



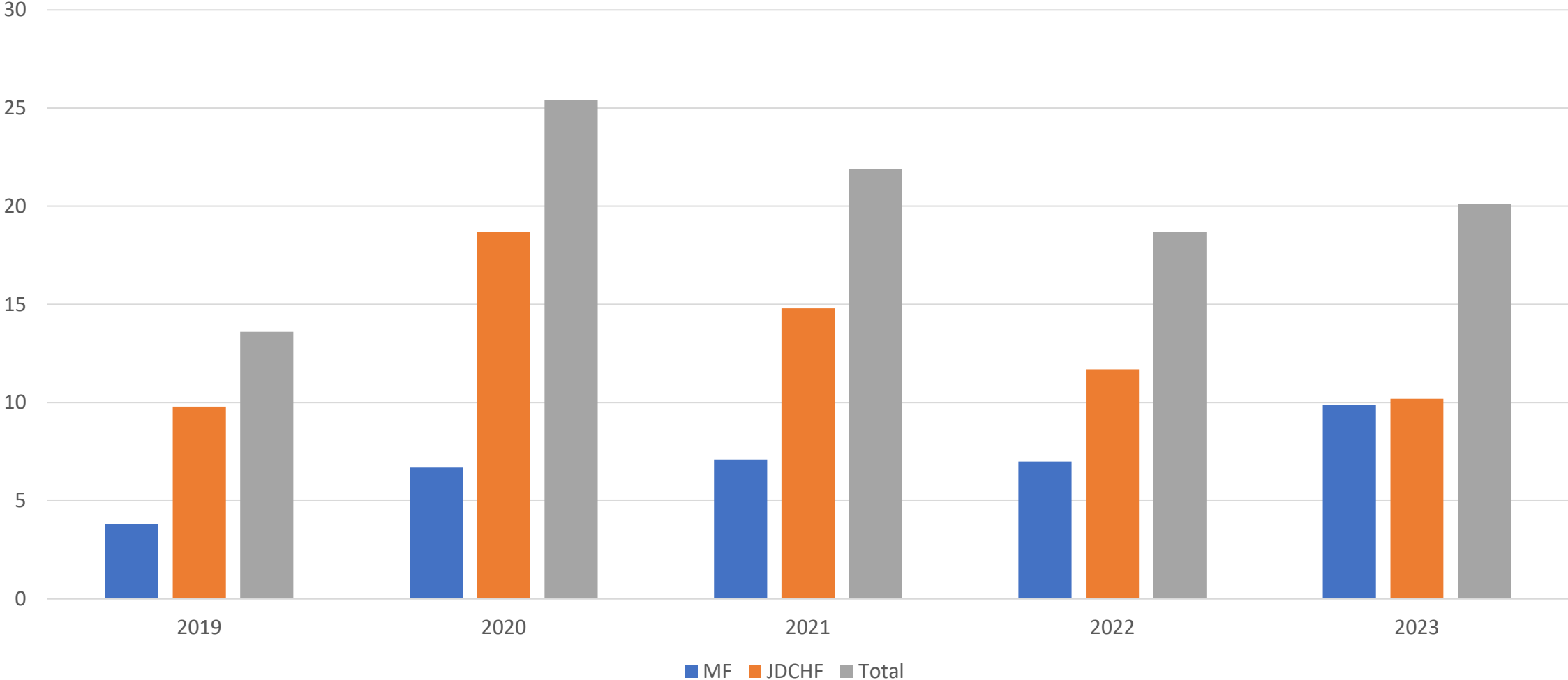
Presentation to South Broward Hospital District

Board of Commissioners

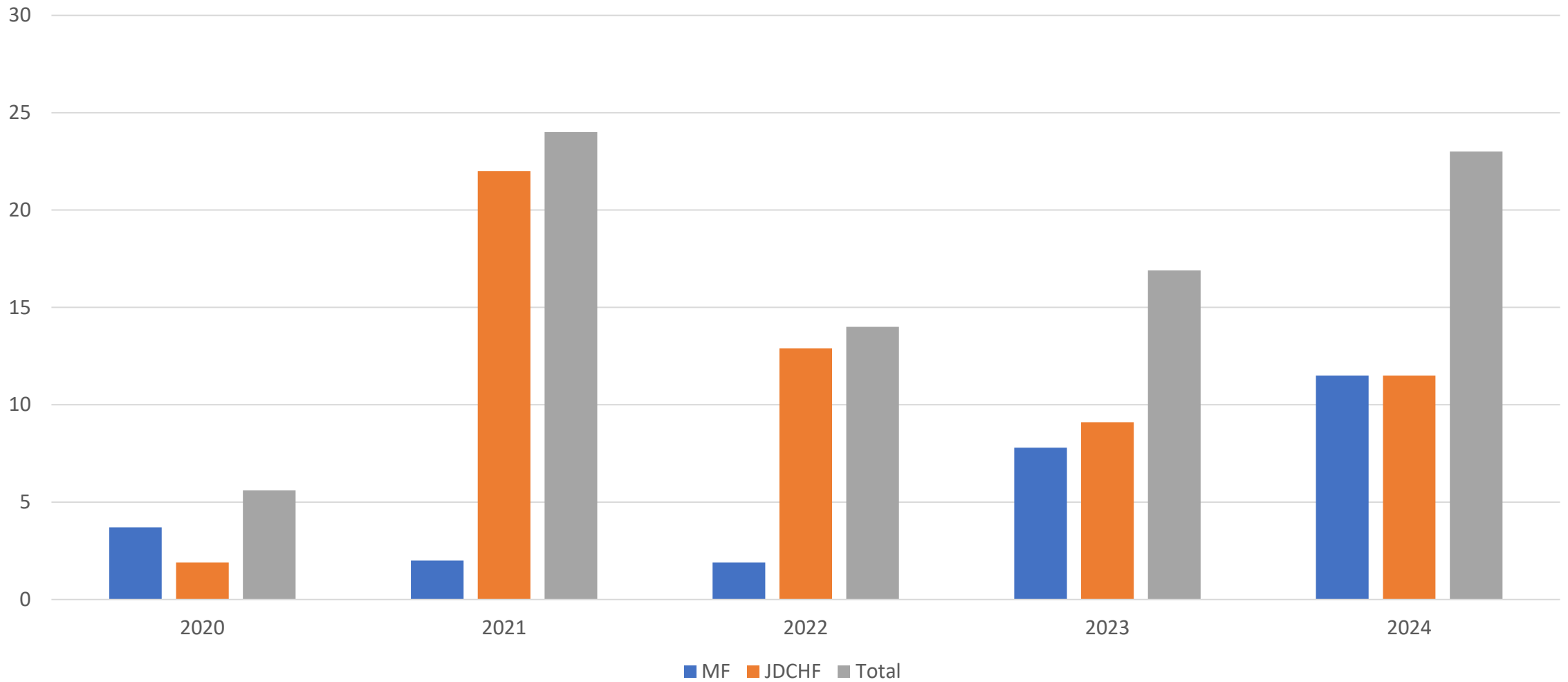
April 24, 2024

Donations

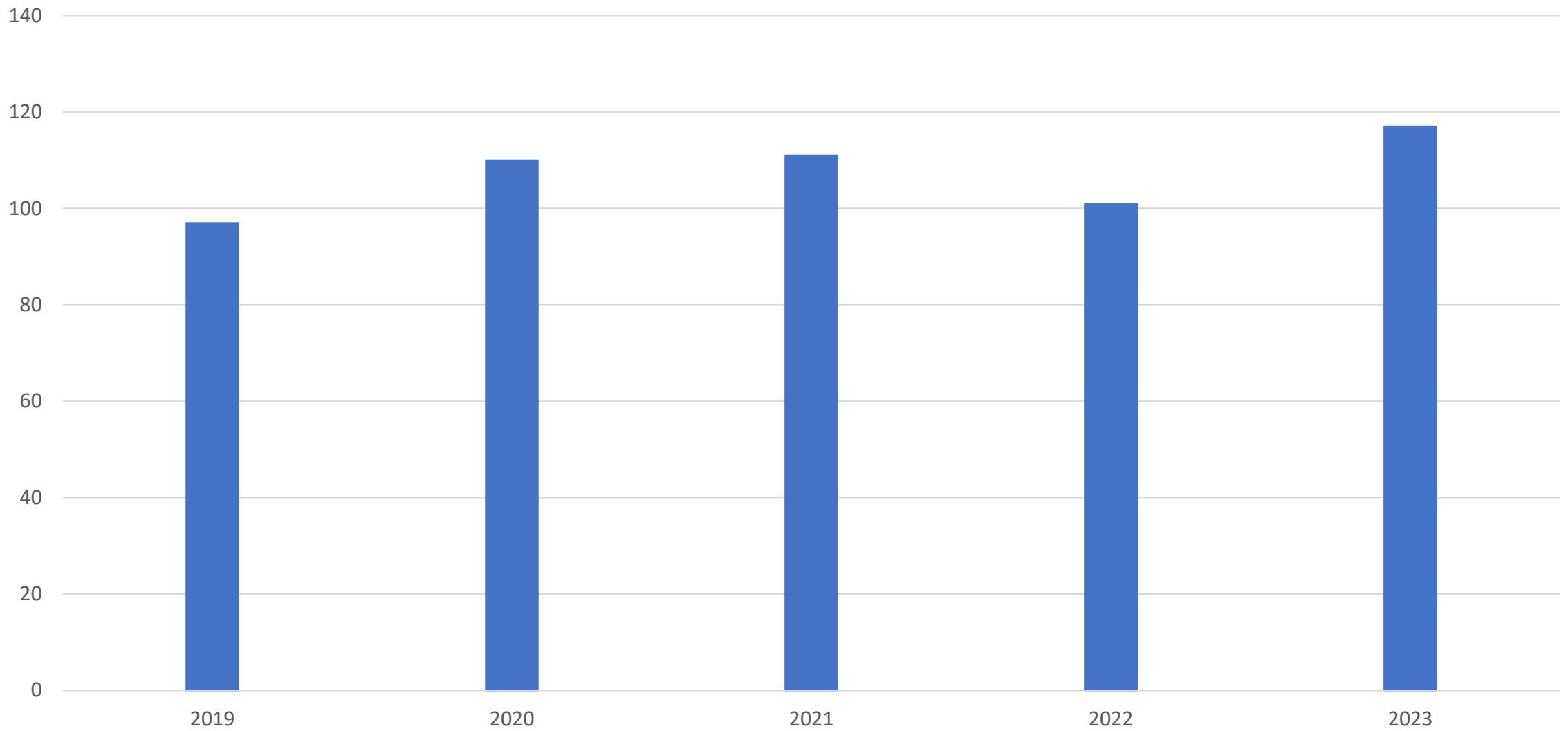
Five Year Total \$107 Million



Funding to Memorial Healthcare System Five Year \$81 Million



Combined Foundations' Assets



The *Catch the Love* campaign generated more than \$56 million dollars for the four floor expansion of Joe DiMaggio Children's Hospital.





FUNDING HIGHLIGHTS

| | |
|---|-------------|
| New MCI Facility | \$3,775,000 |
| Equipment | \$1,465,838 |
| <i>DaVinci Teaching Console</i> | |
| <i>Monarch Robotic Assisted Bronchoscopy</i> | |
| <i>Thromboelastography Testing</i> | |
| <i>Echo Simulation</i> | |
| Breast Cancer Services | \$541,402 |
| <i>Cancer Recovery Program</i> | |
| <i>Breast Cancer Screening</i> | |
| <i>Breast Cancer Diagnostic Imaging</i> | |
| Memorial Veterans Program | \$514,801 |
| ALLIES Program | \$199,645 |
| <i>Adults Living Life Independent</i> | |
| <i>Educated and Safe</i> | |
| Emergency Financial Assistance to Patients and Families | \$189,967 |
| Research & Education | \$95,112 |



Joe DiMaggio Children's Hospital
Foundation

FUNDING HIGHLIGHTS

| | |
|---|-------------|
| Hospital Expansion | \$6,250,000 |
| Equipment | \$374,384 |
| <i>26 NICU NicView Cameras</i> | |
| <i>Pediatric Simulation</i> | |
| <i>Outpatient Rehabilitation</i> | |
| <i>AED Sports Medicine</i> | |
| <i>Heartmate LVAD Training Kit</i> | |
| Conine Clubhouse Operations | \$343,520 |
| Integrative Services | \$260,653 |
| <i>Music Therapy, Art Therapy,</i> | |
| <i>Aromatherapy, Pediatric Yoga,</i> | |
| <i>Child Life Enhancements</i> | |
| Emergency Financial Assistance to Patients and Families | \$178,308 |
| LEAP for Success Program | \$138,471 |
| <i>Activities for Disadvantaged</i> | |
| <i>Preschoolers, Family Counseling,</i> | |
| <i>Case Management</i> | |
| Research & Education | \$130,524 |



The 19th Annual Fairy Tale Ball was record-setting, generating over \$1.3M for Joe DiMaggio Children's Hospital.



PINK ANGELS
MEMORIAL FOUNDATION



Date: 12/15/23
Pay to the order of: **Joe DiMaggio Children's Hospital** \$ 260,469⁰⁰
Two Hundred Sixty Thousand Four Hundred Sixty Nine Dollars
Memo: **KISS COUNTRY CARES RADIOTHON** IC + DINA B.

Since 2003, KISS Country 99.9 has hosted a radiothon featuring inspiring stories of hope and healing from patients, families and staff at Joe DiMaggio Children's Hospital, generating over \$3.8 million.



The 30th Annual Conine All-Star Golf Classic was record-setting, generating over \$560k. These funds raised cover the operational costs of the Conine Clubhouse, so that families can continue to stay free of charge, while their child is being treated at JDCH.

LEAD

the Campaign for
Memorial Healthcare System



SOUTH BROWARD HOSPITAL DISTRICT

**REGULAR MEETING OF THE BOARD OF COMMISSIONERS OF THE
SOUTH BROWARD HOSPITAL DISTRICT**

INCLUDING REPRESENTATIVES OF THE MEDICAL STAFF OF EACH OF ITS HOSPITALS

March 27, 2024

A Regular Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held in person, and by video and telephone conference, on Wednesday, March 27, 2024, at 5:34 p.m., at the Memorial Specialty Pharmacy, 9571 Premier Parkway, Miramar, Florida, 33025.

The following members were present:

| | | |
|----------------------|---------------------|-----------|
| Ms. Elizabeth Justen | Chairwoman | In person |
| Mr. Steven Harvey | Vice Chairman | In person |
| Mr. Douglas Harrison | Secretary Treasurer | In person |
| Mr. Brad Friedman | | In person |
| Dr. Luis Orta | | In person |

The following members were absent:

Mr. Jose Basulto
Ms. Laura Raybin Miller

A registration sheet listing attendees in person is on file in the Executive Office.

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

There being a physical quorum present, the meeting was called to order by Ms. Justen, who noted that public participation is welcome. Ms. Justen thanked the staff of the Memorial Specialty Pharmacy for their tour of the facility.

Ms. Sarah Griffith, Deputy General Counsel, confirmed and provided certification, on behalf of the General Counsel's office, that all public notice and open meeting (Sunshine) legal requirements had been complied with for this meeting.

2. PRESENTATIONS

a. Memorial Pharmacy Services; Dr. Dorinda Segovia, Vice President and Chief Pharmacy Officer

Dr. Segovia thanked her Administrative Assistant, Ms. Elise Bishop, and Ms. Ivonne Diaz and Ms. Cheryl Yeo, Senior Executive Assistants to Mr. Wester, for their work in arranging the meeting at the Specialty Pharmacy.

Dr. Segovia began by informing the Board that Florida Governor Ron DeSantis appointed her to the Florida Board of Pharmacy in November 2020.

Dr. Segovia then gave a presentation on the Memorial Pharmacy Services. Topics covered included strategic priorities, the Integrated Pharmacy Care Model, staff education and training (including an Internal Medicine specialty program, the only one in existence, and Psychiatry, one of only two in existence), service metrics, revenue and volume trends, growth (including insourcing a pharmacy for Memorial Manor), and fiscal year 2025 priorities. She thanked the Memorial Foundation for making the Medication Disposal Service available in each of Memorial's pharmacies. She thanked the Board for holding their meeting at the Specialty Pharmacy and took questions.

Ms. Justen thanked Dr. Segovia for her presentation, and Mr. Edward Peterson, Vice President of Laboratory Services, for his work towards making this evening possible.

3. APPROVAL OF MINUTES

a. **Request Board Approval of the Minutes of the Regular Meeting Held on February 28, 2024**

A copy of the Minutes is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Mr. Friedman, that:

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE REGULAR MEETING HELD ON FEBRUARY 28, 2024***

The Motion *carried* unanimously.

b. **Request Board Approval of the Minutes of the Special Meeting – CEO Update - Held on March 13, 2024**

A copy of the Minutes is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE SPECIAL MEETING – CEO UPDATE - HELD ON MARCH 13,
2024***

The Motion *carried* unanimously.

c. **Request Board Approval of the Minutes of the Special Meeting – MRH Masterplan - Held on March 18, 2024**

A copy of the Minutes is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Mr. Friedman, that:

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE SPECIAL MEETING – MRH MASTERPLAN - HELD ON MARCH
18, 2024***

The Motion *carried* unanimously.

Mr. Harrison stated his desire for the staff to be proactive in dealing with this subject, and Mr. Wester confirmed that the Board will be routinely updated.

4. **BOARD REGULAR BUSINESS**

The Board agreed that the Chiefs of Staff would each present their report, with a Motion made afterwards for approval of all the reports.

a. **Report from the President of the Medical Staff, Memorial Regional Hospital and Joe DiMaggio Children's Hospital; Nigel Spier, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Nigel Spier, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 20, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

b. **Report from the Chief of Staff, Memorial Hospital West; Fausto De La Cruz, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Fausto De La Cruz, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 11, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

c. **Report from the Chief of Staff, Memorial Hospital Miramar; Juan Villegas, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

In the absence of Juan Villegas, M.D., Aharon Sareli, M.D., Executive Vice President and Chief Medical Officer, presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 13, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

d. **Report from the Chief of Staff, Memorial Hospital Pembroke; Narendra Upadhyaya, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Narendra Upadhyaya, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 14, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

Dr. Orta *moved, seconded* by Mr. Harvey, that:

**THE BOARD OF COMMISSIONERS APPROVES
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE OF**

***THE MEDICAL STAFF AT MEMORIAL REGIONAL HOSPITAL
AND JOE DIMAGGIO CHILDREN'S HOSPITAL, MEMORIAL
HOSPITAL WEST, MEMORIAL HOSPITAL MIRAMAR, AND
MEMORIAL HOSPITAL PEMBROKE***

The Motion *carried* unanimously.

e. **Financial Report; Mr. David Smith, Executive Vice President and Chief Financial Officer**

1) ***Request Board Approval of the Financial Report for the Month of February 2024***

Mr. Smith presented the financial report for the month of February 2024, and took questions.

Dr. Orta *moved, seconded* by Mr. Harvey, that:

***THE BOARD OF COMMISSIONERS APPROVES THE
FINANCIAL REPORT FOR THE MONTH OF FEBRUARY 2024***

The Motion *carried* unanimously.

f. **Legal Report; Ms. Sarah Griffith, Deputy General Counsel**

Ms. Griffith confirmed there was nothing to report this month.

5. **REPORTS TO THE BOARD; REPORTS FROM BOARD OFFICERS AND STANDING COMMITTEES**

a. **Building Committee Meeting Held on March 18, 2024; Mr. Brad Friedman, Vice Chairman**

Mr. Friedman presented the Minutes of the Building Committee meeting held on March 18, 2024, a copy of which is on file in the Executive Office. Mr. Mark Greenspan, Vice President, Construction and Property Management, then gave further details of the items discussed at the meeting.

1) ***Request Board Acceptance of the Lowest Responsive and Responsible Bidder, Lee Construction Group, Inc., in the Amount of \$1,728,615 for the Memorial Hospital Miramar Campus Signage Project, and Allocate a \$259,000 Contingency Amount, to be Controlled by Memorial Healthcare System***

Mr. Harvey *moved, seconded* by Ms. Justen, that:

***THE BOARD OF COMMISSIONERS ACCEPTS THE LOWEST
RESPONSIVE AND RESPONSIBLE BIDDER, LEE
CONSTRUCTION GROUP, INC., IN THE AMOUNT OF
\$1,728,615 FOR THE MEMORIAL HOSPITAL MIRAMAR
CAMPUS SIGNAGE PROJECT, AND ALLOCATE A \$259,000
CONTINGENCY AMOUNT, TO BE CONTROLLED BY
MEMORIAL HEALTHCARE SYSTEM***

Dr. Orta asked for clarification regarding an error in the printing of the bid. Mr. Greenspan confirmed this was regarding a detail on Addendum number five and was inconsequential to the overall bid. Mr. Friedman confirmed this was discussed in detail at the meeting.

The Motion *carried* unanimously.

- 2) ***Request Board Acceptance of the Lowest Responsive and Responsible Bidder, Lee Construction Group, Inc., in the Amount of \$1,915,242 for the Memorial Healthcare System Primary Care Dania Project, and Allocate a \$287,000 Contingency Amount, to be Controlled by Memorial Healthcare System***

Mr. Harvey *moved, seconded* by Ms. Justen, that:

THE BOARD OF COMMISSIONERS ACCEPTS THE LOWEST RESPONSIVE AND RESPONSIBLE BIDDER, LEE CONSTRUCTION GROUP, INC., IN THE AMOUNT OF \$1,915,242 FOR THE MEMORIAL HEALTHCARE SYSTEM PRIMARY CARE DANIA PROJECT, AND ALLOCATE A \$287,000 CONTINGENCY AMOUNT, TO BE CONTROLLED BY MEMORIAL HEALTHCARE SYSTEM

The Motion *carried* unanimously.

- 3) ***Request Board Approval of the Minutes of the Building Committee Meeting Held on March 18, 2024***

Dr. Orta *moved, seconded* by Mr. Harvey, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE BUILDING COMMITTEE MEETING HELD ON MARCH 18, 2024

The Motion *carried* unanimously.

b. **Finance Committee Meeting Held on March 20, 2024; Ms. Elizabeth Justen, Chairwoman**

Ms. Justen presented the Minutes of the Finance Committee Meeting held on March 20, 2024, a copy of which is on file in the Executive Office. Mr. Veda Rampat, Vice President and Treasurer, then gave details of the items discussed at the meeting.

At this point, Mr. Harrison left the meeting.

- 1) ***Request Board Acceptance of the Actuarial Report from Willis Towers Watson for the Retirement Plan for Employees of the South Broward Hospital District for the 2023 / 2024 Plan Year***

Mr. Harvey *moved, seconded* by Mr. Friedman, that:

THE BOARD OF COMMISSIONERS ACCEPTS THE ACTUARIAL REPORT FROM WILLIS TOWERS WATSON FOR THE RETIREMENT PLAN FOR EMPLOYEES OF THE SOUTH BROWARD HOSPITAL DISTRICT FOR THE 2023 / 2024 PLAN YEAR

The Motion *carried*, with Mr. Harrison absent for the vote.

2) Request Board Approval of the Minutes of the Finance Committee Meeting Held on March 20, 2024

Dr. Orta *moved, seconded* by Mr. Harvey, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON MARCH 20, 2024

The Motion *carried*, with Mr. Harrison absent for the vote.

c. Contracts Committee Meeting Held on March 20, 2024; Mr. Steven Harvey, Chairman

Mr. Harvey presented the Minutes of the Contracts Committee Meeting held on March 20, 2024, a copy of which is on file in the Executive Office. Dr. Aharon Sareli gave details of the individual contracts, in the absence of Mr. Vedner Guerrier, Executive Vice President and Chief Transformation Officer.

The Board agreed that the four physicians' contract details would be given first, with a Motion made afterwards for approval of all the contracts.

- 1) Request Board Approval of the New Physician Employment Agreement between Daniel Sheldon, M.D., for Medical Director, Orthopaedic Surgery – West Operations Services, and South Broward Hospital District**
- 2) Request Board Approval of the Renewal Physician Employment Agreement between Daniel Chan, M.D., for Chief, Orthopaedic Institute and HOPCo Lead Physician Services, and South Broward Hospital District**
- 3) Request Board Approval of the Renewal Physician Employment Agreement between Samuel Ostrower, M.D., for Chief, Pediatric Otolaryngology – Head and Neck Surgery Services, and South Broward Hospital District**
- 4) Request Board Approval of the Renewal Physician Employment Agreement between Sarah Hart-Unger, M.D., for Pediatric Endocrinology Services, and South Broward Hospital District**

Ms. Justen *moved, seconded* by Dr. Orta, that:

THE BOARD OF COMMISSIONERS APPROVES THE NEW PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN DANIEL SHELDON, M.D., FOR MEDICAL DIRECTOR, ORTHOPAEDIC SURGERY – WEST OPERATIONS SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN DANIEL CHAN, M.D., FOR CHIEF, ORTHOPAEDIC INSTITUTE AND HOPCO LEAD PHYSICIAN SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN SAMUEL OSTROWER, M.D., FOR CHIEF, PEDIATRIC OTOLARYNGOLOGY – HEAD AND NECK SURGERY SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN SARAH HART-UNGER, M.D., FOR PEDIATRIC ENDOCRINOLOGY SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

The Motion *carried*, with Mr. Harrison absent for the vote.

Dr. Sareli then reported on additional contracts, presented for information only.

5) Request Board Approval of the Minutes of the Contracts Committee Meeting Held on March 20, 2024

Mr. Friedman *moved, seconded* by Dr. Orta, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE CONTRACTS COMMITTEE MEETING HELD ON MARCH 20, 2024

The Motion *carried*, with Mr. Harrison absent for the vote.

d. Personnel Committee Meeting Held on March 20, 2024; Mr. Steven Harvey, Chairman

Mr. Harvey presented the Minutes of the Personnel Committee Meeting held on March 20, 2024, a copy of which is on file in the Executive Office. Mr. David Smith then reported on the plan changes to the defined benefit retirement plan and took questions.

1) Request Board Acceptance of the Plan Changes to the Defined Benefit Retirement Plan:

- i) Increase the Valuation Interest Rate from 6.6% to 7%, and**
- ii) Amend the Plan to Offer Current and Future Terminated Vested Participants and Retirees the Ability to Access an Unlimited Lump Sum Form of Payment**

Mr. Friedman *moved, seconded* by Ms. Justen, that:

THE BOARD OF COMMISSIONERS ACCEPTS THE PLAN CHANGES TO THE DEFINED BENEFIT RETIREMENT PLAN:

- i) **INCREASE THE VALUATION INTEREST RATE FROM 6.6% TO 7%, AND**
- ii) **AMEND THE PLAN TO OFFER CURRENT AND FUTURE TERMINATED VESTED PARTICIPANTS AND RETIREES THE ABILITY TO ACCESS AN UNLIMITED LUMP SUM FORM OF PAYMENT**

The Motion **carried**, with Mr. Harrison absent for the vote.

Ms. Margie Vargas, Senior Vice President and Chief Human Resources Officer, then gave details of other topics discussed, and confirmed that a Personnel Committee Meeting will likely take place in June, where the Pulse Survey results will be discussed.

- 2) **Request Board Approval of the Minutes of the Personnel Committee Meeting Held on March 20, 2024**

Mr. Friedman **moved, seconded** by Dr. Orta, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE PERSONNEL COMMITTEE MEETING HELD ON MARCH 20, 2024

The Motion **carried**, with Mr. Harrison absent for the vote.

6. **REPORT OF SPECIAL COMMITTEES**

None.

7. **ANNOUNCEMENTS**

None.

8. **UNFINISHED BUSINESS**

None.

9. **NEW BUSINESS**

None.

Mr. Harrison returned to the meeting.

10. **PRESIDENT'S COMMENTS**

Mr. Scott Wester reported the following:

Mr. Wester thanked the Pharmacy, Revenue Management and Finance teams for their work in minimizing the disruption of the recent cyber attack.

In July of this year, 83 new GME trainees will begin their residency with Memorial. There were over 15,000 applicants and over 1,300 interviews took place. Of the 83 successful applicants,

34 are from Schools of Medicine in South Florida, with 15 of these coming from Nova Southeastern University (NSU).

The American Diabetes Association (ADA) carried out a successful recertification survey on the Memorial Regional Hospital Outpatient Diabetes and Nutrition Program. The program has been certified for over 30 years.

Memorial Regional Hospital set a new record for kidney transplants, by performing 23 transplants in February.

At the Broward County Board of Commissioners' meeting last week, a discussion took place on whether to fund their Heart Project Program – spearheaded by Commissioner Mark Bogen - through a surtax of 0.25 cents, to be voted on by the Broward community later in the year. The Broward County Board reached out to both the North and South Broward Hospital Districts, asking us to work with them, and Ms. Monica Puga, Senior Vice President and Chief Nurse Executive, is working with their Board for Memorial. The budget for the Pilot Program is \$10M, with \$2.5M spent so far.

11. CHAIRWOMAN'S COMMENTS

After allowing the other Board members to give their comments first, Ms. Justen gave an update on the letter she had previously received regarding one of Memorial's departments, confirming that a firm had been engaged to impartially investigate the contents of the letter. She advised everyone to use the appropriate channels if they needed to report something and confirmed that the Board wanted to foster a safe environment for Memorial's employees.

Ms. Justen thanked the Memorial Special Pharmacy for hosting the Meeting, and additionally thanked the staff who gave the tour, IT team, property managers, security team, Ms. Elise Bishop, Ms. Ivonne Diaz and Ms. Cheryl Yeo, who were all involved in setting up the meeting at the location.

Ms. Justen congratulated Ms. Dionne Blackwood on her promotion to Vice President of Memorial Primary Care and Ambulatory Services.

Ms. Justen confirmed that the April Regular Board Meeting will take place in the Perry Board Room at 3111 Stirling Road, Hollywood, 33312.

12. COMMISSIONERS' COMMENTS

Dr. Orta thanked the IT team, who had helped him with an iPad issue. He wished everyone a Happy Easter.

Mr. Friedman reported that after the Workday presentation at the previous Regular Board Meeting, he had e-mailed the staff involved to recognize them for their efforts and achievement. He received several responses of appreciation for his e-mail and shared one of them with the attendees. He spoke of Memorial's achievements and asked staff not to take this lightly.

Mr. Harrison thanked everyone for their hard work. He reported that he had greatly enjoyed his conversation with the Director of Pharmacy during the pre-meeting dinner.

Mr. Harvey urged Memorial's leadership team to find savings as they look at the expenses for the Memorial Regional Hospital expansion. He thanked Ms. Vargas for the strong results of the engagement survey and looked forward to the next results. He urged Memorial staff to celebrate what they achieved.

13. ADJOURNMENT

There being no further business to come before the Board, Ms. Justen declared the meeting adjourned at 6:47 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

BY: _____
Elizabeth Justen, Chairwoman

ATTEST: _____
Douglas Harrison, Secretary Treasurer

SOUTH BROWARD HOSPITAL DISTRICT

**SPECIAL MEETING OF THE BOARD OF COMMISSIONERS OF THE
SOUTH BROWARD HOSPITAL DISTRICT**

WITH THE BOARD OF COMMISSIONERS OF THE NORTH BROWARD HOSPITAL DISTRICT

April 12, 2023

A Special Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) and the Board of Commissioners of the North Broward Hospital District (N.B.H.D.) was held in person at the Broward Health Sports Medicine Building, 1601 South Andrews Avenue, Suite 100, Fort Lauderdale, Florida 33316, on Wednesday, April 12, 2023, at 5:11 p.m.

The following members of the South Broward Hospital District, d/b/a Memorial Healthcare System, were present:

| | |
|-------------------------|---------------------|
| Mr. Brad Friedman | Chairman |
| Ms. Elizabeth Justen | Vice Chairwoman |
| Mr. Steven Harvey | Secretary Treasurer |
| Mr. Douglas Harrison | |
| Ms. Laura Raybin Miller | |

The following members were absent:

Mr. Jose Basulto
Dr. Luis Orta

The following members of the North Broward Hospital District, d/b/a Broward Health, were present:

| | |
|----------------------------|---------------------|
| Ms. Stacy Angier | Chairwoman |
| Mr. Christopher Pernicano | Vice Chairman |
| Mr. Paul Tanner | Secretary Treasurer |
| Mr. Ray Berry | |
| Mr. Jonathan Hage | |
| Ms. Nancy Gregoire Stamper | |

The following member was absent:

Mr. Levi Williams

A registration sheet listing attendees in person is on file in the Executive Office.

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

There being a physical quorum present, the meeting was called to order by Mr. Friedman for the South Broward Hospital District and Ms. Angier for the North Broward Hospital District.

Mr. Frank Rainer, Senior Vice President and General Counsel for Memorial Healthcare System, confirmed, and provided his certification as General Counsel, that all public notice and open meeting (Sunshine) legal requirements had been complied with for this meeting. Ms. Linda Epstein, General Counsel for Broward Health, confirmed the same.

2. INTRODUCTIONS

The Board members of the S.B.H.D. and N.B.H.D. introduced themselves.

3. **PLEDGE OF ALLEGIANCE**

Ms. Stacy L. Angier, Chairwoman, North Broward Hospital District

At the request of Ms. Angier, the pledge of allegiance was led by Ms. Heather Havericak, Chief Executive Officer of Broward Health Medical Center / Salah Foundation Children's Hospital, for the N.B.H.D., and Mr. Scott Singer, Associate Administrator of Joe DiMaggio Children's Hospital, for the S.B.H.D.

4. **PUBLIC COMMENTS**

There were no comments from the public.

5. **APPROVAL OF MINUTES**

a. **Confirmation that the North Broward Hospital District Minutes for the Joint Board Meeting held on November 7, 2022, were approved at the November 2022 Regular Board Meeting**

Ms. Angier confirmed that the Minutes were approved at the November 2022 Regular Board Meeting.

b. **Request Board Approval of the Special Meeting Minutes held on November 7, 2022, for the South Broward Hospital District**

A copy of the Minutes is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

**THE BOARD OF COMMISSIONERS OF THE S.B.H.D. APPROVES
THE MINUTES OF THE SPECIAL MEETING HELD ON
NOVEMBER 7, 2022**

The Motion *carried* unanimously.

6. **UPDATE REGARDING COMMUNITY COLLABORATION WORK STREAMS**

Ms. Nina Beauchesne, Executive Vice President and Chief Transformation Officer, S.B.H.D., and Mr. Alan Whaley, Executive Vice President and Chief Operating Officer, N.B.H.D.

a. **Work Stream Reports by the N.B.H.D. and S.B.H.D. Team Leads**

Ms. Beauchesne reported that she and Mr. Whaley meet on a weekly basis. She confirmed that an additional work stream has been added to the list, covering the workforce affiliation with Broward College.

An update was given on the progress of the work streams, as follows.

IT WORKGROUP – Lead by Mr. Jeff Sturman, Senior Vice President and Chief Digital Officer, for the S.B.H.D., and Mr. Alan Whaley for the N.B.H.D.

Mr. Whaley introduced Mr. Steven Travers, the newly appointed Chief Information Officer for Broward Health.

Mr. Sturman gave an introduction to Symphony, an integrated Electronic Health Record (E.H.R.) system. The system was in the pre-planning stage, with the kickoff in June 2023. The system was due to go live in September 2024. Mr. Travers gave details of the structure of the workgroup.

The N.B.H.D. Board members thanked Memorial's staff for working with them. Mr. Sturman reported that very robust training will be required for everyone using the system, and they were currently identifying the IT team for both Broward Health and Memorial.

PEDIATRIC SERVICES – Lead by Ms. Caitlin Stella, Chief Executive Officer of Joe DiMaggio Children's Hospital, for the S.B.H.D., and Ms. Heather Havericak, Chief Executive Officer of Broward Health Medical Center / Salah Foundation Children's Hospital, for the N.B.H.D.

Ms. Havericak reported that she meets weekly with Ms. Stella, and the staff members from both systems collaborated well with each other, to the point that T-shirts have been made for the team members with the slogan "One Dream, One Team". Ms. Havericak thanked Mr. Singer for his assistance, and gave an update on the clinical service collaboration, reporting that they were working on ECMO-specific protocols, with full engagement from the physicians, in addition to physician privileging and credentialing.

ADULT SERVICES – Lead by Mr. Peter Powers, Chief Executive Officer of Memorial Regional Hospital, for the S.B.H.D., and Ms. Heather Havericak for the N.B.H.D.

Mr. Powers gave an update on progress, reporting that the collaboration is focusing on cardiac services. Ms. Angier spoke of a friend's husband who had received a kidney transplant and was doing well. She thanked Mr. Powers and Ms. Havericak for their leadership.

SUNRISE FACILITY – Lead by Ms. Caitlin Stella for the S.B.H.D., and Mr. David Clark, Senior Vice President, Operations, for the N.B.H.D.

Mr. Clark gave an update on the status of the project, covering planning, zoning, design and construction. It was hoped the facility will be finished in the third quarter of 2024.

WORKFORCE AFFILIATION WITH BROWARD COLLEGE – Lead by Ms. Margie Vargas, Senior Vice President and Chief Human Resources Officer, for the S.B.H.D., and Mr. Mark Sprada, Senior Vice President and Chief Human Resources Officer, for the N.B.H.D.

Mr. Sprada reported that the first work stream meeting was held on March 15, with the Executive leads meeting with Broward College Provost, Dr. Jeffrey Nasse, the same day. Ms. Vargas acknowledged the need for staff across all departments and reported that programs are being set up with Broward College, which will hopefully result in increased numbers of students coming into the two systems.

7. OPEN FORUM DISCUSSION

Mr. Harrison thanked the teams, and voiced his appreciation to Mr. Scott Wester and Mr. Shane Strum, President and Chief Executive Officer of S.B.H.D. and N.B.H.D. respectively, for embracing this collaboration. He felt that the Broward community will benefit for a long time.

Mr. Hage echoed Mr. Harrison's remarks.

Mr. Wester thanked the Boards for their leadership and encouraged everyone to keep up the momentum.

Ms. Miller thanked everyone for their hard work, and was excited to be a part of the collaboration. She reported that she had attended a National Association of Corporate Directors (N.A.C.D.) Cybersecurity workshop and stressed how important it is to explore this subject.

8. NEW BUSINESS

There was no new business to be discussed.

9. FUTURE MEETINGS

Ms. Angier reported that the next Joint Board Meeting will be held on Wednesday, August 2, 2023, at 5:00 p.m. Memorial Healthcare System will host the meeting at Memorial Regional Hospital's Conference Center.

10. CLOSING COMMENTS

The Board members of the N.B.H.D. gave their comments, as follows:

Mr. Pernicano looked forward to continuing the collaboration.

Mr. Tanner stated that the collaboration will be a blueprint for others.

Ms. Gregoire Stamper recognized the amount of time the teams are dedicating to the collaboration, and was appreciative of everyone's efforts.

Mr. Berry thanked everyone for their hard work in bringing EPIC and MyChart to Broward Health.

Mr. Hage noted how special the collaboration is, in that egos are put aside, to put patients first.

Ms. Angier thanked the S.B.H.D. Board members, acknowledging how important the collaboration is and how valuable the Safety Net hospitals are. She stated this sends a message to say that we are here together for the community. She thanked the Memorial team for helping them and working with them, and was very proud of them.

The Board members of the S.B.H.D. then gave their comments, as follows:

Mr. Friedman shared Ms. Angier's sentiments and thanked everyone for their hard work.

Ms. Justen thanked everyone for their efforts, noting that this is in addition to their normal jobs running the hospitals.

Mr. Harvey voiced his appreciation for Mr. Wester's and Mr. Strum's commitment to the collaboration, and for their perspectives that they bring to the table. He noted that this is an exciting time, and he was happy to be a part of it.

Mr. Harrison thanked everyone for allowing this to happen, and noted this will make the community very happy. He encouraged everyone to continue their efforts.

Ms. Miller echoed the comments she had previously made during the open forum discussion. She thanked Mr. Wester and Mr. Strum for their leadership.

In closing, Mr. Friedman shared with everyone that surveyors from The Joint Commission visited Memorial Hospital West the previous week and noticed the professional and positive attitudes demonstrated by the staff. Memorial's leadership informed the surveyors that it was the Memorial

culture. He believed Memorial's culture stems from the staff being trained, rewarded, and inspired to be their best.

Mr. Friedman added that since the inception of the collaboration, he has been amazed at how the teams have come together. He reminded everyone that the Districts have a responsibility to do the right thing and try to improve healthcare for everyone in the community, even if they cannot pay. He noted that the collaboration can benchmark how staff can work seamlessly together, to break down barriers, and that staff talent should be supported. He stated that everyone was proud of the success of the collaboration.

Finally, Mr. Friedman thanked Mr. Wester and Mr. Strum for the investment they will be making. He encouraged them to be present and visible to the teams and continue to inspire them, to help them succeed. He opined that this will be a big success within their careers.

In closing, Ms. Angier quoted the inspirational slogan adopted by the Pediatric Services work stream staff - "One Dream, One Team".

11. ADJOURNMENT

There being no further business to come before the Boards of the S.B.H.D. and N.B.H.D., Mr. Friedman and Ms. Angier declared the meeting adjourned at 6:44 p.m.

**THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD
HOSPITAL DISTRICT**

BY: _____
Brad Friedman, Chairman

ATTEST: _____
Steven Harvey, Secretary Treasurer



April 17, 2024

Ms. Elizabeth Justen
 Chairwoman
 Board of Commissioners
 South Broward Hospital District

Dear Ms. Justen:

The Executive Committees of the Medical Staff met on these dates:

- Memorial Regional Hospital (MRH) and Joe DiMaggio Children’s Hospital (JDCH) on April 17, 2024
- Memorial Hospital West (MHW) on April 8, 2024
- Memorial Hospital Pembroke (MHP) on April 11, 2024
- Memorial Hospital Miramar (MHM) on April 10, 2024

All committees made a recommendation to accept the report of the Credentials Committee as follows:

That the following applicants be approved for membership as indicated:

| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|---------------------------|---|--------|--------------------|----------|----------|-----|----------|------|---------|---|
| Abbasi, Omair Habib, MD | Psychiatry | Active | Adult | On staff | | X | | | 2 years | |
| Arosemena, Analisa, MD | Ophthalmology | Active | Adult & Pediatrics | | | | X | | 2 years | |
| Bataskov, Karrie L, MD | Obstetrics and Gynecology (Privileges commensurate to Primary Care setting) | Active | Adult | X (MPC) | On staff | | On staff | | 2 years | |
| Bennett, Caren Jill, MD | Gastroenterology | Active | Adult | On staff | | X | | | 2 years | |
| Cartin, Emily Maria, APRN | Pain Management (Dr. Nancy Erickson) | APP | Adult | X | X | X | X | | 1 year | Recommend one year appointment with FPPE. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 2 of 30

| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|--|--------|--------------------|----------|-----|-----|----------|------|---------|---|
| Cassady, Christopher Ian, MD | Interventional Radiology and Diagnostic Radiology | Active | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Catignas, Ruth Tan, APRN | Internal Medicine (Dr. Moises Issa) | APP | Adult | | X | | | | 2 years | |
| Cha-Kim, Brianna, PA | Dermatology (Dr. Robert Snyder) | APP | Adult | | X | | | | 2 years | |
| Deklavon, Jessica, PA | Orthopedic Surgery (Drs. Alex Fokin; Marvin Smith; Daniel Chan; Geden Franck; James MacKenzie; Eduardo Albelo; Giorgio Negron; Alexander Nguyen & Matthew Avery) | APP | Adult | On staff | | | X | | 2 years | |
| DuBois, Marie M, APRN | Family Medicine (Dr. Ana Kelegama) | APP | Adult | X | X | X | X | | 2 years | |
| Escobar, Luis Alcides, MD | Pain Medicine | Active | Adult | X | | | | | 2 years | |
| Felix, Amy Anne, APRN | Pediatric Emergency (Dr. Heidi Cohen) | APP | Pediatrics | | X | | X | X | 1 year | Recommend one year appointment with FPPE. |
| Ghali, Randa, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Gutierrez, Maria-Jose, APRN | Pediatric Critical Care (Dr. Jason Adler) | APP | Pediatrics | | | | | X | 2 years | |
| Jean-Baptiste, Hans, MD | Obstetrics and Gynecology | Active | Adult | On staff | X | | On staff | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 3 of 30

| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-----------------------------|--|--------|--------------------|----------|----------|-----|-----|----------|---------|--|
| Kim, Su Bin, MD | Gastroenterology | Active | Adult | | | | X | | 2 years | |
| Lemus, Aviel Ovadyah, MD | Pediatrics | Active | Pediatrics | | | | X | On staff | 2 years | |
| Martin, Laura, APRN | Gastroenterology (Dr. Katherine Kosche) | APP | Adult | | X | | | | 2 years | |
| Milian, Ashley, APRN | Orthopedic Surgery (Dr. James MacKenzie) | APP | Adult | | | | X | | 2 years | |
| Riordan, Krysten Ann, PA | Orthopedic Surgery (Dr. James MacKenzie) | APP | Adult | On staff | | | X | | 2 years | |
| Rueth, Natasha, MD | Surgical Oncology | Active | Adult | X | X | | X | | 2 years | SAVI Scout - Must perform 3 procedures with concomitant wire localizations prior to use of SAVI Scout alone. |
| Saef, Joshua, MD | Cardiovascular Disease | Active | Pediatrics | On staff | On staff | | | X | 2 years | |
| Sheldon, Daniel Abraham, MD | Orthopedic Surgery | Active | Adult | X | On staff | | X | | 2 years | Recommend two year appointment with additional privileges at West for Use of Fluoroscopy. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 4 of 30

| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|---|--|--------|--------------------|----------|----------|-----|-----|------|---------|--|
| Smith, Joya Michelle, APRN | Pediatric General Surgery (Drs. Holly Neville; Jill Whitehouse; Tamar Levene; Oliver Lao; Noor Kassira; Yangyang Yu and Moiz Mustafa) | APP | Pediatrics | X | | | | X | 1 year | Recommend one year appointment with FPPE. |
| Suarez, Lisbet D, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Trabal, Adriana Milagros, MD | Pediatric Oncology and Hematology | Active | Pediatrics | X | | | X | X | 2 years | |
| Vanuno, Daniel Gideon, MD | Surgery | Active | Adult | X | X | X | X | | 1 year | Robotic Assisted Surgery- First 3 cases must be proctored. |
| Velazquez de la Cruz, Antonio Orlando, APRN | Surgical Assistant (Dr. Brett Cohen) | AHP | Adult & Pediatrics | On staff | On staff | | | X | 2 years | |
| Villasuso, Eloy III, MD | Otolaryngology/Head and Neck Surgery | Active | Adult | X | X | X | X | | 2 years | |
| Wanis, Sameh Fayez, DO | Obstetrics and Gynecology | Active | Adult | | X | | X | | 2 years | Circumcision – First 3 cases must be proctored. |
| Wells, Shaquira Suzanne, APRN | Orthopedic Surgery (Dr. James MacKenzie) | APP | Adult & Pediatrics | On staff | | | X | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 5 of 30

That the following applicants for reappointment be approved as indicated:

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|--------------------------------|--|----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| Abrahams MD, Neil Anthony | Anatomic and Clinical Pathology | 5/1/2024 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Abramovici MD, Gil | Psychiatry | 5/1/2024 | Adult | Active | | | | | 2 years | |
| Adler MD, Jason Lawrence | Pediatric Critical Care Medicine | 5/1/2024 | Adult & Pediatrics | Active | | | | Active | 2 years | |
| Ajoku MD, Adetokunboh Abimbola | Pediatrics | 5/1/2024 | Pediatrics | | | | | Active | 2 years | |
| Alam MD, Birjis Khurram | Internal Medicine | 5/1/2024 | Adult | | Active | | | | 2 years | |
| Alhadeff MD, Ilan Marc | Internal Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Altamirano APRN, Patricia L | Advanced Heart Failure and Transplant Cardiology (Drs. Priyanka Gosain; Iani Patsias; Miguel Castro; Namita Joseph; Mariella Velez Martinez; I-wen Wang & Jose Perez Garcia) | 5/1/2024 | Adult | APP | APP | | APP | | 2 years | |
| Amey PA, Charles | Nephrology | 5/1/2024 | Adult | | APP | | APP | | 2 years | |
| Baker MD, Richard Taylor III | Vascular and Interventional Radiology | 5/1/2024 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 6 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-----------------------------------|---|----------|--------------------|--------|--------|--------|--------|-------------------|----------|--|
| Bolufer MD, Fernando Alberto | Internal Medicine | 5/1/2024 | Adult | | Active | | | | 2 years | |
| Bueno APRN, DNP, Teresa Graciela | Advanced Heart Failure and Transplant Cardiology (Drs. Jose Garcia; Tae Song; I-wen Wang; Priyanka Gosain; Miguel Castro; Iani Patsias; Namita Joseph & Mariella Velez Martinez) | 5/1/2024 | Adult | APP | APP | | | | 2 years | |
| Cohn MD, Michael Leonard | Anatomic and Clinical Pathology | 5/1/2024 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Contasti-Bocco DDS, Gisela Isabel | Pediatric Dentist | 5/1/2024 | Pediatrics | | | | | Active | 2 years | |
| Daniel MD, Monica G | Obstetrics and Gynecology | 5/1/2024 | Adult | | | | Active | | 2 years | |
| De La Cabada, Armando, MD | Surgery | 5/1/2024 | Adult | | Active | Active | Active | | 6 months | Recommend six month reappointment due to low patient encounters. |
| De La Cruz MD, Fausto A | Internal Medicine and Nephrology | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| De Santis MD, Timothy | Obstetrics and Gynecology | 5/1/2024 | Adult & Pediatrics | Active | | | | Active (GYN only) | 2 years | |
| Deklavon, Jessica, PA | Orthopedic Surgery (Drs. Alex Fokin; | 6/1/2024 | Adult | APP | | | | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 7 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|--------------------------------|---|----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| | Marvin Smith; Daniel Chan; Geden Franck; James MacKenzie; Eduardo Natal-Albelo; Giorgio Negron; Alexander Nguyen & Matthew Avery) | | | | | | | | | |
| Edelstein MD, Simon Miguel | Infectious Disease | 5/1/2024 | Adult | Active | Active | | | | 2 years | |
| Eisenfeld MD, Michelle Leigh | Allergy & Immunology | 5/1/2024 | Adult & Pediatrics | | Active | | | | 2 years | |
| Elias DO, Merrick David | Dermatology | 5/1/2024 | Adult & Pediatrics | Active | | Active | Active | | 2 years | |
| Etienne APRN, Jansie | Obstetrics and Gynecology (Dr. Clones Lans) | 5/1/2024 | Adult | APP | | | | | 2 years | |
| Fenger APRN, CRNA, Melissa | Nurse Anesthetist (Dr. Clint Christensen) | 5/1/2024 | Adult & Pediatrics | APP | APP | APP | APP | APP | 2 years | |
| Ferrand APRN, CRNA, Lisa Marie | Nurse Anesthetist (Dr. Kiesha Raphael) | 5/1/2024 | Adult & Pediatrics | APP | APP | APP | APP | APP | 2 years | |
| Ferrara MD, Hugo M | Obstetrics and Gynecology | 5/1/2024 | Adult | | | | Active | | 2 years | |
| Flores MD, Mauricio Ernesto | Pediatric Endocrinology | 5/1/2024 | Pediatrics | Active | Active | | | Active | 2 years | |
| Forrest DMD, Mark | Dentist | 5/1/2024 | Adult | | Active | | | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 8 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|----------------------------------|------------------------|----------|--------------|--------|--------|--------|--------|--------|---------|--|
| Gallagher MD, Sidhbh | Plastic Surgery | 5/1/2024 | Adult | | Active | | | | 2 years | |
| Garcia-Labori DDS, Anahi Amarfis | Pediatric Dentist | 5/1/2024 | Pediatrics | | | | | Active | 2 years | |
| Garter MD, Lawrence Ira | Pediatrics | 5/1/2024 | Pediatrics | | Active | | Active | Active | 2 years | |
| Gidwani MD, Monali Laxpati | Family Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | Recommend two year reappointment with additional privileges for: Joint aspiration and/or injection. |
| Golchin MD, Armand | Critical Care Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | Recommend two year reappointment, with Moderate Sedation privileges. MCS privileges discontinued pending completion of annual program update. No CVICU work permitted. |
| Goldmintz DO, Kim H | Internal Medicine | 5/1/2024 | Adult | | | Active | | | 2 years | |
| Gomes DO, Joseph John | Emergency Medicine | 5/1/2024 | Adult | | Active | | | | 2 years | |
| Goodner DPM, John Douglas | Podiatry | 5/1/2024 | Adult | | Active | | | | 2 years | |
| Gordon MD, Mark W | Surgery | 5/1/2024 | Adult | | Active | Active | | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 9 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|---------------------------------------|---|----------|--------------------|--------|--------|--------|--------|--------|---------|---|
| Granados Fornez MD, Maria Auxiliadora | Pediatrics | 5/1/2024 | Pediatrics | | | | Active | | 2 years | |
| Hall-Wills APRN, Jauvana Nichelle | Neurosurgery and Pediatric Neurosurgery (Drs. Dean Hertzler; Amanda Kwasnicki; Laurence Davidson; David Smolar; Daniel Aghion; Luis Romero; Clinton Burkett; Simon Buttrick; Brandon Davis & Christopher DeMassi) | 5/1/2024 | Adult & Pediatrics | APP | APP | APP | APP | APP | 2 years | |
| Hayes APRN, Tessa Claire | Cardiovascular Disease (Dr. Juan Brenes) | 5/1/2024 | Adult | APP | | | | | 2 years | |
| Henriquez MD, Fidel Hernando | Endocrinology, Diabetes and Metabolism | 5/1/2024 | Adult | | Active | | Active | | 2 years | |
| Hernandez-Rizo DO, Lynn Mary | Internal Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Howard MD, Cameron Preston | Anesthesiology | 5/1/2024 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | Recommend two year reappointment with additional privileges for: Perioperative Point-of-Care Ultrasound (POCUS). |
| Hsieh MD, Sun Tso | Pediatric Plastic Surgery | 5/1/2024 | Adult & Pediatrics | | | | Active | Active | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 10 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|----------------------------------|---|----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| Huber DO, Timothy James | Emergency Medicine | 5/1/2024 | Adult | Active | | Active | Active | | 2 years | |
| Issa MD, Moises A | Internal Medicine | 5/1/2024 | Adult | | Active | Active | | | 2 years | |
| Jarquin Mendoza, Jorge Alejandro | Surgical Assistant | 5/1/2024 | Adult & Pediatrics | | AHP | | | | 2 years | |
| Jean-Baptiste MD, Marc Henry | Internal Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Joseph MD, Rufus | Pediatrics | 5/1/2024 | Pediatrics | Active | Active | | | Active | 2 years | |
| Katz DMD, Ronald L | Oral Maxillofacial Surgery | 5/1/2024 | Adult & Pediatrics | Active | | | | | 2 years | |
| Kelley APRN, Devin Roxann | Cardiovascular Disease (Dr. Yale Cohen) | 5/1/2024 | Adult | APP | | | | | 2 years | |
| Ketterer PHD, Jessica Leah | Psychology | 5/1/2024 | Adult | Active | Active | | | | 2 years | |
| Kiffin MD, Chauniqua Dawn | Trauma Surgery | 5/1/2024 | Adult & Pediatrics | Active | | | | Active | 2 years | |
| Kim MD, Jay Hyun | Urology | 5/1/2024 | Adult | Active | | Active | | | 2 years | |
| Kimmel MD, Lauren Miller | Anesthesiology | 5/1/2024 | Adult & Pediatrics | Active | Active | | | Active | 2 years | |
| Kinsella PA, Kelsey | Trauma Surgery and Pediatric Surgery (Drs. Chaniqua Kiffin; Andrew Rosenthal; Eddy Carrillo; Seong Lee; | 5/1/2024 | Adult & Pediatrics | APP | | | | APP | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 11 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|--|-----------|--------------------|--------|--------|--------|--------|--------|---------|--|
| | Rafael Sanchez; Jill Whitehouse; Tamar Levene & Oliver Lao.) | | | | | | | | | |
| Krass APRN, Desiree Lynne | Pediatric Critical Care Medicine (Dr. Alan Greissman) | 5/1/2024 | Pediatrics | | | | | APP | 2 years | |
| Lans MD, Clones | Obstetrics and Gynecology | 5/1/2024 | Adult | Active | | | | | 2 years | Recommend two year reappointment. Robotic Assisted Surgery privileges were not approved for failure to meet reappointment criteria, reporting 0 out of 20 cases. |
| Lemus MD, Aviel Ovadyah | Pediatrics | 12/1/2024 | Pediatrics | | | | | Active | 2 years | |
| Lessne MD, Adam Chad | Gastroenterology | 7/1/2024 | Adult | Active | Active | Active | | | 2 years | |
| Lopez MD, Eustorgio | Oral Maxillofacial Surgery | 5/1/2024 | Adult & Pediatrics | Active | | | | Active | 2 years | Recommend two year reappointment. Moderate Sedation privileges were not approved for failure to meet reappointment criteria, reporting 0 out of 5 cases. |
| Loskove MD, Joseph Aaron | Anesthesiology | 5/1/2024 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 12 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|--|----------|--------------|-----|-----|-----|-----|--------|---------|--|
| Magno APRN, Josephine Romana | Vascular Surgery (Drs. Sean O'Donnell; Eduardo Rodriguez Zoppi; Pablo De Los Santos; Joshua Unger; Aaron Wagner; Marc Dauer & Joseph Habib) | 5/1/2024 | Adult | APP | APP | APP | APP | | 2 years | Recommend two year reappointment with additional privileges for: Cluster: Vascular Access and Removal: 1-Insertion of Central Venous Catheter (CVC) 2-Insertion of Peripherally Inserted Central Catheter (PICC) 3-Superficial Incision and drainage Cluster: Limited to: Surgical Specialties: 1-Superficial incision and drainage |
| Maragh MD, Jasset Adel | Pediatric Hospitalist | 5/1/2024 | Pediatrics | | | | | Active | 2 years | |
| Marciante APRN, Lianely | Neonatal Perinatal Medicine (Drs. Mesfin Afework; Yasser Al-Jebawi; Richard Auerbach; Sharell Bindom; Gianina Davila; Cristian Esquer; Vicki Johnston; Doron Kahn; Lester McIntyre, Estela Pina; Bruce | 5/1/2024 | Pediatrics | | APP | | APP | APP | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 13 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|--|----------|--------------|--------|--------|--------|--------|------|---------|--|
| | Schulman; Mona Tabbara; Flavio Ahmed Soliz; Pablo Valencia; Angela Leon Hernandez; Mariela Sanchez Rosado; Max Shenberger & Ruxandra Faraon-Pogaceanu) | | | | | | | | | |
| Marquit PSYD, Judith B | Psychology | 5/1/2024 | Adult | | Active | | | | 2 years | |
| Martinez APRN, Stephanie | Oncology & Oncology and Hematology (Drs. Jennifer Zikria; Atif Hussein; Jesus Fabregas Mercado; Michel Vulfovich; Matthew Salzberg; Brian Hunis & Marcelo Blaya) | 5/1/2024 | Adult | APP | APP | APP | APP | | 2 years | Recommend two year reappointment with additional privileges for: Prescribe/order controlled substances. |
| Martinez MD, Miguel Eladio | Obstetrics and Gynecology | 5/1/2024 | Adult | | | | Active | | 2 years | |
| Mascenik PA, Joseph Michael | Internal Medicine (Dr. Moises Issa & William Pena) | 5/1/2024 | Adult | APP | APP | APP | | | 2 years | |
| Masood MD, Samreen | Family Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Masri MD, Nidal | Plastic Surgery | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 14 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|---|----------|--------------------|-----|--------|--------|--------|--------|---------|--|
| Miller PA, Melanie Cohen | Bone Marrow Transplant, Hematology & Hematology and Oncology (Drs. Hugo Fernandez; Jose Sandoval-Sus; Fernando Vargas Madueno; Claudia Paba-Prada; Yehuda Deutsch; Jennifer Logue; Carlos Silva Rondon & Nina Nguyen) | 5/1/2024 | Adult | APP | APP | | | | 2 years | |
| Montano MD, Nazly Cecilia | Pediatrics | 5/1/2024 | Pediatrics | | Active | | Active | Active | 2 years | |
| Montford MD, Barbara Ann | Urology | 5/1/2024 | Adult & Pediatrics | | Active | | Active | | 1 month | Recommend one month reappointment due to low patient encounters. MHW CMO to follow up with Dr. Montford regarding her intent to practice at MHS. |
| Moura MD, Rossana Martins | Gastroenterology | 5/1/2024 | Adult | | | Active | | | 2 years | Recommend two year reappointment with additional privileges for: Use of Fluoroscopy. |
| Najarian APRN, Christina | Pediatric Cardiology (Drs. Maryanne Chrisant; Laura D'Addese & Svetlana Shugh) | 5/1/2024 | Pediatrics | APP | | | | APP | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 15 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-------------------------------------|--|----------|--------------------|--------|--------|----------|--------|--------|----------|--|
| Olagbemi MD, Olakunle Temitope | Pediatrics | 5/1/2024 | Pediatrics | | | | Active | Active | 2 years | |
| Padilla DDS, Oscar A | Pediatric Dentist | 5/1/2024 | Adult & Pediatrics | | Active | | Active | Active | 2 years | |
| Patel MD, Shailee Bipin | Dermatology | 5/1/2024 | Adult & Pediatrics | Active | | | | | 2 years | |
| Pearson-Martinez MD, Robert Zachary | Pediatric Cardiology | 5/1/2024 | Pediatrics | | Active | | Active | Active | 6 months | Recommend six month reappointment due to low encounters for Fetal Echocardiogram, reporting 6 out of 20 cases. |
| Pesce APRN, CRNA, Lori Lynn | Nurse Anesthetist (Dr. Kiesha Raphael) | 5/1/2024 | Adult & Pediatrics | APP | APP | | APP | APP | 2 years | |
| Pierre DO, Alexandra | Internal Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | Recommend two year reappointment with additional privileges for: Care of patient with acute stroke (MHW). |
| Pierrot MD, Jean-Daniel | Emergency Medicine | 5/1/2024 | Adult | Active | | On staff | | | 2 years | |
| Pinnar MD, Nat Evan | Anatomic and Clinical Pathology | 5/1/2024 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 16 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|--------------------------------|---|----------|--------------------|--------|--------|--------|--------|--------|----------|--|
| Previlon PA, Adens | Pulmonary Disease (Drs. Jose Nieves & Zael Vazquez) | 5/1/2024 | Adult | APP | APP | APP | APP | | 2 years | |
| Ramjohn APRN, Martine | Pediatric Rehabilitation Medicine (Dr. Dennis Hart) | 5/1/2024 | Pediatrics | APP | | | | APP | 2 years | |
| Rivas MD, Jose | Obstetrics and Gynecology | 5/1/2024 | Adult | Active | Active | | Active | | 6 months | Recommend six months reappointment due to low encounter for Robotic Assisted Surgery. |
| Roa MD, Paul Eduardo | Pain Medicine | 5/1/2024 | Adult | | | | Active | | 2 years | |
| Robles MD, Miguel Rondinel | Critical Care Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Rodriguez APRN, Gustavo Luis | Pulmonary Disease (Dr. Zael Vazquez) | 5/1/2024 | Adult | APP | APP | APP | APP | | 2 years | |
| Rosen MD, Robert Alan | Pediatrics & Internal Medicine | 5/1/2024 | Adult & Pediatrics | | Active | | | Active | 2 years | |
| Rozas Flores MD, Jhoan Barnaby | Internal Medicine | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Sarduy MD, Carlos Regino | Obstetrics and Gynecology | 5/1/2024 | Adult | | | | Active | | 2 years | |
| Schechter MD, Neil Alan | Orthopedic Surgery | 5/1/2024 | Adult | | Active | | | | Denied | Denied reappointment for failure to meet patient encounter policy, reporting 0 out of 20 encounters. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 17 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|----------------------------------|--|----------|--------------------|--------|--------|--------|--------|--------|---------|--|
| Schwenck DPM, George | Podiatry | 5/1/2024 | Adult | Active | | | | | 2 years | |
| Silberstein MD, Jonathan | Urology | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | Recommend two year reappointment and the relinquishment of: Core Privileges in Urology- Pediatric (Above the age of 12 years). |
| Silbert MD, Alan M | Ophthalmology | 5/1/2024 | Adult | Active | Active | | | | 2 years | |
| Silva Rondon MD, Carlos Humberto | Bone Marrow Transplant | 5/1/2024 | Adult | Active | Active | | | | 2 years | Recommend two year reappointment. Bone Marrow Harvest privileges were not approved for failure to meet reappointment criteria, reporting 0 out of 2 cases. |
| Smith, Heather Camille, MD | Neonatal Perinatal Medicine | 5/1/2024 | Pediatrics | | | | | Active | 2 years | |
| Soloway MD, Mark Stephen | Urology | 5/1/2024 | Adult | Active | | | | | 2 years | |
| Spencer CNIM, Cameron | Neurointraoperative Monitorist (Dr. Jason Soriano) | 5/1/2024 | Adult & Pediatrics | AHP | AHP | AHP | | AHP | 2 years | |
| Stack Almodovar CNIM, Ashley | Neurointraoperative Monitorist (Dr. Jason Soriano) | 5/1/2024 | Adult & Pediatrics | AHP | AHP | AHP | | AHP | 2 years | |
| Steindel-Spargo MD, Bethel Susan | Pediatric Endocrinology | 5/1/2024 | Pediatrics | Active | Active | | Active | Active | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 18 of 30

