to team on 4/26. Both the policy and procedure and ICQ are pending final reviews by team members.	June 23, 2023
We recommend coordination between MHS Legal Department, Human Resources and Supply Chain Management in the process of onboarding independent contractors.	On 4/25/2023, Process Improvement, HR, and Purchasing met to map the present and future state process for independent contractors. Roll out date pending policy completion.	June 23, 2023
We recommend that MHS leadership be educated on the DOL and IRS rules that provides guidance for onboarding independent contractors.	The team discussed a plan to educate users on the new process and rules once the policy and procedure and ICQ are finalized.	by October 31, 2023

cc: K. Scott Wester, President and Chief Executive Officer, MHS

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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: May 31, 2023

From: Dorinda Segovia, Vice President, Pharmacy Services, MHS

Dorinda Segovia

Sergio Santos, Admin Director-Finance-Ancillary Services, Corporate Finance, MHS

S. Santos 06/13/2023

Subject: **Action Plan: COMPLIANCE AUDIT OF DRUG DISPENSATIONS FOR INTERNATIONAL PATIENTS AT MEMORIAL SPECIALTY PHARMACY**

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	**Response/Action Plan**	**Estimated Completion Date**
We recommend pharmacy management include in their target scope checking for adequacy and completeness of prescription elements in their ongoing quality audits.	Pharmacy quality auditing will ensure that during the dispensing process the following was validated: - Prescription source verification - Prescription order review was compliant with state laws and regulations.	Expected completion is Sept 15th, 2023

cc: K. Scott Wester, President and Chief Executive Officer, MHS

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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: June 16, 2023

From: Caitlin Stella, Chief Executive Officer and Administrator, JDCH CBStella
Ananda Rampat, Chief Financial Officer, JDCH

Subject: **Action Plan: Compliance Audit of Documentation and Billing of Polysomnography in the Pediatric Sleep Disorders Center at Joe DiMaggio Children's Hospital**

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
We recommend the sleep study management develop a process to ensure all reports are uploaded within appropriate time frame to the correct study completed and continue to monitor accuracy of process.	Acknowledgment of the findings of this audit related to the timeliness of uploaded reports. Pediatric Pulmonary group has hired two physicians certified in sleep studies. One has a start date of Aug 2023 and the other has a start date of Nov 2023. Once the physicians begin their time at JDCH, Sleep Center leadership team will conduct monthly review specific to TAT. Will investigate with EPIC team and Natus vendor to develop a report exclusive to the TAT to monitor and review monthly.	Aug 2023 & Nov 2023 Aug 2023 7/30/23
We recommend a process to ensure that the accurate CPT codes are selected for studies performed and continue to monitor for accuracy of the process.	Acknowledgment for the need to ensure an accurate process related to the selection of CPT codes. Met w/ Sleep Lab leadership, Pulmonary Group office manager, PreServices, Billing, Centralized scheduling. Centralized scheduling is currently scheduling both PSG & MLST when ordered at the same time. They create one HAR at the time of scheduling for the combined ordered study.	6/21/23

	Sleep Center supervisor will be trained by PreServices in learning to create the HAR. In the future this will be automated to create one consistent process regardless of who is scheduling, so the order drives the combined HAR.	6/30/23 TBD
We recommend pre - services management reeducate staff to create only one account number for MSLT following an overnight PSG study.	PreServices' current workflow is to create one HAR for all exams scheduled on the same day. For these tests that are scheduled on different days, we will ensure 1 HAR is assigned for both. An email has been sent to the PreServices staff on 6/10/23 informing them of the change in process.	6/10/23
We recommend sleep study management work with pre - services management to ensure only one account number is created when scheduling the MSLT studies.	The management teams for both the Sleep Lab and PreServices departments met on 6/16. Initial discussions were related to Sleep Lab and/or PAC creating the HAR at time of scheduling vs PreServices creating one at time of pre-registration. A follow up meeting is scheduled on 6/21 to include PAC's management team in the discussion. Automating this workflow was also brought to the table, with a subsequent IT ticket being placed once all discussions are had.	6/23/23
We recommend pre - services management review the five MSLT encounters with two different account numbers and collaborate with ARM to bill with one account number, if appropriate.	The encounters were reviewed and separate HAR's were created due to the current workflow of creating one HAR for all exams scheduled on the same day. These accounts were emailed to the Billing Director (Melissa Burns) on 6/10/23 for review and rebill. Accounts reviewed and none of them required rebilling.	6/10/23 5/10/23
We recommend ARM review accounts with MSLT retrospectively and rebill with one account number, if appropriate.	Accounts reviewed and none of them required rebilling.	6/20/23

cc: K. Scott Wester, President and Chief Executive Officer, MHS

Memorial Healthcare System

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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: April 4, 2023

From: Mario Salceda-Cruz, Chief Operating Officer, MPG MSC
Esther Surujon, Chief Financial Officer, MPG ES

Subject: **Action Plan:** Follow up Compliance Audit of Remote Cardiac Device Evaluation Services, Memorial Physician Group Professional Coding & Billing

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Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
We recommend that MHS verify if BioBridge continues sole source exemption and initiate a request for proposal when the contract expires if applicable.	Michele Slane or delegate will verify if Biobridge continues to qualify for sole source exemption. Based on outcome, Michele Slane or delegate will initiate an RFP if necessary.	May 30, 2023
We recommend continuing educating the patients that the remote patient monitoring services are provided by the physician owned BioBridge.	Yana will ensure the staff is educating the patients related to the fact that the remote patient monitoring services are provided by physician owned Biobridge.	May 30, 2023
We recommend MPG Business Office continue ensuring documentation, coding, and billing requirements are met before billing for technical component of the cardiac device evaluation services.	In process	Ongoing

We recommend that the billing amount not exceed the acquisition cost of the technical component.	Completed in August 2022 prior to audit.	N/A
We recommend reeducating the physicians, practice users, coders, and billers on the medical necessity and medical record documentation requirements for cardiac device evaluation services in accordance with Medicare guidelines.	Yvonne will coordinate with PM and provide refresher training to the providers and practice within sixty days	June 30, 2023
We recommend that MPG Business Office continues to verify medical necessity is appropriately documented prior to billing.	We are unable to verify every transaction prior to submission. Since the next recommendation is that the practice verify medical record documentation and medical necessity orders to support billing, the business office will implement a process to audit 10 claims “prebilling” every month to review medical necessity and documentation are in order. We will take necessary actions to include expansion (if necessary) of the audit based on our findings.	June 1, 2023
We recommend that the practice users continue to verify the medical record documentation, and medical necessity orders exist to support billing.	Yana will remind staff of required medical necessity order for diagnostic services.	May 1, 2023
We recommend that MPG Business Office correct and rebill or refund accounts as appropriate.	Completed	April, 2023

cc: K. Scott Wester, President and Chief Executive Officer, MHS

South Broward Hospital District d/b/a Memorial Healthcare System

Report to the Audit and Compliance Committee
of the Board of Commissioners
Fiscal Year Ended April 30, 2023

DATE

Audit and Compliance Committee of the Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Hollywood, Florida

Attention: Members of the Audit and Compliance Committee of the Board of Commissioners

We are pleased to present this report related to our audit of the financial statements of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the year ended April 30, 2023. This report summarizes certain matters required by professional standards to be communicated to you in your oversight responsibility for the System's financial reporting process.

This report is intended solely for the information and use of the Audit and Compliance Committee of the Board of Commissioners, the Board of Commissioners, and management of the System, and is not intended to be, and should not be, used by anyone other than these specified parties. It will be our pleasure to respond to any questions you have about this report. We appreciate the opportunity to be of service to the System.

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REQUIRED COMMUNICATIONS

Auditing standards generally accepted in the United States of America (AU-C 260, *The Auditor's Communication With Those Charged With Governance*) require the auditor to promote effective two-way communication between the auditor and those charged with governance. Consistent with this requirement, the following summarizes our responsibilities regarding the financial statement audit as well as observations arising from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Our Responsibilities With Regard to the Financial Statement Audit

Our responsibilities under auditing standards generally accepted in the United States of America and *Government Auditing Standards* issued by the Comptroller General of the United States, have been described to you in our arrangement letter dated November 15, 2021. Our audit of the financial statements does not relieve management or those charged with governance of their responsibilities, which are also described in that letter.

Overview of the Planned Scope and Timing of the Financial Statement Audit

We have issued a separate communication dated January 16, 2023, regarding the planned scope and timing of our audit and identified significant risks.

Accounting Policies and Practices

Preferability of Accounting Policies and Practices
Under accounting principles generally accepted in the United States of America, in certain circumstances, management may select among alternative accounting practices. In our view, in such circumstances, management has selected the preferable accounting practice.

Adoption of, or Change in, Accounting Policies
Management has the ultimate responsibility for the appropriateness of the accounting policies used by the System. The System adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases* during the current period which resulted in a restatement of the financial statements as of May 1, 2022. Our opinions are not modified with respect to this matter. The System did not adopt any other significant new accounting policies, nor have there been any changes in existing significant accounting policies during the current period.

Audit Adjustments and Uncorrected Misstatements

There were no audit adjustments made to the original trial balance presented to us to begin our audit.

Uncorrected misstatements are summarized in the attached list of Uncorrected Misstatements. Uncorrected misstatements or matters underlying these uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even if we have concluded that the uncorrected misstatements are immaterial to the financial statements under audit.

Departure From the Auditor's Standard Report

Reporting – Expected Emphasis-of-Matter Paragraph
As discussed in Note 1 to the financial statements, the System adopted GASB Statement No. 87, *Leases* as of May 1, 2022. As a result, certain lease-related balances were restated. Our opinions are not modified with respect to this matter. In light of this matter, we have included an emphasis of matter paragraph in the auditor's report.

Below is the paragraph that is included in the auditor's report:

Emphasis of Matter
As discussed in Note 1 to the financial statements, the System adopted Governmental Accounting Standards Board Statement No. 87, *Leases* as of May 1, 2022. As a result, certain lease-related balances were restated. Our opinions are not modified with respect to this matter.

Other Information Included in Annual Reports

Our responsibility for other information included in annual reports is to read the information and consider whether its content or the manner of its presentation is materially inconsistent with the financial information covered by our auditor's report, whether it contains a material misstatement of fact or whether the other information is otherwise misleading. We read the System's *Combining Statements* and did not identify material inconsistencies with the audited basic financial statements.

Observations About the Audit Process

Disagreements With Management
We encountered no disagreements with management over the application of significant accounting principles, the basis for management's judgments on any significant matters, the scope of the audit or significant disclosures to be included in the financial statements.

Consultations With Other Accountants
We are not aware of any consultations management had with other accountants about accounting or auditing matters, other than the use of other auditors to perform the annual Single Audit of the System in accordance with the Uniform Guidance.

Significant Issues Discussed With Management
We discussed the accounting and financial reporting for the Provider Reimbursement Review Board Decision in Florida Section 1115 DSH Waiver Days Groups vs. First Coast Service Options. Management recorded the revenue associated with Section 1115 Waiver Days based on the impact on Medicare Disproportionate Share Hospital (DSH) payments by hospital by fiscal year, net of reserves, determined by reviewing prior audits completed by the Medicare Administrative Contractor (MAC).

Significant Difficulties Encountered in Performing the Audit
We did not encounter any significant difficulties in dealing with management during the audit.

Difficult or Contentious Matters That Required Consultation
We did not encounter any significant and difficult or contentious matters that required consultation outside the engagement team.

Internal Audit Assistance
The internal audit department provided assistance to us in performing the System's audit, and we reperformed procedures completed by the internal audit department to validate the conclusions reached. Additionally, as required by auditing standards, we assessed the qualifications of the System's internal audit department.

Shared Responsibilities: AICPA Independence

The AICPA regularly emphasizes that auditor independence is a **joint responsibility** and is managed most effectively when management, audit committees, and audit firms work together in considering compliance with AICPA independence rules. For RSM to fulfill its professional responsibility to maintain and monitor independence, management, the audit committee and RSM each play an important role.

Our Responsibilities

- AICPA rules require independence both of mind and in appearance when providing audit and other attestation services. RSM is to ensure that the AICPA's General Requirements for performing non-attest services are adhered to and included in all letters of engagement.
- Maintain a system of quality control over compliance with independence rules and firm policies.

The System's Responsibilities

- Timely inform RSM, before the effective date of transactions or other business changes, of the following:
  - New affiliates, directors, officers or persons in financial reporting oversight roles.
  - New beneficial owners of the System's equity securities that have significant influence.
  - Change in System structure impacting affiliates such as add-on acquisitions or exits.
- Provide necessary affiliate information such as new or updated investment structure charts, as well as financial information required to perform materiality calculations needed for making affiliate determinations.
- Prior to engaging in business relationships with RSM, understand and conclude on whether such relationships with the System and its affiliates, officers, directors or persons in a decision-making capacity are permissible.
- Not entering into relationships resulting in RSM, RSM covered persons or their close family members, temporarily or permanently acting as an officer, director or person in an accounting or financial reporting oversight role at the System.

Significant Written Communications Between Management and Our Firm

Copies of significant written communications between our firm and management of the System are attached as Exhibit A. Included are the draft representation letters to be provided to us by management, as well as drafts of the following reports to be issued in connection with our audit as required by *Government Auditing Standards,* Chapter 10.550, Rules of the Auditor General of the State of Florida, and the System's debt agreements.

- Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*.

- Independent Auditor's Report on the Schedules of Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio.

- Independent Accountant's Examination Report on Compliance with *Section 218.415, Florida Statutes, Local Government Investment Policies* Required By Chapter 10.550, Rules of the Auditor General of the State of Florida.

- Management Letter Required By Chapter 10.550, Rules of the Auditor General of the State of Florida.

SIGNIFICANT ACCOUNTING ESTIMATES

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events, and certain assumptions about future events. You may wish to monitor throughout the year the process used to determine and record these accounting estimates. The following summarizes the significant accounting estimates reflected in the System's April 30, 2023, basic financial statements.

Significant Accounting Estimates	
Allowances for Doubtful Accounts and Contractual Discounts and Directed Payment Program (DPP) Revenues and Receivables	
Accounting policy	Accounts receivables are reduced to their estimated net collectible amounts. DPP revenues and receivables are estimated based on certain quality measures provided by this Medicaid supplemental financing initiative.
Management's estimation process	The System recognizes revenue in the period in which services are rendered. Net patient service revenue is measured at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. An allowance for contractual adjustments is established for unbilled and billed accounts for which contractual adjustments are not recorded at the time of billing or where the recorded contractual is not sufficient, based on the System's best estimate of net revenue dollars that will not be collected. Management also evaluates that all required disclosures are included in the financial statements. Management determines the allowance for doubtful accounts by utilizing the Revenue Cycle Analytics (RCA) software, which identifies potentially uncollectible accounts, by historical experience applied to an aging of accounts, and by considering the financial and credit history and current economic conditions. Management estimated DPP revenues and receivables based on certain quality measures provided by the program. Management also evaluates that all required disclosures are included within the financial statements related to this program.
Basis for our conclusion on the reasonableness of the estimate	We tested the propriety of information underlying management's estimates including the transfer of information from the patient billing system (EPIC) to RCA, the patient aging reports utilized by management to obtain the gross accounts receivable balances, the reperformance of the hindsight analysis to analyze the adequacy of the year-end allowances, and the credit balance allowance process. We then developed our own independent estimate of the net accounts receivable and compared our results to management's estimate. Based on the procedures performed, we concluded that management's estimates are reasonable.

Significant Accounting Estimates	
	We discussed the accounting and financial reporting for the DPP program. We also tested management's calculation of revenue and receivables recorded related to this program including testing the inputs used in the calculations and agreement to payment support, if available. We concluded that management's estimates related to the DPP program are reasonable.
Third-Party Payor Settlements and Waiver Days	
Accounting policy	Retroactively calculated and determined that contractual adjustments arising under reimbursement agreements with third-party payors are recognized on an estimated basis in the period the services are rendered and adjusted in future periods as final settlements are determined. The revenue related to Section 1115 Waiver Days is estimated using prior audits completed by the MAC.
Management's estimation process	Some third-party payors retrospectively determine final amounts reimbursable to the System for services rendered to their beneficiaries based on allowable costs. These payors reimburse the System on the basis of interim payment rates until the retrospective determination of allowable costs can be made. In most instances, the accumulation and allocation of allowable costs and other factors result in final settlements different from the interim payment rates. Management estimates the amount of receivables from, or payables to, third-party payors in the same period that the related services are rendered. Differences between the original estimates and subsequent revisions (including final settlements) are included in the period revisions are made. Management also evaluates that all required disclosures for third-party settlements are included in the financial statements. Revenue associated with Section 1115 Waiver Days is based on the impact on Medicare DSH payments by hospital by fiscal year, net of reserves, determined by reviewing prior audits completed by the MAC.
Basis for our conclusion on the reasonableness of the estimate	We tested the propriety of information underlying management's estimates. We utilized our third-party reimbursement specialist to assess management's third-party liability positions and supporting correspondence, reviewed the calculations and had discussions with management. We discussed the accounting and financial reporting for the Provider Reimbursement Review Board Decision in Florida Section 1115 DSH Waiver Days Groups vs. First Coast Service Options. We also tested management's calculation of revenue, including testing the inputs determined by reviewing prior audits completed by the MAC. Based on our procedures, we concluded that management's estimates are reasonable.

Significant Accounting Estimates	
Self-Insurance Liabilities (Professional Liability, Workers' Compensation, Health and Dental)	
Accounting policy	A liability for unpaid claims and estimated incurred but not reported claims, net of their related anticipated insurance recoveries, are estimated in the period that claims are incurred and adjusted in future periods as final settlements are determined.
Management's estimation process	The System is self-insured for a portion of the professional liability, workers' compensation, and health and dental claims. Accruals are based on estimated ultimate losses and costs associated with settling claims and the relationship of past reported claims to eventual claim payments. The accrual includes an estimate of the losses that will result from unreported claims, which are probable of having occurred before the end of the reporting period. Management's liability estimates are based on actuarial studies using both current and historical information.
Basis for our conclusion on the reasonableness of the estimate	We tested the propriety of information underlying management's estimates, including verification of information provided to the actuaries, confirmation with legal counsel, and testing of claim activity. Based on our procedures, we concluded that management's estimates are reasonable.
Accounting for Pension Plan Liabilities	
Accounting policy	Pension liabilities and related pension amounts are actuarially determined in accordance with the parameters established by the GASB. The difference between the total pension liability and plan fiduciary net position at the plan's measurement date and any associated deferred outflows/inflows as of the year ended are recognized in the financial statements.
Management's estimation process	Management, with input from its actuary, developed the actuarial assumptions based on relevant criteria. Management reviewed and approved the financial statement estimates derived from the pension plan's actuarial reports.
Basis for our conclusion on the reasonableness of the estimate	We audited the underlying data supporting the estimate and reviewed management's methodology, including evaluating the actuarial reports and assumptions used. We utilized our actuary specialist to assess management's processes and assumptions. Based on our procedures, we concluded that management's estimates are reasonable.
Valuation of Investments	
Accounting policy	Investments are reported at fair value.
Management's estimation process	Management recorded investments at fair value, based on information obtained from their year-end custodian investment statements.
Basis for our conclusion on the reasonableness of the estimate	We tested the valuation of a sample of investment securities and concluded that the System's methodology and assumptions utilized to estimate fair value are appropriate and the fair value of the investments recorded are reasonable.

Significant Accounting Estimates	
Leases	
Accounting policy	**Lessee** At the commencement of a lease, the System initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The leased asset is initially measured at the amount of the lease liability, and as applicable, less lease payments made on or before the lease commencement date, plus any initial direct costs ancillary to placing the underlying asset into service, less any lease incentives received at or before the lease commencement date. Subsequently, the leased asset is amortized on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. **Lessor** At the commencement of a lease, the System initially measures the lease receivable at the present value of payments expected to be received during the lease term, reduced by any provision for uncollectible amounts, if applicable. Any initial direct costs required to be paid by the System are expensed in the period incurred. Subsequently, payments received are allocated first to any accrued interest receivable and then to the lease receivable. The deferred inflow of lease revenue is initially measured as the initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date that relate to future periods, less any lease incentives paid to, or on behalf of, the lessee at or before the commencement of the lease term, if applicable. Subsequently, the deferred inflow of resources is recognized on a straight-line basis as revenue over the life of the lease term.
Management's estimation process	Management determines if any new leases meet the definition of a lease under GASB 87, *Leases*. If it meets the definition, the lease terms (commencement date, term period, payments, option periods, termination provisions and discount rate) are evaluated and used to record the transaction in accordance with GASB 87, *Leases*. If the lease does not contain an explicit rate, the appropriate incremental borrowing rate that matches the lease term will be used.
Basis for our conclusion on the reasonableness of the estimate	We performed substantive test of details around the implementation of GASB 87, *Leases*, including a detail review of the right-to-use lease assets, lease payables, lease receivables, lease revenue and the related deferred inflows. Additionally, we reviewed the reasonableness of the incremental borrowing rate applied to various leases and concluded that the resulting estimates are reasonable.

UNCORRECTED MISSTATEMENTS

We identified the following uncorrected misstatements that management has concluded are not, individually or in the aggregate, material to the financial statements. We agree with management's conclusion in that regard.

Business-type Activities	Effect—Debit (Credit)				
Description	Assets	Liabilities	Net Position	Revenue	Expense
Reclassification of credit balances within patient accounts receivable to a liability	$ 18,400,000	$ (18,400,000)	$ -	$ -	$ -
Total effect	-	-	-	$ -	$ -
Statement of net position effect	$ 18,400,000	$ (18,400,000)	$ -		

Aggregate Remaining Information	Effect—Debit (Credit)				
Description	Assets	Liabilities	Net Position	Revenue	Expense
To accrue investment management fees payable	$ -	$ (772,000)	$ -	$ -	$ 772,000
Total effect	-	-	772,000	$ -	$ 772,000
Statement of net position effect	$ -	$ (772,000)	$ 772,000		

EXHIBIT A

Significant Written Communications Between Management and Our Firm

South Broward Hospital District

d/b/a Memorial Healthcare System

Financial Report
April 30, 2023

Contents

Independent Auditor's Report

Management and the Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Fort Lauderdale, Florida

Report on the Audit of the Financial Statements

Opinions
We have audited the financial statements of the business-type activities and the aggregate remaining fund information of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the year ended April 30, 2023, and the related notes to the financial statements, which collectively comprise the System's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate remaining fund information of the System, as of April 30, 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions
We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Emphasis of Matter
As discussed in Note 1 to the financial statements, the System adopted Governmental Accounting Standards Board Statement No. 87, *Leases* as of May 1, 2022. As a result, certain lease-related balances were restated. Our opinions are not modified with respect to this matter.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for twelve months beyond the financial statements date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information
Accounting principles generally accepted in the United States of America require that the *management's discussion and analysis* and *pension related schedules* as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information
Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the System's basic financial statements. The combining statements are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining statements are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*
In accordance with *Government Auditing Standards*, we have also issued our report dated DATE on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance.

Fort Lauderdale, Florida
DATE

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

<u>Independent Auditor's Report</u>

Management and the Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Fort Lauderdale, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities, and the aggregate remaining fund information of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the year ended April 30, 2023, and the related notes to the financial statements, which collectively comprise the System's basic financial statements, and have issued our report thereon dated DATE. Our report included an emphasis of matter paragraph for the adoption of Governmental Accounting Standards Board Statement No. 87, *Leases*. The adoption of this statement resulted in the restatement of the financial statements as of May 1, 2022.

Report on Internal Control Over Financial Reporting
In planning and performing our audit of the financial statements, we considered the System's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters
As part of obtaining reasonable assurance about whether the System's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of This Report
The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Fort Lauderdale, Florida
DATE

Required Financial Statements

The South Broward Hospital District d/b/a Memorial Healthcare System (the System) is a special tax district created under the Laws of Florida and a 501(c)(3) not-for-profit entity. The System operates Memorial Regional Hospital and Joe DiMaggio Children's Hospital at Memorial Regional Hospital, both located in Hollywood, Florida; Memorial Regional Hospital South (a campus of Memorial Regional Hospital) located in Hollywood, Florida; Memorial Hospital Pembroke, located in Pembroke Pines, Florida; Memorial Hospital West, located in Pembroke Pines, Florida; and Memorial Hospital Miramar, located in Miramar, Florida. The System also operates the 24/7 Care Center and Memorial Manor Nursing Home, both located in Pembroke Pines, Florida. Other components of the System include Memorial Physician Group; Memorial Outpatient Pharmacy Services; Memorial Neuroscience Institute; Memorial Rehabilitation Institute; Memorial Outpatient Behavioral Health, U-18 Sports Medicine programs located in Miramar, Coral Springs, and Wellington, Florida; multiple primary care centers located throughout South Broward County; two Urgent Care Centers; the Memorial Cancer Institute, including a partnership with Moffitt Cancer Center; the Memorial Cardiac and Vascular Institute; a Graduate Medical Education program on the campus of Memorial Hospital West; Memorial Health Network; Broward Guardian; and Memorial Health Assurance. At April 30, 2023, the System operates a total of 2,044 licensed hospital beds and 120 licensed nursing home beds.

The Memorial Hospital Pembroke facility is leased from Hospital Realty, LLC through June 30, 2025.

The System utilizes two different funds to account for its activities: an enterprise fund, which combines the business-type activities of the operating fund of the System and a pension trust fund, which reports information about the plan fiduciary net position and changes in plan fiduciary net position of the Retirement Plan for Employees of the South Broward Hospital District (the Plan). The pension trust fund does not issue a stand-alone financial report; however, it is reported as a pension trust fund, and fiduciary component unit in the financial statements of the System herein.

The financial statements of the System report information about the System's business-type activities using accounting methods similar to those used by private sector companies. These statements offer short-term and long-term financial information about its activities. The statement of net position includes all of the System's assets, deferred outflows of resources, liabilities and deferred inflows of resources and provides information about the nature and amounts of investments in resources (assets) and the obligations to the System's creditors (liabilities). The assets and liabilities are presented in a classified format, which distinguishes between current and long-term assets and liabilities. This statement also provides the basis for computing rate of return, evaluating the capital structure of the System, and assessing the liquidity and financial flexibility of the System.

All of the current year's revenue and expenses are accounted for in the statement of revenues, expenses and changes in net position. This statement communicates the performance of the System's operations over the past year.

The final required statement is the statement of cash flows. The primary purpose of this statement is to provide information about the System's cash receipts and cash disbursements during the reporting period. This statement reports cash receipts, cash disbursements and net changes in cash and cash equivalents resulting from operating, non-capital financing, capital and related financing and investing activities.

Summary of Financial Information

The financial statements consist of four parts: (a) management's discussion and analysis; (b) the audited financial statements; (c) required supplementary information; and (d) supplementary information. The audited financial statements also include notes that explain in more detail some of the information in the financial statements. The financial statements are intended to describe the results of operations, the changes in net position, the sources and uses of cash and cash equivalents, and the capital structure of the System. The following selected financial data as of April 30, 2023 and 2022, and for the years then ended, for the System's business-type activities are derived from the audited financial statements of the System. The data should be read in conjunction with the financial statements, related notes and supplementary information contained therein.