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|--------------------------------|--|----------|--------------------|--------|--------|--------|--------|--------|---------|--|
| Strohmeier PA, Stephanie | Dermatology (Dr. Quang Le) | 5/1/2024 | Adult | | APP | | | | 2 years | |
| Tallet APRN, Lisa Scarborough | Cardiovascular Disease (Dr. Julio Tallet) | 5/1/2024 | Adult | | APP | | | | 2 years | |
| Tarras MD, Seth Craig | Neurology | 5/1/2024 | Adult & Pediatrics | Active | Active | | | Active | 2 years | Recommend two year reappointment. Dr. Tarras provides EMG coverage to practitioners at JDCH. Department to consider transfer to Consulting staff status. |
| Tichauer APRN, Jamie | Pediatric Surgery (Drs. Tamar Levene; Oliver Lao; Yu Ru Yangyang; Jill Whitehouse; Noor Kassira; Moiz Mustafa & Holly Neville) | 5/1/2024 | Pediatrics | APP | APP | | APP | APP | 2 years | |
| Torres Lopez MD, Elio Argimiro | Nephrology | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Tveter DPM, Christopher | Podiatry | 5/1/2024 | Adult | Active | Active | Active | | | 2 years | Recommend two year reappointment and the relinquishment of Non-Surgical Consults in Podiatry-Pediatrics |
| Usher MD, Seth Justin | Pediatric Emergency Medicine | 5/1/2024 | Pediatrics | | Active | | Active | Active | 2 years | |

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|--|----------|--------------------|--------|--------|--------|--------|--------|----------|--|
| Valenzuela-Scheker MD, Evana | Endocrinology, Diabetes and Metabolism | 5/1/2024 | Adult & Pediatrics | Active | | | Active | Active | 6 months | Recommend six month reappointment due to low patient encounters. Departments/MEC's to consider patient encounter exemption for endocrinology practitioners |
| Vulfovich MD, Michel | Oncology and Hematology | 5/1/2024 | Adult | Active | Active | Active | Active | | 2 years | |
| Weiss MD, Eduardo Tomas | Dermatology | 5/1/2024 | Adult & Pediatrics | Active | | | | Active | 2 years | |

That the following changes in privileges for lack of Crew Resource Management Training Course be approved

| Practitioners Name | Specialty (Sponsor) | Appointment Date | Expirable Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-------------------------|---------------------|------------------|----------------|--------------------|-----|-----|-----|-----|------|---|
| Coletti, Peter M, DDS | Dentist | 9/27/2023 | 4/1/2024 | Adult | X | | | | | Recommend discontinuing invasive privileges pending completion of CRM training. |
| Weiss, Eric Spencer, MD | Plastic Surgery | 9/27/2023 | 4/1/2024 | Adult & Pediatrics | X | X | X | X | X | Recommend discontinuing invasive privileges pending completion of CRM training. |

| Practitioners Name | Specialty (Sponsor) | Appointment Date | Expirable Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|--------------------------|--------------------------------------|------------------|----------------|--------------------|-----|-----|-----|-----|------|---|
| Obeidou, Bashar, MD | Interventional Cardiology | 9/27/2023 | 4/1/2024 | Adult | X | | | | | Recommend discontinuing invasive privileges pending completion of CRM training. |
| Golden, Gavriela, PA | Physician Assistant (Trauma Surgery) | 9/27/2023 | 4/1/2024 | Adult & Pediatrics | X | | | | X | Recommend discontinuing invasive privileges pending completion of CRM training. |
| Potts, Callum Andrew, MD | Reproductive Endocrinology | 9/27/2023 | 4/1/2024 | Adult | X | X | X | X | | Recommend discontinuing invasive privileges pending completion of CRM training. |

That the following requests for changes, additions or relinquishment of privileges be approved:

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-------------------------|---------------------|------------|--|--------------|-----|-----|-----|-----|------|---------------------|
| Dauer, Ryan Michael, MD | Gastroenterology | Additional | Core Privileges: •Admit to inpatient or appropriate level of care. •Perform history and physical examination. •Evaluate, diagnose, treat, and provide consultation to patients above the age of 18 | Adult | | | X | | | Recommend approval. |

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|------|---------------------|---------|---|--------------|-----|-----|-----|-----|------|---------------------|
| | | | <p>years presenting with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs.</p> <p>Privileges include medical management of general medical conditions which are encountered in the course of caring for the gastroenterology patient.</p> <p>Additional Procedures:</p> <ul style="list-style-type: none"> •Colonoscopy with and without biopsy or polypectomy •Upper gastrointestinal endoscopy with | | | | | | | |

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|------|---------------------|---------|--|--------------|-----|-----|-----|-----|------|---------------------|
| | | | or without biopsy including hemostasis •Flexible sigmoidoscopy with and without biopsy or polypectomy •Upper gastrointestinal endoscopy device placement including stent or capsule •Endoscopic variceal ligation therapy with sclerotherapy or banding •Enteroscopy •Anal/rectal manometry •Paracentesis •Dilation of the esophagus or pylorus •Percutaneous endoscopic gastrostomy (PEG) •Radiofrequency ablation Other: •Use of Fluoroscopy •Use of Lasers | | | | | | | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 23 of 30

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|--------------------------------------|--|------------|--|--------------------|-----|-----|-----|-----|------|---------------------|
| Korf, Courtney Ann, APRN | Neurosurgery (Drs. Christopher DeMassi; Brandon Davis; Simon Buttrick; Clinton Burkett; Luis Romero; Daniel Aghion; David Smolar; Laurence Davidson; Dean Hertzler & Amanda Kwasnicki) | Additional | Prescribe/order controlled substances | Adult | X | X | X | X | | Recommend approval. |
| Macfarlane, Alyssa, PA | Electrophysiology (Drs. John Cogan; Daniel Lanes; Demetrio Castillo & Adetola Ladejobi) | Additional | Prescribe/order controlled substances | Adult | X | X | | | | Recommend approval. |
| Mathews, Socorro Miryam, APRN | Internal Medicine (Dr. Jhuma Chaudhuri) | Additional | Prescribe/order controlled substances | Adult | X | X | X | X | | Recommend approval. |
| Parvus-Teichmann, Chad Christian, MD | Anesthesiology | Relinquish | Privilege Cluster: Basic Pain Medicine & Comprehensive Privilege Cluster: Advanced Pain Medicine | Adult & Pediatrics | X | X | X | X | X | Recommend approval. |
| Sheldon, Daniel Abraham, MD | Orthopedic Surgery | Additional | Use of Fluoroscopy | Adult | | X | | | | Recommend approval. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 24 of 30

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|---------------------------------------|--|------------|---|--------------|----------|-----|----------|----------|------|---------------------|
| Tamim, Mohammed, MD | Internal Medicine | Additional | Care of patient with acute stroke (MHW) | Adult | On Staff | X | On Staff | On Staff | | Recommend approval. |
| Tatis de la Nuez, Victor Manuel, APRN | Neurosurgery/ Nephrology (Drs. Ifeanyi Isaiah; Christopher DeMassi; Brandon Davis; Daniel Aghion; Luis Romero; Simon Buttrick & Clinton Burkett) | Additional | Prescribe/order controlled substances | Adult | X | X | | | | Recommend approval. |
| Tiramai, Tandy, PA | Pediatric Cardiology (Dr. Thomas Forbes) | Additional | Vascular Access and Removal (all privileges under this cluster) <ul style="list-style-type: none"> • Procedures- -Suture of simple and complex incisions/lacerations (not requiring ligament or tendon repair) - Removal of sutures or staples - Insertion of pleural tube - Management and removal of pleural tube - Thoracentesis - Ultrasound-guided thoracentesis • Limited to: Surgical Specialties | Pediatrics | | | | | X | Recommend approval. |

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|----------------------------|---|------------|---|--------------------|-----|-----|-----|-----|------|---------------------|
| | | | - Function as surgical first assistant to the supervising physician(s) in credentialed procedure - Management and removal of surgical drains | | | | | | | |
| Walfall, Najla Candice, PA | Otolaryngology/ Head and Neck Surgery (Drs. Michael Chater; Marika Fraser; Carlos Perez-Mitchell & Yamil Selman) | Additional | Prescribe/order controlled substances | Adult & Pediatrics | X | X | X | X | | Recommend approval. |

Please be advised that these applicants for appointment and reappointment were processed through the Board approved Credentialing Procedure that meets and exceeds the requirements of Florida Statute 395.011, and the standards of The Joint Commission.

The Executive Committees also accepted the following recommendations for changes in staff status as indicated:

| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-------------------------------------|------------------------------------|---|--------------|-----|----------|-----|--------|------|--|
| Alam, Birjis Khurram, MD | Internal Medicine | Request resignation at MHM only, effective 2/27/2024. | Adult | | On staff | | Active | | Accepted resignation at MHM only, effective 2/27/2024. |
| Bailey, Melita Rosemarie, APRN, CNM | Nurse Midwife (Dr. Laviniu Anghel) | Request resignation effective 3/1/2024. | Adult | | | | APP | | Accepted resignation effective 3/1/2024. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 26 of 30

| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-----------------------------|--|--|--------------------|----------|--------|-----|--------|--------|--|
| Barbosa, Carlos Orlando, MD | Pediatrics | Practitioner to be reinstated effective 3/27/2024. Documentation of flu compliance was received. | Pediatrics | | Active | | Active | Active | Accepted reinstatement to MHW, MHM, and JDCH effective 3/27/2024. |
| Bejar, Hugo Victor, MD | Internal Medicine | Request for Honorary staff status at MRH. | Adult | Inactive | | | | | Approved request for Honorary staff status at MRH. |
| Benke, Paul J, MD | Medical Genetics | Request for Honorary Emeritus staff status at MRH and JDCH. | Adult & Pediatrics | Active | | | | Active | Approved request for Honorary Emeritus staff status at MRH and JDCH effective 5/1/2024. |
| Eisermann, Juergen, MD | Reproductive Endocrinology | Request resignation effective 2/28/2024. | Adult | | Active | | | | Accepted resignation effective 2/28/2024. |
| Georges, Woody, APRN, DNP | Infectious Disease (Dr. Roger Spitzer) | Automatic termination of membership and privileges due to no sponsor. No longer providing services in MHS effective 2/19/2024. | Adult | APP | | APP | | | Automatic termination of membership and privileges due to no sponsor. No longer providing services in MHS effective 2/19/2024. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 27 of 30

| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|----------------------------|--------------------------------|---|--------------|----------------------|----------|----------|--------|--------|---|
| Goodner, John Douglas, DPM | Podiatry | Request resignation at MHP & MHM only, effective 3/4/2024. | Adult | | On staff | Active | Active | | Accepted resignation at MHP & MHM only, effective 3/4/2024. |
| Krichmar, Perry, MD | Internal Medicine | Request resignation effective 3/5/2024. | Adult | | Active | | | | Accepted resignation effective 3/5/2024. |
| Larson, Jacqueline Kay, MD | Pediatric Gastroenterology | Automatic termination of membership and privileges. No longer providing services in MHS effective 3/1/2024. | Pediatrics | Active | Active | | Active | Active | Automatic termination of membership and privileges. No longer providing services in MHS effective 3/1/2024. |
| Linzer, Steven R., DO | Family Medicine | Request for Honorary staff status at MRH. | Adult | Inactive to Honorary | Honorary | Honorary | | | Approved Honorary staff status at MRH. |
| Lozano, Raul, APRN | Nephrology (Dr. Alejandro Pla) | Automatic termination of membership and privileges due to no sponsor effective 3/4/2024. | Adult | APP | APP | APP | APP | | Automatic termination of membership and privileges due to no sponsor 3/4/2024. |
| Martin Jr., Angel Iran, MD | Cardiovascular Disease | Request resignation effective 5/11/2024. | Adult | Active | Active | Active | Active | | Accepted resignation effective 5/11/2024. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 28 of 30

| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|----------------------------|---------------------|--|--------------------|--------|--------|--------|--------|--------|--|
| Nolan Lu, Katherine, MD | Dermatology | Request resignation effective 6/1/2023. | Adult | Active | | | | | Accepted resignation effective 6/1/2023. |
| Preschel, Nelson, MD | Ophthalmology | Practitioner to be reinstated effective 3/27/2024. Documentation of flu compliance was received. | Adult & Pediatrics | | Active | | Active | | Accepted reinstatement to MHW and MHM effective 3/27/2024. |
| Ragusa, Michael, David, DO | Anesthesiology | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 3/13/2024. | Adult & Pediatrics | Active | Active | Active | Active | Active | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 3/13/2024. |
| Sacks, David Jay, MD | Anesthesiology | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 2/29/2024. | Adult & Pediatrics | Active | Active | Active | Active | Active | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician Services |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 17, 2024
Page 29 of 30

| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-----------------------------------|--|---|--------------------|-----|--------|-----|-----|------|---|
| | | | | | | | | | effective 2/29/2024. |
| Sanchez, Lissette | Surgical Assistant | Automatic termination of membership and privileges. No longer providing services in MHS through AP Health Services effective 1/25/2024. | Adult & Pediatrics | AHP | AHP | | | | Automatic termination of membership and privileges. No longer providing services in MHS through AP Health Services effective 1/25/2024. |
| Stewart, Simone Odetta, APRN, CNM | Nurse Midwife (Drs. Timothy De Santis; Fausto Rodriguez; Julie Kang; Erin Myers; Hany Moustafa & Nicholas Jeffrey) | Request resignation effective 2/29/2024. | Adult & Pediatrics | APP | | | | | Accepted resignation effective 2/29/2024. |
| Totfalusi, Victor, DO | Internal Medicine | Request resignation effective 8/14/2023. | Adult | | Active | | | | Accepted resignation effective 8/14/2023. |
| Willer, Kyle Jason, CNIM | Neurointraoperative Monitorist (Dr. Leslie McDougall) | Automatic termination of membership and privileges. No longer providing services in MHS effective 11/2/2023. | Adult & Pediatrics | AHP | AHP | | | AHP | Automatic termination of membership and privileges. No longer providing services in MHS effective 11/2/2023. |

| April 2024 | MHS |
|-------------------------------------|-----|
| New Physician Appointments | 11 |
| New AHP Appointments | 9 |
| Physician Reappointments | 83 |
| AHP Reappointments | 28 |
| Physician Resignations/Terminations | 11 |
| AHP Resignations/Terminations | 6 |

Your approval of these recommendations is requested.

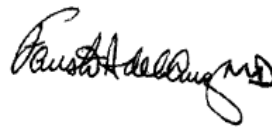
Sincerely,



Nigel Spier, M.D.
President
Memorial Regional Hospital
Joe DiMaggio Children's Hospital



Juan Villegas, M.D.
Chief of Staff
Memorial Hospital Miramar



Fausto A. De La Cruz, M.D.
Chief of Staff
Memorial Hospital West



Narendra R Upadhyaya, MD
Chief of Staff
Memorial Hospital Pembroke

Memorial Healthcare System

Financial Reports for March 2024

April 24, 2024
Board Meeting



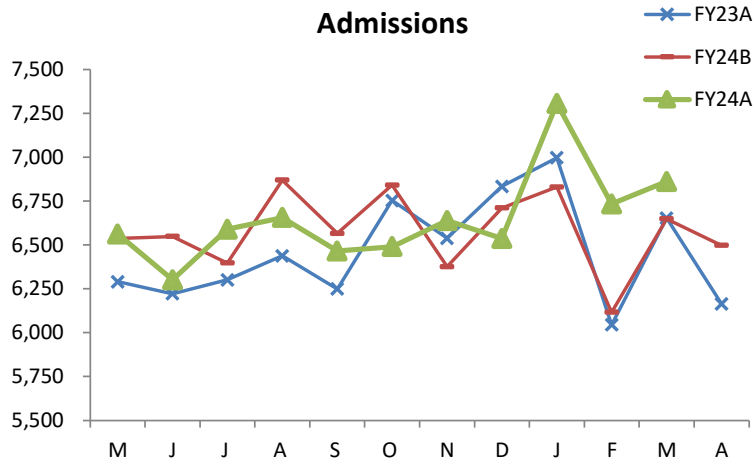


Memorial Healthcare System - Executive Summary - MTD March 2024

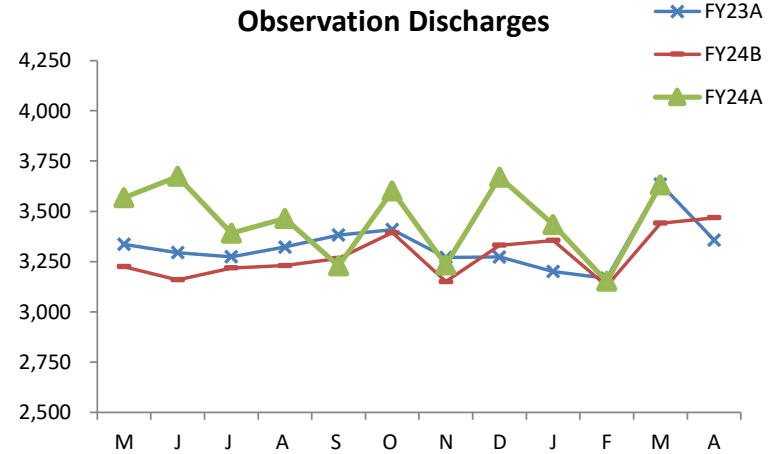
- Inpatient Revenue was above budget due to 3.2% higher admissions, and 23.5% higher inpatient cardiac surgeries
- Outpatient Revenue was above budget due to 6.0% higher outpatient visits and 5.6% higher observation discharges
- Net Revenue of \$298.0M was above the budget of \$258.1M, and Income from Operations of \$29.1M was higher than the budgeted loss of (\$1.0M)
- Excess of Revenues over Expenses was \$54.4M compared with the budgeted Excess of Revenues over Expenses of \$2.3M



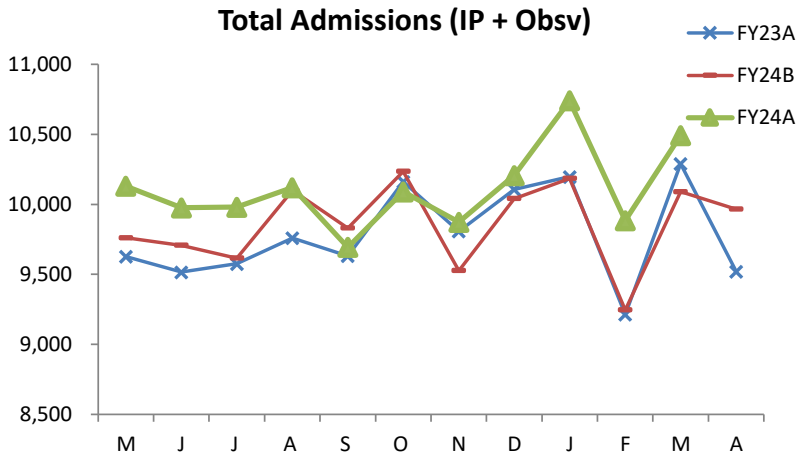
Memorial Healthcare System - Consolidated Volumes and Payor Mix - March 2024



| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 6,861 | 6,649 | 6,653 | 3.2% | 3.1% |
| YTD: | 73,141 | 72,436 | 71,319 | 1.0% | 2.6% |

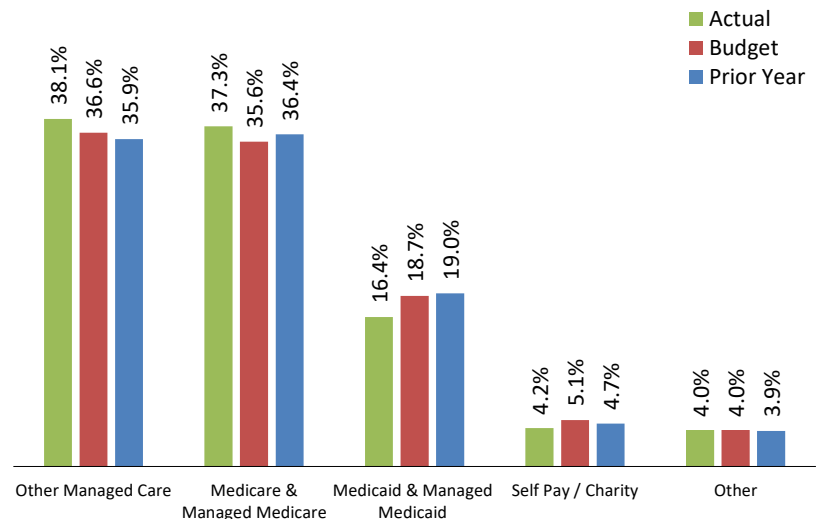


| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 3,632 | 3,441 | 3,636 | 5.6% | -0.1% |
| YTD: | 38,048 | 35,896 | 36,564 | 6.0% | 4.1% |



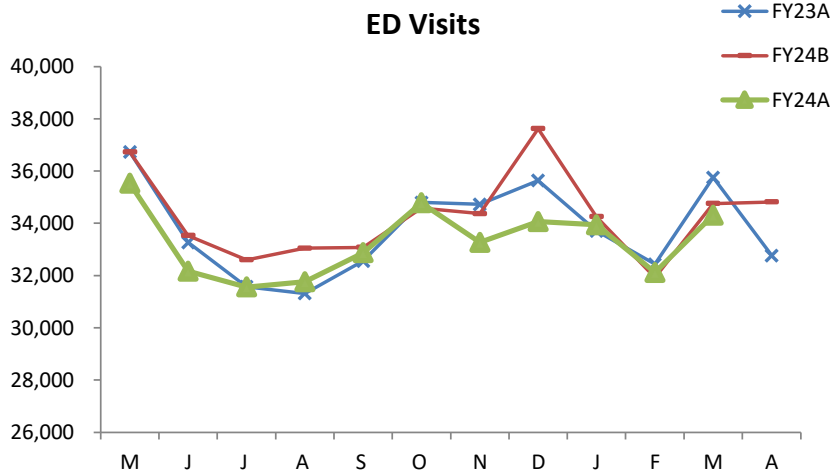
| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 10,493 | 10,089 | 10,289 | 4.0% | 2.0% |
| YTD: | 111,189 | 108,333 | 107,883 | 2.6% | 3.1% |

Payor Mix (Gross Revenue) - YTD FY2024

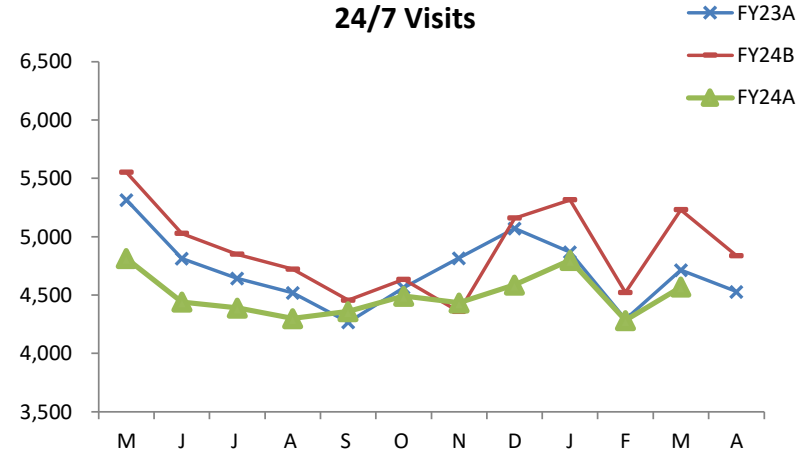




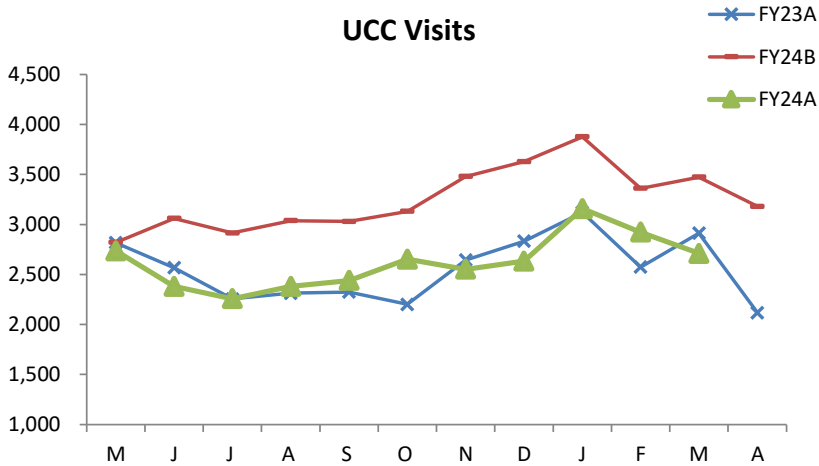
Memorial Healthcare System - Consolidated Volumes - March 2024



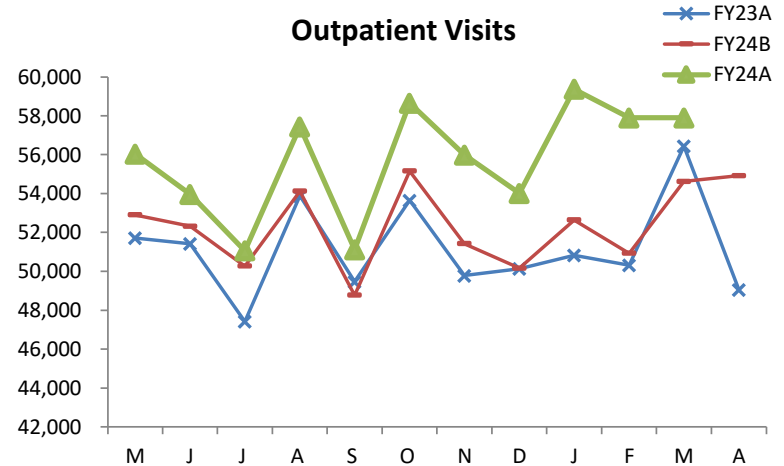
| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 34,315 | 34,756 | 35,753 | -1.3% | -4.0% |
| YTD: | 366,381 | 376,470 | 372,471 | -2.7% | -1.6% |



| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 4,570 | 5,230 | 4,715 | -12.6% | -3.1% |
| YTD: | 49,472 | 53,822 | 51,885 | -8.1% | -4.7% |



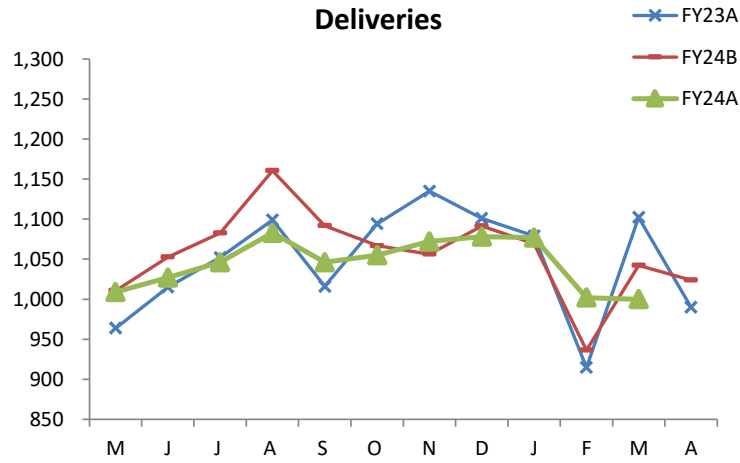
| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 2,710 | 3,472 | 2,913 | -21.9% | -7.0% |
| YTD: | 28,823 | 35,810 | 28,559 | -19.5% | 0.9% |



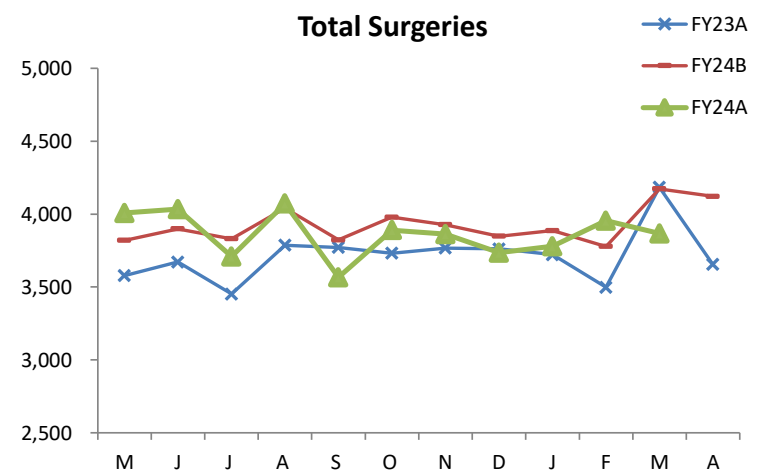
| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 57,893 | 54,620 | 56,434 | 6.0% | 2.6% |
| YTD: | 613,454 | 573,309 | 565,061 | 7.0% | 8.6% |



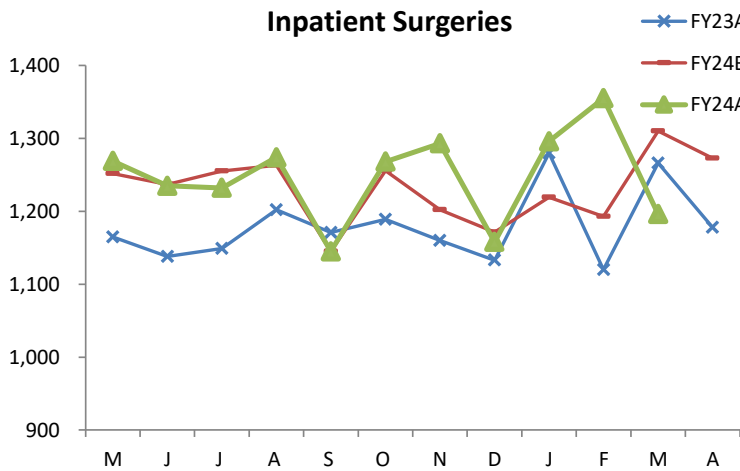
Memorial Healthcare System - Consolidated Volumes - March 2024



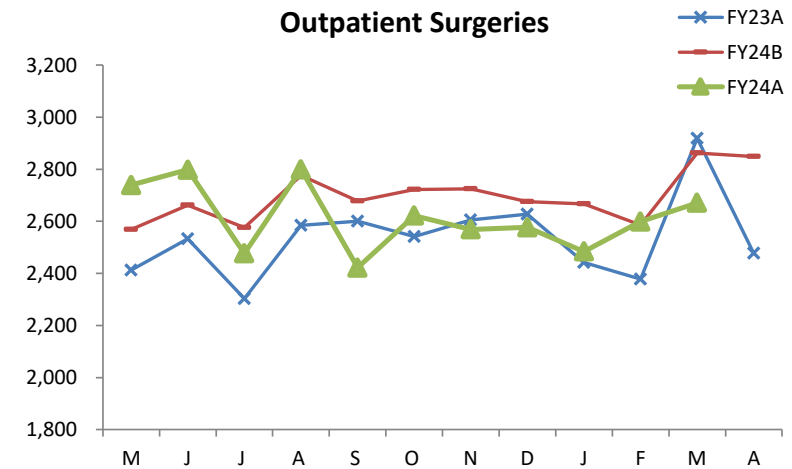
| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 1,000 | 1,042 | 1,102 | -4.1% | -9.3% |
| YTD: | 11,495 | 11,660 | 11,572 | -1.4% | -0.7% |



| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 3,867 | 4,172 | 4,185 | -7.3% | -7.6% |
| YTD: | 42,478 | 42,999 | 40,921 | -1.2% | 3.8% |



| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 1,196 | 1,310 | 1,266 | -8.7% | -5.5% |
| YTD: | 13,721 | 13,503 | 12,973 | 1.6% | 5.8% |



| | <u>FY24A</u> | <u>FY24B</u> | <u>FY23A</u> | <u>vs FY24B</u> | <u>vs FY23</u> |
|-------------|--------------|--------------|--------------|-----------------|----------------|
| MTD: | 2,671 | 2,862 | 2,919 | -6.7% | -8.5% |
| YTD: | 28,757 | 29,496 | 27,948 | -2.5% | 2.9% |



Memorial Healthcare System - Operating Statement - March 2024

| | Variance | | Month to Date | | | \$ thousands | Year to Date | | | Variance | |
|----|----------------|------------------|------------------|------------------|------------------|---|-------------------|-------------------|-------------------|-----------------|-----------------|
| | vs PY | vs Budget | Prior Year | Budget | Actual | | Actual | Budget | Prior Year | vs Budget | vs PY |
| A | 14.52% | 5.66% | 787,387 | 853,448 | 901,717 | Inpatient Revenue | 9,485,558 | 9,113,113 | 8,276,566 | 4.09% | 14.61% |
| B | 12.53% | 7.57% | 749,180 | 783,766 | 843,079 | Outpatient Revenue | 8,893,961 | 8,312,886 | 7,436,477 | 6.99% | 19.60% |
| C | 13.55% | 6.57% | 1,536,567 | 1,637,215 | 1,744,796 | Total Patient Revenue | 18,379,519 | 17,426,000 | 15,713,043 | 5.47% | 16.97% |
| D | 13.05% | 6.08% | 1,223,697 | 1,304,213 | 1,383,450 | Contractual Allowances | 14,843,756 | 13,911,886 | 12,398,408 | 6.70% | 19.72% |
| E | 85.47% | 43.89% | 57,509 | 74,129 | 106,663 | Charity Care | 694,264 | 786,616 | 672,565 | -11.74% | 3.23% |
| F | -220.91% | -190.51% | 17,433 | 23,286 | (21,077) | Provision for Bad Debt | 124,550 | 246,972 | 222,211 | -49.57% | -43.95% |
| G | 13.12% | 4.81% | 1,298,639 | 1,401,628 | 1,469,036 | Total Deductions | 15,662,571 | 14,945,475 | 13,293,184 | 4.80% | 17.82% |
| H | 15.90% | 17.05% | 237,928 | 235,586 | 275,760 | Net Patient Revenue | 2,716,948 | 2,480,525 | 2,419,859 | 9.53% | 12.28% |
| K | 2.45% | -1.25% | 21,698 | 22,511 | 22,230 | Total Other Operating Revenue | 253,465 | 258,760 | 228,571 | -2.05% | 10.89% |
| L | 14.78% | 15.46% | 259,626 | 258,098 | 297,990 | Total Net Revenue | 2,970,413 | 2,739,284 | 2,648,430 | 8.44% | 12.16% |
| M | 10.10% | 4.77% | 122,982 | 129,238 | 135,408 | Salaries & Wages | 1,411,740 | 1,351,612 | 1,315,569 | 4.45% | 7.31% |
| N | 48.06% | -9.45% | 13,243 | 21,652 | 19,607 | Employee Benefits | 218,918 | 228,495 | 167,129 | -4.19% | 30.99% |
| O | 25.56% | -3.00% | 5,088 | 6,586 | 6,389 | Professional Fees | 71,757 | 72,087 | 59,766 | -0.46% | 20.06% |
| P | 9.17% | 12.49% | 52,493 | 50,947 | 57,309 | Supplies Expense | 602,727 | 561,049 | 518,419 | 7.43% | 16.26% |
| Q | -81.02% | -79.42% | 25,162 | 23,207 | 4,776 | Purchased Services | 219,858 | 268,670 | 279,319 | -18.17% | -21.29% |
| R | 15.91% | 17.78% | 7,364 | 7,247 | 8,536 | Facilities Expense | 80,785 | 81,497 | 72,493 | -0.87% | 11.44% |
| S | 231.08% | 177.75% | 9,937 | 11,845 | 32,899 | Depreciation & Amortization | 131,760 | 111,018 | 99,537 | 18.68% | 32.37% |
| T | -40.13% | -52.71% | 6,592 | 8,346 | 3,947 | Other Operating Expense | 98,555 | 98,694 | 100,562 | -0.14% | -2.00% |
| V | 10.71% | 3.78% | 242,861 | 259,067 | 268,871 | Total Expenses | 2,836,100 | 2,773,121 | 2,612,792 | 2.27% | 8.55% |
| W | 73.69% | -3103.04% | 16,765 | (970) | 29,120 | Income/(Loss) from Operations | 134,313 | (33,837) | 35,637 | -496.94% | 276.89% |
| X | 131.34% | 464.39% | 26,770 | 10,973 | 61,930 | Operating EBITDA | 266,793 | 78,259 | 136,065 | 240.91% | 96.08% |
| Y | | | 10.31% | 4.25% | 20.78% | Operating EBITDA Margin | 8.98% | 2.86% | 5.14% | | |
| Z | 0.00% | -100.00% | - | (0) | - | Tax Revenue | - | (0) | (0) | -100.00% | -100.00% |
| AA | 71.77% | 62.34% | (2,540) | (2,688) | (4,364) | Interest Expense | (31,302) | (29,562) | (29,965) | 5.89% | 4.46% |
| AB | -42.16% | 0.00% | 33,837 | - | 19,572 | Unrealized Gain/(Loss) | 41,550 | - | (8,623) | 0.00% | -581.87% |
| AC | 16.55% | 67.73% | 8,613 | 5,985 | 10,039 | Investment & Other | 105,366 | 66,214 | 44,108 | 59.13% | 138.88% |
| AD | -36.74% | 665.79% | 39,910 | 3,297 | 25,247 | Total Non Operating Revenue/(Loss) | 115,615 | 36,652 | 5,520 | 215.44% | 1994.44% |
| AE | -4.07% | 2236% | 56,675 | 2,327 | 54,367 | Excess/(Deficit) of Revenues over Expenses | 249,928 | 2,815 | 41,157 | 8777.69% | 507.25% |
| AF | 103.40% | 324.40% | \$35,383 | \$16,958 | \$71,969 | Total EBITDA | \$372,160 | \$144,472 | \$180,173 | 157.60% | 106.56% |
| AG | | | 13.63% | 6.57% | 24.15% | Total EBITDA Margin | 12.53% | 5.27% | 6.80% | | |



Memorial Healthcare System - Operating Statement - MTD March 2024

| \$ thousands | Month to Date | | Variance | Variance % | |
|---|------------------|------------------|----------------|------------|--|
| | Actual | Budget | vs Budget | | |
| A Inpatient Revenue | 901,717 | 853,448 | 48,269 | 5.7% | Higher admissions and inpatient cardiac surgeries |
| B Outpatient Revenue | 843,079 | 783,766 | 59,312 | 7.6% | Higher outpatient visits and observation discharges |
| C Total Patient Revenue | 1,744,796 | 1,637,215 | 107,581 | 6.6% | |
| D Total Deductions | 1,469,036 | 1,401,628 | 67,407 | 4.8% | |
| E Net Patient Revenue | 275,760 | 235,586 | 40,174 | 17.1% | Favorable outcome related to Low Income Pool (LIP) 2015 audit, and higher gross revenue impact |
| F Total Other Operating Revenue | 22,230 | 22,511 | (281) | -1.3% | Lower Disproportionate Share revenue, partially offset by higher GME revenue |
| G Net Revenue | 297,990 | 258,098 | 39,893 | 15.5% | |
| H Salaries and Wages | 135,408 | 129,238 | 6,170 | 4.8% | Higher labor costs due to shift from POL and staffing to higher volumes |
| I Employee Benefits | 19,607 | 21,652 | (2,045) | -9.4% | Lower insurance claims from workers' compensation estimate and lower pension expense |
| J Professional Fees | 6,389 | 6,586 | (197) | -3.0% | Lower physician fees |
| K Supplies Expense | 57,309 | 50,947 | 6,362 | 12.5% | Higher drugs, surgical instruments, and implants, mainly volume related |
| L Purchased Services | 4,776 | 23,207 | (18,430) | -79.4% | Reclass of IT and cloud services from GASB 96 adjustments, and lower purchased outside labor |
| M Facilities Expense | 8,536 | 7,247 | 1,289 | 17.8% | Higher repair and maintenance expenses |
| N Depreciation and Amortization | 32,899 | 11,845 | 21,054 | 177.8% | GASB 96 reclassification impact |
| O Other Operating Expense | 3,947 | 8,346 | (4,400) | -52.7% | Lower software purchases, lower professional liability expense, and GASB 96 impact |
| P Total Expenses | 268,871 | 259,067 | 9,803 | 3.8% | |
| Q Income/(Loss) from Operations | 29,120 | (970) | 30,089 | -3103.0% | |
| R Operating EBITDA | 61,930 | 10,973 | 50,957 | 464.4% | |
| S Operating EBITDA Margin | 20.78% | 4.25% | | | |
| T Non Operating Revenue/Expense | 25,247 | 3,297 | 21,950 | 665.8% | Unrealized investment gains and higher realized investment gains, including CCP |
| U Excess/(Deficit) of Revenues over Expenses | 54,367 | 2,327 | 52,040 | 2236.20% | |
| V EBITDA | 71,969 | 16,958 | 55,011 | 324.40% | |
| W EBITDA Margin | 24.15% | 6.57% | | | |



Memorial Healthcare System - Operating Statement - YTD March 2024

| \$ thousands | Year to Date | | Variance | Variance % | |
|---|-------------------|-------------------|----------------|-----------------|---|
| | Actual | Budget | vs Budget | | |
| A Inpatient Revenue | 9,485,558 | 9,113,113 | 372,445 | 4.1% | Higher admissions and inpatient cardiac surgeries |
| B Outpatient Revenue | 8,893,961 | 8,312,886 | 581,074 | 7.0% | Higher outpatient visits and observation discharges |
| C Total Patient Revenue | 18,379,519 | 17,426,000 | 953,519 | 5.5% | |
| D Total Deductions | 15,662,571 | 14,945,475 | 717,096 | 4.8% | |
| E Net Patient Revenue | 2,716,948 | 2,480,525 | 236,423 | 9.5% | Higher gross revenue impact from higher volumes, Directed Payment Program revenue, 340B settlement, and payor and cost report settlements |
| F Total Other Operating Revenue | 253,465 | 258,760 | (5,295) | -2.0% | Lower pharmacy revenue, partially offset by higher Medicaid GME |
| G Net Revenue | 2,970,413 | 2,739,284 | 231,128 | 8.4% | |
| H Salaries & Wages | 1,411,740 | 1,351,612 | 60,128 | 4.4% | Higher labor costs from staffing due to higher volumes and shift from purchased outside labor, partially offset by lower incentive pay |
| I Employee Benefits | 218,918 | 228,495 | (9,577) | -4.2% | Lower pension expense due to increase in pension asset value, lower FICA, and lower workers' compensation claims |
| J Professional Fees | 71,757 | 72,087 | (330) | -0.5% | Lower physician fees, partially offset by higher legal fees |
| K Supplies Expense | 602,727 | 561,049 | 41,677 | 7.4% | Higher drugs, medical and surgical supplies due to volume increases, and higher implants |
| L Purchased Services | 219,858 | 268,670 | (48,812) | -18.2% | Lower purchased outside labor and lower IT and cloud services from GASB 96 adjustments |
| M Facilities Expense | 80,785 | 81,497 | (712) | -0.9% | Lower gas and fuel and telephone, partially offset by higher repairs and maintenance expenses |
| N Depreciation & Amortization | 131,760 | 111,018 | 20,742 | 18.7% | GASB 96 adjustment |
| O Other Operating Expense | 98,555 | 98,694 | (138) | -0.1% | Lower shared savings distributions and professional liability insurance, partially offset by higher AHCA fees due to increased revenue |
| P Total Expenses | 2,836,100 | 2,773,121 | 62,979 | 2.3% | |
| Q Income/(Loss) from Operations | 134,313 | (33,837) | 168,150 | -496.9% | |
| R Operating EBITDA | 266,793 | 78,259 | 188,535 | 240.9% | |
| S Operating EBITDA Margin | 8.98% | 2.86% | | | |
| T Total Non Operating Revenue/(Loss) | 115,615 | 36,652 | 78,963 | 215.4% | Unrealized investment gains, Other Non-Operating Income from FEMA reimbursement for PPE, and higher realized investment gains |
| U Excess/(Deficit) of Revenues over Expenses | 249,928 | 2,815 | 247,112 | 8777.69% | |
| V EBITDA | 372,160 | 144,472 | 227,687 | 157.60% | |
| W EBITDA Margin | 12.53% | 5.27% | | | |



Memorial Healthcare System - Consolidated Balance Sheet and Key Indicators - March 2024

| \$ thousands | 03/31/2024 | 02/29/2024 | 04/30/2023 |
|--|--------------|--------------|--------------|
| A CASH AND INVESTMENTS | \$ 2,644,239 | \$ 2,642,230 | \$ 2,453,740 |
| B PATIENT ACCOUNTS RECEIVABLE (NET) | 401,621 | \$ 355,510 | \$ 340,203 |
| C RESTRICTED ASSETS AND ASSETS WHOSE USE IS LIMITED | 80,825 | \$ 80,547 | \$ 108,875 |
| D CAPITAL ASSETS (NET) | 1,393,283 | \$ 1,309,619 | \$ 1,289,985 |
| E OTHER ASSETS AND DEFERRED OUTFLOWS | 463,353 | \$ 455,760 | \$ 368,256 |
| F TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ 4,983,321 | \$ 4,843,666 | \$ 4,561,059 |
| G CURRENT LIABILITIES | \$ 583,703 | \$ 535,850 | \$ 558,217 |
| H LONG TERM DEBT | 881,993 | \$ 882,175 | \$ 896,929 |
| I ESTIMATED CLAIMS LIABILITY | 30,829 | \$ 32,693 | \$ 28,486 |
| J OTHER NON-CURRENT LIABILITIES AND DEFERRED INFLOWS | 361,189 | \$ 321,708 | \$ 213,232 |
| K TOTAL LIABILITIES AND DEFERRED INFLOWS | 1,857,715 | \$ 1,772,427 | \$ 1,696,865 |
| L NET POSITION | 3,125,606 | \$ 3,071,240 | \$ 2,864,194 |
| M LIABILITIES, NET POSITION AND DEFERRED INFLOWS | \$ 4,983,321 | \$ 4,843,666 | \$ 4,561,059 |



Fiscal Year 2025 Financial Plan: Operating and Capital Budget

April 9, 2024



Table of Contents

1. Philosophy
2. Current State and Significant Assumptions
3. Operating and Capital Budgets
4. Investments in Strategic Goals
5. Tax Budget
6. Individual Entity Review
7. Conclusions



Philosophy

Mission:

- Heal the body, mind, and spirit of those we touch

Vision:

- To be a premier clinically integrated delivery system providing access to exceptional patient-and family-centered care, medical education, research and innovation for the benefit of the community we serve

The Seven Pillars:

- The budget enables Memorial Healthcare System to focus on strategic goals, which are centered on the seven pillars





Table of Contents

1. Philosophy
2. Current State and Significant Assumptions
3. Operating and Capital Budgets
4. Investments in Strategic Goals
5. Tax Budget
6. Individual Entity Review
7. Conclusions

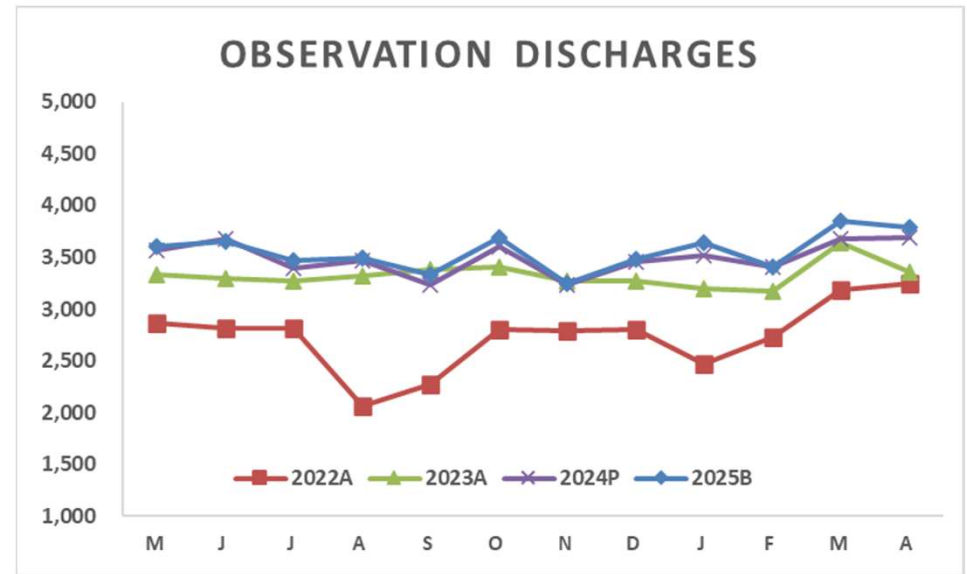
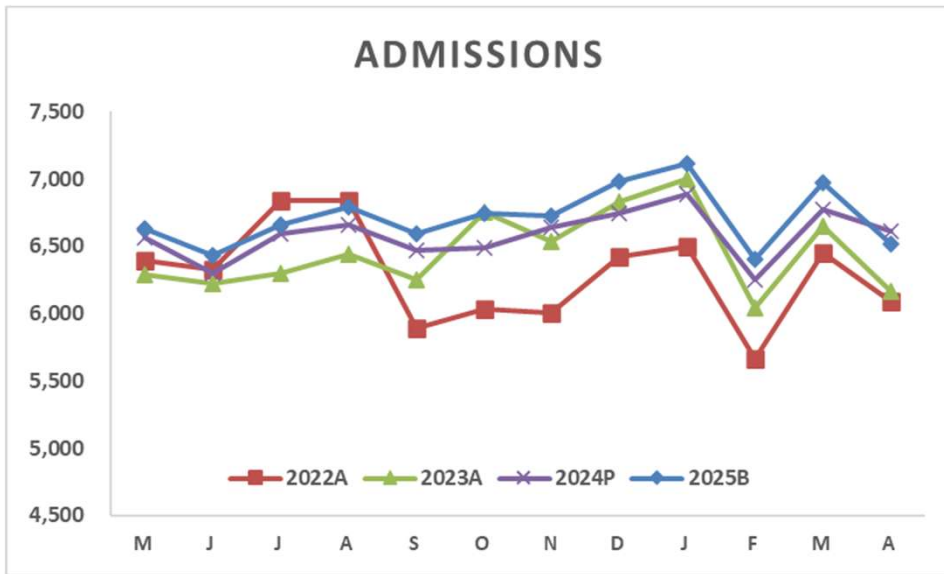


FY2025 Budget Significant Assumptions

- Growing market attracting new competitors
- Record volumes and increased acuity creating capacity constraints
- Reimbursement rate pressures
- Reliance on supplemental funding
- Internal labor has stabilized due to continuous focus on recruitment and retention
- Minimal reliance on agency combined with incentive savings
- Increased technology and cloud migration focus
- Continuing investment in capital projects
- Development of updated strategic plan



Volume Growth – Admissions and Observation Discharges

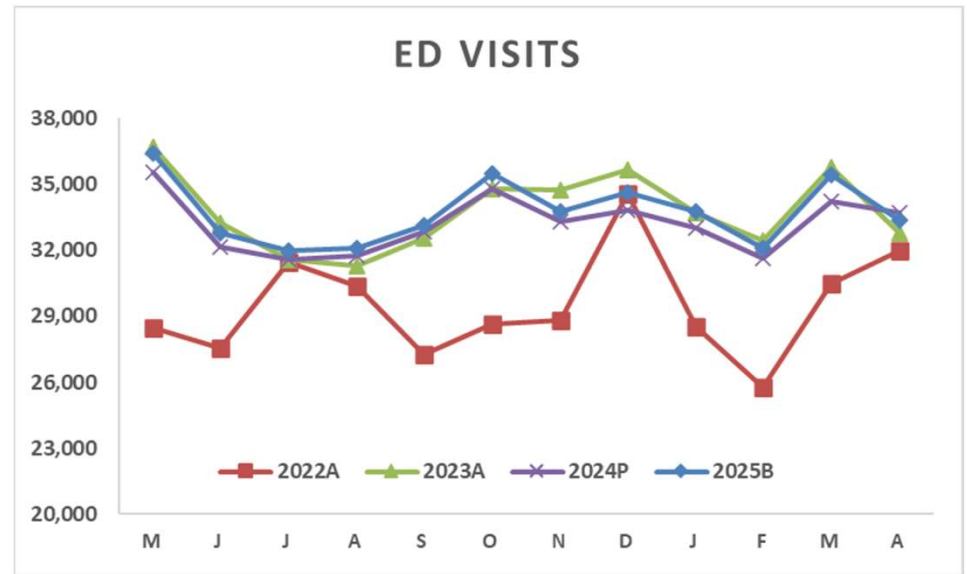
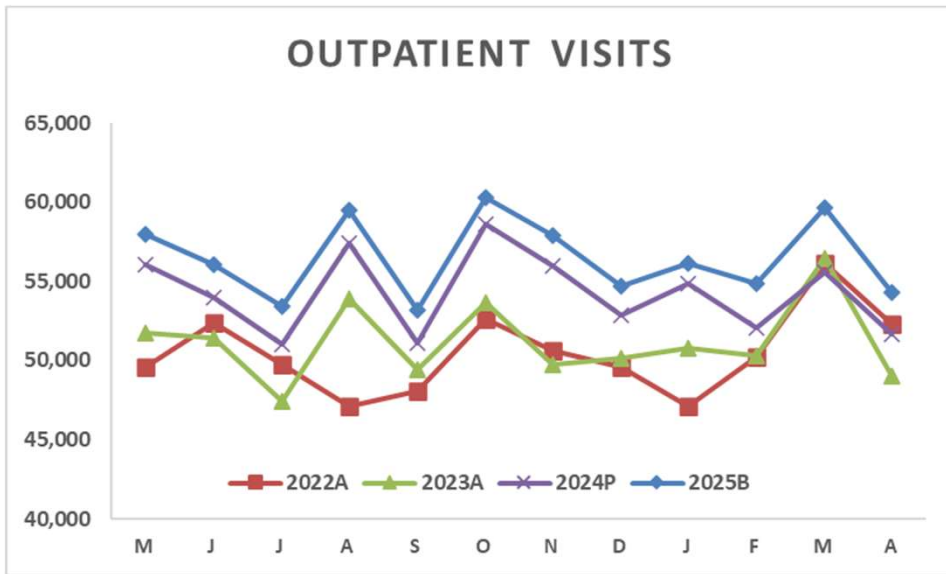


| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 75,446 | 77,482 | 78,965 | 80,564 | 2.0% |

| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 32,853 | 39,920 | 41,921 | 42,692 | 1.8% |



Volume Growth – Outpatient and ED Visits

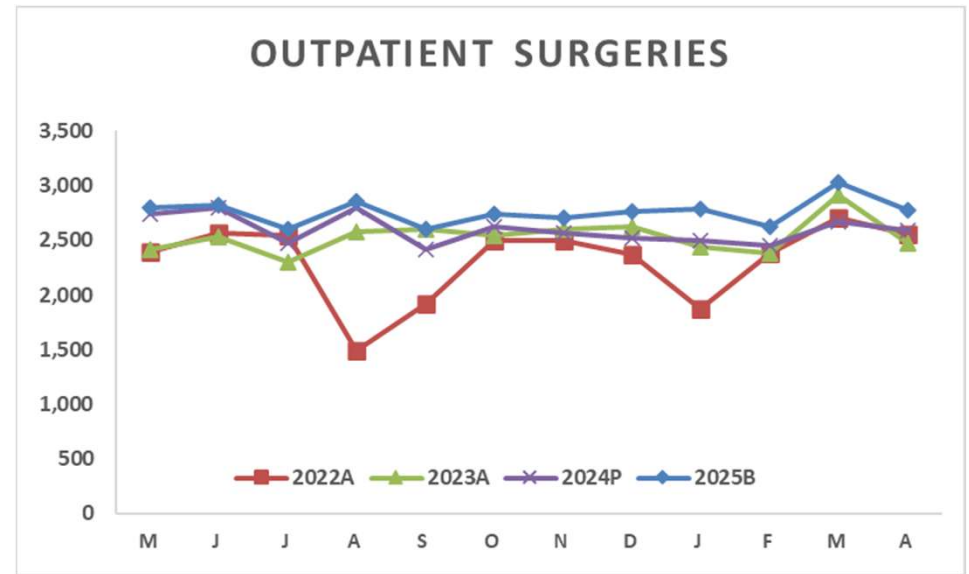
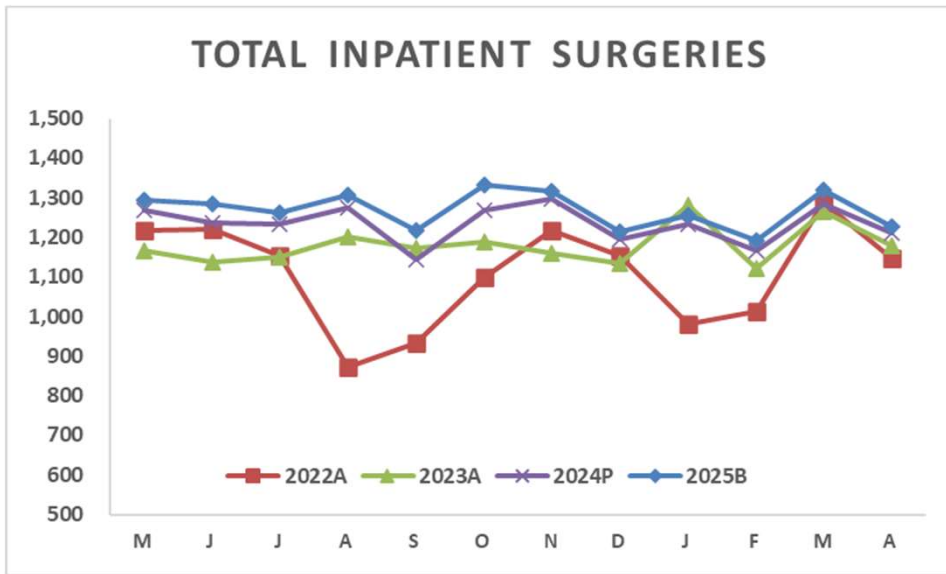


| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 605,590 | 614,106 | 651,284 | 678,090 | 4.1% |

| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 353,966 | 405,235 | 398,387 | 404,887 | 1.6% |



Volume Growth – Surgeries



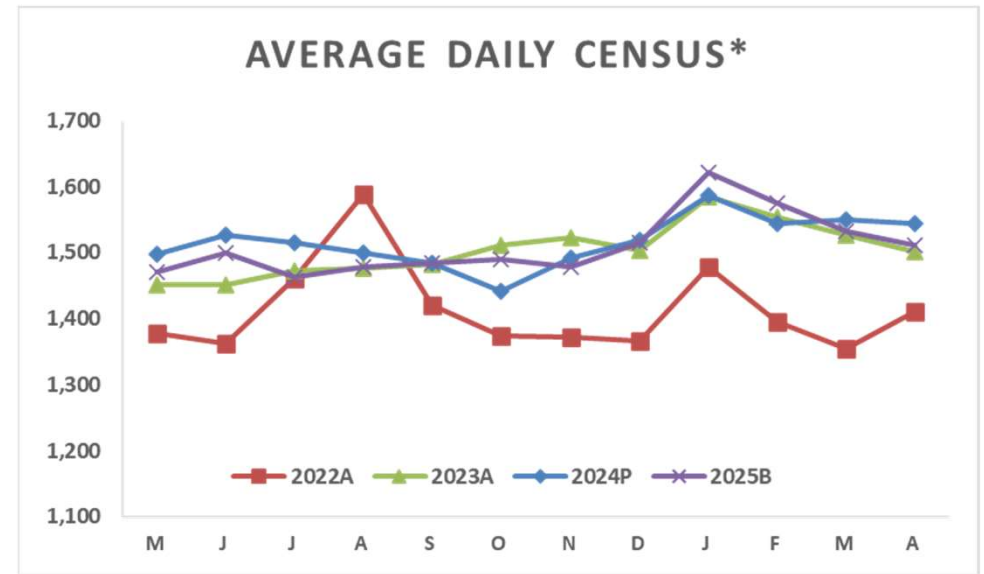
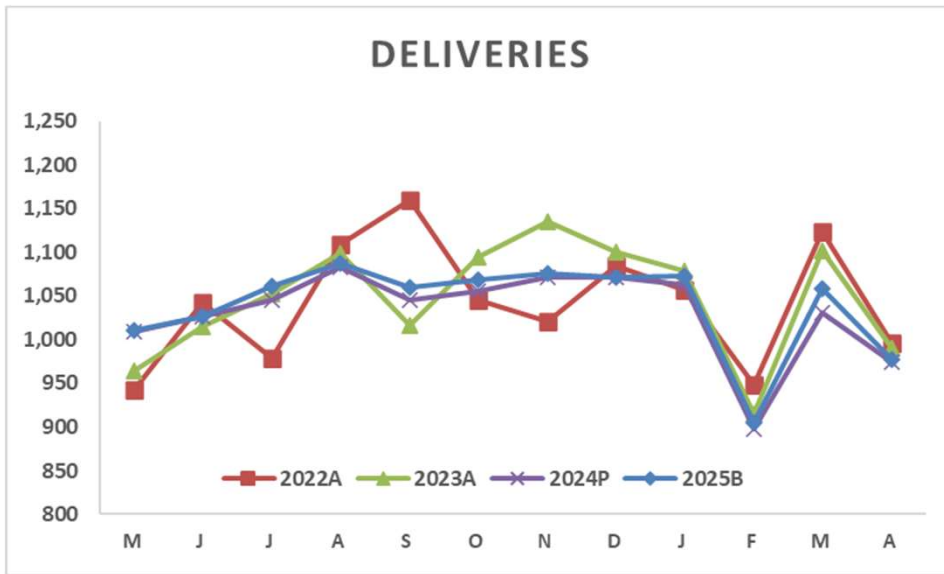
| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 13,292 | 14,151 | 14,808 | 15,221 | 2.8% |

| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 27,784 | 30,425 | 31,163 | 33,110 | 6.2% |

*Total inpatient surgeries includes cardiac and non-cardiac surgeries



Volume Growth – Deliveries and Average Patient Census



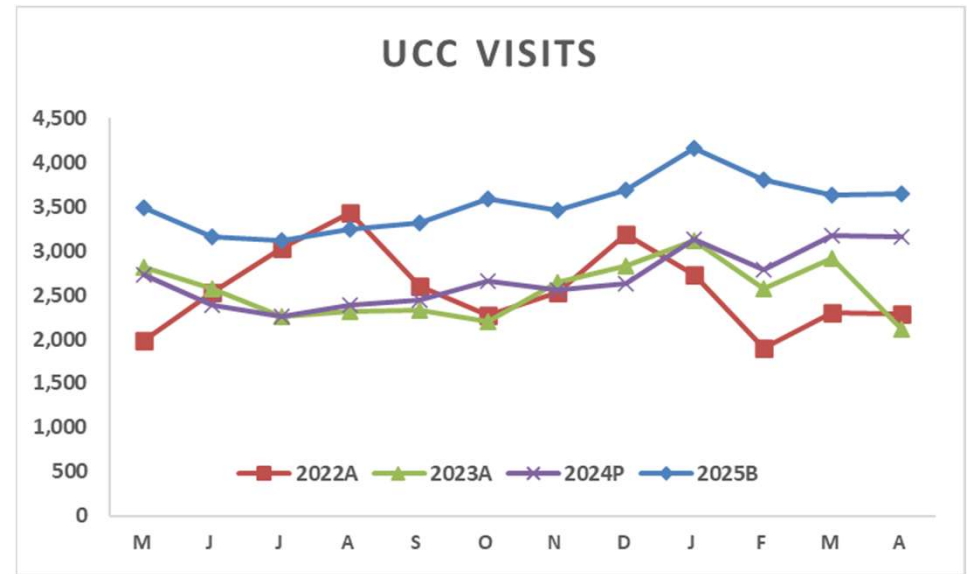
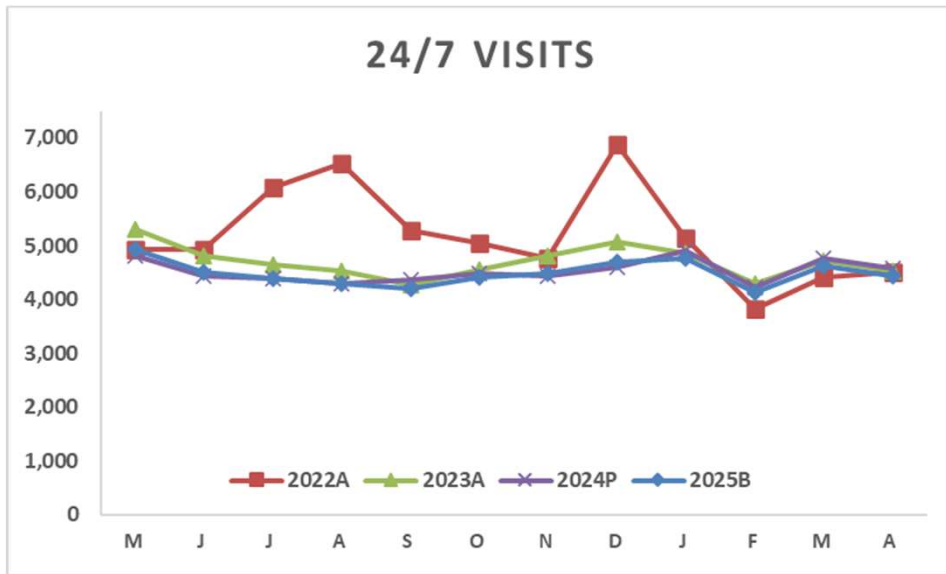
| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|-------------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 12,507 | 12,562 | 12,376 | 12,475 | 0.8% |

| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|-------------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 1,414 | 1,503 | 1,517 | 1,506 | -0.8% |

*Average daily census includes patient and observation days



Volume Growth – 24/7 and UCC visits

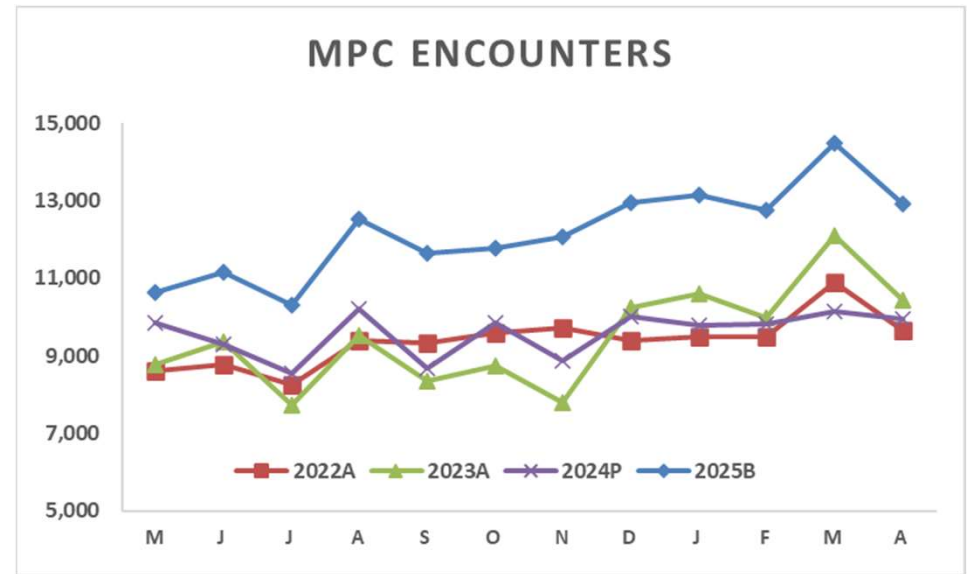
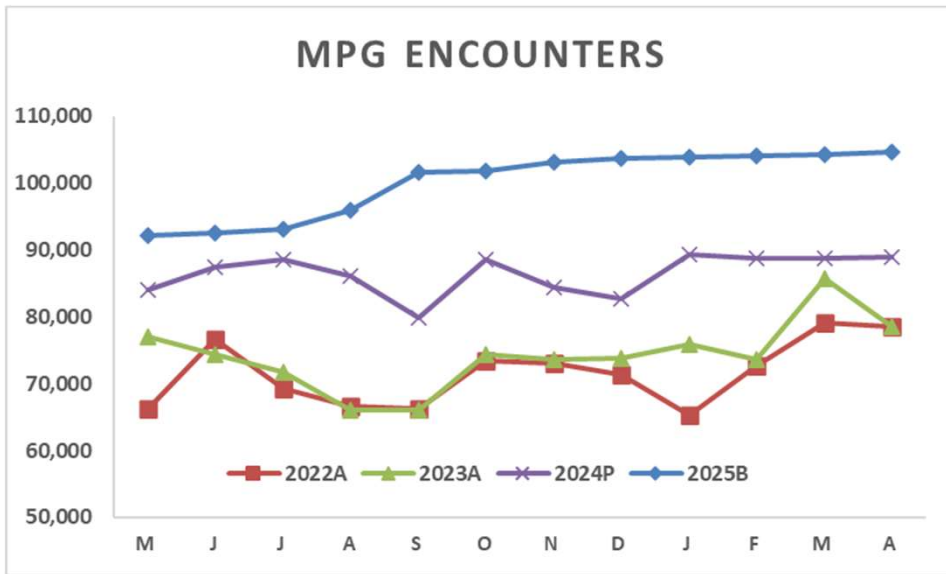


| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 62,329 | 56,414 | 54,286 | 53,806 | -0.9% |

| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 30,758 | 30,677 | 32,264 | 42,264 | 31.0% |



Volume Growth – Physicians



| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 858,516 | 890,842 | 1,037,165 | 1,200,404 | 15.7% |

| | <u>2022A</u> | <u>2023A</u> | <u>2024P</u> | <u>2025B</u> | <u>vs 2024P</u> |
|------------|--------------|--------------|--------------|--------------|-----------------|
| Total Year | 112,620 | 113,654 | 115,002 | 146,371 | 27.3% |



Table of Contents

1. Philosophy
2. Current State and Significant Assumptions
3. Operating and Capital Budgets
4. Investments in Strategic Goals
5. Tax Budget
6. Individual Entity Review
7. Conclusions



Key Financial Results

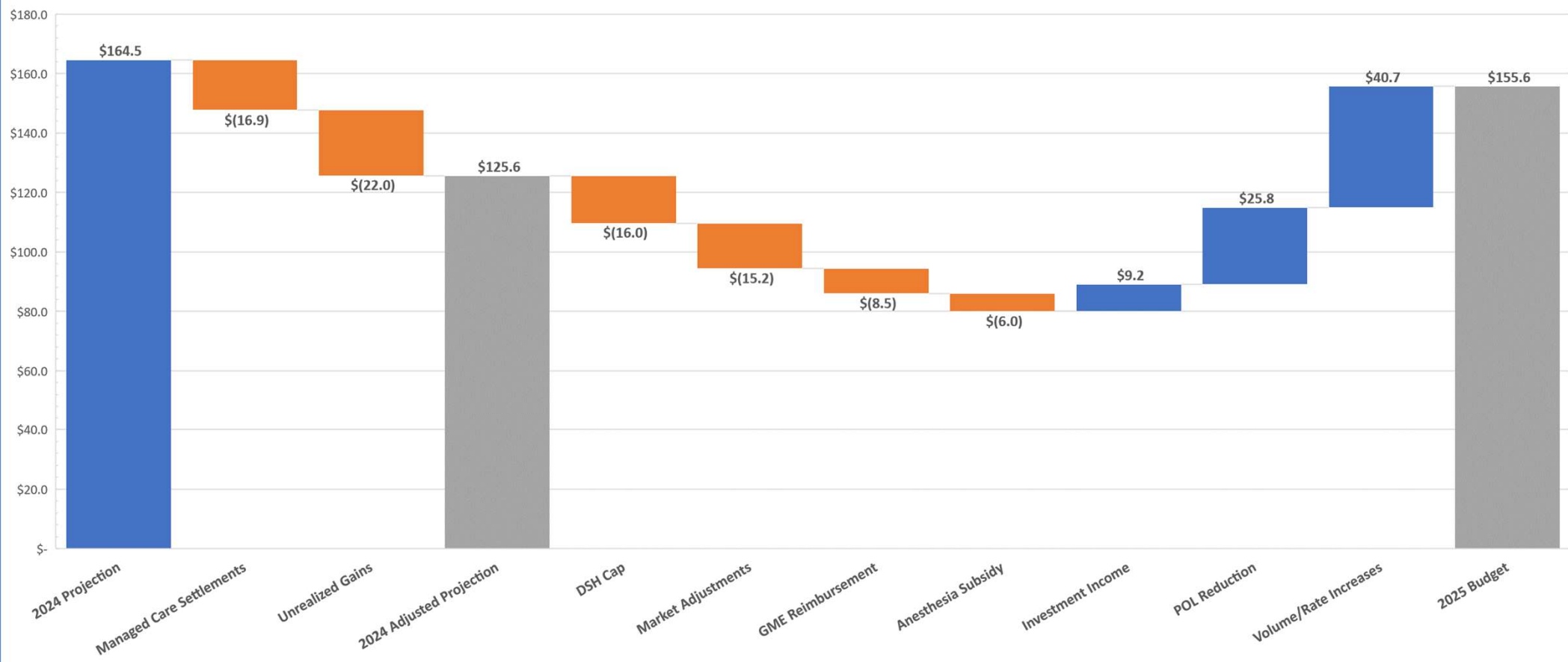
(\$ millions)

| | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 |
|---|------------------------------|--------------------------|------------------------------|
| Net Revenues | \$ 3,183 | \$ 3,371 | \$ 188 |
| Total Operating Expenses | 3,085 | 3,269 | 184 |
| Income from Operations | 98 | 102 | 5 |
| Non-Operating Income | 67 | 54 | (13) |
| Excess of Revenues over Expenses | 165 | 156 | (9) |
| Adjusted EBIDA | 295 | 324 | 29 |
| Adjusted EBIDA % | 9.3% | 9.6% | 0.3% |
| Capital Expenditures | 251 | 306 | 56 |

- ✓ **Income from operations** for FY2025 includes growth within capacity, reductions in agency pay and incentive spend, strategic initiatives and IT digital investments
- ✓ **Non-operating income** in FY2024 includes unrealized investment portfolio gains



FY2024 to FY2025 Waterfall: Bottom Line Change Excess of Revenues over Expenses (\$ millions)





Operating Expenses

| \$ millions | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 | FY2025 vs. FY2024 | |
|--------------------------------|----------------------|------------------|----------------------|----------------------|--|
| Salaries & Wages | \$ 1,518 | \$ 1,617 | \$ 100 | 7% | - Volume growth, compensation increases, market adjustments and physician growth, partially offset by reduction in incentive pay |
| Employee Benefits | 244 | 287 | 43 | 18% | - Reclass of employee prescription drug benefit from Supplies Expense, FTE growth and health plan inflation |
| Professional Fees | 80 | 93 | 13 | 16% | - Physician fees including Anesthesia subsidy |
| Supplies Expense | 651 | 654 | 3 | 1% | - Volume and inflation offset by employee drug reclass |
| Purchased Services | 260 | 255 | (4) | -2% | - Lower agency utilization, partially offset by IT and Cloud services, and enhanced security services |
| Facilities Expense | 93 | 101 | 9 | 9% | - Increase in service contracts, repairs and maintenance, and rent expense |
| Depreciation & Amortization | 120 | 136 | 16 | 13% | - Incremental depreciation for capital expenditures |
| Other Operating Expense | 120 | 124 | 4 | 3% | - Equipment rentals and AHCA fees |
| Total Operating Expense | \$ 3,085 | \$ 3,269 | \$ 184 | 6% | |

Incremental operating expense reflects volume growth and inflation factors



Salaries & Wages Expense

\$ millions

| | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 | FY2025 vs. FY2024 | |
|-----------------------------|----------------------|------------------|----------------------|----------------------|--|
| Regular | \$ 1,253 | \$ 1,346 | \$ 93 | 7% | - Volume growth, compensation increases, market adjustments and physician growth, partially offset by reduction in incentive pay |
| Paid Leave | 165 | 170 | 5 | 3% | - FTE growth and increased compensation |
| Overtime | 30 | 34 | 4 | 15% | - Increased compensation and reduction in purchased outside labor |
| Differential | 50 | 51 | 0 | 1% | |
| Other | 19 | 16 | (3) | -16% | - Fewer employees called-in for additional shifts, and lower physician director fees |
| Salaries & Wages | \$ 1,518 | \$ 1,617 | \$ 100 | 7% | |



Employee Benefits Expense

\$ millions

| | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 | FY2025 vs. FY2024 | |
|--|----------------------|------------------|----------------------|----------------------|---|
| Medical, Dental and Vision | \$ 41 | \$ 77 | \$ 35 | 85% | - Reclass of employee prescription drug benefit from Supplies Expense, increase in FTEs, and plan inflation |
| FICA | 104 | 116 | 12 | 11% | - Growth in FTEs and higher salaries |
| Pension, 401A and TSA Match | 89 | 86 | (3) | 3% | - Lower pension expense due to plan changes offset by higher 401A from FTE growth |
| Scholarships and Tuition Reimbursement | 3 | 3 | (0) | | |
| Other | 7 | 6 | (0) | | |
| Employee Benefits Expense | \$ 244 | \$ 287 | \$ 43 | 18% | |



Supplies Expense

| \$ millions | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 | FY2025 vs. FY2024 | |
|---|----------------------|------------------|----------------------|----------------------|--|
| Implants | \$ 76 | \$ 79 | \$ 3 | 4% | - Increase in surgeries and 1% inflation |
| Food | 21 | 22 | 1 | 6% | - Increased patient volume and 3% inflation |
| Lab Reagents | 27 | 28 | 1 | 3% | - Volume and 3% inflation |
| Organ Acquisitions Expense | 7 | 8 | 1 | 9% | - Growth in Memorial Transplant Institute kidney transplants |
| Blood | 14 | 15 | 1 | 4% | - Increase in robotic surgeries and 2% inflation |
| Drugs | 297 | 295 | (2) | -1% | - Reclassification of employee prescription drug expenses to benefits, partially offset by increase in patient volume and 3.5% inflation |
| Medical Surgical, General, and Robotics | 166 | 164 | (2) | -1% | - Optimization and savings initiatives partially offset by volume |
| Other | 42 | 43 | 0 | 1% | |
| Supplies Expense | \$ 651 | \$ 654 | \$ 3 | 1% | |



Purchased Services Expense

\$ millions

| | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 | FY2025 vs. FY2024 | |
|----------------------------|----------------------|------------------|----------------------|----------------------|--|
| Purchased Outside Labor | \$ 33 | \$ 8 | \$ (25) | -76% | - Continued reduction in agency labor use due to increased hiring |
| IT & Cloud Services | 48 | 56 | 9 | 18% | - Higher demand for IT services plus Cloud Services migration and optimization |
| Security Services | 18 | 22 | 5 | 27% | - Expansion of security and safety initiatives |
| Purchased Outside Services | 47 | 52 | 5 | 11% | - New and existing service contracts |
| Technical Imaging Services | 22 | 23 | 1 | 4% | - Volume growth |
| Reference Lab | 18 | 18 | 1 | 5% | - Growth in kidney transplants and cardiac surgery program |
| Other | 75 | 76 | 1 | 1% | - Inflation and volume increases |
| Purchased Services | \$ 260 | \$ 255 | \$ (4) | -2% | |



Cash Sources and Uses

(\$ millions)

| | FY2024 Projection | FY2025 Budget |
|--|------------------------------|--------------------------|
| Adjusted EBIDA | \$295 | \$324 |
| Grants and Foundation Funding | 15 | 10 |
| Total Cash Sources | 310 | 334 |
| Capital Expenditures | (251) | (306) |
| Debt Service (interest & principal) | (44) | (44) |
| Total Cash Uses | (295) | (351) |
| Net Cash Increase (Decrease) | 15 | (17) |
| Ending Cash & Investment Balance | \$ 2,658 | \$2,641 |
| Days Cash on Hand | 328 | 308 |

✓ Days cash on hand of 308 days is consistent with the current median of 300 Days for AA-equivalent rated peers



Proposed Capital Budget (In Thousands)

| Project Capital by Entity | FY2023 | FY2024 | FY2025 | FY2026+ |
|------------------------------|-------------------|-------------------|-------------------|---------------------|
| MRH | \$ 16,293 | \$ 65,791 | \$ 70,192 | \$ 780,573 |
| MCI | 56,429 | 18,893 | 11,840 | 17,898 |
| IT Capital | 84,371 | 40,047 | 29,117 | 9,599 |
| MHW | 60,338 | 9,678 | 30,018 | 13,369 |
| MPG | 7,240 | 16,308 | 13,761 | 5,323 |
| MHP | 402 | 4,699 | 41,666 | 61,381 |
| MRHS | 6,163 | 15,985 | 13,527 | 25,516 |
| MPM | 1,955 | 11,789 | 13,923 | 31,963 |
| MHM | 2,947 | 8,766 | 10,985 | 2,470 |
| MPC | 1,849 | 4,814 | 7,654 | 4,426 |
| JDCH | 51,641 | 14,778 | 8,010 | 8,194 |
| Pharmacy | 240 | 378 | 1,500 | - |
| MMNH | 10 | 653 | 4,637 | 15,757 |
| Other | - | 100 | 5,079 | 32,408 |
| Project and IT Total | \$ 289,878 | \$ 212,679 | \$ 261,908 | \$ 1,008,877 |
| Strategic Initiatives | - | 12,000 | 12,000 | 48,000 |
| Capital Reserve - MHS | - | 12,000 | 12,000 | 48,000 |
| Total Routine Capital | 30,793 | 36,217 | 33,530 | 128,194 |
| Special Board Appropriation* | 49,967 | - | - | - |
| FEMA Grants | - | (7,200) | (3,000) | - |
| Bond Funding | (83,000) | - | - | - |
| MHS & JDCH Foundations | (10,000) | (15,000) | (10,000) | (60,000) |
| Total Capital | \$ 277,638 | \$ 250,697 | \$ 306,438 | \$ 1,173,071 |

Board Approved Capital \$ 390,641 \$ 325,426

Please refer to page 4 of the Annual Budget FY2024 book, Operating and Capital Budget tab, for more detail

*Special Board appropriation above the FY23 capital budget for the Hollywood Blvd. & 441 land

- 2025 Major Projects**

 - MRH master plan and family birthplace
 - MHP Douglas Road and Red Road FSEDs
 - MCI Expansion
 - IT including Workday ERP and infrastructure

2025 Routine Capital

 - Medical beds, monitors and equipment replacements
 - Facility updates
 - IT routine capital



Table of Contents

1. Philosophy
2. Current State and Significant Assumptions
3. Operating and Capital Budgets
4. Investments in Strategic Goals
5. Tax Budget
6. Individual Entity Review
7. Conclusions



Investment in Strategic Goals

(\$ millions)

MRH & MHW Family Birthplace
Free Standing EDs
IT & Digital Investments
MRH Master Plan
Memorial Physician Group
MCI Expansion
MPC Expansion
Organizational Development
Supply Chain
Care Coordination Center
Patient Access Center
Other Strategic Goals
Total Investments

| FY2025 | |
|-----------------|----------------------------|
| Capital Cost | Operating Cost Incremental |
| \$ 41.0 | \$ - |
| 32.0 | - |
| 29.1 | 9.0 |
| 20.4 | - |
| 14.9 | 15.0 |
| 11.8 | - |
| 7.8 | 3.0 |
| 2.7 | 1.8 |
| 0.1 | 6.2 |
| - | 5.1 |
| - | 1.6 |
| 12.0 | - |
| \$ 171.8 | \$ 41.7 |

- ✓ Investments are consistent with the execution of our Strategic Goals
- ✓ Budgeting an additional \$12M for Strategic Goals that are still being prioritized and quantified



Table of Contents

1. Philosophy
2. Current State and Significant Assumptions
3. Operating and Capital Budgets
4. Investments in Strategic Goals
5. Tax Budget
6. Individual Entity Review
7. Conclusions



Projected Tax Budget

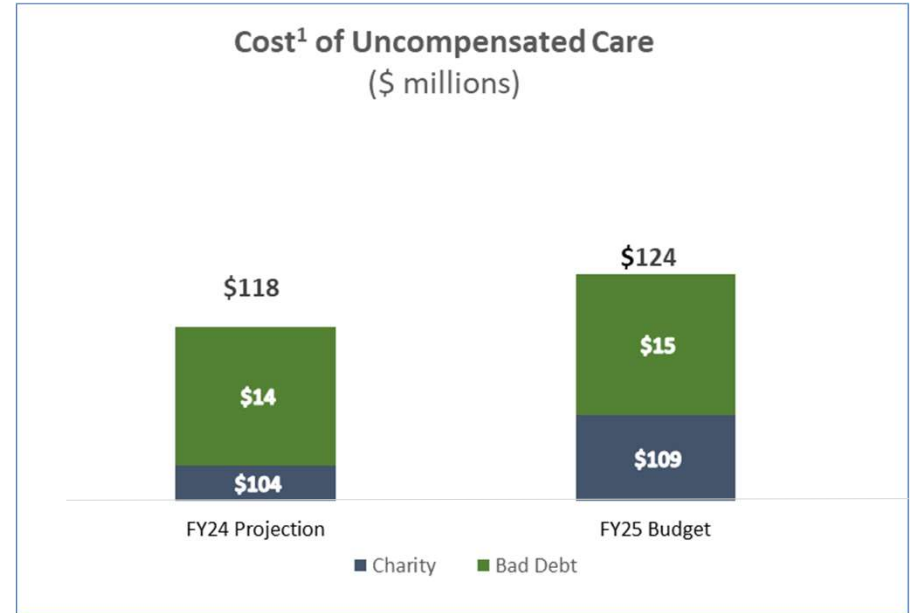
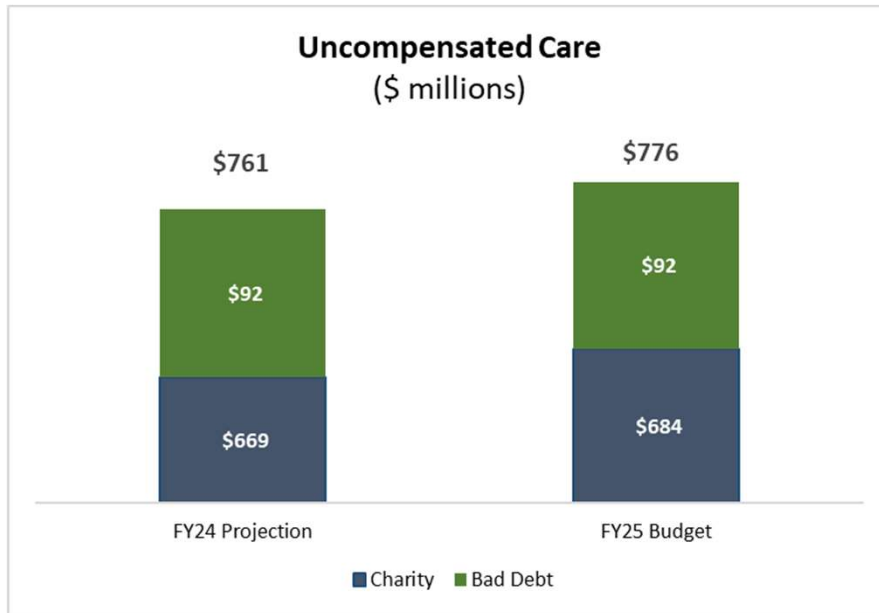
(\$ millions)

| | FY2024 Projection | FY2025 Budget | FY2025 vs. FY2024 |
|---|------------------------------|--------------------------|------------------------------|
| Millage Rate (in mils) | 0.0937 | 0.0885 | -0.0052 |
| Gross Tax Revenues | \$7.8 | \$8.0 | \$0.2 |
| Less: Collection Costs | 0.2 | 0.2 | 0.0 |
| Net Tax Receipts | \$7.6 | \$7.8 | \$0.2 |
| Less: Governmental pass-through payments | 7.6 | 7.8 | 0.2 |
| Available for Uncompensated Care | \$0.0 | \$0.0 | \$0.0 |

- ✓ Taxes are budgeted at break-even with governmental pass-through payments and collection costs
- ✓ The Board of Commissioners will have the opportunity to set the millage rate during the Florida Department of Revenue **Truth in Millage** (TRIM) process



Uncompensated Care



Increased cost of care and higher number of uninsured patients translating into higher charity and bad debt

¹The cost of uncompensated care is calculated by applying a cost of care factor (i.e., Total Operating Expenses as a percentage of Total Gross Patient Revenue) to charity and bad debt charges



Table of Contents

1. Philosophy
2. Current State and Significant Assumptions
3. Operating and Capital Budgets
4. Investments in Strategic Priorities
5. Tax Budget
6. Individual Entity Review
7. Conclusions



Memorial Regional Hospital - Key Priorities

- **Patient Flow & Capacity**
 - Throughput & LOS initiatives
 - MHS Case Management engagement
- **Destination Services**
 - Quaternary & tertiary services
 - High-Risk Obstetric Services and MFM
 - MCI – Hallandale expansion & Moffitt presence
 - Memorial Transplant Institute
 - Memorial Cardiac & Vascular Institute
 - Memorial Neuroscience Institute
- **Facility/Infrastructure Improvements**
 - Family Birthplace - 4th floor
 - Master Plan commencement
 - Emergency Department & Trauma Bay Renovation
 - Bi-plane upgrade
 - Elevator replacements

| | FY2025 |
|---------------------------|---------------|
| Growth Rates | Budget |
| Admissions | 1.9% |
| Obs. Discharges | 2.1% |
| Deliveries | 0.2% |
| Outpatient Visits | 3.3% |
| ED Visits | 1.2% |
| Cardiac Surgeries | 5.6% |
| IP Surgeries ¹ | 2.1% |
| OP Surgeries ¹ | 7.9% |
| Net Revenue | 4.6% |
| Operating Expenses | 5.4% |

| \$ Millions | |
|----------------------|--------|
| Net Excess (Deficit) | \$45.2 |
| EBIDA | \$80.5 |

¹Excluding cardiac surgeries



Joe DiMaggio Children’s Hospital - Key Priorities

- **Quality, Safety, Patient Experience**
 - Quality, case management & social work expansion
 - Clinical Documentation Integrity (CDI) program
 - Magnet® program & other professional development
- **Patient Flow & Capacity**
 - Outpatient access - imaging, patient navigation
 - Inpatient/ED capacity & throughput
 - Operational efficiencies
- **Service Growth**
 - Strategic plan prioritization
 - Surgical services, medical programs, diagnostics, complex care
 - External relations
- **Facility/Infrastructure**
 - Hollywood Ortho/U-18 location
 - Regional service expansion (e.g., Miramar, Wellington)

| Growth Rates | FY2025 Budget |
|---------------------------|---------------|
| Admissions | 2.0% |
| Obs Discharges | 0.8% |
| Outpatient Visits | 2.1% |
| ED Visits | 2.6% |
| Cardiac Surgeries | 10.0% |
| IP Surgeries ¹ | 4.0% |
| OP Surgeries ¹ | 5.9% |
| Net Revenue | 6.2% |
| Operating Expenses | 6.7% |

| \$ Millions | |
|----------------------|--------|
| Net Excess (Deficit) | \$48.1 |
| EBIDA | \$72.0 |

¹Excluding cardiac surgeries



Memorial Regional Hospital South – Key Priorities

- **Patient Flow & Capacity**
 - IP Rehab volumes/Patient Room renovations
 - Growth in OP Rehab and Imaging
 - System-wide Case Management/LOS initiative
 - Grow OP Surgery volume
- **Service Line Development**
 - MSK/HOPCO specialty hospital designation development
 - Onboard Business Development Executive
 - Sports Medicine/Miami Sharks affiliation
 - Expand Marketing for IP Rehab Referrals
- **Facility/Infrastructure Improvements**
 - Increase Imaging Capacity via 2nd CT scanner
 - MSK/HOPCO facility modifications
 - Hospital HVAC upgrades
 - Continue facility air pressure mitigation project
- **Manor/Other**
 - Co-lead the Post Acute Strategy for MHS

| | FY2025 Budget |
|---------------------|------------------|
| Growth Rates | |
| Total Admissions | 6.6% |
| Rehab Admissions | 9.9% |
| Obs Discharges | 4.3% |
| Outpatient Visits | 2.7% |
| ED Visits | 0.8% |
| IP Surgeries | 3.9% |
| OP Surgeries | 6.4% |
| Net Revenue | 8.5% |
| Operating Expenses | 9.6% |

| \$ Millions | |
|----------------------|---------|
| Net Excess (Deficit) | (\$8.0) |
| EBIDA | (\$0.8) |



Memorial Hospital West - Key Priorities

- **Patient Flow & Capacity**
 - Throughput & LOS initiatives
 - Case Management and Utilization Review optimization
 - Centralized Transportation Dept
- **Service Line Development**
 - Memorial Cancer Institute
 - Obstetrics and Neonatal Care
 - Joint Replacement Center of Excellence
 - Memorial Cardiac & Vascular Institute
 - Memorial Neuroscience Institute
 - Robotic Surgery
- **Facility/Infrastructure Improvements**
 - Family Birthplace
 - Master Site Planning
 - MCVI Expansion
 - Envelope Repairs

| | FY2025 |
|--------------------|--------|
| Growth Rates | Budget |
| Admissions | 1.8% |
| Obs Discharges | 2.0% |
| Outpatient Visits | 2.7% |
| ED Visits | 1.6% |
| IP Surgeries | 3.1% |
| OP Surgeries | 6.4% |
| Deliveries | 0.0% |
| Net Revenue | 6.7% |
| Operating Expenses | 6.5% |

| \$ Millions | |
|----------------------|---------|
| Net Excess (Deficit) | \$84.3 |
| EBIDA | \$122.9 |



Memorial Hospital Pembroke - Key Priorities

- **Patient Flow & Capacity**
 - Maximize bed utilization through Care Coordination Center
 - MHS Case Management initiative – Improve LOS and throughput
- **Service Line Development**
 - General & Acute Care Surgery
 - Robotic Surgery
 - Endocrine Surgery
 - Hernia Center of Excellence
 - Geriatric Emergency Department Accreditation
 - Outpatient Imaging
- **Facility/Infrastructure Improvements**
 - Douglas Road and Red Road Free Standing Emergency buildings
 - ORs 7 & 8 Renovation
 - Wound Care/Hyperbaric Center
- **Other**
 - Co-leader of post acute strategy for MHS

| Growth Rates | FY2025 Budget |
|---------------------|----------------------|
| Admissions | 1.6% |
| Obs Discharges | 1.4% |
| Outpatient Visits | 2.9% |
| ED Visits | 1.6% |
| 24/7 Visits | -0.9% |
| IP Surgeries | 1.7% |
| OP Surgeries | 4.6% |
| Net Revenue | 2.8% |
| Operating Expenses | 3.5% |

| \$ Millions | |
|----------------------|--------|
| Net Excess (Deficit) | \$11.0 |
| EBIDA | \$23.1 |



Memorial Hospital Miramar - Key Priorities

- **Patient Flow, Capacity & Access**
 - Throughput & Length of Stay initiatives
 - Case Management and Utilization Review optimization
 - Expanded inpatient overflow capacity
 - Expanded access to outpatient imaging
 - Growth in Memorial Surgical Center

- **Service Line Development**
 - Obstetrics & Neonatal Care
 - Robotic Surgery
 - Orthopedics
 - Pediatric Surgery & Outpatient Services
 - Expanded Pediatric & Adult Outpatient Rehab
 - Outpatient Infusion

- **Facility/Infrastructure Improvements**
 - MOB2 MRI/CT/Lab Services
 - Interventional Radiology Replacement
 - Master Site Planning

| | FY2025 |
|---------------------|---------------|
| Growth Rates | Budget |
| Admissions | 1.9% |
| Obs Discharges | 1.7% |
| Outpatient Visits | 11.9% |
| ED Visits | 1.6% |
| IP Surgeries | 1.9% |
| OP Surgeries | 5.9% |
| Deliveries | 2.2% |
| Net Revenue | 4.8% |
| Operating Expenses | 7.7% |

| \$ Millions | |
|----------------------|--------|
| Net Excess (Deficit) | \$58.1 |
| EBIDA | \$69.6 |



Memorial Physician Group - Key Priorities

- **Patient Flow & Capacity**
 - Optimize the Advanced Practice Provider workforce to achieve key priorities including increased access to care, high quality, and timeliness of care
- **Service Line Development**
 - Adult Orthopedic Surgery
 - Adult and Pediatric Otolaryngology
 - Cardiology, Electrophysiology, and Cardiac Imaging
 - Neurology
 - Urology
 - Maternal Fetal Medicine
- **Facility/Infrastructure Improvements**
 - Further development of the Centralized Patient Access Center (IT collaboration)
 - Expand geographic footprint:
 - Miramar with pediatric specialties
 - Hollywood with U18/Peds Orthopedics
 - Miami with adult medical specialties

| | FY2025 |
|---------------------|---------------|
| Growth Rates | Budget |
| Encounters | 15.7% |
| Net Revenue | 15.9% |
| Operating Exp | 14.1% |
| | |
| \$ Millions | |
| Net Investment | (\$154.1) |
| EBIDA | (\$145.8) |



Memorial Primary Care and Urgent Care Centers

Key Priorities

- **Service Line Development & Facility/Infrastructure Improvements**
 - Expand geographic footprint for primary care medical services:
 - Plantation
 - Weston and Palm Springs North to include additional Provider
 - Further expand OBGYN/Resident Clinic to include additional Providers
 - Expansion of Virtualist Program with additional Providers
 - Continue to evaluate the transition from FFS to Value Based Agreements with Payers
 - Expand Urgent Care Center services by opening 3rd UCC in Palm Springs North

| MPC Growth Rates | FY2025 Budget |
|-------------------------|----------------------|
| Medical Encounters | 27.3% |
| Net Revenue | 17.3% |
| Operating Exp | 25.3% |

\$ Millions

| | |
|----------------------|----------|
| Net Excess (Deficit) | (\$11.0) |
| EBIDA | (\$9.8) |

| UCC Growth Rates | FY2025 Budget |
|-------------------------|----------------------|
| Visits per Day | 31.0% |
| Net Revenue | 29.7% |
| Operating Exp | 38.3% |

UCC (\$ Millions)

| | |
|----------------------|---------|
| Net Excess (Deficit) | (\$2.1) |
| EBIDA | (\$1.0) |



Graduate Medical Education - Key Priorities

- GME Strategic Plan in Development
- By July of 2024, MHS will have 273 accredited residency spots
- Almost at our Board-approved 289 accredited spots, all within projected proformas
- Continue to grow academic reputation
 - For AY 2023-2024 MHS received over 15,000 applications for 54 GME spots, which is a 0.05% acceptance rate
 - Graduates begin to enter fellowships and the workforce
- CMS audit to take place after September 2024

| Academic Year | Number of Trainees | Number of Accredited Spots |
|---------------|--------------------|----------------------------|
| 2020 - 2021 | 123 | 185 |
| 2021 - 2022 | 167 | 245 |
| 2022 - 2023 | 229 | 269 |
| 2023 - 2024 | 251 | 273 |
| 2024 - 2025 | 259 | 273 |



Value Based Care - Key Priorities



- **Quality, Safety & Consumer Experience**
 - Reduce avoidable utilization
 - Increase remote patient monitoring
 - Expansion of consumer engagement tools
- **Care Transformation**
 - Expand wellness & disease management programs
 - Primary Care at Home
 - Optimize post-acute high performing networks
- **Growth**
 - Expansion of value-based payer contracts
 - Continue to grow Memorial Health Assurance program
 - Grow number of employer-based clinics targeting local municipalities



Nursing - Key Priorities

Center for Nursing Excellence & Innovation

- **Superior Outcomes**
 - High Reliability Organization
 - Workforce safety
 - Reduce clinical care variation
- **Professional Development, Education & Innovation**
 - Florida First
 - Professional Advancement Program
 - Nursing Leadership Academy
 - Academic partnerships
 - Simulation center expansion
- **Care Transformation**
 - Nursing Wellness
 - Virtual Nursing
 - Hospital at Home



Information Technology - Key Priorities

- **Consumer Experience Applications**
- **Epic Connect Expansion**
- **Telehealth**
- **Innovation/Development**
- **Clinical Projects**
- **Business Projects**
- **Strategic Relationships**
- **IT Security**
- **Technology and Cloud Migration**



Conclusions

- ✓ With Board approval, this will be the highest budgeted Net Operating Income in the history of the South Broward Hospital District
- ✓ Memorial Healthcare System maintains its strong balance sheet that underscores our ongoing financial viability (“AA” S&P credit rating)
- ✓ FY2025 will require investments in our people, infrastructure, and strategic initiatives
- ✓ Our primary focus remains our community, our patients, our employees and our taxpayers



ANNUAL BUDGET FISCAL YEAR 2025

May 1, 2024 – April 30, 2025



Table of Contents

Memorial Healthcare System - Operating Budget2
Memorial Healthcare System - Capital Budget.....4
Memorial Healthcare System - Tax Budget.....9

Hospitals and Ancillaries

Memorial Regional Hospital.....10
Joe DiMaggio Children’s Hospital..... 12
Memorial Regional Hospital South..... 14
Memorial Regional Hospital West 16
Memorial Hospital Pembroke 18
Memorial Hospital Miramar.....20
Memorial Manor Nursing Home.....22
Memorial Primary Care.....24
Memorial Physician Group.....26
Graduate Medical Education.....28
Other Entities.....31



Memorial Healthcare System

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 77,482 | 78,965 | 80,564 | 1,598 | 2.0% |
| Rehab Admissions | 2,172 | 1,960 | 2,153 | 193 | 9.9% |
| Observation Discharges | 39,920 | 41,921 | 42,692 | 771 | 1.8% |
| Total Admissions (IP+Obs) | 117,402 | 120,886 | 123,256 | 2,370 | 2.0% |
| Patient Days | 483,279 | 488,281 | 482,175 | (6,106) | -1.3% |
| Observation Days | 65,448 | 66,946 | 67,369 | 423 | 0.6% |
| Total Patient Days (IP+Obs) | 548,727 | 555,227 | 549,544 | (5,683) | -1.0% |
| Hospital Outpatient Visits | 614,106 | 651,284 | 678,090 | 26,806 | 4.1% |
| 24/7 Visits | 56,414 | 54,286 | 53,806 | (480) | -0.9% |
| ER Visits | 405,235 | 398,387 | 404,887 | 6,501 | 1.6% |
| Cardiac Surgeries | 939 | 1,094 | 1,159 | 65 | 5.9% |
| Inpatient Surgeries (Non-Cardiac) | 13,212 | 13,714 | 14,062 | 348 | 2.5% |
| Outpatient Surgeries | 30,425 | 31,163 | 33,110 | 1,947 | 6.3% |
| Deliveries | 12,562 | 12,376 | 12,475 | 99 | 0.8% |