Condensed Statements of Net Position

	2023	2022 (*)	Dollar Increase (Decrease)	Percentage Increase (Decrease)
		(In Thousands)		
Other non-capital assets	$ 3,200,033	$ 3,317,208	$ (117,175)	-3.5%
Capital assets, net	1,217,578	1,044,524	173,054	16.6%
Right-of-use lease assets, net	72,406	-	72,406	100.0%
Total assets	4,490,017	4,361,732	128,285	2.9%
Deferred outflows of resources	71,041	62,384	8,657	13.9%
Total current liabilities	558,216	563,072	(4,856)	-0.9%
Long-term debt	896,930	911,503	(14,573)	-1.6%
Lease payable, net of current portion	59,179	-	59,179	100.0%
Other noncurrent liabilities	163,663	91,755	71,908	78.4%
Total liabilities	1,677,988	1,566,330	111,658	7.1%
Deferred inflows of resources	18,876	108,303	(89,427)	-82.6%
Net investment in capital assets	283,120	184,980	98,140	53.1%
Restricted net position	29,444	28,713	731	2.5%
Unrestricted net position	2,551,630	2,535,790	15,840	0.6%
Total net position	$ 2,864,194	$ 2,749,483	$ 114,711	4.2%

(*) Fiscal year 2022 amounts do not reflect the adoption of GASB Statement No. 87, *Leases*.

Management's Discussion of Financial Performance

Statement of Revenues, Expenses and Changes in Net Position

	2023	2022 (*)	Dollar Increase (Decrease)	Percentage Increase (Decrease)
	(In Thousands)			
Operating revenue:				
Net patient service revenue	$2,682,483	$2,534,526	$ 147,957	5.8%
Disproportionate share distributions	67,539	55,463	12,076	21.8%
Other operating revenues	180,654	170,280	10,374	6.1%
Total operating revenue	2,930,676	2,760,269	170,407	6.2%
Operating expenses:				
Salaries and wages	1,434,958	1,316,055	118,903	9.0%
Employee benefits	177,684	152,013	25,671	16.9%
Professional fees	66,176	57,759	8,417	14.6%
Supplies	564,053	537,818	26,235	4.9%
Purchased services	303,357	305,359	(2,002)	-0.7%
Facilities	80,174	82,335	(2,161)	-2.6%
Depreciation and amortization	109,569	89,416	20,153	22.5%
Other	108,283	109,149	(866)	-0.8%
Total operating expenses	2,844,254	2,649,904	194,350	7.3%
Operating income	86,422	110,365	(23,943)	-21.7%
Nonoperating revenues (expenses), net	23,415	(126,572)	149,987	<-100%
Excess (deficit) of revenues over (under) expenses	109,837	(16,207)	126,044	<-100%
Capital contributions and grants	1,408	10,403	(8,995)	-86.5%
Special items: gain from transfer of operations	-	67,866	(67,866)	100.0%
Increase in net position	111,245	62,062	49,183	79.2%
Net position at the beginning of the year	2,749,483	2,687,421	62,062	2.3%
Net effect of GASB Statement No. 87, *Leases*	3,466	-	3,466	100.0%
Net position as restated, beginning of the year (Note 1)	2,752,949	2,687,421	65,528	2.4%
Net position at the end of the year	$2,864,194	$2,749,483	$ 114,711	4.2%

(*) Fiscal year 2022 amounts do not reflect the adoption of GASB Statement No. 87, *Leases*.

For fiscal year 2023, the System's total operating revenue increased by 6.2% and operating expenses increased by 7.3%, resulting in operating income decreasing by 21.7% from the prior year of $110.4 million to approximately $86.4 million. The System's excess of revenues over expenses increased from a loss of $16.2 million for the fiscal year ended April 30, 2022, to a gain of $109.8 million for the fiscal year ended April 30, 2023.

Net patient service revenue increased by 5.8% from $2.535 billion for the fiscal year ended April 30, 2022, to $2.682 billion for the fiscal year ended April 30, 2023, primarily due to increased patient volumes and more favorable payor mix. Total admissions increased by 8.4% from 108,299 for the fiscal year ended April 30, 2022, to 117,402 for the fiscal year ended April 30, 2023, with the acuity of patients, as measured by case-mix index, decreasing 2.5% from 1.62 to 1.58, and occupancy increasing 1.7% from 64.7% to 65.8%. Total surgical volume increased from 41,076 cases to 44,576 cases, or 8.5%; hospital outpatient visits increased from 605,590 to 614,106, or 1.4%; emergency visits increased from 416,295 to 461,649, or 10.9%; and patient days increased from 467,208 to 483,279, or 3.4% for these periods.

On November 13, 2020, the U.S. Court of Appeals for the D.C. Circuit issued its opinion in favor of the plaintiff hospitals, concluding that patient days paid for with Florida Medicaid Waiver funds from the Low Income Pool (LIP) must be regarded as Medicaid patient days for purposes of computing Medicare Disproportionate Share (DSH) payments. This matter affected the System's cost reports for fiscal years 2007 through 2023. CMS declined to appeal the U.S. Court of Appeals decision, and during fiscal year 2023, CMS entered into settlement discussions with the affected hospitals, resulting in the issuance of formal payment instructions. As a result, the System recognized $65.4 million of additional net patient service revenue during the year ended April 30, 2023, related to this matter.

Other operating revenue increased as the System recognized $170.3 million and $180.7 million for the years ended April 30, 2022 and 2023, respectively. The increase is primarily attributable to an increase in retail pharmacy revenue, driven by volumes, and additional grant funding. Total revenue recognized by the System from disproportionate share distributions, which includes both DSH and LIP funding, was $55.4 million and $67.5 million for the years ended April 30, 2022 and 2023, respectively. The increase was due to an increase in LIP due to a change in the source documentation allowed for charity amounts, offset by a decrease in DSH due to an expected offset of new Medicaid payments received under the Hospital Directed Payment Program. Refer to Note 3 for further information.

On May 1, 2022, the System implemented GASB Statement No. 87, *Leases* (GASB Statement No. 87). As a result, fiscal year 2022 amounts do not reflect the adoption of GASB Statement No. 87. During the year ended April 30, 2023, the impact of this Statement related to lessee leases resulted in an increase of $0.2 million in operating expenses and $2.5 million of interest expense included within nonoperating revenues, net. The increase in operating expenses included an increase of $17.1 million in depreciation and amortization offset by decreases of $13.3 million in facilities expense, $3.4 million in other operating expenses, and $0.2 million in supplies expense. Refer to Note 14 for further information on adoption of GASB Statement No. 87.

Total operating expenses increased from $2.650 billion for the fiscal year ended April 30, 2022, to $2.844 billion for the fiscal year ended April 30, 2023, or 7.3%, primarily as a result of the System's increase in salaries and wages, employee benefits and supplies expense due to higher volumes and as a consequence of the ongoing higher inflation in the economy with rising costs due to staffing and supply chain shortages. The increase in salaries and wages is primarily attributable to additional staffing needed due to higher patient volumes and a higher average hourly rate compared to prior year, mainly due to higher incentive payouts, retention initiatives and additional overtime pay due to the current state of the labor market, which has resulted in the loss of clinical staff. The increase in employee benefits is primarily attributable to an increase in payroll taxes as a result of higher salaries and wages and an increase in pension expense mainly driven by lower pension asset returns. The increase in professional fees is mainly due to higher utilization of consulting and contracted physician services. The increase in supplies expense is directly correlated to the increase in volumes as well as an increase in supply costs due to inflationary pressure. The decrease in purchased services is primarily due to labor cost reduction for nurse travelers driving higher internal labor utilization offset by higher purchased outside services driven by higher rates and increased activity across the System. Facilities expenses decreased when compared to the prior year due to the implementation of GASB Statement No. 87, offset by an increase in repair and maintenance expenses related to new projects and initiatives across the System. Depreciation and amortization increased due to the implementation of GASB Statement No. 87 and an increase in capital assets in fiscal year 2023, largely due to the construction projects as listed further below. Other operating expenses decreased primarily due the implementation of GASB Statement No. 87 and the return of equipment no longer needed after the COVID-19 pandemic surges, offset by an increase in Public Medical Assistance Trust fund assessments due to an increase in net patient service revenue.

Nonoperating revenues, net, increased from a loss of $126.6 million for the fiscal year ended April 30, 2022, to income of $23.4 million for the fiscal year ended April 30, 2023, or by $150.0 million. The increase is primarily attributable to the increase in net investment returns due to a significant change in the interest rate environment to counter inflationary pressures, resulting in unrealized gains of $6.5 million in fiscal year ended April 30, 2023, compared to unrealized losses of $154.5 million in fiscal year ended April 30, 2022, an increase of $160.9 million.

Capital contributions and grants decreased from $10.4 million for the fiscal year ended April 30, 2022, to $1.4 million for the fiscal year ended April 30, 2023, primarily due to a significant contribution in the prior year from the Joe DiMaggio Children's Hospital Foundation for the Hospital's four-floor expansion. Current fiscal year contributions were primarily used for the acquisition of medical equipment.

In fiscal year 2023, the System's Board of Commissioners adopted a millage rate of 0.1010, which is less than the prior year millage rate of 0.1144. In fiscal years 2023 and 2022, the System used the gross tax proceeds solely to offset the cost of the county's Medicaid match, community redevelopment assessment and tax collector fees. No tax dollars were used for the operations of the System's facilities.

Income available for debt service was $275.1 million and $260.3 million for the fiscal years ended April 30, 2022 and 2023, respectively. The long-term debt service coverage ratio was 5.39 and 4.22 for the fiscal years ended April 30, 2022 and 2023, respectively, as defined by the System's Master Trust Indenture. The long-term debt service coverage ratio for the fiscal year ended April 30, 2022, does not reflect the adoption of GASB Statement No. 87.

The investment policy of the System is consistent with Section 218.415 of the Florida Statutes, which is designed to ensure the prudent management of financial assets. Cash, cash equivalents and investments, excluding assets whose use is limited and restricted assets, decreased from $2.551 billion at April 30, 2022, to $2.454 billion at April 30, 2023. Cash, cash equivalents, and investments, including assets whose use is limited and restricted assets, decreased from $2.744 billion at April 30, 2022, to $2.563 billion at April 30, 2023, primarily as a result of $242.5 million cash used in capital and related financing activities, $25.3 million cash used in noncapital financing activities, offset by $116.8 million increase in net operating cash flow. Net patient accounts receivable increased from $320.4 million at April 30, 2022, to $340.2 million at April 30, 2023, in line with the increase in the net patient service revenue, as volumes have continued to improve and contractual pricing increase. Additions to capital assets, excluding right-of-use lease assets, increased from $197.9 million in fiscal year 2022, to $269.9 million in fiscal year 2023, largely due to the construction of the new, freestanding Memorial Cancer Institute facility located on the campus of Memorial Hospital West and the four-floor expansion of Joe DiMaggio Children's Hospital, the purchase of two parcels of land and future development site at the corner of Hollywood Boulevard and State Road 7, and the replacement of the System's Enterprise Resource Planning System. The estimated cost to complete all construction projects in process at April 30, 2023, is $143.2 million. Total debt, excluding lease payables, decreased from $923.4 million at April 30, 2022 to $909.3 million at April 30, 2023, primarily attributable to scheduled maturities of long-term debt. Refer to Note 4, Note 6, Note 8 and Note 14 for further discussion of other funding, capital asset and long-term debt activity, respectively.

Taxes and Uncompensated Care

The Board of Commissioners of the System is authorized to levy a tax annually upon real and personal taxable property located within the boundaries of the System at a millage rate not to exceed 2.5 mills. The taxes collected pursuant to this levy can be used for the purposes and needs of the System, such as operations, debt service, and construction. Such ad valorem taxes cannot be pledged directly or indirectly to pay revenue bonds; however, there is no prohibition on the use of such taxes once collected. Beginning in fiscal year 2015, the System primarily used the gross tax proceeds to pay the county's Medicaid match, community redevelopment assessments and the tax collectors' fee.

The financial strength of the System minimizes the tax burden in south Broward County. In fiscal years 2022 and 2023, net tax revenues accounted for less than 1% of total net revenues. In September 2022, the System's Board of Commissioners voted to reduce the tax millage rate from 0.1144 mills to 0.1010 mills.

The System's financial strength enables the System to absorb the financial burden of providing an increasing level of uncompensated care and also enables the System to develop and support state-of-the-art facilities.

Source of Patient Charges

A substantial amount of the gross charges of the System are provided to patients insured by third-party payors. The table below lists the approximate percentages of gross charges by payor.

	2023	2022
Medicare	13.4%	14.1%
Medicaid	3.6%	4.1%
Managed care	74.5%	72.6%
Other	8.5%	9.2%
Total	100.0%	100.0%

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Net Position – System
April 30, 2023
(In Thousands)

Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	$	162,554
Investments		2,291,185
Patient accounts receivable, net of estimated uncollectibles of $567,355		340,202
Inventories		55,859
Other current assets		198,843
Restricted assets:		
Investments under indenture agreements for debt service		28,469
Investments under self-insurance agreements		13,589
Total current assets		3,090,701
Noncurrent assets:		
Designated investments for employee disability		19,597
Capital assets, net		1,217,578
Right-of-use lease assets, net		72,406
Other assets		42,515
Restricted assets, net of current portion:		
Investments under self-insurance agreements		47,220
Total assets	$	4,490,017
Deferred outflows of resources:		
Pension related items	$	55,015
Loss on defeasance		16,026
Total deferred outflows of resources	$	71,041

(Continued)

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Net Position – System (Continued)
April 30, 2023
(In Thousands)

Liabilities, Deferred Inflows of Resources and Net Position		
Current liabilities:		
Accounts payable and accrued expenses	$	171,221
Accrued compensation and payroll taxes		181,391
Estimated third-party payor settlements		105,506
Current installments of long-term debt		12,390
Current portion of estimated claims liability		16,573
Current portion of lease payable		15,528
Other current liabilities		55,607
Total current liabilities		558,216
Noncurrent liabilities:		
Long-term portion of estimated claims liability		28,486
Net pension liability		79,705
Other noncurrent liabilities		55,472
Lease payable		59,179
Long-term debt		896,930
Total liabilities	$	1,677,988
Deferred inflows of resources:		
Pension related items	$	5,612
Lease related items		13,264
Total deferred inflows of resources	$	18,876
Net position:		
Net investment in capital assets	$	283,120
Restricted		29,444
Unrestricted		2,551,630
Total net position	$	2,864,194

See notes to financial statements.

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Revenues, Expenses and Changes in Net Position – System
Year Ended April 30, 2023
(In Thousands)

Operating revenue:	
Net patient service revenue	$ 2,682,483
Disproportionate share distributions	67,539
Other operating revenues	180,654
Total operating revenue	2,930,676
Operating expenses:	
Salaries and wages	1,434,958
Employee benefits	177,684
Professional fees	66,176
Supplies	564,053
Purchased services	303,357
Facilities	80,174
Depreciation and amortization	109,569
Other	108,283
Total operating expenses	2,844,254
Operating income	86,422
Nonoperating revenues, net	23,415
Excess of revenues over expenses	109,837
Capital contributions and grants	1,408
Increase in net position	111,245
Net position at the beginning of the year	2,749,483
Net impact of GASB Statement No. 87, *Leases*	3,466
Net position as restated, beginning of the year (Note 1)	2,752,949
Net position at the end of the year	$ 2,864,194

See notes to financial statements.

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Cash Flows – System
Year Ended April 30, 2023
(In Thousands)

Cash flows from operating activities:	
Receipts from third-party payors and patients	$ 2,655,143
Payments to vendors	(1,130,348)
Other receipts	246,876
Payments to employees	(1,624,325)
Claims and self-insurance payments	(30,495)
Net cash provided by operating activities	116,851
Cash flows from noncapital financing activities:	
Recoupments of Medicare Accelerated and Advance Payments	(33,302)
COVID-19 relief funds	529
Ad valorem tax receipts	7,433
Net cash used in noncapital financing activities	(25,340)
Cash flows from capital and related financing activities:	
Acquisition and construction of capital assets	(268,736)
Capital contribution and grant receipts	1,408
Principal payments on long-term debt	(11,860)
Principal payments under lease payables	(17,260)
Interest payments on long-term debt	(30,970)
Change in investments restricted under debt services	(614)
Change in investments restricted under indenture agreements	85,474
Net cash used in capital and related financing activities	(242,558)
Cash flows from investing activities:	
Proceeds from sales, maturities or repayment of investments	1,145,892
Purchases of investments	(1,142,100)
Investment income received	70,636
Net cash provided by investing activities	74,428
Net change in cash and cash equivalents	(76,619)
Cash and cash equivalents:	
Beginning of year	239,173
End of year	$ 162,554

(Continued)

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Cash Flows – System (Continued)
Year Ended April 30, 2023
(In Thousands)

Reconciliation of operating income to net cash provided by operating activities:		
Operating income	$	86,422
Adjustments to reconcile operating income to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization		109,569
Provision for doubtful accounts		188,092
Loss on disposal of assets		1,188
Changes in operating assets, deferred outflows of resources, liabilities and deferred inflows of resources:		
Patient accounts receivable		(207,937)
Other current assets and inventories		(28,650)
Other assets		1,799
Lease receivable and related deferred inflows of resources		223
Accounts payable and accrued expenses		13,300
Accrued compensation and payroll taxes		(36,247)
Estimated third-party payor settlements		18,085
Other current liabilities		11,313
Other noncurrent liabilities		195
Net pension liability and related deferred outflows and inflows of resources		(36,420)
Estimated claims liability		(4,081)
Net cash provided by operating activities	$	116,851

Supplemental noncash investing, capital and financing activities:		
Noncash investment and other nonoperating income	$	11,459
Nonoperating depreciation expense		2,088
Unrealized gains on investments		6,478
Noncash interest expense		1,584
Increase in noncash capital assets		852
Right-of-use lease asset additions		2,974

See notes to financial statements.

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Fiduciary Net Position – Pension Trust Fund
Year Ended April 30, 2023
(In Thousands)

Assets and Net Position		
Investments:		
SEC-registered money market funds	$	10,860
U.S. government and agency obligations		149,785
Asset-backed securities		5,151
Corporate debt		105,105
Commercial mortgage securities		7,386
Floating rate mutual funds		47,514
U.S. equities		121,007
U.S. equity exchange traded funds		135,956
International equities		83,673
Global mutual funds		218,091
Foreign bonds		1,949
Total investments		886,477
Due from broker for investment sold		2,644
Total assets	$	889,121
Restricted for pension benefits	$	889,121
Total net position	$	889,121

See notes to financial statements.

South Broward Hospital District
d/b/a Memorial Healthcare System

Statement of Changes in Fiduciary Net Position – Pension Trust Fund
Year Ended April 30, 2023
(In Thousands)

Additions:		
Investment income:		
Net appreciation in fair value of investments	$	14,673
Interest and dividends		20,328
Less investment expense		(2,452)
Net investment income		32,549
Employer pension contributions		39,894
Total additions		72,443
Deductions:		
Benefit payments		39,210
Administrative expenses		105
Total deductions		39,315
Increase in net position		33,128
Net position at the beginning of year		855,993
Net position at the end of year	$	889,121

See notes to financial statements.

Note 1. Nature of Organization and Summary of Significant Accounting Policies

Nature of Organization: The South Broward Hospital District d/b/a Memorial Healthcare System (the System) is a special tax district created under the Laws of Florida and a 501(c)(3) not-for-profit entity. The System operates Memorial Regional Hospital and Joe DiMaggio Children's Hospital at Memorial Regional Hospital, both located in Hollywood, Florida; Memorial Regional Hospital South (a campus of Memorial Regional Hospital) located in Hollywood, Florida; Memorial Hospital Pembroke, located in Pembroke Pines, Florida; Memorial Hospital West, located in Pembroke Pines, Florida; and Memorial Hospital Miramar, located in Miramar, Florida. The System also operates the 24/7 Care Center and Memorial Manor Nursing Home, both located in Pembroke Pines, Florida. Other components of the System include Memorial Physician Group; Memorial Outpatient Pharmacy Services; Memorial Neuroscience Institute; Memorial Rehabilitation Institute; Memorial Outpatient Behavioral Health; U-18 Sports Medicine programs located in Miramar, Coral Springs, and Wellington, Florida; multiple primary care centers located throughout South Broward County; two Urgent Care Centers; the Memorial Cancer Institute, including a partnership with Moffitt Cancer Center; the Memorial Cardiac and Vascular Institute; a Graduate Medical Education program on the campus of Memorial Hospital West; Memorial Health Network; Broward Guardian; and Memorial Health Assurance. At April 30, 2023, the System operates a total of 2,044 licensed hospital beds and 120 licensed nursing home beds.

As required by accounting principles generally accepted in the United States of America (GAAP), these financial statements present the primary unit of government, the System, and its component units. All significant intercompany accounts and balances have been eliminated in the financial statements.

Component units: Memorial Health Network, Inc. (MHN) is a not-for-profit taxable corporation wholly-owned by the System. MHN operates as a clinically-integrated physician hospital organization with an 18-member board comprised of nine independent physicians and nine employed System executives and physicians. MHN was conceived to foster collaboration between the System's employed physicians, community physicians, and hospitals in order to improve quality, reduce cost, eliminate waste and enhance patient and physician satisfaction. The System shares savings with MHN members based on the achievement of certain quality and financial goals.

Broward Guardian, LLC (Broward Guardian) is a Florida limited liability company wholly-owned by the System. It currently has a contract with the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare Shared Savings Program – Enhanced track. Broward Guardian is a collaboration between the System and community primary care providers, in an effort to work together to develop a higher quality and more efficient health care delivery model. Through this collaboration, Broward Guardian collaborates with doctors, hospitals and other health care providers towards achieving the three goals of health care reform: expanding access, improving quality and controlling cost.

Memorial Insurance Company, LLC d/b/a Memorial Health Assurance (Memorial Health Assurance) is a Montana limited liability company and a special purpose insurance captive, wholly-owned by the System. The System formed Memorial Health Assurance, as part of its value-based care initiatives, to provide a self-funded direct-to-employer health care solution for businesses located in its primary service area with 51 to 2,000 employees.

In accordance with Governmental Accounting Standards Board (GASB) Statement No. 80, *Blending Requirements for Certain Component Units—an amendment of GASB Statement No. 14*, MHN, Broward Guardian, and Memorial Health Assurance are blended within the financial results of the System because of the significance of the component units' operational and financial relationships with the System. Additionally, the System also reports a defined benefit pension plan as a fiduciary component unit. Further information on the plan is included in Note 9 of the financial statements.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

A summary of the System's significant accounting policies follows:

Basis of presentation: The financial statements are prepared in accordance with the requirements of the Governmental Accounting Standards. The System utilizes the accrual basis of accounting, whereby revenues are recognized as they are earned, and expenses are recognized when the related obligation is incurred.

The accounts of the System are organized on the basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for with a separate set of self-balancing accounts that comprise its assets, deferred outflows, liabilities, deferred inflows, net position, revenue and expenses, as appropriate. Significant intercompany accounts and transactions have been eliminated in the combination of these funds for financial reporting purposes herein.

The System is accounted for in an enterprise fund that consists of unrestricted net position, restricted net position and net investment in capital assets. The enterprise fund is used to account for the System's ongoing business-type activities.

The pension trust fund is a fiduciary component unit which accounts for the assets held in trust for the benefit of the employees of the System who participate in the Retirement Plan for Employees of the South Broward Hospital District (the Plan). The Plan's custodians hold the Plan's assets in custody accounts on behalf of the trust.

Cash and cash equivalents: Cash includes cash on hand, amounts in demand deposits and cash equivalents. The System considers all highly liquid investments with a maturity of three months or less when purchased, except those classified as restricted assets, U.S. equities, equity mutual funds and group annuity contracts to be cash equivalents.

Fair value of investments: The System categorizes its investment within the fair value hierarchy established by GASB 72, *Fair Value Measurement and Application* (GASB Statement No. 72). The hierarchy is based on the inputs used in valuation and gives the highest priority to unadjusted quoted prices in active markets and requires that observable inputs be used in the valuation when available. The disclosure of fair value estimates in the hierarchy is based on whether the significant inputs into the valuations are observable as listed below:

Level 1: Valuations based on unadjusted quoted prices for identical instruments in active markets that the System has the ability to access.

Level 2: Valuations based on quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments that are not active; and model-driven valuations in which all significant inputs are observable.

Level 3: Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

In instances where inputs used to measure fair value fall into different levels, fair value measurement is categorized based on the lowest level input that is significant to the valuation. The System's assessment of the significance of particular inputs to these measurements requires judgment and considers factors specific to each investment. The calculation of realized gains and losses is independent of the calculation of the net increase in the fair value of investments. Realized gains and losses on investments that had been held in more than one fiscal year and sold in the current year may have been recognized as an increase or decrease in the fair value of investments reported in the prior year.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Net patient accounts receivables: Net patient accounts receivables are reported at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. The provision for bad debts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in health care coverage and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based on these trends. The results of this review are then used to make any modifications to the provision for bad debts and to establish an appropriate estimated allowance for uncollectible accounts. Specific patient accounts identified as uncollectible are written off to the allowance for uncollectible accounts.

Inventories: Inventories, consisting primarily of medical, surgical and other supplies, are stated at the lower of cost (principally determined by the first-in, first-out method) or market.

Restricted assets: Restricted assets include resources restricted to a specific period or purpose. This includes balances held in investments under indenture agreements for principal and interest amounts due for debt service, balances held in investments to fund workers' compensation, professional liability and health and dental self-insurance, balances held in investments as the repayment mechanism for Broward Guardian to participate in the Medicare Shared Savings Program (MSSP), and funds held as collateral for reinsurance obligations of Memorial Health Assurance.

Capital assets, net: Capital assets, including improvements to existing facilities, are recorded at cost, except for donated items, which are recorded at acquisition value at the date of the contribution. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets. Estimated useful lives for buildings and improvements range from 7 to 40 years and for equipment range from 3 to 10 years. Routine maintenance and repairs that do not extend the life of the assets are charged to expense as incurred, and major renovations or improvements are capitalized. The System capitalizes assets with an initial cost of $5,000 or greater, with a life expectancy greater than a year.

Right-of-use assets: Right-of-use assets, represent the System's right to use an underlying asset for the lease term. The System records a right-to-use asset based upon present value of lease payments over the lease term. Leasehold improvements are amortized on a straight-line basis over the shorter of the term of the respective lease or the life of the related asset.

Other assets: Other assets consist primarily of the following:

South Florida Community Care Network d/b/a Community Care Plan (SFCCN)

The System is an equal partner of SFCCN, a managed care network governed by an agreement between two governmental entities: the System and the North Broward Hospital District which are SFCCN members. SFCCN administers various programs and is designated by the State of Florida as the Provider Sponsored Network (PSN) operating under Florida's Medicaid Reform program. The PSN is a network of hospitals, physicians and other ancillary care providers developed to provide integrated, managed care services to a population of Medicaid covered enrollees in Broward County.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

The System accounts for its investment in SFCCN under the equity method and it measures the value of its investment in SFCCN based on the net asset value of its membership interest. The System evaluates the value of its investment by considering available evidence, including general market conditions and the investee's financial condition. This investment may not be transferred unless all existing SFCCN members agree in writing in advance. The System recognized approximately $1,842,000 in income from this equity method investment for the year ended April 30, 2023, which is included in the nonoperating revenues, net in the accompanying statement of revenues, expenses and changes in net position. As of April 30, 2023, the System's investment in SFCCN was approximately $26,634,000, and is included in other assets in the accompanying statement of net position.

Leases: On May 1, 2022, the System implemented GASB Statement No. 87, *Leases* (GASB Statement No. 87), which requires leases with durations greater than 12 months to be recognized on the statement of net position at the present value of fixed lease payments to be received during the lease term. Refer to Note 14 for further information.

Lessee

The System is obligated under various noncancellable operating leases for office space, medical equipment, and data processing equipment. The System recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the financial statements. The System recognizes lease liabilities with an initial, individual value of $124,300 or more.

At the commencement of a lease, the System initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

Key estimates and judgments related to leases include how the System determines: (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

(1) The System uses the incremental borrowing rate as the discount rate for leases, as most of the leases do not provide a readily determinable implicit interest rate.

(2) The lease term includes the noncancellable period of the lease.

(3) Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the System is reasonably certain to exercise.

The System monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lessor

The System is a lessor for a noncancellable leases of medical and retail office space in its managed facilities. The System recognizes a lease receivable and a deferred inflow of resources in the financial statements.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

At the commencement of a lease, the System initially measures the lease receivable at the present value of payments expected to be received during the lease term. Subsequently, the lease receivable is reduced by the principal portion of lease payments received. The deferred inflow of resources is initially measured as the initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date. Subsequently, the deferred inflow of resources is recognized as revenue over the life of the lease term. Key estimates and judgments include how the System determines: (1) the discount rate it uses to discount the expected lease receipts to present value, (2) lease term, and (3) lease receipts.

(1) The System uses its estimated incremental borrowing rate as the discount rate for leases.

(2) The lease term includes the noncancellable period of the lease.

(3) Lease receipts included in the measurement of the lease receivable is composed of fixed payments from the lessee.

The System monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease receivable and deferred inflows of resources if certain changes occur that are expected to significantly affect the amount of the lease receivable.

Deferred outflows and inflows of resources: A deferred outflow of resources represents the consumption of net assets by the System that is applicable to a future reporting period. A deferred inflow of resources represents an acquisition of net assets by the System that is applicable to a future reporting period. Amounts reported in deferred outflows and inflows of resources are amortized over time. Certain pension related activities are included in deferred outflows and inflows of resources, which are amortized in employee benefits expense in the accompanying statement of revenues, expenses and changes in net position. Losses on refunding of debt in prior years are included in deferred outflows of resources, which are amortized in nonoperating revenues, net in the accompanying statement of revenues, expenses and changes in net position. The initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date, is included in deferred inflows of resources, which are amortized in other operating expenses in the accompanying statement of revenues, expenses and changes in net position.

Compensated absences: Personal leave time, which includes holiday, sick and vacation time, that is accrued but not used at April 30, 2023, is included in accrued compensation and payroll taxes and other noncurrent liabilities in the accompanying statement of net position. The gross increases and decreases for compensated absences are disclosed as a net change.

Pensions: The System applies GASB Statement No. 67, *Financial Reporting for Pension Plans* (GASB Statement No. 67), GASB Statement No. 68, *Accounting and Financial Reporting for Pensions—an amendment of GASB Statement No. 27* (GASB Statement No. 68), GASB Statement No. 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date—an amendment of GASB Statement No. 68* (GASB Statement No. 71), GASB Statement No. 73, *Accounting and Financial Reporting for Pensions and Related Assets That Are Not Within the Scope of GASB Statement No. 68, and Amendments to Certain Provisions of GASB Statements 67 and 68* (GASB Statement No. 73), and GASB Statement No. 82*, Pension Issues—an amendment of GASB Statements No. 67, No. 68 and No. 73* (GASB Statement No. 82), for the measurement, recognition, and disclosure of pension expenses, liabilities, assets and deferred inflows and outflows. The Plan's fiduciary net position has been determined on the same basis as it is reported by the Plan, for purposes of measuring the net pension liability,

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

deferred outflows of resources, deferred inflows of resources, and pension expense related to the Plan. The Plan's financial statements are prepared using the accrual basis of accounting, whereby employer contributions to the Plan are recognized when due and the employer has made a formal commitment to provide the contributions. Benefits and refunds are recognized when due and payable in accordance with the terms of the Plan's policy.

Costs of borrowing: Premiums and discounts associated with long-term debt are amortized using the straight-line method over the life of the debt since the result is not significantly different from the effective interest method of amortization. Debt issuance costs, excluding prepaid bond insurance, are expensed in the year of issuance.

Income taxes: The System is exempt from income taxes as it is a political subdivision of the State of Florida (the State). It also has dual status as a tax-exempt entity under Internal Revenue Code Section 501(a) as an entity described in Section 501(c)(3).

Net position: Net position is reported in three categories: net investment in capital assets, restricted and unrestricted. Net investment in capital assets consists of capital assets and right-of-use assets, net of accumulated depreciation and amortization and reduced by the outstanding balances of any debt issued that is attributable to the acquisition, construction or improvement of those capital assets, and any outstanding lease liability balances. If there are unspent related debt proceeds at year-end, including investments restricted under indenture agreements for project funds, the portion of the debt attributable to the unspent proceeds are not included in the calculation of net investment in capital assets.

The restricted component of net position consists of restricted assets; assets that have constraints placed on them externally by creditors, grantors, contributors, laws or regulations of other governments or laws through constitutional provisions or enabling legislation, reduced by liabilities or deferred inflows related to those restricted assets.

The unrestricted component of net position consists of the net amount of assets and deferred outflows of resources and liabilities and deferred inflows of resources that do not meet the definitions of the other two components of net position.

Accounting estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the accounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Statement of revenues, expenses and changes in net position: For purposes of presentation, transactions determined to be ongoing, major or central to the provision of health care services are reported as operating revenue and expenses. Non-exchange transactions and peripheral, incidental or transactions not considered to be central to the provision of health care services are reported as nonoperating revenues and expenses and include investment income, interest expense, ad valorem tax revenue and certain grants, including relief funds related to the coronavirus (COVID-19). Revenue recognition for grants and other non-exchange transactions occur when all eligibility requirements are met (including time requirements) or when qualifying expenditures and contingencies are met, as applicable. For the year ended April 30, 2023, the System primarily used the gross tax proceeds to pay the county's Medicaid match, community redevelopment assessments and the tax collectors' fee and is reported net in nonoperating revenues and expenses in the accompanying statement of revenues, expenses and changes in net position. Grants and other contributions received for the purpose of acquiring or constructing capital assets are reported as capital contributions and grants, below nonoperating revenues, net in the accompanying statement of revenues, expenses and changes in net position.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Net patient service revenue: Net patient service revenue is reported as net realizable amounts due from patients, third-party payors, and others for services rendered. Settlements with certain third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity care: The System provides care, without charge, to patients who meet certain financial criteria based upon the Federal Income Poverty Guidelines. The System does not pursue collection of amounts due from patients who meet the System's criteria for charity care; therefore, such amounts are not reported as revenue.

Disproportionate share distributions: The Florida Agency for Health Care Administration (AHCA) distributes Low Income Pool (LIP) and Disproportionate Share Hospital (DSH) payments to the System based in part on the System's indigent care service level. The System's policy is to recognize these distributions as revenue when amounts are due, and collection is reasonably assured. The receipt of any additional distributions is contingent upon the continued support by the State Legislature and the Federal Government.

New accounting pronouncements: In June 2017, GASB issued Statement No. 87, *Leases*, which provides guidance for lease contracts for nonfinancial assets – including vehicles, heavy equipment and buildings – but excludes nonexchange transactions, including donated assets, and leases of intangible assets (such as patents and software licenses). The lease definition now focuses on a contract that conveys control of the right to use another entity's non-financial asset, which is referred to in the new Statement as the underlying asset. Under GASB Statement No. 87, a lessee government is required to recognize: (1) a lease liability; and (2) an intangible asset representing the lessee's right to use the leased asset. A lessor government is required to recognize: (1) a lease receivable; and (2) a deferred inflow of resources. A lessor will continue to report the leased asset in its financial statements. The requirements of this Statement are effective for reporting periods beginning after June 15, 2021. Leases should be recognized and measured using the facts and circumstances that exist at the beginning of the period of implementation, which for the System was May 1, 2022. The effect of adopting GASB Statement No. 87, *Leases* as of May 1, 2022 resulted in the restatement of certain balances as follows (in thousands):

	Balances at April 30, 2022, as previously reported	Change to implement GASB Statement No. 87	Balances at May 1, 2022, as restated
Other current assets	$ 175,415	$ 3,940	$ 179,355
Capital assets, net	1,044,524	(962)	1,043,562
Right-of-use lease assets, net	-	86,523	86,523
Other assets	33,763	9,681	43,444
Other current liabilites	44,655	14,292	58,947
Other noncurrent liabilities	57,703	(4,255)	53,448
Lease payable	-	71,869	71,869
Deferred inflows of resources	108,303	13,810	122,113
Net position	2,749,483	3,466	2,752,949

Refer to Note 14 for further information on adoption of GASB Statement No. 87, *Leases*.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

In May 2019, the GASB issued Statement No. 91, *Conduit Debt Obligations* (GASB Statement No. 91), to provide a single method of reporting conduit debt obligations by issuers and eliminate diversity in practice associated with: (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. The requirements of this Statement are effective for reporting periods beginning after December 15, 2021, with earlier application encouraged. The System has implemented this guidance, which had no material impact on the financial statements.

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements* (GASB Statement No. 96), to provide guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users. This Statement: (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. The requirements of this Statement are effective for fiscal years beginning after June 15, 2022, with earlier application encouraged. Assets and liabilities resulting from SBITAs should be recognized and measured using the facts and circumstances that existed at the beginning of the fiscal year in which this Statement is implemented. The System has not elected to implement this Statement early and is still evaluating the potential impacts.

In June 2020, the GASB issued Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans – an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32* (GASB Statement No. 97). The objectives of this Statement were to clarify rules related to reporting of fiduciary activities under GASB Statements No. 14 and No. 84, to mitigate financial reporting costs for defined contribution plans, and to enhance the relevance, consistency, and comparability of the accounting and financial reporting of Internal Revenue Code Section 457 plans that meet the definition of a pension plan. The requirements of GASB Statement No. 97 that are related to the accounting and financial reporting for Section 457 plans are effective for fiscal years beginning after June 15, 2021. For purposes of determining whether a primary government is financially accountable for a potential component unit, the requirements of this Statement that provide that for all other arrangements, the absence of a governing board be treated the same as the appointment of a voting majority of a governing board if the primary government performed the duties that a governing board typically would perform, are effective for reporting periods beginning after June 15, 2021. The System has implemented this Statement, which had no material impact on the financial statements.

In May 2022, the GASB issued Statement No. 99, *Omnibus* 2022 (GASB Statement No. 99). The Statement provides guidance addressing various accounting and financial reporting issues identified during the implementation and application of certain GASB pronouncements, including: accounting and financial reporting for exchange or exchange-like financial guarantees; certain derivative instruments that are neither hedging derivative instruments nor investment derivative instruments; and clarification of certain provisions of: GASB Statement No. 34, B*asic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*, GASB Statement No. 87, and GASB Statement No. 96. The requirements of GASB Statement No. 99 that relate to the extension of the use of LIBOR, disclosures for nonmonetary transactions, pledges of future revenues by pledging governments, clarifications of certain provisions in GASB Statement No. 34, and terminology updates are effective immediately. The requirements related to GASB Statement No. 87 and GASB Statement No. 96 are effective for fiscal years beginning after June 15, 2022, and all reporting periods thereafter. The requirements related to financial guarantees and the other requirements related to derivative instruments are effective for fiscal years beginning after June 15, 2023, and all reporting periods thereafter.

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Earlier application is encouraged. The requirements of this Statement which were effective immediately had no material impact on the financial statements. The System has implemented the requirements of this Statement related to GASB Statement No. 87, the effect of which has been disclosed above. The System has not elected to implement the other requirements of this Statement early and is still evaluating the potential impacts.

In June 2023, the GASB issued Statement No. 100, *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62* (GASB Statement No. 100). GASB Statement No. 100 provides guidance to enhance the accounting and financial reporting requirements related to accounting changes and error corrections. This Statement is designed to provide reporting more understandable, reliable, relevant, consistent and comparable for making decisions and assessing accountability. The definition of accounting changes relates to changes in accounting principles, changes in accounting estimates and corrections of errors in previously issued financial statements which requires descriptions of the transactions or other events that constitute those changes. The requirements of this Statement are effective for fiscal years beginning after June 15, 2023, and all reporting periods thereafter. Earlier application is encouraged. The System has implemented this guidance, which had no material impact on the financial statements.

In December 2023, the GASB issued Statement No. 101, *Compensated Absences* (GASB Statement No. 101), to align the recognition and measurement guidance for all types of compensated absences under a unified model, resulting in greater consistency and improved comparability. This Statement requires the recognition of liabilities for leave that has been taken but for which employees have not yet been paid and for leave that has not been used; this includes leave attributable to services already rendered, that accumulates, and that is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement requires that a liability for certain types of compensated absences, including parental leave, military leave and jury duty leave, not be recognized until the leave commences. The requirements of this Statement are effective for fiscal years beginning after December 15, 2023, and all reporting periods thereafter. Earlier application is encouraged. The System has implemented this guidance, which had no material impact on the financial statements.

Note 2. Uncompensated Care

The System maintains records to identify and monitor the level of uncompensated care it provides. These records include the amount of charges forgone for services provided under the System's charity care policy, as well as a provision for uncollectible accounts included in the accompanying statement of revenues, expenses and changes in net position.

The following information measures the level of uncompensated care provided during the year ended April 30, 2023 (in thousands).

Uncompensated care, based on established rates	$	916,821
Percentage of uncompensated care patients to all patients served based upon total charges		5.4%

Note 2. Uncompensated Care (Continued)

For the year ended April 30, 2023, uncompensated care includes approximately $728,729,000 of charges forgone for services provided under the System's charity care policy. Using the System's average ratio of cost to charges, the cost of charity care provided was approximately $121,000,000 for the year ended April 30, 2023.

Note 3. Net Patient Service Revenue

The System has contractual agreements with third-party payors (Medicare, Medicaid, and commercial insurance payors) that provide for prospective reimbursement at contractually established rates. A summary of the payment arrangements with major third-party payors follows.

Medicare

Reimbursement for certain services subject to special reimbursement formulas under the Medicare program is subject to audit and settlement by a Medicare Administrative Contractor. Such audits and final settlements have been completed for all years through 2018 for Memorial Hospital Miramar, through 2017 for Memorial Hospital West and Memorial Hospital Pembroke, and through 2016 for Memorial Regional Hospital. Audit fieldwork has been substantially completed for all facilities through 2019, and the related final settlements are not expected to differ materially from the recorded amounts. Medicare program beneficiaries accounted for approximately 13.4% of the System's gross patient charges in fiscal year 2023. During the year ended April 30, 2023, the System filed amended cost reports for fiscal year 2022, which resulted in additional net patient service revenue of approximately $4,837,000 related to Graduate Medical Education.

On November 13, 2020, the U.S. Court of Appeals for the D.C. Circuit issued its opinion in favor of the plaintiff hospitals, concluding that patient days paid for with Florida Medicaid Waiver funds from the Low Income Pool must be regarded as Medicaid patient days for purposes of computing Medicare DSH payments. This matter affected the System's cost reports from fiscal years 2007 through 2023. Centers for Medicare & Medicaid Services (CMS) declined to appeal the U.S. Court of Appeals decision, and during fiscal year 2023, CMS entered into settlement discussions with the affected hospitals, resulting in the issuance of formal payment instructions. As a result, the System recognized approximately $65,429,000 of additional net patient service revenue during the year ended April 30, 2023, which was also reported as a receivable in other current assets in the accompanying statement of net position as of April 30, 2023. There were no additional material differences between original estimates and subsequent revisions in fiscal year 2023.

Medicaid

Reimbursement under the Florida Medicaid program is based on a variety of prospective rate methodologies. Medicaid program beneficiaries accounted for approximately 3.6% of the System's gross patient charges in fiscal year 2023.

During the year ended April 30, 2023, the System recognized approximately $75,348,000 of net patient service revenue under the Medicaid supplemental financing initiative called the Hospital Directed Payment Program (DPP) for the year ending September 30, 2022 (the Medicaid HMO Plan year-end), which was net of 6% withheld for certain quality measures. DPP is administered regionally and is intended to bridge the difference between Medicaid reimbursement rates and the costs of providing the care. Florida's DPP provides a financial incentive for all hospitals to engage in quality initiatives with the Medicaid managed care plans in their region. Hospitals that participate receive their DPP funding via their

Note 3. Net Patient Service Revenue (Continued)

local Medicaid managed care plans. Total DPP payments for the Medicaid HMO Plan year ending September 30, 2023, are subject to a 2% withholding for each of the three quality measures (6% in total). Each measure is applied collectively to participant hospitals. If the group of participant hospitals meet a benchmark measure, then all participants receive back the 2% withheld for the respective measure. Measurement of performance against these benchmarks was still being conducted by the State Medicaid Agency as of April 30, 2023. Subsequent to April 30, 2023, the System recognized approximately $3,200,000 of net patient service revenue related to the quality measures. Total receivables recognized by the System from DPP funding was approximately $12,036,000 as of April 30, 2023, which was reported in other current assets in the accompanying statement of net position. DPP for the Medicaid HMO Plan year ending September 30, 2023, is in the process of obtaining government administrative approval.

Insurance and Other Payors

The System has entered into payment agreements with certain commercial insurance carriers, HMOs, and preferred provider organizations. The basis for payments to the System under these agreements includes prospectively determined rates per discharge, allowances from established charges and prospectively determined daily rates.

Net Patient Service Revenue

The difference between gross patient charges and the contractually established rate for all payors is accounted for as contractual adjustments. The System's gross patient charges, charity care adjustments, provision for doubtful accounts and contractual adjustments for the year ended April 30, 2023, are as follows (in thousands):

Gross patient charges	$ 17,127,860
Charity care adjustments	(728,729)
Provision for doubtful accounts	(188,092)
Contractual adjustments	(13,528,556)
Net patient service revenue	$ 2,682,483

Net Patient Accounts Receivable

The System grants credit without collateral to its patients, most of which are local residents that are insured under third-party payor agreements. Net patient accounts receivable, reported as current assets by the System at April 30, 2023, consists of the following amounts (in thousands):

Receivable from Medicare	$ 125,291
Receivable from Medicaid	45,792
Receivable from patients' insurance carriers	1,541,770
Receivable from other	275,730
Total patient accounts receivable	1,988,583
Less allowance for charity care and contractual adjustments	(1,081,026)
Less allowance for doubtful accounts	(567,355)
Patient accounts receivable, net	$ 340,202

Note 3. Net Patient Service Revenue (Continued)

Concentrations of Credit Risk

The mix of net receivables from patients and third-party payors at April 30, 2023, was as follows:

Medicare	8.3%
Medicaid	3.1%
Managed care	84.0%
Other	4.6%
Total	100.0%

Note 4. Other Funding Sources

The System receives funding from various components of the State Medicaid program, including the LIP and DSH payments. The State's LIP distributes funding to the System in support of programs that provide coverage for uninsured and underinsured patients. The LIP is a federal matching program that provides the State with the opportunity to receive additional distributions based upon a fixed annual pool of approximately $1.5 billion distributed by the State based on a measure of charity care cost. DSH is a federally mandated additional Medicaid payment intended to recognize the higher cost of treating a disproportionate share of low-income patients, subject to federal State-wide limits. Both are subject to a provider-specific cost limits which are retrospectively audited. Audits have been completed through the State fiscal year ended June 30, 2019. There were no material differences between original estimates and subsequent revisions in fiscal years 2023.

Total revenue recognized by the System from LIP and DSH funding was approximately $67,539,000 for the year ended April 30, 2023, and was reported as disproportionate share distributions in the accompanying statement of revenues, expenses and changes in net position. As of April 30, 2023, total receivables from DSH funding was approximately $4,481,000, which was reported in other current assets in the accompanying statement of net position. As of April 30, 2023, total liabilities from LIP funding was approximately $10,786,000, which was reported in other current liabilities in the accompanying statement of net position.

In April 2020, the System received approximately $106,690,000 as an advance on six months of its Medicare payments through the Accelerated and Advance Payment (AAP) Program, expanded to increase cash flow to providers of services impacted by the COVID-19 pandemic. The Medicare AAPs were interest free, and the program required that CMS recoup the AAPs beginning 12 months after receipt by the provider, by withholding future Medicare fee-for-service payments for claims until such time as the AAPs have been fully recouped. Any outstanding balance remaining after 29 months was required to be repaid by the provider or be subjected to a 4% annual interest rate. The outstanding balance remaining as of the beginning of the fiscal year ended April 30, 2023, was approximately $33,302,000, which was fully recouped during the fiscal year.

Note 5. Cash, Cash Equivalents and Investments

Custodial credit risk: The System's unrestricted bank deposit balances in the accompanying statement of net position was approximately $140,934,000 at April 30, 2023. At April 30, 2023, the System's deposits consisting of cash were covered by federal depository insurance and a collateral pool pledged to the State Treasurer of Florida by financial institutions that comply with the requirements of Florida Statutes and have been designated as Qualified Public Depositories (QPDs) by the State Treasurer. QPDs are required to pledge collateral to the State Treasurer with a market value equal to a percentage of the average daily balance of all governmental deposits in excess of any federal deposit insurance. In the event of a default by a QPD, all claims for governmental deposits would be satisfied by the State Treasurer from the proceeds of federal deposit insurance, pledged collateral of the public depository in default, and, if necessary, a pro rata assessment to the other QPDs participating in the collateral pool.

At April 30, 2023, pursuant to Florida Statute 218.415, investment securities, with the exception of certificates of deposit, are held with a third-party custodian, and all securities purchased by, and all collateral obtained by the System are properly designated as an asset of the System. The securities are held in accounts separate and apart from the assets of the financial institution. The System's bond indentures stipulate that all bond and trustee held funds be "Eligible Investments" as defined in the indentures and be maintained in separate accounts with a bond trustee. All bond and trustee held investments are held in accounts separate and apart from the financial institution.

Cash Equivalents and Investments

At April 30, 2023, the System's cash equivalents and investments, including assets whose use is limited and restricted assets, are as follows (in thousands):

Unrestricted cash equivalents	$ 205,512
Unrestricted investments	2,291,185
Designated investments for employee disability	19,796
Restricted assets:	
Investments for MSSP repayment mechanism (*)	667
Investments under indenture agreements for debt service	28,469
Investments under self-insurance agreements	60,809
	$ 2,606,438

As of April 30, 2023, designated investments for employee disability included in cash and cash equivalents were of approximately $199,000.

The System's investment policy, as amended from time to time, is approved by the Board of Commissioners of the South Broward Hospital District (the Board). The investment policy is designed to maximize financial return to the System consistent with the risks incumbent in each investment and designed to preserve the appropriate diversification in the portfolio. The System utilizes an independent investment consultant to identify and hire investment managers, implement strategies and monitor risk and performance.

The investment policy authorizes investment in equity strategies up to a 20% limitation of investable assets. At April 30, 2023, approximately 16.35% of investable assets were in low volatility equity mutual funds and/or exchange traded funds.

Note 5. Cash, Cash Equivalents and Investments (Continued)

Fair Value Measurements

The System measures and records investments, assets whose use is limited and restricted assets using fair value measurement guidelines established by GASB Statement No. 72. These guidelines recognize a three-tiered fair value hierarchy, as follows:

Level 1: Quoted prices for identical investments in active markets;

Level 2: Observable inputs other than quoted prices; and,

Level 3: Unobservable inputs.

Debt and equity securities classified in Level 1 are valued using prices quoted in active markets for those securities. Money market mutual funds and equity mutual funds are valued using the net asset values as quoted daily for the funds. Debt securities classified in Level 2 are valued using the following approaches:

- *U.S. Agencies and commercial paper*: quoted prices for identical securities in markets that are not active; and
- *Corporate and municipal bonds*: quoted prices for similar securities in active markets

The tables below present the fair value leveling of the System's cash equivalents and investments as of April 30, 2023, in accordance with GASB Statement No. 72 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market accounts	$ 136,952	$ -	$ -	$ 136,952
SEC-registered money market funds	65,162	-	-	65,162
Commercial paper	-	69,374	-	69,374
U.S. treasuries	813,820	-	-	813,820
U.S. agencies	-	94,202	-	94,202
U.S. agency mortgage bonds	-	198,627	-	198,627
Asset-backed securities	-	80,592	-	80,592
Supranational bonds	-	19,736	-	19,736
Corporate debt	39,415	625,382	-	664,797
U.S. equities	24,216	-	-	24,216
Municipal securities	-	36,206	-	36,206
Equity mutual funds	401,891	-	-	401,891
Group annuity contract	-	-	863	863
	$ 1,481,456	$ 1,124,119	$ 863	$ 2,606,438

Interest Rate Risk

The System manages interest rate exposure by limiting investment maturities in accordance with parameters in its investment policy. To the extent possible, the System attempts to match investment maturities with known cash needs and anticipated cash flow requirements. The System's investment policy segments its fixed income investment portfolio into pools with identified asset allocation percentages that attempt to match its liquidity requirements. Investments of bond indenture restricted funds have maturities set in accordance with the relevant documents.

Note 5. Cash, Cash Equivalents and Investments (Continued)

At April 30, 2023, the System had cash equivalents and investments maturing as follows (in thousands):

	Fair Value	No Maturity Date or Less than 1 Year	1 -5 Years	6-10 Years	Greater Than 10 Years
Money market accounts	$ 136,952	$ 136,952	$ -	$ -	$ -
SEC-registered money market funds	65,162	65,162	-	-	-
Commercial paper	69,374	69,374	-	-	-
U.S. treasuries	813,820	315,524	354,489	143,807	-
U.S. agencies	94,202	19,857	30,099	22,656	21,590
U.S. agency mortgage bonds	198,627	5,495	61,730	46,719	84,683
Asset-backed securities	80,592	530	57,559	14,665	7,838
Supranational bonds	19,736	1,065	18,671	-	-
Corporate debt	664,797	38,775	385,470	204,292	36,260
U.S. equities	24,216	24,216	-	-	-
Municipal securities	36,206	754	6,493	28,871	88
Equity mutual funds	401,891	401,891	-	-	-
Group annuity contract	863	863	-	-	-
	$2,606,438	$ 1,080,458	$ 914,511	$ 461,010	$ 150,459

Note 5. Cash, Cash Equivalents and Investments (Continued)

Credit Risk

The System’s investment policy provides guidelines for fixed income investment managers that require maintaining an average portfolio credit rating of at least A; restricting investments in debt securities to those with A- or higher credit ratings at the time of purchase; and limiting the duration of the System’s total fixed income portfolios to four years or less. The System’s bond indentures stipulate credit ratings for “Eligible Investments”.