Memorial Healthcare System

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|------------|------------|
| Inpatient Revenue | \$ 9,018,804 | \$ 10,247,977 | \$ 10,381,977 | \$ 134,000 | 1.3% |
| Outpatient Revenue | 8,109,055 | 9,648,677 | 10,169,307 | 520,631 | 5.4% |
| Gross Patient Revenue | 17,127,858 | 19,896,654 | 20,551,285 | 654,631 | 3.3% |
| Net Patient Revenue | 2,682,482 | 2,900,912 | 3,100,816 | 199,904 | 6.9% |
| Other Operating Revenue | 248,192 | 281,871 | 270,203 | (11,667) | -4.1% |
| Net Revenue | 2,930,675 | 3,182,783 | 3,371,019 | 188,237 | 5.9% |
| Salaries and Wages | 1,434,958 | 1,517,637 | 1,617,241 | 99,603 | 6.6% |
| Employee Benefits Expense | 177,684 | 243,890 | 287,305 | 43,415 | 17.8% |
| Professional Fees | 66,176 | 80,488 | 93,036 | 12,548 | 15.6% |
| Supplies Expense | 564,053 | 650,620 | 654,073 | 3,452 | 0.5% |
| Purchased Services | 303,357 | 259,580 | 255,475 | (4,104) | -1.6% |
| Facilities Expense | 80,174 | 92,675 | 101,390 | 8,715 | 9.4% |
| Depreciation & Amortization | 109,569 | 119,972 | 136,147 | 16,175 | 13.5% |
| Other Operating Expense | 108,282 | 120,336 | 124,247 | 3,911 | 3.3% |
| Total Operating Expense | 2,844,253 | 3,085,198 | 3,268,913 | 183,715 | 6.0% |
| Income/(Loss) From Operations | 86,421 | 97,585 | 102,106 | 4,522 | 4.6% |
| Total Non-Operating Income/(Loss) | 23,415 | 66,964 | 53,530 | (13,435) | -20.1% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 109,836 | \$ 164,549 | \$ 155,636 | \$ (8,913) | -5.4% |
| EBIDA | \$ 245,481 | \$ 294,836 | \$ 323,672 | \$ 28,836 | 9.8% |



Capital Budget – Total by Entity

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | FY 2026 + Future |
|---|-----------------------|-----------------------|-----------------------|-------------------------|
| Memorial Regional Hospital | \$ 24,672,959 | \$ 79,994,062 | \$ 80,346,320 | \$ 837,572,672 |
| Memorial Hospital Pembroke | 3,230,858 | 7,349,240 | 44,315,850 | 72,930,825 |
| Memorial Hospital West | 66,987,138 | 17,660,182 | 38,069,225 | 24,612,886 |
| Information Technology | 84,370,522 | 40,047,001 | 29,116,808 | 9,598,503 |
| Memorial Regional Hospital South | 8,412,611 | 16,687,601 | 16,014,620 | 34,015,800 |
| Memorial Hospital Miramar | 7,752,725 | 14,066,345 | 15,635,234 | 20,470,100 |
| Memorial Physician Group | 9,452,484 | 17,968,175 | 14,899,100 | 9,323,200 |
| Property Management | 2,248,457 | 12,292,249 | 14,072,600 | 32,563,400 |
| Memorial Cancer Institute | 56,428,729 | 18,923,048 | 12,048,429 | 18,698,300 |
| Joe DiMaggio Children's Hospital | 54,923,243 | 17,278,060 | 11,510,000 | 24,694,000 |
| Memorial Primary Care | 1,849,600 | 4,982,461 | 7,771,498 | 4,425,500 |
| Other Entities | 342,035 | 1,648,277 | 11,638,349 | 48,165,465 |
| Capital Reserve - MHS | - | 12,000,000 | 12,000,000 | 48,000,000 |
| Other Strategic Goals | - | 12,000,000 | 12,000,000 | 48,000,000 |
| Special Board Appropriation | 49,967,061 | - | - | - |
| Total Capital Expenditures Budget | \$ 370,638,422 | \$ 272,896,702 | \$ 319,438,033 | \$ 1,233,070,651 |
| FEMA Grants | - | (7,200,000) | (3,000,000) | - |
| Bond Funding | (83,000,000) | - | - | - |
| Contributions from Foundations | (10,000,000) | (15,000,000) | (10,000,000) | (60,000,000) |
| Total Capital Expenditures Budget, Net | \$ 277,638,422 | \$ 250,696,702 | \$ 306,438,033 | \$ 1,173,070,651 |



Capital Budget – Major Projects

| Entity | Project | FY 2024 Projected | FY 2025 Budget | FY 2026 + Future |
|--------|---------------------------------------|----------------------|-------------------|------------------|
| MRH | Family Birthplace 4th Floor | \$ 33,939,669 | \$ 34,160,821 | \$ - |
| MRH | Master Plan | 16,994,054 | 20,423,000 | 710,577,000 |
| MHP | Red Road Free Standing ED | 1,176,100 | 17,000,000 | 13,827,700 |
| MHP | Douglas Rd Free Standing ED | 2,002,271 | 15,000,000 | 33,523,870 |
| IT | IT Infrastructure Upgrades | 9,456,093 | 13,052,311 | 2,755,703 |
| MHW | MCI Conversion To MCVI (Phase 1) | 200,000 | 9,800,000 | 2,000,000 |
| MRH | ER and Trauma Renovation | 8,764,769 | 7,892,093 | 4,346,047 |
| MHW | 2nd Floor Labor & Delivery | 3,880,954 | 6,849,262 | - |
| MRHS | Hospital Dedicated Outside Air System | 200,000 | 6,500,000 | 11,077,500 |
| MHM | MOB2 MRI/CT/Lab Services | 4,621,827 | 5,200,000 | 2,470,100 |
| JDCH | CT Replacement | 150,000 | 4,450,000 | - |
| MCI | MCI Hallandale Expansion | 200,000 | 4,337,400 | 4,337,400 |
| MCI | MRH Linear Accelerator Upgrade | 571,457 | 4,321,800 | - |
| MPC | UCC and Primary Care Pembroke (Chase) | 100,000 | 3,900,700 | - |
| MPG | Hollywood Concierge Med Suite | 100,000 | 3,545,000 | 2,252,200 |
| MHW | Envelope Repairs | 287,724 | 3,200,000 | 7,077,376 |
| IT | ERP Workday | 10,285,618 | 3,000,000 | 1,500,000 |
| MMNH | Hurricane Hardening | 250,000 | 3,000,000 | 6,750,000 |
| MRH | Kidney Transplant Clinic Relocation | 150,000 | 2,950,000 | 536,000 |
| MCI | MCI Shell Space Renovation | 200,000 | 2,685,600 | 5,685,600 |
| MHW | CVI 2 Equipment Replacement | - | 2,526,326 | - |



Capital Budget – Major Projects (Continued)

| Entity | Project | FY 2024 Projected | FY 2025 Budget | FY 2026 + Future |
|--------|---|----------------------|-------------------|------------------|
| MHP | 300 T Chiller CEP Upgrade | \$ 150,000 | \$ 2,500,000 | \$ 2,750,000 |
| MPC | Buildout Dania Beach | 101,846 | 2,489,000 | - |
| MHP | OR Cysto Room | 394,463 | 2,330,000 | - |
| MRHS | HVAC Air Handler Unit 3 | - | 2,198,440 | - |
| MHW | New CT Scanner Room | - | 2,186,467 | 1,000,000 |
| IT | Hyperscale for EPIC | - | 2,161,600 | 540,400 |
| MPM | FY25 TI Allowance for All MOBs | - | 2,149,600 | - |
| IT | IT Hardware Replenishment | - | 2,100,000 | - |
| MPG | MRH MOB Suite 345 for OB and MFM | 200,000 | 2,046,500 | - |
| MPM | MRH and JDCH MOB 1150 and 1131 Infrastructure | - | 2,000,000 | 6,250,000 |
| MRHS | Chiller 3 Replacement | 439,060 | 1,978,180 | - |
| MHW | MRI 1 Equipment Replacement | 1,134,000 | 1,753,758 | - |
| IT | Epic Tier Volume License Increases | - | 1,600,000 | - |
| MHP | MRI Replace with Modular | 100,000 | 1,600,000 | 1,300,100 |
| JDCH | Coral Springs MRI Magnet upgrade | - | 1,560,000 | - |
| MHW | ED X-Ray Replacement in Fluoroscopy Room | - | 1,502,374 | - |
| CORP | Education and Training Center | - | 1,500,000 | 18,144,911 |
| PHARM | Miramar Central Pharmacy Center | 300,000 | 1,500,000 | - |
| MPM | MHW MOB 601 and 603 Infrastructure | - | 1,500,000 | 3,200,000 |
| MPM | 3111 Infrastructure and Modernization | 250,000 | 1,500,000 | 2,700,000 |
| CORP | Community Youth Services | - | 1,443,750 | 1,443,800 |



Capital Budget – Major Projects (Continued)

| Entity | Project | FY 2024 Projected | FY 2025 Budget | FY 2026 + Future |
|--------|--|-----------------------|-----------------------|-------------------------|
| MPG | MHM Suite 309 for MFM | \$ 150,000 | \$ 1,403,400 | \$ - |
| MRH | Bi-Plane Upgrade (Neuro-CVI) | - | 1,400,000 | 1,600,000 |
| MHP | Exterior Envelope Repair | 300,000 | 1,350,000 | 1,350,000 |
| IT | Ambulatory Connect Strategy | - | 1,330,000 | 1,582,400 |
| MPM | Residential Purchase, Modernization & Demo | 400,000 | 1,300,000 | 8,400,000 |
| MRHS | Second CT Imaging Suite | 200,000 | 1,250,000 | 5,143,300 |
| MHP | Elevator 4-5-6 Modernization | - | 1,208,250 | - |
| CORP | Sim Lab Phase II | - | 1,200,000 | 800,000 |
| IT | Workday Adaptive and Workforce Planning | - | 1,200,000 | - |
| MPG | MRH 620 Cardiology Suite | - | 1,184,700 | - |
| JDCH | NICU Level 4 Design for 8th Floor | 90,000 | 1,100,000 | - |
| MHM | Campus Monument Signage Replacement | 787,109 | 1,067,786 | - |
| MHM | Kitchen Freezer & Cooler Replacement | - | 1,000,000 | - |
| MPG | MOB II Pediatric Fit | 9,195,645 | 1,000,000 | - |
| MPM | MHM MOB 1971 Shell Space TI | 200,000 | 1,000,000 | 2,750,000 |
| MPM | MHM MOB 1951 and 1971 Infrastructure | - | 1,000,000 | 2,500,000 |
| MPM | MSS Infrastructure and Modernization | 250,000 | 1,000,000 | 800,000 |
| MRH | Bi-Directional Antenna | 493,777 | 989,302 | - |
| MRH | Elevator Replacement | - | 900,000 | 900,000 |
| | All Other Projects | 104,013,054 | 26,630,988 | 137,005,311 |
| | Total - Major Projects Detail | \$ 212,679,490 | \$ 261,908,409 | \$ 1,008,876,717 |



Intentionally Left Blank



Projected Tax Budget⁽¹⁾

| | | FY 2024 Projection | FY 2025 Projected Budget | Variance |
|--|------------------|-----------------------|-----------------------------|-------------|
| ASSESSED VALUATIONS (In Thousands) | | | | |
| Base from Prior Year | | \$ 83,565,440 | \$ 83,565,440 | |
| Add: Impact of 6.5% increase in market values | | | 5,432,000 | |
| Subtotal | | | 88,997,440 | |
| Add: Estimated New Construction (2%) | | | 1,671,000 | |
| Base for Budget Year | | | 90,668,440 | 8.5% |
| TAX LEVY - INDIGENT CARE & OTHER | | | | |
| Millage Rate | | 0.0937 | 0.0885 | -5.6% |
| Gross Tax Revenues | A | \$ 7,830,000 | \$ 8,024,000 | 2.5% |
| <u>Less: Collection Costs</u> | | | | |
| Discounts on Taxes | | 65,000 | 67,000 | 3.1% |
| Uncollectible Taxes, Net of Recoveries | | 1,000 | 1,000 | 0.0% |
| Revenue Collection Fees | | 155,000 | 159,000 | 2.6% |
| Subtotal Collection Costs | B | \$ 221,000 | \$ 227,000 | 2.7% |
| Tax Receipts | C = A - B | 7,609,000 | 7,797,000 | 2.5% |
| <u>Less: Governmental Pass-Through Payments</u> | | | | |
| Medicaid Program Match Expense | | 7,201,000 | 7,384,000 | 2.5% |
| Community Redevelopment Agencies | | 361,000 | 365,000 | 1.1% |
| Property Appraisers Fee | | 47,000 | 48,000 | 2.1% |
| Subtotal Pass-Through Payments | D | \$ 7,609,000 | \$ 7,797,000 | 2.5% |
| Amounts Available for Discretionary Funding | E = C - D | - | - | |
| <hr/> | | | | |
| Uncollectible Accounts | | \$ 91,903,488 | \$ 91,941,386 | 0.0% |
| Charity Care | | 669,011,489 | 684,318,231 | 2.3% |
| Total Uncompensated Care | | \$ 760,914,977 | \$ 776,259,617 | 2.0% |

(1) FY2025 Estimates / Final Tax budget is determined during Truth In Millage (TRIM) process



Memorial Regional Hospital

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 28,251 | 29,098 | 29,661 | 563 | 1.9% |
| Observation Discharges | 12,057 | 12,540 | 12,801 | 261 | 2.1% |
| Total Admissions (IP+Obs) | 40,308 | 41,638 | 42,462 | 824 | 2.0% |
| Patient Days | 185,626 | 183,317 | 180,340 | (2,977) | -1.6% |
| Observation Days | 18,136 | 19,064 | 18,945 | (119) | -0.6% |
| Total Patient Days (IP+Obs) | 203,762 | 202,381 | 199,285 | (3,096) | -1.5% |
| Hospital Outpatient Visits | 131,461 | 140,072 | 144,628 | 4,556 | 3.3% |
| ER Visits | 95,485 | 96,345 | 97,503 | 1,158 | 1.2% |
| Cardiac Surgeries | 669 | 765 | 808 | 43 | 5.6% |
| Inpatient Surgeries (Non-Cardiac) | 5,290 | 5,366 | 5,476 | 110 | 2.1% |
| Outpatient Surgeries | 4,526 | 4,858 | 5,239 | 381 | 7.9% |
| Deliveries | 5,127 | 5,000 | 5,011 | 11 | 0.2% |



Memorial Regional Hospital

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|------------|------------|
| Inpatient Revenue | \$ 3,525,566 | \$ 4,031,084 | \$ 4,136,589 | \$ 105,505 | 2.6% |
| Outpatient Revenue | 2,467,351 | 2,959,809 | 3,111,400 | 151,591 | 5.1% |
| Gross Patient Revenue | 5,992,917 | 6,990,893 | 7,247,989 | 257,096 | 3.7% |
| Net Patient Revenue | 893,268 | 953,322 | 1,008,794 | 55,472 | 5.8% |
| Other Operating Revenue | 44,552 | 48,891 | 39,444 | (9,448) | -19.3% |
| Net Revenue | 937,820 | 1,002,213 | 1,048,238 | 46,025 | 4.6% |
| Salaries and Wages | 388,675 | 398,724 | 415,469 | 16,745 | 4.2% |
| Employee Benefits Expense | 47,806 | 64,528 | 75,384 | 10,856 | 16.8% |
| Professional Fees | 12,922 | 14,761 | 15,620 | 860 | 5.8% |
| Supplies Expense | 191,948 | 214,791 | 225,692 | 10,902 | 5.1% |
| Purchased Services | 62,672 | 45,007 | 39,105 | (5,901) | -13.1% |
| Facilities Expense | 23,727 | 26,913 | 26,743 | (170) | -0.6% |
| Depreciation & Amortization | 24,527 | 24,694 | 26,806 | 2,111 | 8.6% |
| Other Operating Expense | 21,512 | 25,062 | 26,585 | 1,523 | 6.1% |
| Intrasystem Allocation | 113,936 | 129,318 | 143,141 | 13,823 | 10.7% |
| Total Operating Expense | 887,724 | 943,796 | 994,544 | 50,748 | 5.4% |
| Income/(Loss) From Operations | 50,096 | 58,417 | 53,694 | (4,723) | -8.1% |
| Total Non-Operating Income/(Loss) | (8,554) | (8,596) | (8,485) | 111 | -1.3% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 41,542 | \$ 49,821 | \$ 45,209 | \$ (4,612) | -9.3% |
| EBIDA | \$ 74,940 | \$ 83,129 | \$ 80,515 | \$ (2,614) | -3.1% |



Joe DiMaggio Children's Hospital

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 5,305 | 5,639 | 5,750 | 111 | 2.0% |
| Observation Discharges | 4,042 | 4,447 | 4,481 | 34 | 0.8% |
| Total Admissions (IP+Obs) | 9,347 | 10,086 | 10,231 | 145 | 1.4% |
| Patient Days | 52,961 | 56,132 | 56,029 | (103) | -0.2% |
| Observation Days | 5,236 | 6,090 | 6,137 | 47 | 0.8% |
| Total Patient Days (IP+Obs) | 58,197 | 62,222 | 62,166 | (56) | -0.1% |
| Hospital Outpatient Visits | 86,244 | 86,878 | 88,669 | 1,791 | 2.1% |
| ER Visits | 81,062 | 71,930 | 73,802 | 1,872 | 2.6% |
| Cardiac Surgeries | 270 | 329 | 351 | 32 | 10.0% |
| Inpatient Surgeries (Non-Cardiac) | 1,265 | 1,298 | 1,347 | 52 | 4.0% |
| Outpatient Surgeries | 7,549 | 7,333 | 7,768 | 431 | 5.9% |



Joe DiMaggio Children's Hospital

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|-----------|------------|
| Inpatient Revenue | \$ 1,152,785 | \$ 1,350,198 | \$ 1,376,477 | \$ 26,280 | 2.0% |
| Outpatient Revenue | 727,439 | 867,249 | 889,482 | 22,234 | 2.6% |
| Gross Patient Revenue | 1,880,224 | 2,217,446 | 2,265,959 | 48,513 | 2.2% |
| Net Patient Revenue | 332,661 | 382,519 | 409,079 | 26,560 | 6.9% |
| Other Operating Revenue | 4,106 | 8,985 | 6,628 | (2,357) | -26.2% |
| Net Revenue | 336,767 | 391,504 | 415,707 | 24,203 | 6.2% |
| Salaries and Wages | 134,560 | 147,877 | 159,722 | 11,845 | 8.0% |
| Employee Benefits Expense | 17,483 | 23,244 | 27,537 | 4,293 | 18.5% |
| Professional Fees | 6,037 | 8,092 | 13,865 | 5,773 | 71.4% |
| Supplies Expense | 45,099 | 57,897 | 57,124 | (773) | -1.3% |
| Purchased Services | 34,097 | 20,759 | 16,276 | (4,483) | -21.6% |
| Facilities Expense | 8,819 | 10,388 | 10,954 | 566 | 5.4% |
| Depreciation & Amortization | 12,078 | 18,495 | 19,193 | 698 | 3.8% |
| Other Operating Expense | 8,051 | 10,554 | 10,608 | 54 | 0.5% |
| Intrasystem Allocation | 36,810 | 42,780 | 47,596 | 4,816 | 11.3% |
| Total Operating Expense | 303,032 | 340,086 | 362,875 | 22,789 | 6.7% |
| Income/(Loss) From Operations | 33,735 | 51,418 | 52,832 | 1,414 | 2.8% |
| Total Non-Operating Income/(Loss) | (4,375) | (4,743) | (4,775) | (32) | 0.7% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 29,360 | \$ 46,676 | \$ 48,058 | \$ 1,382 | 3.0% |
| EBIDA | \$ 45,822 | \$ 69,913 | \$ 72,025 | \$ 2,112 | 3.0% |



Memorial Regional Hospital South

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 3,552 | 3,126 | 3,333 | 207 | 6.6% |
| Rehab Admissions | 2,172 | 1,960 | 2,153 | 193 | 9.9% |
| Observation Discharges | 1,346 | 1,369 | 1,428 | 59 | 4.3% |
| Total Admissions (IP+Obs) | 4,898 | 4,495 | 4,761 | 266 | 5.9% |
| Patient Days | 32,986 | 29,325 | 31,635 | 2,310 | 7.9% |
| Observation Days | 1,925 | 2,382 | 2,487 | 105 | 4.4% |
| Total Patient Days (IP+Obs) | 34,911 | 31,707 | 34,122 | 2,415 | 7.6% |
| Hospital Outpatient Visits | 79,329 | 87,973 | 90,318 | 2345 | 2.7% |
| ER Visits | 24,930 | 24,944 | 25,132 | 188 | 0.8% |
| Inpatient Surgeries (Non-Cardiac) | 201 | 296 | 308 | 12 | 3.9% |
| Outpatient Surgeries | 3,414 | 3,498 | 3,721 | 223 | 6.4% |



Memorial Regional Hospital South

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|------------|------------|
| Inpatient Revenue | \$ 310,563 | \$ 315,348 | \$ 345,654 | \$ 30,306 | 9.6% |
| Outpatient Revenue | 458,630 | 567,905 | 594,093 | 26,187 | 4.6% |
| Gross Patient Revenue | 769,193 | 883,253 | 939,746 | 56,493 | 6.4% |
| Net Patient Revenue | 122,502 | 132,153 | 144,293 | 12,140 | 9.2% |
| Other Operating Revenue | 5,957 | 5,606 | 5,197 | (409) | -7.3% |
| Net Revenue | 128,460 | 137,759 | 149,490 | 11,731 | 8.5% |
| Salaries and Wages | 65,962 | 64,408 | 70,732 | 6,323 | 9.8% |
| Employee Benefits Expense | 9,000 | 11,846 | 14,102 | 2,255 | 19.0% |
| Professional Fees | 1,117 | 1,437 | 1,354 | (83) | -5.8% |
| Supplies Expense | 21,039 | 21,965 | 23,625 | 1,660 | 7.6% |
| Purchased Services | 6,900 | 9,881 | 9,535 | (346) | -3.5% |
| Facilities Expense | 5,071 | 6,381 | 6,581 | 200 | 3.1% |
| Depreciation & Amortization | 5,006 | 5,390 | 6,523 | 1,133 | 21.0% |
| Other Operating Expense | 3,331 | 3,685 | 4,098 | 412 | 11.2% |
| Intrasystem Allocation | 16,302 | 18,148 | 20,281 | 2,133 | 11.8% |
| Total Operating Expense | 133,728 | 143,141 | 156,829 | 13,688 | 9.6% |
| Income/(Loss) From Operations | (5,268) | (5,382) | (7,339) | (1,957) | 36.4% |
| Total Non-Operating Income/(Loss) | (692) | (707) | (672) | 35 | -4.9% |
| Excess/(Deficit) of Revenues Over Expenses | \$ (5,961) | \$ (6,090) | \$ (8,011) | \$ (1,922) | 31.6% |
| EBIDA | \$ (217) | \$ 7 | \$ (816) | \$ (824) | -11149.4% |



Memorial Hospital West

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 23,073 | 24,086 | 24,508 | 422 | 1.8% |
| Observation Discharges | 11,624 | 12,257 | 12,499 | 242 | 2.0% |
| Total Admissions (IP+Obs) | 34,697 | 36,343 | 37,007 | 664 | 1.8% |
| Patient Days | 134,087 | 140,916 | 137,124 | (3,792) | -2.7% |
| Observation Days | 20,557 | 20,851 | 21,335 | 484 | 2.3% |
| Total Patient Days (IP+Obs) | 154,644 | 161,767 | 158,459 | (3,308) | -2.0% |
| Hospital Outpatient Visits | 196,980 | 197,833 | 203,105 | 5,272 | 2.7% |
| ER Visits | 98,321 | 100,375 | 102,002 | 1,627 | 1.6% |
| Inpatient Surgeries (Non-Cardiac) | 3,932 | 4,212 | 4,344 | 132 | 3.1% |
| Outpatient Surgeries | 5,739 | 6,021 | 6,408 | 387 | 6.4% |
| Deliveries | 3,318 | 3,403 | 3,404 | 1 | 0.0% |



Memorial Hospital West

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|-------------|------------|
| Inpatient Revenue | \$ 2,641,487 | \$ 3,052,112 | \$ 3,034,652 | \$ (17,460) | -0.6% |
| Outpatient Revenue | 2,474,801 | 2,962,710 | 3,141,927 | 179,217 | 6.1% |
| Gross Patient Revenue | 5,116,288 | 6,014,822 | 6,176,579 | 161,757 | 2.7% |
| Net Patient Revenue | 741,023 | 792,347 | 852,746 | 60,398 | 7.6% |
| Other Operating Revenue | 23,427 | 33,897 | 28,504 | (5,393) | -15.9% |
| Net Revenue | 764,450 | 826,244 | 881,250 | 55,006 | 6.7% |
| Salaries and Wages | 278,394 | 282,802 | 289,615 | 6,813 | 2.4% |
| Employee Benefits Expense | 35,153 | 47,760 | 56,094 | 8,334 | 17.5% |
| Professional Fees | 18,231 | 21,225 | 23,035 | 1,810 | 8.5% |
| Supplies Expense | 144,454 | 172,564 | 184,231 | 11,668 | 6.8% |
| Purchased Services | 63,761 | 49,688 | 45,703 | (3,985) | -8.0% |
| Facilities Expense | 15,605 | 17,459 | 22,212 | 4,753 | 27.2% |
| Depreciation & Amortization | 21,553 | 21,964 | 27,872 | 5,908 | 26.9% |
| Other Operating Expense | 16,852 | 17,608 | 20,341 | 2,733 | 15.5% |
| Intrasystem Allocation | 93,103 | 107,728 | 117,780 | 10,051 | 9.3% |
| Total Operating Expense | 687,105 | 738,799 | 786,883 | 48,084 | 6.5% |
| Income/(Loss) From Operations | 77,345 | 87,445 | 94,367 | 6,922 | 7.9% |
| Total Non-Operating Income/(Loss) | (10,021) | (10,172) | (10,100) | 72 | -0.7% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 67,324 | \$ 77,273 | \$ 84,267 | \$ 6,994 | 9.1% |
| EBIDA | \$ 99,692 | \$ 110,063 | \$ 122,895 | \$ 12,832 | 11.7% |



Memorial Hospital Pembroke

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 7,018 | 6,860 | 6,966 | 106 | 1.6% |
| Observation Discharges | 5,506 | 5,802 | 5,885 | 83 | 1.4% |
| Total Admissions (IP+Obs) | 12,524 | 12,662 | 12,851 | 189 | 1.5% |
| Patient Days | 36,379 | 39,125 | 37,743 | (1,382) | -3.5% |
| Observation Days | 11,188 | 10,109 | 9,958 | (151) | -1.5% |
| Total Patient Days (IP+Obsv) | 47,567 | 49,234 | 47,701 | (1,533) | -3.1% |
| Hospital Outpatient Visits | 34,018 | 36,943 | 37,999 | 1,056 | 2.9% |
| 24/7 Visits | 56,414 | 54,286 | 53,806 | (480) | -0.9% |
| ER Visits | 36,914 | 37,068 | 37,662 | 594 | 1.6% |
| Inpatient Surgeries (Non-Cardiac) | 1,543 | 1,592 | 1,619 | 27 | 1.7% |
| Outpatient Surgeries | 3,059 | 2,689 | 2,811 | 122 | 4.6% |



Memorial Hospital Pembroke

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|-------------|------------|
| Inpatient Revenue | \$ 619,954 | \$ 699,942 | \$ 685,314 | \$ (14,628) | -2.1% |
| Outpatient Revenue | 703,420 | 772,654 | 775,734 | 3,080 | 0.4% |
| Gross Patient Revenue | 1,323,374 | 1,472,595 | 1,461,048 | (11,547) | -0.8% |
| Net Patient Revenue | 193,875 | 201,120 | 207,040 | 5,920 | 2.9% |
| Other Operating Revenue | 9,291 | 8,515 | 8,367 | (148) | -1.7% |
| Net Revenue | 203,166 | 209,635 | 215,407 | 5,772 | 2.8% |
| Salaries and Wages | 83,590 | 85,073 | 86,833 | 1,760 | 2.1% |
| Employee Benefits Expense | 10,605 | 13,457 | 15,869 | 2,411 | 17.9% |
| Professional Fees | 4,917 | 5,078 | 5,261 | 183 | 3.6% |
| Supplies Expense | 26,265 | 28,030 | 28,117 | 87 | 0.3% |
| Purchased Services | 22,604 | 14,847 | 14,868 | 21 | 0.1% |
| Facilities Expense | 5,645 | 6,362 | 6,723 | 361 | 5.7% |
| Depreciation & Amortization | 11,037 | 11,259 | 11,573 | 314 | 2.8% |
| Other Operating Expense | 5,403 | 5,411 | 5,607 | 196 | 3.6% |
| Intrasystem Allocation | 28,338 | 27,546 | 29,044 | 1,497 | 5.4% |
| Total Operating Expense | 198,403 | 197,064 | 203,894 | 6,830 | 3.5% |
| Income/(Loss) From Operations | 4,763 | 12,571 | 11,513 | (1,058) | -8.4% |
| Total Non-Operating Income/(Loss) | (805) | (694) | (474) | 219 | -31.6% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 3,958 | \$ 11,877 | \$ 11,038 | \$ (839) | -7.1% |
| EBIDA | \$ 15,813 | \$ 23,831 | \$ 23,086 | \$ (744) | -3.1% |



Memorial Hospital Miramar

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|-----------------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 10,283 | 10,156 | 10,346 | 190 | 1.9% |
| Observation Discharges | 5,345 | 5,506 | 5,598 | 92 | 1.7% |
| Total Admissions (IP+Obs) | 15,628 | 15,662 | 15,944 | 282 | 1.8% |
| Patient Days | 41,240 | 39,466 | 39,304 | (162) | -0.4% |
| Observation Days | 8,406 | 8,450 | 8,506 | 56 | 0.7% |
| Total Patient Days (IP+Obs) | 49,646 | 47,916 | 47,810 | (106) | -0.2% |
| Hospital Outpatient Visits | 85,416 | 99,045 | 110,831 | 11,786 | 11.9% |
| ER Visits | 68,523 | 67,724 | 68,786 | 1,062 | 1.6% |
| Inpatient Surgeries (Non-Cardiac) | 981 | 950 | 968 | 18 | 1.9% |
| Outpatient Surgeries | 6,138 | 6,764 | 7,163 | 399 | 5.9% |
| Deliveries | 4,117 | 3,973 | 4,060 | 87 | 2.2% |



Memorial Hospital Miramar

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|------------|------------|
| Inpatient Revenue | \$ 736,966 | \$ 766,414 | \$ 769,639 | \$ 3,225 | 0.4% |
| Outpatient Revenue | 847,942 | 1,019,645 | 1,080,086 | 60,440 | 5.9% |
| Gross Patient Revenue | 1,584,908 | 1,786,059 | 1,849,725 | 63,665 | 3.6% |
| Net Patient Revenue | 267,930 | 291,326 | 306,308 | 14,983 | 5.1% |
| Other Operating Revenue | 6,610 | 6,606 | 5,893 | (713) | -10.8% |
| Net Revenue | 274,540 | 297,932 | 312,201 | 14,269 | 4.8% |
| Salaries and Wages | 99,163 | 100,427 | 106,194 | 5,767 | 5.7% |
| Employee Benefits Expense | 12,876 | 17,345 | 20,546 | 3,201 | 18.5% |
| Professional Fees | 5,589 | 5,711 | 5,928 | 217 | 3.8% |
| Supplies Expense | 29,798 | 31,979 | 34,949 | 2,971 | 9.3% |
| Purchased Services | 27,030 | 20,587 | 20,409 | (177) | -0.9% |
| Facilities Expense | 7,441 | 9,552 | 10,848 | 1,296 | 13.6% |
| Depreciation & Amortization | 7,845 | 8,085 | 8,485 | 400 | 5.0% |
| Other Operating Expense | 5,312 | 6,178 | 7,450 | 1,271 | 20.6% |
| Intrasystem Allocation | 30,613 | 33,377 | 36,272 | 2,895 | 8.7% |
| Total Operating Expense | 225,667 | 233,241 | 251,081 | 17,840 | 7.7% |
| Income/(Loss) From Operations | 48,873 | 64,691 | 61,120 | (3,571) | -5.5% |
| Total Non-Operating Income/(Loss) | (3,106) | (3,021) | (2,992) | 29 | -1.0% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 45,767 | \$ 61,671 | \$ 58,129 | \$ (3,542) | -5.7% |
| EBIDA | \$ 56,723 | \$ 72,776 | \$ 69,605 | \$ (3,171) | -4.4% |



Memorial Manor Nursing Home

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|---------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Admissions | 741 | 780 | 805 | 25 | 3.2% |
| Resident Days | 38,468 | 39,356 | 41,245 | 1,889 | 4.8% |



Memorial Manor Nursing Home

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|----------|------------|
| Inpatient Revenue | \$ 31,484 | \$ 32,879 | \$ 33,652 | \$ 773 | 2.4% |
| Gross Patient Revenue | 31,484 | 32,879 | 33,652 | 773 | 2.4% |
| Net Patient Revenue | 11,915 | 12,625 | 12,855 | 230 | 1.8% |
| Other Operating Revenue | 17 | 15 | 17 | 1 | 9.0% |
| Net Revenue | 11,932 | 12,640 | 12,872 | 231 | 1.8% |
| Salaries and Wages | 11,032 | 11,253 | 12,014 | 761 | 6.8% |
| Employee Benefits Expense | 1,607 | 2,329 | 2,651 | 321 | 13.8% |
| Professional Fees | 41 | 59 | 59 | 0 | 0.0% |
| Supplies Expense | 1,912 | 2,432 | 1,750 | (682) | -28.0% |
| Purchased Services | 1,190 | 1,344 | 1,337 | (7) | -0.5% |
| Facilities Expense | 763 | 781 | 777 | (4) | -0.5% |
| Depreciation & Amortization | 372 | 381 | 470 | 90 | 23.5% |
| Other Operating Expense | 499 | 570 | 620 | 50 | 8.8% |
| Intrasystem Allocation | 694 | 1,186 | 1,272 | 85 | 7.2% |
| Total Operating Expense | 18,109 | 20,335 | 20,950 | 615 | 3.0% |
| Income/(Loss) From Operations | (6,177) | (7,695) | (8,078) | (384) | 5.0% |
| Total Non-Operating Income/(Loss) | (3) | (2) | (9) | (7) | 289.7% |
| Excess/(Deficit) of Revenues Over Expenses | \$ (6,179) | \$ (7,697) | \$ (8,088) | \$ (391) | 5.1% |
| EBIDA | \$ (5,805) | \$ (7,314) | \$ (7,608) | \$ (294) | 4.0% |



Memorial Primary Care

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Medical Encounters | 113,130 | 115,002 | 146,371 | 31,369 | 27.3% |



Memorial Primary Care

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|------------|------------|
| Outpatient Revenue | \$ 39,790 | \$ 64,079 | \$ 76,281 | \$ 12,203 | 19.0% |
| Gross Patient Revenue | 39,790 | 64,079 | 76,281 | 12,203 | 19.0% |
| Net Patient Revenue | 7,204 | 11,040 | 13,452 | 2,413 | 21.9% |
| Other Operating Revenue | 16,829 | 12,751 | 14,442 | 1,692 | 13.3% |
| Net Revenue | 24,033 | 23,790 | 27,894 | 4,104 | 17.3% |
| Salaries and Wages | 14,650 | 16,433 | 21,000 | 4,567 | 27.8% |
| Employee Benefits Expense | 2,233 | 3,264 | 4,167 | 903 | 27.7% |
| Professional Fees | 1,299 | 1,324 | 1,442 | 118 | 8.9% |
| Supplies Expense | 1,016 | 1,739 | 2,161 | 422 | 24.3% |
| Purchased Services | 2,144 | 2,603 | 3,182 | 579 | 22.2% |
| Facilities Expense | 1,334 | 1,467 | 1,759 | 292 | 19.9% |
| Depreciation & Amortization | 383 | 699 | 1,074 | 375 | 53.6% |
| Other Operating Expense | 1,477 | 1,420 | 1,256 | (164) | -11.6% |
| Intrasystem Allocation | 843 | 2,017 | 2,767 | 750 | 37.2% |
| Total Operating Expense | 25,378 | 30,966 | 38,807 | 7,841 | 25.3% |
| Income/(Loss) From Operations | (1,346) | (7,176) | (10,913) | (3,737) | 52.1% |
| Total Non-Operating Income/(Loss) | (59) | (57) | (94) | (37) | 65.2% |
| Excess/(Deficit) of Revenues Over Expenses | \$ (1,404) | \$ (7,233) | \$ (11,007) | \$ (3,774) | 52.2% |
| EBIDA | \$ (963) | \$ (6,476) | \$ (9,839) | \$ (3,362) | 51.9% |



Memorial Physician Group

Operating Indicators

| | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|----------------------------|---------------------------|------------------------------|---------------------------|-----------------|-------------------|
| Physician Group Encounters | 890,842 | 1,037,165 | 1,200,404 | 163,239 | 15.7% |



Memorial Physician Group

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|-------------|------------|
| Outpatient Revenue | \$ 362,002 | \$ 403,165 | \$ 464,526 | \$ 61,361 | 15.2% |
| Gross Patient Revenue | 362,002 | 403,165 | 464,526 | 61,361 | 15.2% |
| Net Patient Revenue | 105,418 | 116,383 | 137,178 | 20,795 | 17.9% |
| Other Operating Revenue | 18,864 | 20,780 | 21,775 | 994 | 4.8% |
| Net Revenue | 124,282 | 137,163 | 158,953 | 21,790 | 15.9% |
| Salaries and Wages | 176,616 | 204,828 | 229,569 | 24,740 | 12.1% |
| Employee Benefits Expense | 15,500 | 20,647 | 26,101 | 5,454 | 26.4% |
| Professional Fees | 7 | 7 | 22 | 15 | 221.8% |
| Supplies Expense | 13,556 | 15,352 | 17,408 | 2,056 | 13.4% |
| Purchased Services | 3,999 | 3,460 | 3,555 | 95 | 2.7% |
| Facilities Expense | 7,752 | 8,498 | 10,443 | 1,945 | 22.9% |
| Depreciation & Amortization | 5,720 | 6,179 | 7,535 | 1,355 | 21.9% |
| Other Operating Expense | 5,210 | 4,851 | 5,934 | 1,083 | 22.3% |
| Intrasystem Allocation | 4,390 | 9,819 | 11,737 | 1,919 | 19.5% |
| Total Operating Expense | 232,751 | 273,641 | 312,304 | 38,662 | 14.1% |
| Income/(Loss) From Operations | (108,469) | (136,478) | (153,351) | (16,873) | 12.4% |
| Total Non-Operating Income/(Loss) | (614) | (577) | (764) | (187) | 32.5% |
| Excess/(Deficit) of Revenues Over Expenses | \$ (109,083) | \$ (137,055) | \$ (154,115) | \$ (17,060) | 12.5% |
| EBIDA | \$ (102,731) | \$ (130,281) | \$ (145,792) | \$ (15,511) | 11.9% |



Graduate Medical Education

Medical Residents by Specialty and Academic Year

| | 2020 - 2021 | 2021 - 2022 | 2022 - 2023 | 2023 - 2024 | 2024 - 2025 | Variance | % Variance |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|----------|------------|
| Physical Medicine and Rehabilitation | 11 | 15 | 16 | 16 | 16 | 0 | 0.0% |
| Internal Medicine | 49 | 49 | 49 | 49 | 49 | 0 | 0.0% |
| Pediatrics | 24 | 24 | 23 | 24 | 24 | 0 | 0.0% |
| Podiatry | 6 | 6 | 6 | 6 | 6 | 0 | 0.0% |
| Neurology | 8 | 12 | 16 | 16 | 16 | 0 | 0.0% |
| Psychiatry | 7 | 11 | 15 | 16 | 16 | 0 | 0.0% |
| General Surgery | 11 | 17 | 23 | 28 | 30 | 2 | 6.7% |
| Anesthesiology | 3 | 6 | 9 | 12 | 12 | 0 | 0.0% |
| Emergency Medicine | 0 | 10 | 20 | 30 | 30 | 0 | 0.0% |
| OB-Gynecology | 4 | 7 | 11 | 15 | 16 | 1 | 6.3% |
| Cardiology | 0 | 5 | 10 | 15 | 15 | 0 | 0.0% |
| Hematology-Oncology | 0 | 5 | 10 | 15 | 15 | 0 | 0.0% |
| Transitional Year | 0 | 0 | 19 | 3 | 6 | 3 | 50.0% |
| Infectious Disease | 0 | 0 | 2 | 4 | 4 | 0 | 0.0% |
| Allergy & Immunology | 0 | 0 | 0 | 2 | 4 | 2 | 50.0% |
| Total Medical Residents | 123 | 167 | 229 | 251 | 259 | 8 | 3.1% |



Graduate Medical Education

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|------------|------------|
| Net Patient Revenue | \$ 41,225 | \$ 38,973 | \$ 39,294 | \$ 321 | 0.8% |
| Other Operating Revenue | 7,002 | 10,882 | 7,275 | (3,606) | -33.1% |
| Net Revenue | 48,226 | 49,854 | 46,570 | (3,285) | -6.6% |
| Salaries and Wages | 19,245 | 22,193 | 24,224 | 2,031 | 9.2% |
| Employee Benefits Expense | 2,074 | 2,789 | 3,864 | 1,076 | 38.6% |
| Professional Fees | 1,833 | 2,308 | 2,651 | 343 | 14.9% |
| Supplies Expense | 146 | 263 | 466 | 203 | 77.0% |
| Purchased Services | 393 | 437 | 856 | 419 | 96.1% |
| Facilities Expense | 2 | 2 | 4 | 2 | 77.5% |
| Depreciation & Amortization | 161 | 273 | 582 | 309 | 113.2% |
| Other Operating Expense | 1,012 | 1,093 | 1,619 | 526 | 48.1% |
| Intrasystem Allocation | 1,012 | 1,879 | 2,141 | 262 | 14.0% |
| Total Operating Expense | 25,876 | 31,237 | 36,408 | 5,171 | 16.6% |
| Income/(Loss) From Operations | 22,350 | 18,618 | 10,162 | (8,456) | -83.2% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 22,350 | \$ 18,618 | \$ 10,162 | \$ (8,456) | -45.4% |
| EBIDA | \$ 22,511 | \$ 18,891 | \$ 10,744 | \$ (8,147) | -43.1% |



Intentionally Left Blank



Other Entities

Includes: MHS Division, Memorial Retail Stores, Outpatient Pharmacy Services, Urgent Care Centers, Memorial Health Network, Property Management, ACO, and Memorial Assurance

Statement of Revenues and Expenses

| (\$ thousands) | FY 2023 Actual | FY 2024 Projected | FY 2025 Budget | Variance | % Variance |
|--|-------------------|----------------------|-------------------|-----------|------------|
| Outpatient Revenue | \$ 27,679 | \$ 31,461 | \$ 35,779 | \$ 4,318 | 13.7% |
| Gross Patient Revenue | 27,679 | 31,462 | 35,779 | 4,318 | 13.7% |
| Net Patient Revenue | 6,686 | 8,077 | 9,070 | 993 | 12.3% |
| Other Operating Revenue | 152,815 | 170,195 | 177,936 | 7,741 | 4.5% |
| Net Revenue | 159,501 | 178,272 | 187,006 | 8,734 | 4.9% |
| Salaries and Wages | 186,099 | 211,382 | 232,136 | 20,754 | 9.8% |
| Employee Benefits Expense | 26,565 | 40,143 | 46,369 | 6,226 | 15.5% |
| Professional Fees | 16,147 | 22,794 | 26,450 | 3,655 | 16.0% |
| Supplies Expense | 89,078 | 103,987 | 79,151 | (24,836) | -23.9% |
| Purchased Services | 83,967 | 97,429 | 108,769 | 11,340 | 11.6% |
| Facilities Expense | 16,549 | 18,727 | 20,014 | 1,287 | 6.9% |
| Depreciation & Amortization | 23,005 | 25,213 | 29,674 | 4,460 | 17.7% |
| Other Operating Expense | 44,338 | 46,119 | 42,495 | (3,625) | -7.9% |
| Intrasystem Allocation | (325,029) | (371,919) | (409,889) | (37,970) | 10.2% |
| Total Operating Expense | 160,718 | 193,875 | 175,168 | (18,707) | -9.6% |
| Income/(Loss) From Operations | (1,218) | (15,603) | 11,838 | 27,441 | -175.9% |
| Total Non-Operating Income/(Loss) | 45,731 | 90,974 | 78,382 | (12,592) | -13.8% |
| Excess/(Deficit) of Revenues Over Expenses | \$ 44,513 | \$ 75,371 | \$ 90,220 | \$ 14,849 | 19.7% |
| EBIDA | \$ 64,162 | \$ 81,634 | \$ 122,709 | \$ 41,075 | 50.3% |



Intentionally Left Blank



Intentionally Left Blank



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

LEGAL DEPARTMENT MEMORANDUM

TO: South Broward Hospital District Board of Commissioners & K. Scott Wester,
President and Chief Executive Officer, MHS

FROM: Frank P. Rainer, Senior Vice President and General Counsel

SUBJECT: Exempt Public Records & List of Closed Meetings – 1st Quarter, 2024

DATE: April 24, 2024

Section 395.3035, Florida Statutes creates certain exemptions from the public records laws, including but not limited to exemptions for trade secrets, managed care, and strategic planning. Section (9)(a) of the Statute requires the Hospital District to report to the governing board on those confidential records that have been requested but withheld or redacted in the preceding quarter based on the exemptions afforded under Section 395.3035. The attached PDF contains all the requests for public records received for the period covering January 1, 2024 through March 30, 2024.


1. There were sixteen (16) public records requests, of which seven (7) were withheld or redacted under Florida Statute Section(s) 395.3035, 395.3025(9), 815.045, 119.0715, 812.081(1)(c), 119.071, 395.3025(9), 768.28(16)(b) attached hereto as Attachment A, which creates certain exemptions from the public records laws, including exemptions for trade secrets and strategic planning.
2. Further, Section 395.3035(9)(b), Florida Statutes, requires the Hospital District to report to the governing board on meetings or portions of a meeting that were closed under the provisions of this section. There were no closed meetings during this reporting period of January 1, 2024 through March 30, 2024

If you have any questions, please do not hesitate to contact me.

3111 Stirling Road / Hollywood, FL 33312 / 954-265-5933 / MHS.net

South Broward Hospital District



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

April 24, 2024

Governor Ron DeSantis
State of Florida, Office of the Governor
The Capitol
400 S. Monroe St.
Tallahassee, FL 32399-0001

RE: South Broward Hospital District d/b/a Memorial Healthcare System
Reporting of Denied Public Records Requests & Closed Meetings for the 1st
Quarter of 2024

Dear Governor DeSantis:

Please accept this letter for the purpose of the South Broward Hospital District d/b/a Memorial Healthcare System's reporting obligation, pursuant to section 395.3035(9)(a) Fla. Stat. for the period January 1, 2024 through March 30, 2024. Memorial reports the following:

1. Public Records – There were sixteen (16) public records requests, of which seven (7) were withheld or redacted under Florida Statute Section(s) 395.3035, 395.3025(9), 815.045, 119.0715, 812.081(1)(c), 119.071, 395.3025(9), 768.28(16)(b), attached hereto as Attachment A, which creates certain exemptions from the public records laws, including exemptions for trade secrets and strategic planning.
2. Closed Meetings – There were no meetings or portions of meetings that were closed under the provisions of Section 395.3035(4)(a), Florida Statutes.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Frank P. Rainer
Senior Vice President & General Counsel

3111 Stirling Road / Hollywood, FL 33312 / 954-265-5933 / MHS.net

South Broward Hospital District

| File# | Date of PRR | Individual Name, Email, Phone# | Requesting Company Name | Vendor/ Individual (if applicable) | ITEMS REQUESTED | COST | Date Funds Received | Status | Objections/ Redactions |
|-------|-------------|--|---------------------------------|--|--|----------|---------------------|--------|---|
| 1 | 1/2/2024 | Kendra DuBreuze, Assistant Assistant.kendra533@gmail.com | LAW OFFICES OF STEVE ROSSI P.A. | Steven Mims | We currently represent a client who was attending Cambridge for his clinicals. He was working at Memorial West during 2021. We understand that some sites were mandating vaccinations and it has come to our attention that our client was told that Memorial would not be mandating the vaccination during this time. To our knowledge, Amanda in Human Resources, has the document stating that the mandate was rescinded and sent to Cambridge. Do you have this document or proof that the mandate was rescinded by Memorial during this time? | \$0.00 | N/A | CLOSED | |
| 2 | 1/8/2024 | Vivien Salgado, Paralegal 1700 Palm Beach Lakes Blvd, Suite 800 West Palm Beach, Florida 33401 Direct (561) 616-4357 Vivien.Salgado@kubickidraper.com | KUBICKI DRAPER | Pathology Consultants of South Broward, LLC. | Any and all documents/contracts reflecting or otherwise documenting the agreement that Pathology Consultants of South can bill separately from Memorial Hospital. <i>Note: this is in the matter of Precision Diagnostic, Inc. a/a/o Stephanie Martinez v. State Farm Mutual Automobile Insurance Company</i> | \$0.00 | N/A | CLOSED | 395.3035(2), the managed care contract is exempt from production. |
| 3 | 1/9/2024 | Kristi Upton Research Coordinator Acme Research (800) 810-3846 | ACME RESEARCH | N/A | public spending information, including both capital and operating expenditures, for payments made by or on behalf of Memorial Healthcare System during fiscal year2023. Specifically, for any payee, other than an employee, that was paid a cumulative total amount of \$10,000 or more, we seek the payee name, address, and the cumulative total dollar amount paid to the subject payee over the relevant time period. This is the same information you were kind enough to provide to us via email for fiscal year2022 | \$150.00 | 2/15/2024 | CLOSED | |
| 4 | 1/10/2024 | Ephraim R. Hess Hess Law Firm 205 Davie Blvd Fort Lauderdale, FL 33315 954-585-8599 | HESS LAW FIRM | ANTHONY DIAMOND | copies of all records in your possession, custody and/or control concerning Anthony Diamond and your review and reporting of the test results of the specimen referenced above to this office including items1-12 | \$0.00 | N/A | CLOSED | |
| 5 | 1/11/2024 | Aidan Stenson aidanstenson024@gmail.com 727-276-9178. | UNKNOWN | N/A | I am requesting invoices, purchase orders, and contracts pertaining to the purchase of information technology equipment by Memorial Health Care System, generated as a result of purchases made between January 2023 and December 2023. | \$0.00 | N/A | CLOSED | |
| 6 | 1/19/2024 | Steven Briva Research Support Analyst StevenBriva@deltek.com T: 571.521.7093 2291 Wood Oak Drive, Herndon, VA 20171 | DELTEK | N/A | Is it possible to get bid results, bid tabulation, award document to see who ended up winning this bid? Title: Merchant Services Processor Bid Number: RFP-RFP-41-0-2023/RB-0-2023/RB Submittal deadline: 10/13/2023 Would like to see and understand when the final award information will be made as well if it has not been awarded yet. | \$0.00 | N/A | CLOSED | |

Public Records Request
First Quarter of Fiscal Year 2024

| File# | Date of PRR | Individual Name, Email, Phone# | Requesting Company Name | Vendor/ Individual (if applicable) | ITEMS REQUESTED | COST | Date Funds Received | Status | Objections/ Redactions |
|-------|-------------|--|-------------------------------|------------------------------------|---|----------|---------------------|--------|--|
| 7 | 1/23/2024 | Mavis - Assistant Braun Law Group, PLLC 1601 North Palm Avenue, Suite 301 Pembroke Pines, FL 33026 Tel: (954) 432-2900 Fax: (954) 436-9542 Email: litigation@braunlawgroup.net | Braun Law Group | Dr. Juan Villegas (MHN/ EM) | Any and all correspondence and/or email containing the name Juan Villegas from the period of November 11, 2023, to January 15, 2024. A possible email address from which his name may be mentioned is laundry200@gmail.com, | \$960.00 | 2/15/2024 | CLOSED | Email between leadership exempt under confidential, attorney work product and exempt from disclosure pursuant to Stat., §119.071(1)(d)(1) Section 768.28(16)(b), F.S. – Claims files maintained by any risk management program administered by the state, its agencies and subdivisions are confidential and exempt until termination of all litigation and settlement of all claims arising out of the same incident, although portions of the claims files may remain exempt, as otherwise provided by law. |
| 8 | 1/24/2024 | David Goodhue, Reporter FLKeysNews.com MiamiHerald.com (305) 923-9728 | Miami Herald | Lubby Navarro | Lubby Navarro's personnel folder from now back through when she was hired by the South Broward Hospital District in September 2019. This request includes all of her contracts since she was hired. | \$0.00 | N/A | CLOSED | Stat., §395.3025(9) limited access records (<i>annual evals</i>) Stat., §110.1127(2)(d) and (e), F.S (<i>background check</i>) |
| 9 | 1/31/2024 | Sloan D. McCrary SVP, Business Insights & Operations Sharecare Email: smccrary@sharecare.com | SHARECARE | MRO Corporation | Documentation associated with the Release of Information RFP that was awarded on 7/11/2023. This includes but is not limited to the follow: • All vendor responses (Including technical responses, presentations, pricing, etc.) • Il evaluation material used to determine selection. • Final contract with selected vendor (if negotiations are completed) | \$235.00 | 2/15/2024 | CLOSED | Stat., §688.002 Trade secret |
| 10 | 1/31/2024 | Sarah Umandap Public Affairs Associate Office: 972-294-1010 Cell: 412-482-7515 Sarah.Umandap@retractable.com | Retractable Technologies Inc. | N/A | access to the Sharp Injuries Log for the past 5 years, Exposure Control Plan, and/or the Exposure Control Plan | \$300.00 | 3/6/2024 | CLOSED | Redacted employee identifiers pursuant to FI Stat 395.3035 |
| 11 | 2/29/2024 | Andrew Ellenberg, Esq. aellenberg@needleellenberg.com 3350 Mary Street, First Floor Miami, FL 33133 Tel: 305.530.0000 Mobile: 305-206-0305 Personal Injury and Hospital Negligence Lawyer | Needle & Ellenberg, P.A. | N/A | The documents that identify each software used by the following MHS departments, and please provide a complete copy of all contracts/ agreements for the use of each software by the following MHS departments, from 2021 to present: <input type="checkbox"/> risk management <input type="checkbox"/> quality assurance <input type="checkbox"/> performance improvement <input type="checkbox"/> medical staff services <input type="checkbox"/> credentialing Provide a complete copy of the policies and proecedures in effect in 2023 for: <input type="checkbox"/> the risk management program <input type="checkbox"/> resolution of patient grievances | \$465.00 | 3/15/2024 | OPEN | Vendor Agreements redacted as follows: - MoreCare, LLC: redactions were made pursuant to Florida Statute F.S. 815.045 - ECRI Institute: redacted in accordance with §119.0715, Fla. Stat. - HealthStream FKA VerityStream: Redacted trade secret" as defined by Florida Statute 812.081(1)(c). |
| 12 | 3/15/2024 | Pavel Litvinov 915 W 18th St Hialeah, FL 33010 paveldatarequest@gmail.com 305-929-3332 | N/A | N/A | The records I am requesting pertain to any contracts involved in staffing of nurses and doctors at the hospital. Both on a pure recruiting basis and on temporary staffing basis. | \$400.59 | unpaid | CLOSED | |

Public Records Request
 First Quarter of Fiscal Year 2024

| File# | Date of PRR | Individual Name, Email, Phone# | Requesting Company Name | Vendor/ Individual (if applicable) | ITEMS REQUESTED | COST | Date Funds Received | Status | Objections/ Redactions |
|-------|-------------|--|--------------------------|------------------------------------|--|---------|---------------------|--------|---|
| 13 | 3/20/2024 | TPain tpainthrow@gmail.com | N/A | Allied Security/ Evolve Technology | all information pertaining to the recent installation of metal detectors at Memorial Regional Hospital and Joe DiMaggio Children's Hospital. Please include receipts of the metal detectors, recent invoices from Allied Security, and any on-paper agreements between Memorial Healthcare System (South Broward Hospital District) and Allied Security that may relate to this. Quotes from Allied Security or other contractors may be included as well. Additionally, I am requesting any official records that explain why the metal detectors have been installed and are in use. | \$0.00 | N/A | CLOSED | materials are exempt from disclosure pursuant to Section 119.071(3), Florida Statute. |
| 15 | | Abhishek Shinde Clients Relations Executive 10015 Old Columbia Road, Suite B-215, Columbia, MD 21046 Ph: +1 551-304-6556 abhishek.s@infojiniconsulting | INFOJINI Consulting | | We wanted to request and have some information regarding the contract - Contact Center Staff Augmentation. The information we are looking at is ; 1. Technical & Cost Proposals of the previous awarded vendors for the requested contract 2. Bid tabulation/scoring sheet of the award. 3. Current Spend on the requested contract | \$0.00 | N/A | CLOSED | |
| 16 | | Andrew Ellenberg, Esq. aellenberg@needleellenberg.com 3350 Mary Street, First Floor Miami, FL 33133 Tel: 305.530.0000 Mobile: 305-206-0305 Personal Injury and Hospital Negligence Lawyer | Needle & Ellenberg, P.A. | N/A | Risk Management Plan (RM Plan) listed out as items 1 through 26 in the enclosed word document. | Pending | | OPEN | TBD |

South Broward Hospital District

BOARD OF COMMISSIONERS

Elizabeth Justen, *Chairwoman* • Steven Harvey, *Vice Chairman* • Douglas A. Harrison, *Secretary Treasurer*
Jose Basulto • Brad Friedman • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: S.B.H.D. Governance Committee **Date:** February 12, 2024
Chairwoman: Douglas A. Harrison **Time:** 5:00 p.m.
Vice Chairman: Laura Raybin Miller
Location: Executive Conference Room, 3111 Stirling Road, Hollywood, Florida, 33312

In Attendance: Mr. Douglas Harrison, Ms. Laura Raybin Miller, Ms. Elizabeth Justen, Mr. Steven Harvey, Mr. Brad Friedman, Dr. Luis E. Orta, Mr. Jose Basulto, Mr. K. Scott Wester, Mr. Matthew J. Muhart and Mr. Frank Rainer

SUBJECT: Public Meeting Notice Requirement

Mr. Harrison called the meeting to order at 5:00 p.m., after which Mr. Rainer certified the meeting was properly noticed and in compliance with applicable Open Meetings (Sunshine) law.