At April 30, 2023, the System’s cash equivalents and investments have credit ratings as follows (in thousands):

		S&P Rating or Comparable as of April 30, 2023											
	Total	AAA	AA+	AA	AA-	A+	A	A-	BBB+	BBB	BBB-	BB+	B
Money market accounts	$ 136,952	$ 136,952	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SEC-registered money market funds	65,162	65,162	-	-	-	-	-	-	-	-	-	-	-
Commercial paper	69,374	-	-	23,040	-	42,345	-	3,989	-	-	-	-	-
U.S. treasuries	813,820	107,468	706,352	-	-	-	-	-	-	-	-	-	-
U.S. agencies	94,202	902	93,300	-	-	-	-	-	-	-	-	-	-
U.S. agency mortgage bonds	198,627	17,445	181,182	-	-	-	-	-	-	-	-	-	-
Asset-backed securities	80,592	78,093	2,345	-	-	-	-	-	-	-	-	-	154
Supranational Bonds	19,736	19,736	-	-	-	-	-	-	-	-	-	-	-
Corporate debt	664,797	36,067	10,912	19,205	23,043	61,245	96,202	161,639	122,434	70,221	59,775	4,054	-
Municipal securities	36,206	8,243	14,335	8,737	3,989	416	486	-	-	-	-	-	-
	2,179,468	$ 470,068	$ 1,008,426	$ 50,982	$ 27,032	$ 104,006	$ 96,688	$ 165,628	$ 122,434	$ 70,221	$ 59,775	$ 4,054	$ 154
Unrated equity mutual funds													
U.S. equities, and group annuity contracts	426,970												
	$ 2,606,438												

Note 5. Cash, Cash Equivalents and Investments (Continued)

Concentration of Credit Risk

The System’s investment policy has asset allocation and issuer limitations for cash equivalents and fixed income investments which are designed to reduce concentration of credit risk of the System’s investments. The System’s investment policy does not have an issuer limitation for U.S. Treasury securities. The System’s bond indentures do not stipulate issuer limitations for “Eligible Investments”.

At April 30, 2023, there were no investments in any one issuer representing greater than 5% or more of the System’s total investments.

Note 6. Capital Assets, Net

A summary of the activity in the capital assets and the related accumulated depreciation accounts is as follows for the year ended April 30, 2023 (in thousands):

	Balance at May 1, 2022 (*)	Additions	Transfers	Deletions	Balance at April 30, 2023
Depreciable assets:					
Land improvements	$ 32,050	$ 16	$ 28	$ -	$ 32,094
Buildings and improvements	1,444,525	1,407	136,407	(16,013)	1,566,326
Equipment	695,114	32,744	53,755	(30,145)	751,468
Total depreciable assets	2,171,689	34,167	190,190	(46,158)	2,349,888
Accumulated depreciation:					
Land improvements	(21,146)	(1,363)	-	-	(22,509)
Buildings and improvements	(833,533)	(44,660)	-	15,642	(862,551)
Equipment	(538,391)	(49,045)	-	30,549	(556,887)
Total accumulated depreciation	(1,393,070)	(95,068)	-	46,191	(1,441,947)
Net depreciable assets	778,619	(60,901)	190,190	33	907,941
Land	67,739	50,087	-	-	117,826
Construction in progress	197,204	185,639	(190,190)	(842)	191,811
Capital assets, net	$ 1,043,562	$ 174,825	$ -	$ (809)	$ 1,217,578

(*) Restated due to the implementation of GASB Statement No. 87, *Leases*.

At April 30, 2023, noncash capital additions that are included in accounts payable and accrued expenses were approximately $38,864,000. The System is currently engaged in construction projects at its facilities. The estimated cost to complete all construction projects in process at April 30, 2023, is approximately $143,203,000.

Note 7. Self-Insurance

The System is exposed to various risks of loss related to professional liability, theft of, damage to, and destruction of assets; errors and omissions; injuries to employees and certain employee health plan costs; and natural disasters. The System believes it is more economical to manage certain risks internally and set aside assets for possible claim settlements. Commercial insurance is procured to cover the System's property, commissioners and officers, accidents and vehicles.

The System, as a subdivision of the State, has sovereign immunity in tort actions. Therefore, in accordance with Chapter 768.28 of the Florida Statutes, for claims with occurrence dates subsequent to October 1, 2011, the System is not liable to pay a claim or judgment by any one person that exceeds the sum of $200,000 or any claim or judgment, or portions thereof that when totaled with all other claims or judgments paid by the State or its agencies or subdivisions arising out of the same incident or occurrence exceeds the sum of $300,000.

Chapter 768.28 of the Florida Statutes also provides that judgments may be claimed or rendered in excess of these limits; however, these amounts must be reported to, and approved by, the State Legislature. In addition, the System has excess insurance coverage that varies by claim year. Specific excess coverage to cover any damages rendered against the System as a result of the passage of a claims bill for professional and general liability ranges from $10 million to $25 million in excess insurance coverage, with self-insured retention that ranges from $2 million to $10 million. Specific excess coverage for workers' compensation includes retention that ranges from $125,000 to $750,000 per incident.

The System's management estimates and accrues for the cost of unreported claims based on historical data and actuarial projections. The liability includes estimates of the ultimate cost of claims (including future claim adjustment expenses) that have been reported but not settled, and of claims that have been incurred but not reported. The estimated claims liability for professional liability has been discounted based on an interest rate of 4.5% at April 30, 2023. The estimated claims liability for workers' compensation has been discounted based on an interest rate of 1.2% at April 30, 2023.

The System has established separate accounts for the purpose of setting aside assets to fund future self-insurance losses. The assets can only be used for payment of losses and administrative expenses. Earnings and losses on investments in the self-insurance accounts are reported as nonoperating revenues and expenses, in the statement of revenues, expenses and changes in net position and are retained as part of the self-insurance accounts. A roll forward of the System's claims liability for self-insurance claims is as follows (in thousands):

Years Ended April 30	Liability at Beginning of Year	New Claims and Changes in Estimates	Claim Payments	Liability at End of Year	Estimated Amount Due Within One Year
2022	$ 50,280	$ 29,117	$ (30,257)	$ 49,140	$ 18,591
2023	49,140	26,414	(30,495)	45,059	16,573

Note 8. Long-Term Debt

The following is a summary of long-term debt as of April 30, 2023 (in thousands):

Series 2021A Hospital Revenue Bonds – $200,000 authorized and issued:	
Serial Bonds, interest rates of 2.25% to 3.00%, maturing in amounts ranging from $4,545 to $10,765 beginning May 1, 2037 through May 1, 2048	$ 82,150
3.00% Term Bond due May 1, 2050	40,105
3.00% Term Bond due May 1, 2051	41,325
3.00% Term Bond due May 1, 2052	36,420
	200,000
Unamortized premium, net	7,732
	207,732
Series 2021B Hospital Revenue Bonds – $50,000 authorized and issued:	
2.85% Term Bond due May 1, 2051	6,160
2.85% Term Bond due May 1, 2052	43,840
	50,000
Unamortized discount, net	(289)
	49,711
Series 2018 Hospital Revenue Bonds – $101,575 authorized and issued:	
Serial Bonds, interest rate of 5.00%, maturing on May 1, 2045	20,715
4.00% Term Bond due May 1, 2048	80,860
	101,575
Unamortized discount, net	224
	101,799
Series 2017 Hospital Revenue and Refunding Revenue Bonds – $101,420 authorized and issued:	
Serial Bonds, interest rates of 3.25% to 5.00%, maturing in amounts ranging from $3,835 to $15,305 beginning May 1, 2022 through May 1, 2032	97,585
Unamortized premium, net	7,688
	105,273
Series 2016A Hospital Revenue and Refunding Revenue Bonds – $160,620 authorized and issued:	
Serial Bonds, interest rates of 3.375% to 4.00%, maturing in amounts ranging from $11,235 to $20,435 beginning May 1, 2027 through May 1, 2040	31,670
3.50% Term Bond due May 1, 2039	38,825
4.00% Term Bond due May 1, 2044	90,125
	160,620
Unamortized premium, net	1,839
	162,459
Series 2016 Hospital Revenue and Refunding Revenue Bonds – $173,040 authorized and issued:	
Serial Bonds, interest rates of 2.75% to 5.00%, maturing in amounts ranging from $1,600 to $24,070 beginning May 1, 2017 through May 1, 2037	150,750
Unamortized premium, net	9,244
	159,994
Series 2015 Hospital Revenue and Refunding Revenue Bonds – $154,905 authorized and issued:	
Serial Bonds, interest rates of 3.00% to 5.00%, maturing in amounts ranging from $1,195 to $7,915 beginning May 1, 2016 through May 1, 2037	86,116
4.00% Term Bond due May 1, 2040	9,560
4.00% Term Bond due May 1, 2045	18,735
	114,411
Unamortized premium, net	7,941
	122,352
Total debt	909,320
Less current portion	(12,390)
Long-term portion	$ 896,930

Note 8. Long-Term Debt (Continued)

At April 30, 2023, the System's long-term debt is comprised solely of revenue bonds issued under its Master Trust Indenture (MTI) dated as of September 1, 2003, as supplemented to date by the Supplemental Indenture dated as of November 1, 2021. The System is the only member of the obligated group although the MTI provides for additional membership. The obligations issued under the MTI are payable solely from and are secured by a pledge of and a lien on the gross patient charges of the obligated group and any future member of the obligated group and certain accounts created under the MTI, provided, however, the lien and pledge of the accounts under the MTI do not extend to obligations issued for the benefit of the Revenue Certificate holders. As of April 30, 2023, amounts on deposit in certain accounts under the MTI were approximately $28,469,000, and are presented as Restricted assets – investments under indenture agreements in the accompanying statement of net position.

The MTI contains certain restrictive debt covenants for the System, including a minimum debt service ratio and an incurrence test for the addition of indebtedness. As of April 30, 2023, the System was in compliance with all of its debt covenants.

The MTI also contains an acceleration provision which provides that, upon the occurrence and during the continuation of an event of default (as described in the MTI), outstanding obligations issued under the MTI may be declared to be immediately due and payable in the manner provided thereby. Additionally, each series of bonds or other indebtedness secured by obligations issued under the MTI also may be subject to acceleration pursuant to the terms of the trust indenture or other agreement governing each such series of bonds or other indebtedness, as applicable. If the obligations issued under the MTI are accelerated, the total principal amount of those obligations, plus all interest accrued thereon to the date of acceleration and that which accrues to the date of payment, will be due and payable.

Series 2015 Bonds: $154,905,000 issued on April 14, 2015, as tax-exempt fixed rate bonds and are callable on or after May 1, 2025, at par in the amount of $110,195,000, without premium. The 2015 Bonds provided funds to refund and redeem a portion of the Series 2006 Bonds and to finance certain eligible projects and costs of issuance.

The System completed the advance refunding of a portion of its Series 2006 Bonds as a part of the Series 2015 Bonds to reduce its total debt service payments. On a matched-maturity basis, the cash flow savings, not including the funds held in related bond debt service accounts, was approximately $8,169,000.

The refunding of the Series 2006 Bonds resulted in a loss on defeasance of approximately $5,975,000. At April 30, 2023, the unamortized value of the deferred amount was approximately $3,802,000, which is included in loss on defeasance, net in the accompanying statement of net position. The deferred amount is being charged to operations through the year 2037 using a straight-line interest amortization method, since the results are not significantly different from the effective interest method of amortization.

Series 2016 Bonds: $173,040,000 issued on June 29, 2016, as tax-exempt fixed rate bonds and are callable on or after May 1, 2026, at par in the amount of $143,740,000, without premium. The 2016 Bonds provided funds to refund and redeem the remaining Series 2006 Bonds, advance refund all of the Series 2008 Bonds and to pay certain costs of issuance.

The System completed the refunding of the remaining outstanding Series 2006 Bonds and the advance refunding of the Series 2008 Bonds with the Series 2016 Bonds to reduce its total debt service payments. On a matched-maturity basis, the present value of the cash flow savings was approximately $29,725,000.

Note 8. Long-Term Debt (Continued)

Series 2016A Bonds: $160,620,000 issued on November 10, 2016, as tax-exempt fixed rate bonds to advance refund, on a cross-over basis, all of the Series 2009 Bonds and to pay certain costs of issuance. The cross-over structure was used in order to preserve the cash subsidy payments from the U.S. Department of the Treasury through the May 1, 2019 call date. The Series 2009 Escrow Fund was funded to pay interest on the Series 2016A Bonds through May 1, 2019 and redeem all of the $150,000,000 Series 2009 Bonds on May 1, 2019. The System completed the cross-over refunding of the Series 2009 to reduce its total debt service payments. On a matched-maturity basis, the net present value cash flow savings was approximately $10,512,000. The Series 2009 Bonds were redeemed in full on May 1, 2019.

Series 2017 Bonds: $101,420,000 issued on March 8, 2017, as tax-exempt fixed rate bonds to refund and redeem all of the Series 2007 Bonds and to pay certain costs of issuance and are callable on or after May 1, 2027, at par in the amount of $81,945,000, without premium. The System completed the refunding of its Series 2007 Bonds to reduce its total debt service payments. On a matched-maturity basis, the net present value cash flow savings, not including the funds held in related bond debt service accounts, was approximately $15,145,000.

The refunding of the Series 2007 Bonds resulted in a loss on defeasance of approximately $3,070,000. At April 30, 2023, the unamortized value of the deferred amount was approximately $1,822,000, which is included in loss on defeasance, net in the accompanying statement of net position. The deferred amount is being charged to operations through the year 2032 using a straight-line interest amortization method, since the results are not significantly different from the effective interest method of amortization.

Series 2018 Bonds: $101,575,000 issued on November 1, 2018, as tax-exempt fixed rated bond to finance certain eligible projects and pay costs of issuance and are callable on or after May 1, 2028, at par in the amount of $101,575,000, without premium.

Series 2021A Bonds: $200,000,000 issued on November 18, 2021, as tax-exempt fixed rated bond to finance certain eligible projects and pay costs of issuance and are callable on or after May 1, 2031, at par in the amount of $200,000,000, without premium.

Series 2021B Bonds: $50,000,000 issued on November 18, 2021, as taxable fixed rated bond to finance certain projects and pay costs of issuance and are callable on or after May 1, 2031, at par in the amount of $50,000,000, without premium.

The refunding of the Series 2006 and advance refunding of the 2008 Bonds resulted in a loss on defeasance of approximately $15,936,000. At April 30, 2023, the unamortized value of the deferred amount was approximately $10,402,000, which is included in loss on defeasance, net in the accompanying statement of net position. The deferred amount is being charged to operations through the year 2036 using a straight-line interest amortization method, since the results are not significantly different from the effective interest method of amortization.

Note 8. Long-Term Debt (Continued)

Maturities of long-term debt for the next five years and thereafter are shown in the table below (in thousands):

	Principal	Interest Payments	Total Debt Service
Years ending April 30:			
2024	$ 12,390	$ 31,710	$ 44,100
2025	12,935	31,077	44,012
2026	18,280	30,335	48,615
2027	20,080	29,454	49,534
2028	21,070	28,466	49,536
2029-2033	120,451	127,392	247,843
2034-2038	145,750	103,044	248,794
2039-2043	143,615	78,704	222,319
2044-2048	173,715	48,600	222,315
2049-2053	206,655	15,661	222,316
	$ 874,941	$ 524,443	$ 1,399,384

Activity related to long-term debt is summarized as follows for the year ended April 30, 2023 (in thousands):

Balance at beginning of year	$ 923,363
Principal payments on long-term debt	(11,860)
Amortization of premiums and/or discounts	(2,183)
Balance at end of year	$ 909,320

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68

Plan Description

The Plan is a single employer, noncontributory defined benefit pension plan administered by the System, covering substantially all full-time regular employees that were hired on or before October 31, 2011. Effective November 1, 2011, the Plan was closed to new hires and rehires. Eligible employees hired or had a status change on or after November 1, 2011 are covered under the Memorial Healthcare System 401(a) Retirement Plan (the 401(a) Plan). Refer to Note 11 for further discussion of the 401(a) Plan. The Plan does not issue a stand-alone financial report; however, it is reported as a pension trust fund in the financial statements of the System herein. The Board has the authority to establish and amend the benefit provisions of the Plan. The Board consists of seven members who are appointed by the Governor of Florida.

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Benefits Provided

The Plan's retirement benefits are based on employees' years and completed months of continuous service from date of employment to date of termination and average compensation during the highest consecutive 60-month period in the last 120 months preceding termination or retirement. Employees become eligible for normal retirement based on the attainment of a specified age ranging from 55 to 65 years and years of credited service ranging from 5 to 30 years. Early and late retirement options are available subject to certain conditions.

Effective May 1, 2014, the Plan was amended to: (1) permit lump-sum distributions to participants when the actuarial equivalent present value of the retirement benefit is not greater than $50,000 and the participant has not begun receiving a monthly retirement benefit; (2) permit the Plan to distribute to the participant (if elected) or into an eligible retirement plan (if the participant does not make an election) the actuarial equivalent present value of a participant's benefit when it exceeds $1,000 but does not exceed $5,000; and (3) distribute the actuarial equivalent present value of a participant's benefit that is $1,000 or less as soon as administratively practical following the participant's date of termination.

Funding Policy

The Plan's funding policy provides for actuarially determined amounts, which, together with investment earnings, are sufficient to fund the Plan as prescribed under Part VII, Chapter 112 of the Florida Statutes. There are no employee contributions. The Plan's funding policy provides for actuarially determined periodic contributions that, for individual employees, increase gradually over time so that sufficient assets will be available to pay benefits when due. The portion of the actuarially determined contribution for normal cost is determined using the projected unit credit actuarial funding method with proration based on service. The actuary uses the level dollar method to amortize the unfunded liability over the average future working lifetime of active participants which was 8 years as of May 1, 2022. The same amortization method is used for experience gains or losses, changes in benefits, or changes in actuarial assumptions. The actuarial value of assets uses a five-year smoothing for investment gains and losses. The annual required contributions to the Plan during fiscal year ended April 30, 2023 of approximately $39,894,000 were made in excess of the actuarially determined contribution of $36,278,000 computed through an actuarial valuation performed as of May 1, 2022. During the fiscal year ended April 30, 2023, contributions as a percentage of covered payroll were 12.9%.

Listed below is information regarding plan membership or employees covered by the benefit terms:

Participant data as of April 30, 2023, is as follows:

Active plan members or employees	3,265
Inactive plan members or employees or beneficiaries currently receiving benefits	2,799
Inactive plan members or employees entitled to but not yet receiving benefits	2,240
Total	8,304

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Net Pension Liability

The net pension liability of the System reported, as of April 30, 2023, was measured as of April 30, 2022. The total pension liability reported by the System as of April 30, 2023, is based on the liability determined using May 1, 2021 census data and valuation date using update procedures to roll forward to the measurement date of April 30, 2022.

The following schedule presents the change in net pension liability reporting for the System for the fiscal year ended April 30, 2023 (in thousands):

Total pension liability		
Service cost	$	12,692
Interest		57,782
Differences between expected and actual experience		5,810
Changes in assumptions		7,307
Benefit payments		(35,139)
Net change in total pension liability		48,452
Total pension liability – beginning		887,246
Total pension liability – ending (a)	$	935,698
Plan fiduciary net position		
Contributions – employer	$	34,648
Net investment income		(27,097)
Benefit payments		(35,139)
Administrative expense		(162)
Net change in plan fiduciary net position		(27,750)
Plan fiduciary net position – beginning		883,743
Plan fiduciary net position – ending (b)	$	855,993
Plan’s net pension liability ending – (a) – (b)	$	79,705

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources

The System recorded approximately $3,473,000 in pension expense for the fiscal year ended April 30, 2023, which is included in employee benefits expense in the accompanying statement of revenues, expenses and changes in net position.

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

The following schedule presents information about the pension-related deferred outflows of resources and deferred inflows of resources at April 30, 2023 (in thousands):

	Deferred Outflows of Resources
Differences between expected and actual experience	$ 5,616
Employer's contribution to the plan subsequent to the measurement date of the net pension liability	39,894
Changes in assumptions	9,505
Total deferred outflows of resources	$ 55,015

	Deferred Inflows of Resources
Differences between expected and actual experience	$ 1,053
Changes in assumptions	4,361
Net difference between projected and actual earnings on pension plan investments	198
	$ 5,612

The following schedule presents the future amortization of pension-related deferred outflows of resources and deferred inflows of resources, excluding the balance attributable to the employer's contribution to the Plan in the current fiscal year and subsequent to the net pension liability measurement date. The difference between projected and actual earnings on pension investment is recorded in pension expense over a five-year period. The changes in assumptions and differences between expected and actual experience is amortized in pension expense over the remaining service lives of active and inactive members which was 3.21 years as of May 1, 2022.

The employer's contribution to the Plan reported by the System in the fiscal year ended April 30, 2023, will be reported as a reduction in the net pension liability in the next fiscal year. Other amounts reported as pension-related deferred outflows of resources and deferred inflows of resources at April 30, 2023, will be recognized as an increase (reduction) to pension expense for the fiscal years ending April 30, as follows (in thousands):

Years ending April 30:	
2024	$ 143
2025	4,496
2026	(12,226)
2027	17,096
	$ 9,509

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Actuarial Methods and Assumptions

The System recognizes annual pension expense and net pension liability in accordance with GASB Statements No. 68 and No. 71, based on information obtained from its annual actuarial report.

The assumptions used to measure the total pension liability of the System as of the measurement date of April 30, 2022, follows. Significant assumptions used in the May 1, 2021 valuation were based on the results of various actuarial experience studies performed over the last six years.

Measurement date	April 30, 2022
Valuation date	May 1, 2021, rolled forward from May 1, 2021 to April 30, 2022
Actuarial cost method	Entry age normal actuarial cost method
Asset valuation method	Fair market value for plan investments
Long-term expected rate of return	6.60%
Discount rate	6.60%
Mortality rates	Based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-
Projected salary increases	**Attained Age** / **Percentage Increase*** Less than 35: 6.00% 35-39: 5.25% 40-44: 4.00% 45-49: 3.50% 50-54: 3.00% 55-59: 2.50% 60 or older: 2.25% *Includes inflation at 2.50% Age-based rated based on plan experience per the rates above. The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May
Cost of living adjustments	None
Experience study date	May 1, 2019

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Discount Rate

The discount rate used to measure the total pension liability was 6.60% for the April 30, 2022 measurement date. The projection of cash flows used to determine the discount rate assumed that employer contributions are made at 100% of the annual actuarial determined value and that future contributions will be made in the same manner. Based on these assumptions, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive plan participants. Therefore, the long-term expected rate of return on Plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The Florida Statutes require the System to make an actuarially-determined contribution to the Plan each year. Thus, as long as the System continues to fund the Plan based on the contributions, the Plan will remain adequately funded. Actuaries perform a valuation on census data and asset information every year as of May 1st. The annual valuation includes a contribution amount that the System funds each year. An alternative method applies for the System due to the Florida Statutes, requiring that the System fund an actuarially determined dollar amount of contribution each year. As long as the System remains financially able to make the contributions each year, there will not likely be a point in time where the Plan will run out of money and not be able to make benefit payments.

Investment Policy

The Board adopted an investment policy for the Plan that adheres to the investment guidelines and permissible investments outlined in Florida Statutes, Title XIV, Chapters 215.44 and 215.47. The investment policy has target percentages for certain asset classes and permits variances of +/- 5% as an allowable range. The Board and its Finance Committee uses an independent registered financial advisor to assist in monitoring investment activities, investment policy formulation and investment manager selection. The following are the Board's adopted investment policy asset allocation midpoint percentages for the measurement date as of April 30, 2022:

Asset Class	Allocation Percentage
Domestic equity	10.0%
Global equity:	
Value	17.5%
Growth	27.5%
Defensive equity strategy	10.0%
Fixed Income:	
Core fixed income	25.0%
Senior secured bank loans	5.0%
High yield	5.0%
Total Plan	100.0%

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

The Plan provides the following guidelines and restrictions for the asset classes authorized:

- *Domestic equity:* The following list of investments may be purchased in the Domestic equity portfolio: common and preferred stock; securities convertible into common stock, including 144a stock limited to 10% of the portfolio and must be in securities that are of size to be index eligible; warrants; American Depository Receipts; no-load mutual funds; bank, trust or insurance company pooled funds; cash and cash equivalents; exchange traded funds; and initial public offerings. Large and small capitalization companies and defensive or enhanced indexing strategies utilizing domestic large cap equity index funds and/or exchange traded funds in combination with futures and swaps are included as domestic equities.

- *Global equity (including dedicated emerging markets):* The following list of investments may be purchased in a global equity portfolio: common and preferred stocks of issuers whose primary stock exchange listing, registration or headquarters are located in the United States, or countries comprising the Morgan Stanley Capital International All Country World Index (MSCI ACQI Index). The exceptions to this are stocks in emerging markets, subject to certain limitations. Other permissible investments include: securities convertible into common stock, including offerings under Securities Act Rule 144, limited to 20% of the portfolio at market value; warrants; ADRs listed on a major U.S. exchange; forward contracts for foreign currency to be used in defensive hedging only; World Equity Benchmarks (WEBs); exchange traded funds; initial public offerings (only after notification to the System's Finance Committee and its Investment Consultant); no-load mutual funds; bank, trust or insurance company pooled funds; and cash or cash equivalents.

- *Fixed income:* The following list of investments may be purchased in the fixed-income portfolios: U.S. Treasury obligations, Treasury inflation protected bonds, government agencies and government sponsored agency debentures and mortgage pass-through; mortgage-backed To-Be-Announced (TBA) notes; collateralized mortgage obligations, limited to 25% of the portfolio; non-agency issued mortgages originated in Florida per Statute 215.47(2)(b)(c)(d); commercial mortgage-backed securities; corporate bonds and other corporate obligations, including equipment trust certificates; high-yield bonds and secured bank loans; 144a fixed income securities with and without registration rights; asset-backed securities; indexed notes, floaters, and other variable rate obligations; pooled accounts or other collective investment funds; certificates of deposit, bankers' acceptances, and commercial paper rated at least A-1 by S&P or P-1 by Moody's; mutual funds; municipal bonds; complex tranches of collateralized mortgage obligations, asset-backed securities, and commercial mortgage-backed securities (including interest only, principal only, super floaters, inverse floaters, and support bonds), limited to 10% of the portfolio at market value; and U.S. dollar global bonds and non-U.S. dollar global bonds, limited to 5% each (10% total) of the portfolio at market value. Investments not listed above may be purchased only if the investment manager receives written approval from the System's Finance Committee.

- *Alternative investments – long/short equity hedge fund:* A hedge fund refers to an investment or strategy that is not a long-only portfolio of traditional equity. The Plan will generally invest in strategies that have at least yearly liquidity and reasonable levels of transparency.

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Pension Plan Fiduciary Net Position

Stand-alone financial statements are not issued for the Plan. Detailed information about the pension plan's fiduciary net position used to compute the System's net pension liability as of April 30, 2023, is available in the separately issued financial statements of the System for the year ended April 30, 2022, which include the pension trust fund statements that can be obtained from the System's website at www.mhs.net.