The full Board attended the meeting initially; Dr. Orta and Mr. Friedman left the meeting prior to the New Business discussion.

SUBJECT: NACD Update

Ms. Miller provided an update as to her activities and education at a recent NACD meeting. She indicated that review of cyber security was a focal topic of discussion. Ms. Miller suggested that a briefing to the Board of the cyber security activities should be advanced. After discussion, it was the consensus that such presentation should be made at the next Audit and Compliance Committee meeting.

SUBJECT: Government Affairs Special Committee

The Board members then discussed the topic of Government Relations, in light of the recent concerns as to the previous executive who held this position in the organization. The Board members indicated that they would like to exercise additional oversight and review of this function of the organization. To implement such oversight the following motion was proposed.

Mr. Harrison ***moved, seconded*** by Ms. Justen, that;

Pursuant to Article III, Section 4 of the Bylaws, the Board of Commissioners form the “Government Relations Special Committee”. The Committee shall have the power to review and approve the appointment of any Government Relations employees before being hired by the organization, and shall be updated as to all activities and positions the entity takes as to Governmental matters. The Committee shall meet quarterly or as otherwise deemed necessary.

The Motion ***carried*** unanimously.

MEMORIAL HEALTHCARE SYSTEM

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

SUBJECT: **New Business**

Boston Children's Hospital: Mr. Scott Wester briefed the remaining Board members as to ongoing negotiations that were occurring with Boston Children's Hospital. Mr. Wester indicated that the contemplated business transactions would be conducted through a Limited liability company, of whom the members would be Joe DiMaggio Children's Hospital Foundation, Inc., and a Boston Children's Hospital affiliated entity. The purpose of the business enterprise would be to improve the overall health status of children within the State of Florida. This enterprise is still in its formative stages and updates will be provided as matters advance to actual projects.

While Commissioner Orta had left the meeting before this discussion, he did express (before he left) his deep concern and opposition to Boston Children's Hospital gender reassignment practice. He further indicated that he found it quite concerning to have the Memorial name associated with an organization that engages in such practices. Therefore, he would be opposed to such a relationship.

In addition, Commissioner Harrison expressed his position that if there should be any inputs of Memorial or Joe DiMaggio resources into the LLC entity, that he will be requesting that at least one of the representatives on the LLC governance committee be one of the commissioners of the District.

Mr. Wester asked the Board to provide him a nonbinding expression of interest to proceed in such a manner. The remaining Board members present did provide their endorsement to continue forward in such a manner.

Conversation with CEO: The Board then expressed an interest to have a discussion with Mr. Wester as to various matters of management. At that time, Mr. Rainer and Mr. Muhart excused themselves from the room. A discussion then ensued with the Board as to different management issues.

There being no further business, the Governance Committee adjourned at 8:18 p.m.

Respectfully submitted,



Douglas A. Harrison
Chairman
Governance Committee

South Broward Hospital District

BOARD OF COMMISSIONERS

Elizabeth Justen, *Chairwoman* • Steven Harvey, *Vice Chairman* • Douglas A. Harrison, *Secretary Treasurer*
Jose Basulto • Brad Friedman • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: S.B.H.D. Audit and Compliance Committee **Date:** April 8, 2024
Chairman: Mr. Steven Harvey **Time:** 3:30 p.m.
Vice Chairman: Mr. Douglas Harrison
Location: Executive Conference Room, 3111 Stirling Road, Hollywood, Florida, 33312

In Attendance: Mr. Steven Harvey, Mr. Douglas Harrison, Ms. Laura Raybin Miller, Mr. Brad Friedman, Mr. Scott Wester, Mr. Matthew Muhart, Mr. Frank Rainer, Aharon Sareli, M.D., Mr. David Smith, Ms. Denise DiCesare, Mr. Irfan Mirza, Ms. Angela Primiano, Ms. Pascale Prepetit, Ms. Robin Conner, Ms. Valerie Morris, Ms. Eden Yohannes, Ms. Taylor Horne, Mr. Carlos Hernandez (RSM US LLP), Mr. Kirk Cornack (RSM US LLP), Ms. Katie Carabeo (RSM US LLP), Ms. Betty Martin (ZOMMA Group, LLP), and Ms. Jenny Ballesteros (ZOMMA Group, LLP)

1. PUBLIC MEETING NOTICE REQUIREMENT

Mr. Frank Rainer, Senior Vice President and General Counsel, confirmed that all public notice requirements had been complied with.

2. HISTORY OF THE COMPLIANCE PROGRAM EVALUATION

A presentation on the history of the Compliance Program Evaluation was given to the Committee.

3. UPDATE ON THE RFP FOR THE COMPLIANCE PROGRAM EVALUATION

The Committee was provided with an update on the RFP for the Compliance Program Evaluation. The oral presentations are delayed, while one vendor's contractual concerns are addressed. Mr. Harvey commented that he would like to see the RFP proceed and allow the RFP Committee evaluation scores to address any issues that cannot be resolved.

4. REVIEW OF THE AUDIT AND COMPLIANCE THIRD QUARTER REPORT:

I. WRITTEN STANDARDS AND PROCEDURES

The Corporate policies on Patient Confidentiality and Emergency Care were reviewed and the Corporate policies on Cost Reports and Credit Balances, Reimbursement and Billing, DEA Compliance, Contractual Financial Arrangements with Physicians, and Rehabilitation Institute Code of Conduct were revised during the quarter.

II. COMPLIANCE LEADERSHIP AND OVERSIGHT

Ms. Denise DiCesare, Chief Compliance and Internal Audit Officer, attended one session each of the Florida Compliance and Privacy Consortium, ACFE Government Anti-Fraud Summit, Compliance Officer Roundtable, and HCCA / SCCE Compliance Risk Assessment and Management during the quarter, as part of her ongoing efforts to stay abreast of emerging industry compliance matters.

MEMORIAL HEALTHCARE SYSTEM

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

III. TRAINING AND EDUCATION

The Compliance Department provided compliance training at twelve sessions of New Employee Orientation, one session of Leadership Essentials, and one session of the Compliance Working Committee.

IV. OPEN LINES OF COMMUNICATION

A. Hotline Calls

During the quarter, 29 calls, one of which was a callback, were placed to the System's Compliance Hotline, covering 25 new topics. Four topics were compliance allegations (four calls). Two topics were HIPAA privacy allegations (two calls). One topic was a quality of care or service allegation (two calls). One topic was a workplace safety allegation (one call). All the calls were investigated and three of the allegations were substantiated.

One topic was informational (one call), three topics (three calls) did not provide enough information to conduct an investigation, and one call was a test call.

Finally, 12 topics (14 calls, one callback) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

V. ENFORCEMENT AND DISCIPLINE

Sanction checks were conducted of employees, physicians, vendors, volunteers and students. One non-staff referring physician was sanctioned. Accounts Receivable Management was notified so that appropriate action can be taken.

The Committee was updated on the Conflicts of Interest Questionnaire for calendar year (CY) 2024, which began in January 2024. To date, 3,555 employees completed their Conflicts of Interest Questionnaire, of which 51 reported a possible or potential conflict of interest. Mr. Harvey inquired about the management of disclosed conflicts and Mr. Wester updated the Committee that he reviews all disclosures of potential conflicts of interest, and some are allowed with restrictions.

The Conflicts of Interest for Calendar Year 2023 Survey Results were presented to the Committee. The opportunities to improve the response rates and decrease disclosures made in error will be addressed with training and education.

Ms. Miller asked whether FCHN employees complete the Conflicts of Interest Questionnaire. Mr. Wester stated that he recently completed his Conflicts of Interest Questionnaire for FCHN.

VI. AUDITING, MONITORING, AND RISK ASSESSMENTS

VII. RESPONSE AND PREVENTION

A. Recurring internal audits were conducted of:

- Construction projects;
- Requests for proposal and competitive quotes; and
- Board expenses

No irregularities were found in the audits.

B. Internal Audits were conducted of:

- Controls over donations at Memorial and Joe DiMaggio Children's Hospital Foundations.

No irregularities were found in the audits.

- Special investigation of Government Affairs at Memorial Healthcare System.

The investigation identified opportunities for improvement that have been appropriately addressed by management. Mr. Harvey conveyed his expectation that the current controls prevent a similar occurrence.

C. Compliance audits were conducted of:

- 340B Program at Memorial Healthcare System - FY 2024 Third Quarter;
- 340B Program at Memorial Healthcare System Contracts Pharmacies - FY 2024 Third Quarter;
- Adult Inpatient Rehabilitative Services at MRI in MRHS;
- Controlled Substance in the Hematology / Oncology Inpatient Department at JDCH; and
- Physician and Hospital Services for Psychiatric Inpatient Hospitalization at MRH.

Opportunities for improvement in record documentation were noted in the 340B Program at Memorial Healthcare System FY 2024 Third Quarter, Adult Inpatient Rehabilitative Services at MRI in MRHS, Controlled Substance in the Hematology / Oncology Inpatient Department at JDCH, and Physician and Hospital Services for Psychiatric Inpatient Hospitalization at MRH. Management has developed detailed corrective action plans for each of these audits.

Ms. Miller inquired about the follow up on controlled drugs waste discrepancies and the Committee was updated that pharmacy reports are used to monitor disposal, and the Compliance Office will conduct a due diligence investigation when repeated errors are identified during an audit.

D. The following other reports were provided to the Committee:

Ms. Pascale Prepetit, Senior Director and Chief Privacy Officer, updated the Committee on the number of investigations for the fourth quarter of calendar year 2023 and the HIPAA / FIPA breaches that resulted from those investigations. The Committee was provided with an overview of the Privacy work in calendar year 2023. Ms. Prepetit also updated the Committee on the status of two large breaches from business associates that affected Memorial Healthcare System.

Mr. Wester raised the privacy incident from the previous Committee meeting of an employee who inappropriately accessed a patient's medical record multiple times and updated the Committee on the revisions made to the disciplinary action guidelines for privacy violations.

The Committee was presented with results of the NIST Privacy Framework that was provided by Protiviti during the quarter.

Mr. Wester provided the Committee with an update on a recent cybersecurity incident involving Change Healthcare.

Committee members were provided with a copy of the Investor Contact Log for the quarter.

Committee members were provided with a copy of the list of RSM and Zomma Group Non-Audit Engagements for the quarter.

Committee members were provided with an update on the nationwide audit and investigation activities of various federal and state agencies.

VIII. NEW BUSINESS

A. AUDIT AND COMPLIANCE WORK PLAN – FY 2025

The Committee reviewed and approved the Audit and Compliance Work Plan for Fiscal Year 2025.

Request Board Approval of the Fiscal Year 2025 Compliance and Audit Work Plan

There being no further business, the meeting was adjourned at 4:35 p.m.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Steven Harvey". The signature is fluid and cursive, with the first name "Steven" and the last name "Harvey" clearly distinguishable.

Steven Harvey
Chairman
Audit and Compliance Committee



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

DATE: January 31, 2024
TO: K. Scott Wester, President and Chief Executive Officer, MHS
SUBJECT: **AUDIT AND COMPLIANCE – THIRD QUARTERLY REPORT FISCAL YEAR 2024**

Attached is a copy of the third quarterly report of fiscal year 2024 summarizing the activities of the Internal Audit and Compliance Department from November 1, 2023, through January 31, 2024, for your records.

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

A handwritten signature in black ink that reads '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:

- Patient Confidentiality, and
- Emergency Care

Revised:

- Cost Reports and Credit Balances,
- Reimbursement and Billing,
- DEA Compliance,
- Contractual Financial Arrangements with Physicians, and
- Rehabilitation Institute Code of Conduct.

II. COMPLIANCE LEADERSHIP AND OVERSIGHT

The Compliance Officer attended the following meetings during the quarter:

- Florida Compliance and Privacy Consortium: One Session,
- ACFE Government Anti-Fraud Summit: One Session,
- Compliance Officer Roundtable: One Session, and
- HCCA/SCCE Compliance Risk Assessment and Management: One Session.

III. TRAINING AND EDUCATION

The following compliance training was provided during the quarter:

- New Employee Orientation: Twelve Sessions,
- Leadership Essentials: One Session, and
- Compliance Working Committee: One Session.

IV. OPEN LINES OF COMMUNICATION

A. Hotline Calls

During the quarter, 29 calls, one of which was a callback, were placed to the System's Compliance Hotline covering 25 new topics. Four topics were compliance allegations (four calls). Two topics were HIPAA privacy allegations (two calls). One topic was a quality of care or service allegation (two calls). One topic was a workplace safety allegation (one call). All of the calls were investigated and three of the allegations were substantiated.

Finally, one topic was informational (one call), three topics (three calls) did not provide enough information to conduct an investigation, one call was a test call, and 12 topics (14 calls, one callback) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

V. ENFORCEMENT & DISCIPLINE

A. Sanctions Checks

Sanction checks were conducted of employees, physicians, vendors, volunteers, and students. There was one referring physician who was sanctioned during the quarter. Accounts Receivable Management was notified so appropriate action can be taken.

B. Conflicts of Interest

The Calendar Year (CY) 2024 Conflicts of Interest Questionnaire began during the quarter. To date, 3,555 employees completed CY 2024 Conflicts of Interest Questionnaire, of which 51 reported a possible or potential conflict of interest.

Conflicts of Interest Calendar Year 2023 Survey Results

Background

The Memorial Healthcare System (MHS) Standard Practice on “Business Ethics and Conflicts of Interest” states, “No Memorial Healthcare System officer or management or physician employee or any other employee who may be affected by a potential conflict of interest (as determined by Memorial Healthcare System) shall have an ownership or financial interest in, or permit his spouse or minor children to have an ownership or financial interest, direct or indirect, in any outside concerns, unless an exception applies and he is willing and able to report the full facts concerning such relations to the Board immediately upon learning of such relations or upon request.” A conflict of interest can be considered to exist in any instance where the actions or activities of an individual on behalf of the Healthcare System also involve the obtaining of an improper gain or advantage, or an adverse effect on the Healthcare System's interest. Employees with outside employment may pose a conflict of interest if it appears that the employee is representing MHS, the services are like the services MHS provides or is considering providing, or employees perform services for individuals or entities who may refer patients to MHS or to whom MHS may refer patients. Annually, an accounting will be requested of MHS employees by means of a circularized questionnaire and all employees are required to disclose potential or possible conflicts of interest (COI). All disclosures of potential conflicts of interest are reported to the President and Chief Executive Officer (CEO), who determines whether each conflict is manageable. If MHS's appraisal determines that an outside interest may influence an employee's judgments or actions in the performance of his or her duties, the Board of Commissioners will require that the financial or other interest be terminated as a condition of continued employment.

The results of the questionnaire consist of “complete” status indicating all eight questions were answered, “incomplete” status indicating the questionnaire was started but not all questions were answered, “not me” status indicating the employee's name did not match the user identification verification upon initial review, and “not started” status indicating the employee did not respond to any of the questions.

Observations

MHS had a total of 17,112 employees at the end of calendar year (CY) 2023. The adjusted total of employees was 16,934 to account for individuals who were retiree status, off-boarding, or terminating. Of the adjusted total, 16,440 employees completed their questionnaires for a 97% completion rate. There were 35 employees of the 16,440 who answered “not me” for the user verification question but continued to complete the remaining questions and sign their name. These employees were contacted to update their information in order to move them into the calculated completion rate with no success. There were 165 employees who answered yes to one or more questions indicating a potential or possible conflict of interest, 58 of which were deemed to be made in error. The remaining 107 disclosures were reviewed, researched, and managed with requirements and restrictions to minimize risk. There were two employees who disclosed working a second job for Memorial vendors that created a conflict. The CEO decided that the employees could work for the vendor, but restrictions were placed on the employee providing vendor services at Memorial facilities. There were 100 employees who started but did not complete the

questionnaire and 359 employees did not start their assigned questionnaire.

Recommendations

Additional training and education will be developed to increase participation as well as decrease responses made in error to questions.

VI. RISK ASSESSMENT, AUDITING AND MONITORING

VII. RESPONSE & PREVENTION

A. Internal Audit

Recurring Quarterly Reports

South Broward Hospital District Construction Projects

Twenty-two payment vouchers for 11 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

Thirteen 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.

Internal Audit of Controls Over Donations at Memorial and JDCH Foundations

Background

Established in 1981, the Memorial Foundation (MF) provides philanthropic support to Memorial Healthcare System (MHS). Joe DiMaggio Children's Hospital Foundation (JDCHF) established in 1994 provides philanthropic support to Joe DiMaggio Children's Hospital (JDCH). Both foundations have a Board of Directors comprised of volunteers from the community to oversee the operations. The Board members include business and community leaders and physicians. MF and JDCHF provide support to the community by raising funds through donations for programs and services, supporting initiatives, and providing emergency support for patients and their families. The Compliance & Internal Audit Department was asked to evaluate the financial operations of both foundations to ensure that the internal controls were appropriate and functioning. The purpose of this audit was to review the adequacy of controls over donations and expenditure at JDCH and Memorial Foundations to safeguard the integrity of donor funds and the financial statements.

We reviewed relevant MHS Standard Practice, MF and JDCHF Transaction Cycle and Control Narratives to gain an understanding of the control environment for both foundations. We performed walkthrough procedures of donations processing and check preparation procedures. We evaluated the bank reconciliation process for reasonableness, timeliness, and evidence of review by Corporate Finance. We selected a sample of 30 donations from various MF and JDCHF funds for testing. We verified that funds were deposited intact, that the documentation was appropriate, and donations received were properly reflected in the financial statements for each foundation. In addition, we selected a sample of 10 donations from the KISS Cares for Kids Radiothon fundraising event that was held in December 2023. Finally, we selected a sample of 15 checks paid by MF and JDCHF to ensure there was proper supporting documentation, approvals, and oversight by Corporate Finance prior to disbursement.

Observations

The policies and procedures reviewed provide comprehensive guidelines for MHS and Foundation staff on all matters concerning fund raising, solicitation, use of funds and procedures to safeguard those funds. The donation and check processing procedures observed conformed to MF and JDCHF Transaction Cycle and Control Narratives. We observed during the walkthrough procedures that a single individual opens the mail containing donations. There are adequate and appropriate separation of duties between the processing and deposit of donations and recording in the donor accounts. We suggested to MF and JDCHF management to consider a compensating control such as the placement of a camera in the area where mail is opened to provide greater security of incoming donations. All bank reconciliations reviewed were reconciled, reviewed, and approved on a timely basis by Corporate Finance. All KISS Cares for Kids donations were traced to the batch details, appropriately deposited, and posted to the bank and contribution accounts in the JDCHF general ledger. We verified with Foundation management that donation forms also function as 'thank you' letters. Copies of each are mailed to donors after each event to confirm the use of funds for the purpose intended by donors. All checks written contained the proper supporting documentation and approvals before disbursement.

Recommendations

None.

The results of the audit were communicated to Kevin Janser, Senior Vice President MHS & President MF and JDCHF. Since there were no findings or recommendations in this audit, an action plan was not required.

B. Special Investigation

Internal Audit Investigation of Government Affairs at MHS

Background

On January 11, 2024, Memorial Healthcare System (MHS) learned that law enforcement arrested Lubby Navarro, Vice President of Government Affairs, MHS for allegedly making unauthorized purchases while a member of the Miami-Dade County School Board. South Broward Hospital District Board Chair Elizabeth Justen was immediately notified, and an executive team was assembled to address any adverse effects. Ms. Navarro's Information Technology access was removed, office was secured, and Memorial assigned credit card de-activated. MHS Office of General Counsel contacted Miami-Dade State Attorney's Office to fully comprehend the charges and offer full cooperation. Human Resources placed Ms. Navarro on unpaid administrative leave and advised her attorney. MHS Corporate Communications monitored the media and consulted with national strategic healthcare communications firm and consultant to field media inquiries. Internal Audit and Compliance Office began this investigation of the Government Affairs Department. Coincidentally, the regular Audit and Compliance Committee for the second quarter fiscal year (FY) 2024 was held on January 15, 2024, at which the results of the Internal Audit of Memorial Healthcare System Credit Cards noted that Government Affairs provided receipts for credit card expenditures after Audit requested them and several of the hotel folios did not have details for meals as required by the Standard Practice on Reimbursement of Travel, Mileage, and Expense Guidance (Travel). We recommended that Government Affairs submit receipts for all charges to substantiate that purchases were legitimate business expenses.

Observations

Ms. Navarro completed a Conflicts of Interest Questionnaire every year since hire, but she did not disclose a second job with the Miami-Dade County School Board, nor her association with Jorge Mas Canosa Freedom Foundation, NALEO, and MASTEC Network Solutions. Matthew Monica, Director of Government Affairs, emailed Ms. Navarro his job interview questions and answers prior to his formal interview. From Ms. Navarro's receipts found submitted with the Employee Travel and Reimbursement Form (ETR), we noted travel receipts totaling \$3,877.71 with the last four-digits matching that of the Miami-Dade County School Board credit card. We identified 77 Memorial authorized trips from which \$15,238.10 was paid to the MHS credit card however itemized receipts were not included with the check request, as required by the Travel Standard Practice. There were 20 trips that had no documentation indicating that Ms. Navarro traveled, but Memorial paid all or portions of the travel expenses without receipts. We noted six trips that Ms. Navarro traveled on behalf of another organization, of which Memorial paid expenses totaling \$679.31 and Ms. Navarro did not take paid time off (PTO) for nine days. We noted Government Affairs' cost center charges were MHS related activities and followed the proper approval process, but many vendor invoices were not paid timely due to Ms. Navarro delaying the payment approval.

Recommendations

We recommended workforce training and education on disclosing conflicts of interest. After HR interviews, Mr. Monica resigned. We recommended that Memorial Healthcare System continue to cooperate with the State Attorney's Office. We recommended that MHS utilize Ms. Navarro's paid time off PTO bank to reimburse MHS for reimbursing Ms. Navarro for travel expenses paid with the school board's credit card, the ground transportation with no receipts, and to recover the paid days not worked. We recommended that MHS pay any potential outstanding Government Affairs invoices for the consultants and purchased outside vendors.

B. Compliance

Compliance Audit of the 340B Program at Memorial Healthcare System - FY 2024 Third Quarter

Background

The 340B Program is administered and overseen by the Health Resources and Services Administration (HRSA). The 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible healthcare organizations/covered entities at significantly reduced prices. To participate, eligible organizations must register and be enrolled with the 340B Program and maintain an up to date 340B database, recertify eligibility yearly, and prevent duplicate discounts by having mechanisms in place to prevent receiving a 340B price and a Medicaid drug rebate for the same drug. Any covered entity that fails to comply with the program requirements may be liable to manufacturers for refunds of the discounts obtained. To be eligible for the 340B program, patients must have an eligible medication order or prescription, and receive health care services other than drugs from the covered entity, such as treatment in a hospital-based mixed-use area, a location serving patient type of both inpatient and outpatient and classified as an outpatient in the electronic health record (EHR) at the time of medication administration.

Memorial Healthcare System (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). In order to manage the 340B Program, MHS uses split-billing software from Verity Solutions Group (Verity) to determine what each pharmacy

needs to purchase at the 340B price. Replenishment is accumulated each time a drug is administered as outpatient and meets all the program requirements. As the previous audit had findings related to the Automated Dispensing Cabinet (ADC), our medication dispensing system, overrides and eligibility of medication orders, this parameter was subsequently included in the 340B audits.

Observations

Of the 300 pharmacy claims reviewed, there were three claims with ADC overrides for which we were unable to find the original provider order in Epic. An ADC override occurs when a clinician pulls medication from the ADC without the pharmacy verifying the order or during emergent situations when the provider may give a verbal order and medication is taken out as an override. In response to previous audit recommendations, work is ongoing to develop Epic Clarity report so pharmacy management can link ADC overrides with the provider order and resolve the overrides within 48 hours. There was one claim with the patient classified as an inpatient status, but the account remained as observation when the drug was administered, thus making the claim 340B ineligible. Subsequently, the account was corrected, reversing the 340B claims and charges. There was one claim with the order written by a provider who was not listed on the credentialed provider's file at the time of drug administration. The patient was seen at our facility for a continuing issue and plan of care included the medication. Hence, this claim is still 340B eligible as per federal requirements but deviated from the MHS 340B Program Policy.

Recommendations

We recommended the identified 340B ineligible claims be reversed and charges corrected. We recommended pharmacy management together with the 340B management, continue to work in developing a system to review the claims missing the original order in Epic. We recommended pharmacy management continue to work with nursing management in reeducating nurses on the medication overrides policy to ensure provider orders are obtained and documented in Epic. We recommended the claim that deviated from the MHS 340B Program Policy be amended to reflect the currently approved provider and include the reason for the change.

Dorinda Segovia, Vice President, Pharmacy Services, MHS and Scott Davis, Vice President, Reimbursement and Revenue Integrity, MHS agreed with the findings and recommendations and have provided an action plan.

Compliance Audit of the 340B Program at Memorial Healthcare System Contract Pharmacies - FY 2024 Third Quarter

Background

The 340B Program is administered and overseen by the Health Resources and Services Administration (HRSA) which is within the Department of Health and Human Services (HHS). 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 include 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 must have an established relationship with the covered entity such that the entity maintains records of the individual's care; and 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 time frame 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.

Observations

We examined 240 340B eligible contract pharmacy claims, 30 for each of the seven outpatient pharmacies and Ryan White clinic, of which 20 were specific targeted areas. All 240 340B contract pharmacy claims met the 340B eligibility requirements.

Recommendations

None.

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 the Adult Inpatient Rehabilitative Services at Memorial Rehabilitation Institute in Memorial Regional Hospital South

Background

The Center for Medicare and Medicaid Services (CMS) covers inpatient rehabilitation facility (IRF) services when submitted documentation sufficiently demonstrates that a beneficiary's admission to an IRF was reasonable and necessary. Documentation for reasonable and necessary

admission is met based on the individual's need for multiple therapy disciplines [physical therapy (PT), occupational therapy (OT), speech-language pathology (SLP), or prosthetics and orthotics] one of which must be PT or OT, the intensity of therapy services, the individual's ability to actively participate in, and significantly benefit from the intensive therapy program, the need for close physician supervision or medical management, and the need for an intensive and coordinated interdisciplinary team approach.

The Memorial Rehabilitation Institute (MRI) established the Adult Inpatient Rehabilitation Program within Memorial Regional Hospital South (MRHS). The purpose of this audit is to determine if documentation supports medical necessity and compliance with requirements based on Medicare guidelines and determine if services are charged, coded, and billed correctly for the Adult Inpatient Rehabilitative Services at Memorial Rehabilitation Institute-MRHS.

Observations

We reviewed a total of 30 accounts with 462 dates of service. All 30 accounts had physician referrals and admission orders for IRF admission, and a comprehensive pre-admission screening with reasonable and necessary elements within 48 hours immediately preceding the IRF admission. All accounts had completed history and physical examination (H&P), and an individualized overall plan of care (POC) developed by the rehabilitation physician with input from the interdisciplinary team within four days of admission, documentation of the interdisciplinary team conference per week and documentation of the face-to-face visits from the rehabilitation physician at least three times per week throughout the IRF stay. All accounts had IRF patient assessment instrument (IRF-PAI) scanned into Epic, our electronic health records (EHRs). The IRF-PAI is required in order to collect and transmit patient information for quality measure calculations and payment determinations. The start date of therapy for all accounts were within 36 hours from midnight of the day of admission.

We noted seven out of 462 dates of service claims had no GO modifier reported with Current Procedural Terminology (CPT) codes as required to indicate that the service was performed under a therapy plan of care. One out of 462 dates of service claims had the incorrect modifier reported. Modifiers are appended to the claim in the background when the therapist documents the charge for the procedure. Subsequently, rehabilitation leadership requested for the appropriate modifier be appended for the appropriate revenue code. Additionally, there were two dates of service claims with missing documentation of the itemized and total treatment time on the OT charges for procedures. This affected the total time reported for the therapy discipline (total OT time) in the IRF-PAI as documentation is automatically derived from the documentation in Epic. There was one account that was denied payment as the patient did not meet insurance eligibility coverage criteria (citizenship status). As per Electronic eligibility verification (E-coverage), the patient was eligible on the date of service. Beginning in November 2023, an Epic update went live and now will identify the Medicare eligibility discrepancies for coverage and should prevent this issue from occurring in the future.

Recommendations

We recommended rehabilitation management reeducate staff therapist on confirming charges for therapy procedures.

Phil A. Wright, II, Chief Executive Officer, MRHS, and David Webb, Chief Financial Officer, MRHS, agreed with the findings and recommendation and have provided an action plan.

Compliance Audit of Documentation and Billing of Controlled Substances in the Hematology Oncology Inpatient Department at Joe DiMaggio Children's Hospital

Background

Controlled substances are medications that have the potential for abuse or dependence. Federal regulations require detailed documentation of the disposition of all controlled substances which includes the documentation of the persons' names who are administering to the patient, wasting and witnessing the wastage. Memorial Healthcare System (MHS) uses an automated dispensing cabinet (ADC), an advanced point-of-use system that automates the distribution, management, and control of medications, including controlled substances. According to the "Controlled Substances Waste" policy, controlled substances should be wasted in a timely fashion and prior to administration for safety purposes. If not feasible, then waste shall occur immediately after administration. The personnel authorized to witness waste must visually verify and document the amount of drug wasted. We regularly monitor for waste discrepancies and when discrepancies are identified, an investigation is completed. Patients admitted to a Hematology Oncology Department often requires the use of controlled substances for pain management. There must be an appropriate physician order to accompany all administration of medications. The purpose of this audit was to determine if documentation supports medical necessity and compliance with Federal Guidelines and MHS Policies and Procedures of Controlled Substances; and to determine the accuracy of charging in the Hematology Oncology Inpatient Department at Joe DiMaggio Children's Hospital (JDCH).

Observations

We selected 30 patient accounts to audit. We noted three of 30 patients did not receive a controlled substance for pain control. Twenty-seven accounts with 331 ADC transactions of controlled substances were reviewed. There were appropriate provider orders for all controlled substances documented as administered. We noted four accounts with seven discrepancies on documentation for medications administration and waste. One account had an ADC transaction with removal and waste of the total dose but there is no supporting documentation on the medication administration record (MAR) for reason the dose was not administered. One account had two separate ADC transaction of the same medication within seven minutes. The first dose removed was appropriately wasted in ADC but there is no indication on the MAR why the dose was not administered. The second dose removed was documented as administered according to the physician order, with the remaining dose appropriately documented in ADC as wasted. In one account, an error in documentation on the MAR indicated the total dose removed from ADC was administered but the ADC transaction of partial waste was documented for same medication. We noted the total dose of the documented amount given and amount wasted was more than the total amount removed from ADC. According to management, medication was used for a bedside procedure administered by a physician. The registered nurse (RN) pulled the medication from the ADC via cabinet override and was scanned at patient's bedside pre-procedure. This override generated an automatic administration of full dose on the MAR. The RN did not go back and revise the linked order to reflect the dose ordered and administered. One of the accounts with discrepancies had documentation which showed evidence that three transactions of same medication was not wasted immediately upon withdrawal and prior to or immediately after administration, and one transaction was missing documentation of waste as per the MHS Nursing/Pharmacy Departmental Policy and Procedure titled, "Controlled Substances Waste" policy. According to management, the three transactions were a departmental finding prior to this audit and an appropriate action and reeducation was provided to all RNs. All medications including

controlled substances were charged when ordered dose is scanned and administration is documented on MAR. All controlled substances were charged appropriately.

Recommendations

We recommended reeducating the RN the “ADC Nursing/Pharmacy Responsibilities” policy. We recommended reeducating RN on the “Medication Administration - Policy Statement” policy and that controlled substances medications are always administered as ordered and wasted as per the “Controlled Substances Waste” policy.

Caitlin Stella, Chief Executive Officer and Administrator, JDCH and Ananda Rampat, Chief Financial Officer, JDCH agreed with the findings and recommendations of this audit and have provided an action plan which is attached.

Compliance Audit of Documentation and Billing of Physician and Hospital Services for Psychiatric Inpatient Hospitalization at Memorial Regional Hospital

Background

Inpatient psychiatric hospitalization provides 24-hours of daily care in a structured, intensive, comprehensive, and secure setting for patients with a psychiatric principal diagnosis who cannot be safely and/or adequately managed at a lower level of care. The physician must certify and recertify the need for inpatient psychiatric hospitalization. The patient or a legal guardian must provide written informed consent for inpatient psychiatric hospitalization in accordance with state law. If the patient is subject to involuntary (Baker Act) or court-ordered commitment, the services must still meet the requirements for medical necessity and may not be held for involuntary examination longer than 72 hours. First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC) has a Local Coverage Determination (LCD) titled, “Psychiatric Inpatient Hospitalization”, which outlines the indications and limitations of coverage and medical necessity criteria. Inpatient psychiatric facility services are reimbursed by Medicare under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) based on appropriate weighting factors assigned to each medical severity diagnosis-related groups (MS-DRGs). Physician services are the professional services that include diagnosis, care plan, an evaluation and management (E/M) visit and medical decisions. Billing requires a Current Procedural Terminology (CPT) code that best represents a patient type, place of service, and level of E/M service performed. E/M visit provided as a teaching physician involving a resident physician must follow the Teaching Physician Guidelines.

Observations

We reviewed 30 patient accounts with inpatient psychiatric hospitalization. All 30 patients were admitted from the Emergency Department (ED) with a chief complaint of mental disorder, and documentation for evaluations and assessments by the ED provider. All 30 patients received medical clearance prior to being admitted by the psychiatrist to the Behavioral Health Unit. All 30 accounts had documentation that supported medically reasonable and necessary admission. Involuntary examination and admission were initiated with the required legal documentation for 19 patients. Petition for involuntary placement were filed with the court for four of the 19 patients as required by Florida law. All had informed consent to receive inpatient behavioral health treatment. All 30 accounts had an initial psychiatric evaluation documented by psychiatrist within 24 hours of admission and an admission certification. Recertification was not completed for one account. All 30 patient accounts had an individual treatment plan developed, documentation of individual or group psychotherapy, and patient education and training notes. All 30 patient accounts were assigned the appropriate MS-DRG. Five of the patient accounts had the principal

International Classification of Diseases, Tenth Revision, Clinical Modification System (ICD-10-CM) diagnosis codes that did not concur with the physician's documentation. Subsequently, Health Information Management (HIM) corrected these accounts and Accounts Receivable Management (ARM) rebilled them. There was no impact on reimbursement. One account was not billed because Medicare does not cover services with discharge disposition to court/law enforcement. The account without the physician recertification was reimbursed for the entire stay and ARM refunded and rebilled for the length of stay with certification. One account was denied payment appropriately by Medicare and subsequently was billed to commercial insurance.

For physician services, we reviewed the same 30 accounts. There were 149 hospital inpatient E/M visits. Six visits supported a different CPT code or were not separately reportable and 15 visits had insufficient documentation to support billing for services. We noted 91 of the 101 visits met CMS teaching physician guidelines and 55 of the 74 required modifiers were appropriately applied. Reimbursement was not affected. We noted 35 visits had ICD-10 codes that were supported by documentation. The remaining visits had medical record documentation supporting additional or different ICD-10 codes.

Recommendations

We recommended Behavioral Health management reeducate psychiatrists on the LCD hospital inpatient recertification requirements and implement a process to ensure compliance. We recommended that HIM management reeducate inpatient coders to code to the highest specificity concurring with physician documentation and perform regular audits to ensure accuracy of coding. We recommended that MPG Business Office correct and rebill or refund accounts for physician services identified with errors. We recommended to reeducate providers on medical necessity documentation, coding, and billing.

Peter Powers, Administrator and Chief Executive Officer, MRH, Walter Bussell, Chief Financial Officer, MRH, Mario Salceda-Cruz, Chief Operating Officer, MPG and Esther Surujon, Chief Financial Officer agreed with the findings and recommendations and have provided the attached detailed 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.

| | 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., Inc. #400622 MRH |
|-------------------------------------|---|--|--|--|---|
| | Amount | Amount | Amount | Amount | Amount |
| Original Contract Sum | \$ 5,589,844 | \$ 1,929,942 | \$ 3,658,618 | \$ 4,924,483 | \$ 43,850,159 |
| Prior Change Orders | (1,340,949) | | | | |
| Budget Transfer | | | 44,248.00 | | |
| Current Change Orders | (124,622) | | | | |
| Prior Owner Purchase Orders | | (146,641) | (306,220) | (270,947) | (9,703,000) |
| Current Owner Purchase Orders | | (33,981) | 55,512 | | |
| Current Contract Sum to Date | \$ 4,124,272 | \$ 1,749,321 | \$ 3,452,159 | \$ 4,653,537 | \$ 34,147,159 |
| Previous Payments | 4,124,271 | 1,632,849 | 3,144,395 | 4,548,849 | 9,246,246 |
| 25 | - | 11 72,955 12 19,371 | 21 24,413 22 283,351 | | 9 1,547,935 10 1,318,835 11 1,269,532 |
| Total Payments | 4,124,271 | 1,725,175 | 3,452,158 | 4,548,849 | 13,382,548 |
| Balance | \$ 0 | \$ 24,146 | \$ 0 | \$ 104,688 | \$ 20,764,611 |
| Owner Purchased Materials Retainage | | | 25,374 | | 502,526 |
| Payments | 4,124,271 | 1,725,175 | 3,452,158 | 4,548,849 | 13,382,548 |
| Work completed | \$ 4,124,271 | \$ 1,725,175 | \$ 3,477,532 | \$ 4,548,849 | \$ 13,885,074 |
| Status | Active | Active | Active | Active | Active |

| | Main Electrical Panel Upgrade Turner Construction Co., Inc. #410222 MRHS | 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 |
|-------------------------------|---|--|---|---|---|
| | Amount | Amount | Amount | Amount | Amount |
| Original Contract Sum | \$ 1,120,307 | \$ 10,650,417 | \$ 35,067,236 | \$ 86,165,924 | \$ 13,613,113 |
| Prior Change Orders | | | (5,101,409) | (15,603,724) | |
| Budget Transfer | | | | | |
| Current Change Orders | | | | 31,819 | |
| Prior Owner Purchase Orders | | (2,591,108) | (750,000) | 81,964 | (2,984,941) |
| Current Owner Purchase Orders | (75,607) | | | 80,666 | 180,509 |
| Current Contract Sum to Date | \$ 1,044,700 | \$ 8,059,309 | \$ 29,215,826 | \$ 70,756,649 | \$ 10,808,680 |
| Previous Payments | | 6,593,614 | 27,790,363 | 59,505,367 | 9,335,485 |
| 1 | 175,523 | 9 354,174 | 27 840 | 25 455,762 | 17 123,419 |
| 2 | 113,185 | | | 26 1,417,879 | |
| | | | | 27 294,875 | |
| Total Payments | 288,708 | 6,947,788 | 27,791,202 | 61,673,884 | 9,458,904 |
| Balance | \$ 755,992 | \$ 1,111,521 | \$ 1,424,624 | \$ 9,082,764 | \$ 1,349,777 |
| Owner Purchased Materials | | | | | |
| Retainage | 13,063 | 142,201 | | 1,796,751 | 497,837 |
| Payments | 288,708 | 6,947,788 | 27,791,202 | 61,673,884 | 9,458,904 |
| Work completed | \$ 301,771 | \$ 7,089,990 | \$ 27,791,202 | \$ 63,470,635 | \$ 9,956,741 |
| Status | Active | Active | Active | Active | Active |

| | Family Birthplace Replacement Thornton Construction Co. #430321 MHW | JDCH ER Room Finishes Engel Construction, Inc. #460120 JDCH | 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 | Amount |
| Original Contract Sum | \$ 2,110,655 | \$ 1,920,630 | \$ 3,318,035 | \$ 16,401,716 | \$ 108,993,259 |
| Prior Change Orders | | | (578,606) | | |
| Budget Transfer | | | | | |
| Current Change Orders | | | | | |
| Prior Owner Purchase Orders | 261,019 | (189,663) | 182,424 | (3,300,002) | (15,093,946) |
| Current Owner Purchase Orders | (41,567) | (28,501) | | | |
| Current Contract Sum to Date | \$ 2,330,107 | \$ 1,702,466 | \$ 2,921,853 | \$ 13,101,714 | \$ 93,899,313 |
| Previous Payments | 2,330,107 | 47,816 | 2,808,328 | 3,973,721 | 86,963,071 |
| | - | 4 23,074 | | 9 236,477 | 27 437,391 |
| | | 5 117,505 | | 10 360,999 | |
| | | 6 128,049 | | 11 358,631 | |
| Total Payments | 2,330,107 | 316,444 | 2,808,328 | 4,929,828 | 87,400,462 |
| Balance | \$ 0 | \$ 1,386,022 | \$ 113,525 | \$ 8,171,886 | \$ 6,498,850 |
| Owner Purchased Materials Retainage | | 16,655 | | 146,342 | |
| Payments | 2,330,107 | 316,444 | 2,808,328 | 4,929,828 | 87,400,462 |
| Work completed | \$ 2,330,107 | \$ 333,099 | \$ 2,808,328 | \$ 5,076,170 | \$ 87,400,462 |
| Status | Active | Active | Active | Active | Active |

Memorial Healthcare System
RFP and Competitive Quote Audits

| RFPs | Current Phase - 3rd Quarter FY 2024 | Audited Through | Exceptions |
|--|--|---------------------|------------|
| 1 Investment Advisory | Selection | Selection | None |
| 2 Disaster Debris Removal and Disposal | Selection | Selection | None |
| 3 Call Center Outsourcing | Cancelled | Advertising/Mailing | None |
| 4 Building Automation and Fire Alarm Vendor RFP | Analysis | Selection | None |
| 5 Employee Survey Tool | Analysis | Analysis | None |
| 6 Talent Acquisition Center Exterior Painting RFQ | Analysis | Analysis | None |
| 7 Surgical and Critical Care Tower Addition RFQ at MRH | Analysis | Analysis | None |
| 8 Retail Food Service RFQ at JDCH | On Hold | Analysis | None |
| 9 Valet Parking Service, Booth Attendant and Shuttle Services | Selection | Oral Presentation | None |
| 10 Clinical Engineering Computerized Maintenance Management System | Selection | Oral Presentation | None |
| 11 Audit Management Software RFQ | Selection | Oral Presentation | None |
| 12 Compliance Program Evaluation RFP | Oral Presentation | Oral Presentation | None |
| 13 Merchant Services Processor RFP | Selection | Receipt | None |

**Memorial Healthcare System
RFP and Competitive Quote Audits**

| Completed Competitive Quotes | Amount \$ | Exceptions |
|--|------------------|-------------------|
| 1 Oncology Medication for MHW Patient | 462,000 | None |
| 2 Three Year Software Subscription for Neonatology Intensive Care Unit Nutrition System for JDCH | 153,129 | None |
| 3 Workday Consultant for Corporate Finance | 110,160 | None |
| 4 Computed Tomography Scanner for Red Road Emergency Department | 695,000 | None |
| 5 Radiology Equipment for Red Road Emergency Department | 239,884 | None |
| 6 Three Year Software Subscription for Neurology Equipment at MRH | 161,137 | None |
| 7 Interventional Radiology Room Renovation at MHM | 600,712 | None |
| 8 Memorial Cancer Institute Media Advertisement | 249,798 | None |
| 9 Elevator Maintenance for MHW | 331,540 | None |
| 10 Neurovascular Intervention Equipment for MHW | 229,800 | None |
| 11 Citrix Netscaler Load Balancer Replacements & Implementation | 159,017 | None |
| 12 Year One of Electronic Signature Subscription Service for MHS | 149,232 | None |
| 13 Microbiology Laboratory Diagnostic Equipment Replacement at MRH | 300,937 | None |
| 14 Hardware & Software Maintenance Renewal for Physical & Virtual Servers at MHS Datacenters | 285,762 | None |
| 15 Three Year Subscription for Radiology Software at MHS | 157,985 | None |
| 16 Software Subscription for Clinical Documentation at MHS | 744,600 | None |
| 17 Three Year Patient Safety During Disasters Cloud Service Solution at MHS | 366,523 | None |
| 18 Three Year Clinical Documentation Cloud Service Solution at MHS | 344,878 | None |
| 19 Five Year Service Agreement for IMRIS Surgical Theatre at JDCH | 1,600,000 | None |
| 20 Employee Health Plan Service Agreement | 139,722 | None |
| 21 Three Year Agreement for Operating Room Equipment at JDCH | 283,718 | None |
| 22 Clinical Documentation Software for MHS | 501,059 | None |
| 23 Hybrid Cloud Based Facsimile Software Solution for MHS | 320,166 | None |
| 24 Cardiac Imaging Software Solution for JDCH | 267,600 | None |
| 25 Permit Processing Services for Dania Beach Primary Care Center | 103,060 | None |
| 26 Ultrasound Equipment Upgrade for JDCH | 182,751 | None |
| 27 Standing Order of Disposable Supplies for Radiometer Instruments in Respiratory Care at MRH | 143,616 | None |
| 28 Airconditioning System Upgrade at Medical Office Building MRH | 155,714 | None |
| 29 Medical Equipment Support and Maintenance for MRH | 105,478 | None |
| 30 Supply Chain Management Pricing Consultant | 219,408 | None |

**Memorial Healthcare System
Investor Contact Log
Fiscal Year 2024**

| Quarter: Ended | Contact: | Representing: | Discussion: |
|-----------------------|-----------------|--------------------------|-------------------------|
| July 31,2023 | Beth Wexler | Moody's Investor Service | Post-ratings discussion |
| October 31, 2023 | None. | | |
| January 31, 2024 | None. | | |
| April 30, 2024 | | | |

**Memorial Healthcare System
Non Audit Engagement Report
Q3 FY 2024**

| Quarter Ended | RSM US LLP Engagement: | |
|---------------|---|------------|
| | For professional services rendered and expenses incurred in connection with due diligence for Sega Project. | \$ 97,000 |
| Q3 FY2024 | For professional services rendered and expenses incurred in connection with Memorial Healthcare System's IRS Audit for tax year ending 4/30/2020. | \$ 3,600 |
| | Total | \$ 100,600 |
| Q3 FY2023 | Total spend, provided for comparative purpose | \$ 64,089 |

| Quarter Ended | Zomma Group LLP Engagement: | |
|---------------|--|------|
| Q3 FY2024 | For professional services rendered and expenses incurred in connection with Non Audit Engagements. | \$ - |
| Q3 FY2023 | Total spend, provided for comparative purpose | \$ - |



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

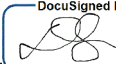
To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS
Date: March 4, 2024
From: Dorinda Segovia, Vice President, Pharmacy Services, MHS
 Scott Davis, Vice President, Reimbursement and Revenue Integrity, MHS
Subject: **Action Plan: COMPLIANCE AUDIT OF THE 340B PROGRAM AT
 MEMORIAL HEALTHCARE SYSTEM - FY 2024 THIRD QUARTER**

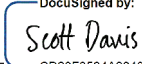
Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

| Recommendations | Response/Action Plan | Estimated Completion Date |
|---|---|----------------------------------|
| We recommend the identified 340B ineligible dispensations be reversed and charges corrected. | 340B team will work with the billing team to reverse the three identified dispensations without respective provider orders in EPIC. | 4/15/2024 |
| We recommend pharmacy management together with the 340B management continue to work in developing a system to review the claims missing the original order in Epic. | Pharmacy has developed a real time report to identify unlinked cabinet overrides. Report is being tested prior to finalizing. Nursing pharmacy policy procedure recently revised to include nursing responsibility to obtain orders for overrides and follow up by linking orders. | 4/30/24 |
| We recommend pharmacy management continue to work with nursing management in reeducating nurses on the medication overrides policy to ensure provider orders are obtained and documented in Epic. | Nursing has been provided education tip sheets on how to link overrides in the MAR. DOPs and Medication Safety coordinators to evaluate the need of non-profiled cabinets. Override education included in system wide pharmacy nursing orientation. | Completed |

| | | |
|--|--|------------------|
| <p>We recommend the dispensation that deviated from the MHS 340B Program Policy be amended to reflect the currently approved provider and include the reason for the change.</p> | <p>Orders revised by respective sites and amended when warranted.</p> <p>The 340B Team will educate sites and work with billing team to reverse the identified dispensations.</p> <p>VP/CPO seeking process with CMIO and Informatics VP</p> | <p>4/30/2024</p> |
|--|--|------------------|

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

DocuSigned by:

98F653FD44ED481...
Dorinda Segovia,
Vice President, Pharmacy Services

DocuSigned by:

CD20F3534A9840F...
Scott Davis,
Vice President, Reimbursement and Revenue Integrity



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

To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS
Date: March 5, 2024 *[Signature]*
From: Philoron A. Wright, II, Chief Executive Officer, MRHS *[Signature]*
David Webb, Chief Financial Officer, MRHS *[Signature]*
Subject: **Action Plan: COMPLIANCE AUDIT OF THE ADULT INPATIENT REHABILITATIVE SERVICES AT MEMORIAL REHABILITATION INSTITUTE IN MEMORIAL REGIONAL HOSPITAL SOUTH**

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 rehabilitation management reeducate staff therapist on confirming charges for therapy procedures. | Therapists will continue to validate the charges on the revenue and usage report. Will have random audits on a weekly basis to monitor charges are entered correctly. | Initiated, April 1, 2024 |

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



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

To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS
Date: March 15, 2024
From: Caitlin Stella, Chief Executive Officer and Administrator, JDCH *CBStella*
 Ananda Rampat, Chief Financial Officer, JDCH
Subject: **Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION OF CONTROLLED SUBSTANCES IN THE HEMATOLOGY ONCOLOGY INPATIENT DEPARTMENT 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 reeducating Registered Nurses on the ADC Nursing/Pharmacy Responsibilities” policy | <ul style="list-style-type: none"> Recommended education to be completed on the policy, including documentation in the EHR the rationale for any additional needed dose. | April 12 th 2024 |
| We recommend reeducating Registered nurses on the “Medication Administration - Policy Statement” policy and that controlled substances medications are always administered as ordered and wasted as per the “Controlled Substances Waste” policy. | <ul style="list-style-type: none"> Recommended education to be completed on the policies, including expectations for controlled substances medication administration and waste. | April 12 th 2024 |

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



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

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

Date: March 20, 2024

From: Peter Powers, Administrator and Chief Executive Officer, MRH
 Walter Bussell, Chief Financial Officer, MRH

Subject: Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION AND BILLING OF PHYSICIAN AND HOSPITAL SERVICES FOR PSYCHIATRIC INPATIENT HOSPITALIZATION AT MEMORIAL REGIONAL 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 behavioral health management reeducate all psychiatrists about the LCD requirement of hospital inpatient recertification and implement a process to ensure compliance. | Management will provide education on certification/re-certification with a written letter to each psychiatrist that covers the adult inpatient units. | April 15, 2024 |
| | We will present the information about certification and re-certification to the Department of Psychiatry Meeting on May 7, 2024 | May 7, 2024 |
| | A request was submitted March 19, 2024 to the Best Practice Alert Governance Committee EPIC Physician Team to determine if a hard stop can be placed on the limited circumstances in which a re-certification is | May 3, 2024 |

| | | |
|--|--|----------------------|
| | <p>required in 12 days and 30 days thereafter.</p> <p>The Case Manager – RN staff will screen the Medicare Charts at the 12th day and 30 days thereafter to confirm that the physician has responded to the advisory alert. If the physician has not responded, the Case Manager – RN staff will have the physician complete a paper form certifying the patient and the form will be scanned into the chart.</p> | <p>April 1, 2024</p> |
| <p>We recommend that HIM management reeducate inpatient coders to code to the highest specificity concurring with physician documentation and perform regular audits to ensure accuracy of coding.</p> | <p>Re-educate coders to seek clarification when physician documentation is inconsistent and continue to perform regular audits to ensure accuracy of coding. We will coordinate with Behavioral Health to provide education to psychiatrists to document diagnoses with consistency and to the highest degree of specificity to ensure accurate coding.</p> | <p>5/31/2024</p> |

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



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

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

Date: February 6, 2024

From: Mario Salceda-Cruz, Chief Operating Officer, MPG DocuSigned by: Mario Salceda E7994C622C204F9...
 Esther Surujon, Chief Financial Officer, MPG DocuSigned by: Esther Surujon SB3194FFE1074E8...