Expected Rate of Return

The projected long-term rate of return on pension plan investments at April 30, 2022 was determined using a model of current capital market simulations. It is designed to simulate a wide range of plausible scenarios of future capital market performance over a 10-year time period. It reflects the capital market conditions prevailing at the start date of the simulation. The long-term rate of return on pension plan investments was determined using best-estimate ranges of expected future rates of return (expected returns, net of pension plan investment expense) developed for each major asset class. These ranges are combined to support the long-term expected rate of return assumptions for the Plan by weighting the expected future rates of return by the asset allocation percentage and by considering active and passive management investment strategies. Best estimates of arithmetic real rates of return (expected returns, net of pension plan investment expense and inflation) for major assets classes included in the Plan's asset allocations as of April 30, 2022, are summarized in the following table:

Asset Class	Long-Term Expected Real Rate of Return
Broad Fixed Income	1.2%
High Yield	3.7%
Bank Loans	2.5%
Board U.S. Equities (all Cap Core)	4.3%
Defensive Equity	3.8%
Global Equity	4.5%
Global Low Volatility Equity	4.1%
Emerging Markets Equity	**

** Not available. Emerging Markets Equity is modeled and included within Global Equity.

Note 9. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the sensitivity of the net pension liability calculation to a 1.0% increase and a 1.0% decrease in the discount rate used to measure the total pension liability as of the measurement date of April 30, 2022, as reported by the System as of April 30, 2023, respectively (in thousands):

	1% Decrease (5.60%)	Current Discount Rate (6.60%)	1% Increase (7.60%)
Net pension liability (asset)	$ 197,783	$ 79,705	$ (19,353)

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67

The net pension liability as of April 30, 2023 to be reported by the System as of April 30, 2024, was measured as of April 30, 2023. The total pension liability of the Plan as of April 30, 2023 is based on the liability determined using May 1, 2022 census data and a May 1, 2022 valuation date using update procedures to roll forward to the measurement date of April 30, 2023.

The components of the net pension liability as of the Plan's year end April 30, 2023, were as follows (in thousands):

Net pension liability	
Total pension liability	$ 1,017,249
Plan fiduciary net position	(889,121)
Net pension liability	$ 128,128
Plan fiduciary net position as a percentage of the total pension liability	87.4%

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the sensitivity of the net pension liability calculation to a 1.0% increase and a 1.0% decrease in the discount rate used to measure the total pension liability as of April 30, 2023 (in thousands):

	1% Decrease (5.60%)	Current Discount Rate (6.60%)	1% Increase (7.60%)
Net pension liability	$ 255,274	$ 128,128	$ 21,312

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Actuarial Methods and Assumptions

Significant assumptions used in the May 1, 2022 valuation, with measurement date of April 30, 2023, under GASB Statement No. 67 were based on the results of various actuarial experience studies performed over the last five years. The assumptions used to measure the total pension liability as of the measurement date of April 30, 2023, were based on actuarial valuation date of May 1, 2022, as follows:

Measurement date	April 30, 2023
Valuation date	May 1, 2022, rolled forward from May 1, 2022 to April 30, 2023
Actuarial cost method	Entry age normal actuarial cost method
Asset valuation method	Fair market value for plan investments
Long-term expected rate of return	6.60%
Discount rate	6.60%
Mortality rates	Based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females.
Projected salary increases	**Attained Age** / **Percentage Increase*** Less than 35: 6.00% 35-39: 5.25% 40-44: 4.00% 45-49: 3.50% 50-54: 3.00% 55-59: 2.50% 60 or older: 2.25% *Includes inflation at 2.50% Age-based rated based on plan experience per the rates above. The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May 1, 2023.
Cost of living adjustments	None
Experience study date	May 1, 2019

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Discount Rate

The discount rate used to measure the total pension liability of the Plan as of April 30, 2023 was 6.60%. The projection of cash flows used to determine the discount rate assumed that employer contributions are made at 100% of the annual actuarial determined value and that future contributions will be made in the same manner. Based on these assumptions, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive plan participants. Therefore, the long-term expected rate of return on Plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The Florida Statutes require the System to make an actuarially-determined contribution to the Plan each year. Thus, as long as the System continues to fund the Plan based on the contributions, the Plan will remain adequately funded. The valuation includes the annual contribution amount that the System funds each year. An alternative method applies for the System due to the Florida Statutes, requiring that the System fund an actuarially determined dollar amount of contribution each year. As long as the System remains financially able to make the contributions each year, there will never be a point in time where the Plan will run out of money and not be able to make the benefit payments.

Termination and Retirement Rates

As part of the demographic assumption studies performed every three to five years, to ensure that assumptions are still appropriate for the population, a study of termination and retirement rates was performed for the May 1, 2019 valuation. The results of this study were not significant to the Plan valuations.

Rate of Return

For the fiscal year ended April 30, 2023, the annual money-weighted rate of return (loss) on pension plan investments, net of pension plan investment expense, was 3.8%. The money-weighted rate of return is used to express investment performance, net of investment expense, adjusted for the changing amounts actually invested.

Expected Rate of Return

The projected long-term rate of return on pension plan investments at April 30, 2023, was determined using a model of current capital market simulations. It is designed to simulate a wide range of plausible scenarios of future capital market performance over a 10-year time period. It reflects the capital market conditions prevailing at the start date of the simulation. The long-term rate of return on pension plan investments was determined using best-estimate ranges of expected future rates of return (expected returns, net of pension plan investment expense) developed for each major asset class. These ranges are combined to support the long-term expected rate of return assumptions for the Plan by weighting the expected future rates of return by the largest asset allocation percentage and by considering active and passive investment strategies.

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Best estimates of arithmetic real rates of return (expected returns, net of pension plan investment expense and inflation) for major asset classes included in the Plan's asset allocations as of April 30, 2023, are summarized in the following table:

Asset Class	Long-Term Expected Real Rate of Return
Broad Fixed Income	2.3%
High Yield	6.2%
Bank Loans	6.3%
Board U.S. Equities (all Cap Core)	4.7%
Defensive Equity	3.9%
Global Equity	4.9%
Global Low Volatility Equity	4.5%
Emerging Markets Equity	**

** Not available. Emerging Markets Equity is modeled and included within Global Equity.

Fair Value Measurements – Pension Plan Assets

The tables below present the fair value leveling of the Plan's investments as of April 30, 2023, in accordance with GASB Statement No. 72 (in thousands):

	Level 1	Level 2	Total
SEC-registered money market funds	$ 10,860	$ -	$ 10,860
U.S. treasuries	50,956	-	50,956
U.S. agencies	58,197	-	58,197
U.S. agency mortgage bonds	-	40,632	40,632
Asset-backed securities	-	5,151	5,151
Corporate debt	97,519	7,586	105,105
Commercial mortgage securities	-	7,386	7,386
Floating rate mutual funds	47,514	-	47,514
U.S. equities	121,007	-	121,007
U.S. equity exchange traded funds	135,956	-	135,956
International equities	83,673	-	83,673
Global mutual funds	218,091	-	218,091
Foreign bonds	1,949	-	1,949
	$ 825,722	$ 60,755	$ 886,477

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Interest Rate Risk

Interest rate risk exposure is managed by limiting investment maturities in accordance with parameters in the Plan's investment policy. At April 30, 2023, the Plan had investments maturing as follows (in thousands):

	Fair Value	No Maturity Date or Less than 1 Year	1 -5 Years	6-10 Years	Greater Than 10 Years
SEC-registered money market funds	$ 10,860	$ 10,860	$ -	$ -	$ -
U.S. treasuries	50,956	46,697	582	298	3,379
U.S. agencies	58,197	-	7,011	16,235	34,951
U.S. agency mortgage bonds	40,632	-	12	207	40,413
Asset-backed securities	5,151	-	4,606	130	415
Corporate debt	105,105	3,924	69,680	14,185	17,316
Commercial mortgage securities	7,386	400	1,360	-	5,626
Floating rate mutual funds	47,514	47,514	-	-	-
U.S. equities	121,007	121,007	-	-	-
U.S. equity exchange traded funds	135,956	135,956	-	-	-
International equities	83,673	83,673	-	-	-
Global mutual funds	218,091	218,091	-	-	-
Foreign bonds	1,949	-	-	-	1,949
	$ 886,477	$ 668,122	$ 83,251	$ 31,055	$ 104,049

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Credit Risk

The Plan's investment policy provides guidelines for fixed income investment managers that require:

- fixed income securities should be rated BBB (or, its equivalent) or higher at the time of purchase by a nationally recognized statistical rating agency;
- the minimum dollar weighted average credit quality of the portfolio is "A";
- asset-backed securities, mortgage-backed securities and collateralized mortgage obligations should be rated "AAA" (or, its equivalent) at the time of purchase by a nationally recognized statistical rating agency;
- for split ratings, the higher rating will be used to determine compliance; and,
- fixed income securities not in these guidelines shall be authorized by the Board.

At April 30, 2023, the Plan's investments have credit ratings as follows (in thousands):

		S&P Rating or Comparable as of April 30, 2023											
	Total	AAA	AA+	AA	AA-	A+	A	A-	BBB+	BBB	BBB-	Below BBB-	Not rated
SEC-registered money market funds	$ 10,860	$ 10,860	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
U.S. treasuries	50,956	-	50,956	-	-	-	-	-	-	-	-	-	-
U.S. agencies	58,197	-	58,197										
U.S. agency mortgage bonds	40,632	-	40,632										
Asset-backed securities	5,151	4,935	-	216	-	-	-	-	-	-	-	-	-
Corporate debt	105,105	-	16,033	1,352	5,208	5,524	3,600	13,204	13,694	4,979	6,707	34,801	3
Commercial mortgage securities	7,386	7,386	-	-	-	-	-	-	-	-	-	-	-
Floating rate mutual funds	47,514	-	-	-	-	-	-	-	-	-	-	-	47,514
U.S. equities	121,007	-	-	-	-	-	-	-	-	-	-	-	121,007
U.S. equity exchange traded funds	135,956	-	-	-	-	-	-	-	-	-	-	-	135,956
International equities	83,673	-	-	-	-	-	-	-	-	-	-	-	83,673
Global mutual funds	218,091	-	-	-	-	-	-	-	-	-	-	-	218,091
Foreign bonds	1,949	-	1,949	-	-	-	-	-	-	-	-	-	-
	$ 886,477	$ 23,181	$ 167,767	$ 1,568	$ 5,208	$ 5,524	$ 3,600	$ 13,204	$ 13,694	$ 4,979	$ 6,707	$ 34,801	$ 606,244

Note 10. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Concentration of Credit Risk

The Plan's investment policy provides the following guidelines to limit concentration of credit risk:

- No more than 10% of a fixed income portfolio shall be invested in securities of any one issuer with the exception of the U.S. government;
- No more than 3% of Plan assets may be invested in any one bond, with the exception of securities issued or guaranteed by the U.S. government; and
- No more than 50% of fixed income assets may be in non-government guaranteed agency securities.

At April 30, 2023, there were no investments with any one issuer representing greater than 5% or more of the Plan's total investments.

Custodial Risk

The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Plan may not be able to recover the full value of the investment or collateral securities that are in the possession of an outside party. As of April 30, 2023, the Plan's investment portfolio was held in accounts with two third-party custodians in the Plan's name.

Foreign Currency Risk

GASB Statement No. 40, *Deposit and Investment Risk Disclosures—an amendment of GASB Statement No. 3*, requires disclosure of deposits or investments exposed to foreign currency risk, which is the risk that changes in exchange rates will adversely affect the fair value of an investment or deposit. The Plan's exposure to foreign currency derives from its positions in foreign currency denominated equities.

As of April 30, 2023, global equities had a target percentage of 25% and an approved Policy range of 0% to 80% of the Plan's assets. The following table shows the Plan's exposure to foreign currencies as of April 30, 2023 (in thousands):

Currency	
Australian dollar	$ 3,833
British sterling pound	13,088
Canadian dollar	10,179
Danish krone	8,426
EMU (euro)	21,941
Hong Kong dollar	4,015
Japanese yen	10,917
Swiss franc	11,275
Total Plan investments subject to foreign currency risk	$ 83,674
Percentage of total Plan investments	9.4%

Note 11. Defined-Contribution Plans

The System implemented the 401(a) Plan for employees who were hired or had a status change on or after November 1, 2011. Eligible employees are defined as those who are full-time (working 72 hours or more per pay period), who are paid 1,872 eligible hours (regular hours excluding overtime) in a calendar year or at least 1,404 eligible hours in their first calendar year of participation, and who maintain active employment status on the last day of the calendar year. The 401(a) Plan is a defined-contribution plan under which the System makes required contributions for each eligible employee equal to 2.5% of eligible compensation. An employee is 100% vested after five contributions.

Eligible employees may also participate in the Memorial Healthcare System 403(b) Retirement Plan (the RSP Gold Plan). Employees are eligible to participate immediately, and full-time and part-time regularly scheduled employees who work 40 or more hours per pay period are eligible for employer matching contributions. The RSP Gold Plan is a defined-contribution plan under which the System makes required contributions of up to 55% of the employee's contribution (based on the employee's years of service) not to exceed 5% of the employee's eligible compensation. Employees vest 20% per year of employment for employer matched funds.

Participants in the 401(a) Plan and RSP Gold Plan can elect investment options for their individual accounts from among the allowable mutual fund options. In the event investment elections are not provided by the participant, the 401(a) and RSP Gold Plan utilizes target date funds as the Qualified Default Investment Alternative. The System's contribution and interest forfeited by employees who leave employment before vesting will periodically be used to reduce the System's current period contribution requirement. For the year ended April 30, 2023, the System's contribution expense was approximately $13,633,000 and approximately $25,635,000 for the 401(a) Plan and the RSP Gold Plan, respectively, and is included in employee benefits expense in the accompanying statement of revenues, expenses and changes in net position.

Note 12. Regulatory Matters

In May 1984, the State Legislature enacted the Health Care Consumer Protection and Awareness Act (the Act) in an effort to improve access to medical care for indigent persons. The Act established, among other things, the Public Medical Assistance Trust Fund (PMATF), which is financed by an assessment on the net operating revenues of Florida hospitals. In 1992, the State Legislature transferred the authority to levy assessments to AHCA. The amount of the PMATF assessment is 1.5% of adjusted inpatient operating revenue and 1.0% of adjusted outpatient operating revenue. The assessed amount recognized by the System was approximately $33,589,000 for the year ended April 30, 2023, and is included in other operating expenses in the accompanying statement of revenues, expenses and changes in net position.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Note 13. Other Noncurrent Liabilities

Other noncurrent liabilities consist primarily of accrued disability expenses, AHCA and other assessments, and retirement benefits.

Activity related to other noncurrent liabilities is summarized as follows (in thousands):

Balance at beginning of year (*)	$	53,448
AHCA assessments		676
Disability expense		(316)
Retirement benefits		1,830
Other		(166)
Balance at end of year	$	55,472

(*) Restated due to the implementation of GASB Statement No. 87, *Leases*.

Note 14. Leases

On May 1, 2022, the System implemented GASB Statement No. 87, *Leases*, which requires leases with durations greater than 12 months to be recognized on the statement of net position. The System has both lessee and lessor lease agreements.

Lessee

As a lessee, the System is obligated under various noncancellable operating leases for office space, medical equipment, and data processing equipment. For leases with terms greater than twelve months, the System records a right-to-use asset and lease liability based upon present value of lease payments over the lease term. These leases have terms greater than one year and up to sixteen years, requiring monthly, quarterly or annual payments. Many of the System's leases include rental escalation clauses and renewal options that are factored into the determination of lease payments, when appropriate. In addition to the base rent payments, the System expenses variable payments for increases in base rent that are based on the consumer price index (CPI) as well as variable payments associated with embedded leases which are not included in the measurement of the lease liability. The amount of lease expense recognized for variable payments not included in the measurement of the lease liability was $279,000 for the year ended April 30, 2023. The System did not recognize other payments attributable to residual value guarantees or termination penalties not previously included in the measurement of the lease liability. The System used its incremental borrowing rate to discount the lease payments, as most of the leases do not provide a readily determinable implicit interest rate.

Note 14. Leases (Continued)

A summary of the activity for the right-to-use lease assets and the related accumulated amortization is as follows for the year ended April 30, 2023 (in thousands):

	Balance at May 1, 2022 (*)	Additions	Deletions	Balance at April 30, 2023
Leased assets being amortized:				
Equipment	$ 10,414	$ 405	$ -	$ 10,819
Real estate	76,109	2,569	-	78,678
Total leased assets being amortized	86,523	2,974	-	89,497
Accumulated amortization:				
Equipment	-	(3,807)	-	(3,807)
Real estate	-	(13,284)	-	(13,284)
Total accumulated amortization	-	(17,091)	-	(17,091)
Total, net of accumulated amortization	$ 86,523	$ (14,117)	$ -	$ 72,406

(*) Restated due to the implementation of GASB Statement No. 87, *Leases*.

A summary of the activity for the lease payable balance is as follows for the year ended April, 30, 2023 (in thousands):

Balance at beginning of year (*)	$ 86,523
Additions	2,974
Lease Payments	(14,790)
Balance at end of year	$ 74,707

(*) Restated due to the implementation of GASB Statement No. 87, *Leases*.

Maturities of the lease payable balance for the next five years and thereafter are shown in the table below (in thousands):

	Principal	Interest	Total
Year Ending April 30:			
2024	$ 15,528	$ 2,114	$ 17,642
2025	15,605	1,647	17,252
2026	8,680	1,283	9,963
2027	8,134	1,027	9,161
2028	7,483	776	8,259
2029-2033	18,032	1,235	19,267
2034-2038	1,156	94	1,250
2039-2043	89	1	90
	$ 74,707	$ 8,177	$ 82,884

Note 14. Leases (Continued)

Lessor

As a lessor, the System leases medical and retail office space in its managed facilities. For leases with terms greater than twelve months, the System records a short-term and long-term lease receivable, which are included in other current assets and other assets, respectively, in the accompanying statement of net position, and a deferred inflow of resources at the present value of fixed lease payments to be received during the lease term. As of April 30, 2023, the short-term and long-term lease receivable was approximately $4,361,000 and $9,268,000, respectively, which is included in other current assets and other assets, respectively, in the accompanying statement of net position. These leases have terms greater than one year and up to eight years requiring monthly and annual payments. Many of the System's leases include rental escalation clauses and renewal options that are factored into the determination of lease payments, when appropriate. In addition to the above payments, the System receives variable payments for increases in base rent that are based on CPI, which are not included in the measurement of the lease receivable. The System did not recognize revenue associated with residual value guarantees and termination penalties. The System used its incremental borrowing rate to discount the lease payments, as most of the leases do not provide a readily determinable implicit interest rate.

The total amount of inflows of resources recognized for the period ending April 30, 2023, was as follows (in thousands):

Lease revenue (*)	$	4,129
Interest income	$	586
Other variable	$	15

(*) Lease revenue is included net of expenses within Nonoperating revenues, net, in the accompanying statement of revenues, expenses, and changes in net position.

Note 15. Compensated Absences

The activity related to accrued compensated absences is summarized as follows (in thousands):

Balance at beginning of year	$	147,629
Compensated abscences		10,773
Balance at end of year	$	158,402

As of April 30, 2023, the short-term and long-term balance of accrued compensated absences was approximately $136,165,000 and $22,237,000, respectively, which is included in accrued compensation and payroll taxes and noncurrent liabilities, respectively, in the accompanying statement of net position.

Note 16. Nonoperating Revenues, Net

Nonoperating revenues and expenses consist of activities that are peripheral, incidental, or not considered to be central to the provision of health care services and are as follows (in thousands):

Investment income and other, net	$	46,873
Depreciation expense		2,088
Unrealized gains on investments		6,478
Interest expense		(32,553)
COVID-19 relief funds		529
	$	23,415

The System recognized gross ad valorem tax revenue of approximately $7,441,000 for the year ended April 30, 2023. For the year ended April 30, 2023, the System primarily used the gross tax proceeds to pay the county's Medicaid match, community redevelopment assessments and the tax collectors' fee and is recognized net in nonoperating revenues, net in the accompanying statement of revenues, expenses, and changes in net position.

Note 17. Related Parties

The System has related party relationships with two Foundations, Memorial Foundation, Inc. (Memorial Foundation) and Joe DiMaggio Children's Hospital Foundation, Inc. (JDCH Foundation), collectively referred to as the Foundations, which raise money to benefit the System and the citizens located within the South Broward Hospital District. For the year ended April 30, 2023, the System recognized contributions from the Foundations of approximately $2,426,000 included in other operating revenues, and $598,000, which were included in capital contributions and grants, respectively, in the accompanying statement of revenues, expenses and changes in net position. The capital contributions and grants for the year ended April 30, 2023, were primarily used for the purchase of medical equipment. As of April 30, 2023, total receivables due from the Foundations were approximately $3,041,000, which are included in other current assets in the accompanying statement of net position.

Note 18. Subsequent Events

The System has evaluated the impact of subsequent events through DATE, the date on which the financial statements were issued.

Required Supplementary Information

Unaudited

South Broward Hospital District
d/b/a Memorial Healthcare System

Schedule of Changes in the Plan's Net Pension Liability and Related Ratios – Unaudited
Last 9 fiscal years
(In Thousands)

	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total pension liability									
Service cost	$ 12,667	$ 12,692	$ 13,375	$ 16,436	$ 16,386	$ 16,902	$ 17,460	$ 17,579	$ 17,980
Interest	62,748	57,782	55,647	56,111	54,578	52,277	48,950	45,777	43,771
Differences between expected and actual experience	34,642	5,810	3,288	1,273	(13,440)	830	(926)	(1,572)	-
Changes in assumptions	10,704	7,307	10,323	(18,609)	(20,003)	-	305	25,721	-
Benefit payments	(39,210)	(35,139)	(33,013)	(35,788)	(24,903)	(20,812)	(18,572)	(16,302)	(14,800)
Net change in total pension liability	81,551	48,452	49,620	19,423	12,618	49,197	47,217	71,203	46,951
Total pension liability – beginning	935,698	887,246	837,626	818,203	805,585	756,388	709,171	637,968	591,017
Total pension liability – ending (a)	$ 1,017,249	$ 935,698	$ 887,246	$ 837,626	$ 818,203	$ 805,585	$ 756,388	$ 709,171	$ 637,968
Plan fiduciary net position									
Contributions – employer	$ 39,894	$ 34,648	$ 35,136	$ 41,122	$ 37,043	$ 38,343	$ 37,295	$ 37,649	$ 33,764
Net investment (loss) income	32,549	(27,097)	197,540	(8,993)	48,985	48,286	53,179	(9,762)	20,731
Benefit payments	(39,210)	(35,139)	(33,013)	(35,788)	(24,903)	(20,812)	(18,572)	(16,302)	(14,800)
Administrative expense	(105)	(162)	(192)	(225)	(235)	(225)	(261)	(235)	(216)
Net change in plan fiduciary net position	33,128	(27,750)	199,471	(3,884)	60,890	65,592	71,641	11,350	39,479
Plan fiduciary net position – beginning	855,993	883,743	684,272	688,156	627,266	561,674	490,033	478,683	439,204
Plan fiduciary net position – ending (b)	$ 889,121	$ 855,993	$ 883,743	$ 684,272	$ 688,156	$ 627,266	$ 561,674	$ 490,033	$ 478,683
Plan's net pension liability – ending (a) – (b)	$ 128,128	$ 79,705	$ 3,503	$ 153,354	$ 130,047	$ 178,319	$ 194,714	$ 219,138	$ 159,285
Plan fiduciary net position as a percentage of total pension liability	87.4%	91.5%	99.6%	81.7%	84.1%	77.9%	74.3%	69.1%	75.0%
Covered payroll	$ 308,229	$ 304,098	$ 324,895	$ 335,633	$ 348,296	$ 369,605	$ 387,420	$ 405,279	$ 430,332
Plan's net pension liability as a percentage of covered payroll	41.6%	26.2%	1.1%	45.7%	37.3%	48.2%	50.3%	54.1%	37.0%

This Schedule is presented for only those years for which information is available until a full 10 year trend is compiled.

The information above is reported in the System's financial statements one year in arrears.

The System implemented GASB Statement No. 67 and 68 as of May 1, 2015.

Schedule of Changes in the Plan's Net Pension Liability and Related Ratios – Unaudited
(In Thousands)

Notes to Schedule

Valuation date	Liability determined using May 1 census data and valuation date using update procedures to roll forward to the measurement date; census data and valuation date both one year prior to the measurement date and the Plan fiscal year end, reported by the System two years prior to its fiscal year end.

Methods and assumptions used to determine accounting and financial reporting under GASB Statements No. 67 and No. 68.

Actuarial cost method	Entry age normal actuarial cost method under GASB Statements No. 67 and No. 68.
Asset valuation method	Fair market value for fiduciary net position used to determine net pension liability under GASB Statements No. 67 and No. 68.
Long-term expected rate of return	6.60% beginning with the May 1, 2020 valuation; 6.75% for the May 1, 2019 valuation; 7.00% prior to the May 1, 2019 valuation.
Mortality rates	For the May 1, 2022 valuation, mortality rates were based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females. For the May 1, 2021 and May 1, 2020 valuations, mortality rates were based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2020 for males and females. For the May 1, 2019 valuation, mortality rates were based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2018 for males and females. For the May 1, 2018 valuation, mortality rates were based on the RP-2014 Employee and Annuitant Mortality tables for males and females with the Scale MP-2014 backed out to 2006 and projected forward from 2006 generationally using Scale MP-2018 for males and females. Prior to the May 1, 2018 valuation, mortality rates were based on the RP-2014 Employee and Annuitant Mortality tables for males and females with the Scale MP-2014 backed out to 2006 and projected forward from 2006 generationally using Scale BB (male).

South Broward Hospital District
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Schedule of Changes in the Plan's Net Pension Liability and Related Ratios – Unaudited
(In Thousands)

Notes to Schedule

Projected salary increases	For the May 1, 2022 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25% and was adjusted to reflect a one-time 2.00% increase at May 1, 2023. For the May 1, 2021 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25% and was adjusted to reflect a one-time 2.00% increase at May 1, 2022. For the May 1, 2020 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25%. For the May 1, 2019 valuation, an age-graded select and ultimate table of rates was used starting with 5.25% and grading down to 3.75% in 2019 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2018 valuation, an age-graded select and ultimate table of rates was used starting with 5.00% and grading down to 3.50% in 2018 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2017 valuation, an age-graded select and ultimate table of rates was used starting with 4.75% and grading down to 3.25% in 2017 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2016 valuation, an age-graded select and ultimate table of rates was used starting with 4.50% and grading down to 3.00% in 2016 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2015 valuation, an age-graded select and ultimate table of rates was used starting with 4.25% and grading down to 2.75% in 2015 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2014 valuation, an age-graded select and ultimate table of rates was used starting with 4.00% and grading down to 2.50% in 2014 and increasing 0.25% per year to 2022 when rates are 6.00% and grading down to 4.50%.