Subject: **Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION AND BILLING OF PHYSICIAN AND HOSPITAL SERVICES FOR PSYCHIATRIC INPATIENT HOSPITALIZATION AT MEMORIAL REGIONAL 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 that MPG Business Office correct and rebill or refund accounts for physician services identified with errors, as appropriate. | MPG Business Office will correct/rebill, and refund accounts identified with errors, as appropriate. | 04/19/2024 |
| We recommend that the Director of Billing and Compliance reeducate providers on medical record documentation, coding, and billing to support medical necessity and services billed, as MPG Business Office does not code E/M or ICD-10 codes. | The Director of Billing and Compliance will reeducate providers on medical record documentation, coding, and billing to support medical necessity and services billed. | 05/20/2024 |

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

**MEMORIAL HEALTHCARE SYSTEM
AUDIT AND COMPLIANCE WORK PLAN
FISCAL YEAR 2025**

SUMMARY

| | HOURS | | |
|--|----------------|----------------|--------------------------------------|
| | FY 2025 Budget | FY 2024 Budget | Mar 1, 2023 thru Feb 29, 2024 Actual |
| I. INTERNAL AUDIT | | | |
| RECURRING ANNUAL AUDITS | 750 | 1,150 | 1,626 |
| RECURRING QUARTERLY AUDITS | 860 | 1,160 | 1,450 |
| INFORMATION SYSTEMS AUDITS | 1,100 | 950 | 1,091 |
| OTHER INTERNAL AUDITS | 3,300 | 1,450 | 1,803 |
| INTERNAL AUDIT TOTAL | 6,010 | 4,710 | 5,969 |
| II. COMPLIANCE | | | |
| FACILITY BILLING AUDITS | 4,700 | 4,150 | 4,175 |
| PROFESSIONAL BILLING AUDITS | 2,400 | 1,810 | 1,814 |
| FACILITY AND PROFESSIONAL BILLING AUDITS | 400 | 600 | 607 |
| OTHER COMPLIANCE AUDITS | 730 | 800 | 886 |
| COMPLIANCE AUDIT TOTAL | 8,230 | 7,360 | 7,482 |
| III. PRIVACY & SECURITY | | | |
| PRIVACY AUDITS | 550 | 450 | 462 |
| SECURITY AUDITS | 1,000 | 910 | 935 |
| PRIVACY & SECURITY TOTAL | 1,550 | 1,360 | 1,396 |
| IV. CONFLICTS OF INTEREST | 1,810 | 1,400 | 1,413 |
| V. HOTLINE AND OTHER INVESTIGATIONS | 1,400 | 1,400 | 1,412 |
| VI. ADMINISTRATIVE & OTHER | 1,800 | 1,800 | 1,837 |
| VI. PAID LEAVE | 2,860 | 1,890 | 1,490 |
| GRAND TOTAL | 23,660 | 19,920 | 20,999 |

| SUMMARY BY STAFFING | | | | | | | | |
|---|----------------|--------------|--------------------|-----------------------|--------------------------|---------------|--------------|---------------|
| | INTERNAL AUDIT | COMPLIANCE | PRIVACY & SECURITY | CONFLICTS OF INTEREST | HOTLINE & INVESTIGATIONS | ADMIN & OTHER | PAID LEAVE | TOTAL |
| CHIEF COMPLIANCE & INTERNAL AUDIT OFFICER | 829 | 795 | 229 | 246 | 425 | 170 | 90 | 2,784 |
| DIRECTOR OF COMPLIANCE | 130 | 751 | 115 | 375 | 152 | 343 | 223 | 2,089 |
| COMPLIANCE AUDITORS | 102 | 3,830 | 0 | 143 | 143 | 460 | 214 | 4,891 |
| COMPLIANCE AUDITOR - MPG | 213 | 1,478 | 29 | 16 | 35 | 62 | 256 | 2,088 |
| DIRECTOR OF INTERNAL AUDIT | 1,457 | 28 | 267 | 0 | 122 | 122 | 210 | 2,204 |
| SR DIRECTOR OF INTERNAL AUDIT | 282 | 32 | 57 | 56 | 19 | 124 | 0 | 569 |
| SENIOR INTERNAL AUDITOR | 766 | 51 | 117 | 1 | 157 | 19 | 201 | 1,310 |
| INTERNAL AUDITOR | 1,476 | 54 | 279 | 70 | 76 | 245 | 176 | 2,375 |
| SENIOR IT & PRIVACY AUDITOR | 716 | 449 | 304 | 37 | 225 | 261 | 97 | 2,088 |
| CONFLICTS OF INTEREST MANAGER | 0 | 16 | 0 | 471 | 58 | 33 | 24 | 601 |
| TOTALS | 5,969 | 7,466 | 1,396 | 943 | 1,354 | 1,804 | 1,466 | 20,999 |

| I. INTERNAL AUDIT | Hours |
|---|--------------|
| A. RECURRING ANNUAL AUDITS | 750 |
| Pension Plan Annual audit of pension plan activity for compliance with plan document. Audit of Contributions. | 200 |
| RSM Annual Audit Assist RSM with annual financial audit. | 550 |
| B. RECURRING QUARTERLY AUDITS | 860 |
| Construction Audit of construction disbursements for all projects with an estimated cost of \$1,000,000 or greater. | 200 |
| RFPs and Competitive Quotes Audit to determine that all Requests for Proposal (RFPs) and Competitive Quotes are conducted according to System policies. | 200 |
| Board, Executive Staff Travel & Administrative Team Travel Audit to determine that all travel and entertainment expenses incurred by Board members, President and CEO, and Government Affairs are consistent with System policies. | 200 |
| RSM Non Audit Engagements Identify and report to the Audit and Compliance Committee all RSM engagements that are not related to their main audit activities. | 60 |
| Executive and Administrative Staffs Travel Reimbursement Audit to determine that all travel and entertainment expenses incurred by members of the Executive and Administrative Staffs are consistent with System policies. | 200 |
| C. INFORMATION SYSTEMS AUDITS | 1,100 |
| Assistance Provided to Protiviti Coordinate and review services provided by Protiviti. | 200 |
| Audit Workpaper Software Maintenance of the Audit Department management system, including the development of automated reports and management response process, development of risk assessments, updates to project program steps, and create and maintain audit summary dashboard. | 300 |
| Hospital Price Transparency Assess the MHS cost of hospital items and services are appropriately available to the public and contains comprehensive machine-readable files with all items and services, and shoppable services are available in a consumer-friendly format to meet the CMS requirements. | 200 |
| Risk Management Framework Review the standards and guidelines for assessing and managing risks, which include setting objectives, establishing principles for corrective actions, identifying threats and vulnerabilities, analyzing the impact that PHI, PII and sensitive information losses may have and developing criteria for accepting risk levels. | 200 |
| Florida Off-Shore Storage of eHealth Records Review compliance of new Florida law requiring all patient data storage is physically held within the United States. | 200 |

I. INTERNAL AUDIT

Hours

| D. OTHER INTERNAL AUDITS | | 3,300 |
|--|--|--------------|
| Non-Monetary Compensation to Contracted Physicians | Determine whether non-monetary compensation are provided to physicians for medical staff incidental benefits that can include meals, parking, and items or incidental services. Verify that an inventory of non-monetary compensation and benefits exists. | 300 |
| Supply Chain | Evaluate the supply chain governance, risk management and control processes appropriately reduce operations costs, increase competitive advantage, and inventory sole source providers, and verify supplier selection process ensures that they provide quality goods and services, timely delivery and follow up on delays, have strong cybersecurity controls, have service level audits, and are held to ethical standards. | 400 |
| Construction Services | Determine whether operational and financial internal controls are in place and operating properly. Review policies and procedures, evaluate RFP process, bid documentation and review payment application and close-out process. | 400 |
| Internal Audit Risk Assessment | Partner with outside auditor to identify and assess the likelihood and potential impact of operational risks to the organization and evaluate how adequate controls are in reducing risk to ensure that residual risk is at a manageable level. | 200 |
| Business Intelligence | Review and validate the financial data that is being used for business decisions by Executives. Assess the role this function plays in decision making. | 300 |
| Emergency Preparedness | Assess emergency response procedures to mitigate environmental emergency situations related to geographic areas, care-related emergencies, equipment and power failures, communications interruptions, loss of all or a portion of the facility, loss of all or a portion of supplies. Evaluate management controls, business impact analysis, emergency plan for continued operations, and recovery plan. https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/core-ep-rule-elements | 400 |
| Legal Functions and Contracts Review | Review the charter for legal functions, evaluate the agreements and contracts review process, review the legal department processes and procedures for handling cases, quality assurance, and documentation. | 400 |
| Facilities Management | That goods and services are ordered, received, approved and paid according to MHS policies. That conflicts of interest are identified, evaluated and mitigated. That the risks of purchase schemes, kickbacks, bid rigging, etc. are mitigated. | 400 |
| Food Services | That goods and services are ordered, received, approved and paid according to MHS policies. That conflicts of interest are identified, evaluated and mitigated. That the risks of purchase schemes, kickbacks, bid rigging, etc. are mitigated. | 400 |
| District Labs | Manage outside internal audit firm to assess the processes for supplies and availability, medication reconciliation, and capturing medication errors. Identify where in the process tests are charged, evaluate the timeliness and accuracy of the test and the need for retesting at all laboratory locations. Joint audit with the nurses for "medical necessity". | 100 |
| Property Management (off-site facilities/non-hospitals and MOBs) | Manage outside internal audit firm to assess the management of general maintenance and special requests for items such as painting, mold mitigation, social distancing set up, etc. Perform minor maintenance such as changing light bulbs and AC filters. Hospital facility departments will have the same level of risk. The hospital facility departments report through the hospitals. | 100 |
| Health Information Management | Assess the outsourced records release function to ensure the vendor follows Memorial procedures or policies, is compliant with contractual obligation, program coding from medical records requirements, and HIPAA. Focus would be on vendor compliance. Verify legal medical record custodians. | 300 |
| INTERNAL AUDIT TOTAL | | 6,010 |

II. COMPLIANCE**Hours**

| A. FACILITY BILLING AUDITS | 4,700 |
|---|--------------|
| DRG Coding Conduct coding audits of MS-DRGs that have been nationally identified as subject to manipulation. Determine whether the services provided were medically necessary. Audit the coding process to determine that the assignment of DRGs is appropriate and reasonable. | 300 |
| APCs & Outpatient Services Conduct coding audits that have been nationally identified as subject to manipulation. Determine whether the services provided were medically necessary. Audit to determine whether issues of medical necessity, diagnosis and procedure coding, and bundling and unbundling of services relating to the outpatient prospective payment system are properly handled. | 300 |
| Medicaid Services Determine whether the services are medically necessary. Determine whether the services are billed according to Medicaid guidelines. | 200 |
| 340B Drug Pricing Program - Hospital Determine whether the patients are appropriate candidates. Determine if the provider is 340B eligible. Audit for potentially abusive practices, such as duplicate discounts. Audit to determine adequacy of documentation. Determine if the location is an eligible location. | 400 |
| 340B Drug Pricing Program - Contract Pharmacies Determine whether the patients are appropriate candidates. Determine if the provider is 340B eligible. Audit for potentially abusive practices, such as duplicate discounts. Audit to determine adequacy of documentation. Determine if the location is an eligible location. | 400 |
| 340B Drug Pricing Program - External Contract Pharmacies Determine whether the patients are appropriate candidates. Determine if the provider is 340B eligible. Audit for potentially abusive practices, such as duplicate discounts. Audit to determine adequacy of documentation. Determine if the location is an eligible location. | 400 |
| New Programs and Services Determine whether issues of medical necessity, diagnosis and procedure coding, and bundling and unbundling of services relating to new programs are properly handled. Includes OB Emergency Services at Regional and West, Comprehensive Stroke Designation at MHW, RN Fellowship Program, LDL Pheresis at JDCH; Outpatient Nutrition Program at Hwd OP Center by Target from JDCH, and Manor Insourcing Pharmacy Services. | 800 |
| Total Heart Center and Adult Congenital Heart Disease Program Audit for potentially abusive practices such as upcoding; examine for adequacy of patient record documentation. | 200 |
| Clinical Trials Audit to assess program safeguards related to clinical trial claim processing requirements. Audit to assess that payment only includes items and services that Medicare would otherwise have covered if they were not provided in the context of a clinical trial. | 200 |
| Memorial Cancer Institute Risk Assessment Identify and assess the likelihood and potential impact of operational risks to the organization and evaluate how adequate controls are in reducing risk to ensure that residual risk is at a manageable level. | 200 |
| Compliance Risk Assessment Identify areas lacking internal control, evaluate potential compliance risks to possible outcomes, and prioritize legal and regulatory risks based on the severity of possible operational, legal, and financial damage associated with each. | 300 |

II. COMPLIANCE**Hours**

| | |
|--|-----|
| Memorial/Moffitt Cancer Program Audit to ensure all policies, care plans, and other documentation are in order, medication adherence rates are monitored; examine for adequacy of patient record documentation. Audit for potentially abusive practices such as upcoding; examine for adequacy of patient record documentation. | 200 |
| Regulatory Audits Conduct audits that determine whether we are following the rules which allow us to be Medicare and Medicaid providers, such as, the Medicare Outpatient Observation Notice, the Important Message from Medicare, the Detailed Notice of Discharge, signage, Pregnancy Termination after 15 weeks, etc. | 200 |
| Medicare Administrative Contractor Comparative Billing Reports Conduct audits to review First Coast Service Options, Inc. letters of utilization units and dollars paid, average number of units and dollars paid as compared to our peer group to identify opportunities to refine Medicare billing and utilization. | 200 |
| Partnerships and Outside Services Programs Conduct audits that determine whether we are following the rules which allow us to be Medicare and Medicaid providers with our partnerships and outside services, including Memorial Physical Therapy at Home with Luna Care, Inc., HOPCo, and Solis. | 200 |
| Spravato Antidepressant Treatment Spravato is an FDA-approved nasal spray for the treatment of depression in adults who have not benefited from antidepressant medicines. Determine whether issues of medical necessity, diagnosis and procedure coding, and bundling G Codes 2082 and 2083 that cover both drug and treatment visit and unbundling of services relating to new programs are properly handled as appropriate in guideline Article A59249 on billing and coding of Esketamine. | 200 |

B. PROFESSIONAL BILLING AUDITS 2,400

| | |
|---|-------|
| Coding and Billing Practices of Employed Physicians Audit for potentially abusive practices such as upcoding; examine for adequacy of patient record documentation, include telehealth reviews and teach physician services for Hospitalists, Lung Cancer, Radiation Oncology, Oncologists, Pediatric GI Program, and Primary Care Physicians. | 2,400 |
|---|-------|

C. FACILITY AND PROFESSIONAL BILLING AUDITS 400

| | |
|---|-----|
| Medical Necessity, Coding and Billing Audits for Hospital and MPG Audit for compliance with Medicare and Medicaid requirements for medical record documentation of medical necessity, diagnosis and procedure coding, and medication adherence for both technical component and professional components in programs such as Bariatric/Weight-Loss Program, Chronic Care Pediatrics, and NICU III at MHM. | 400 |
|---|-----|

D. OTHER COMPLIANCE AUDITS 730

| | |
|--|-----|
| CCP Network Perform the function of compliance committee member at the Community Care Plan. | 30 |
| Excluded Party Searches Perform annual searches of all employees, physicians, non staff physicians, non physician practitioners, traveling nurses, students, volunteers, vendors and vendor principles to ensure that none have been excluded from participation in federal programs. | 200 |
| Compliance Policies and Procedures Update policies and procedures. Audit to determine whether the Compliance Program policies and procedures are being followed. | 500 |

COMPLIANCE AUDIT TOTAL**8,230**

III. PRIVACY & SECURITY**Hours**

| A. PRIVACY AUDITS | | 550 |
|---|--|--------------|
| Privacy Technical Issues | Participation in the management of Privacy Technical issues including log management and development, remote and system access, software application privacy compliance, investigation tools, and privacy monitoring. | 100 |
| Population Health Services | Assess the current policies and procedures for this program to determine whether it meets the objectives and is consistent with the privacy and security standards. Audit approach would be validating any key indicators, reportable statistics on productivity, efficiency, and resource allocation, etc. Source - www.CDC.gov/POPhealthtraining/what is Population Health | 150 |
| General Data Protection Regulation | Review patients and employees for residence in the European Union and evaluate privacy requirements are met to ensure data protections at rest and transit, use and disclosure, and data retention meet the requirements of GDPR. | 150 |
| Break the Glass | Evaluate a sample of the break the glass report for escalated access to ePHI for appropriateness. | 150 |
| B. SECURITY AUDITS | | 1,000 |
| Ransomware Readiness | Evaluate effectiveness of controls to mitigate ransomware attacks at the Memorial Healthcare System network perimeter. | 150 |
| Artificial Intelligence Risk Tolerance | Evaluate the organization's artificial intelligence risk tolerance and the influence of the policies and norms established by AI system owners, organizations, industries, communities, or policy makers, legal or regulatory requirements. See https://www.nist.gov/itl/ai-risk-management-framework | 150 |
| Identity and Access Management | Evaluate access controls as employees and vendors change roles within Memorial Healthcare System. | 150 |
| Transmission Security | Review electronic transmission of ePHI, verify a mechanism to encrypt the ePHI was implemented appropriately, to include email, texting, application sessions, FTP, remote backups, remote access and support sessions (VPN) and web conferencing. | 250 |
| Epic Slicer/Dicer Level 2 Monitoring | Review Epic Slicer/Dicer default Level 2 access to all MHS users, which is unmonitored, does not present an elevated risk. | 150 |
| Privacy and Security of Voice Recognition Drives Available in Patient Rooms | Review Opt In/Opt Out procedures of voice recognition devices available in patient rooms along with the data retention/activation of conversations held within range of such devices. | 150 |
| PRIVACY & SECURITY TOTAL | | <u>1,550</u> |

| IV. CONFLICTS OF INTEREST | Hours |
|--|--------------|
| C. CONFLICTS MANAGEMENT | 1,810 |
| Distribution and Analysis Review and evaluate system to determine that conflicts of interest are identified, evaluated and mitigated. Determine that the risks of purchase schemes, kickbacks, bid rigging, etc. are mitigated. Determine that related party transactions are identified, evaluated and mitigated. Determine that second jobs and outside activities are identified, evaluated, and mitigated. | 900 |
| Training Program Develop training program for the organization about conflicts, how and when to disclose potential conflicts, and make available on the MHS LMS Aspire. | 200 |
| Policies Development Develop compliance policies for identification, evaluations and mitigation of potential and possible conflicts of interest. | 200 |
| Development of Subcommittee with Conflicts Evaluation and Risk Instrument Establish a conflict decision-tree flowchart, invite members to participate on the COI Subcommittee. Develop a package for the Subcommittee members that includes the disclosed potential conflict, the applicable laws and regulations related to the disclosed conflict, standardize tools and processes to mitigate conflicts, fielding questions and requests for additional information, coordination of Subcommittee votes and mitigation requirements. Implement updated and new software, including contracting, roll-out, training, and maintenance. | 510 |
| CONFLICTS OF INTEREST TOTAL | 1,810 |
| | |
| V. HOTLINE AND OTHER INVESTIGATIONS | |
| Hotline Investigate and respond to compliance hotline calls. | 700 |
| Internal Reports Investigate and respond to Internal Reports of suspected noncompliance. | 700 |
| INVESTIGATIONS TOTAL | 1,400 |
| | |
| VI. ADMINISTRATIVE & OTHER | |
| Compliance and Internal Audit Training and Development Includes New Employee Orientation, Leadership Essentials, Management Updates, Compliance Working Committee, Physician Compliance Training and other sessions as needed. | 1,200 |
| Administrative and Other Includes special projects, meetings, etc. Includes Credit Union | 600 |
| TRAINING, STAFF DEVELOPMENT & OTHER TOTAL | 1,800 |

VII. WORK PERFORMED BY OUTSIDE AUDIT FIRMS

| A. ANNUAL IT SECURITY AUDITS | Firm |
|---|-------------|
| <p>External Penetration Testing Conduct an annual scan to identify and evaluate the security posture and risk exposures of external MHS environments (Internet perimeter) and to identify information security system issues. Conduct scans of new, outward facing features such as ePrescribing and Patient Medical Records.</p> | Protiviti |
| <p>Internal Penetration Test Internal Penetration Test, with a focus on Ransomware attack vectors, would be performed to evaluate the risk the organization faces if an attacker, malicious code, or internal employee were to attempt to perpetrate an attack on the network from the inside, otherwise bypassing external network controls that would prevent an external attacker.</p> | Protiviti |
| <p>Internal Vulnerability Assessment Conduct an annual scan to identify and evaluate the security posture and risk exposures of internal MHS environments and to identify information security system issues.</p> | Protiviti |
| B. NEW IT SECURITY AUDITS | Firm |
| <p>Cloud Strategy, Governance, and Security Configuration Review Protiviti will perform evaluation of rules and policies adopted to run services in the cloud, cloud governance that facilitates effective and efficient security management and operations in the cloud environment, review the application's supporting cloud infrastructure for effective cloud application using a cloud provider's security controls to protect workloads, data security, and manage risk.</p> | Protiviti |
| <p>Workday Post Implementation Assessment This review will include follow up on control deficiencies identified during the Workday Pre-Implementation Assessment. Any remedial action items will be reviewed for compliance with agreed upon resolution.</p> | Protiviti |
| <p>Application Review (i.e. Epic, Infor, Population Health) Protiviti will assist MHS to evaluate the system and security controls of Epic, Infor, and Population Health, including an evaluation of the databases, servers, and infrastructure that support the applications, access management, and data governance.</p> | Protiviti |
| <p>Incident Response Program Assessment Assess Information Technology Incident Response Program against industry best practices and standards to identify potential risks and vulnerabilities, measure maturity, forensic capabilities, and lessons learned process.</p> | Protiviti |
| <p>Digital Identity and Access Management Assessment Assess the business processes, policies and technologies that facilitates the management of electronic or digital identities, including products, processes, and policies used to manage user identities and regulate user access within an organization..</p> | Protiviti |
| <p>HIPAA Gap Assessment Measure against current privacy and security requirements and the risk analysis where existing controls are insufficient and action required to reduce risk to an acceptable level.</p> | Protiviti |
| <p>IT Asset Management Evaluate the IT assets, licenses, and audit the process of ensuring an organization's assets are accounted for, deployed, maintained, upgraded, and disposed of to ensure that the valuable items, tangible and intangible, are tracked and being useds.</p> | Protiviti |
| <p>Revenue Cycle Analysis of the process that follows to generate revenue, from initial customer interaction to the collection of payments. When CHCBC conducts an assessment, we evaluate the efficiency and effectiveness of each stage in the revenue cycle. This assessment is crucial for your business to identify bottlenecks, streamline processes, and optimize financial performance. It helps in maximizing revenue, reducing operational costs, and enhancing overall financial health</p> | Protiviti |
| <p>IT Security Program Assessment Evaluate the management, operational, and technical security controls in an information system to determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements for the system.</p> | Protiviti |
| C. INTERNAL & COMPLIANCE AUDITS | Firm |

VII. WORK PERFORMED BY OUTSIDE AUDIT FIRMS

| | |
|---|----------------------------------|
| Internal Audit Risk Assessment | Elevate |
| Identify and assess the likelihood and potential impact of operational risks to the organization and evaluate existing controls to identify residual risk areas which will populate the continuous internal audit workplan. | |
| District Labs | TBD |
| Assess the processes for supplies and availability, medication reconciliation, and capturing medication errors. Identify where in the process tests are charged, evaluate the timeliness and accuracy of the test and the need for retesting at all laboratory locations. Maybe a joint audit with the nurses for "medically necessary". In Hallandale and is the same as the individual labs in regards to | |
| Property Management (off-site facilities/non-hospitals and MOBs) | TBD |
| Managing general maintenance and special requests for items such as painting, mold mitigation, social distancing set up, etc. Perform minor maintenance such as changing light bulbs and AC filters. Hospital facility departments will have the same level of risk. The hospital facility departments report through the hospitals. | |
| Cancer Institute Risk Assessment | Elevate |
| Identify and assess the likelihood and potential impact of operational risks to the organization and evaluate how adequate controls are in reducing risk to ensure that residual risk is at a manageable level. | |
| Pharmacy | PPP |
| Regular quarterly audits to determine medication adherence | |
| Physician Agreements | Nelson Mullins Broad & Cassel |
| Determine whether Physician Agreements, including lease agreements, are in compliance with federal regulations. Verify that the work being performed and the payments being made are in accordance with an executed and current contract. | |
| Evaluation of Corporate Compliance Programs | RFP Process |
| Determine that the Compliance Program effectively articulates and demonstrates the organization's commitment to the compliance process and ethical business practices, a culture that promotes prevention, detection and resolution of conduct that does not conform to Federal and State laws. | |
| Price Transparency | TBD |
| Assess the MHS cost of hospital items and services are appropriately available to the public and contains comprehensive machine-readable files with all items and services, and shoppable services are available in a consumer-friendly format to meet the CMS requirements. | |
| Transplant Program | TBD |
| Determine transplant program policies and procedures align with regulatory requirements and data reporting, and coding and billing are appropriate. | |
| Compliance Risk Assessment | TBD |
| Identify areas lacking internal control, evaluate potential compliance risks to possible outcomes, and prioritize legal and regulatory risks based on the severity of possible operational, legal, and financial damage associated with each. | |

South Broward Hospital District

BOARD OF COMMISSIONERS

Elizabeth Justen, *Chairwoman* • Steven Harvey, *Vice Chairman* • Douglas A. Harrison, *Secretary Treasurer*
Jose Basulto • Brad Friedman • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: S.B.H.D. Contracts Committee **Date:** April 15, 2024
Chairman: Mr. Steven Harvey **Time:** 3:00 p.m.
Vice Chairman: Dr. Luis E. Orta
Location: Executive Conference Room, 3111 Stirling Road, Hollywood, Florida, 33312

In Attendance: Mr. Steven Harvey, Dr. Luis E. Orta (via WebEx), Ms. Elizabeth Justen, Mr. Brad Friedman, Mr. Scott Wester, Mr. Vedner Guerrier, Mr. Matthew Muhart, Ms. Esther Surujon, Ms. Sarah Griffith, and Ms. Kim Kulhanjian

The Contracts Committee meeting convened at 3:04 p.m. on April 15, 2024.

The meeting was called to order and legal certification of compliance with Florida's Public Meetings Law was given by Ms. Sarah Griffith, Deputy General Counsel. The meeting materials were not posted based on assertion of confidentiality.

The following agenda items were discussed:

(1) New Physician Employment Agreement between Eric Pachter, M.D., for Urology Services, and South Broward Hospital District

The Committee reviewed the New Physician Employment Agreement between the South Broward Hospital District and Eric Pachter, M.D., for Urology Services.

Dr. Pachter received a Bachelor's degree from New York University (1988). He earned his Doctor of Medicine degree (1992) and also completed a Residency in General Surgery (1994) and a Residency in Urology (1998) at the State University of New York Health Science Center, Brooklyn, N.Y. Dr. Pachter began working in private practice in 1999 and has worked for Associate Urologist of 21st Century Radiation Oncology Group since 2012. He is Board certified in Urology.

Dr. Pachter will be responsible for providing Urology Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Urologist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Pachter may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Pachter's compensation package were discussed. The Committee noted that that Dr. Pachter's salary was evaluated based upon the 2023 – 2024 Physician Salary Matrix for Urology.

The Employment Agreement shall be effective August 1, 2024, and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, the physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of

MEMORIAL HEALTHCARE SYSTEM

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

the Restricted Area of Broward County plus five (5) miles. The physician may resume private practice in the specialty within the restricted area.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the New Physician Employment Agreement between the South Broward Hospital District and Eric Pachter, M.D., for Urology Services

(2) Renewal Physician Employment Agreement between Nicole Akar-Ghibril, M.D., for Pediatric Allergy and Immunology Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Nicole Akar-Ghibril, M.D., for Pediatric Allergy and Immunology Services.

Dr. Akar-Ghibril Received her Bachelor’s degree from Rice University, Houston, TX (2006) and her Doctor of Medicine degree from the University of Miami Miller School of Medicine, Miami, FL, (2012). She completed a Pediatrics Residency at the Children’s National Health System, Washington, DC (2015) and a Clinical and Research Fellowship in Allergy and Immunology at Boston Children’s Hospital, Boston, MA (2019). She is Board certified in General Pediatrics. She has been employed by MHS since 2020.

Dr. Akar-Ghibril will be responsible for providing Pediatric Allergy and Immunology Services consistent with the clinical scope of her privileges. She will provide medical care and treatment to all patients who require the services of a Pediatric Allergy and Immunology physician. She shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Akar-Ghibril may also be required to perform other medical administrative services. Under this employment agreement, she will be required to perform such services at any Hospital District location.

The details of Dr. Akar-Ghibril’s compensation package, as a .7FTE, were discussed. The Committee noted that Dr. Akar-Ghibril’s salary was evaluated based upon the 2023 – 2024 Physician Salary Matrix for Pediatric Allergy and Immunology.

The Employment Agreement shall be effective May 1, 2024, and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, the physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus (5) miles.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Nicole Akar-Ghibril, M.D., for Pediatric Allergy and Immunology Services

(3) Renewal Physician Employment Agreement between Courtney M. Edwards, M.D., for Endocrine and Thyroid Surgery Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Courtney M. Edwards, M.D., for Endocrine and Thyroid Surgery Services.

Dr. Edwards received a B.A. Degree in 2006 from Rice University, Houston, TX and her M.D. Degree in 2010 from Baylor College of Medicine, Houston, TX. She completed a Surgical Residency (2010 – 2015) at Lehigh Valley Health Network, Allentown, PA and a Fellowship in Endocrine Surgery (2015 – 2016) at Baylor Scott and White Health Network, Temple, TX. Dr. Edwards is Board certified in General Surgery. She has been employed by MHS since 2016.

Dr. Edwards will be responsible for providing Endocrine and Thyroid Surgery Services consistent with the clinical scope of her privileges. She will provide medical care and treatment to all patients who require the services of an Endocrine Surgeon. She shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Edwards may also be required to perform other surgical or medical administrative services. Under this employment agreement, she will be required to perform such services at any Hospital District location.

The details of Dr. Edwards' compensation package were discussed. The Committee noted that that Dr. Edwards' salary was evaluated based upon the 2023 – 2024 Physician Salary Matrix for Surgical Oncology.

The Employment Agreement shall be effective May 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, the physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Courtney M. Edwards, M.D., for Endocrine and Thyroid Surgery Services

(4) Renewal Medical Administrative and Professional Services Agreement between Sheridan Healthcorp, Inc., for Anesthesia Services, and South Broward Hospital District

The Committee reviewed the Renewal Medical Administrative and Professional Services Agreement between the South Broward Hospital District and Sheridan Healthcorp, Inc., for Anesthesia Services.

Under the agreement, Sheridan Healthcorp, Inc., is required to provide 24 hours, seven days per week coverage at all Memorial Healthcare System hospital facilities.

Sheridan shall provide coverage in accordance with designated Coverage Maps per Exhibit D in the agreement.

Compensation, billing and collection details were discussed. Sheridan shall perform separate billing and collection functions for all Anesthesiologist Services provided by Sheridan and its retained Anesthesiologists

hereunder. Sheridan shall be entitled to all collections for Anesthesiologist Services furnished by Sheridan to patients as billed and collected by Sheridan. In addition, subject to approval by the Hospital District's Board, the Hospital District agrees to compensate Sheridan for its services as set forth in Exhibit E and E-1 in the agreement.

- **Monthly Installments:** During the First Contract Year, the Hospital District agrees to pay Sheridan a Monthly Installment towards the Services Compensation in the amount of \$681,135.00 per month, subject to quarterly invoicing and annual reconciliation as set forth below (each a "Monthly Installment"). In subsequent Contract Years, payments shall be made by the Hospital District to Sheridan, on a monthly basis, in equal installments of \$510,851.17 (each a "Monthly Installment"). Sheridan shall invoice the Hospital District for the Monthly Installment at the end of each month, and the Hospital District agrees to pay such invoices in full within thirty (30) days of receipt.
- **Cap on Services - Compensation Services:** Compensation will not exceed \$7,701,786.00 (the "Cap on Services Compensation") per Contract Year, provided; however, any amounts due for Additional Coverage shall not be considered Services Compensation.

The details of additional anesthesia coverage requests were discussed. The Hospital District may request additional permanent coverage, as set forth in Attachment E-1 of the agreement. Sheridan will use their best efforts to provide such coverage. All such Additional Coverage compensation shall be separate from the calculation of Actual Practice Income and shall not be included in either Actual Patient Collections or Services Compensation. However, patient collections collected by the Contractor from patients and third-party payors, while providing Additional Coverage, will be included in Actual Patient Collections.

A discussion took place on the details of the Clinical Trial Service terms related to Anesthesia Services for the Hospital District designated patients enrolled in clinical trials conducted by the Hospital District.

The renewal agreement shall be effective as of May 1, 2024, and shall remain in effect for three (3) years, expiring on May 1, 2027.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Medical Administrative and Professional Services Agreement between the South Broward Hospital District and Sheridan Healthcorp, Inc., for Anesthesia Services.

Dr. Luis Orta expressed that he will connect with Mr. Guerrier prior to the upcoming S.B.H.D. Board of Commissioners' Meeting to address any additional questions. Additionally, the Board of Commissioners requests an update on expenses incurred from the new stipend set forth in this agreement, as well as an update of exploratory efforts for alternate options for system anesthesia services at a subsequent S.B.H.D. Contracts Committee Meeting in six months.

(5) FYI Contracts

- a) New Physician Employment Agreement between Ama Annor, M.D., for Adult Cardiac Imaging, and South Broward Hospital District. The Employment Agreement shall become effective September 16, 2024, and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2023 – 2024 Physician Salary Matrix for Adult Cardiac Imaging, is within the President and CEO's Board approved authority.

There being no further business, the meeting was adjourned at 3:44 pm.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Steven Harvey". The signature is written in a cursive style with a large initial "S" and a long, sweeping tail.

Steven Harvey
Chairman
Contracts Committee

South Broward Hospital District

BOARD OF COMMISSIONERS

Elizabeth Justen, *Chairwoman* • Steven Harvey, *Vice Chairman* • Douglas A. Harrison, *Secretary Treasurer*
Jose Basulto • Brad Friedman • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: S.B.H.D. Finance Committee **Date:** April 15, 2024
Chairwoman: Ms. Elizabeth Justen **Time:** 3:30 p.m.
Vice Chairman: Mr. Steven Harvey
Location: Executive Conference Room, 3111 Stirling Road, Hollywood, Florida, 33312

In Attendance: Ms. Elizabeth Justen, Mr. Steven Harvey, Mr. Brad Friedman, Mr. Scott Wester, Mr. Matthew Muhart, Mr. Irfan Mirza, Mr. Veda Rampat, Ms. Cheryl Boucher, Mr. Richard Probert, Ms. Anastasia Webb, Ms. Taylor Horne, and Mr. Gary Wyniemko (NEPC)

SUBJECT: Call to Order / Public Meeting Notice Certification

Ms. Justen called the meeting to order at 3:45 p.m., after which Mr. Probert certified the meeting was properly noticed.

No action is required by the Board of Commissioners.

SUBJECT: Market Update

Mr. Wyniemko provided a market update and outlook to the Finance Committee for March 2024. March proved to be another positive month for stocks, as all major indices closed in positive territory. Additionally, fixed-income yields benefited from lower interest rates, as the Federal Reserve's indication of three rate cuts in 2024 signaled a slightly shallower pace of easing, attributed to ongoing high inflation and strong economic data.

The market update was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: Operating Funds Monthly Flash Report

Mr. Wyniemko reviewed the Monthly Flash Performance Report for the Operating Funds for the month ended March 31, 2024. The portfolio returned 1.0% for the month and 5.2% for the fiscal year-to-date period, compared to Policy benchmark returns of 0.9% and 3.7%, respectively. The assets in the operating funds totaled \$2.60 billion.

The monthly flash report was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: Retirement Plan Monthly Flash Report

Mr. Wyniemko reviewed the Monthly Flash Performance Report for the Retirement Plan for the month ended March 31, 2024. The plan returned 2.5% for the month and 14.5% for the fiscal year-to-date period, versus Policy benchmark returns of 2.2% and 13.9%, respectively. Total assets in the Retirement Plan totaled \$1.02 billion.

MEMORIAL HEALTHCARE SYSTEM

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

3501 Johnson Street, Hollywood, FL 33021 • 954-987-2000 • MHS.net

The monthly flash report was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: **Defined Contribution Plans Monthly Flash Report**

Mr. Wyniemko reviewed the Monthly Flash Performance Report for Defined Contribution Plans. As of March 31, 2024, plan assets totaled \$1.57 billion, with the largest concentration in JPMorgan blend target date funds at 61.2%. In January, the Board approved four fund lineup changes to the Defined Contribution Plans. These changes were effectuated on April 8, 2024.

The monthly flash report was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: **Financial Assistance Policy and IRS Section 501(r) Update**

Annually, the Board of Commissioners reviews and adopts a Financial Assistance Policy. The Affordable Care Act of 2010 created Section 501(r) of the Internal Revenue Code that includes added requirements for tax-exempt hospitals related to Community Health Needs Assessments, Financial Assistance Policies, Limitations on Charges and Billing and Collection Policies.

Ms. Boucher reviewed the existing financial assistance program and policies and discussed a few small changes that were provided to the Finance Committee in draft form. After discussion, a Motion was made and seconded to recommend that the Board of Commissioners adopts the Financial Assistance Policy for Memorial Healthcare System that complies with Section 501(r) of the Internal Revenue Code.

The Finance Committee recommends that the Board of Commissioners adopts the Financial Assistance Policy for Memorial Healthcare System that complies with Section 501(r) of the Internal Revenue Code

SUBJECT: **Standard Practice – Transfer / Access to Emergency Care**

Ms. Boucher next discussed the System's policy related to transfer and access to emergency care, which is also generally referred to as EMTALA (Emergency Medical Treatment Active Labor Act). Both Federal and State Statutes create certain obligations on the part of hospitals with emergency departments and physicians providing emergency care and services. The Standard Practice was last revised in October 2021 and no changes are recommended at this time. A Motion was made and seconded to request Board of Commissioners' approval of the Standard Practice – Transfer / Access to Emergency Care document that was distributed at the meeting.

The Finance Committee recommends that the Board of Commissioners approves the Memorial Healthcare System Standard Practice – Transfer / Access to Emergency Care Financial Assistance Policy

SUBJECT: **Financial Report**

Mr. Mirza provided an overview of the financial results for the month and year ending March 31, 2024. The Committee engaged in discussion regarding the operating results. The March financial reports will be formally presented to the full Board during its Regular Meeting on April 24, 2024.

No action is required by the Board of Commissioners.

SUBJECT: **New Business**

There was no new business.

There being no further business, the Finance Committee adjourned at 4:30 p.m.

Respectfully submitted,



Elizabeth Justen
Chairwoman
Finance Committee



MARCH 2024 UPDATE

MEMORIAL HEALTHCARE SYSTEM

MARCH 2024

Dave Moore, ARM, CEBS, CPCU, Partner

Gary Wyniemko, CFA, Partner

Deirdre Robert, CFA, CAIA, Principal, Sr. Consultant



TABLE OF CONTENTS

- **March Market Update**
- **March Flash Reports**
- **Appendix**





MARCH 31, 2024
THE QUARTER IN REVIEW



PROPRIETARY & CONFIDENTIAL

MARKET OUTLOOK



Stronger-than-expected economic data and concerns over stickier inflation have subdued market rate cut expectations



Performance within the Magnificent 7 diverged as A.I.-related guidance drove returns for a narrower set of companies



Market breadth expanded during the quarter and we continue to support U.S. large-cap value & RAFI exposures



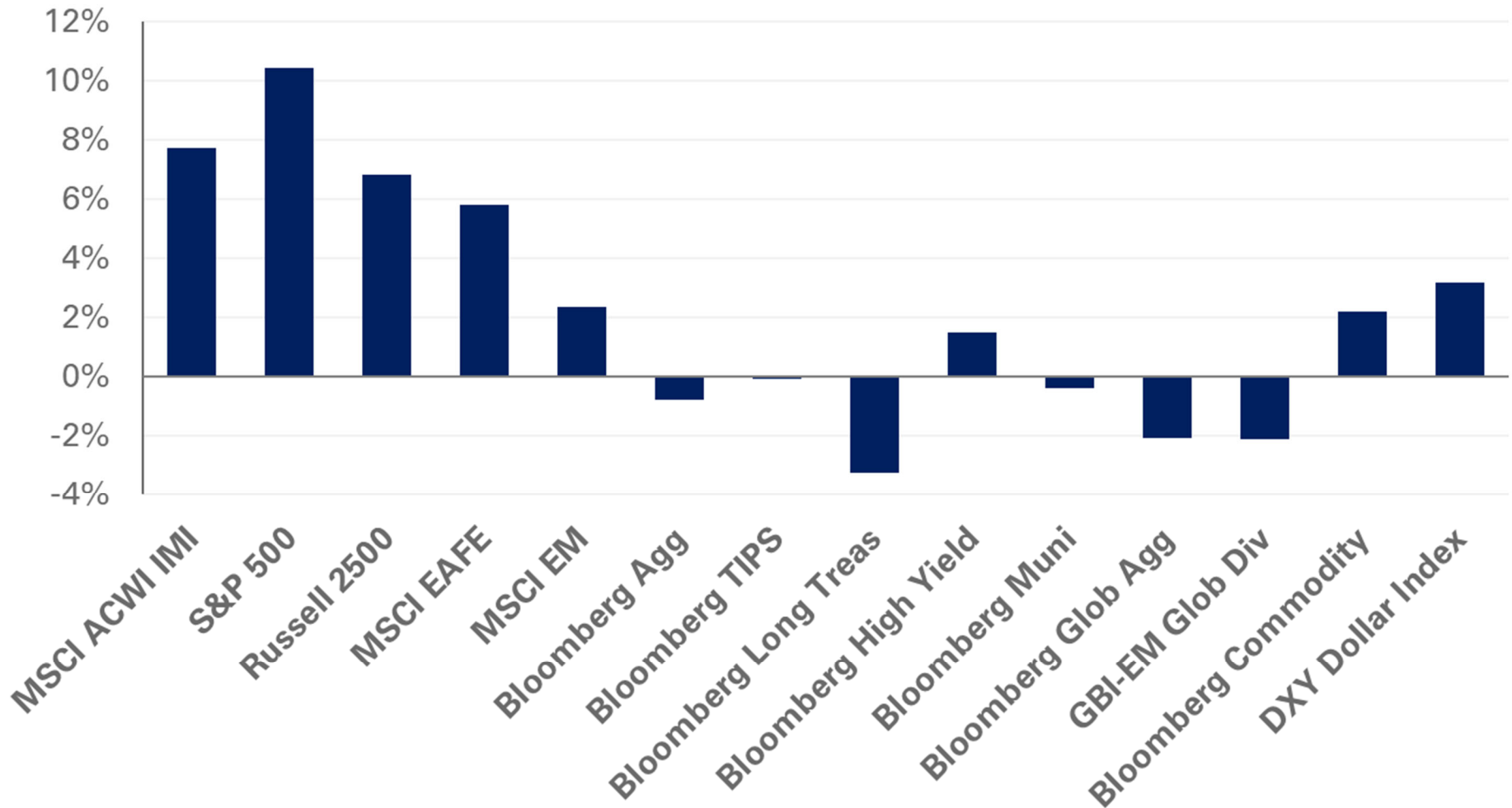
Cash yields are attractive - we remain comfortable holding greater levels of cash to heighten portfolio liquidity levels



The all-in yield on U.S. high yield bonds remains attractive, but current spread levels are approaching historical lows

U.S. LARGE CAP EQUITIES OUTPERFORMED

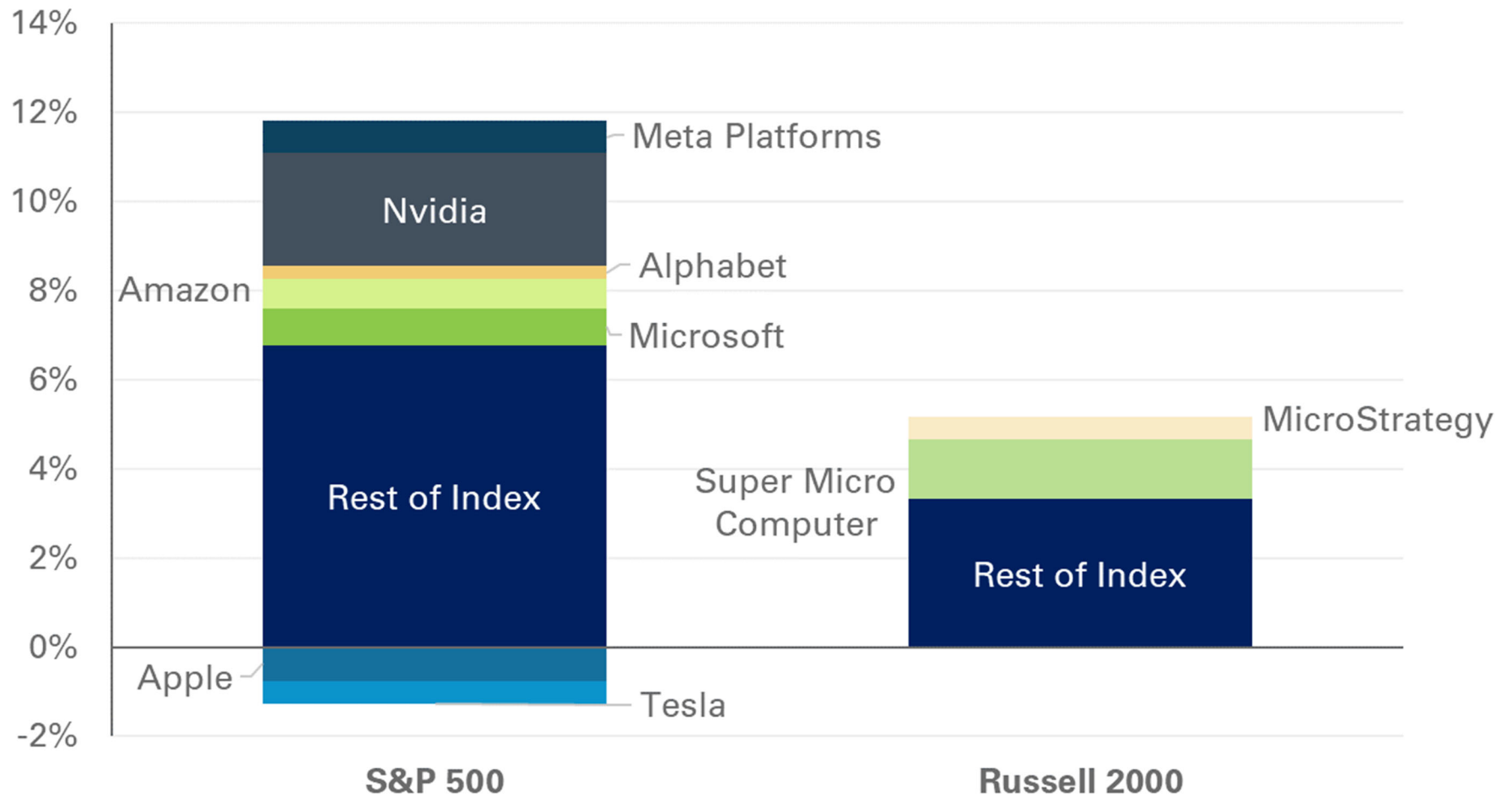
QUARTERLY TOTAL RETURNS



Sources: MSCI, S&P, Russell, Bloomberg, JP Morgan, FactSet

TOP NAMES STILL DRIVING INDEX RETURNS...

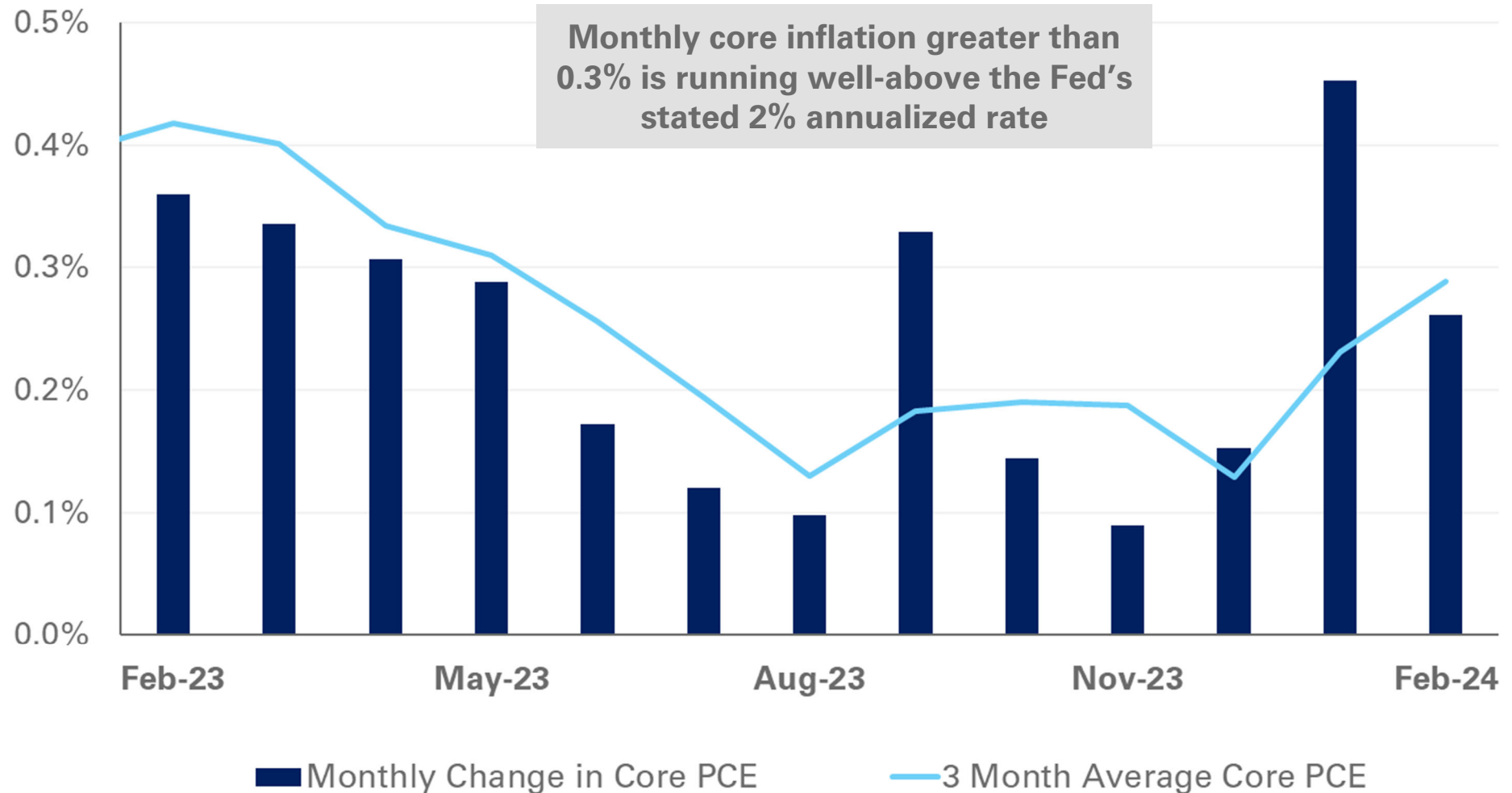
CONTRIBUTIONS TO QUARTERLY TOTAL RETURNS



Sources: S&P, Russell, FactSet

CORE INFLATION IS RUNNING ABOVE FED TARGET

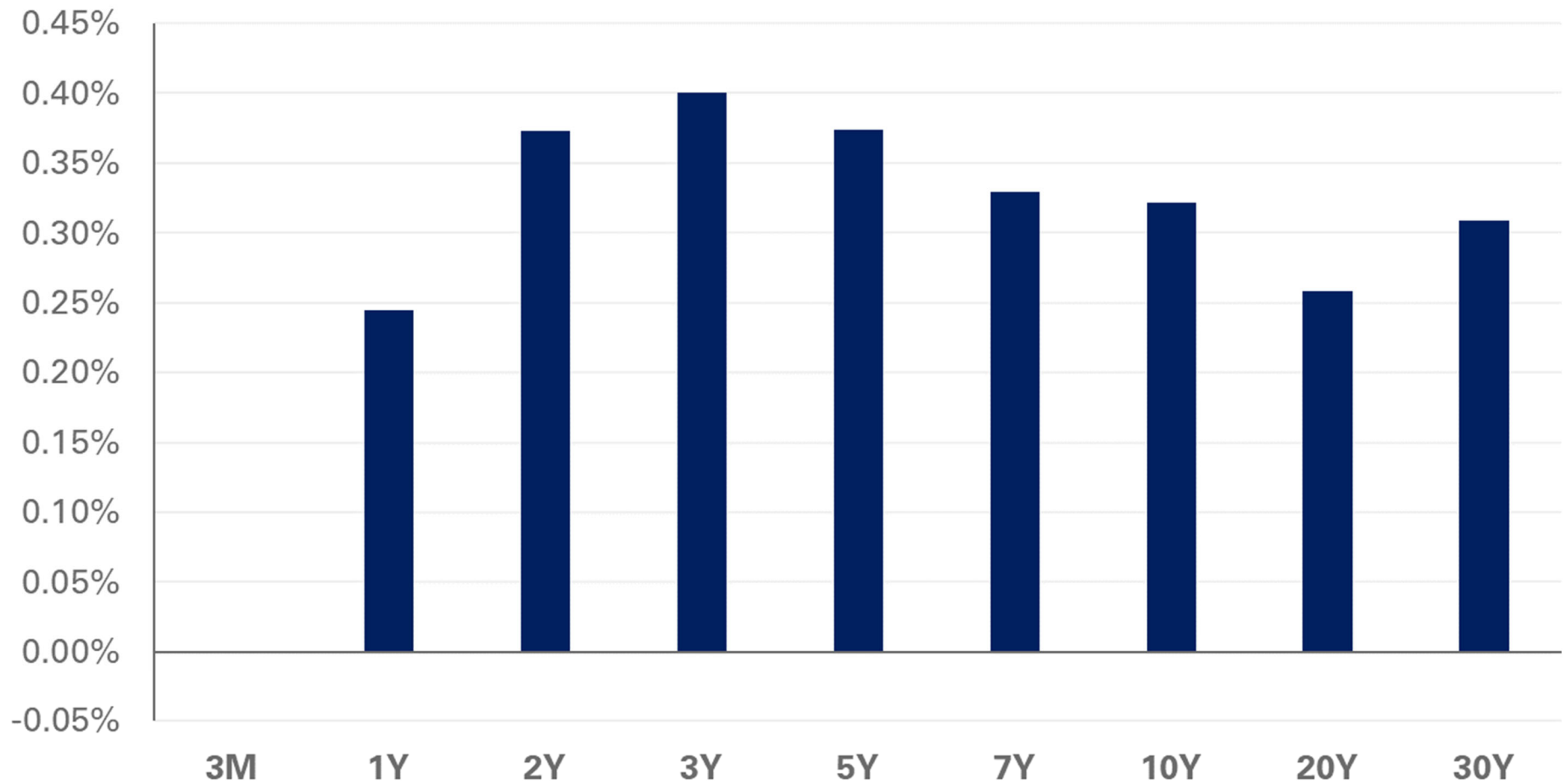
MONTHLY CHANGE IN CORE PCE (EX-FOOD AND ENERGY)



Sources: Department of Labor, FactSet

INFLATION PRESSURED RATES HIGHER

QUARTERLY CHANGE IN U.S. TREASURY YIELD CURVE





PERFORMANCE UPDATE

March 31, 2024



PROPRIETARY & CONFIDENTIAL

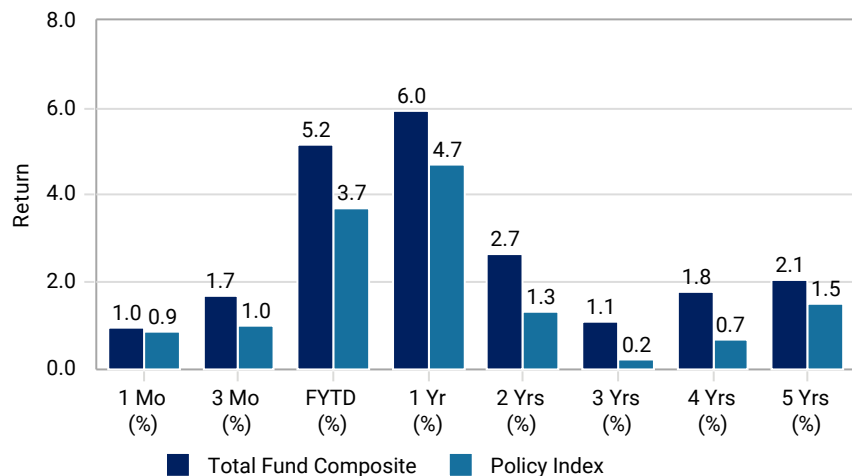
SOUTH BROWARD HOSPITAL DISTRICT – OPERATING FUNDS

March 31, 2024



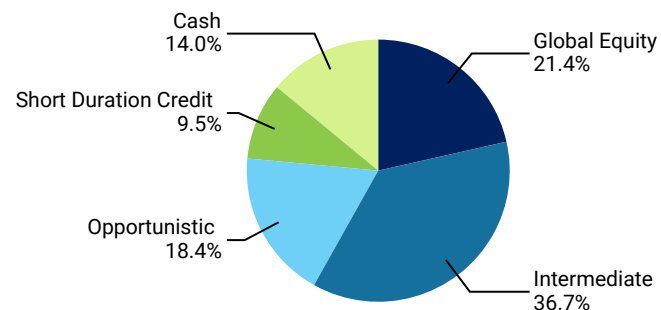
EXECUTIVE SUMMARY

Return Summary Ending March 31, 2024

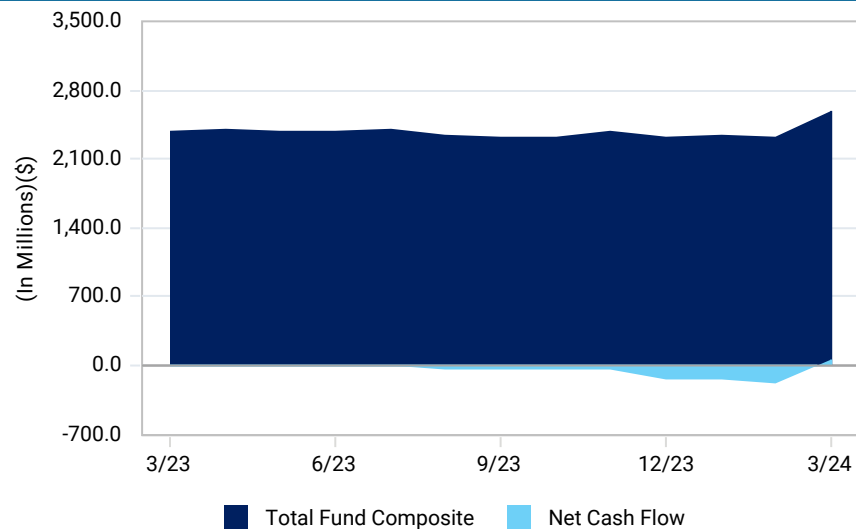


| | Current (\$) | Current (%) | Policy (%) | Differences (%) |
|-----------------------|----------------------|--------------|--------------|-----------------|
| Global Equity | 557,843,482 | 21.4 | 20.0 | 1.4 |
| Intermediate | 953,803,560 | 36.7 | 35.0 | 1.7 |
| Opportunistic | 477,694,661 | 18.4 | 20.0 | -1.6 |
| Short Duration Credit | 247,178,161 | 9.5 | 10.0 | -0.5 |
| Cash | 364,550,971 | 14.0 | 15.0 | -1.0 |
| Total | 2,601,070,836 | 100.0 | 100.0 | 0.0 |