South Broward Hospital District
d/b/a Memorial Healthcare System

Schedule of System Contributions – Last 10 Fiscal Years
Unaudited
(In Thousands)

	2023	2022	2021	2020	2019
Actuarially determined contribution	$ 36,278	$ 33,648	$ 35,136	$ 38,723	$ 37,043
Contributions in relation to the actuarially determined contribution	39,894	34,648	35,136	41,122	37,043
Contribution deficiency (excess)	(3,616)	(1,000)	-	(2,399)	-
Covered payroll	308,229	304,098	324,895	335,633	348,296
Contributions as a percentage of covered payroll	12.9%	11.4%	10.8%	12.3%	10.6%

	2018	2017	2016	2015	2014
Actuarially determined contribution	$ 38,343	$ 37,295	$ 37,649	$ 33,764	$ 34,988
Contributions in relation to the actuarially determined contribution	38,343	37,295	37,649	33,764	34,988
Contribution deficiency (excess)	-	-	-	-	-
Covered payroll	369,605	387,420	405,279	430,332	453,033
Contributions as a percentage of covered payroll	10.4%	9.6%	9.3%	7.8%	7.7%

Schedule of System Contributions – Last 10 Fiscal Years (Continued)
Unaudited
(In Thousands)

Notes to Schedule

Valuation date	Actuarially determined contributions are calculated as of the beginning of each fiscal year/plan year and interest-adjusted to the end of the year. 1/12 of this amount is paid by the System on a monthly basis.

Methods and assumptions used to determine annual required contributions.

Actuarial cost method	Projected unit credit cost method.
Amortization method	Beginning with the May 1, 2013 valuation – Level dollar amount, closed.
Remaining amortization period	8 – 12 years, the average future work life expectancy of the active participants in the year the amortization base is established.
Asset valuation method	Five-year smoothed market value
Inflation	2.50% beginning with the May 1, 2013 valuation
Salary increases	Beginning with the May 1, 2020 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25%. For the May 1, 2019 valuation, an age-graded select and ultimate table of rates was used starting with 5.25% and grading down to 3.75% in 2019 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2018 valuation, an age-graded select and ultimate table of rates was used starting with 5.00% and grading down to 3.50% in 2018 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2017 valuation, an age-graded select and ultimate table of rates was used starting with 4.75% and grading down to 3.25% in 2017 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2016 valuation, an age-graded select and ultimate table of rates was used starting with 4.50% and grading down to 3.00% in 2016 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2015 valuation, an age-graded select and ultimate table of rates was used starting with 4.25% and grading down to 2.75% in 2015 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2014 valuation, an age-graded select and ultimate table of rates was used starting with 4.00% and grading down to 2.50% in 2014 and increasing 0.25% per year to 2022 when rates are 6.00% and grading down to 4.50%. For the May 1, 2013 valuation, age-graded rates starting with 6.00%, grading down to 4.50%.

South Broward Hospital District
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Schedule of System Contributions – Last 10 Fiscal Years (Continued)
Unaudited
(In Thousands)

Notes to Schedule

Investment rate of return	6.60% beginning with the May 1, 2021 valuation; 6.75% for the May 1, 2020 valuation; 7.00% for the May 1, 2019 to May 1, 2015 valuations; 7.50% prior to the May 1, 2015 valuation.
Mortality rates	Beginning with the May 1, 2020 valuation – Pub-2010 separate Employee and Annuitant Below Median Headcount-Weighted Mortality Tables for males and females projected generationally using Scale MP-2018 for males and females. For the May 1, 2019 to May 1, 2016 valuations – combined RP-2000 Mortality tables for males and females projected forward generationally using Scale BB. For the May 1, 2015 and May 1, 2014 valuations – RP-2014 Employee and Annuitant Mortality tables for males and females with the Scale MP-2014 backed out to 2006 and projected forward from 2006 generationally using Scale BB (male). For the May 1, 2013 valuation – combined RP-2000 Mortality tables for males and females projected to ten years past the valuation year using Scale AA.
Other information	The benefit formula for participants hired after May 1, 2010 was changed. At May 1, 2011, the Plan was closed to employees hired or rehired after October 31, 2011.

South Broward Hospital District
d/b/a Memorial Healthcare System

Schedules of Plan Investment Returns - Unaudited
Last 9 fiscal years

	2023	2022	2021	2020	2019	2018	2017	2016	2015
Annual money-weighted rate of return (loss), net of investment expense	3.8%	(3.1)%	28.7%	(1.3)%	7.7%	8.5%	10.7%	(2.0)%	4.6%

This schedule is presented for only those years for which information is available until a full 10 year trend is compiled.

Supplementary Information

South Broward Hospital District
d/b/a Memorial Healthcare System

Combining Statement of Net Position – System
April 30, 2023
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Manor Nursing Home	Other Non-Hospital Operations and Eliminations	Combined
Assets and Deferred Outflows of Resources							
Current assets:							
Cash and cash equivalents	$ 50	$ -	$ -	$ -	$ 107	$ 162,397	$ 162,554
Investments	-	-	-	-	-	2,291,185	2,291,185
Patient accounts receivable, net of estimated uncollectibles	203,349	97,516	15,162	19,313	1,303	3,559	340,202
Inventories	25,743	9,138	3,016	3,118	-	14,844	55,859
Other current assets	70,780	42,522	9,336	8,321	9	67,875	198,843
Restricted assets:							
Investments under indenture agreements for debt service	-	-	-	-	-	28,469	28,469
Investments under self-insurance agreements	-	-	-	-	-	13,589	13,589
Total current assets	299,922	149,176	27,514	30,752	1,419	2,581,918	3,090,701
Noncurrent assets:							
Designated investments for employee disability	-	-	-	-	-	19,597	19,597
Capital assets, net	517,955	324,489	19,214	84,782	2,507	268,631	1,217,578
Right-of-use lease assets, net	14,958	3,547	12,830	1,284	-	39,787	72,406
Other assets	389	1,993	9	3	-	40,121	42,515
Restricted assets, net of current portion:							
Investments restricted under self-insurance agreements	-	-	-	-	-	47,220	47,220
Total assets	$ 833,224	$ 479,205	$ 59,567	$ 116,821	$ 3,926	$ 2,997,274	$ 4,490,017
Deferred outflows of resources:							
Pension related items	$ -	$ -	$ -	$ -	$ -	$ 55,015	$ 55,015
Loss on defeasance	-	-	-	-	-	16,026	16,026
Total deferred outflows of resources	$ -	$ -	$ -	$ -	$ -	$ 71,041	$ 71,041

(Continued)

South Broward Hospital District
d/b/a Memorial Healthcare System

Combining Statement of Net Position – System (Continued)
April 30, 2023
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Manor Nursing Home	Other Non-Hospital Operations and Eliminations	Combined
Liabilities, Deferred Inflows of Resources and Net Position							
Current liabilities:							
Accounts payable and accrued expenses	$ 55,974	$ 38,132	$ 7,167	$ 6,674	$ 337	$ 62,937	$ 171,221
Accrued compensation and payroll taxes	-	-	-	-	-	181,391	181,391
Estimated third-party payor settlements	56,161	25,691	10,636	12,943	-	75	105,506
Current installments of long-term debt	-	-	-	-	-	12,390	12,390
Current portion of estimated claims liability	-	-	-	-	-	16,573	16,573
Current portion of lease payable	2,898	1,164	5,691	745	-	5,030	15,528
Other current liabilities	27,724	13,634	5,412	5,180	107	3,550	55,607
Total current liabilities	142,757	78,621	28,906	25,542	444	281,946	558,216
Noncurrent liabilities:							
Long-term portion of estimated claims liability	-	-	-	-	-	28,486	28,486
Net pension liability	-	-	-	-	-	79,705	79,705
Other noncurrent liabilities	9,227	4,931	1,252	1,797	-	38,265	55,472
Long-term debt	-	-	-	-	-	896,930	896,930
Lease payable	12,705	2,463	7,409	568	-	36,034	59,179
Total liabilities	$ 164,689	$ 86,015	$ 37,567	$ 27,907	$ 444	$ 1,361,366	$ 1,677,988
Deferred inflows of resources:							
Pension related items	-	-	-	-	-	5,612	5,612
Lease related items	372	2,576	-	-	-	10,316	13,264
Total deferred inflows of resources	$ 372	$ 2,576	$ -	$ -	$ -	$ 15,928	$ 18,876
Net position:							
Net investment in capital assets	$ 492,455	$ 316,957	$ 18,584	$ 84,235	$ 2,507	$ (631,618)	$ 283,120
Restricted	-	-	-	-	-	29,444	29,444
Unrestricted	175,708	73,657	3,416	4,679	975	2,293,195	2,551,630
Total net position	$ 668,163	$ 390,614	$ 22,000	$ 88,914	$ 3,482	$ 1,691,021	$ 2,864,194

South Broward Hospital District
d/b/a Memorial Healthcare System

Combining Statement of Revenues, Expenses and Changes in Fund Net Position – System
Year Ended April 30, 2023
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Manor Nursing Home	Other Non-Hospital Operations and Eliminations	Combined
Operating revenue:							
Net patient service revenue	$ 1,352,526	$ 742,662	$ 194,879	$ 268,395	$ 11,914	$ 112,107	$2,682,483
Disproportionate share distributions	37,640	16,312	8,199	5,388	-	-	67,539
Other operating revenues	46,043	16,530	4,749	3,987	77	109,268	180,654
Total operating revenue	1,436,209	775,504	207,827	277,770	11,991	221,375	2,930,676
Operating expenses:							
Salaries and wages	685,529	329,835	100,284	115,695	11,391	192,224	1,434,958
Employee benefits	89,425	42,813	13,168	15,372	1,662	15,244	177,684
Professional fees	29,333	22,726	6,366	7,065	75	611	66,176
Supplies	262,039	146,409	26,879	30,412	1,925	96,389	564,053
Purchased services	145,031	85,776	29,362	34,260	1,353	7,575	303,357
Facilities	44,367	19,510	6,809	8,694	789	5	80,174
Depreciation and amortization	50,188	26,143	12,437	9,421	406	10,974	109,569
Other	50,529	26,376	8,488	8,373	567	13,950	108,283
Total operating expenses	1,356,441	699,588	203,793	229,292	18,168	336,972	2,844,254
Operating income (loss)	79,768	75,916	4,034	48,478	(6,177)	(115,597)	86,422
Nonoperating (expenses) revenues, net	(13,680)	(10,021)	(805)	(3,106)	(3)	51,030	23,415
Excess (deficit) of revenues over (under) expenses	66,088	65,895	3,229	45,372	(6,180)	(64,567)	109,837
Other changes in net position:							
Capital contributions and grants	811	447	-	-	-	150	1,408
Equity transfers	(16,071)	(1,322)	3,552	(39,291)	6,599	46,533	-
Increase (decrease) in net position	50,828	65,020	6,781	6,081	419	(17,884)	111,245
Net position at the beginning of the year	616,792	325,673	13,277	82,851	3,063	1,707,827	2,749,483
Net impact of GASB Statement No. 87	543	(79)	1,942	(18)	-	1,078	3,466
Net position as restated, beginning of the year (Note 1)	617,335	325,594	15,219	82,833	3,063	1,708,905	2,752,949
Net position at the end of the year	$ 668,163	$ 390,614	$ 22,000	$ 88,914	$ 3,482	$ 1,691,021	$ 2,864,194

[Client Letterhead]

DATE

RSM US LLP
201 E Las Olas Blvd
Suite 2500
Fort Lauderdale, FL 33301

This representation letter is provided in connection with your audit of the basic financial statements of the business-type activities and the aggregate remaining fund information of South Broward Hospital District d/b/a Memorial Healthcare System (the System) as of and for the year ended April 30, 2023, for the purpose of expressing an opinion on whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

We confirm, to the best of our knowledge and belief, that as of the date of this letter:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit arrangement letter dated November 15, 2021, for the preparation and fair presentation of the financial statements referred to above in accordance with U.S. GAAP.

2. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

3. We acknowledge our responsibility for the design, implementation and maintenance of controls to prevent and detect fraud.

4. The methods, data and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of U.S. GAAP, and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.

5. The methods, assumptions and data used to estimate *Allowances for Doubtful Accounts and Contractual Discounts, Third-Party Payor Settlements, Self-Insurance Liabilities, Pension Plan Liabilities and Valuation of Investments* are as follows, and result in an estimate that is appropriate for financial statement measurement and disclosure purposes and have been consistently selected and applied in making the estimate:

    - Allowances for Doubtful Accounts and Contractual Discounts – The System recognizes revenue in the period in which services are rendered. Net patient service revenue is measured at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. An allowance for contractual adjustments is established for unbilled and billed accounts for which contractual adjustments are not recorded at the time of billing or where the recorded contractual is not sufficient, based on the System's best estimate of net revenue dollars that will not be collected.

- Third-Party Payor Settlements and Waiver Days – Management estimates the amount of receivables from, or payables to, third-party payors in the same period that the related services are rendered. Differences between the original estimates and subsequent revisions (including final settlements) are included in the period revisions are made. Management also evaluates that all required disclosures for third-party settlements are included in the financial statements. Management recorded the revenue associated with Section 1115 Waiver Days based on the impact on Medicare Disproportionate Share Hospital (DSH) payments by hospital by fiscal year, net of reserves, determined by review of prior audits completed by the Medicare Administrative Contractor.

- Self-Insurance Liabilities – Accruals are based on estimated ultimate losses and costs associated with settling claims and the relationship of past reported claims to eventual claim payments. The accrual includes an estimate of the losses that will result from unreported claims, which are probable of having occurred before the end of the reporting period. Management's liability estimates are based on actuarial studies based on both current and historical information.

- Accounting for Pension Plan Liabilities – Pension liabilities and related pension amounts are actuarially determined in accordance with the parameters established by the Governmental Accounting Standards Board (GASB). The difference between the total pension liability and plan fiduciary net position at the plan's measurement date and any associated deferred outflows and inflows of resources as of the period ended are recognized in the financial statements. Management, with input from its actuary, developed the actuarial assumptions based on relevant criteria. Management reviewed and approved the financial statement estimates derived from the pension plan's actuarial reports.

- Valuation of Investments – Management recorded investments based on the fair values reported on the year end custodian investment statements.

- Accounting for Leases – Management determines if any new leases meet the definition of a lease under GASB 87, *Leases*. If it meets the definition, the lease terms (commencement date, term period, payments, option periods, termination provisions and discount rate) are evaluated and used to record the transaction in accordance with GASB 87, *Leases*. If the lease does not contain an explicit rate, the appropriate incremental borrowing rate that matches the lease term will be used.

6. Related-party transactions have been recorded in accordance with the economic substance of the transaction and appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP. Types of related party transactions engaged in by the System include:

   a. Those with component units for which the System is accountable.

   b. Those with other organizations for which the nature and significance of their relationship with the System are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete.

   c. Interfund transactions, including interfund accounts and advances receivable and payable, sale and purchase transactions, interfund transfers, long-term loans, leasing arrangements and guarantees, as applicable.

7. The financial statements include all fiduciary activities required by GASB Statement No. 84, *Fiduciary Activities* (GASB 84), as amended.

8. We have evaluated the Memorial Healthcare System Supplemental Executive Retirement Plan (the IRS 457(f) Plan) under the requirements of GASB 84 and determined that the IRS 457(f) Plan is not a fiduciary activity of the System. The investment assets and related plan liability is recorded in the basic financial statements. However, we have concluded that the IRS 457(f) Plan is not material to the System to require separate disclosure in the notes to the financial statements.

9. All events subsequent to the date of the financial statements, and for which U.S. GAAP requires adjustment or disclosure, have been adjusted or disclosed.

10. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.

11. Management has followed applicable laws and regulations in adopting, approving and amending budgets.

12. Risk disclosures associated with deposit and investment securities are presented in accordance with GASB requirements.

13. Provisions for uncollectible receivables have been properly identified and recorded.

14. Capital assets, including infrastructure and intangible assets are properly capitalized, reported and, if applicable, depreciated.

15. The System has properly separated information in debt disclosures related to direct borrowings and direct placements of debt from other debt and disclosed any unused lines of credit, collateral pledged to secure debt, terms in the debt agreements related to significant default or termination events with finance-related consequences, and significant subjective acceleration clauses, as applicable, in accordance with GASB Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*.

16. Components of net position (net investment in capital assets, restricted and unrestricted) are properly classified and, if applicable, approved.

17. Interfund, internal and intra-entity activity and balances have been appropriately classified and reported.

18. The System has properly applied its policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred, for purposes for which both restricted and unrestricted net position is available. The System has also properly disclosed net position in accordance with its policy at year end.

19. We have no direct or indirect legal or moral obligation for any debt of any organization, public or private, or to special assessment bond holders, that is not disclosed in the financial statements.

20. We have complied with all aspects of laws, regulations and provisions of contracts and agreements that would have a material effect on the financial statements in the event of noncompliance. We have disclosed all instances of identified or suspected noncompliance with laws, regulations and provisions of contracts and grant agreements whose effects should be considered by management when preparing the financial statements, when applicable.

In connection therewith, we specifically represent that we are responsible for determining that we are subject to the requirements of the Single Audit Act because we have received, expended or otherwise been the beneficiary of the required amount of federal awards during the period of this audit. The System engaged another licensed Certified Public Accounting firm to perform the single audit.

21. We believe the implementation of GASB Statement 87, *Leases* is appropriate.

22. As of and for the year ended April 30, 2023, we believe that the effects of the uncorrected misstatements aggregated by you and summarized below are immaterial, both individually and in the aggregate, to the basic financial statements. For purposes of this representation, we consider items to be material, regardless of their size, if they involve the misstatement or omission of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

Business-type Activities	Effect—Debit (Credit)				
Description	Assets	Liabilities	Net Position	Revenue	Expense
Reclassification of credit balances within patient accounts receivable to a liability	$ 18,400,000	$ (18,400,000)	$ -	$ -	$ -
Total effect	-	-	-	$ -	$ -
Statement of net position effect	$ 18,400,000	$ (18,400,000)	$ -		

Aggregate Remaining Information	Effect—Debit (Credit)				
Description	Assets	Liabilities	Net Position	Revenue	Expense
To accrue investment management fees payable	$ -	$ (772,000)	$ -	$ -	$ 772,000
Total effect	-	-	772,000	$ -	$ 772,000
Statement of net position effect	$ -	$ (772,000)	$ 772,000		

Information Provided

23. We have provided you with:

    a. Access to all information of which we are aware that is relevant to the preparation and fair presentation of the basic financial statements such as records, documentation and other matters.

    b. Additional information that you have requested from us for the purpose of the audit.

    c. Unrestricted access to persons within the System from whom you determined it necessary to obtain audit evidence.

    d. Minutes of the meetings of the governing board and committees, or summaries of actions of recent meetings for which minutes have not yet been prepared.

24. All transactions have been recorded in the accounting records and are reflected in the basic financial statements.

25. We have disclosed to you the results of our assessment of risk that the basic financial statements may be materially misstated as a result of fraud.

26. It is our responsibility to establish and maintain internal control over financial reporting. One of the components of an entity's system of internal control is risk assessment. We hereby represent that our risk assessment process includes identification and assessment of risks of material misstatement due to fraud. We have shared with you our fraud risk assessment, including a description of the risks, our internal assessment of the magnitude and likelihood of misstatements arising from those risks, and the controls that we have designed and implemented in response to those risks.

27. We have no knowledge of allegations of fraud or suspected fraud affecting the System's basic financial statements involving:

    a. Management.

    b. Employees who have significant roles in internal control.

    c. Others where the fraud could have a material effect on the basic financial statements.

28. We have no knowledge of any allegations of fraud or suspected fraud affecting the System's basic financial statements received in communications from employees, former employees, analysts, regulators or others.

29. We have no knowledge of noncompliance or suspected noncompliance with laws and regulations.

30. We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements.

31. We have disclosed to you the identity of all of the System's related parties and all the related-party relationships and transactions of which we are aware.

32. We are aware of no significant deficiencies, including material weaknesses, in the design or operation of internal controls that could adversely affect the System's ability to record, process, summarize and report financial data.

33. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.

34. We have made you aware, to the best of our knowledge and belief, of any non-audit services that the System or any of our affiliates has engaged RSM US LLP or any of its associated entities to perform.

35. We agree with the findings of the specialist in evaluating the System's self-insurance liabilities and pension liabilities and have adequately considered the qualifications of the specialists in determining the amounts and disclosures used in the financial statements and underlying accounting records. We did not give instructions, or cause any instructions to be given, to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.

36. We believe that the actuarial assumptions and methods used by the actuary for funding purposes and for determining accumulated plan benefits for the defined benefit plan are appropriate in the circumstances. We did not give instructions, or cause any instructions to be given, to the specialist with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the Plan's actuary.

37. The following representations relate to receivables:

    a. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to home health resource group, resource utilization group, ambulatory payment classification and DRG assignments, as applicable.

    b. Recorded valuation allowances are necessary, appropriate and properly supported.

    c. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available.

38. The following representations relate to cost report filing requirements:

    a. All required Medicare, Medicaid and similar reports have been properly filed.

    b. Management is responsible for the accuracy and propriety of all filed cost reports.

    c. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payors.

    d. The employed reimbursement methodologies and principles are in accordance with applicable rules and regulations.

    e. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors or other regulatory agencies.

    f. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.

    g. Recorded third-party settlements include differences between filed (and to-be-filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. Although management believes that the System is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.

39. The following representations relate to contingencies:

    a. There are no instances of noncompliance with laws or regulations, such as those related to Medicare and Medicaid antifraud and abuse statutes, in any jurisdiction, whose effects are considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements. This is including, but not limited to, the anti-kickback statute of the Medicare and Medicaid Patient and Program Protection Act of 1987, limitations on certain physician referrals (the Stark law), and the False Claims Act.

    b. Billings to third-party payors comply in all material respects with applicable coding guidelines (for example, ICD-10 and CPT-4) and laws and regulations, including those dealing with Medicare and Medicaid antifraud and abuse, and billings reflect only charges for goods and services that were medically necessary, properly approved by regulatory bodies (for example, the Food and Drug Administration), if required, and properly rendered.

c. There have been no internal or external investigations relating to noncompliance with applicable laws and regulations, including investigations in progress that would have a material effect on the amounts reported in the financial statements or on the disclosures in the notes to the financial statements.

d. There have been no oral or written communications from regulatory agencies, governmental representatives, employees or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, including those related to Medicare and Medicaid antifraud and abuse statutes, deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.

e. Guarantees, whether written or oral, under which the System is contingently liable, including guarantee contracts and indemnification agreements, have been properly recorded or disclosed in the financial statements.

f. We continue to maintain commercial insurance policies and/or programs of self-insurance for general liability, directors' and officers' liability, auto, workers' compensation, cybersecurity and business interruption risk that provide coverage for the risks commensurate with the System's business. Management periodically reviews such insurance coverages and intends to maintain appropriate levels of insurance coverage to address such risks.

40. The System is exempt from income taxes as it is a political subdivision of the State of Florida. It also has dual status as a tax-exempt entity under Internal Revenue Code (IRC) Section 501(a) as an entity described in Section 501(c)(3). The System is in compliance with the provisions of IRC Section 501(c)(3) and is exempt from federal income tax under IRC Section 501(a), as evidenced by a determination letter.

41. Management has evaluated all individuals providing services to the System to determine if they are being properly treated as either independent contractors or employees pursuant to applicable state and federal laws. Management believes that all individuals being treated as independent contractors meet the criteria to be treated as such, and accordingly, we do not believe there is any exposure for payroll taxes, or penalties or interest for underpayment of payroll or other taxes.

42. Provision has been made, when material, for estimated retroactive adjustments by third-party payors under reimbursement agreements.

43. The System is in compliance with bond indentures or other debt instruments and agreements.

44. For each of its outstanding bond issues, the System is in compliance with post-issuance requirements, as specified in the IRC, including, but not limited to, the areas of arbitrage and private business use.

45. There are no pending changes in the organizational structure, financing arrangements or other matters that could have a material effect on the financial statements of the System.

46. The System is in compliance with all contractual agreements, grants and donor restrictions.

47. The System has reported to its risk management department all known asserted and unasserted claims and incidents. Adequate and reasonable provision has been made for losses related to asserted and unasserted malpractice, health insurance, workers' compensation and any other claims.

48. As of April 30, 2023, we have accounted for the second year of the Direct Payment Program (DPP) which began on October 1, 2021.

49. The schedules showing Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio included within the Independent Auditor's Report on the Schedules of Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio have been prepared in accordance with Section 3.07 of the Master Trust Indenture between U.S. Bank (formerly Wachovia Bank, N.A.) and the System, dated September 1, 2003.

50. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

Supplementary Information

51. With respect to supplementary information presented in relation to the basic financial statements as a whole:

    a. We acknowledge our responsibility for the presentation of such information.

    b. We believe such information, including its form and content, is fairly presented in accordance with the requirements of U.S. GAAP.

    c. The methods of measurement or presentation have not changed from those used in the prior period.

    d. When supplementary information is not presented with the audited basic financial statements, we will make the audited basic financial statements readily available to the intended users of the supplementary information no later than the date of issuance of the supplementary information and the auditor's report thereon.

52. With respect to management's discussion and analysis and pension related schedules presented as required by GASB to supplement the basic financial statements:

    a. We acknowledge our responsibility for the presentation of such required supplementary information.

    b. We believe such required supplementary information is measured and presented in accordance with guidelines prescribed by U.S. GAAP.

    c. The methods of measurement or presentation have not changed from those used in the prior period.

Compliance Considerations

In connection with your audits conducted in accordance with *Government Auditing Standards*, we confirm that management:

53. Is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework.

54. Is responsible for compliance with the laws, regulations and provisions of contracts and grant agreements applicable to the auditee.

55. Is not aware of any instances of identified and suspected fraud and noncompliance with provisions of laws, regulations, contracts and grant agreements that have a material effect on the financial statements.

56. Is responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

57. Acknowledges its responsibility for the design, implementation and maintenance of controls to prevent and detect fraud.

58. Has a process to track the status of audit findings and recommendations, when applicable.

59. Has identified for the auditor previous audits, attestation engagements and other studies related to the objectives of the audit and whether related recommendations have been implemented, when applicable.

60. Is not aware of any investigations or legal proceedings that have been initiated with respect to the period under audit.

61. In connection with the audit, you have requested us to perform certain non-audit services for the System to include general support related to the review and finalization of the System's Annual Financial Statements. Additionally, you have requested that we provide expertise and advisory services to the System related to the implementation of GASB Statement No. 87, *Leases*, and the related lease software. Management acknowledges its responsibilities as it relates to non-audit services performed by the auditor, including that it assumes all management responsibilities; that it oversees the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge or experience; that it evaluates the adequacy and results of the services performed; and that it accepts responsibility for the results of the services.

South Broward Hospital District d/b/a Memorial Healthcare System

Scott Wester,
President and Chief Executive Officer

David M. Smith,
Executive Vice President and Chief Financial Officer

Irfan Mirza
Vice President, Corporate Finance

[Responsible Party Letterhead]

[Report Date]

RSM US LLP
201 E Las Olas Blvd
Suite 2500
Fort Lauderdale, FL 33301

In connection with your examination of the South Broward Hospital District d/b/a Memorial Healthcare System's (the System) compliance with *Section 218.415*, *Florida Statutes, Local Government Investment Policies* (the Statute) for the year ended April 30, 2023, in accordance with attestation standards established by the American Institute of Certified Public Accountants, we confirm, to the best of our knowledge and belief, the following representations made to you during the course of your engagement:

1. We assert that, during the year ended April 30, 2023, the System was in compliance with the requirements of the Statute.

2. We assert that as of April 30, 2023, the System had effective internal control over compliance with the requirements of the Statute.

3. All relevant matters are reflected in the measurement or evaluation of compliance with the requirements of the Statute.

4. There are no known matters contradicting the compliance with the Statute or our assertion nor any communication from regulatory agencies affecting the compliance with the requirements of the Statute or our assertion.

5. We are responsible for the System's compliance with the requirements of the Statute, for our assertion and for establishing and maintaining effective internal control over the System's compliance with the requirements of the Statute.

6. We understand that we are responsible for the selection of the criteria against which compliance with the requirements of the Statute is being evaluated. The criteria are contained in Section 218.415, Florida Statutes, *Local Government Investment Policies.*

7. We understand that we are responsible for determining that such criteria are suitable, will be available to the intended users, and are appropriate for the purpose of your engagement.

8. We have performed an evaluation of the System's compliance with the requirements of the Statute. Based on our evaluation, the System has complied with the requirements of the Statute during the period May 1, 2022 through April 30, 2023, based on the above-mentioned criteria.

9. No events or transactions have occurred subsequent to April 30, 2023 that would have a material effect on the System's compliance with the requirements of the Statute.

10. We have made available to you all documentation related to the System's compliance with the requirements of the Statute as agreed upon in the terms of the engagement.

11. We have responded fully to all inquiries made to us by you during your engagement.

12. There have been no deficiencies in internal control relevant to your engagement of which we are aware.

13. There has been no knowledge of fraud or suspected fraud affecting the System involving:

    a. Management.

    b. Employees who have significant roles in internal control.

    c. Others where fraud could have a material effect on the System's compliance with the requirements of the Statute.

14. We acknowledge our responsibility for the design and implementation of programs and controls to provide reasonable assurance that fraud is prevented and detected.

15. We have no knowledge of any allegations of fraud or suspected fraud affecting the System received in communications from employees, former employees, analysts, regulators, or others.

16. There has been no known noncompliance with the requirements of the Statute during the period May 1, 2022 through April 30, 2023 or through the date of this letter.

17. There are no known communications from regulatory agencies, internal auditors or other practitioners concerning the System's possible noncompliance with the requirements of the Statute received by us during the period May 1, 2022 through April 30, 2023 or through the date of this letter.

18. During the course of your engagement, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

South Broward Hospital District
d/b/a Memorial Healthcare System

____
Scott Wester
President and Chief Executive Officer

____
David M. Smith
Executive Vice President and Chief Financial Officer

____
Irfan Mirza
Vice President, Corporate Finance

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

<u>Independent Auditor's Report</u>

Management and the Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Fort Lauderdale, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the business-type activities, and the aggregate remaining fund information of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the year ended April 30, 2023, and the related notes to the financial statements, which collectively comprise the System's basic financial statements, and have issued our report thereon dated DATE. Our report included an emphasis of matter paragraph for the adoption of Governmental Accounting Standards Board Statement No. 87, *Leases*. The adoption of this statement resulted in the restatement of the financial statements as of May 1, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the System's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Fort Lauderdale, Florida
DATE

Independent Auditor's Report on the Schedules of Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio

Management and the Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Fort Lauderdale, Florida

Opinion

We have audited the accompanying schedules of Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio (the Schedules) for the year ended April 30, 2023, based on the financial statements of South Broward Hospital District d/b/a Memorial Healthcare System (the System) as of and for the year ended April 30, 2023.

In our opinion, the Schedules referred to above present fairly, in all material respects, the Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio for the year ended April 30, 2023, in accordance with Section 3.07 of the Master Trust Indenture between U.S. Bank (formerly Wachovia Bank, N.A.) and the System, dated September 1, 2003.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Schedules section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter – Basis of Accounting

The methods of calculating Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio are prescribed by Section 3.07 of the Master Trust Indenture between U.S. Bank (formerly Wachovia Bank, N.A.) and the System, dated September 1, 2003. As a result, the Schedules may not be suitable for another purpose. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Schedules

Management is responsible for the preparation and fair presentation of the Schedules in accordance with Section 3.07 of the Master Trust Indenture between U.S. Bank (formerly Wachovia Bank, N.A.) and the System, dated September 1, 2003. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the Schedules that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Schedules

Our objectives are to obtain reasonable assurance about whether the Schedules as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Schedules.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Schedules, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Schedules.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Schedules.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Restriction on Use
Our report is intended solely for the information and use of management and the Board of Commissioners of the System and U.S. Bank (formerly Wachovia Bank, N.A.), and is not intended to be and should not be used by anyone other than these specified parties.

Fort Lauderdale, Florida
DATE

South Broward Hospital District d/b/a Memorial Healthcare System

Schedule of Net Income Available for Debt Service [1]
Year Ended April 30, 2023
(In Thousands)

Excess of revenues over expenses	$	109,837
Average of unrestricted contributions and grants for the prior three fiscal years		11,158
Unrealized gains on investments		(6,478)
Interest expense		32,553
Depreciation and amortization [2]		111,657
Loss on disposal of assets [2]		1,550
Net income available for debt service	$	260,277

(1) This schedule computes the System's Net Income Available for Debt Service (as defined in the Master Trust Indenture) for the year ended April 30, 2023.

(2) This includes $2,088 of depreciation and amortization and $362 of loss on disposal of assets recorded as *Nonoperating revenues, net* on the System's Statement of Revenues, Expenses and Changes in Net Position for the year ended April 30, 2023.

South Broward Hospital District d/b/a Memorial Healthcare System

Schedule of Long-Term Debt Service Coverage Ratio (1)
Year Ended April 30, 2023
(In Thousands)

Net Income Available for Debt Service	$	260,277
Maximum Annual Debt Service (2)	$	61,742
Long-Term Debt Service Coverage Ratio (3)		4.22

(1) This schedule computes the System's Long-Term Debt Service Coverage Ratio (as defined in the Master Trust Indenture) for the year ended April 30, 2023.

(2) Maximum Annual Debt Service (as defined in the Master Trust Indenture) is the highest annual Long-Term Debt Service Requirement (as defined in the Master Trust Indenture) for any succeeding Fiscal Year (as defined in the Master Trust Indenture).

(3) Per Section 3.07 of the Master Trust Indenture, the System is required to set rates and charges for its facilities, services and products, such that Net Income Available for Debt Service in each Fiscal Year shall be at least equal to the sum of: (i) 110% of the Maximum Annual Debt Service plus, (ii) the principal and interest accruing for such fiscal year on all other Indebtedness payable from Gross Revenues.

Examination Report on Compliance with *Section 218.415, Florida Statutes, Local Government Investment Policies* Required By Chapter 10.550, Rules of the Auditor General of the State of Florida

Independent Accountant's Report

Management and Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Fort Lauderdale, Florida

We have examined South Broward Hospital District's d/b/a Memorial Healthcare System (the System) compliance with *Section 218.415*, *Florida Statutes, Local Government Investment Policies* (the specified requirements) during the period May 1, 2022 to April 30, 2023. Management of the System is responsible for the System's compliance with the specified requirements. Our responsibility is to express an opinion on the System's compliance with the specified requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the AICPA. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the System complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether the System complied with the specified requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

Our examination does not provide a legal determination on the System's compliance with the specified requirements.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

In our opinion, the System complied, in all material respects, with the specified requirements during the period May 1, 2022 to April 30, 2023.

This report is intended solely for the information and use of the Florida Auditor General and the System's Board of Commissioners and applicable management, and is not intended to be, and should not be, used by anyone other than the specified parties.

Fort Lauderdale, Florida
DATE

Management Letter Required By
Chapter 10.550, Rules of the
Auditor General of the State of Florida

Management and Board of Commissioners
South Broward Hospital District d/b/a Memorial Healthcare System
Fort Lauderdale, Florida

Report on the Financial Statements
We have audited the financial statements of the business-type activities and the aggregate remaining fund information of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the year ended April 30, 2023, and have issued our report thereon dated DATE.

Auditor's Responsibility
We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States; and Chapter 10.550, Rules of the Auditor General.

Other Reporting Requirements
We have issued our Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards* and Independent Accountant's Report on an examination conducted in accordance with *AICPA Professional Standards*, AT-C Section 315, regarding compliance requirements in accordance with Chapter 10.550, Rules of the Auditor General (collectively, the Reports). These reports, which are dated DATE, should be considered in conjunction with this management letter.

Prior Audit Findings
Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding financial audit report. There were no findings or recommendations reported in the prior year management letter.

Official Title and Legal Authority
Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. This is disclosed in Note 1 of the financial statements.

Financial Condition and Management
Sections 10.554(1)(i)5.a. and 10.556(7), Rules of the Auditor General, require us to apply appropriate procedures and communicate the results of our determination as to whether or not the System has met one or more of the conditions described in Section 218.503(1), Florida Statutes, and to identify the specific condition(s) met. In connection with our audit, we determined that the System did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.b. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures for the System. It is management's responsibility to monitor the System's financial condition, and our financial condition assessment was based in part on representations made by management and review of financial information provided by same. In connection with our audit, we determined that the System did not meet any of the conditions described in Sections 10.554(1)(i)5.b. and 10.556(8).

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we communicate any recommendations to improve financial management. In connection with our audit, we did not have any such recommendations.

Special District Component Units
Section 10.554(1)(i)5.c., Rules of the Auditor General, requires, if appropriate, that we communicate the failure of a special district that is a component unit of a county, municipality or special district, to provide the financial information necessary for proper reporting of the component unit within the audited financial statements of the county, municipality or special district in accordance with Section 218.39(3)(b), Florida Statutes. In connection with our audit, we did not note any special district component units that failed to provide the necessary information for proper reporting in accordance with Section 218.39(3)(b), Florida Statutes.

As required by Section 218.39(3)(c), Florida Statutes, and Section 10.554(1)(i)6, Rules of the Auditor General, the System reported:

a. The total number of System employees compensated in the last pay period of the System's fiscal year as 15,299.

b. The total number of independent contractors to whom nonemployee compensation was paid in the last month of the System's fiscal year as 550.

c. All compensation earned by or awarded to employees, whether paid or accrued, regardless of contingency as approximately $1,434,958,000.

d. All compensation earned by or awarded to nonemployee independent contractors, whether paid or accrued, regardless of contingency as approximately $455,701,000.

e. Each construction project with a total cost of at least $65,000 approved by the System that is scheduled to begin on or after October 1 of the fiscal year being reported, together with the total expenditures for such project. This information is disclosed in Appendix A.

f. A budget variance based on the budget adopted under Section 189.016(4), Florida Statutes, before the beginning of the fiscal year being reported if the System amends a final adopted budget under Section 189.016(6), Florida Statutes. This information is disclosed in Appendix A.

As required by Section 218.39(3)(c), Florida Statutes, and Section 10.554(1)(i)7, Rules of the Auditor General, the System reported:

a. The millage rate imposed by the System as 0.1010 mills.

b. The total amount of ad valorem taxes collected by or on behalf of the System as $7,441,000.

c. The total amount of outstanding bonds issued by the System and the terms of such bonds. This is disclosed in Note 8 of the financial statements.

Additional Matters

Section 10.554(1)(i)3., Rules of the Auditor General, requires us to communicate noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but warrants the attention of those charged with governance. In connection with our audit, we did not note any such findings.

Purpose of this Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, the System's Board of Commissioners and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.

Fort Lauderdale, Florida
DATE

Appendix A

The following is a listing of construction projects, each with a total budgeted cost of at least $65,000 approved by the System that is scheduled to begin on or after October 1 of the fiscal year being reported, together with the total expenditures for such projects.

	Unaudited	
Project Name	Cost Incurred to Date	Total Budgeted Cost
120423-SBHD Siemens Syngo Cardiology	$ 479,315	$ 819,220
120523-SBHD DIO Facility PAC	675	1,047,650
120623-SBHD CMS Software	-	300,000
410523-MRHS Dish Machine Replacement	-	784,346
430223-MHW 2nd Floor Labor & Delivery	49,471	1,847,000
440323-MHP Free Standing ED	19,666	2,300,000
440423-MHP Douglas Rd Campus Master Plan	-	350,000
440523-MHP ELEVATORS 1-2-3 MODERNIZATION	-	400,000
450323-MHM Interventional Radiology @ MHM	25,486	2,500,000
450423-MHM Monument Sign Replacements	-	677,000
460423-JDCH JDCH ER Renovation	454,251	
650123-MPC Plantation MPC Expansion	40,313	1,238,000
800323-MPG MHW 304 EP Cardiology	42,359	562,286
830123-MPM MOC 1150 Bathroom/Common Areas	-	458,900
830223-MPM JDCH 1131 Building Finishes	-	250,000
830323-MPM MHW Same Day Surgery Expansion	-	1,534,576

Appendix A

South Broward Hospital District
d/b/a Memorial Healthcare System

Schedule of Revenues and Expenses – Budget and Actual (Unaudited)
Fiscal Year Ended April 30, 2023

	Original Budget			
	Original	Final	Actual	Variance with Budget
Revenues:				
Taxes:				
Ad Valorem Taxes (Millage 0.1010)	$ 7,532,000	$ 7,531,000	$ 7,531,000	$ -
Less Discount on Taxes	(92,000)	(268,000)	(268,000)	-
Patient Charges	17,091,392,000	17,127,858,000	17,127,858,000	-
Less Deductions from Revenue:				
Contractual Allowances	(13,350,691,000)	(13,528,556,000)	(13,528,556,000)	-
Charity Care	(924,977,000)	(728,729,000)	(728,729,000)	-
Provision for Uncollectible Accounts	(245,482,000)	(188,232,000)	(188,232,000)	-
Other Operating Revenues	232,142,000	248,192,000	248,192,000	-
Investment Income	33,106,000	48,414,000	48,414,000	-
Other Non-Operating Revenue	-	7,554,000	7,554,000	-
Total revenues	$ 2,842,930,000	$ 2,993,764,000	$ 2,993,764,000	$ -
Expenditures:				
Salaries and Wages	$ 1,372,847,000	$ 1,434,958,000	$ 1,434,958,000	$ -
Employee Benefits	174,683,000	177,684,000	177,684,000	-
Supplies and Services	932,730,000	933,586,000	933,586,000	-
Depreciation and Amortization	93,547,000	109,569,000	109,569,000	-
Interest	31,378,000	32,553,000	32,553,000	-
Other Operating Expenses	208,335,000	195,578,000	195,578,000	-
Total operating expenses	2,813,520,000	2,883,928,000	2,883,928,000	-
Contributions to Fund Balance and Reserves	29,410,000	109,836,000	109,836,000	-
Total expenses and contributions to fund balance	$ 2,842,930,000	$ 2,993,764,000	$ 2,993,764,000	$ -

South Broward Hospital District
d/b/a Memorial Healthcare System

Single Audit Report and Schedule of
Expenditures of Federal Awards, State Financial Assistance,
Local and Other Entities Awards and
Supplementary Information and
Schedule of Findings and Questioned Costs
For the Year Ended
April 30, 2023

Table of Contents

Independent Auditor's Report

To the Board of Commissioners of
South Broward Hospital District d/b/a Memorial Healthcare System

Report on Schedule of Expenditures of Federal Awards, State Financial Assistance, Local and Other Entities Awards

Opinion

We have audited the accompanying Schedule of Expenditures of Federal Awards, State Financial Assistance, Local and Other Entities Awards of South Broward Hospital District d/b/a Memorial Healthcare System (the System) for the year ended April 30, 2023, and the related notes (the Schedule).

In our opinion, the Schedule referred to above presents fairly, in all material respects, the expenditures of Federal Awards, State Financial Assistance, Local and Other Entities Awards of the System for the year ended April 30, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Title 45 CFR Part 74, Appendix E, *Principles for Determining Cost Applicable to Research and Development Under Grants and Contracts with Hospitals* (Uniform Guidance). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Schedule section of our report.

We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Schedule

Management is responsible for the preparation and fair presentation of the Schedule in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Schedule.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the Schedule, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Schedule.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Schedule.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the Schedule. The accompanying Actual Expenses and Revenue Schedule, Schedule of Bed-Day Availability Payments, Schedule of State Earnings, and Schedule of Related Party Transaction Adjustments are presented for purposes of additional analysis as required by the State of Florida Department of Children and Families Community Substance Abuse and Mental Health Services Grants and are not a required part of the Schedule. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Schedule. The information has been subjected to the auditing procedures applied in the audit of the Schedule and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the Schedule or to the Schedule itself, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the Schedule as a whole.

ZOMMA Group, LLP
Coral Gables, FL
July 18, 2023

Independent Auditor's Report on Compliance for Each Major Federal Program on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Commissioners of
South Broward Hospital District d/b/a Memorial Healthcare System

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited South Broward Hospital District d/b/a Memorial Healthcare System's (the System) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the System's major Federal programs for the year ended April 30, 2023. The System's major Federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the System complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major Federal programs for the year ended April 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Title 45 CFR Part 74, Appendix E, *Principles for Determining Cost Applicable to Research and Development Under Grants and Contracts with Hospitals* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major Federal program. Our audit does not provide a legal determination of the System's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the System's Federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the System's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the System's compliance with the requirements of each major Federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the System's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.

- Obtain an understanding of the System's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a Federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a Federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with the type of compliance requirement of a Federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Our audit was not designated for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

ZOMMA Group, LLP
Coral Gables, FL
July 18, 2023

Federal Agency / Passed Through Agency	Program Title	CFDA Number**	Contract Number	Expenditures Direct Award	Indirect Award	Total
FEDERAL AWARDS						
Federal Communication Commission	COVID-19 Telehealth Program	32.006	637	$ 876,164	$	$
				876,164		
	Total Federal Communication Commission			**876,164**		**876,164**
U.S. Department of Health & Human Services						
Passed through North Broward Hospital District	Consolidated Health Centers	93.224	Unknown		58,217	
					58,217	
Passed through Health Resources and Services Administration	Provider Relief Fund	93.498	Unknown	5,579,759		
				5,579,759		
Passed through OIC of Broward County Inc.	Teenage Pregnancy Prevention Program (PAUSE)	93.297	1 TP1AH000254-01-01		180,737	
					180,737	
Passed through NIH, Alliance for Clinical Trials in Oncology Foundation & Partners	Cancer Treatment Research	93.395	1UG1CA189823-01		37,383	
					37,383	
Passed through NIH, Florida Association of Pediatric Tumor Programs, Inc.	Cancer Control	93.399	Unknown		106,793	
					106,793	
Passed through State of Florida Department of Health	Injury Prevention and Control Research and State and Community Based Programs	93.136	BW756		195,984	
	Injury Prevention and Control Research and State and Community Based Programs	93.136	BW794		50,069	
					246,053	
Passed through Broward Regional Health Planning Council	Maternal, Infant, & Early Childhood Home Visiting Program	93.505	NFP-MHS 21-22		104,393	
	Maternal, Infant, & Early Childhood Home Visiting Program	93.505	NFP-MHS 22-23		208,510	
					312,903	
Passed through Broward Regional Health Planning Council	COVID-19 Community-Based Workforce Outreach	93.011	HRSA 21-1326		274,934	
					274,934	
Passed through Early Learning Coalition of Broward County	Childcare stabilization	93.575	240-21		85,374	
					85,374	
Substance Abuse and Mental Health Services Administration	Solutions and Opportunities for Uplifting Life	93.696	1H79SM086844-01	222,875		
				222,875		
Passed through Broward Healthy Start Coalition, Inc.	Medical Assistance Program	93.778	MHS18HS		571,645	
					571,645	
Passed through DCF, Broward Behavioral Health Coalition, Inc.	State Opioid Response Grants	93.788	34368-22		2,102,525	
					2,102,525	
Passed through Broward County Board of Commissioners	HIV Emergency Relief Project Grant	93.914	21-CP-HCS-8312-RW-01		983,456	
					983,456	
Passed through Broward County Board of Commissioners	Health Literacy Program	93.137	22-CP-HCS-8312-HL-01		95,279	
					95,279	
Passed through State of Florida Department of Health	HIV Prevention Activities - Health Dept. Based	93.940	CODPK		139,510	
					139,510	
Passed through DCF, Broward Behavioral Health Coalition, Inc.	Block Grants for Community Mental Health Services	93.958	34368-22		2,748,286	
					2,748,286	
Passed through DCF, United Way of Broward County Inc.,	Block Grant for Prevention and Treatment of Substance Abuse	93.959	65301		622,216	
Passed through DCF, Broward Behavioral Health Coalition, Inc.	Block Grant for Prevention and Treatment of Substance Abuse	93.959	34368-22		965,928	
					1,588,144	
Passed through Broward Healthy Start Coalition, Inc.	Maternal and Child Health Services Block Grant	93.994	MHS18HS		1,028,330	
Passed through State of Florida Department of Health	Maternal and Child Health Services Block Grant	93.994	COQVO		220,815	
					1,249,145	
	Total U.S. Department of Health & Human Services			**5,802,634**	**10,780,384**	**16,583,018**
Federal Emergency Management Agency						
Passed through State of Florida Division of Emergency Management	Regional Cooling Tower Wind Retrofit	97.039	4337-52-R		810,368	
					810,368	
	COVID-19 Public Assistance Program	97.036	Z2024		529,224	
					529,224	
	Total Federal Emergency Management Agency			**-**	**1,339,592**	**1,339,592**
	Total Federal Awards			**$ 6,678,798**	**$ 12,119,976**	**$ 18,798,774**

*** All programs are grouped and totaled by CFDA / CSFA.*

Continued on next page

The accompanying notes are an integral part of this Schedule.

Federal Agency / Passed Through Agency	Program Title	CSFA Number**	Contract Number	Expenditures Direct Award	Indirect Award	Total
STATE PROJECTS						
Florida Division of Emergency Management	Local Emergency Management and Mitigation Initiatives	31.064	19-SP-XX-11-16-08	$ 97,240	$	$
				97,240		
	Total Florida Division of Emergency Management			**97,240**		**97,240**
Department of Children and Families	Community Substance Abuse & Mental Health Services	60.153	34368-22	32,983		
				32,983		
	Total Florida Division of Children and Families			**32,983**		**32,983**
State of Florida Department of Health	Trauma Center Financial Support	64.075	MOU TRA11	242,392		
				242,392		
	Children's Specialty Health Care- Contracted	64.076	COQAF	145,309		
				145,309		
	Total State of Florida Department of Health			**387,701**		**387,701**
	Total State Projects			**517,924**		**517,924**
LOCAL GOVERNMENT AWARDS						
Broward County Commissioners	Consumer Support Project	N/A	22-CP-HCS-0126-01	332,829		
	Psychiatric Inpatient Services	N/A	22-CP-HCS-0126-01	960,904		
	Adult Mental Health Program	N/A	22-CP-HCS-0126-01	269,522		
				1,563,255		
	Post-Acute Sequela of Covid Center	N/A	581197v4	360,146		
				360,146		
	Primary Care Services	N/A	19-CP-HCS-8312-01	4,984,957		
				4,984,957		
	Behavioral Health -Substance Abuse	N/A	19-CP-CSA-8312-01	256,881		
				256,881		
	Airport Mental Health services - Outpatient	N/A	22-CP-CSA-0126-01	195,000		
				195,000		
	Total Broward County Commissioners			**7,360,239**		**7,360,239**
Broward County Sheriff's Office	New Day Counseling Program	N/A	10-2608	15,867		
				15,867		
	Total Broward County Sherriff's Office			**15,867**		**15,867**
Children Services Council of Broward County						
	CSC Youth Force Program	N/A	20-2170	502,932		
				502,932		
	CSC Youth Force PYD	N/A	20-2172	190,680		
				190,680		
	New DAY Program	N/A	22-2176	586,004		
				586,004		
	Family TIES Program	N/A	19-2178	821,220		
				821,220		
	Teen REACH Program	N/A	19-2179	432,856		
				432,856		
	Supporting MOMS Program	N/A	19-2177	555,030		
				555,030		
	CSC HEAL	N/A	21-2174	444,980		
				444,980		
	Behavioral Respite & Engagement for At-Risk-Kids (BREAK)	N/A	21-2173	109,690		
				109,690		
	Healthy Youth Transition	N/A	20-2171	671,645		
				671,645		
	Total Children Services Council of Broward County			**4,315,037**		**4,315,037**
	Total Local Government Awards			**$ 11,691,143**	$	**$ 11,691,143**

****** *All programs are grouped and totaled by CFDA / CSFA.*

Continued on next page

The accompanying notes are an integral part of this Schedule.

Agency / Passed Through Agency	Program Title	CFDA/CSFA Number**	Contract Number	Expenditures Direct Award	Expenditures Indirect Award	Expenditures Total
OTHER ENTITIES AWARDS						
KID INC Kinship Initiatives Support Services (KISS)	Kids in Distress	N/A	KID-MHS-20-1	$ 255,222	$	$
				255,222		
Broward Healthy Start Coalition	Project HOPE	N/A	HOPE2022MHS	66,329		
				66,329		
Miami Rescue Mission	Medical and Support Services	N/A	Unknown	28		
				28		
City of West Park						
	Families Matter	N/A	Unknown	147,572		
	Youth Force	N/A	Unknown	159,207		
				306,779		
Girls and Boys Club	Case Management Services	N/A	Unknown	63,242		
				63,242		
Essential Hospital Association	Improving Obsteric Outcomes	N/A	27-1021-011	20,000		
				20,000		
Broward County Public School	Childrens Mental Health	N/A	34368-BSC	19,960		
				19,960		
State of Florida Department of Health	Primary Care Services	N/A	BW744	149,986		
				149,986		
FADAA	MAT Program	N/A	Unknown	15,570		
				15,570		
United Way	Teens & Fentanyl Dangers	N/A	Unknown	45,843		
				45,843		
	Total Other Entities Awards			**942,959**		**942,959**
	Total Award Expenditures Per Schedule FY 2022			**$ 19,830,824**	**$ 12,119,976**	**$ 31,950,800**

** *All programs are grouped and totaled by CFDA / CSFA.*

Note 1 Purpose of the Schedule

The accompanying Schedule of Expenditures of Federal Awards, State Financial Assistance Local and Other Entities Awards, hereafter referred to as "the Schedule," of South Broward Hospital District d/b/a Memorial Healthcare System (the System) is supplementary information and is an important part of the reporting package required by:

- Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Title 45 CFR Part 74, Appendix E, *Principles for Determining Cost Applicable to Research and Development Under Grants and Contracts with Hospitals* (Uniform Guidance).

As a result, some amounts presented in the Schedule may differ from amounts presented in, or used in the presentation of the Schedule of the System.