Current Allocation



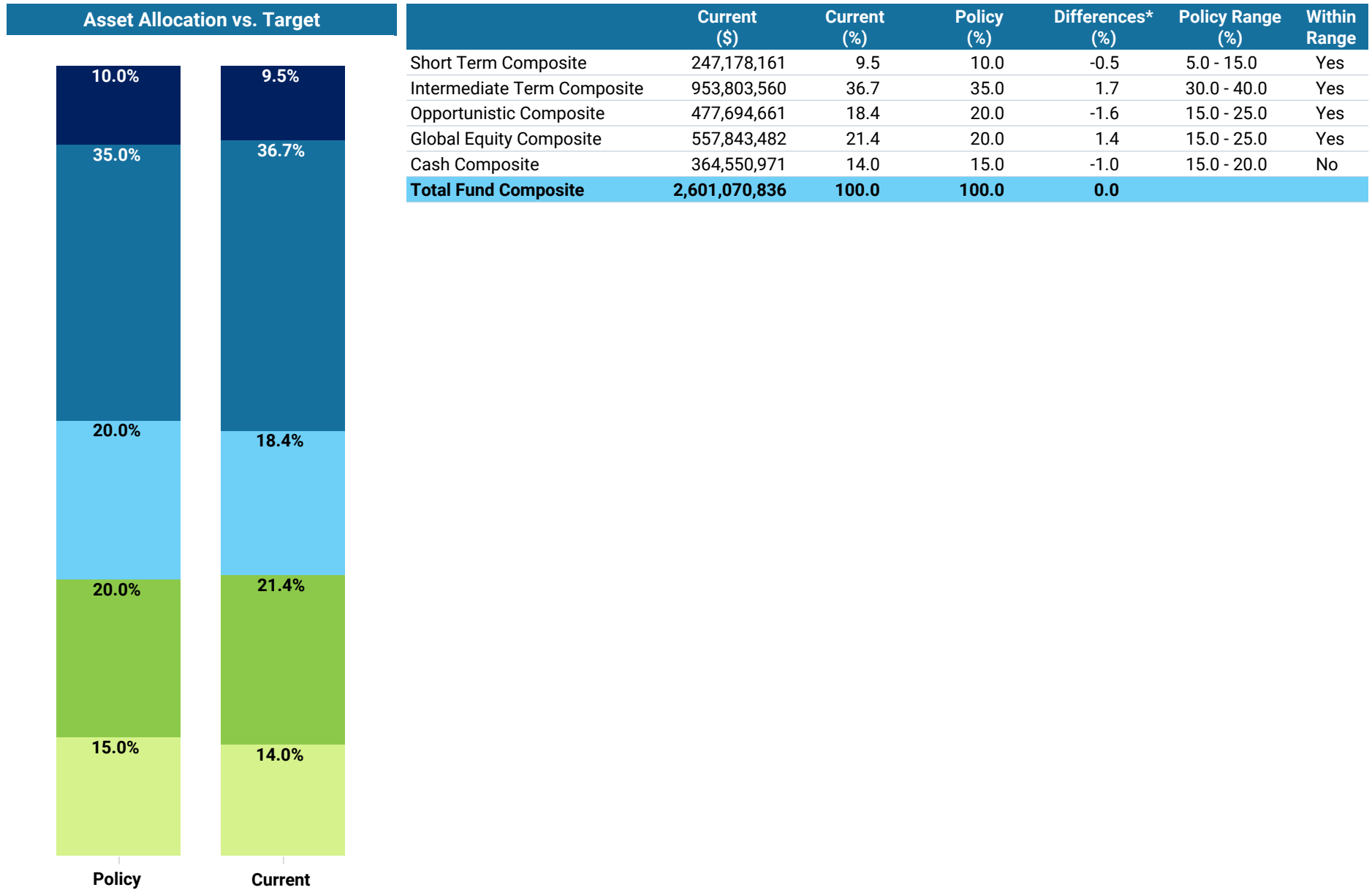
Market Value History 1 Year Ending March 31, 2024



Summary of Cash Flows

| | 1 Month | FYTD | 1 Year | 3 Years |
|----------------------------|----------------------|----------------------|----------------------|----------------------|
| Beginning Market Value | 2,326,051,098 | 2,410,286,750 | 2,391,533,997 | 2,558,866,615 |
| Net Cash Flow | 250,000,000 | 69,384,039 | 69,362,544 | -36,021,233 |
| Net Investment Change | 25,019,737 | 121,400,047 | 140,174,295 | 78,225,453 |
| Ending Market Value | 2,601,070,836 | 2,601,070,836 | 2,601,070,836 | 2,601,070,836 |

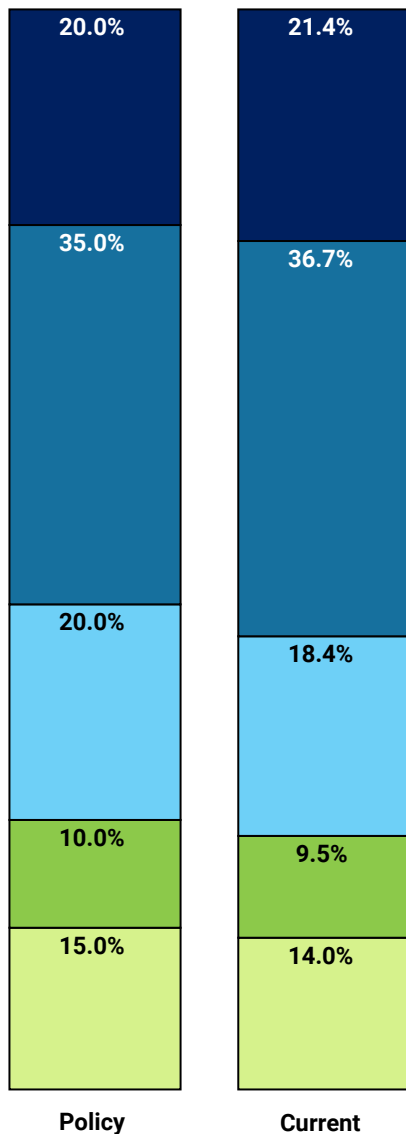
ASSET ALLOCATION VS. POLICY



*Difference between Policy and Current Allocation

ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target



| | Current Balance (\$) | Policy (%) | Current Allocation (%) | Differences (%) | Policy Range (%) | Within Range |
|---|----------------------|--------------|------------------------|-----------------|--------------------|--------------|
| Global Equity | 557,843,482 | 20.0 | 21.4 | 1.4 | 15.0 - 25.0 | Yes |
| Vanguard Global Minimum Volatility Equity | 263,652,750 | | 10.1 | | | |
| Parametric Global Defensive Equity | 294,190,732 | | 11.3 | | | |
| Intermediate | 953,803,560 | 35.0 | 36.7 | 1.7 | 30.0 - 40.0 | Yes |
| Galliard Intermediate Government | 231,248,860 | | 8.9 | | | |
| Merganser Intermediate Bond | 224,650,371 | | 8.6 | | | |
| Fort Washington Intermediate Bond | 192,719,656 | | 7.4 | | | |
| Lord Abbett Intermediate Bond | 221,694,178 | | 8.5 | | | |
| PFM - Self Insurance Fund | 46,271,878 | | 1.8 | | | |
| PFM - Disability Fund | 20,484,758 | | 0.8 | | | |
| PFM - Workmen's Compensation Fund | 11,224,342 | | 0.4 | | | |
| PFM - Health & Dental Fund | 5,509,516 | | 0.2 | | | |
| Opportunistic | 477,694,661 | 20.0 | 18.4 | -1.6 | 15.0 - 25.0 | Yes |
| Galliard Opportunistic | 147,365,545 | | 5.7 | | | |
| Merganser Opportunistic | 147,542,594 | | 5.7 | | | |
| Fort Washington Active Fixed Income | 182,786,522 | | 7.0 | | | |
| Short Duration Credit | 247,178,161 | 10.0 | 9.5 | -0.5 | 5.0 - 15.0 | Yes |
| Lord Abbett Short Duration | 124,422,127 | | 4.8 | | | |
| Loop Capital Asset Management | 122,756,035 | | 4.7 | | | |
| Cash | 364,550,971 | 15.0 | 14.0 | -1.0 | 15.0 - 20.0 | No |
| PNC Treasury Management | 364,546,889 | | 14.0 | | | |
| U.S. Bank Cash | 4,082 | | 0.0 | | | |
| Total | 2,601,070,836 | 100.0 | 100.0 | 0.0 | | |

*Difference between Policy and Current Allocation

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | |
|--|----------------------|----------------|-----------------|------------|------------|------------|------------|-------------|-------------|------------|
| | Market Value (\$) | % of Portfolio | 1 Mo (%) | 3 Mo (%) | FYTD (%) | 1 Yr (%) | 2 Yrs (%) | 3 Yrs (%) | 4 Yrs (%) | 5 Yrs (%) |
| Total Fund Composite | 2,601,070,836 | 100.0 | 1.0 | 1.7 | 5.2 | 6.0 | 2.7 | 1.1 | 1.8 | 2.1 |
| <i>Policy Index</i> | | | 0.9 | 1.0 | 3.7 | 4.7 | 1.3 | 0.2 | 0.7 | 1.5 |
| Fixed Income Composite | 1,678,676,382 | 64.5 | 0.6 | 0.1 | 2.7 | 3.3 | 0.9 | -0.8 | -0.2 | 0.9 |
| Short Term Composite | 247,178,161 | 9.5 | 0.5 | 0.4 | 3.1 | 3.4 | 1.7 | -0.3 | 0.1 | 0.9 |
| <i>Blmbg. 1-5 Year Gov/Credit</i> | | | 0.5 | 0.1 | 2.6 | 3.2 | 1.4 | -0.4 | 0.2 | 1.2 |
| Lord Abbett Short Duration | 124,422,127 | 4.8 | 0.5 | 0.3 | 3.0 | 3.5 | 1.7 | | | |
| <i>Blmbg. 1-5 Year Gov/Credit</i> | | | 0.5 | 0.1 | 2.6 | 3.2 | 1.4 | | | |
| Loop Capital Asset Management | 122,756,035 | 4.7 | 0.5 | 0.4 | 3.3 | 3.2 | 1.6 | -0.4 | 0.1 | 0.9 |
| <i>Blmbg. 1-5 Year Gov/Credit</i> | | | 0.5 | 0.1 | 2.6 | 3.2 | 1.4 | -0.4 | 0.2 | 1.2 |
| Intermediate Term Composite | 953,803,560 | 36.7 | 0.6 | 0.1 | 2.7 | 3.3 | 0.9 | -0.9 | -0.2 | 0.9 |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 0.6 | -0.2 | 2.1 | 2.7 | 0.5 | -1.1 | -0.3 | 1.1 |
| Galliard Intermediate Government | 231,248,860 | 8.9 | 0.7 | 0.3 | 3.0 | 3.7 | 0.9 | -0.8 | -0.1 | 1.0 |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 0.6 | -0.2 | 2.1 | 2.7 | 0.5 | -1.1 | -0.3 | 1.1 |
| Merganser Intermediate Bond | 224,650,371 | 8.6 | 0.6 | 0.2 | 2.7 | 3.3 | 0.9 | -0.9 | -0.2 | 0.8 |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 0.6 | -0.2 | 2.1 | 2.7 | 0.5 | -1.1 | -0.3 | 1.1 |
| Fort Washington Intermediate Bond | 192,719,656 | 7.4 | 0.6 | 0.0 | 2.5 | 3.2 | 0.8 | | | |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 0.6 | -0.2 | 2.1 | 2.7 | 0.5 | | | |
| Lord Abbett Intermediate Bond | 221,694,178 | 8.5 | 0.6 | 0.0 | 2.3 | 2.9 | 0.7 | | | |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 0.6 | -0.2 | 2.1 | 2.7 | 0.5 | | | |
| PFM - Self Insurance Fund | 46,271,878 | 1.8 | 0.5 | 0.3 | 2.9 | 3.4 | 1.5 | -0.2 | 0.3 | 1.3 |
| <i>ICE BofA 1-5 Yr Treasury & Agency</i> | | | 0.4 | 0.0 | 2.0 | 2.5 | 1.0 | -0.6 | -0.5 | 1.0 |
| PFM - Disability Fund | 20,484,758 | 0.8 | 0.4 | 0.2 | 2.9 | 3.4 | 1.5 | -0.2 | 0.3 | 1.3 |
| <i>ICE BofA 1-5 Yr Treasury & Agency</i> | | | 0.4 | 0.0 | 2.0 | 2.5 | 1.0 | -0.6 | -0.5 | 1.0 |
| PFM - Workmen's Compensation Fund | 11,224,342 | 0.4 | 0.4 | 0.6 | 3.5 | 3.9 | 2.2 | 0.7 | 0.7 | 1.4 |
| <i>ICE BofA U.S. Agencies, 1-3yr</i> | | | 0.3 | 0.5 | 3.4 | 3.5 | 1.8 | 0.3 | 0.4 | 1.2 |
| PFM - Health & Dental Fund | 5,509,516 | 0.2 | 0.4 | 0.6 | 3.5 | 3.9 | 2.2 | 0.6 | 0.7 | 1.4 |
| <i>ICE BofA U.S. Agencies, 1-3yr</i> | | | 0.3 | 0.5 | 3.4 | 3.5 | 1.8 | 0.3 | 0.4 | 1.2 |

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | |
|---|--------------------|----------------|-----------------|------------|-------------|-------------|------------|-------------|-------------|------------|
| | Market Value (\$) | % of Portfolio | 1 Mo (%) | 3 Mo (%) | FYTD (%) | 1 Yr (%) | 2 Yrs (%) | 3 Yrs (%) | 4 Yrs (%) | 5 Yrs (%) |
| Opportunistic Composite | 477,694,661 | 18.4 | 0.7 | 0.0 | 2.4 | 3.1 | 0.5 | -1.0 | -0.4 | 1.0 |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 0.8 | -0.4 | 1.7 | 2.3 | -0.3 | -1.7 | -0.9 | 0.6 |
| Galliard Opportunistic | 147,365,545 | 5.7 | 0.8 | 0.0 | 2.3 | 3.0 | 0.2 | -1.2 | -0.5 | 1.0 |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 0.8 | -0.4 | 1.7 | 2.3 | -0.3 | -1.7 | -0.9 | 0.6 |
| Merganser Opportunistic | 147,542,594 | 5.7 | 0.6 | 0.0 | 2.4 | 3.1 | 0.6 | -0.9 | -0.4 | 1.0 |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 0.8 | -0.4 | 1.7 | 2.3 | -0.3 | -1.7 | -0.9 | 0.6 |
| Fort Washington Active Fixed Income | 182,786,522 | 7.0 | 0.7 | -0.1 | 2.6 | 3.2 | 0.7 | | | |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 0.8 | -0.4 | 1.7 | 2.3 | -0.3 | | | |
| Global Equity Composite | 557,843,482 | 21.4 | 2.4 | 7.0 | 13.4 | 15.3 | 7.2 | 6.7 | 11.5 | 6.8 |
| <i>MSCI AC World Minimum Volatility Index (Net)</i> | | | 1.9 | 4.7 | 8.1 | 11.1 | 2.1 | 4.3 | 9.0 | 5.4 |
| Vanguard Global Minimum Volatility Equity | 263,652,750 | 10.1 | 2.6 | 8.7 | 13.6 | 15.8 | 7.5 | 6.8 | 11.1 | 6.1 |
| <i>MSCI AC World Minimum Volatility Index (Net)</i> | | | 1.9 | 4.7 | 8.1 | 11.1 | 2.1 | 4.3 | 9.0 | 5.4 |
| Parametric Global Defensive Equity | 294,190,732 | 11.3 | 2.1 | 5.5 | 13.4 | 15.0 | 7.0 | 6.7 | 11.8 | 6.8 |
| <i>50% MSCI ACWI / 50% 90 Day T-Bill</i> | | | 1.8 | 4.7 | 13.2 | 14.2 | 5.8 | 5.1 | 9.8 | 6.8 |
| Cash Composite | 364,550,971 | 14.0 | | | | | | | | |
| <i>90 Day U.S. Treasury Bill</i> | | | 0.4 | 1.3 | 4.9 | 5.2 | 3.9 | 2.6 | 2.0 | 2.0 |
| PNC Treasury Management | 364,546,889 | 14.0 | 0.4 | 1.3 | 4.9 | 5.2 | 3.9 | 2.6 | 2.0 | 2.0 |
| <i>90 Day U.S. Treasury Bill</i> | | | 0.4 | 1.3 | 4.9 | 5.2 | 3.9 | 2.6 | 2.0 | 2.0 |
| U.S. Bank Cash | 4,082 | 0.0 | | | | | | | | |
| <i>90 Day U.S. Treasury Bill</i> | | | 0.4 | 1.3 | 4.9 | 5.2 | 3.9 | 2.6 | 2.0 | 2.0 |

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 35% Bloomberg Intermediate U.S. Gov/Credit, 20% Bloomberg U.S. Intermediate Aggregate, 10% Bloomberg 1-5 Year Gov/Credit, 20% MSCI AC World Minimum Volatility Index (Net), and 15% 90 Day U.S. T-Bills.

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | | |
|--|----------------------|----------------|-----------------|-------------|-------------|------------|------------|------------|------------|------------|------------|
| | Market Value (\$) | % of Portfolio | 2023 | 2022 | 2021 | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 |
| Total Fund Composite | 2,601,070,836 | 100.0 | 6.7 | -5.9 | 1.1 | 3.9 | 5.3 | 1.2 | 1.3 | 1.1 | 1.1 |
| <i>Policy Index</i> | | | 5.7 | -7.1 | 1.0 | 3.9 | 5.7 | 1.2 | 0.8 | 0.9 | 0.8 |
| Short Term Composite | 247,178,161 | 9.5 | 5.1 | -5.2 | -1.0 | 3.2 | 3.5 | 1.6 | 0.7 | 0.8 | 0.6 |
| <i>Blmbg. 1-5 Year Gov/Credit</i> | | | 4.9 | -5.5 | -1.0 | 4.7 | 5.0 | 1.4 | 1.3 | 1.6 | 1.0 |
| Lord Abbett Short Duration | 124,422,127 | 4.8 | 5.1 | -4.9 | | | | | | | |
| <i>Blmbg. 1-5 Year Gov/Credit</i> | | | 4.9 | -5.5 | | | | | | | |
| Loop Capital Asset Management | 122,756,035 | 4.7 | 5.1 | -5.6 | -0.9 | 3.2 | 3.5 | 1.6 | 0.7 | 1.0 | 0.4 |
| <i>Blmbg. 1-5 Year Gov/Credit</i> | | | 4.9 | -5.5 | -1.0 | 4.7 | 5.0 | 1.4 | 1.3 | 1.6 | 1.0 |
| Intermediate Term Composite | 953,803,560 | 36.7 | 5.5 | -7.5 | -1.0 | 4.8 | 4.6 | 1.5 | 1.3 | 1.2 | 1.2 |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 5.2 | -8.2 | -1.4 | 6.4 | 6.8 | 0.9 | 2.1 | 2.1 | 1.1 |
| Galliard Intermediate Government | 231,248,860 | 8.9 | 5.8 | -8.1 | -0.6 | 5.1 | 4.6 | 1.5 | 1.4 | 1.3 | 1.1 |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 5.2 | -8.2 | -1.4 | 6.4 | 6.8 | 0.9 | 2.1 | 2.1 | 1.1 |
| Merganser Intermediate Bond | 224,650,371 | 8.6 | 5.5 | -7.6 | -1.0 | 4.6 | 4.6 | 1.5 | 1.3 | 1.2 | 1.0 |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 5.2 | -8.2 | -1.4 | 6.4 | 6.8 | 0.9 | 2.1 | 2.1 | 1.1 |
| Fort Washington Intermediate Bond | 192,719,656 | 7.4 | 5.6 | -7.9 | | | | | | | |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 5.2 | -8.2 | | | | | | | |
| Lord Abbett Intermediate Bond | 221,694,178 | 8.5 | 5.5 | -7.7 | | | | | | | |
| <i>Blmbg. Intermed. U.S. Government/Credit</i> | | | 5.2 | -8.2 | | | | | | | |
| PFM - Self Insurance Fund | 46,271,878 | 1.8 | 5.0 | -5.0 | -0.9 | 4.6 | 4.6 | 1.4 | 1.1 | 1.3 | 1.0 |
| <i>ICE BofA 1-5 Yr Treasury & Agency</i> | | | 4.3 | -5.2 | -1.1 | 4.2 | 4.2 | 1.5 | 0.7 | 1.1 | 1.0 |
| PFM - Disability Fund | 20,484,758 | 0.8 | 5.0 | -5.1 | -0.9 | 4.6 | 4.6 | 1.3 | 1.1 | 1.3 | 1.0 |
| <i>ICE BofA 1-5 Yr Treasury & Agency</i> | | | 4.3 | -5.2 | -1.1 | 4.2 | 4.2 | 1.5 | 0.7 | 1.1 | 1.0 |
| PFM - Workmen's Compensation Fund | 11,224,342 | 0.4 | 5.1 | -3.0 | -0.5 | 2.8 | 3.5 | 1.6 | 0.7 | 1.0 | 0.7 |
| <i>ICE BofA U.S. Agencies, 1-3yr</i> | | | 4.7 | -3.7 | -0.4 | 2.7 | 3.5 | 1.8 | 0.7 | 1.0 | 0.7 |
| PFM - Health & Dental Fund | 5,509,516 | 0.2 | 5.0 | -3.1 | -0.5 | 2.8 | 3.5 | 1.7 | 0.7 | 1.0 | 0.7 |
| <i>ICE BofA U.S. Agencies, 1-3yr</i> | | | 4.7 | -3.7 | -0.4 | 2.7 | 3.5 | 1.8 | 0.7 | 1.0 | 0.7 |

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | | |
|---|--------------------|----------------|-----------------|-------------|-------------|------------|-------------|------------|------------|------------|------------|
| | Market Value (\$) | % of Portfolio | 2023 | 2022 | 2021 | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 |
| Opportunistic Composite | 477,694,661 | 18.4 | 5.7 | -8.5 | -1.4 | 6.3 | 5.9 | 1.3 | 2.0 | 1.6 | 1.5 |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 5.2 | -9.5 | -1.3 | 5.6 | 6.7 | 0.9 | 2.3 | 2.0 | 1.2 |
| Galliard Opportunistic | 147,365,545 | 5.7 | 5.7 | -9.2 | -1.1 | 6.6 | 5.9 | 1.3 | 2.2 | 1.6 | 1.4 |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 5.2 | -9.5 | -1.3 | 5.6 | 6.7 | 0.9 | 2.3 | 2.0 | 1.2 |
| Merganser Opportunistic | 147,542,594 | 5.7 | 5.6 | -8.3 | -1.4 | 5.9 | 5.8 | 1.4 | 1.7 | 1.6 | 1.2 |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 5.2 | -9.5 | -1.3 | 5.6 | 6.7 | 0.9 | 2.3 | 2.0 | 1.2 |
| Fort Washington Active Fixed Income | 182,786,522 | 7.0 | 5.8 | -8.2 | | | | | | | |
| <i>Blmbg. U.S. Intermediate Aggregate</i> | | | 5.2 | -9.5 | | | | | | | |
| Global Equity Composite | 557,843,482 | 21.4 | 11.2 | -6.0 | 12.7 | 1.4 | 17.0 | | | | |
| <i>MSCI AC World Minimum Volatility Index (Net)</i> | | | 7.7 | -10.3 | 13.9 | 2.7 | 21.1 | | | | |
| Vanguard Global Minimum Volatility Equity | 263,652,750 | 10.1 | 8.0 | -4.5 | 12.0 | -3.9 | 22.7 | | | | |
| <i>MSCI AC World Minimum Volatility Index (Net)</i> | | | 7.7 | -10.3 | 13.9 | 2.7 | 21.1 | | | | |
| Parametric Global Defensive Equity | 294,190,732 | 11.3 | 14.6 | -7.5 | 13.1 | 2.6 | 14.1 | | | | |
| <i>50% MSCI ACWI / 50% 90 Day T-Bill</i> | | | 13.6 | -8.5 | 9.0 | 9.1 | 14.1 | | | | |
| Cash Composite | 364,550,971 | 14.0 | | | | | | | | | |
| PNC Treasury Management | 364,546,889 | 14.0 | 5.1 | 1.3 | 0.1 | 0.8 | 2.4 | 1.9 | 0.9 | 0.5 | 0.2 |
| <i>90 Day U.S. Treasury Bill</i> | | | 5.0 | 1.5 | 0.0 | 0.7 | 2.3 | 1.9 | 0.9 | 0.3 | 0.0 |
| U.S. Bank Cash | 4,082 | 0.0 | | | | | | | | | |
| <i>90 Day U.S. Treasury Bill</i> | | | 5.0 | 1.5 | 0.0 | 0.7 | 2.3 | | | | |

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 35% Bloomberg Intermediate U.S. Gov/Credit, 20% Bloomberg U.S. Intermediate Aggregate, 10% Bloomberg 1-5 Year Gov/Credit, 20% MSCI AC World Minimum Volatility Index (Net), and 15% 90 Day U.S. T-Bills.

CASH FLOW SUMMARY BY MANAGER

| | 1 Month Ending March 31, 2024 | | | | | |
|---|-------------------------------|----------------------|-------------|----------------------|---------------------|------------------------|
| | Beginning Market Value | Contributions | Withdrawals | Net Cash Flows | Gain/Loss | Ending Market Value |
| Lord Abnett Short Duration | \$123,784,071 | - | - | - | \$638,056 | \$124,422,127 |
| Loop Capital Asset Management | \$122,177,640 | - | - | - | \$578,395 | \$122,756,035 |
| Galliard Intermediate Government | \$229,538,159 | - | - | - | \$1,710,701 | \$231,248,860 |
| Merganser Intermediate Bond | \$223,259,334 | - | - | - | \$1,391,038 | \$224,650,371 |
| Fort Washington Intermediate Bond | \$191,523,986 | - | - | - | \$1,195,670 | \$192,719,656 |
| Lord Abnett Intermediate Bond | \$220,285,234 | - | - | - | \$1,408,945 | \$221,694,178 |
| PFM - Self Insurance Fund | \$46,059,641 | - | - | - | \$212,237 | \$46,271,878 |
| PFM - Disability Fund | \$20,395,042 | - | - | - | \$89,716 | \$20,484,758 |
| PFM - Workmen's Compensation Fund | \$11,179,733 | - | - | - | \$44,609 | \$11,224,342 |
| PFM - Health & Dental Fund | \$5,487,512 | - | - | - | \$22,003 | \$5,509,516 |
| Galliard Opportunistic | \$146,192,971 | - | - | - | \$1,172,573 | \$147,365,545 |
| Merganser Opportunistic | \$146,607,883 | - | - | - | \$934,711 | \$147,542,594 |
| Fort Washington Active Fixed Income | \$181,497,855 | - | - | - | \$1,288,667 | \$182,786,522 |
| Vanguard Global Minimum Volatility Equity | \$256,936,666 | - | - | - | \$6,716,084 | \$263,652,750 |
| Parametric Global Defensive Equity | \$288,076,719 | - | - | - | \$6,114,013 | \$294,190,732 |
| PNC Treasury Management | \$113,044,586 | \$250,000,000 | - | \$250,000,000 | \$1,502,303 | \$364,546,889 |
| U.S. Bank Cash | \$4,066 | - | - | - | \$17 | \$4,082 |
| Total | \$2,326,051,098 | \$250,000,000 | - | \$250,000,000 | \$25,019,737 | \$2,601,070,836 |

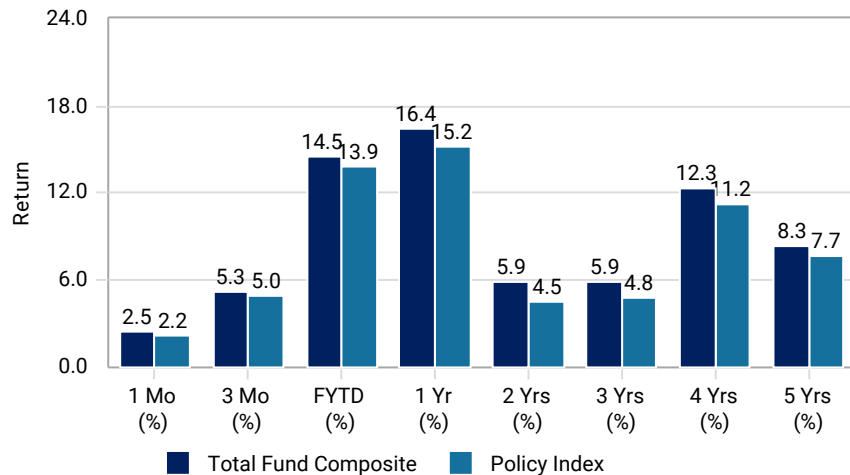
SOUTH BROWARD HOSPITAL DISTRICT – RETIREMENT PLAN

March 31, 2024



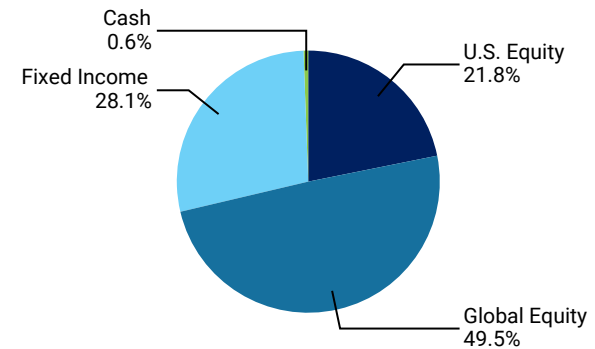
EXECUTIVE SUMMARY

Return Summary Ending March 31, 2024

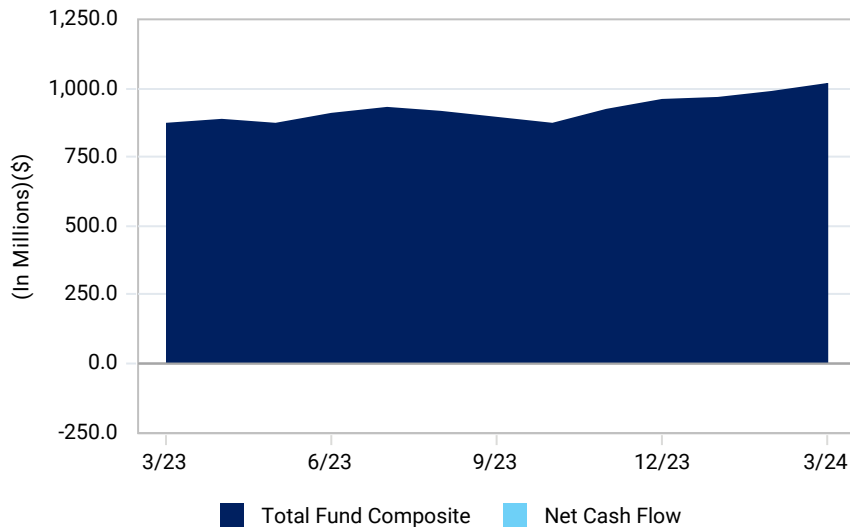


| | Current (\$) | Current (%) | Policy (%) | Differences (%) |
|---------------|----------------------|--------------|--------------|-----------------|
| U.S. Equity | 222,456,083 | 21.8 | 20.0 | 1.8 |
| Global Equity | 504,417,695 | 49.5 | 45.0 | 4.5 |
| Fixed Income | 286,445,960 | 28.1 | 35.0 | -6.9 |
| Cash | 5,878,997 | 0.6 | 0.0 | 0.6 |
| Total | 1,019,198,735 | 100.0 | 100.0 | 0.0 |

Current Allocation



Market Value History 1 Year Ending March 31, 2024



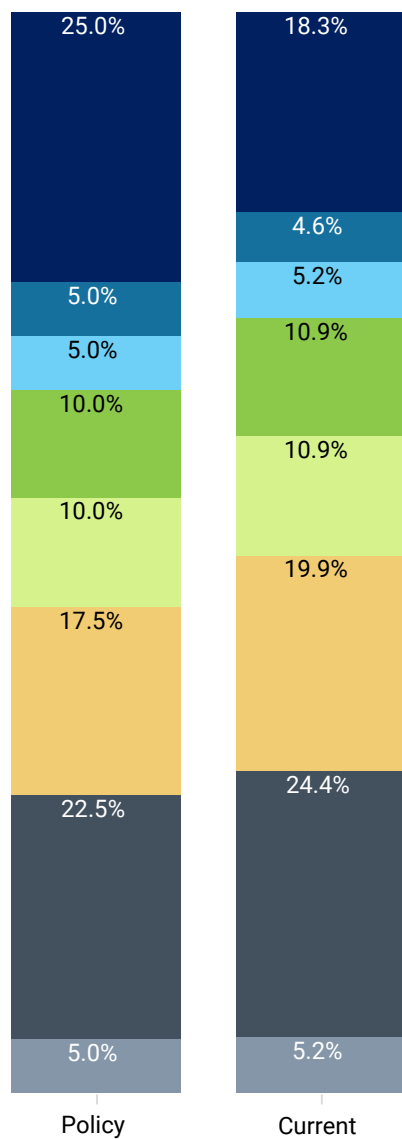
Summary of Cash Flows

| | 1 Month | FYTD | 1 Year | 3 Years |
|----------------------------|----------------------|----------------------|----------------------|----------------------|
| Beginning Market Value | 994,695,252 | 889,124,807 | 876,583,153 | 859,360,995 |
| Net Cash Flow | | -28,927 | -2,594,849 | -6,446,775 |
| Net Investment Change | 24,503,483 | 130,102,855 | 145,210,431 | 166,284,515 |
| Ending Market Value | 1,019,198,735 | 1,019,198,735 | 1,019,198,735 | 1,019,198,735 |



ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target

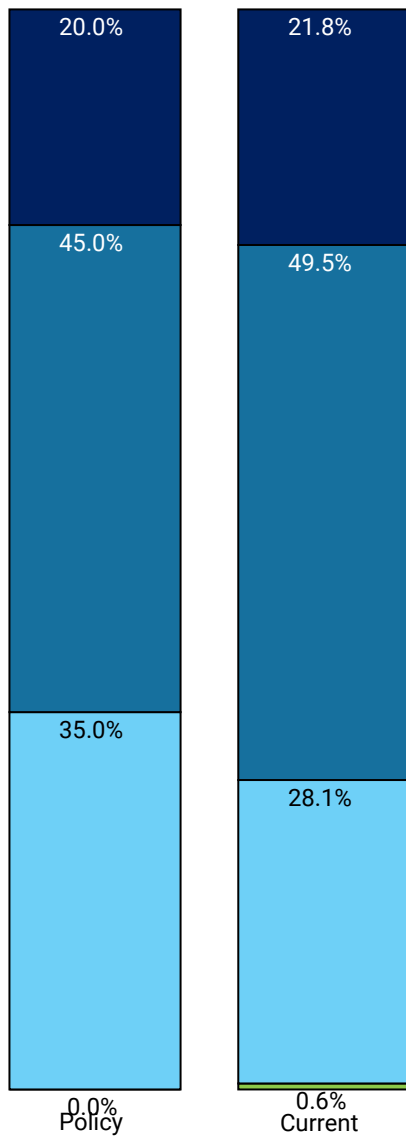


| | Current (\$) | Current (%) | Policy (%) | Differences* (%) | Policy Range (%) | Within Range |
|------------------------------------|----------------------|--------------|--------------|------------------|------------------|--------------|
| C.S. McKee Aggregate Fixed Income | 186,666,699 | 18.3 | 25.0 | -6.7 | 20.0 - 30.0 | No |
| Chartwell High Yield | 47,013,006 | 4.6 | 5.0 | -0.4 | 2.5 - 7.5 | Yes |
| Artistotle Floating Rate Income | 52,752,187 | 5.2 | 5.0 | 0.2 | 2.5 - 7.5 | Yes |
| Vanguard Total Stock Market Fund | 111,195,876 | 10.9 | 10.0 | 0.9 | 5.0 - 15.0 | Yes |
| Parametric Defensive Equity | 111,260,207 | 10.9 | 10.0 | 0.9 | 5.0 - 15.0 | Yes |
| Dodge & Cox | 202,820,533 | 19.9 | 17.5 | 2.4 | 12.5 - 22.5 | Yes |
| Walter Scott & Partners | 248,336,364 | 24.4 | 22.5 | 1.9 | 17.5 - 27.5 | Yes |
| Vanguard Global Minimum Volatility | 53,260,798 | 5.2 | 5.0 | 0.2 | 2.5 - 7.5 | Yes |
| Total Fund Composite | 1,019,198,735 | 100.0 | 100.0 | 0.0 | | |

*Difference between Policy and Current Allocation

ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target



| | Current Balance (\$) | Policy (%) | Current Allocation (%) | Differences (%) | Policy Range (%) | Within Range |
|------------------------------------|----------------------|------------|------------------------|-----------------|------------------|--------------|
| U.S. Equity | 222,456,083 | 20.0 | 21.8 | 1.8 | 15.0 - 25.0 | Yes |
| Vanguard Total Stock Market Fund | 111,195,876 | | 10.9 | | | |
| Parametric Defensive Equity | 111,260,207 | | 10.9 | | | |
| Global Equity | 504,417,695 | 45.0 | 49.5 | 4.5 | 40.0 - 50.0 | Yes |
| Dodge & Cox | 202,820,533 | | 19.9 | | | |
| Walter Scott & Partners | 248,336,364 | | 24.4 | | | |
| Vanguard Global Minimum Volatility | 53,260,798 | | 5.2 | | | |
| Fixed Income | 286,445,960 | 35.0 | 28.1 | -6.9 | 30.0 - 40.0 | No |
| C.S. McKee Aggregate Fixed Income | 186,666,699 | | 18.3 | | | |
| Chartwell High Yield | 47,013,006 | | 4.6 | | | |
| Artistotle Floating Rate Income | 52,752,187 | | 5.2 | | | |
| Wellington LCP Legacy Portfolio | 14,068 | | 0.0 | | | |
| Cash | 5,878,997 | 0.0 | 0.6 | 0.6 | 0.0 - 0.0 | No |
| Money Market | 2,011,347 | | 0.2 | | | |
| Vanguard Treasury Money Market | 3,867,650 | | 0.4 | | | |
| Total | 1,019,198,735 | 100.0 | 100.0 | 0.0 | | |

*Difference between Policy and Current Allocation

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | |
|--|-------------------|----------------|-----------------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | Market Value (\$) | % of Portfolio | 1 Mo (%) | 3 Mo (%) | FYTD (%) | 1 Yr (%) | 2 Yrs (%) | 3 Yrs (%) | 4 Yrs (%) | 5 Yrs (%) |
| Total Fund Composite | 1,019,198,735 | 100.0 | 2.5 | 5.3 | 14.5 | 16.4 | 5.9 | 5.9 | 12.3 | 8.3 |
| <i>Policy Index</i> | | | 2.2 | 5.0 | 13.9 | 15.2 | 4.5 | 4.8 | 11.2 | 7.7 |
| Fixed Income Composite | 286,445,960 | 28.1 | 0.9 | 0.2 | 4.1 | 4.9 | 1.0 | -0.2 | 1.2 | 1.7 |
| <i>Custom Index</i> | | | 0.9 | 0.0 | 3.4 | 4.1 | 0.6 | -0.5 | 1.0 | 1.6 |
| C.S. McKee Aggregate Fixed Income | 186,666,699 | 18.3 | 0.9 | -0.3 | 2.0 | 2.6 | -1.2 | -2.2 | -1.1 | 0.5 |
| <i>Blmbg. U.S. Aggregate Index</i> | | | 0.9 | -0.8 | 1.1 | 1.7 | -1.6 | -2.5 | -1.7 | 0.4 |
| Chartwell High Yield | 47,013,006 | 4.6 | 0.8 | 1.3 | 6.9 | 8.0 | 4.4 | 2.6 | 5.0 | 3.2 |
| <i>ICE BofA U.S. High Yield Cash Pay BB 1-3 Year</i> | | | 0.8 | 1.4 | 7.2 | 8.0 | 4.9 | 3.1 | 6.0 | 4.1 |
| Artistotle Floating Rate Income | 52,752,187 | 5.2 | 0.8 | 2.5 | 10.9 | 12.3 | 7.4 | 6.0 | 8.2 | 5.0 |
| <i>Credit Suisse Leveraged Loan Index</i> | | | 0.8 | 2.5 | 11.3 | 12.4 | 7.1 | 5.8 | 9.4 | 5.3 |
| Wellington LCP Legacy Portfolio | 14,068 | 0.0 | | | | | | | | |
| U.S. Equity Composite | 222,456,083 | 21.8 | 2.7 | 7.9 | 21.3 | 22.9 | 7.7 | 9.0 | 17.6 | 11.7 |
| <i>CRSP U.S. Total Market TR Index</i> | | | 3.2 | 10.0 | 28.0 | 29.3 | 8.6 | 9.6 | 21.0 | 14.3 |
| Vanguard Total Stock Market Fund | 111,195,876 | 10.9 | 3.3 | 9.9 | 27.9 | 29.3 | 8.6 | 9.6 | 21.0 | 14.2 |
| <i>CRSP U.S. Total Market TR Index</i> | | | 3.2 | 10.0 | 28.0 | 29.3 | 8.6 | 9.6 | 21.0 | 14.3 |
| Parametric Defensive Equity | 111,260,207 | 10.9 | 2.2 | 6.4 | 16.1 | 17.8 | 7.2 | 8.6 | 13.8 | 8.9 |
| <i>50% S&P 500/50% 90 Day T-Bill</i> | | | 1.8 | 5.9 | 16.1 | 17.2 | 7.1 | 7.4 | 11.7 | 8.8 |
| Global Equity Composite | 504,417,695 | 49.5 | 3.3 | 7.2 | 18.3 | 21.2 | 8.2 | 8.4 | 17.9 | 11.1 |
| <i>MSCI AC World Index (Net)</i> | | | 3.1 | 8.2 | 21.5 | 23.2 | 6.8 | 7.0 | 17.3 | 10.9 |
| Dodge & Cox | 202,820,533 | 19.9 | 5.3 | 5.7 | 18.5 | 21.0 | 8.2 | 9.0 | 22.1 | 11.6 |
| <i>MSCI AC World Index Value (Net)</i> | | | 4.3 | 6.9 | 16.0 | 18.0 | 5.6 | 6.7 | 15.9 | 7.6 |
| Walter Scott & Partners | 248,336,364 | 24.4 | 1.8 | 8.1 | 19.2 | 22.7 | 8.4 | 8.1 | 16.2 | 11.2 |
| <i>MSCI World Growth (Net)</i> | | | 1.9 | 10.2 | 29.1 | 31.2 | 8.8 | 8.9 | 19.6 | 15.1 |
| Vanguard Global Minimum Volatility | 53,260,798 | 5.2 | 2.6 | 8.7 | 13.6 | 15.7 | 7.5 | 6.8 | 11.1 | 6.1 |
| <i>MSCI AC World Minimum Volatility Index (Net)</i> | | | 1.9 | 4.7 | 8.1 | 11.1 | 2.1 | 4.3 | 9.0 | 5.4 |
| Cash Composite | 5,878,997 | 0.6 | 0.3 | 1.5 | 5.1 | 5.2 | 3.2 | 2.1 | 1.6 | 1.6 |
| <i>90 Day U.S. Treasury Bill</i> | | | 0.4 | 1.3 | 4.9 | 5.2 | 3.9 | 2.6 | 2.0 | 2.0 |

* All data is preliminary. Memorial Health Systems' Fiscal Year ends in April.

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Bloomberg U.S. Aggregate, 10% CRSP US Total Market Index, 10% CBOE Put Write Index, 5% BofAML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

* Custom Index consist of 71.4% Bloomberg U.S. Aggregate, 14.3% BofA Merrill Lynch 1-3 Yrs High Yield BB, and 14.3% Credit Suisse Leveraged Loan Index.

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | |
|---|-------------------|----------------|-----------------|-------|------|------|------|
| | Market Value (\$) | % of Portfolio | 2023 | 2022 | 2021 | 2020 | 2019 |
| Total Fund Composite | 1,019,198,735 | 100.0 | 16.3 | -11.9 | 13.4 | 11.0 | 19.5 |
| Policy Index | | | 15.7 | -13.9 | 12.6 | 11.7 | 19.6 |
| Fixed Income Composite | 286,445,960 | 28.1 | 7.5 | -9.5 | -0.2 | 6.3 | 8.6 |
| Custom Index | | | 7.1 | -10.0 | 0.1 | 6.7 | 8.7 |
| C.S. McKee Aggregate Fixed Income | 186,666,699 | 18.3 | 5.9 | -12.9 | -1.8 | 7.6 | 8.9 |
| Blmbg. U.S. Aggregate Index | | | 5.5 | -13.0 | -1.5 | 7.5 | 8.7 |
| Chartwell High Yield | 47,013,006 | 4.6 | 8.1 | -3.0 | 2.3 | 4.2 | 7.0 |
| ICE BofA U.S. High Yield Cash Pay BB 1-3 Year | | | 8.9 | -3.1 | 3.2 | 5.4 | 8.7 |
| Artistotle Floating Rate Income | 52,752,187 | 5.2 | 13.4 | -0.8 | 4.6 | 1.6 | 8.3 |
| Credit Suisse Leveraged Loan Index | | | 13.0 | -1.1 | 5.4 | 2.8 | 8.2 |
| Wellington LCP Legacy Portfolio | 14,068 | 0.0 | | | | | |
| U.S. Equity Composite | 222,456,083 | 21.8 | 21.0 | -13.8 | 21.8 | 13.6 | 23.5 |
| CRSP U.S. Total Market TR Index | | | 26.0 | -19.5 | 25.7 | 21.0 | 30.8 |
| Vanguard Total Stock Market Fund | 111,195,876 | 10.9 | 26.0 | -19.5 | 25.7 | 21.0 | 30.7 |
| CRSP U.S. Total Market TR Index | | | 26.0 | -19.5 | 25.7 | 21.0 | 30.8 |
| Parametric Defensive Equity | 111,260,207 | 10.9 | 16.9 | -7.7 | 17.2 | 5.0 | 16.0 |
| 50% S&P 500/50% 90 Day T-Bill | | | 15.5 | -8.2 | 13.7 | 10.1 | 16.3 |
| Global Equity Composite | 504,417,695 | 49.5 | 20.2 | -12.8 | 19.0 | 12.4 | 27.1 |
| MSCI AC World Index (Net) | | | 22.2 | -18.4 | 18.5 | 16.3 | 26.6 |
| Dodge & Cox | 202,820,533 | 19.9 | 20.3 | -5.8 | 20.8 | 6.0 | 23.8 |
| MSCI AC World Index Value (Net) | | | 11.8 | -7.5 | 19.6 | -0.3 | 20.6 |
| Walter Scott & Partners | 248,336,364 | 24.4 | 23.1 | -19.6 | 18.7 | 18.9 | 30.5 |
| MSCI World Growth (Net) | | | 37.0 | -29.2 | 21.2 | 33.8 | 33.7 |
| Vanguard Global Minimum Volatility | 53,260,798 | 5.2 | 8.0 | -4.5 | 12.0 | -3.9 | 22.7 |
| MSCI AC World Minimum Volatility Index (Net) | | | 7.7 | -10.3 | 13.9 | 2.7 | 21.1 |
| Cash Composite | 5,878,997 | 0.6 | 4.2 | 0.7 | 0.0 | 0.4 | 2.0 |
| 90 Day U.S. Treasury Bill | | | 5.0 | 1.5 | 0.0 | 0.7 | 2.3 |

* All data is preliminary. Memorial Health Systems' Fiscal Year ends in April.


* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Bloomberg U.S. Aggregate, 10% CRSP US Total Market Index, 10% CBOE Put Write Index, 5% BofAML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

* Custom Index consist of 71.4% Bloomberg U.S. Aggregate, 14.3% BofA Merrill Lynch 1-3 Yrs High Yield BB, and 14.3% Credit Suisse Leveraged Loan Index.