The Schedule includes the grant activities for the System for the year ended April 30, 2023. The auditor is required to determine and provide an opinion on whether the Schedule is presented fairly, in all material respects, in relation to the Schedule as a whole. Further, the information in the Schedule serves as the primary basis for the auditor's major programs, which is a key component of performing a single audit. The Schedule also provides assurance to those agencies that award financial assistance, that their programs or grants are included in the audit.

Note 2 Summary of Significant Accounting Policies

Basis of Presentation
The information in the Schedule is presented in accordance with the Uniform Guidance. The Schedule, at a minimum, entails the following:

1. Listing of individual Federal, State, Local and Other Entities programs by awarding agency for which the System expended funds for the year ended April 30, 2023
2. Total Federal, State, Local and Other Entities awards expended for the year ended April 30, 2023
3. Catalog of Federal Domestic Assistance (CFDA) and Catalog of State Financial Assistance (CSFA) number for each program that had expenditures for the year ended April 30, 2023
4. The name of the pass-through entity and the identifying number assigned by the pass-through entity for awards received as a subrecipient
5. The total amount provided to subrecipients from each Federal, State and Local program, if any
6. Notes that describe the significant accounting policies used in preparing the Schedule and notes indicating the indirect cost rate applied

Note 2 Summary of Significant Accounting Policies (continued)

Basis of Presentation (continued)

Reporting Entity
The System's reporting entity is described in Note 1 of the Schedule. The Schedule includes all Federal and State assistance programs administered by the System during the year ended April 30, 2023, that are subject to a Uniform Guidance audit.

Basis of Accounting
The expenditures presented on the Schedule are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and following the Uniform Guidance, wherein certain types of expenditures are unallowable or have conditions or limits as far as the reimbursement.

- Indirect Costs – The Schedule includes a portion of allocated costs from a federally approved indirect cost rate plan. The System did not elect to use the 10% de minimis cost rate.

- Matching Costs – All expenditures are recorded based on funded amounts, while additional costs, such as matching costs, are not included in the Schedule.

- Capital Costs – The System records grant funds restricted for the acquisition of capital assets as non-operating revenue in the accounting period in which they are earned and become measurable.

Because the Schedule presents only a selected portion of the operations of the System, it is not intended to and does not present the financial position, changes in net assets or cash flows of the System.

Note 3 Pass-Through Federal and State Assistance

- The majority of the System's Federal assistance is received from pass-through entities and are identified as such on the Schedule. State Funds are typically directly awarded from the State but can also be awarded through a pass-through entity.

- The System records expenditures of Federal programs and State awards when paid in cash to a pass-through entity (Subrecipients of the District). For the year ended April 30, 2023, the System did not pass-through any funds to sub-recipients as reflected on the Schedule.

Note 4 Federal Programs and State Awards Not Subject to a Uniform Guidance Audit

Matching Resources and Maintenance of Effort amounts for Federal programs as well as vendor-relationship specified contracts, are listed on the Schedule, but are not included when computing the threshold for single audit requirements totals.

State Contracts on the Schedule, not Subject to a Uniform Guidance Audit or Section 215.97, F.S:

- BW744 – State of Florida Department of Health – Vendor relationship

Note 5 Program Clusters

The U.S. Office of Management and Budget Compliance Supplement defines a cluster of programs as a grouping of closely related programs that share common compliance requirements. There were programs that met this criterion for the current year.

Note 6 Contingencies

Grant monies received and disbursed by the System are for specific purposes subject to review by grantor agencies. Such reviews may result in requests for reimbursement due to unallowable expenditures. Based on prior experience, the System does not believe that such unallowances, if any, would have a material effect on the financial position of the System. As of April 30, 2023, management is not aware of any material questioned or unallowable costs as a result of grant audits in process or completed.

Note 7 COVID-19 Provider Relief Fund

In response to the COVID-19 pandemic, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act which provides emergency assistance and health care response for affected individuals, families, and businesses. During the year ended April 30, 2022, the System recognized approximately $5.5 million of Provider Relief Funds (PRF) through the CARES Act. These funds were not included in the Schedule for the year ended April 30, 2022, following a provision in the 2021 OMB Compliance Supplement Addendum allowing entities to defer reporting such funds. In accordance with the 2021 OMB Compliance Supplement Addendum, these funds have been included in the Schedule for the year ended April 30, 2023.

Note 8 State of Florida Department of Children and Families

The State of Florida Department of Children and Families requires the accompanying Actual Expenses and Revenue Schedule, Schedule of Bed-Day Availability Payments, Schedule of State Earnings, and Schedule of Related Party Transaction Adjustments be presented for their contract year ending June 30, 2022.

Note 9 Subsequent Event

Subsequent events have been evaluated through July 18, 2023, which is the date the Schedule was available to be issued. There were no events of this nature requiring recording or disclosure in the Schedule for the year ended April 30, 2023.

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Findings and Questioned Costs
For the Year Ended April 30, 2023

Part I – Summary of Auditor's Results

<u>Financial Statements Section</u>

The auditor's report and opinion on the Schedule and report on compliance and internal control based on the audit of the Schedule were prepared by other auditors.

Type of auditor's report issued (unmodified, qualified, adverse, or disclaimer).	**Unmodified**			
Internal control over financial reporting:				
Material weakness(es) identified?		Yes	X	No
Significant deficiency(ies) identified that are not considered to be material weaknesses?		Yes	X	None reported
Noncompliance material to the schedule noted?		Yes	X	No

<u>Federal Awards and State Financial Assistance Section</u>

Type of auditor's report issued on compliance for major programs unmodified, qualified, adverse, or disclaimer).	**Unmodified**			
Internal control over major programs:				
Material weakness(es) identified?		Yes	X	No
Significant deficiency(ies) identified that are not considered to be material weaknesses?		Yes	X	None reported
Any audit findings disclosed that are required to be reported in accordance with 2 CFR section 200.516(a) of the Uniform Guidance?		Yes	X	No

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Findings and Questioned Costs (Continued)
Year Ended April 30, 2023

Part I – Summary of Auditor's Results (continued)

Federal Awards and State Financial Assistance Section (continued)

Identification of major Federal programs:

CFDA Number(s)	Name of Federal Program or Cluster
32.006	COVID-19 Telehealth Program
93.498	COVID-19 Provider Relief Fund
93.788	State Opioid Response Grants
93.914	HIV Emergency Relief Project Grant
93.958	Block Grants for Community Mental Health Services
93.994	Maternal and Child Health Services Block Grant
97.039	Regional Cooling Tower Wind Retrofit
93.505	Maternal, Infant, & Early Childhood Home Visiting Program

Dollar threshold used to distinguish between Type A and Type B programs:

- Federal Programs $ 750,000

Auditee qualified as low-risk auditee for Federal purposes? X Yes ______ No

Part II – Financial Statement Findings Section

This section identifies the significant deficiencies, material weaknesses, fraud, illegal acts, violation of provisions of contracts and grant agreements, and abuse related to the Schedule for Government Auditing Standards that require reporting in a Uniform Guidance and *Government Auditing Standards* audit.

- **No matters were reported.**

Part III – Federal Awards Findings and Questioned Cost Section

This section identifies the audit findings required to be reported by the Uniform Guidance (for example, material weaknesses, significant deficiencies, and material instances of noncompliance, including questioned costs), as well as any abuse findings involving Federal awards that are material to a major Federal program.

- **No matters were reported.**

Part IV – Other Matters

Corrective Action Plan – Current Year Findings

This section is intended to address each audit finding included in the current year auditor's reports.

- No corrective plan per 2 CFR sections 200.511(a) and 200.511(c) of the Uniform Guidance Section .315 is required because there were no audit findings related to Federal programs.

Summary Schedule of Prior Audit Findings – Federal programs

This section reports the status of any audit findings included in the prior audit's Schedule of findings and questioned costs related to Federal awards. The summary Schedule also includes audit findings reported in the prior audit's summary Schedule of prior audit findings except audit findings listed as corrected or no longer valid or not warranting further action.

- No Summary of Prior Audit Findings per Uniform Guidance Subpart F 200.516 is required because there were no prior audit findings related to Federal programs.

Supplementary Information

South Broward Hospital District d/b/a Memorial Healthcare System
Actual Expenses and Revenue Schedule
For the Contract Year Ended June 30, 2022

STATE-FUNDED

FUNDING SOURCES & REVENUES A			Mental Health: Case Management	Crisis Support/ Emergency	Drop-In/Self Help Ctr.	Inpatient	Outpatient (Indiv.)	Outreach	Incidental Expenses	Recovery Support (Indiv.)	CAT Team	Mental Health Total	Substance Abuse: Assessment	Crisis Support/ Emergency	Intervention (Indiv.)	Medical Services	Medication-Assisted Tx	Outpatient (Indiv.)	Outreach	Inpatient Detoxification	Incidental Expenses	Aftercare (Indiv.)	Outpatient Detoxification	Outpatient Group	Intervention (Group)	Aftercare (Group)	Recovery Support (Indiv.)	Recovery Support (Group)	Prevention - Indicated	Substance Abuse Total	Total for State SAMH-Funded Covered Services or Projects	Total for Non-State-Funded Covered Services or Projects	Total for All Covered Services or Projects	Total Funding
			02	04	07	09	14	15	28	46	B4	B	01	04	11	12	13	14	15	24	28	29	32	35	42	43	46	47	48	C	(B+C) D	E	(D+E) F	(F+G) H
IA. STATE SAMH FUNDING																																		
Current Year Funding																																		
Expenditure Report OCA#	**Provider Subcontract#**	**Funding Source: F-Federal S-State F/S-Federal and State**																																
MH009	34368-17	F/S	-	7,159.37	68,955.95	-	1,313.34	-	-	4,587.00	-	82,015.66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82,015.66		82,015.66	82,015.66
MH018	34368-17	F/S	-	161,910.11	-	38,577.03	-	-	-	-	-	200,487.14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,487.14		200,487.14	200,487.14
MHCAT	34368-17	S	-	-	-	-	-	-	1,530.00	-	615,549.35	617,079.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	617,079.35		617,079.35	617,079.35
MH065	34368-17	S	59,799.08	-	-	-	-	20,907.33	-	-	-	80,706.41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80,706.41		80,706.41	80,706.41
MH09S	34368-17	F	-	74,549.58	-	-	-	75,450.42	-	-	-	150,000.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000.00		150,000.00	150,000.00
MH18S	34368-17	F	-	659,646.00	-	-	-	-	-	-	-	659,646.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	659,646.00		659,646.00	659,646.00
MH26S	34368-17	F	-	58,052.86	-	-	-	-	-	-	-	58,052.86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58,052.86		58,052.86	58,052.86
MS011	34368-17	F/S	-	-	-	-	-	-	-	-	-	-	-	5,178.08	-	-	25,270.22	-	31,955.73	-	14,303.08	1,472.91	-	30,309.42	12,639.28	1,189.77	1,566.56	996.24	-	124,881.29	124,881.29		124,881.29	124,881.29
MSSM2	34368-17	F	-	-	-	-	-	-	-	-	-	-	-	126,809.32	-	-	-	-	26,822.23	-	-	-	-	-	-	-	-	-	-	153,631.55	153,631.55		153,631.55	153,631.55
MSSM3	34368-17	F	-	-	-	-	-	-	-	-	-	-	1,297.80	152,462.93	74,852.40	82,920.60	9,967.98	4,480.34	13,432.31	-	8,283.03	-	-	7,645.33	-	-	256.77	2,816.34	-	358,415.83	358,415.83		358,415.83	358,415.83
MSSM4	34368-17	F	-	-	-	-	-	-	-	-	-	-	-	315,069.31	215,851.04	225,518.43	100,945.32	9,529.52	71,752.53	-	27,776.59	-	-	32,663.99	-	-	1,266.66	4,434.47	-	1,004,807.86	1,004,807.86		1,004,807.86	1,004,807.86
MSTRV	34368-17	S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,598.00	-	-	-	-	-	-	-	-	10,598.00	10,598.00		10,598.00	10,598.00
MS912	34368-17	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	499,999.96	-	-	-	-	-	-	-	-	-	-	499,999.96	499,999.96		499,999.96	499,999.96
MS925	34368-17	S	-	-	-	-	-	-	-	-	-	-	-	30,906.77	34,051.98	13,958.49	6,614.86	1,291.08	9,332.77	-	1,806.41	-	-	2,759.22	-	-	152.35	-	-	100,873.93	100,873.93		100,873.93	100,873.93
MS11S	34368-17	S	-	-	-	-	-	-	-	-	-	-	-	2,396.00	216,797.43	50,051.56	15,662.24	72,153.09	2,341.00	-	-	-	-	-	-	-	-		-	359,401.32	359,401.32		359,401.32	359,401.32
MS21S	34368-17	S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	169,606.26	-	-	374,107.74	-	-	-	-	-	-	543,714.00	543,714.00		543,714.00	543,714.00
Total Current Year Funding			59,799.08	961,317.92	68,955.95	38,577.03	1,313.34	96,357.75	1,530.00	4,587.00	615,549.35	1,847,987.42	1,297.80	632,822.41	541,552.85	372,449.08	158,460.62	87,454.03	655,636.53	169,606.26	62,767.11	1,472.91	374,107.74	73,377.96	12,639.28	1,189.77	3,242.34	8,247.05	-	3,156,323.74	5,004,311.16		5,004,311.16	5,004,311.16
Carry Forward Funding																																		
Expenditure Report OCA#	**Provider Subcontract#**	**Funding Source: F-Federal S-State F/S-Federal and State**																																
MHCAS	34368-17	S	-	33,884.27	-	-	-	46,326.79	-	-	-	80,211.06	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80,211.06		80,211.06	80,211.06
MHCAT	34368-17	S	-	-	-	-	-	-	-	-	33,224.94	33,224.94	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,224.94		33,224.94	33,224.94
MHCA2	34368-17	S	-	-	-	-	-	-	3.00	-	222,386.97	222,389.97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	222,389.97		222,389.97	222,389.97
MS011	34368-17	F/S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,128.00	-	-	-	-	-	-	-	-	2,128.00	2,128.00		2,128.00	2,128.00
Total Carry Forward Funding			-	33,884.27	-	-	-	46,326.79	3.00	-	255,611.91	335,825.97	-	-	-	-	-	-	-	-	2,128.00	-	-	-	-	-	-	-	-	2,128.00	337,953.97		337,953.97	337,953.97
TOTAL STATE SAMH FUNDING =			59,799.08	995,202.19	68,955.95	38,577.03	1,313.34	142,684.54	1,533.00	4,587.00	871,161.26	2,183,813.39	1,297.80	632,822.41	541,552.85	372,449.08	158,460.62	87,454.03	655,636.53	169,606.26	64,895.11	1,472.91	374,107.74	73,377.96	12,639.28	1,189.77	3,242.34	8,247.05	-	3,158,451.74	5,342,265.13		5,342,265.13	5,342,265.13
IB. OTHER GOVERNMENTT FUNDING																																		
(1) Other State Agency Funding			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) Medicaid			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(3) Local Government			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,556,791.90	1,556,791.90	1,556,791.90
(4) Federal Grants and Contracts			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(5) In-kind from local govt. only			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER GOVERNMENT FUNDING =			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,556,791.90	1,556,791.90	1,556,791.90
IC. ALL OTHER REVENUES																																		
(1) 1st & 2nd Party Payments			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) 3rd Party Payments (except Medicare)			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(3) Medicare			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(4) Contributions and Donations			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(5) Other			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	359,054.40	359,054.40	359,054.40	-	359,054.40	718,108.80
(6) In-kind			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL OTHER REVENUES =			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	359,054.40	359,054.40	359,054.40	-	359,054.40	359,054.40
TOTAL FUNDING =			59,799.08	995,202.19	68,955.95	38,577.03	1,313.34	142,684.54	1,533.00	4,587.00	871,161.26	2,183,813.39	1,297.80	632,822.41	541,552.85	372,449.08	158,460.62	87,454.03	655,636.53	169,606.26	64,895.11	1,472.91	374,107.74	73,377.96	12,639.28	1,189.77	3,242.34	8,247.05	359,054.40	3,517,506.14	5,701,319.53	1,556,791.90	7,258,111.43	7,258,111.43

SAMH COVERED SERVICES

EXPENSE CATEGORIES A	Mental Health: Case Management	Crisis Support/ Emergency	Drop-In/Self Help Ctr.	Inpatient	Outpatient (Indiv.)	Outreach	Incidental Expenses	Recovery Support (Indiv.)	CAT Team	Mental Health Total	Substance Abuse: Assessment	Crisis Support/ Emergency	Intervention (Indiv.)	Medical Services	Medication-Assisted Tx	Outpatient (Indiv.)	Outreach	Inpatient Detoxification	Incidental Expenses	Aftercare (Indiv.)	Outpatient Detoxification	Outpatient Group	Intervention (Group)	Aftercare (Group)	Recovery Support (Indiv.)	Recovery Support (Group)	Prevention - Indicated	Substance Abuse Total	Total for State SAMH-Funded Covered Services	Total for Non-State-Funded Covered Services	Total for All Covered Services	Total Expenses
	02	04	07	09	14	15	28	46	B4	B	01	04	11	12	13	14	15	24	28	29	32	35	42	43	46	47	48	C	(B+C) D	E	(D+E) F	(F+G+H*+I*) J
IIA. PERSONNEL EXPENSES																																
(1) Salaries	41,560.16	379,442.96	63,620.72	3,883.37	-	183,905.00	-	-	512,341.07	1,184,753.28	1,135.79	559,016.86	101,280.84	283,706.00	103,593.45	145,816.90	1,105,005.47	291,656.89	302,888.58	-	605,952.89	43,980.08	95,311.63	1,927.10	1,350.21	6,345.65	-	3,648,968.34	4,833,721.62	1,216,126.74	6,049,848.36	6,049,848.36
(2) Fringe Benefits	8,450.39	74,206.07	12,505.75	739.18	-	36,805.04	-	-	102,468.21	235,174.64	205.30	101,136.82	19,282.75	51,281.83	18,725.24	27,631.56	202,556.14	55,620.78	58,363.24	-	116,078.47	8,007.30	17,228.27	369.16	244.06	1,147.02	-	677,877.94	913,052.58	234,072.93	1,147,125.51	1,147,125.51
TOTAL PERSONNEL EXPENSES =	50,010.55	453,649.03	76,126.47	4,622.55	-	220,710.04	-	-	614,809.28	1,419,927.92	1,341.09	660,153.68	120,563.59	334,987.83	122,318.69	173,448.46	1,307,561.61	347,277.67	361,251.82	-	722,031.36	51,987.38	112,539.90	2,296.26	1,594.27	7,492.67	-	4,326,846.28	5,746,774.20	1,450,199.67	7,196,973.87	7,196,973.87
IIB. OTHER EXPENSES																																
(1) Building Occupancy	2,192.07	6,104.49	11,526.05	5.35	-	7,621.59	-	150.00	29,635.81	57,235.36	43.74	22,091.36	5,800.73	10,926.51	3,989.75	8,097.57	6,403.38	237.02	13,370.60	-	63,916.45	1,806.02	3,670.83	203.27	52.00	244.39	-	140,853.62	198,088.98	96,074.44	294,163.42	294,163.42
(2) Professional Services	-	472,878.44	251.11	878.40	-	118.91	-	-	7,490.21	481,617.07	0.92	463.21	20.22	229.11	83.66	37.34	134.27	12,045.68	382.88	-	1,340.27	31.88	76.97	4.26	1.09	5.12	-	14,856.88	496,473.95	11,072.61	507,546.56	507,546.56
(3) Travel	-	-	24.36	-	-	7.32	-	-	-	31.68	0.09	44.94	-	22.23	8.12	1.06	13.02	-	2.61	-	130.01	2.98	7.47	0.41	0.11	-	-	233.05	264.73	305.12	569.85	569.85
(4) Equipment	2,513.97	235.99	38.76	0.99	-	927.69	-	-	24,628.72	28,346.12	0.14	71.43	412.26	35.33	12.90	540.14	20.71	432.70	216.19	-	206.62	29.07	11.88	0.66	0.17	0.79	-	1,990.99	30,337.11	747.67	31,084.78	31,084.78
(5) Food Services	-	842.34	-	24.63	-	-	-	-	-	866.97	-	-	-	-	-	-	-	932.10	-	-	-	-	-	-	-	-	-	932.10	1,799.07	5,926.78	7,725.85	7,725.85
(6) Medical and Pharmacy	-	47.39	-	0.93	-	-	-	-	-	48.32	4.18	2,112.26	807.27	1,044.74	381.48	1,104.21	10,825.62	80.79	26.92	-	6,111.34	187.60	350.99	19.44	4.97	23.37	-	23,085.18	23,133.50	5,117.97	28,251.47	28,251.47
(7) Subcontracted Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(8) Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(9) Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(10) Operating Supplies & Expenses	275.97	2,047.80	817.95	7.12	102.01	1,541.87	-	-	9,460.92	14,253.64	2.99	1,448.44	910.67	746.30	272.51	1,225.02	437.36	1,789.67	18,217.46	-	4,365.65	153.73	250.73	13.88	3.55	16.69	-	29,854.65	44,108.29	8,334.16	52,442.45	52,442.45
(11) Other-Bad Debt	-	54.19	1,581.42	0.07	-	475.42	-	-	-	2,111.10	5.78	2,917.13	-	1,442.83	526.84	68.83	845.55	154.29	169.56	-	8,440.02	193.25	484.71	26.84	6.87	32.27	-	15,314.77	17,425.87	13,831.60	31,257.47	31,257.47
(12) Donated Items	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER EXPENSES =	4,982.01	482,210.64	14,239.65	917.49	102.01	10,692.80	-	150.00	71,215.66	584,510.26	57.84	29,148.77	7,951.15	14,447.05	5,275.26	11,074.17	18,679.91	15,672.25	32,386.22	-	84,510.36	2,404.53	4,853.58	268.76	68.76	322.63	-	227,121.24	811,631.50	141,410.35	953,041.85	953,041.85
TOT. PERSONNEL & OTH. EXP. =	54,992.56	935,859.67	90,366.12	5,540.04	102.01	231,402.84	-	150.00	686,024.94	2,004,438.18	1,398.93	689,302.45	128,514.74	349,434.88	127,593.95	184,522.63	1,326,241.52	362,949.92	393,638.04	-	806,541.72	54,391.91	117,393.48	2,565.02	1,663.03	7,815.30	-	4,553,967.52	6,558,405.70	1,591,610.02	8,150,015.72	8,150,015.72
IIC. DISTRIBUTED INDIRECT COSTS																																
(a) Other Support Costs (Optional)	-	-	-	-	-	-	-	-	59,628.76	59,628.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	59,628.76	-	59,628.76	59,628.76
(b) Administration	11,502.43	116,555.20	17,509.09	1,063.19	-	43,973.22	-	-	140,381.70	330,984.83	307.11	151,185.16	27,729.63	76,712.20	28,010.97	39,877.17	300,612.52	79,873.86	83,048.55	-	166,067.21	11,912.23	25,771.63	528.14	365.09	1,715.82	-	993,717.29	1,324,702.12	318,359.53	1,643,061.65	1,643,061.65
TOT. DISTR'D INDIRECT COSTS =	11,502.43	116,555.20	17,509.09	1,063.19	-	43,973.22	-	-	200,010.46	390,613.59	307.11	151,185.16	27,729.63	76,712.20	28,010.97	39,877.17	300,612.52	79,873.86	83,048.55	-	166,067.21	11,912.23	25,771.63	528.14	365.09	1,715.82	-	993,717.29	1,384,330.88	318,359.53	1,702,690.41	-
TOTAL ACTUAL OPER. EXPENSES =	66,494.99	1,052,414.87	107,875.21	6,603.23	102.01	275,376.06	-	150.00	886,035.40	2,395,051.77	1,706.04	840,487.61	156,244.37	426,147.08	155,604.92	224,399.80	1,626,854.04	442,823.78	476,686.59	-	972,608.93	66,304.14	143,165.11	3,093.16	2,028.12	9,531.12	-	5,547,684.81	7,942,736.58	1,909,969.55	9,852,706.13	9,852,706.13
IID. UNALLOWABLE COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOT. ALLOWABLE OPER. EXP. =	66,494.99	1,052,414.87	107,875.21	6,603.23	102.01	275,376.06	-	150.00	886,035.40	2,395,051.77	1,706.04	840,487.61	156,244.37	426,147.08	155,604.92	224,399.80	1,626,854.04	442,823.78	476,686.59	-	972,608.93	66,304.14	143,165.11	3,093.16	2,028.12	9,531.12	-	5,547,684.81	7,942,736.58	1,909,969.55	9,852,706.13	9,852,706.13
IIE. CAPITAL EXPENDITURES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
III. UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS																																
IIIA. Unearned Funds	(6,695.91)	(57,212.68)	(38,919.26)	31,973.80	1,211.33	(132,691.52)	1,533.00	4,437.00	(14,874.14)	(211,238.38)	(408.24)	(207,665.20)	385,308.48	(53,698.00)	2,855.70	(136,945.77)	(971,217.51)	(273,217.52)	(411,791.48)	1,472.91	(598,501.19)	7,073.82	(130,525.83)	(1,903.39)	1,214.22	(1,284.07)	-	(2,389,233.07)	(2,600,471.45)			

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Bed-Day Availability Payments
For the Contract Year Ended June 30, 2022

Program A	Cost Center B	State Contracted Rate C	Total Units of Service Provided D	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies E	Maximum # of Units Eligible for Payment by Department (D-E) F	Amount Paid for Services by the Department G	Maximum $ Value of Units in Column F (F x C) H	Amount Owed to Department (G-H or $0, whichever is greater) I
Children's Mental Health	Crisis Stabilization Unit	-	-	-	-	-	-	-
Adult Mental Health	Crisis Stabilization Unit	-	-	-	-	-	-	-
Children's Substance Abuse	Substance Abuse Detox	$ 369.29	2,190	458	1,732	$ 169,140	$ 639,610	-
Adult Substance Abuse	Substance Abuse Detox	-	-	-	-	-	-	-
Adult Mental Health	Short-term Residential Treatment	-	-	-	-	-	-	-

Total Amount Owed to Department = $ -

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Total Expenditures (Line 1)	$ 9,852,704
Less Other State and Federal Funds (Line 2)	-
Less Non-Match SAMH Funds (Line 3)	(5,995,769)
Less Unallowable Costs per 65E-14, F.A.C. (Line 4)	-
Total Allowable Expenditures (Line 5: Sum of lines 1, 2, 3, and 4)	3,856,935
Maximum Available Earnings (Line 6: Line 5 times 75%)	2,892,701
Amount of State Funds Requiring Match (Line 7)	1,262,342
Amount Due to Department (Line 6 - Line 7 or $0, whichever is less)	$ -

This computation determines whether local match requirements (as stated in the Department of Children and Families Substance Abuse and Mental Health Contract) have been satisfied. The computation of allowable matching is governed by Chapter 65E-14 Community Substance Abuse & Mental Health Services - Financial Rules.

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Related Party Transaction Adjustments
For the Contract Year Ended June 30, 2022

	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
Revenues From Grantee		1	2	3	......	Total
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	XXX					
Total Revenue From Grantee	XXX			NOT APPLICABLE		
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	YYY					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