CASH FLOW SUMMARY BY MANAGER

| | 1 Month Ending March 31, 2024 | | | | | |
|------------------------------------|-------------------------------|------------------|-------------------|----------------|---------------------|------------------------|
| | Beginning Market Value | Contributions | Withdrawals | Net Cash Flows | Gain/Loss | Ending Market Value |
| C.S. McKee Aggregate Fixed Income | \$184,924,787 | - | - | - | \$1,741,912 | \$186,666,699 |
| Chartwell High Yield | \$46,655,624 | - | - | - | \$357,382 | \$47,013,006 |
| Artistotle Floating Rate Income | \$52,284,357 | - | -\$4,251 | -\$4,251 | \$472,082 | \$52,752,187 |
| Wellington LCP Legacy Portfolio | \$13,913 | - | -\$48 | -\$48 | \$203 | \$14,068 |
| Vanguard Total Stock Market Fund | \$108,064,080 | - | -\$389,549 | -\$389,549 | \$3,521,345 | \$111,195,876 |
| Parametric Defensive Equity | \$108,867,778 | - | - | - | \$2,392,430 | \$111,260,207 |
| Dodge & Cox | \$192,660,214 | - | - | - | \$10,160,318 | \$202,820,533 |
| Walter Scott & Partners | \$243,849,605 | - | - | - | \$4,486,759 | \$248,336,364 |
| Vanguard Global Minimum Volatility | \$51,904,057 | - | - | - | \$1,356,741 | \$53,260,798 |
| Money Market | \$1,620,515 | \$393,848 | - | \$393,848 | -\$3,016 | \$2,011,347 |
| Vanguard Treasury Money Market | \$3,850,323 | - | - | - | \$17,326 | \$3,867,650 |
| Total | \$994,695,252 | \$393,848 | -\$393,848 | - | \$24,503,483 | \$1,019,198,735 |



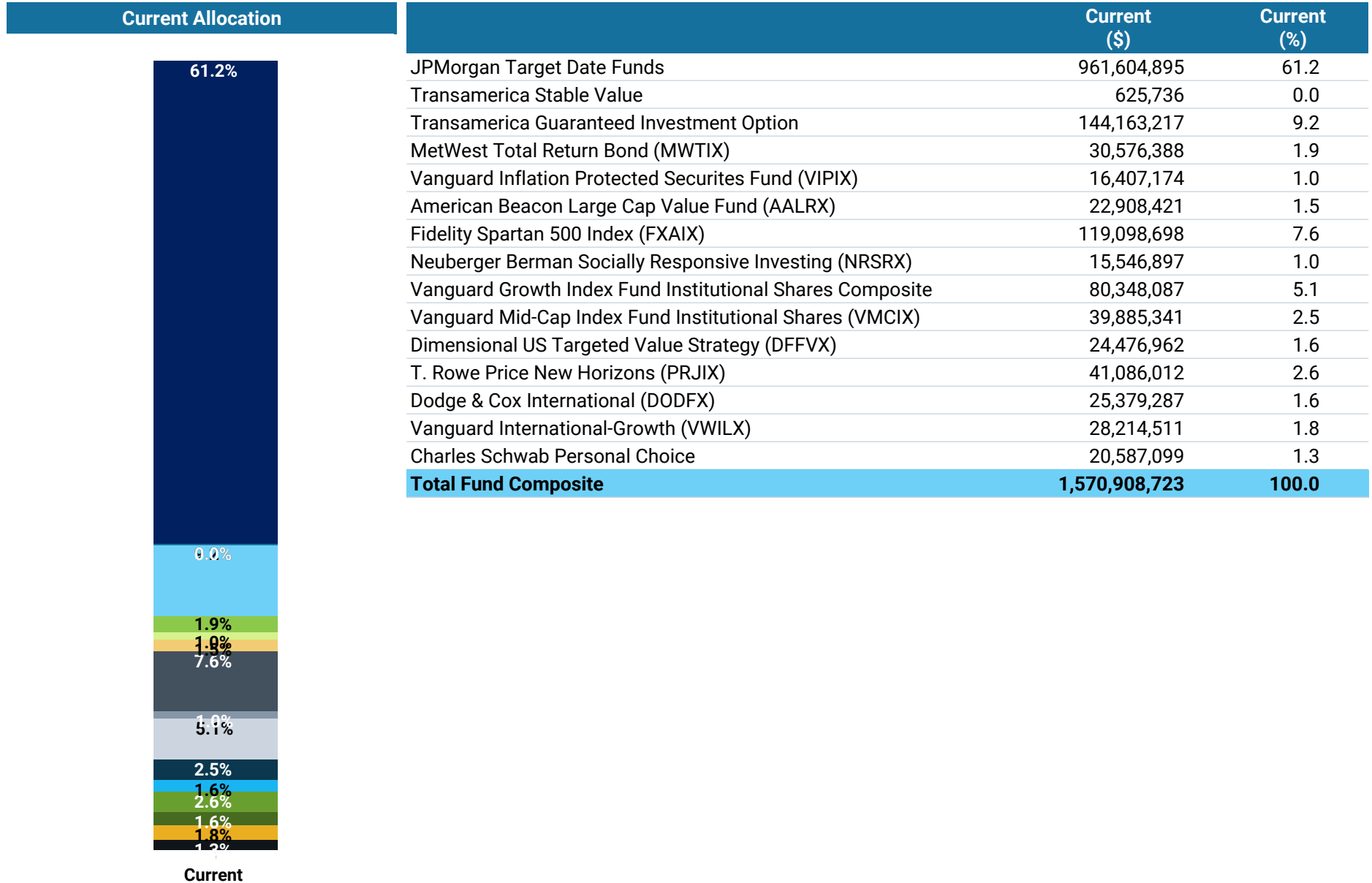
MEMORIAL HEALTHCARE SYSTEM DEFINED CONTRIBUTION PLANS

March 31, 2024



PROPRIETARY & CONFIDENTIAL

ASSET ALLOCATION VS. POLICY



MULTI PERIOD ASSET ALLOCATION

| | <i>Total Fund</i> | |
|--|----------------------|--------------|
| | \$ | % |
| Total Fund Composite | 1,313,472,246 | 100.0 |
| JP Morgan Target Date Funds | 792,607,955 | 60.3 |
| JPMorgan SmartRetirement Blend Income (JIYBX) | 40,182,285 | 3.1 |
| JPMorgan SmartRetirement Blend 2020 (JSYRX) | 67,542,331 | 5.1 |
| JPMorgan SmartRetirement Blend 2025 (JBYSX) | 126,966,540 | 9.7 |
| JPMorgan SmartRetirement Blend 2030 (JRBYX) | 137,168,268 | 10.4 |
| JPMorgan SmartRetirement Blend 2035 (JPYRX) | 116,691,146 | 8.9 |
| JPMorgan SmartRetirement Blend 2040 (JOBYX) | 91,227,690 | 6.9 |
| JPMorgan SmartRetirement Blend 2045 (JMYAX) | 80,789,943 | 6.2 |
| JPMorgan SmartRetirement Blend 2050 (JNYAX) | 73,153,834 | 5.6 |
| JPMorgan SmartRetirement Blend 2055 (JTYBX) | 37,946,890 | 2.9 |
| JPMorgan SmartRetirement Blend 2060 (JAAYX) | 20,939,027 | 1.6 |
| Core Funds | 503,330,814 | 38.3 |
| Transamerica Stable Value | 500,263 | 0.0 |
| Transamerica Guaranteed Investment Option | 132,110,944 | 10.1 |
| MetWest Total Return Bond (MWTIX) | 25,738,046 | 2.0 |
| Vanguard Inflation Protected Securites Fund (VIPIX) | 13,638,053 | 1.0 |
| American Beacon Large Cap Value Fund (AALRX) | 20,037,052 | 1.5 |
| Fidelity Spartan 500 Index (FXAIX) | 98,825,746 | 7.5 |
| Neuberger Berman Socially Responsive Investing (NRSRX) | 13,309,070 | 1.0 |
| Vanguard Russell 1000 Growth Index (VIGIX) | 64,485,446 | 4.9 |
| Vanguard Mid-Cap Index Fund Institutional Shares (VMCIX) | 33,578,921 | 2.6 |
| Dimensional US Targeted Value Strategy (DFFVX) | 20,927,812 | 1.6 |
| T. Rowe Price New Horizons (PRJIX) | 34,407,740 | 2.6 |
| Dodge & Cox International (DODFX) | 22,264,679 | 1.7 |
| Vanguard International-Growth (VWILX) | 23,507,044 | 1.8 |
| Brokerage | 17,533,477 | 1.3 |
| Charles Schwab Personal Choice | 17,533,477 | 1.3 |

MULTI PERIOD ASSET ALLOCATION

| | <i>Total Fund</i> | |
|--|--------------------|--------------|
| | \$ | % |
| Total Fund Composite | 104,131,479 | 100.0 |
| JPMorgan Target Date Funds | 88,223,543 | 84.7 |
| JPMorgan SmartRetirement Blend Income (JIYBX) | 1,118,941 | 1.1 |
| JPMorgan SmartRetirement Blend 2020 (JSYRX) | 2,485,307 | 2.4 |
| JPMorgan SmartRetirement Blend 2025 (JBYSX) | 6,255,124 | 6.0 |
| JPMorgan SmartRetirement Blend 2030 (JRBYX) | 8,427,993 | 8.1 |
| JPMorgan SmartRetirement Blend 2035 (JPYRX) | 11,287,489 | 10.8 |
| JPMorgan SmartRetirement Blend 2040 (JOBYX) | 11,622,624 | 11.2 |
| JPMorgan SmartRetirement Blend 2045 (JMYAX) | 14,320,114 | 13.8 |
| JPMorgan SmartRetirement Blend 2050 (JNYAX) | 15,498,421 | 14.9 |
| JPMorgan SmartRetirement Blend 2055 (JTYBX) | 11,263,569 | 10.8 |
| JPMorgan SmartRetirement Blend 2060 (JAAYX) | 5,943,960 | 5.7 |
| Core Funds | 15,907,936 | 15.3 |
| Transamerica Stable Value | 35,500 | 0.0 |
| Transamerica Guaranteed Investment Option | 1,432,884 | 1.4 |
| MetWest Total Return Bond (MWTIX) | 590,964 | 0.6 |
| Vanguard Inflation Protected Securites Fund (VIPIX) | 556,560 | 0.5 |
| American Beacon Large Cap Value Fund (AALRX) | 620,591 | 0.6 |
| Fidelity Spartan 500 Index (FXAIX) | 4,220,694 | 4.1 |
| Neuberger Berman Socially Responsive Investing (NRSRX) | 153,520 | 0.1 |
| Vanguard Russell 1000 Growth Index (VIGIX) | 2,683,743 | 2.6 |
| Vanguard Mid-Cap Index Fund Institutional Shares (VMCIX) | 662,411 | 0.6 |
| Dimensional US Targeted Value Strategy (DFFVX) | 1,261,426 | 1.2 |
| T. Rowe Price New Horizons (PRJIX) | 1,095,979 | 1.1 |
| Dodge & Cox International (DODFX) | 1,287,567 | 1.2 |
| Vanguard International-Growth (VWILX) | 1,306,097 | 1.3 |
| Brokerage | | 0.0 |
| Charles Schwab Personal Choice | | 0.0 |

MULTI PERIOD ASSET ALLOCATION

| | <i>Total Fund</i> | |
|--|--------------------|--------------|
| | \$ | % |
| Total Fund Composite | 133,748,115 | 100.0 |
| JPMorgan Target Date Funds | 63,703,060 | 47.6 |
| JPMorgan SmartRetirement Blend Income (JIYBX) | 3,440,105 | 2.6 |
| JPMorgan SmartRetirement Blend 2020 (JSYRX) | 5,020,272 | 3.8 |
| JPMorgan SmartRetirement Blend 2025 (JBYSX) | 11,048,269 | 8.3 |
| JPMorgan SmartRetirement Blend 2030 (JRBYX) | 11,746,349 | 8.8 |
| JPMorgan SmartRetirement Blend 2035 (JPYRX) | 9,520,372 | 7.1 |
| JPMorgan SmartRetirement Blend 2040 (JOBYX) | 7,523,144 | 5.6 |
| JPMorgan SmartRetirement Blend 2045 (JMYAX) | 7,533,722 | 5.6 |
| JPMorgan SmartRetirement Blend 2050 (JNYAX) | 5,553,652 | 4.2 |
| JPMorgan SmartRetirement Blend 2055 (JTYBX) | 1,767,483 | 1.3 |
| JPMorgan SmartRetirement Blend 2060 (JAAYX) | 549,693 | 0.4 |
| Core Funds | 66,991,433 | 50.1 |
| Transamerica Stable Value | 2,266 | 0.0 |
| Transamerica Guaranteed Investment Option | 10,457,602 | 7.8 |
| MetWest Total Return Bond (MWTIX) | 4,171,642 | 3.1 |
| Vanguard Inflation Protected Securites Fund (VIPIX) | 1,934,594 | 1.4 |
| American Beacon Large Cap Value Fund (AALRX) | 2,199,835 | 1.6 |
| Fidelity Spartan 500 Index (FXAIX) | 15,606,607 | 11.7 |
| Neuberger Berman Socially Responsive Investing (NRSRX) | 2,074,182 | 1.6 |
| Vanguard Russell 1000 Growth Index (VIGIX) | 12,128,976 | 9.1 |
| Vanguard Mid-Cap Index Fund Institutional Shares (VMCIX) | 5,552,825 | 4.2 |
| Dimensional US Targeted Value Strategy (DFFVX) | 2,287,725 | 1.7 |
| T. Rowe Price New Horizons (PRJIX) | 5,392,308 | 4.0 |
| Dodge & Cox International (DODFX) | 1,821,925 | 1.4 |
| Vanguard International-Growth (VWILX) | 3,360,946 | 2.5 |
| Brokerage | 3,053,622 | 2.3 |
| Charles Schwab Personal Choice | 3,053,622 | 2.3 |

MULTI PERIOD ASSET ALLOCATION

| | <i>Total Fund</i> | |
|--|-------------------|--------------|
| | \$ | % |
| Total Fund Composite | 19,556,883 | 100.0 |
| JPMorgan Target Date Funds | 17,070,338 | 87.3 |
| JPMorgan SmartRetirement Blend Income (JIYBX) | 211,922 | 1.1 |
| JPMorgan SmartRetirement Blend 2020 (JSYRX) | 8,278 | 0.0 |
| JPMorgan SmartRetirement Blend 2025 (JBYSX) | 5,793,955 | 29.6 |
| JPMorgan SmartRetirement Blend 2030 (JRBYX) | 5,483,228 | 28.0 |
| JPMorgan SmartRetirement Blend 2035 (JPYRX) | 3,290,238 | 16.8 |
| JPMorgan SmartRetirement Blend 2040 (JOBYX) | 1,428,032 | 7.3 |
| JPMorgan SmartRetirement Blend 2045 (JMYAX) | 854,685 | 4.4 |
| JPMorgan SmartRetirement Blend 2050 (JNYAX) | | 0.0 |
| JPMorgan SmartRetirement Blend 2055 (JTYBX) | | 0.0 |
| JPMorgan SmartRetirement Blend 2060 (JAAYX) | | 0.0 |
| Core Funds | 2,486,546 | 12.7 |
| Transamerica Stable Value | 87,707 | 0.4 |
| Transamerica Guaranteed Investment Option | 161,786 | 0.8 |
| MetWest Total Return Bond (MWTIX) | 75,737 | 0.4 |
| Vanguard Inflation Protected Securites Fund (VIPIX) | 277,966 | 1.4 |
| American Beacon Large Cap Value Fund (AALRX) | 50,944 | 0.3 |
| Fidelity Spartan 500 Index (FXAIX) | 445,650 | 2.3 |
| Neuberger Berman Socially Responsive Investing (NRSRX) | 10,125 | 0.1 |
| Vanguard Russell 1000 Growth Index (VIGIX) | 1,049,922 | 5.4 |
| Vanguard Mid-Cap Index Fund Institutional Shares (VMCIX) | 91,184 | 0.5 |
| Dimensional US Targeted Value Strategy (DFFVX) | | 0.0 |
| T. Rowe Price New Horizons (PRJIX) | 189,984 | 1.0 |
| Dodge & Cox International (DODFX) | 5,116 | 0.0 |
| Vanguard International-Growth (VWILX) | 40,425 | 0.2 |
| Brokerage | | 0.0 |
| Charles Schwab Personal Choice | | 0.0 |

PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | |
|--|----------------------|----------------|-----------------|----------|----------|-----------|-----------|-----------|------------|
| | Market Value (\$) | % of Portfolio | 1 Mo (%) | 3 Mo (%) | 1 Yr (%) | 3 Yrs (%) | 5 Yrs (%) | 7 Yrs (%) | 10 Yrs (%) |
| Total Fund Composite | 1,570,908,723 | 100.0 | | | | | | | |
| JPMorgan Target Date Funds | 961,604,895 | 61.2 | | | | | | | |
| JPMorgan SmartRetirement Blend Income (JIYBX) | 44,953,253 | 2.9 | 1.8 | 3.2 | 10.4 | 1.7 | 4.5 | 4.6 | 4.3 |
| <i>S&P Target Date Retirement Income Index</i> | | | 1.6 | 2.3 | 8.7 | 1.8 | 4.3 | 4.3 | 4.1 |
| JPMorgan SmartRetirement Blend 2020 (JSYRX) | 75,056,188 | 4.8 | 1.9 | 3.2 | 10.6 | 1.7 | 4.8 | 5.0 | 5.0 |
| <i>S&P Target Date 2020 Index</i> | | | 1.8 | 3.2 | 10.9 | 2.7 | 5.6 | 5.7 | 5.4 |
| JPMorgan SmartRetirement Blend 2025 (JBYSX) | 150,063,887 | 9.6 | 2.0 | 3.5 | 11.7 | 2.2 | 5.7 | 5.9 | 5.7 |
| <i>S&P Target Date 2025 Index</i> | | | 1.9 | 3.4 | 11.6 | 3.1 | 6.4 | 6.4 | 6.0 |
| JPMorgan SmartRetirement Blend 2030 (JRBYX) | 162,825,838 | 10.4 | 2.3 | 4.5 | 14.1 | 3.1 | 6.8 | 6.9 | 6.5 |
| <i>S&P Target Date 2030 Index</i> | | | 2.2 | 4.3 | 13.8 | 3.9 | 7.4 | 7.3 | 6.7 |
| JPMorgan SmartRetirement Blend 2035 (JPYRX) | 140,789,245 | 9.0 | 2.6 | 5.4 | 16.5 | 4.2 | 7.9 | 7.8 | 7.2 |
| <i>S&P Target Date 2035 Index</i> | | | 2.5 | 5.2 | 16.1 | 4.8 | 8.4 | 8.1 | 7.4 |
| JPMorgan SmartRetirement Blend 2040 (JOBYX) | 111,801,490 | 7.1 | 2.7 | 6.2 | 18.4 | 4.9 | 8.8 | 8.5 | 7.8 |
| <i>S&P Target Date 2040 Index</i> | | | 2.7 | 6.0 | 18.1 | 5.5 | 9.2 | 8.8 | 7.9 |
| JPMorgan SmartRetirement Blend 2045 (JMYAX) | 103,498,464 | 6.6 | 2.9 | 6.8 | 19.8 | 5.5 | 9.4 | 9.0 | 8.2 |
| <i>S&P Target Date 2045 Index</i> | | | 2.9 | 6.6 | 19.4 | 6.0 | 9.8 | 9.2 | 8.3 |
| JPMorgan SmartRetirement Blend 2050 (JNYAX) | 94,205,907 | 6.0 | 3.0 | 7.1 | 20.4 | 5.7 | 9.6 | 9.1 | 8.2 |
| <i>S&P Target Date 2050 Index</i> | | | 2.9 | 6.8 | 20.1 | 6.3 | 10.0 | 9.4 | 8.5 |
| JPMorgan SmartRetirement Blend 2055 (JTYBX) | 50,977,943 | 3.2 | 3.0 | 7.1 | 20.4 | 5.7 | 9.5 | 9.1 | 8.2 |
| <i>S&P Target Date 2055 Index</i> | | | 2.9 | 6.8 | 20.1 | 6.3 | 10.1 | 9.5 | 8.5 |
| JPMorgan SmartRetirement Blend 2060 (JAAYX) | 27,432,680 | 1.7 | 3.0 | 7.0 | 20.3 | 5.8 | | | |
| <i>S&P Target Date 2060 Index</i> | | | 3.0 | 6.8 | 20.2 | 6.3 | | | |

PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | |
|---|--------------------|----------------|-----------------|----------|----------|-----------|-----------|-----------|------------|
| | Market Value (\$) | % of Portfolio | 1 Mo (%) | 3 Mo (%) | 1 Yr (%) | 3 Yrs (%) | 5 Yrs (%) | 7 Yrs (%) | 10 Yrs (%) |
| Core Funds | 588,716,729 | 37.5 | | | | | | | |
| Transamerica Stable Value | 625,736 | 0.0 | 0.2 | 0.6 | 2.6 | 1.8 | 1.7 | 1.5 | 1.4 |
| <i>90 Day U.S. Treasury Bill</i> | | | 0.4 | 1.3 | 5.2 | 2.6 | 2.0 | 1.9 | 1.4 |
| Transamerica Guaranteed Investment Option | 144,163,217 | 9.2 | 0.2 | 0.6 | 2.6 | 2.3 | 2.1 | 1.9 | 1.6 |
| <i>90 Day U.S. Treasury Bill</i> | | | 0.4 | 1.3 | 5.2 | 2.6 | 2.0 | 1.9 | 1.4 |
| MetWest Total Return Bond (MWTIX) | 30,576,388 | 1.9 | 0.9 | -0.9 | 1.5 | -3.0 | 0.4 | 1.1 | 1.6 |
| <i>Blmbg. U.S. Aggregate Index</i> | | | 0.9 | -0.8 | 1.7 | -2.5 | 0.4 | 1.1 | 1.5 |
| Vanguard Inflation Protected Securites Fund (VIPIX) | 16,407,174 | 1.0 | 0.7 | -0.2 | 0.2 | -0.7 | 2.4 | 2.2 | 2.1 |
| <i>Blmbg. U.S. TIPS</i> | | | 0.8 | -0.1 | 0.5 | -0.5 | 2.5 | 2.3 | 2.2 |
| American Beacon Large Cap Value Fund (AALRX) | 22,908,421 | 1.5 | 5.6 | 9.9 | 24.7 | 10.0 | 12.3 | 10.5 | 9.3 |
| <i>Russell 1000 Value Index</i> | | | 5.0 | 9.0 | 20.3 | 8.1 | 10.3 | 9.2 | 9.0 |
| Fidelity Spartan 500 Index (FXAIX) | 119,098,698 | 7.6 | 3.2 | 10.6 | 29.9 | 11.5 | 15.0 | 14.1 | 12.9 |
| <i>S&P 500 Index</i> | | | 3.2 | 10.6 | 29.9 | 11.5 | 15.0 | 14.1 | 13.0 |
| Neuberger Berman Socially Responsive Investing (NRSRX) | 15,546,897 | 1.0 | 3.5 | 12.6 | 34.9 | 10.4 | 14.3 | 12.6 | 11.5 |
| <i>S&P 500 Index</i> | | | 3.2 | 10.6 | 29.9 | 11.5 | 15.0 | 14.1 | 13.0 |
| Vanguard Growth Index Fund Institutional Shares Composite | 80,348,087 | 5.1 | 1.3 | 10.9 | 38.8 | 10.9 | 17.9 | 17.0 | 15.1 |
| <i>CRSP U.S. Large Cap Growth TR Index</i> | | | 1.3 | 10.9 | 38.9 | 11.0 | 18.0 | 17.1 | 15.1 |
| Vanguard Mid-Cap Index Fund Institutional Shares (VMCIX) | 39,885,341 | 2.5 | 4.3 | 7.9 | 20.4 | 5.7 | 10.9 | 10.4 | 9.9 |
| <i>CRSP U.S. Mid Cap TR Index</i> | | | 4.2 | 7.9 | 20.4 | 5.7 | 10.9 | 10.4 | 9.9 |
| Dimensional US Targeted Value Strategy (DFFVX) | 24,476,962 | 1.6 | 5.3 | 4.6 | 23.6 | 9.7 | 13.2 | 9.7 | 8.8 |
| <i>Russell 2000 Value Index</i> | | | 4.4 | 2.9 | 18.8 | 2.2 | 8.2 | 6.6 | 6.9 |
| T. Rowe Price New Horizons (PRJIX) | 41,086,012 | 2.6 | 1.6 | 6.1 | 19.9 | -3.1 | 10.0 | 13.5 | 12.1 |
| <i>Russell 2000 Growth Index</i> | | | 2.8 | 7.6 | 20.3 | -2.7 | 7.4 | 8.4 | 7.9 |
| Dodge & Cox International (DODFX) | 25,379,287 | 1.6 | 4.8 | 3.1 | 13.4 | 5.1 | 7.3 | 5.5 | 4.0 |
| <i>MSCI EAFE (Net)</i> | | | 3.3 | 5.8 | 15.3 | 4.8 | 7.3 | 6.7 | 4.8 |
| <i>MSCI AC World ex USA (Net)</i> | | | 3.1 | 4.7 | 13.3 | 1.9 | 6.0 | 5.9 | 4.3 |
| Vanguard International-Growth (VWILX) | 28,214,511 | 1.8 | 1.6 | 5.3 | 7.5 | -5.7 | 8.7 | 9.9 | 7.7 |
| <i>MSCI AC World ex USA (Net)</i> | | | 3.1 | 4.7 | 13.3 | 1.9 | 6.0 | 5.9 | 4.3 |
| Brokerage | 20,587,099 | 1.3 | | | | | | | |
| Charles Schwab Personal Choice | 20,587,099 | 1.3 | | | | | | | |

- All data prior to 5/2023 was received from Marquette Associates

- Transamerica Stable Value Fund is not an open option for plan participants

- Assets include: Memorial Healthcare System RSP Gold 403(b) Plan, Memorial Healthcare System 401(a) Plan, Memorial Healthcare System 457(b) Plan, Memorial Healthcare System SERP 457(f) Plan

- Performance is net of fees and is annualized for periods longer than one year. Performance is ranked within PARis's style-specific universes, where "1" refers to the top percentile and "100" th bottom percentile.



TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | | |
|--|----------------------|----------------|-----------------|--------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|
| | Market Value (\$) | % of Portfolio | 2023 | 2022 | 2021 | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 |
| Total Fund Composite | 1,570,908,723 | | | | | | | | | | |
| JPMorgan SmartRetirement Blend Income (JIYBX) | 44,953,253 | | 11.8 | -13.7 | 6.3 | 9.6 | 14.1 | -3.8 | 10.7 | 5.8 | -0.7 |
| <i>S&P Target Date Retirement Income Index</i> | | | 10.3 | -11.2 | 5.1 | 8.8 | 13.3 | -2.5 | 8.5 | 5.0 | -0.2 |
| JPMorgan SmartRetirement Blend 2020 (JSYRX) | 75,056,188 | | 12.0 | -13.7 | 6.4 | 10.1 | 15.5 | -4.5 | 13.4 | 6.8 | -0.7 |
| <i>S&P Target Date 2020 Index</i> | | | 12.3 | -12.8 | 8.8 | 10.2 | 16.5 | -4.2 | 12.8 | 7.2 | -0.2 |
| JPMorgan SmartRetirement Blend 2025 (JBYSX) | 150,063,887 | | 13.4 | -15.2 | 9.1 | 11.3 | 18.3 | -5.7 | 15.6 | 7.2 | -0.7 |
| <i>S&P Target Date 2025 Index</i> | | | 13.0 | -13.1 | 10.7 | 11.2 | 18.4 | -5.0 | 14.6 | 7.8 | -0.3 |
| JPMorgan SmartRetirement Blend 2030 (JRBYX) | 162,825,838 | | 15.3 | -16.1 | 11.3 | 12.2 | 20.4 | -6.6 | 17.4 | 7.9 | -0.8 |
| <i>S&P Target Date 2030 Index</i> | | | 14.8 | -14.0 | 12.6 | 11.9 | 20.4 | -6.0 | 16.2 | 8.3 | -0.3 |
| JPMorgan SmartRetirement Blend 2035 (JPYRX) | 140,789,245 | | 17.1 | -16.7 | 14.1 | 12.6 | 22.3 | -7.4 | 18.9 | 8.3 | -1.0 |
| <i>S&P Target Date 2035 Index</i> | | | 16.6 | -15.0 | 14.9 | 12.8 | 22.2 | -6.9 | 17.8 | 8.9 | -0.3 |
| JPMorgan SmartRetirement Blend 2040 (JOBYX) | 111,801,490 | | 18.4 | -17.2 | 15.9 | 13.0 | 23.8 | -8.0 | 20.3 | 8.8 | -1.1 |
| <i>S&P Target Date 2040 Index</i> | | | 18.2 | -15.6 | 16.5 | 13.4 | 23.4 | -7.4 | 18.9 | 9.2 | -0.4 |
| JPMorgan SmartRetirement Blend 2045 (JMYAX) | 103,498,464 | | 19.5 | -17.6 | 17.7 | 13.1 | 24.6 | -8.3 | 20.5 | 8.8 | -1.0 |
| <i>S&P Target Date 2045 Index</i> | | | 19.1 | -15.8 | 17.5 | 13.7 | 24.0 | -7.7 | 19.6 | 9.5 | -0.5 |
| JPMorgan SmartRetirement Blend 2050 (JNYAX) | 94,205,907 | | 19.8 | -17.6 | 17.8 | 13.4 | 24.6 | -8.3 | 20.5 | 8.8 | -1.1 |
| <i>S&P Target Date 2050 Index</i> | | | 19.6 | -16.0 | 18.0 | 13.9 | 24.4 | -7.9 | 20.2 | 9.7 | -0.5 |
| JPMorgan SmartRetirement Blend 2055 (JTYBX) | 50,977,943 | | 19.7 | -17.6 | 17.8 | 13.2 | 24.7 | -8.4 | 20.4 | 8.8 | -1.0 |
| <i>S&P Target Date 2055 Index</i> | | | 19.6 | -16.0 | 18.2 | 13.9 | 24.5 | -8.0 | 20.5 | 9.9 | -0.5 |
| JPMorgan SmartRetirement Blend 2060 (JAAYX) | 27,432,680 | | 19.7 | -17.4 | 17.8 | | | | | | |
| <i>S&P Target Date 2060 Index</i> | | | 19.7 | -16.0 | 18.0 | | | | | | |
| Transamerica Stable Value | 625,736 | | 2.5 | 1.6 | 1.0 | 1.2 | 1.8 | 1.3 | 1.0 | 1.0 | 1.0 |
| <i>90 Day U.S. Treasury Bill</i> | | | 5.0 | 1.5 | 0.0 | 0.7 | 2.3 | 1.9 | 0.9 | 0.3 | 0.0 |
| Transamerica Guaranteed Investment Option | 144,163,217 | | 2.5 | 2.2 | 2.3 | 1.6 | 1.8 | 1.3 | 1.0 | 1.0 | 1.0 |
| <i>90 Day U.S. Treasury Bill</i> | | | 5.0 | 1.5 | 0.0 | 0.7 | 2.3 | 1.9 | 0.9 | 0.3 | 0.0 |
| MetWest Total Return Bond (MWTIX) | 30,576,388 | | 6.0 | -14.8 | -1.1 | 9.1 | 9.1 | 0.2 | 3.4 | 2.5 | 0.3 |
| <i>Blmbg. U.S. Aggregate Index</i> | | | 5.5 | -13.0 | -1.5 | 7.5 | 8.7 | 0.0 | 3.5 | 2.6 | 0.5 |
| Vanguard Inflation Protected Securites Fund (VIPIX) | 16,407,174 | | 3.8 | -11.9 | 5.7 | 11.0 | 8.2 | -1.4 | 3.0 | 4.6 | -1.7 |
| <i>Blmbg. U.S. TIPS</i> | | | 3.9 | -11.8 | 6.0 | 11.0 | 8.4 | -1.3 | 3.0 | 4.7 | -1.4 |

TOTAL FUND PERFORMANCE DETAIL

| | Allocation | | Performance (%) | | | | | | | | |
|--|--------------------|----------------|-----------------|--------------|-------------|-------------|-------------|--------------|-------------|-------------|--------------|
| | Market Value (\$) | % of Portfolio | 2023 | 2022 | 2021 | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 |
| American Beacon Large Cap Value Fund (AALRX) | 22,908,421 | | 13.5 | -5.2 | 28.0 | 3.4 | 29.7 | -12.0 | 17.1 | 16.0 | -6.1 |
| <i>Russell 1000 Value Index</i> | | | 11.5 | -7.5 | 25.2 | 2.8 | 26.5 | -8.3 | 13.7 | 17.3 | -3.8 |
| Fidelity Spartan 500 Index (FXAIX) | 119,098,698 | | 26.3 | -18.1 | 28.7 | 18.4 | 31.5 | -4.4 | 21.8 | 12.0 | 1.4 |
| <i>S&P 500 Index</i> | | | 26.3 | -18.1 | 28.7 | 18.4 | 31.5 | -4.4 | 21.8 | 12.0 | 1.4 |
| Neuberger Berman Socially Responsive Investing (NRSRX) | 15,546,897 | | 27.1 | -18.4 | 23.7 | 19.7 | 26.2 | -5.6 | 18.8 | 10.4 | -0.1 |
| <i>S&P 500 Index</i> | | | 26.3 | -18.1 | 28.7 | 18.4 | 31.5 | -4.4 | 21.8 | 12.0 | 1.4 |
| Vanguard Growth Index Fund Institutional Shares Composite | 80,348,087 | | 46.8 | -33.1 | 27.3 | 40.2 | 37.3 | -3.3 | 27.8 | 6.1 | 3.3 |
| <i>CRSP U.S. Large Cap Growth TR Index</i> | | | 46.9 | -33.1 | 27.3 | 40.3 | 37.3 | -3.3 | 27.9 | 6.2 | 3.4 |
| Vanguard Mid-Cap Index Fund Institutional Shares (VMCIX) | 39,885,341 | | 16.0 | -18.7 | 24.5 | 18.3 | 31.0 | -9.2 | 19.3 | 11.2 | -1.3 |
| <i>CRSP U.S. Mid Cap TR Index</i> | | | 16.0 | -18.7 | 24.5 | 18.2 | 31.1 | -9.2 | 19.3 | 11.2 | -1.3 |
| Dimensional US Targeted Value Strategy (DFFVX) | 24,476,962 | | 19.3 | -4.6 | 38.8 | 3.8 | 21.5 | -15.8 | 9.6 | 26.9 | -5.7 |
| <i>Russell 2000 Value Index</i> | | | 14.6 | -14.5 | 28.3 | 4.6 | 22.4 | -12.9 | 7.8 | 31.7 | -7.5 |
| T. Rowe Price New Horizons (PRJIX) | 41,086,012 | | 21.5 | -36.9 | 9.8 | 57.9 | 37.8 | 4.2 | 31.7 | 7.9 | 4.5 |
| <i>Russell 2000 Growth Index</i> | | | 18.7 | -26.4 | 2.8 | 34.6 | 28.5 | -9.3 | 22.2 | 11.3 | -1.4 |
| Dodge & Cox International (DODFX) | 25,379,287 | | 16.7 | -6.8 | 11.0 | 2.1 | 22.8 | -18.0 | 23.9 | 8.3 | -11.4 |
| <i>MSCI EAFE (Net)</i> | | | 18.2 | -14.5 | 11.3 | 7.8 | 22.0 | -13.8 | 25.0 | 1.0 | -0.8 |
| <i>MSCI AC World ex USA (Net)</i> | | | 15.6 | -16.0 | 7.8 | 10.7 | 21.5 | -14.2 | 27.2 | 4.5 | -5.7 |
| Vanguard International-Growth (VWILX) | 28,214,511 | | 14.8 | -30.8 | -0.7 | 59.7 | 31.5 | -12.6 | 43.2 | 1.8 | -0.5 |
| <i>MSCI AC World ex USA (Net)</i> | | | 15.6 | -16.0 | 7.8 | 10.7 | 21.5 | -14.2 | 27.2 | 4.5 | -5.7 |
| Charles Schwab Personal Choice | 20,587,099 | | | | | | | | | | |

- All data prior to 5/2023 was received from Marquette Associates

- Transamerica Stable Value Fund is not an open option for plan participants

- Assets include: Memorial Healthcare System RSP Gold 403(b) Plan, Memorial Healthcare System 401(a) Plan, Memorial Healthcare System 457(b) Plan, Memorial Healthcare System SERP 457(f) Plan

- Performance is net of fees and is annualized for periods longer than one year. Performance is ranked within PARis's style-specific universes, where "1" refers to the top percentile and "100" th bottom percentile.



APPENDIX



PROPRIETARY & CONFIDENTIAL

INFORMATION DISCLAIMER

Past performance is no guarantee of future results.

The goal of this report is to provide a basis for monitoring financial markets. The opinions presented herein represent the good faith views of NEPC as of the date of this report and are subject to change at any time.

Information on market indices was provided by sources external to NEPC. While NEPC has exercised reasonable professional care in preparing this report, we cannot guarantee the accuracy of all source information contained within.

All investments carry some level of risk. Diversification and other asset allocation techniques do not ensure profit or protect against losses.

This report is provided as a management aid for the client's internal use only. This report may contain confidential or proprietary information and may not be copied or redistributed to any party not legally entitled to receive it.



FINANCIAL ASSISTANCE POLICY

Revised April 2023

~~NOTE: UPDATES TO THE POLICY BELOW ARE INTENDED AS CLARIFICATION OF THE LONGSTANDING MHS POLICY AND DO NOT CONSTITUTE A CHANGE OF THE BASIS FOR ELIGIBILITY OR AMOUNT OF FINANCIAL ASSISTANCE PROVIDED~~

I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care is covered under the financial assistance policy. Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case by case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all South Broward Healthcare District facilities. Note that Memorial Ambulatory Surgery Centers are not included because they are either not owned or operated by the South Broward Hospital District.

This Financial Assistance Policy will help you understand when financial assistance will be given.

Financial Assistance may mean charity care (as defined by either the State of Florida or District policies) or certain uninsured discounts, as explained further below.

For charity care, the patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG), patient or guarantor income, and family size. The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and potential litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, for all accounts combined.

Patients may elect not to provide financial documentation but instead be provided financial assistance in the form of discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any [uninsured](#) non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will perform credit and asset checks to determine the patient's or responsible party's ability to pay. MHS will gather information about a patient's or other responsible party's income and assets and, if required, their expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. ~~All~~ inpatient admissions ~~will~~ may be screened for Medicaid eligibility. If screening criteria indicate potential eligibility, the patient/responsible party ~~must~~ may be required to submit ~~the~~ an application to Medicaid prior to ~~evaluation~~ approval for Financial Assistance.
- D. A Patient or responsible party may request financial assistance for any debt greater than \$500. This means all uninsured patient responsibility amounts as well as insured patient balances after insurance payment. This includes deductibles, coinsurance, copayments, and non-covered charges. The following criteria is used when MHS considers the request:
 - i. Patient or responsible party may qualify for 100% discount if the following applies:
 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (Per the 202~~4~~³ FPG a family of four which makes ~~\$60,000~~ 62,400 per year is at 200% of the FPG), as described in Table A; and
 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4; or
 5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state, and federal law enforcement agencies.
- ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:
1. Patient or responsible party has a total household income of between 201% and 400% (Per the [2023-2024](#) FPG a family of four which makes ~~\$120,000~~ [\\$124,800](#) is at 400%) of the FPG;
 2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
 3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
- iii. Patients may be presumptively screened for financial assistance without a signed financial assistance application. This screening uses the Transunion community based proprietary model. MHS will also consider prior accounts incurred within the prior twelve months.
1. Patient or responsible party has a total household income of less than or equal to 200% of the FPG will qualify for the 100% discount.
 2. Patient or responsible party with a total household income of between 201% and 400% will qualify for the sliding scale discount.
 3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
- iv. Other financial assistance may be provided under the abbreviated Financial Assistance approval process described below:
1. Medicaid exhausted days or outpatient benefits
 2. Involuntary treatment under the Baker Act
 3. The patient is deceased, no estate has been filed with the court of the patient's county of residence after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.

4. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.
- E. Income and asset information for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.
- F. Patients or responsible parties can apply for financial assistance for up to one year after the date of service.
- G. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:
 - i. Outpatient Pharmacy services
 - ii. Primary Care Clinic visits
 - iii. Hospital outpatient services
 - iv. Emergency Department visits
- H. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.
- I. Upon request from the patient or responsible party, MHS will send a written statement that they qualify for financial assistance.
- J. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here:

<https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>

III. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. FINANCIAL ASSISTANCE APPLICATION PROCESS

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any patient or responsible party states they are not able to pay their balance or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department.

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on

hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing or by phone call of missing or incomplete documentation.

- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. ~~TransUnion~~ [FinThrive](#) – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E
- C. All applications will receive equal consideration and have a determination made based on the FPG and the patient’s ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

- A. The following steps will be taken to collect patient balances if no financial assistance is requested or otherwise applied under the above policies, or after financial assistance has been denied:
 - i. An initial bill is sent to the Patient or responsible party after discharge.

- ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
 - iii. Calls may be placed during this time period.
 - iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment received, the account may be placed with a primary debt collection agency.
 - v. After 1 year the account may be placed with a secondary debt collection agency.
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collection actions stated below in this section.
- i. filing any lawsuit
 - ii. filing for a judgment
 - iii. reporting to one or more credit bureau(s)
 - iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/financialaid, in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.

Table A: Financial Assistance Discount Matrix

Memorial Regional Hospital

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 81% Discount 82% Discount |
| 351% - 400% of FPG | 81% Discount 82% Discount |

Memorial Regional Hospital South

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 81% Discount 82% Discount |
| 351% - 400% of FPG | 81% Discount 82% Discount |

Joe DiMaggio Hospital

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 81% Discount 82% Discount |
| 351% - 400% of FPG | 81% Discount 82% Discount |

Memorial Hospital West

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 83% Discount 85% Discount |
| 351% - 400% of FPG | 83% Discount 85% Discount |

Memorial Hospital Pembroke

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 81% Discount 82% Discount |
| 351% - 400% of FPG | 81% Discount 82% Discount |

Memorial Employed Physician Group/Urgent Care/Specialty Pharmacy

| BALANCES DUE FROM PATIENT | |
|---------------------------|--------------------|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 80% Discount |
| 351% - 400% of FPG | 75% Discount |

Memorial Hospital Miramar

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 80% Discount |
| 351% - 400% of FPG | 77% Discount 79% Discount |

Memorial Primary Care Centers and Outpatient Behavioral Health

| BALANCES DUE FROM PATIENT | |
|---------------------------|---|
| INCOME | AMOUNT OF DISCOUNT |
| Up to 200% of FPG | 100% Discount |
| 201% - 250% of FPG | 90% Discount |
| 251% - 300% of FPG | 85% Discount |
| 301% - 350% of FPG | 84% Discount 82% Discount |
| 351% - 400% of FPG | 84% Discount 82% Discount |

MEMORIAL HEALTHCARE SYSTEM

STANDARD PRACTICE

Date: March 1992

Date Reviewed: March 1999; August 2002; September 2002; April 2004; May 2005; November, 2010; January 2011; November 2013; September 2014; October 2018; October 2021

Date Revised: March 1999; August 2002; September 2002; April 2004; May 2005; November 2010; November 2013; September 2014; April 2016; March 2017; October 2021

Title: **TRANSFER/ACCESS TO EMERGENCY CARE**

I. In no event shall the provision of emergency services, the acceptance of a medically necessary transfer or the return of a patient pursuant to Section III.(B) below, be based upon, or affected by, the person's race, ethnicity, religious/national origin, citizenship, age, gender, pre-existing medical condition, physical or mental handicap, insurance/economic status, or sexual preference.

II. 42 U.S.C. 1395 dd (sometimes referred to as Emergency Medical Treatment Active Labor Act or "EMTALA") and regulations promulgated thereunder at 42 CFR Section 489 et. Seq., and Ch. 395.1041, Fla Stat. create certain obligations on the part of hospitals with emergency departments and on the part of physicians providing emergency services and care.

III. In compliance with applicable law, Memorial Healthcare System ("MHS") hospitals shall provide emergency services and care for any emergency medical condition when:

- A. Any person requests either personally or through an authorized individual (such as a healthcare surrogate or proxy) emergency services and care; or
- B. Emergency services and care are requested on behalf of a person by:
 - 1. An emergency medical services provider who is rendering care or transporting the person; or
 - 2. Another hospital, when such hospital is seeking medically necessary transfer.

IV. The term "emergency medical condition" means:

- A. A medical condition manifesting itself by acute symptoms of sufficient severity (which may include severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - 1. Serious jeopardy to patient health, including a pregnant woman or fetus;
 - 2. Serious impairment to bodily functions; or

3. Serious dysfunction of any bodily organ or part.

B. With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to another hospital prior to delivery;
2. That a transfer may pose a threat to the health and safety of the patient or fetus; or
3. That there is evidence of labor, which means the process of childbirth beginning with the latent or early phase of labor or there is onset and persistence of uterine contractions or there is rupture of the membranes and continuing through the delivery of the placenta.

NOTE: For purposes of this Standard Practice, a patient experiencing contractions should be considered to be in true labor unless a physician certifies that after a reasonable time of observation the patient is in false labor.

V. The term “emergency services and care” means:

- A. An appropriate medical screening examination within the capabilities of the Hospital’s Emergency Department including ancillary services available to the Emergency Department, to determine if an emergency medical condition exists. The examinations must be conducted by persons determined by the Hospital as qualified to conduct such examinations.
- B. Examination and evaluation by a physician or to the extent permitted by applicable law by other appropriate personnel under the supervision of a physician, who determine if an emergency medical condition exists.
- C. If an emergency medical condition does exist, the care, treatment or surgery by a physician necessary to stabilize the emergency medical condition, within the service capability of the facility.

“Stabilize or stabilized” means that no material deterioration of the patient’s condition is likely, within reasonable medical probability, to result from or occur during the transfer.

VI. Under the law, neither the hospital nor its employees, nor any physician, dentist, or podiatrist shall be liable in any action arising out of a refusal to render emergency services or care if the refusal is made after screening, examining and evaluating the patient and is based on the determination that the person is either not suffering from an emergency medical condition, that the hospital does not have the service capability, or is at service capacity and unable to render those services.

Procedure:

I. Access to Care

Emergency services and care and appropriate screening to determine the existence or absence of an emergency medical condition shall not be delayed in order to

ascertain the ability to pay for such emergency services and care. Inquiries may be made regarding ability to pay if those inquiries do not cause a delay in medical screening or treatment. Each MHS Hospital accepting a person in need of emergency services and care via transfer from another hospital shall not require the transferring hospital, or any person or entity, to guarantee payment as a condition of receiving the transferred patient. The Hospital shall not require any contractual agreement, any type of pre-planned transfer agreement, or any other arrangement to be made prior to or at the time of transfer as a condition of receiving a transferred patient.

II. Posting of Notice

Notice in English, Spanish and Creole, specifying the patient's rights to emergency services and care and the service capability of the hospital shall at all times be conspicuously posted in the Emergency Departments.

III. Transfer Arrangements

- A. Medically necessary transfers shall be made to the geographically closest hospital able to provide the needed service, unless the geographically closest hospital is either at service capacity or unless a prior arrangement between hospitals is in place.
- B. When the condition of the patient improves, and the service capability of the receiving hospital is no longer required, the receiving hospital may transfer the patient to another hospital and the transferring hospital shall receive the patient within its service capability.

IV. Transfer of Patients from a Memorial Healthcare System Hospital

- A. A patient suffering from an emergency medical condition may not be transferred from the hospital to another hospital unless:
 - 1. The patient or a person who is legally responsible for the patient and acting on the patient's behalf, after being informed of the hospital's obligation under this section and of the risk of transfer, requests the transfer. The hospital will seek to obtain this request in writing, indicating the reasons for the request as well as the risks and benefits of the transfer; or
 - 2. A physician has signed a certification that based upon the reasonable risks and benefits to the patient and based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital, outweigh potential increased risks to the patient's medical condition; or

3. If a physician is not physically present in the emergency services area at the time an individual is transferred, a qualified medical person may sign a certification that a physician with staff privileges, and after appropriate consultation, has determined that the medical benefits, reasonably expected from the provision of appropriate medical treatment at another medical facility, outweigh the potential increased risks to the individual's medical condition. The certification shall summarize the basis for such determination. The consulting physician must subsequently sign the certification.
- B. Each MHS Hospital will not transfer a patient unless the patient has been accepted for transfer by the facility for which transfer is sought.
 - C. If the medical benefits of transfer do not outweigh the risks, patients who are not stable will be discouraged from requesting transfer and shall be advised of risks. If the patient or the legally responsible person acting on the patient's behalf persists in the transfer request, the request shall be made in writing, signed by the person making the request and the transfer shall be considered Against Medical Advice. The attached form (see Attachment #1) may be used to document the request.
 - D. In medical emergencies, when a transfer must be made due to the hospital's inability to provide treatment as described above, such transfer must be approved by the Administrator-on-Call. The Nursing Director or Administrative Officer can approve the transfers to Memorial Regional Hospital if the need is of the above specified nature and a log of the patient's name, transferring and receiving physician, as well as the appropriate reason for transfer must be maintained.
 - E. **All** air ambulance transfers, regardless of the receiving facility, must be approved by the Administrator-on-Call. For local (South Florida) air ambulance transfer of emergencies, contact the appropriate agency listed on Attachment #2.
 - F. Nursing Director/Administrative Officer will complete transfer request form attached (see Attachment #3) and coordinate transport.
 - G. Indigent Patients

When for medical reasons an indigent patient requires transfer to another hospital, transportation must be arranged either through a public agency or at the hospital's expense, with Administration's approval.

1. When transferring to the Veterans Administration Hospital ("VAH"), the attending physician should contact the VAH admitting physician, request and receive authorization for VAH transportation.

2. When transferring to Jackson Memorial Hospital (“JMH”) or another institution outside Broward County, a 24-hour advance notice should be provided to the Clinical Effectiveness Department; this will allow adequate time to secure transportation or approval for payment from the appropriate public agency, (i.e., Health and Rehabilitative Services (“HRS”), Broward County Primary Care, U.S. Public Health Department.

If the transfer to JMH is an emergency and the patient is an active Medicaid recipient, the ambulance company is provided the Medicaid number for billing purposes and the Clinical Effectiveness Department is notified of the transfer as soon as possible for follow-up with HRS.

3. If payment for transportation cannot be obtained from any other source, or if possibility of assistance from a public agency cannot be determined, the transfer may be billed to the hospital, with Administration approval. The Clinical Effectiveness Department should be contacted to investigate possible retroactive reimbursement.

V. Transfer of Patients to Memorial Healthcare System Hospitals

- A. Subject to appropriate bed availability, staffing and other resources needed in the provision of care, patients in other hospitals having no insurance or other financial means of payment for services rendered, will receive approval for transfer if **all** of the following conditions are met:

1. The patient requires emergency treatment (which includes patients in active labor); and
2. The hospital seeking transfer does not have the service available to prevent deterioration of the patient’s condition; and
3. An agreement exists between both the referring and accepting ER physicians concerning the stability of the patient’s condition for transfer.

IN SUCH CIRCUMSTANCES, THE MEMORIAL HEALTHCARE SYSTEM HOSPITAL WILL NOT ASK QUESTIONS ABOUT THE PATIENT’S ABILITY TO PAY UNLESS THE TRANSFER IS APPROVED.

- B. Subject to the above requirements and the availability of appropriate bed space, staffing, and other resources needed for the care of specific patients, MHS may approve requests for transfer of the following patients:

1. Patients requiring or preferring services at a MHS Hospital who have adequate insurance or other financial resources to pay for hospitalization, shall receive approval for transfer. The Accounts Receivable Management Office will verify that insurance is in force and

the nature of the benefits. Nothing in this section limits the Memorial Healthcare System's right to receive payment for services rendered to such patient or Memorial Healthcare System's right to seek transfer of the patient to any facility, including the original referring facility once the patient's condition is stabilized.

2. Telephone calls may be received at any time of the day or night from administrators, nurses, social workers and doctors representing hospitals in and out of the South Broward Hospital District when seeking consent from an MHS representative, for a patient's acceptance to an MHS Hospital.

3. Transfers within MHS Facilities:

The requirements specified in this Standard Practice apply equally to transfers between MHS facilities, including, without limitation, transfers between Memorial Regional Hospital, Memorial Regional Hospital South, Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke. For transfers to MHP between MHS Facilities, the Administrator On-Call's Designee is the receiving Hospital's Admitting/Bed Control Department. For difficult and/or complicated cases needing transfer to the respiratory care floor, prior approval must be obtained by the Director and/or Administrator as appropriate.

"Decanted" patients will be considered those patients in a MHS ED that require admission but can be transferred to an appropriate MHS facility due to capacity concerns at the present facility. "Decanting" as it relates to patients, is a process to relieve the pressure in an ED that is approaching capacity and level patient volumes across MHS.

"Decanting" is driven by the patient's diagnosis and initiated by a physician decision that the patient is medically appropriate to transfer. After the patient/Healthcare Surrogate gives consent to transfer, the patient is transferred to a MHS hospital unit.

4. Medical Condition:

The following information should be obtained by the receiving physician (accepting physician/ER physician if emergent) concerning the patient's medical condition:

- a. Does the patient's condition warrant emergency or elective care?
- b. Does the patient have a condition, illness, injury or disease which cannot be treated at the requesting facility?

5. **Except in situations involving patients who require emergency treatment,**
the following information must be obtained prior to the transfer request being evaluated by the Administrator-on-Call:
 - a. **Residency:** The residency of the patient in the South Broward Hospital District should be verified by reference to the local telephone directory, current cross reference directory and through communication when required, with the patient, family members or friends. A resident of the South Broward Hospital District shall be defined as “any person” making his/her home or place of abode within the geographical boundaries of the hospital district and with no present intention of moving outside of the district.
 - b. **Financial Data:** The Accounts Receivable Management Office will verify insurance coverage and/or financial resources including eligibility for government assistance programs and district charity to pay for hospitalization.
 - c. **Stable for Transfer:** The patient transfer shall not be approved unless both the referring and receiving physician confer and reach a unanimous decision that the patient is in stable condition for transfer.
6. **Treating Physicians:** All transfer patients must be admitted by a member of MHS’ medical staff. A physician may then be assigned when appropriate, in accordance with the Medical Staff By-laws and policies concerning assignment of patients.
7. **Clinical Effectiveness Department:** A Case Manager will evaluate the appropriateness of the transfer, based on MHS’ criteria used for services to be rendered.
8. **Medical Records:** All transfers require any copies of pertinent portions of inpatients’ and/or outpatients’ medical records which include at a minimum, lab results, x-ray reports, EKG report, History & Physical and consultative reports, which are not contained in the electronic medical record.
9. **Hospital In-Patient Transfer Procedure from non-MHS Hospitals.**

For Memorial Hospital West:

- a. Day (8:00 a.m. – 6:30 p.m., Monday – Friday; 7:00 a.m. – 3:30 p.m., Saturday and Sunday): Calls should be routed to Bed Control. Bed Control will complete the Inter-Hospital Transfer Request form.

- b. Bed Control will verify the patient's insurance and obtain transfer and admission authority action, when necessary.
- c. The Nursing Director or the Administrative Officer when appropriate, will be notified of Transfer Request and will contact the Administrator-on-Call for approval.

For Memorial Hospital Pembroke:

- a. Weekdays (7:00 am to 4:00 pm): Calls should be routed to Admissions: Patient Financial Representative will contact the administrator on call for approval/disapproval;
 - i. Admitting will notify the referring hospital of the approval/disapproval;
 - ii. Admitting will complete the Inter-Hospital Transfer Request form; original will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 7:00 am) and holidays: Calls should be routed to the Administrative Officer who will consult with the Patient Financial Representative and obtain approval for the transfer from the Administrator-On-Call.
 - i. Administrative Officer will notify the referring hospital of approval/disapproval.
 - ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed. Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Hospital Miramar:

- a. Weekdays (8:00 am to 4:00 pm): Calls should be routed to the Clinical Effectiveness Department. The CE Director or designee will contact Bed Control to review demographics, reason for transfer, referring physician service availability and for verification of insurance coverage and authorization. The CE Director or designee will then contact the Administrator on Call for approval.
 - i. If approved, Bed Control will complete the Inter-Hospital Transfer Request form and the CE Director or designee will notify the originating facility; the original form will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 8:00 am) and holidays: Calls should be routed to the Administrative Officer who will contact the Clinical Effectiveness Director or designee to obtain approval for the transfer from the Administrator-On-Call.

- i. Administrative Officer will notify the referring hospital of approval/disapproval.
- ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed.
Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Regional Hospital/ Memorial Regional Hospital South/Joe DiMaggio Children's Hospital:

- a. Calls should be routed to the Call Center/Transfer Center 24/7. The Transfer Center RN or Bed Control Representative will complete the Inter-Hospital Transfer Request form, for all transfers other than ED to ED.
 - i. Inter-Hospital Transfer Request form will be forwarded to Patient Financial Service Representatives/Bed Control for insurance verification.
 - ii. Patient Financial Service Representative recommends approval/disapproval of insurance and forwards Inter-Hospital Transfer Request form to Transfer Center RN.
 - iii. Transfer Center RN/ Director of MHS Transfer Center/ Administrative Director of Patient Financial Services or designee approves/disapproves transfer request.
 - iv. Bed Control will be notified of approval/disapproval in a timely manner.
 - v. The Transfer Center RN or Bed Control will notify the referring hospital of approval/disapproval. After business hours, the Transfer Center RN will notify the Administrative Officer for approval/disapproval. The Administrator-On-Call is notified at the discretion of the Administrative Officer.
- b. Requests for all Behavioral Health patient transfers, whether from an inpatient or emergency department setting, will be routed through the Call Center/Transfer Center.

Joe DiMaggio Children's Hospital Transport Team

When a request is made for transportation using the services of the Neonatal/Pediatric Transport Team for the Joe DiMaggio Children's Hospital, the following procedure should be followed:

- a. The request will be evaluated by the Transport Team and the Neonatologist or Pediatric Intensivist on duty at the Joe DiMaggio Children's Hospital. If the transport or transfer request is accepted by the Transport Team, in conjunction with the Transfer Center RN and the Neonatologist or Pediatric Intensivist, approval by the Administrator-on-Call is not required, except for International patients.

- b. All transfer requests are routed via the Transfer Center, (954) 986-6330 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the JDCH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
- c. If the request for transport or transfer is not accepted by the Transport Team, the request for transfer shall be forwarded to the Nurse Manager/Supervisor and the procedure applicable to all other transfer requests shall be followed.

Memorial Regional Transport Team

When a request is made for transportation using the services of the Adult Transport Team (Cardiovascular, Maternal Fetal or Neuro Science Transport Team) the following procedure should be followed:

- a. All transfer requests are routed via the Transfer Center, (954) 265-6338 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the MRH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
10. ED to ED Transfers: Calls will be routed to the Call Center/Transfer Center 24/7 and the patient will be approved based on physician to physician report.
 11. Maintenance of Records and Logs
Each MHS Hospital shall maintain records of each transfer made or received for a period of ten years. These records shall be included in a transfer log, as well as in the permanent medical record of any patient being transferred or received. Each MHS Hospital shall maintain a record log of all patients who request emergency care and services, or persons on whose behalf emergency care and services are requested, for a period of ten years.
- VI. Emergency Response on Hospital Property
Hospital property means the entire main hospital campus, including the parking lot, sidewalk and driveway, but excluding other areas or structures that are located within 250 yards of the hospital's main building and are not part of the hospital, such as physician offices, restaurants, shops, or other non-medical facilities. It also includes medical facilities of MHS that function as departments of a MHS hospital, including those located off the hospital campus.

If any person on hospital property requires or reasonably appears to need examination or treatment for an emergency medical condition, staff shall respond to the extent of

available staff and equipment and when necessary and appropriate, arrange for transportation of the person to the hospital's emergency department.

When necessary and appropriate to arrange for treatment and/or transportation, staff may dial 911 and obtain EMS services. Treatment if required, shall be provided to the extent of available staff and resources and should continue while awaiting EMS response.

VII. Transportation of a Patient from an Off-Campus Hospital Department

A. Department personnel shall:

1. Arrange for transportation of the patient unless refused by the patient or guardian or healthcare surrogate or proxy.
2. Transportation shall be the closest and most appropriate facility necessary to prevent injury to the patient.
3. Whenever possible, consistent with (1.) and (2.) above, arrange for transportation to the closest MHS Hospital with appropriate facilities to provide emergency services and care to the patient. Transportation shall be by EMS unless refused by the patient or determined not to be necessary by a physician.
4. Contact the destination Emergency Department to prepare for the patient's arrival.

FOR PATIENTS UNDER THE BAKER ACT, REFER TO THE MHS STANDARD PRACTICES TITLED "INVOLUNTARY COMMITMENT, BAKER ACT" AND "TRANSFER REQUEST—BAKER ACT."



Aurelio M. Fernandez, III, FACHE
President and Chief Executive Officer

ATTACHMENT #1

REQUEST FOR TRANSFER AGAINST MEDICAL ADVICE

READ THIS FORM CAREFULLY AND COMPLETELY BEFORE SIGNING

I have been advised that my medical condition is considered "unstable" and the physician caring for me strongly recommends against transfer. The risks of transfer include the following:

I understand that there may be additional risks and it is not possible to list every complication that may result from transfer.

I understand that this transfer is considered against medical advice, and I willingly and knowingly assume all risks associated with the transfer.

I have read and fully understand the above form and I am requesting to be transferred to:

Signature of Patient
Time

Date

Signature of Legal Representative Witness

ATTACHMENT #2Air Ambulance Agencies

Administrator-On-Call approval is needed prior to contact.

Local Emergency Transfer (Orlando and South)

1. Broward Sheriff's Department
305-765-4321 Dispatch
305-772-3670 Airport Station
2. Metro Dade
305-596-8571 Dispatch
305-233-5000 Special Detail Office
3. Coast Guard Air Station
305-536-5611 Rescue Coordination Center
Agencies to Contact (Fixed Wings)
Long Distance (North of Orlando)

Air Force (Mast) Assistance/Coast Guard (Miami):

To be used as last resort in the event that no commercial carrier is available, or medical intervention of immediate nature is needed;
Contact Coast Guard Rescue Coordination Center at **305-536-5611**.

Commercial Air Ambulances.

| | |
|----------------------------|--------------|
| Aero Ambulance Int'l. | 800-749-2376 |
| Air Ambulance America | 800-262-8526 |
| Air Ambulance Professional | 800-752-4195 |
| Air Care Int'l | 800-762-7060 |
| Air Medical Services | 800-443-0013 |
| Air Trek, Inc. | 800-633-5387 |
| Airborne Medical Service | 800-241-1234 |
| Care Flight | 800-282-6878 |
| Corporate Angels (Indgt) | 914-328-1313 |
| Eastern Air Charter | 800-370-8680 |
| Federal Air Ambulance | 800-336-4586 |
| Lifeguard Air Ambulance | 800-262-4688 |
| Lifeguard Air Rescue | 800-446-7142 |